President’s Message

Roberta Young MSN, RN

Greetings Nursing Colleagues. The Year 2015 was declared “The Year of Ethics” I’m going to carry that over to 2016 with a final article on the Code and how it influences our daily professional practice.

Nursing professional practice has three key elements that are the foundations for practicing with value and integrity. The key elements are credentialing processes for nursing education, rigor in licensing and credentialing requirements and a code of ethics that guide practice in any setting. 1) The impact and influence of the Code is large. Although we don’t always articulate it, I know that we make decisions guided by it every day. Decisions like truth telling with patients and families, decisions to provide expert pain management, decisions to enhance competence and confidence for self-management of health conditions. It is how we do what we do.

Here again is the description of The Code of Ethics and its ever present foundation to our professional practice. The Code “establishes an ethical standard that is non-negotiable in all roles and in all settings. The Code is written by nurses to express their understanding of their professional commitment to society. It describes the profession’s values, obligations, duties, and professional ideals.” ANA’s Code of Ethics for Nurses and Interpretive Statements, 2015.

I bet many of you have run into situations where an employer, or interdisciplinary partner was surprised when you articulated your scope and influence on health. Those partners have maybe only been exposed to the dependent and interdependent roles of nursing practice. And now you are put into the position of describing the value nursing brings to the table. What is your “go to” response? You do want one because sometimes these situations can elicit an emotional response. Ok now I’m speaking from experience, I have not always done this well...really doesn’t help to get all huffy!

We have a great foundation of evidence validating nursing influence on health outcomes. When put in the situation of articulating value of the nursing, I often speak to the Registered Nurses role in coordination of care that is present in most every practice setting. In today’s health care environment, care coordination is the most important role of the professional nurse. Our education, scope of practice, and skill to assess at a health level, plus the time that nursing is in contact with patients/clients, put us in the perfect position to intervene and coordinate care wisely. We step up to understand the safety issues in handoffs and what is needed to make them safer, like actually trusting patients with their own health information. We take intentional steps to enhance informed decision making. We should understand the finances of health care enough to balance the quality-value proposition. Methodically using the nursing process to select interventions that matter, is ours to claim and carry out with intention.

The articulation of our practice and influence on health outcomes has to be done in step with the Code of Ethics for Nurses. My hope for you this year is that you are called upon many times to articulate the value of your practice. I hope that you take time to reflect on the value you have brought to the patients you are privileged to serve. I hope this gives you joy and peace; that you are needed. It’s a good thing.


NDNA Annual Meeting

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Member Spotlight

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American Nurse Advocacy Group

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Vol. 85 • Number 1

February, March, April 2016

14th Annual Northwest Region North Dakota Collaborative Educational Conference

“The Brain Connection Part 2: The Brain on Drugs”

April 8th, 2016

See page 6 for details.
One last view on “The View”:

"What cruel mistakes are sometimes made by benevolent men and women in matters of business about which they can know nothing and think they know a great deal." ~ Florence Nightingale, Notes On Nursing

It has been months since Miss Colorado's monotologue about nursing, the cast of The View's ignorant comments, and when nurses rose up to defend their noble profession. Shortly after this media firestorm, I showed the senior nursing students video clips of both Miss Colorado and The View. When the video clips were complete, I instructed the class that there were members of the media waiting outside the door wanting to hear their opinions about the media frenzy of the media waiting outside the door wanting the public to know about nursing. The View. When they had two minutes to write down their feelings, and what they wanted the public to know about nursing. Below I am sharing one student's writing, as it combines many of the thoughts that students were expressing.

Dear “The View”

I understood. As a future nurse, I can understand your misconceptions about nursing as a profession. I am not here to be mad, only to say thank you for showing me an opportunity to show you how you are being (be you). I have sat with patients who apologize for taking so much of my time – to them and you, this is my response: “No matter what or when – I will care for you, I will listen through anything and advocate for your needs. I will love, cry, support and do everything I can to show you that you are an individual. I understand that it is uncomfortable to be here. To have me probe and dig deep into your life. I will not define or categorize you.” Nursing is not my profession, nursing is my life mission – that is, to impact each patient in a special and positive way. (The View) I don’t blame you for your opinion(s), because I do truly understand.

