The Code of Ethics for Nurses with Interpretive Statements has recently undergone revisions by the American Nurses Association. The Code was updated with the input of over 3000 nurses nationwide, and includes revisions which were made “in response to the complexities of modern nursing, to simplify and more clearly articulate the content, to anticipate advances in health care, and to incorporate aids that would make it richer, more accessible, and easier to use.”

The Code contains nine provisions and interpretive statements—a statement of the ethical values, obligations, and duties of individuals who enter nursing. It serves as nursing’s ethical standard, and it expresses our understanding of our commitment to society. The Code is the “promise that nurses are doing their best to provide care for their patients and their communities and are supporting each other in the process so that all nurses can fulfill their ethical and professional obligations.” Nurses who practice in today’s healthcare system confront ethical decision-making often as a part of daily nursing care. Ethics represent what is right or wrong and what ought to be. Ethics generally exist to ensure the protection of an individual’s rights.

Nurses encounter ethical dilemmas frequently in practice. These ethical dilemmas occur when an individual (nurse) must make a decision between two unfavorable alternatives. Moral distress can occur when a nurse may feel they know the correct action, but is unable to act on it, due to the environment they practice in. Individual healthcare team members may disagree on what is best for a terminally ill patient.

Many of us recall being caught in ethical dilemmas such as the placement of feeding tubes, POA issues, do not resuscitate cases, staffing issues, inadequate training, and many others. Recent ethical dilemmas have included the Ebola crisis whereas nurses were not adequately provided personal protective equipment to protect themselves and others from contracting the virus, nor had protocols in place to protect themselves and their patient. In nursing education, time is allotted to discuss ethical concepts and dilemmas. Ebola inspired a teachable moment to many in the academic world to discuss our healthcare system, which requires a balance between meeting individuals’ needs and society’s needs in a resource-constrained environment. Ethical dilemmas may be difficult to resolve at times, but nurses can develop the skills needed to make appropriate decisions.

The Centers of Medicare and Medicaid Conditions of Participation require hospitals to have an ethics committee in place with multidisciplinary representation that assist providers to make responsible ethical decisions. Nurses must identify their own values, and also need an understanding of the possible ethical systems that may be used in making decisions about ethical dilemmas. Nurses are encouraged to be active participants in ethical issues and serve as a patient advocate.

Nurses who are not weighed down by ethical dilemmas and practice challenges “can better address the increasing pressures of today’s healthcare system, which requires a balance between meeting individuals’ needs and society’s needs in a resource-constrained environment.” Ethical dilemmas may be difficult to resolve at times, but nurses can develop the skills needed to make appropriate decisions.

Please mark your calendar and plan to attend the KNA Education Summit on Friday, October 2, at the Embassy Suites in Lexington, Ky. We hope to see you there!

Income disparity, lack of knowledge, and food inaccessibility are major factors contributing to poor nutrition. More than 49 million Americans are considered food insecure (i.e., unable to consistently access nutritious food to maintain a healthy lifestyle). Low fruit and vegetable consumption in low-income populations increases the rates of obesity and chronic disease (Bower, Thorpe, Rohde & Gaskin, 2014; Larson, Story & Nelson, 2009; Zenk, Schulz, Israel, James, Bao & Wilson, 2006; Powell, Slater, Miricheva, Bao & Chaloupka, 2007). Obesity rates among low-income children are 1.7 times higher than in affluent children and the rate of obesity in low-income households is increasing substantially faster than in their more affluent counterparts (Skelton, Cook, Auinger, Klein & Barlow, 2009; Wang et al., 2010). Lack of transportation also limits access to supermarkets (Chung & Myers, 1999; Kauffman, MacDonald, Lutz & Smallwood, 1997).

Underserved communities often lack supermarkets carrying a variety of nutritious and affordable foods. Instead, the prevalent convenience stores and non-chain groceries offer more calorie dense, pre-packaged convenience foods (Bower et al., 2014; Ratcliffe, Merrigan, Rogers & Goldberg, 2010). Limited financial resources also affect food selection. Low-income families with children in the house may find it more cost efficient to choose convenient, preferred foods that are less likely to be wasted. The time and money it takes to introduce healthier foods may seem inconvenient and unaffordable.

Through providing healthy food access, affordability, and knowledge, school gardens have emerged as a potentially innovative way to improve healthy food access, affordability, and knowledge in low-income communities (Hardy, Wadsorth & Ruh, 2000; Kauffman et al., 1997; Larson, Story & Nelson, 2009). These programs may serve as a springboard towards healthier living and increased longevity. The importance of healthy food knowledge and access in preschool and school-age communities is evident because this is an age when eating habits are being formed (Denler, Wolters, & Benzion, 2014; Kudlova & Schneidrova, 2012). This literature review explores the impact of in-school education and interactive gardening programs on fruit and vegetable consumption in low-income communities.

Method of Review
A literature review was conducted using EBSCOHOST and PUBMED. Keywords were “gardening, school garden, community garden, food security, food access.” Filters included publication date within the last ten years and children from birth to 18 years old. Studies were excluded if they counted fruit juice as a fruit serving, if they had no form of quantitative data, or if they had fewer than 20 participants.

Summary of Findings
There are two critical areas to target when developing successful garden education classes for school-age children: Hands-on interactive activities and parental involvement. Positive youth development theories posit that children should be taught in the context that supports their development while providing life skills that may help them contribute to the care of individuals and their communities (Berlin et al., 2013; Birch, 1980; Kudlova & Schneidrova, 2012). Hands-on gardening activities in classes provided interactive ways for children to learn about the benefits, tastes, and preparation techniques of healthy produce. Hands-on learning occurs when the classroom incorporates food sampling, models, interactive activities, garden harvesting, and meal preparation (Berlin, Norris, Kolodinsky & Nelson, 2013). Participants in Nutrition Education and Gardening (NEG) based in-school education and interactive gardening programs on fruit and vegetable consumption in low-income communities.
Parental involvement is an important influence to stimulate creative teaching in multiple subjects on information given (Blair, 2009). Using the garden determining the probability of specific plants based students could take field trips to the garden during classrooms as well. Specifically, in science class, recommendations more justifiable to purchase them in households choices. As children accept healthy foods, it becomes preparation activities leads to increased excitement accomplishments, reinforce in-class knowledge, opportunities to volunteer in the garden. This will allow them to continue developing their nutrition solidify life-long healthy eating habits. The NEG participants also show excitement and eagerness over their hands-stems from their children’s passions. When children show increased interest and involvement. Children can borrow or invent recipes and take home garden produce to prepare these recipes at home with their parents. Parents can also volunteer in the garden and take some of the harvest. Children should be encouraged to present their new knowledge to parents and caregivers through activities and events such as a harvest lunch for parents or a cook-off. The young gardeners can publish a weekly garden newsletter with updates on classroom and garden learning. Newsletters can contain resources for the parents to learn affordable shopping for healthy foods, new recipes, and other nutrition and wellness information. Parental involvement in the classroom will undoubtedly stir the children’s excitement for nutrition. The information will be brought into the home, spawning long term changes in healthy food intake and ultimately improved health outcomes.

