**Original Research Abstract Requirements & Abstract Template** Version: 10-19-2022

Please review the instructions below and input your abstract text into the template at the bottom of these instructions Please upload this entire document in REDCap with your abstract submission. Thanks!

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| 1. **Formatting Your Abstract:**
 | * 300 Word Maximum (not including abstract headings such as BACKGROUND, PURPOSE etc, Title, Authors, or Primary Contact)
* Times New Roman font size 12
* Single Spacing
* Submit as Word Document (not PDF)
* Use the following Abstract Headings (do not modify):
	+ BACKGROUND/SIGNIFICANCE
	+ PURPOSE
	+ METHODS
	+ RESULTS
	+ CONCLUSIONS
	+ IMPLICATIONS FOR NURSING PRACTICE
 |
| 1. **Abstract Title, Authors and Primary Contact**
 | * Title—all lowercase except for first word
* Authors- list all authors on abstract
	+ First name, last name, credentials
	+ Highest earned degree [Doctoral (PhD, DNP, EdD); Masters (MSN, MS, MA); Bachelor’s (BSN, BS, BA)]
	+ State Designations or National Certifications [ RN or ANP-BC ]
	+ Awards and honors: [FAAN (Fellow of the American Academy of Nursing)]
	+ Other recognitions: non-nursing certifications [ EMT etc.]
	+ **Examples:** **Jane Doe, MSN, RN, ACRN, FAAN  or John Doe, PhD, ANP-BC or Jane Doe, BSN, RN**
* All authors should approve abstract content prior to submission
* Primary Contact should be the same person submitting the abstract on REDCap.
 |
| 1. **General Abstract Content**
 | * Please do not use names of specific units and buildings in your title and abstract body
	+ Avoid “Lunder 7”; Preferred term: “inpatient neuroscience setting”
	+ Avoid “Medical Intensive Care Unit”; Preferred term: “ICU-setting”
	+ General terms like “ED setting” or “oncology research unit” are OK
* Please do not use specialized names or community clinics
	+ Avoid “Corrigan Minehan Heart Center”; Preferred term: “cardiac care setting”
	+ Avoid “MGH Chelsea Healthcare Center”; Preferred term: “community clinic”
* Abstracts must contain at least preliminary results, proposals with “data to be analyzed” are not permissible
	+ Not allowed: RESULTS: “Data collection ongoing, results to be presented in poster” OR “Data analysis is underway”
* Please do not include references or citations in the abstract
* Please do not include graphs, tables or images
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| 1. **Original Research Abstract Exemplar:**
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| TITLE: Health equity in income disparate women: makings of a midlife crisisINVESTIGATORS: Kirsten A. Dickins, PhD, FNP-C; Sara E. Looby, PhD, ANP-BC, FAANPrimary Contact: Kirsten A. Dickins, PhD, FNP-CBACKGROUND/SIGNIFICANCE: The association between poverty and poor health is well-established, though less is known of this relationship in midlife women. Midlife is characterized by increased disease risk. Engaging midlife women in preventive care is a CDC-endorsed risk-reduction strategy, which may be influenced by behavioral and mental health disorders. PURPOSE: To compare differences in modifiable behavioral and mental health characteristics in midlife women, delineated by income disparity.METHODS: A secondary analysis was conducted in 33 women enrolled in a prior menopause study. Eligibility: age 45-52, perimenopausal; Ineligibility: using hormone therapy, pregnant/breast feeding (past year), active cancer or diabetes. Women were classified by income disparity based on public health insurance use (MassHealth enrollment; eligibility determined by income). Outcomes included: demographic characteristics; behavioral characteristics: exercise, substance abuse history, smoking; and mental health characteristics: depressed mood (Center for Epidemiologic Studies Depression Scale [CES-D]), anxiety (Generalized Anxiety Disorder-7, [GAD-7]), and sleep (Insomnia Severity Index [ISI]). Normally distributed data are presented as mean ± standard deviation; non-normally distributed data as median (interquartile range [IQR]). Groups comparisons were evaluated via Student’s *t*-tests, Wilcoxon Rank-Sum test, or Chi-square test.RESULTS: Fourteen of 33 women (42%) were enrolled in MassHealth. Groups were similar in age, education, race/ethnicity, and marital status (*p*>0.05). Fewer income-disparate women reported current exercise (57% vs 89%, *p*=0.03), and 50% vs. 11% were obese (*p*=0.01;BMI>30). More income-disparate women reported a history of substance abuse (*p*<0.0001), current smoking (*p*=0.004) and worse psychological and sleep symptoms CESD (*p*<0.0001), GAD-7 (*p*=0.04), ISI scores (*p*=0.004).CONCLUSIONS: Income disparate midlife women fare differently on engagement with health-promoting behaviors, and demonstrate lower scores in mental health domains, suggesting a lack of parity in healthy aging opportunities. Implications for Nursing Practice: Nurse-led interventions are needed to enhance care engagement among midlife income disparate women. Preventive health screenings at midlife may reduce risk for disease and promote health equity early in the aging trajectory.  |
| 1. **Abstract Template**
 | **Following the instructions outlined in the sections above, please use the template on the next page to populate you abstract. Please upload this entire document as a single word document (not pdf) into REDCap with your abstract submission.**  |



**The Yvonne L. Munn Center for Nursing Research**

**ORIGINAL RESEARCH ABSTRACT TEMPLATE**

**Note: Please do not include references in your abstract**

**TITLE:**

**INVESTIGATORS (all authors including credentials, separate by commas):**

**PRIMARY CONTACT (first and last name, credentials, email, unit or department of employment):**

**Please use the headings below to organize your abstract content. There is a MAXIMUM OF 300 words not including abstract headings.**

**BACKGROUND/SIGNIFICANCE:**

**PURPOSE:**

**METHODS:**

**RESULTS:**

**CONCLUSIONS:**

**IMPLICATIONS FOR NURSING PRACTICE:**