Yet I have questioned the nursing students, “Now what?” This is the not the first time that nurses have stood together against the media’s portrayal of our profession. Who can forget Nurse Ratched (also known as “Big Nurse”) a fictional character and the main antagonist of Ken Kesey’s 1962 novel One Flew Over the Cuckoo’s Nest, the veteran heavy metal band Motley Crue in 2009 promoting their album Dr. Feel Good – naughtily dressed nurses and all, then came the 2011 MTV nursing reality program “Scrubbing In,” portraying nurses as hell raisers, heartbreakers and fun seekers (directly from the show’s promo – you can’t make this stuff up!).

Even with nursing being identified as the most trusted profession, I think it is time to ask the hard question of ourselves "why do these less than attractive, respectful or accurate portrayals of nurses persist?” I propose that we (nurses) are good at uniting at the time of a “fire,” it is in the enactment of our collective energy to make real change in the health/ healthcare of our country. Do I hear an “Amen”?

*In pursuit of creating collective energy, the next assignment for this group of nursing students is to research various nursing organizations.

http://www.nddna.org

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The North Dakota Department of Health

The North Dakota Department of Health has employment opportunities for REGISTERED NURSES AND DIETITIANS as a Health Facilities Surveyor.

Contact:
Pepper Lippert, RN
Director of Nursing
115 5th Street South, PO Box 287
Bismarck, ND 58501
Phone: 701-326-4234
Email: donalphicp@oralcomm.com

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The North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

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The North Dakota Nurse accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and submitted electronically in MS Word to direction@ndna.org. Please write North Dakota Nurse article in the address line. Articles are peer reviewed and edited by the RN volunteers at NDNA. Deadlines for submission of material for 2016 North Dakota Nurse are 3/17/16, 6/16/16, 9/15/16 and 12/15/16.

The North Dakota Nurse is one communication vehicle for nurses in North Dakota. Raise your voice.

Writing for Publication in The North Dakota Nurse

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The North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.
The North Dakota Nurses Association held their 2015 Annual Meeting and Conference on November 6 & 7th in Bismarck. A joint meeting was held between the Nursing Student Association of North Dakota and the North Dakota Nurses Association. Topics of the meeting included sharing of strategies and ways the 2 groups could work together on shared projects or community events. The meeting was followed by a social and a great time was had by all.

The next morning brought two excellent speakers! The first speaker, Teresa Olin, MSN, BSN, RN presented *Through the Eyes of North Dakota Nurses: Peer Bullying and Incivility*. This topic proved to be very educational, informative and something familiar to all nurses. The second speaker, Tammy Buchholz, MSN, RN, CNE presented *The Year of Ethics, YOUR Year to Get Involved*. Tammy presented excellent reasons to be involved in professional organizations such as the North Dakota Nurses Association and navigated the attendees through multiple ethical dilemmas. Both speakers facilitated A LOT of discussion and were able to engage the audience in their presentations! Thank you Tammy and Teresa for sharing your knowledge!

The North Dakota Nurses Association Annual Meeting began with reports from the NDNA Board of Directors and followed with guest reports from Kyle Martin for the ND Center for Nursing and Dr. Stacey Pfenning, DNP, APRN, FNP the Executive Director at the ND Board of Nursing. The final guest speaker was Jill Kliethermes, MSN, RN, FNP-BC the CEO of the Missouri Nurses Association and the leader of the Midwest Multistate Division (MW MSD). Jill presented updates on future plans for the MW MSD and their expanding Continuing Education provider and approval applications in North Dakota. Proposed bylaws changes were reviewed and voted upon as well as motions from NDNA committees and membership. The silent auction filled a room and items auctioned off included historical NDNA items, beauty products and food.