Long-term involvement in the gardening can solidify life-long healthy eating habits. The NEG interventions may also improve food accessibility for children (Robinson-O’Brien, Story, & Heim, 2009). As students get older, they can have the opportunity to serve as mentors for the NEG classes or be given opportunities to volunteer in the garden. This will allow them to continue developing their nutrition knowledge, give them access to healthy foods, and sustain their healthy eating behaviors. The NEG participants also show increased interest and involvement. Children on garden education learning, their parents may be encouraged to present their new knowledge to parents and caregivers through activities and events such as a harvest lunch for parents or a cook-off. The young gardeners can publish a weekly garden newsletter with updates on classroom and garden learning. Newsletters can contain resources for the parents to learn affordable shopping for healthy foods, new recipes, and other nutrition and wellness information. Parental involvement in the classroom will undoubtedly stir the children’s excitement for nutrition. The information will be brought into the home, spawning long term changes in healthy food intake and ultimately improved health outcomes.

Innovative integration of garden education into schools is becoming a popular and effective way to increase childhood fruit and vegetable consumption. Although there are a number of successful garden programs, research needs to be conducted in a more standardized way to statistically analyze the benefits of these gardens on children’s overall health.

References

Epidemic increases in the use of opiates and heroin throughout Kentucky are consistent with the United States as a whole (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010). In addition, increased use has contributed to increased deaths from heroin and opiate overdose in the past decade. This paper explores how advanced practice nurses can impact the treatment of addiction in the policy making arena by taking on the roles of advocate, leader and lobbyist. One such way would be to help facilitate policy that would mandate the availability of Medicaid funding for inpatient opiate addiction treatment and increase the availability of naloxone to address the problems of opiate addiction and heroin deaths.

Background and Significance of Opiate Addiction Problem
Opiate drug abuse is costing lives, affecting the health of newborn infants born to abusing mothers and having a negative impact on epidemic numbers of individuals in the United States (SAMHSA, 2010). The Network for Public Health Law (2014) states that fatal drug overdoses have increased six fold over the past three decades with 15,000 of these deaths attributed to opiates alone. In 2010, The Centers for Disease Control estimated that over 78% of drug overdoses were unintentional, and those that were opiate induced could have been prevented by an opioid antagonist such as naloxone.

Opiates, including prescription drugs, are the most commonly cited drugs among primary drug treatment admissions in the state of Kentucky (SAMHSA, 2012). According to the Office of National Drug Control Policy (2012), Kentucky was one of the top ten states for rates attributed to non-medical use of pain relievers among persons aged 12-17. Reports for 2010-2011 indicated that approximately 161,000 Kentuckians ages 12 and older used pain relievers for non-medical reasons (SAMHSA, 2012). Overdose deaths attributed to the use of heroin accounted for nearly one-fifth, or 19.56%, of all Kentucky Medical Examiner drug overdose cases in 2012. In 2011 the rate was 3.22%. Of the 1,004 overdose deaths in 2011, 888 were found to be unintentional (Office of Drug Control Policy, State of Kentucky, 2012).

Addressing the Problem: Advanced Practice Nurse Responsibilities
“Health policy influences multiple care delivery issues, including health disparities, cultural sensitivity, ethics, the internationalization of health care concerns, access to care, quality of care, health care financing, and issues of equity and social justice in the delivery of health care” (AACN, 2006). According to the Institute of Medicine’s hallmark 2001 report, DNP graduates are “prepared to design, influence, and implement health care policies that frame health care financing, practice regulation, access, safety, quality and efficacy.” DNP graduates are especially capable, according to the AACN (2006), at addressing issues of social justice and equity in health care due to their powerful practice experience, which can translate into strong influence on policy formation. Thus DNP-prepared nurses are able to integrate experience into effective action in the policy making arena and help their patients receive access to care and equity in care. According to Goudreau and Smolenski (2013), advanced practice nurses “are already taking action to create better practice environments and conditions, investigating how they can work to define positive change for their patients/clients, and how they can have an impact on the health of communities and the nation through the health policy process” (p.305).

The Advocate Role of the APN in Opiate Addiction Treatment
According to Hall-Long (2009) in her article on nursing and public policy, nurses will get involved to a point but are still not as actively involved in the legislature as many other health professionals. However, as nurses enter into advanced practice,
they are beginning to understand that sometimes taking care of a patient means serving as patient advocates, which may force them to leave the bedside comfort zone and venture into the political arena. Nurses can draw upon the bedside experience to influence public policy by sharing the needs of the patients they wish to help (Maryland & Gonzalez, 2012). According to Maryland and Gonzalez (2012), nurses can impact public policy through advocacy by providing real life examples to illustrate the needs of patients and the outcomes of public policy on patient morbidity and mortality. Nurses can advocate for increased access to care, which is certainly needed in the case of the patients who are addicted to opiate.

The Leadership Role of the APN in Opiate Addiction Treatment

The APN leadership role in health policy can be effective at an individual level or through groups of APNs who share a common interest or goal in patient outcomes. According to Filipovich (2013), “Leadership in any form requires current knowledge of the issues that affect nursing and health care as well as how policy decisions pertaining to those issues are made” (Kindle Locations 3746-3748). The APN is the perfect candidate to take a leadership role in policy due to the knowledge base required at that level of practice. In the case of opiate addiction, effective advocacy on the part of the APN requires assuming a leadership role and knowing the policy steps to take in order to help push legislation that would help increase treatment options for those addicted to opiate. Assuming a leadership role would mean organizing efforts to lobby politicians, creating a coalition to fight for the increased treatment option availability for addicts and organizing the vast scientific research that backs the efforts of increasing naloxone availability to families of addicts and emergency personnel that come into contact with the overdosed individual. The advanced practice nurse has the expertise needed to spearhead efforts to teach the families of addicts the safe administration of naloxone, as well as prevention, treatment and aftercare of an overdose.

The Lobbyist Role of the APN in Opiate Addiction Treatment

According to Milstead (1997), many of the skills in which APNs are experts clinically translate well into the political arena. Milstead (1997) states that bringing a problem to the attention of the government is often the first step in solving it. APNs can use their expertise to provide fact sheets, statistics and personal experiences to bring a problem to the attention of legislatures (Milstead, 1997). APNs have expert knowledge to share and are skilled at synthesizing the available research on a topic in order to lead an evidence-based discussion of the issue. APNs know how to tap into available resources within communities, and they know what services are available and needed. APNs can look at the multifaceted scope of a problem and approach it from an evidence-based perspective. In reference to opiate addiction the APN is able to share the experiences of treating opiate addicts and provide the statistics on relapse, lack of treatment resources and mortality rates due to overdose. In addition to evidence, the APN can provide personal experiences with opiate addicts who call and want to detoxify from opiates but have neither the willpower to do so on their own nor the money for a private drug rehabilitation treatment facility. The APN can share the stories of families who worry daily whether they will find their son or daughter dead from a heroin overdose and who would have some relief if they had naloxone on hand to administer in an emergency.

The Policy of Opiate and Heroin Addiction

The politics stream involves the political climate and the public opinion about the issue and Kingdon’s window of opportunity on a national level is wide open. According to Schambra (2009), “Both his ambition and his unique style of issue management show that Obama is emphatically a policy approach president” (p.127). Schambra (2009) states that Obama’s policy approach looks at long term problems of healthcare, taking into account the whole and avoiding attempts to solve the problem in small pieces. Obama has demonstrated an approach to the national drug problem by looking at objective evidence, scientific facts and expert counsel by the formulation a Nation Drug Control Strategy in 2010.