The North Dakota Nurses Association membership is growing and we are looking forward to a vibrant and productive year ahead! Thank you to the NDNA Board of Directors, NDNA members, guests and nursing students who attended and made our conference a great success!
Tell us a little bit about your nursing career.

I suppose technically my career in the nursing field began way back in High School where as a freshman I became a Certified Nursing Assistant and worked at a nursing home through my high school and college years. After becoming an RN, I worked various places as a staff and/or charge nurse. My career as a RN began at an RN, I worked various places as a staff and/or charge nurse. As an advanced practice nurse, I have degree. During my graduate work I worked and began working on my graduate nursing field began way back in High School where

What made you want to become a nurse?

As an advanced practice nurse, I have degree. During my graduate work I worked and began working on my graduate nursing field began way back in High School where

What benefit has it been to you to belong to the NDNA?

There are many potential benefits from NDNA membership, most of which are directly related to the degree of involvement and/or participation in the association. Probably the biggest benefit I feel I am able to easily establish rapport with

What do you consider the most frustrating thing about the nursing profession today?

What guidance would you give to a new nurse joining the profession?

When lobbying in front of legislative and other regulatory bodies. Secondly, the more members and involvement, the greater amount of resources, directions, etc to patients but in the sometimes when a patient sabotages their own treatment options. I discuss the pros/cons of

What do you think about the NDNA?

We are Pacific travelers. We are a Pacific travel nurse staffing company, and we have been in the travel nursing industry since 1984. We are committed to providing the best possible travel nurses with the top quality healthcare staffing and employee services.

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The Xi Kappa-at-Large Chapter of Sigma Theta Tau International Honor Society for Nursing held its annual induction ceremony on Saturday, October 31, 2015. The induction recognizes nursing students and community nurse leaders who have demonstrated achievements in nursing, leadership qualities and high professional standards. Inductees consisted of graduate and undergraduate students from the following colleges: Concordia College, Moorhead State University Moorhead, North Dakota State University, North Dakota State University at Sanford Bismarck, and University of Jamestown.

The Community Nurse Leaders reside in Sanford Bismarck, and University of Jamestown.

Scholarships and awards were also given to the following recipients:

- Xi Kappa Graduate Scholarship: Penny Briese, Wendy Kopp
- Xi Kappa Undergraduate Scholarships: Brandi Davidson, Emily Kluck, Kezia Kvernum, Markie Struxness
- Martha Vorvick Berge Scholarship: Katrina Pavek
- Excellence in Teaching Award: Julie Bruhn
- Excellence in Nursing Leadership Award: Rebecca Moehl
- Excellence in Nursing Research Award: Molly Secor-Turner
- Outstanding Member Award: Nancy Freitag

Congratulations to the new inductees:

- Concordia College Undergraduate: Heather Beamer, Molly Boelter, Shelby Bombersbach, Markie DeGraio, Lindsey Guzek, Kate Hauble, Heathen Lehner, Andrea McGuire, Jessica Nellermoe, Melissa Uhrich
- Minnesota State University Moorhead – Undergraduate: Kacij Sullivan, Nikole Thein
- Minnesota State University Moorhead – Graduate: Wendy Benusa, Amber Carlson, Ashley Kissingar, Amanda Recker
- North Dakota State University – Undergraduate: Danielle Anderson, Brianna Bertel, Katie Brendemuhl, Kristin Carman, Abby Diekmann, Cassie Forst, Sara Groth, Jenna Hansen, Katie Haugen, Samantha Johnson, Christina Jones, Mari Kjos, Emily Kluck, Kezia Kvernum, Katrina Pavek, McKenzie Schaefer, Kayla Sorensen, Stephanie Thissen, Ya-chiao Yang
- North Dakota State University – Graduate: Allison Danz, Amanda Helmer, Nichola Lang, Saudra Lauer, Vanessa Lien, Anna Thomas
- North Dakota State University at Sanford Bismarck – Graduate: Caitlyn Albert, Mallie Anderson, Chesney Arneson, Rachel Bachmeier
- North Dakota State University at Sanford Bismarck – Undergraduate: Andrea Berglund, Kristen Borkte, Erica Brodersen, Rebecca Bucholtz, Brandi Davidson, Shawna Dietz, Sabrina Elm, Kristi Erickson, Marissa Geissler, Jennifer Gristeinner, Alexa Hanson, Fawzia Hassan, Clancy Hennessey, Molly Horner, Kassidy Keller, Amanda Ketterling, Laken Kristoff, Karlynn Klug, Marisa Mack, Booth, Cayla Nelson, Carly Nordstrom, Dustynn
“The Brain Connection
Part 2: The Brain on Drugs”

April 8, 2016
8:00am – 3:30pm
The GRAND Hotel
1505 North Broadway
Minot, ND

Provided by:
District 1, North Dakota Nurses Association and Omega Tau Chapter,
Sigma Theta Tau International
Honor Society of Nursing

Presenters
Michael J. Dallolio, MD
Board Certified Physician in Psychiatry. specializes in Behavioral Health & Psychiatry at Trinity Hospital, Minot ND
Kevin Franks, DO
Board Certified Physician, specializes in Emergency Medicine, Trinity Hospital, Minot, ND
Susann DeForest RN, BSN, MS,
ETC Manager of Trinity Hospital, Minot, ND
Rhonda Gunderson RN, BSN
ETC Assistant Nurse Manager, Trinity Hospital, Minot ND
Al Schmidt, Police Chief
Police Department, Berthold, ND

Handouts will be available for download on your personal laptop, e-reader, or mobile device at: https://sites.google.com/site/minotspringconference/

There will be NO handouts available at the conference

Conference Objectives
Upon completion of this program, the participants will be able to:
1. Identify commonly abused substances and describe states of intoxication and withdrawal.
2. Discuss long term effects and treatment options of substance abuse.
3. Describe the physiologic effects of drugs on the brain.
4. Illustrate case studies involving patients on drugs and experiencing emergent care needs.
5. Discuss the roles and responsibilities of the ER nurse when the patient presents to ER with possible substance abuse.
6. Present scenarios involving patients experiencing substance abuse and nursing staff interventions.
7. Review current issues and create awareness of substance abuse in the region.
8. Identify safety strategies for all health care providers when encountering an individual with suspected drug use.

The purpose of this educational offering is to increase knowledge on the effects of substance abuse on the brain and provide skills and nursing management for these patients.

Questions call 701-858-3251

Agenda
7:30am – 8:00am
Registration
8:00am – 8:15am
Welcome
8:15am – 9:45am
Substance Abuse: Know the Facts
Michael Dallolio, MD
9:45-10:00am
Break
10:00am-11:30am
Brain Pathophysiology and Case Studies
Kevin Franks, DO
11:30-12:15pm
Lunch (Provided)
12:15pm-1:30pm
Nursing Interventions
Susann DeForest
Rhonda Gunderson
1:30p-1:45pm
Break
1:45pm-3:15pm
ND Picture, Current Issues and Safety Awareness Related to Substance Abuse
Al Schmidt
3:15-3:30pm
Evaluations

Contact hours for this continuing nursing education activity have been submitted to the North Dakota Board of Nursing. Please contact Mary Smith for more information regarding contact hours.