Conclusion

The problem of opiate drug addiction and death from overdose will require a comprehensive solution that will include input and a multidisciplinary approach from healthcare providers, policy makers, public health officials, law enforcement and legislators.

References


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Nursing Leadership in Scotland

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To have had the privilege to meet nurse leaders of Scotland has helped me better understand health services around the world. There was one specific nurse leader who stuck out to me: Ellen Hudson. Through leadership, Ellen has helped shape and influence other health care workers in Scotland. Later, I will discuss the type of leadership style that applies to Ellen Hudson, and her career that has led to her current position.

Background of Ellen Hudson

Ellen Hudson currently works as an associate director at the Royal College of Nursing (RCN). The RCN helps represent nurses, nursing practice, and helps better health services. Ellen serves as the spokesperson for RCN in Scotland. She is responsible for the understanding of legislative and decision-making frameworks. Before coming to the RCN, Ellen had developed leadership skills in a variety of nursing leadership roles. From 2000 to 2003, Hudson was the Associate Director/Lead Nurse at NHS Argyll and Clyde Primary Care Trust. From 2003 to 2006, Hudson worked as Associate Director of Nursing at Glasgow and Clyde. Then from 2006 to 2008, Ellen took a higher-level job at Glasgow and Clyde as the Head of Nursing. After this position, she came to the RCN and has continued to help others grow as leaders, and expand her own leadership knowledge.

Ellen’s Leadership Style

When I asked Ellen what leadership style best fit her, she responded with, “I consider that I have a transformational leadership style which has 5 key elements by how I operate” (E.Hudson, personal communication, June 3, 2014). The 5 key elements that Hudson felt exemplifies her leadership style include: modeling the way, inspiring shared vision, challenge the process, enable others to act, and encourage the heart. Encouraging the heart seemed to be the most important to her. “I want to inspire passion in my teams for what they do. We spend so much of our day in work – we should have a passion in our jobs,” Ellen said. “It is important you really like that person and can easily respect them, and I knew that was the case going into RCN, so it made my job that place.”

Ellen Hudson will continue to fulfill her leadership positions, and make the NHS and RCN a better place.

References


Nursing Leadership in Scotland, UK

In May 2014 nursing students from the University of Louisville completed a study abroad program and had the opportunity to interview nurse leaders from health care organizations throughout Scotland. Examples of interviews of these transformational leaders making an impact on nursing and national health are included on pages 7-13. Students were supervised by M. Cynthia Logsdon, PhD, WHNP-BC, FAAN, University of Louisville, School of Nursing, Louisville, KY.

Transformational Leadership

Because Ellen believes she is a transformational leader, I will go into detail about exactly what transformational leadership is. To start with, I think it is most important to accurately define transformational leadership. According to Kenda Cherry (2010), “Transformational leadership is a type of leadership style that can inspire positive changes in those who follow” (p.1). According to our ATI book, they define transformational leaders as people who, “empower followers to assume responsibility for a communal vision, and personal development is a secondary outcome” (Churchill et al., 2013, p.4).

When looking at a transformational leader, there are also certain duties that apply to that specific leadership style. According to lainin Hay (2006), there are “4 common I’s” that transformation leaders live and lead by. “The common I’s include: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration” (p.1).

Is Ellen a Transformational Leader?

Anyone can call themselves a transformational leader, but it is the person’s personality, characteristics, attitude, passion, and experience that makes that person a true transformational leader. In order to define if Ellen Hudson is an actual transformation leader, we must first look at what type of characteristics makes a leader. According to John Wink (2012), he believes there are 7 traits of a transformational leader. The first trait Wink believes is the most important, is loyalty. “Leaders are loyal to the cause and to the people who are involved in the cause. Their loyalty is manifested in helping everyone become better. Loyalty means putting others’ interests before yours” (Wink, J. p.1). The other six traits are leadership, relationship, accountability, discipline, empathy, and results. There are several characteristics that can make up a great transformational leader. According to Bill Hogg (2012), he believes there are at least ten top characteristics that make up an extraordinary transformational leader. These include: motivation and management, ability to make difficult decisions, check their ego, willing to take right risks, organizational consciousness, adaptability, ability to listen, inspirational, proactive, and visionary.

After analyzing Ellen Hudson’s background, personality, and career experience, I think it is very accurate that she qualifies as a transformational leader. Since the year 2000, Ellen has held at least four leadership positions, which has helped establish her leadership credentials. During our interview, Ellen expressed to me that she thinks it is very important to keep your staff informed so they will want to follow you. “People will only follow a leader if they understand where the other person is coming from, are clear about what is acceptable” (E.Hudson, personal communication, June 3, 2014).

Conclusion

In conclusion, Ellen Hudson has grown as a nurse leader over the past 14 years. Having her know ledge of her background, career, and personality, Ellen knows what the true meaning of being a leader is all about. At the RCN, it is Ellen’s responsibility to be sure that the health care in Scotland is the best that it can be. Ellen helps transmit this information to all NHS facilities and employees in Scotland. She will continue to grow as a leader, and hopefully, continue to influence and inspire people underneath of her to be great leaders as well.

We have discussed the type of leader that Ellen Hudson is, which is a transformational leader, and what makes a person qualify for this specific leadership style.Again, some of these things include: learner, loyalty, listener, and accountability. Ellen Hudson expressed that it is important for her and the rest of the staff to lead with and encourage the heart. I believe that Ellen Hudson represents what a leader truly is and what other leaders should strive to be like, not only in Scotland, but worldwide. After visiting the RCN with Ellen, I was looking over her resume, I have confidence that Ellen Hudson will continue to fulfill her leadership positions, and make the NHS and RCN a better place.
Transformational Leadership in Long-Term Care in Inverness, Scotland

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With its focus in Magnet designation, transformational leadership has taken the forefront in American healthcare systems. This focus, and the benefits of transformational leadership, is not exclusive to America but instead observed worldwide. These benefits are strikingly visible in the practice of Carmen delos Trinos and the Kingsmills Care Home in Inverness, Highlands, Scotland. Kingsmills Care Home was previously listed as a long-term care facility providing subpar nursing care, rating 2 and 3 on a scale of 1-6. After Ms. delos Trinos assumed the highest nursing management position, the facility has been elevated to a score of 5 in all categories. It is the only care home in the Highlands of Scotland to achieve such a high rank. The success of the Kingsmills Care Home and the health and wellbeing of its residents are largely due to the transformational leadership of Ms. delos Trinos and the skilled team she has acquired.

Carmen delos Trinos was offered the charge nurse position after 2 years of employment at a long-term care facility, then was transferred to the Kingsmills Care Home and took over the Deputy Manager position when it was vacated in 2011. A Deputy Manager position in the UK is similar to a Director of Nursing position in the United States. Carmen has been in the Deputy Manager position at Kingsmills Care Home for 3 years (C. delos Trinos, May 27, 2014, personal communication).

When she started the Deputy Manager position, Kingsmills Care Home had a rating of 2 by the Care Inspectorate and had only 19 residents, with a capacity for 60. Through extensively evaluating her staff’s abilities and flaws, the facility’s strengths and weaknesses, and the shared vision for excellence in care, Carmen was able to improve the home from one of the worst in Scotland, to the best rated home in the Highlands and a premier facility for nursing care in all of Scotland. The Kingsmills Care Home is filled to capacity, often has a waiting list for patients, and is a shining example of what all long-term care environments can be.