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Application Instructions and more information: http://www.dakotacollege.edu/faculty-and-staff/employment/
The Importance of Breastfeeding and Ways to Support It: A Message to Nurses Who Care for Mothers and Newborns

Rebekah L. Parker
Minot State University

The benefit of breastfeeding is not a new topic; the subject is well researched. Although it is generally accepted that breastmilk is the optimal source of nutrition for infants, less than half of women continue to breastfeed until 6 months on life and only 18.8% exclusively breastfeed at 6 months (Center for Disease Control and Prevention [CDC], 2014, p.4). Health care providers working with mothers and newborns have a unique opportunity to provide evidence-based support and advice that will allow mothers to make informed decisions about breastfeeding. The American Academy of Pediatrics state that “Human milk is a natural substitute feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding” (Gartner et al., 2005). The Surgeon General’s Call to Action to Support Breastfeeding report provides information on the importance of breastfeeding including health effects on both the infant and mother, psychological effects of breastfeeding, as well as economic and environmental benefits (Office of the Surgeon General, 2011a). Contrary to popular belief, commercially prepared formula, while enhanced in recent years, is not equivalent to breastmilk in regards to health benefits (Office of the Surgeon General, 2011b). The following statistics were reported in the Surgeon General’s Call to Action to Support Breastfeeding report (3a, p.11):

• When compared to exclusive breastfeeding for 6 months, formula fed infants have a 100% higher chance of acquiring acute ear infection, otitis media

• The risk for sudden infant death syndrome is 56% higher among in formula fed infants compared to breastfed infants for at least 4 months

• The risk for hospitalization for lower respiratory illness in the first year of life is greater than 250% higher among formula fed infants when compared to breastfed infants for at least 4 months

• Formula feeding is also associated with higher rates of major chronic diseases, such as type 2 diabetes, asthma, and childhood obesity

• Mothers who breastfeed have a lower risk of breast cancer and ovarian cancer than women who have never breastfed.

The psychosocial benefits of breastfeeding come from early physical closeness and bonding promoted during breastfeeding. “Although the literature is not conclusive on this matter, breastfeeding may help to lower the risk of postpartum depression, a serious condition that almost 13 percent of mothers experience” (Office of the Surgeon General, 2011a, p.3). Unsurprisingly, many health professional organizations endorse breastfeeding, including the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Nurse-Midwives, and American Public Health Associations. All of these prominent organizations recommend breastfeeding for the first 12 months, and exclusive breastfeeding within the first 6 months of life (Office of the Surgeon General, 2011a). Even with all the research and endorsement, breastfeeding is still a struggle for many families.

In an evidenced-based care sheet provided by Cinahal Information Systems, a number of interventions associated with increased initiations and/or duration of breastfeeding were identified. Initiation of breastfeeding is promoted by hospital policies that support skin-to-skin contact immediately after birth, encouraging breastfeeding and counseling staff on feeding techniques until full feeding capability (Pinto & Schub, 2014). So, what can nurses do? For example, Pinto and Schub (2014) suggest learn about breastfeeding; be able to state benefits and contraindications, know techniques and continuously assess and provide feedback. These researchers also found that education is a key intervention in promoting breastfeeding, and well educated staff are vital. Encourage breastfeeding within the first hour of life and provide emotional support to the mother and family. Be familiar with the resources available within your facility or community (e.g. informational material, certified lactation consultants, peer support groups) and utilize them. Avoid the use of supplements, unless medically necessary, and limit pacifier use (Pinto & Schub, 2014). In a survey by the CDC in 2014, the national percent of breastfed infants that receive supplemental formula before they are 2 days old is 19.4%, a practice shown to be unnecessary and detrimental to breastfeeding (p.5).

To make informed decisions about breastfeeding, nurses who care for mothers and newborns have the opportunity to promote wellness and prevent disease by providing important information to patients regarding the benefits of breastfeeding and the risks of not breastfeeding. Acquire the knowledge and skill needed to properly educate your patients and allow them to make informed decisions about breastfeeding.