Transformational leadership is a style of leadership that has shown to be very successful in people-oriented fields such as nursing. Rolle\(^2\) effectively describes, “TLT’s [Transformational leadership theory’s] basic premise is that the leader possesses the skills to develop successful relationships with followers in an environment where both leader and follower strive to meet organizational goals necessary to fulfill the vision (pp. 59).” Rolle further quantifies this by explaining the relationship as two-sided and benefits both parties because there is trust while followers feel they have inherent value in the organization. This relationship improves motivation, moral, and ultimately care outcomes. Doody and Doody\(^4\) explain transformational leadership as a way for leaders to inspire followers to a shared vision, values, and mission while stimulating them emotionally and mentally. Transformational leadership promotes trust and teamwork while empowering all members of the healthcare team to take an active role in the direction and functioning of the organization. In addition, improved working environments, improved health and wellbeing of both staff and patients, and better outcomes have been attributed to transformational leadership styles.\(^5\)

Transformational leadership has five important practices: modeling the way, inspiring a shared vision, challenging the process, enabling others to act, and encouraging the heart.\(^6\) The five practices direct a transformational leader to develop personal relationships with their followers and encourage open communication and involvement by all members of the healthcare team in determining policies, practices, and a mission that is shared by the group.

Transformational leadership promotes excellence and empowerment while creating an environment conducive to positive communication techniques, active participation, and a sense of personal stake in the direction and quality of the care provided and within the organization itself. Due to its inclusive nature, employees often report job satisfaction, less burnout, and improved staff loyalty and retention.\(^7\) In reviewing 8 studies, Weberg\(^8\) found significant correlations between leadership style and staff satisfaction; this study showed transformational leadership decreased burnout and increased well-being in employees. Riggio\(^9\) takes this a step further, stating, “Transformational leaders hold positive expectations for followers, believing that they can do their best. As a result, they inspire, empower, and stimulate followers to exceed normal levels of performance. AND, transformational leaders focus on and care about followers and their personal needs and development.”

This atmosphere of caring, trust, and inclusive involvement is very important in the nursing field. Transformational leadership demonstrates effectiveness within healthcare, so much so that it is a significant portion of the Magnet designation for hospital care quality in America. Dedicated followers are necessary for the achievement of organizational goals as well as the provision of quality care – no one person can accomplish everything.\(^10\) Transformational leaders develop dedicated followers who possess the motivation and morale to deliver first class nursing care in a welcoming and pleasant environment for patients and staff alike.

Carmen delos Trinos displays exemplary transformational leadership. Her leadership is evident not only in the improvement of ratings and census in her facility, but in the genuine smiles on staff and residents, the easy manner of interaction, and the positive and pleasant environment within the home. Visiting the Kingsmills Care Home, trust, loyalty, and satisfaction are evident among both residents and staff.

Carmen demonstrates idealized influence by being an influential role model for the nurses in her organization. Riggio\(^9\) described this as “walking the talk” and noting that the leader does not only expect integrity and excellence from her staff, but she demonstrates it as well. Carmen has a resume filled with impressive accomplishments and proven success, she has worked in the roles that she is leading, and she is not afraid to “get her hands dirty” and help out her staff when necessary. She also practices with high levels of integrity and honesty, and is honest when talking about where the facility has been and where it can go. She also reported placing an emphasis on consistency within the facility when it is appropriate and available.

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also has clear expectations for the members of her team and they are communicated upon hire and training, through monthly meetings, and individually with staff as the need arises.

While Carmen reports being happy with her career, she engages personally and professionally in the persistent pursuit of further learning. She encourages and facilitates further education for her staff by seeking out experts in the field to provide training and inservice to her employees, discussing treatment options and rationales with doctors, and attending conferences and professional meetings to enhance her knowledge and improve her leadership. She utilizes these interventions to manage problems and develop creative solutions.

She looks critically at the issues facing not only her staff, but her residents as well. Carmen discussed the issue of staff using a foreign language during care that was unknown to residents and had the potential to be intimidating or frightening for her residents. Carmen used innovative and creative ways to manage the problems facing her residents and staff. These acts fulfill the intellectual stimulation element of transformational leadership.

Carmen addresses individualized consideration by maintaining personal relationships with each of her staff members, identifying each person’s strength and weakness, and working with them accordingly. She encourages each staff members’ growth and development and celebrates their success. She assigns caring and competent mentors that are appropriate for each new staff member and takes the time to truly welcome them to her facility.

The transformation focus within transformational leadership is blatantly clear in the changes that have taken place within the Kingsmills Care Home. Carmen and her staff have not only transformed the day-to-day functioning of the facility, they have transformed its reputation, its demand in the highly competitive healthcare market, and its working environment for staff. Carmen’s leadership has been so beneficial and positive the facility was recently purchased from the National Health Service by a private healthcare company. Carmen’s leadership and the transformational leadership style directly influence the health of Scots. They do this by providing safe and effective care, working to improve quality and quantity of life for elderly and dementia patients, and providing dignity, respect, and consideration at the end of life. Due to Carmen’s transformational leadership, the ratings in the home have risen to the highest in the Highlands. This higher rating allows Kingsmills Care Home to receive increased funding, which benefits staff by higher salaries, and the health of Scots through more staffing. Carmen’s staff are loyal because they make a good wage and are not overworked, and her residents are well cared for because there are sufficient staffing levels to meet all their needs and develop more intimate, personal relationships with caregivers.

The transformation from a poorly rated, almost empty care home to full, exciting, innovative facility give credence to the leadership style and the positive outcomes it produces. By observing the transformational leadership style in practice, it is of clear benefit in the nursing field. Nursing is constantly growing and evolving and transformation is necessary for longevity and success. As healthcare becomes more patient-directed and less organization-directed, changes must take place to maintain relevancy. Even the technological advances seen on a daily basis necessitate change within the healthcare field. Transformational leadership can provide a safe and encouraging path to the improvement of healthcare, more positive patient outcomes, and a highly respected and effective nursing workforce.

References
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I’m going to discuss different nursing leadership styles, their impact on client care, and how one nurse leader in particular has used these styles to help change the dynamic of nursing in Scotland. There are five categories of leadership styles: Servant leadership, Transformational leadership, Democratic leadership, Authoritarian leadership, and Laissez-faire leadership. These leadership styles are used very commonly in the United States, but as we discovered on our trip, other countries with different health care systems have found them to be effective as well. One such leader from Scotland who has demonstrated the use of these leadership styles is Sue Sloan, who works directly for the National Health Service Lothian.

Sue Sloan started out as a staff nurse manager and moved to a leadership development role in the NHS system. The team Sue works with is focused on developing a framework for leadership development that makes it easier for other nurse leaders to help advance their nurses. All of the work done in this role must be centered on the values set by the NHS Scotland: Quality, Dignity and Respect, Care and Compassion, Openness, Honesty, Responsibility, and Teamwork. These values were created in an attempt to give all of the nurses a foundation on which to base client care off of. Sue is an integral part in the education of nurse leaders on how to uphold these values and teach them in an effective manner to their staff nurses.

Sue uses transformational leadership in her education sessions with nurse leaders, as well as other methods, such as coaching. One study describes leader who uses transformational leadership as: “communicating an attractive vision with enthusiasm and confidence, transformative leaders are said to build a strong sense of identification with the organization and persuade individuals to transcend their own self-interest” (Hutchinson, H. & Jackson, D. 2013). Positive results have been seen from this leadership style in nurses delivering better care. Through the coaching and leadership development meetings Sue conducts with other nurse leaders, she has found an improvement in ensuring safe and effective clinical practice, such as reduction of harm from falls, pressure ulcers, and medication errors. These are all done through using clinical quality indicators, care rounding, infection control, proper documentation, and implementing the Scottish Patient Safety Program. Another area of improvement has been in enhancing the patient experience with enhanced end of life care, providing privacy and dignity, and providing proper nutrition. These goals are met through using patient quality indicator audits, dementia standards, protected meal times, and a program known as the Releasing time to care—increase direct patient contact. A third area of improvement is managing and developing the performance of the team, such as increased accountability, leadership and professionalism, improved communication and attitudes, as well as documentation. These have been met through audits, increased leadership and management standards, using one-on-one communications with patients, and meetings every month. The fourth area of improvement through Sue’s program is contributing to the organization’s objectives. This is done through clinical quality indicators, using the quality improvement database system, audits, promoting attendance, and more.

The general framework for Sue’s clinical leadership development program is very simple and easy to follow. It is divided into three categories: Group interactions, Individual developments, and Foundations and Accountability. Within group interactions, there are: Delivering better care, multi-agency learning programs, productive learners, national leadership unit programs, the advisory board company, experimental learning, action learning, and leading better care with delivering leadership excellence for AHPs. Within individual developments, there are: coaching, mentoring, supervision, knowledge network, E-learning, e-portfolios, self-assessment tools, Internet, and self-assessment workshops. In the foundations and accountability category, foundations and accountability, there are: corporate and professional induction, mandatory training, management in practice modules, performance reviews, personal development planning, leadership workshops, enhancing the patient experience, ensuring safe and effective clinical practice, managing and developing the performance of the team, and contributing to the organization’s objectives. Using these tools, Sue has been able to positively impact many nurse leaders and their individual teams.

Each of the five different leadership styles has a unique definition and use in different situations. Transformational leadership, which is the style used predominately by Sue Sloan and her leadership development team, is defined as: “building relationships and motivating staff members through a shared vision and mission” (Frandsen, B. 2014). Servant leadership is defined as: “leaders who consistently and enthusiastically influence the values and behaviors of their supporters, and who are driven by the need to create a better environment for their subordinates” (Frandsen, B. 2014). Democratic leadership is defined as: “a leader who encourages open communication and staff participation in decisions. Workers are given responsibility, accountability, and feedback regarding their performance” (Frandsen, B. 2014). Authoritarian or Autocratic leadership is defined as: “when a leader makes all decisions without consulting or giving input from their staff” (Frandsen, B. 2014). Finally, Laissez-faire leadership is defined as: “a style in which the leader provides little or no direction or supervision, and prefers to take a hands-off approach” (Frandsen, B. 2014).

Transformational Leadership as a style has become a very popular leadership style in recent years, and its results have been examined extensively. One recent study found: “The direct and indirect impact of transformational leadership on individual performance has often been studied...the findings revealed that transformational leadership and [public service motivation] had a direct, positive effect on employee evaluations” (Caillier, J. 2014). Another study found: “transformational leadership exerted a significant positive impact on both dimensions of nurses’ safety performance…head nurses’ transformational leadership can enhance nurses’ compliance with and participation in safety” (Lievens, I. & Vlerick, P. 2014). There are not many issues with transformational leadership, except for one potential limitation: “While transformational leadership is effective regardless of culture, the level of effectiveness depends to some extent on cultural values. Where effectiveness is seen as the relationship between one’s objectives and outputs, the more these outputs contribute to the objectives, the more effective the unit is” (Doody, O & Doody, C. 2012). All of these descriptions of transformational leadership and the benefits of implementing that style coincide directly with the results Sue Sloan has found with her work.

Learning about the NHS in Scotland and how all of the same leadership styles used in the United States are used in another country and health care system has been extremely interesting. Out of all the nurse leaders we met with, I felt that Sue Sloan had the biggest impact on the health care system as a whole, as she is an integral part on team and leader development within the hospital systems. It was very interesting to see many similarities with the difficulties in the NHS compared to our health care system, and how they have decided to respond to them using techniques such as transformational leadership. The knowledge gained on this trip has been incalculable and has really taught me the importance of instilling strong leadership qualities in our nurses early on, so they will continue to improve the quality of patient care.

References
Janet Smith: A Transformational Leader

Christina Bennett, Nursing Student
University of Louisville, School of Nursing, Louisville, KY

Traveling to Scotland was a fantastic learning experience. I knew nothing about the National Health Service (NHS) and now I feel fairly knowledgeable on the subject. Most importantly, I learned of a handful of positions that nurse leaders have in Scotland and was lucky enough to meet a few nurse leaders. While in Scotland, I met a very influential nurse leader, Janet Smith. Throughout this article I will be describing Janet's career and how she is a leader. Her leadership style most relates to transformational leadership. The purpose of this article is to analyze what transformational leadership is, how effective it is, and how Janet fits this leadership style.

Janet Smith is a current employee for H1 Agency in Scotland and is a wonderful example of leadership. She has held many positions throughout the years and acquired a large amount of experience in the nursing field. While Janet might live in Scotland now, she is originally from the States, specifically, Washington D.C. Graduating from Radford University in Virginia in 1995 with her BSN, Janet went straight into the Navy where she stayed for nine years. In 1995 with her BSN, Janet went straight into the Navy where she stayed for nine years. In the beginning, she did ward work with a split of pediatrics and internal medicine. This position lasted for two years before she was moved to an ICU externship for a short period of time. The ICU is what Janet had originally wanted to do, however according to Janet, “in the Navy you follow their needs not your own.” She took a specialist course for the ER at Portsmouth, Virginia and moved to Okinawa, Japan to work in their ER for two years. Next, she gained some leadership experience working as an ER charge nurse for two years in Bremerton, Washington. Once the tragedy of September 11th occurred, Janet was trained to be a flight nurse and sent to Diego Garcia, a tiny island in the Indian Ocean. She spent 18 months on this island and it is where she found her Scottish husband. Janet then moved to Europe and left the Navy. She and her husband moved to London, England where she joined an agency that specialized in helping international nurses pass the NCLEX and move to the U.S. Janet worked for this agency for 8 years and she discussed how proud she was to be doing such work. Janet then moved to Scotland, where she currently resides, and started working with the H1 Agency two years ago. During this time she has completed her master degree in health professions education at the University of Glasgow.

In her current position, Janet's title is a healthcare education specialist. It is impossible to explain her position without first giving some background of what the H1 Agency even is. This is a company that recruits nurses to temporarily and permanently staff the NHS. Once nurses are hired, their skills need to be updated in basics such as moving and handling, and infection control. Janet helps with this by overseeing the curriculum development of their in-class training as well as the online E-learning program that is offered. As you can see, Janet has held many positions in healthcare and acquired experience from numerous areas of nursing. Janet has had a great career so far and will continue to do more great things. She is currently pregnant with her first child and hopes to move back to the United States soon after the birth.

Since Janet has moved to Scotland she has had a large impact on their healthcare system and the lives of others. While she is not a floor nurse, Janet is shaping the floor nurses who go through H1 Agency. As she oversees the curriculum development, she is deciding what is important for these nurses to be proficient in before going into the field. If there was no one in her position, these nurses may not be up-to-date with their training. They could possibly go into the field causing all kinds of injuries that would lower the quality of life of the patients in Scotland. However, thanks to Janet there will be less infection spread from one patient to another, less falls, less work-related injuries to nurses by moving a patient the wrong way, etc. Throughout her career, she had leadership instruction through her officer training in the Navy. She took a management development course in 2000 and completing her master's degree required leadership training. Janet Smith's leadership style could be defined as transformational.

Transformational leadership was first introduced by James MacGregor Burns in 1978. In his research on political leaders. According to Burns, transformational leadership is a process in which “leaders and followers help each other to advance to a higher level of morale and motivation” (Langston University, n.d.). Bernard M Bass is a researcher that extended the work of Burns in 1985 by explaining the psychological mechanisms that underlie transformational leadership. Transformational leadership is defined as a leadership approach that creates valuable and positive change in the followers with the end goal of developing followers into leaders. It enhances the motivation, morale and performance of followers (Langston University, n.d.). Leaders are encouraged to empower their followers by developing them into high involvement individuals and teams focused on quality, service, cost-effectiveness and quantity of output of production (Bass, 1990). This is exactly what every nurse is trained to do, and Janet is helping to do so.

Transformational leadership elevates the follower's level of maturity and ideals as well as concerns for achievement, self-actualization, and the well-being of others, the organization and society (Bass, 1990). The importance of transcending self-interests is something lost sight of by those who see the ultimate in maturity...
of development is self-actualization, as in Maslow’s hierarchy of needs. Transformational leadership helps followers to visualize and work for the better good. In this case, Janet is helping the newly hired nurses to work towards making the NHS better for the patients. They learn how to move them properly and to prevent the spread of diseases. Transformational leaders produce in their followers a higher: salience of the collective identity in their self concept; sense of consistency between their self-concept and their actions on behalf of the leader and the collective; level of self-esteem and a greater sense of self-worth; similarity between their self-concept and their perception of the leader; sense of collective efficacy; and sense of “meaningfulness” in their work and lives (Bass, 1999).

Transformational leadership sounds great, but how effective is it? Nebiat Negussie and Asresash Demissie conducted research at Jimma University Specialized Hospital to find how the leadership style of nurse managers played a role in nurses’ job satisfaction. Their research is important because effective leadership is highly related to nurse staff work satisfaction and satisfied nurses are more likely to stay not only in the profession, but also in the health care organization which they are satisfied with. The results of the study are that staff nurses preferred the transformational leadership style. Moreover, there is a statistically significant positive relationship between all dimensions of transformational leadership and intrinsic and extrinsic job satisfaction (Negussie & Demissie, 2013). This shows that Janet is in the right direction of transformational leadership and intrinsic and extrinsic job satisfaction. Moreover, nurses hired for H1 Agency, would be more than willing to follow her lead. Janet’s entire job is training the new hired nurses how to be safe, meaning that she is most effective at doing this because she is a transformational leader. Transformational leadership had a positive association with both perceived safety climate and safety participation (Clarke, 2013). The reason that transformational leadership is more effective is that it is a relationship-oriented leadership where in exchange for leaders’ concern for their safety and well-being, followers will demonstrate greater willingness to engage in any behavior linked to improved performance, including safety participation and safety compliance (Clarke, 2013). Janet is a great nurse leader because she has the ideal type of leadership required for her position at H1 Agency. She is turning out the most prepared nurses into the NHS because they will gladly follow her leadership and work their hardest to stick to the safety measures she taught them.

In conclusion, it is hard to rate how much of a transformational leader that Janet Smith is. As Bass (1999) says, “leadership is as much emotional and subjective as rational and objective in effect.” However, she seems to have all the qualities that a transformational leader would have. Moreover, there is a large amount of research to show that being a transformational leader has great impacts on the followers. These impacts include greater safety participation, more innovative work behavior, an increase in job satisfaction in nurses and of motivation. Janet Smith does a great job at updating the skills of H1 Agency’s nurses and is a very influential leader.

References

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Student Spotlight

Janet Smith continued from page 11

Janet Smith has the ideal type of leadership required for her position at H1 Agency. She is certainly has attained this throughout her long career of nursing. Several students have shown that women tend to be more transformational than men and to some degree this is accompanied by greater satisfaction and rated effectiveness according to both male and female subordinates (Bass, 1999). This gives Janet a leg up in regards to being transformational. She naturally, due to her gender, is more inclined to be a transformational leader. According to a study by Sharon Clarke, transformational leadership is the most effective leadership for promoting safety in the work environment. Janet’s entire job is training the new hired nurses how to be safe, meaning that she is most effective at doing this because she is a transformational leader. Transformational leadership had a positive association with both perceived safety climate and safety participation (Clarke, 2013). The reason that transformational leadership is more effective is that it is a relationship-oriented leadership where in exchange for leaders’ concern for their safety and well-being, followers will demonstrate greater willingness to engage in any behavior linked to improved performance, including safety participation and safety compliance (Clarke, 2013). Janet is a great nurse leader because she has the ideal type of leadership required for her position at H1 Agency. She is turning out the most prepared nurses into the NHS because they will gladly follow her leadership and work their hardest to stick to the safety measures she taught them.

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Ellen Hudson: A Transformational Leader

Ellen Hudson exemplifies all four elements of transformational leadership. As a leader, she has been able to influence others while also making herself a stronger leader. When asked, Ellen indicated that “leaders don’t deliver on their own! As a leader I want to build capacity and capability within my teams, enable them to be confident and competent in what they are doing. I try to give them high challenge but also essential support so that they can flourish. My role is to provide that critical environment in which they can be successful.”

Ellen Hudson continued on page 14

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The mission of the Veterans Health Administration is to improve the health of the nation’s veterans by ensuring that veterans receive or have access to the best health care the nation can provide. This mission is accomplished by delivering patient-centered, high quality, compassionate, accessible care that is respectful of individual values and captured in a cost-effective manner. The mission also includes the enhancement of the diversity of our health care delivery system to ensure that the unique needs of our diverse veterans are met. The mission of the Long Term Care Services is to: ensure that all veterans receive the appropriate level of care, support and services to reduce the need for institutional care, and promote the use of community resources. The Long Term Care Services are committed to the delivery of a level of service necessary to achieve a quality lifestyle for our veteran residents. The使命 of the Veterans Health Administration is to improve the health of the United States by ensuring that veterans receive or have access to the best health care the United States can provide. This mission is accomplished by delivering patient-centered, high quality, compassionate, accessible care that is respectful of individual values and captured in a cost-effective manner. The mission also includes the enhancement of the diversity of our health care delivery system to ensure that the unique needs of our diverse veterans are met. The mission of the Long Term Care Services is to: ensure that all veterans receive the appropriate level of care, support and services to reduce the need for institutional care, and promote the use of community resources. The Long Term Care Services are committed to the delivery of a level of service necessary to achieve a quality lifestyle for our veteran residents.

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elements of the job that we love and in nursing I think that is essential so that we don’t lose touch with our common humanity” (personal communication, June 2, 2014).

As nurses are required to take on more responsibilities in their field, it is important that nurses develop leadership qualities. This development can be accomplished by using current nurse leaders as role models. Ellen Hudson is an example of such a role model. Not only has she had a fulfilling twenty year long career, which has enabled her to refine her leadership skills, but she also has been able to encourage and help others become leaders. Utilizing the transformational leadership style, she has been able to build strong, trustworthy relationships with her peers. Building these relationships has enabled her to encourage her peers to help meet the shared goals of her organization. Transformational leadership has also helped Ellen to be a part of health care reform in Scotland. As the field of nursing grows and changes, the utilization of transformational leadership is crucial to ensure the well-being and achievement of both nurses and patients.

References
Ellen Hudson continued from page 13

Kentucky Nurses Association (KNA) District 7 members were supportive of the transition from a district structure to a chapter structure. Although there were valid reservations, the membership was overall supportive. A transition meeting was held on August 13, 2013 to set goals for the 2013-2014 year that included a strategic plan to inform members of the proposed ANA/KNA Restructure Plan and possible education topics and a calendar of events. Lewin’s Three Step Change Theory (2004) was the model that was relevant as we chose to “unfreeze” the current KNA District 7 structure, “transition” to the new chapter structure, and “freezing” as we adapted the new KY Nurses REACH Chapter.

The unfreezing of the previous district 7 structure was begun when Lorraine Bormann, KNA District 7 immediate-past president, and Liz Sturgeon, immediate-past treasurer, attended KNA Education Summit 2013 and KNA business meeting on October 4, 2013 in Frankfurt, Kentucky. Information from the business meeting was disseminated to the membership and also provided at an informational booth on October 25, 2013 at the Western Kentucky University (WKU) School of Nursing Homecoming Open House and Tea at the Medical Center / WKU Health Sciences Complex in Bowling Green, Kentucky.

The transition details were discussed with members in an open forum Q&A following a continuing education program meeting was an open forum Q&A following a continuing education program entitled “Utilization and Effectiveness of Palliative Care in the Current Healthcare System” by Melissa J. Baker, RN, MSN, APRN was held at the Community Center at the TJ Health Pavilion in Glasgow, Kentucky on February 28, 2014. Members had another opportunity to have direct input into the transition details for our new chapter. Formal documents were finalized and submitted to KNA headquarters on January 28, 2014. The KNA Board of Directors approved the application for our new chapter on March 25, 2014.

The freezing step concluded with the name of the new chapter approved as KY Nurses REACH Chapter. REACH is an acronym for Research, Educate, Advocate, Care, and Help and represents the foundations for the chapter to build upon. The description of the chapter’s purpose is to stay abreast of current research and evidence-based practice, participate in and provide on-going education, advocacy, and to be a caring and helping organization in our communities. We expect our main membership to be within the geographical location that was served by KNA District 7 boundaries and welcome any new members from other areas.

The KY Nurses REACH Chapter held a joint meeting with Kappa Theta Chapter of Sigma Theta Tau International on April 15, 2014. The continuing education program meeting was an evidence based practice update with Western graduate student capstone projects and podium presenters. The Capstone Projects included “Salary Compensation for Nurses” by Kathleen English, “Goals of Care: Scorecards” by Deanna Baker, and “Smart Phones on Nursing Units to Enhance Patient Communication” by Sally Tanero. A brief meeting followed the program and new leaders were elected for KY Nurses REACH Chapter and include: Chairperson, Kim Bourne; Treasurer, Annie Alton, and Secretary, Dawn Garrett-Wright. Membership is steadily increasing. The new officers will hold a transition meeting at the end of August, 2014 to strategically plan for the 2014-2015 year.

References

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The Perception by Faculty and Students on the Use of Wireless Devices, as an Active Learning Tool, in the Associate Degree Nursing (ADN) Program

Michelle Dickens, PhD(c), MSN, RN
Melody Cundiff, MSN, RN
Jacquelyn E. Young, MSN, RN
Campbellsville University, School of Nursing, Campbellsville, KY

Background
Schools of nursing (SON) are incorporating informational technology to increase student learning opportunities, create innovative teaching practices, and promote current and accurate information retrieval systems. (Cahill and Li, 2011; Sidda, 2008). However, wireless technology use in the classroom is a new concept and research is relatively recent and in the beginning stages for nursing education. (Cahill & Li, 2011; Garrett & Klein, 2008). Understanding how the use of technology is incorporated into the clinical and classroom setting will provide suggestions to other instructors engaging in the use of technology in the classroom.

Purpose
The purpose of this study was to understand the experiences of educators and students, when intergrading technology into the curriculum. Specific topics: (a) student's and instructor's engagement in using mobile devices and technology as a tool in the classroom; (b) the use of technology in delivering course content in a specified course; (c) the use of mobile devices or technology to provide classroom instruction, information and evaluation; and (d) challenges that may arise when using PDA's in the classroom and clinical setting.

Methods
A quantitative study using convenience sampling was performed using the nursing students and faculty at the school of nursing. The faculty and students were given five similar questions to answer. The questions related to the use of Wireless Handheld Devices (WHD) in the classroom as well as the clinical setting. A "Likert" scale was used with possible answers ranging from strongly agree to strongly disagree.

Results
Instructor Results
Seven out of seven instructor surveys were returned or 100%.

How would you (the instructor) rate your student’s engagement in using mobile devices and technology as a tool in the classroom?
Four out of seven instructors (57%) agree that students use mobile devices and/or technology for access to online resources; for completion of assigned homework and projects; and that students actively pursue ways to use mobile devices and technology in and out of the classroom.

How would you (the instructor) rate your use of technology in delivering course content in your specified course?
Four out of seven instructors (57%) strongly agree that mobile devices and/or technology are used to access classroom updates and resource material for didactic learning.

On what level do your students use mobile devices or technology to receive classroom instruction, information and evaluation?
Four out of seven instructors (57%) strongly agree that mobile devices and/or technology are used to access classroom updates and resource material for didactic learning.

“Likert” scale was used with possible answers ranging from strongly agree to strongly disagree.

Wireless Devices continued on page 16

Kentucky Nurses Association Calendar Of Events 2015

April 2015
8-12 National Student Nurses Association (NSNA) Annual Convention, Phoenix, Arizona
10 Surviving Your First Year of Practice, Carroll Knecly Conference Center, 2355 Nashville Road, Bowling Green, KY 42104 Overnight Room Block: Staybridge Inn and Suites, 680 Campbell Lane, Bowling Green, KY 42101 Overnight Reservations: 270-904-0480
15 6:00 – 8:00 PM Kentucky Nurses REACH Chapter Joint Meeting With Sigma Theta Tau at Medical Center Complex in Bowling Green. Meal Provided.
16 1:00 PM – 5:00 PM Kentucky Board of Nursing Meeting
17 1:00 PM – 5:00 PM – Kentucky Board of Nursing Meeting

May 2015
11 Deadline for the Kentucky Nurse (July/August/September 2015) Issue
14-15 ANCC Pathway to Excellence Conference, Louisville Marriott Downtown, Louisville, KY, 800-537-0127
25 Memorial Day Holiday – KNA Office Closed

June 2015
1 Deadline for the Call to Summit 2015
11 1:00 PM – 5:00 PM – Kentucky Board of Nursing Meeting
12 10:30 AM – Kentucky Board of Nursing Meeting
12-17 American Holistic Nurses Association Annual Conference, Chateau on the Lake Resort Spa And Convention Center, Branson, Missouri

July 2015
3 Independence Day Holiday Observed – KNA Office Closed
23-25 2015 ANA Membership Assembly, Renaissance Washington Downtown, Washington DC
August 2015
1 KNA Ballot 2015 Mailing
10 Deadline for the Kentucky Nurse (October/November/December 2015) Issue
28 10:30 AM – 5:00 PM Kentucky Board of Nursing Meeting

September 2015
7 Labor Day Holiday – KNA Office Closed

October 2015
2 Education Summit, Embassy Suites, 1801 Newtown Pike, Lexington, Kentucky 40511 Overnight Reservation - 859-455-5000
2-4 Kentucky Association of Nursing Students (KANS) Annual Conference, Embassy Suites, 1801 Newtown Pike, Lexington, Kentucky 40511 Overnight Reservation - 859-455-5000
7-10 ANCC National Magnet Conference, Atlanta, GA
14 10:30 AM – 5:00 PM Kentucky Board of Nursing Meeting

November 2015
5-8 National Student Nurses Association (NSNA) Mid-Year Conference, Atlanta, Georgia
9 Deadline for the Kentucky Nurse (January/February/March 2016 Issue)
11 Veterans Day - KNA Office Closed
26-27 Thanksgiving Holiday – KNA Office Closed

December 2015
11 10:30 AM – 5:00 PM Kentucky Board of Nursing Meeting
21-31 Christmas Holiday – KNA Office Closed

*All members are invited to attend KNA Board of Directors meetings (please call KNA first to assure seating, meeting location, time and date)
Three out of seven instructors (42.8%) agree that mobile devices and/or technology are used to reinforce course content in and out of the classroom and to evaluate student learning through assignments, quizzes, and testing.

What challenges arise when using PDAs in the classroom and clinical setting?

Three out of seven instructors (42.8%) disagree that they do not experience any challenges in the classroom or clinical setting, however, three out of seven instructors (42.8%) agree that they experience challenges related to Internet connectivity.

What PDA reference applications do you find most useful?

Two out of seven instructors (28.6%) strongly agree that they use one to two reference applications on their PDA device; however, two out of seven instructors (28.6%) strongly agree that they use five or more reference applications on their PDA device.

Student Results

71 surveys were provided to students and 62 were returned or 87.3%. Some students did not answer some questions.

How much time do you (the student) utilize a mobile device/PDA on a daily basis in the clinical setting?

32 out of 62 students (51.6%) agree that they utilize a mobile device/PDA in the clinical setting one to three hours per day/shift.

Which setting/situation do you (the student) utilize your mobile device/PDA as a reference? (Clinical, Class, Personal)

33 out of 61 students (54%) strongly disagree that they do not use a mobile device/PDA in any of these settings/situations, however, 29 out of 61 students (47.5%) agree that they utilize a mobile device/PDA in the clinical and/or class setting.

On what level do your instructors use mobile devices or technology to deliver classroom instruction, information, and evaluations?

32 out of 57 students (56.1%) agree that mobile devices and/or technology are used to reinforce course content in and out of the classroom.

30 out of 61 students (49.1%) agree that mobile devices and/or technology are used to access classroom updates and resource materials for didactic learning.

What challenges arise when using PDAs in the classroom and clinical setting?

29 out of 62 students (46.7%) disagree that they experience challenges related to limited access of usage.

Wireless Devices continued from page 15

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www.batemanhospital.org

What PDA reference applications do you find most useful?

32 out of 61 students (52.4%) agree that they use one to two reference applications on their PDA device.

24 out of 62 students (38.7%) agree that they use three to four reference applications on their PDA device.

Conclusion

Both instructors and students have a very similar reaction on the use of mobile devices in the classroom. Instructors and students agree that mobile devices are used in the classroom as well as the clinical arena. Students and instructors agree that mobile devices are used to present information and reinforce information in the clinical and classroom setting. Mobile devices are also used as a summative and formative form of evaluation. One area of concern expressed by both the instructors and students is related to the Internet connectivity of the mobile devices. Further investigation into the areas of Internet connectivity will need to be addressed.

Future Studies

In August of 2012 the use of mobile devices was introduced to first semester nursing students. At that time, mobile device use was mandated for the new incoming students. These students will graduate May 2015. Identifying the student’s perception of the use of mobile devices in the classroom as well as preparation for practice would provide insight on the use of mobile devices as an active learning tool in the classroom and clinical arena. Questions related to professional practice and professional preparedness related to the use of technology would provide insight for the instructors, and would allow for changes in the clinical and classroom, if needed, by the instructor.

Limitations

Surveys were given to all instructors regardless if the instructor taught in the clinical or classroom arena. Separating the responses would allow for a more cohesive understanding of issues related to Internet connectivity as well as the adaptations of the device in the classroom or in the clinical arena.

Surveys were also provided by pencil and paper. Using an online survey system would allow for the survey to be sent to a larger pool of students and instructors as well as timely return of the results.

References

KNA Centennial Video
Lest We Forget Kentucky’s POW Nurses

This 45-minute video documentary is a KNA Centennial Program Planning Committee project and was premiered and applauded at the KNA 2005 Convention. “During the celebration of 100 years of nursing in Kentucky—Not To Remember The Four Army Nurses From Kentucky Who Were Japanese prisoners for 33 months in World War II, would be a tragedy. Their story is inspirational and it is hoped that it will be shown widespread in all districts and in schools throughout Kentucky.

POW NURSES
Earleen Allen Frances, Bardwell
Mary Jo Oherst, Owensboro
Sallie Phillips Durrett, Louisville
Edith Shackleite, Cedarflat

Video Price: $25.00 Each
DVD Price: $25.00 Each
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• Occupational Therapy
Welcome New Members
The Kentucky Nurses Association welcomes the following new members or reinstated members since the January / February / March 2015 issue of the Kentucky Nurse.

KNA Member Appointed to National Committee

Kathy Ferriell, MSN RN
Heartland Chapter President

On November 4th, Dr. Assi, the American Nurses Association (ANA) Director of Nursing Practice and Work Environment, notified KNA member Janice Elder, MSN RN CNOR that she had been selected to serve on the Advisory Committee of the Professional Issues Panel on Workplace Violence and Incivility. Janice is a member of the Heartland Chapter and is the Director of Surgical Services at Twin Lakes Hospital in Leitchfield, Ky.

Janice was selected from over 500 applicants for the panel. As a practicing Surgical Services nurse who has worked in various roles in both metropolitan and rural settings, large and small facilities, Janice’s experiences as a staff nurse and manager will provide ‘real life’ scenarios for the Advisory Committee’s deliberations. She had provided presentations on this topic and is very pleased to have been selected to provide her insights.

ANA has formed two committees from the panel, the Steering Committee and the Advisory Committee, to address the issues of workplace violence and incivility in the work environment. The Advisory Committee will provide guidance and feedback to both ANA and the Steering Committee throughout the project. The Advisory Committee will also be given opportunities to contribute to the development of resources related to the project.

The goals of the Professional Issues Panel, including the Advisory and Steering Committees, will be 1) to develop a position statement on workplace violence and incivility and 2) provide detailed recommendations for registered nurses and employers in the practice setting.

KNA and the Heartland Chapter congratulate Janice Elder on her selection to this very important panel. We are pleased to have a Kentucky Nurse as a part of the panel and we thank her for her participation.

THE PAINTING

‘The Human Touch’ is an original oil painting 12” x 16” on canvas which was the titled painting of Marge’s first art exhibit honoring colleagues in nursing. Prompted by many requests from nurses and others, she published a limited edition of full color prints. These may be obtained from the Kentucky Nurses Association.

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