References


Kittson Memorial Nursing Home

Kittson Memorial Nursing Home, Hallock, MN is looking for a Part-Time RN or LPN. Full time benefits include health insurance, life insurance, personal and paid time off, 401k, and more. Please contact Kim Anderson at 1-800-843-6016 or 218-843-3612 for more information or send email to kim.anderson@kaphe.net

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*The Total Audience Series, Q4 2016

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The North Dakota Nurse

February, March, April 2016

Page 7
Nitrous Oxide as Pain Relief Management in Laboring Women

Appraised by: Dawn Morten SN, Hannah Bunk SN, Megan McCleary SN, Shanna Leno SN (NDSU Nursing at Sanford Health Bismarck, ND)

Clinical Question: Is Nitrous Oxide an effective form of pain relief in laboring women?

Articles:

Synthesis of Evidence:

Positive expectations increased in intervention group after receiving the gas. Mother’s positive expectations such as safety of the gas, dominance on pain, stress relief, pain relief, and tendency for receiving the gas group had no significant impact on the women and their babies. Fifty-eight publications that were sorted through, 21 articles that had at least an outcome of 20 women studied, addressed the effectiveness of N2O on women’s satisfaction in laboring pain relief. While N2O is a safe, quick and effective way to work with patients, the effects of the variables must also be done. The areas that need more research include, nitrous oxide’s influence on the women's birthing experience, how it affects the baby’s experience, and adverse effects on the mother and baby. The article stated the while the benefits of using N2O include its cost-effectiveness and its influence on the women's birthing experience, some patients may not tolerate for long periods of time. So, we recommend that the 30 degree tilt method be used in conjunction with other pressure ulcer prevention techniques.

Implications for Nursing Practice:
- Nurses should assess for pressure damage in patients and position them using the 30º tilt method.

Nitrous Oxide as Pain Relief continued on page 15

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30 Degree Tilt Position

Appraised by: Erica Broder.son SN, Marisa Mack-Booth SN, Elizabeth Schaner SN, & Lenae Schneider SN (NDSU Nursing at Sanford Health, Bismarck, ND)

Clinical Question: In patients who are hospitalized or residents of long term care facilities, does using the 30 degree tilt method of positioning increase blood flow and reduce pressure on bony prominences vs. using other positions?

Articles:

Synthesis of Evidence:
- Kallman, Engstrom, Bergstrand, Ek, Lindberg & Lindgren (2015) conducted a descriptive comparative study involving 3 nursing homes between May 2011 to August 2012. A total of 25 participants were included in this study. Participants were placed into 30 degree supine tilt, 0 degree supine, 30 degree lateral, and 90 degree lateral positions. The study concluded that pressure, skin temp and tissue blood flow were different for each of the four positions tested. The 30 degree supine tilt allowed for a higher tissue perfusion. The interface pressure between 30 degree supine tilt and 30 degree lateral position were very similar in measurement.
- In 2004, Young conducted a random control trial with inpatients in a district general hospital in Wales. Forty-six patients were selected and randomly assigned to either the experimental or control group. The subjects in the experimental group were placed in the 30 degree tilt position and repositioned every 3 hours during the night. In the control group, patients were placed either in the supine position or a 90 degree lateral position and repositioned every 3-4 hours. Among the subjects who completed the study, three from the experimental group and two from the control group developed pressure damage. Although the main findings of this study were that patients positioning using the 30 degree tilt method did not reduce the incidence of pressure damage compared to the control group, the standard positioning method was used for the majority of the 23 subjects in the experimental group had difficulty maintaining the 30 degree tilt position and randomly repositioned themselves during the study.
- Moore, Cowman, & Conroy (2011) conducted a randomized control trial that looked at 12 long term care home tilt for 24 hours every six hours at a 90º rotation. At the end of the study, three patients in the experimental group after receiving the gas. Mother’s positive expectations such as safety of the gas, dominance on pain, stress relief, pain relief, and tendency for receiving the gas group had no significant impact on the women and their babies. Fifty-eight publications that were sorted through, 21 articles that had at least an outcome of 20 women studied, addressed the effectiveness of N2O on women’s satisfaction in laboring pain relief. While N2O is a safe, quick and effective way to work with patients, the effects of the variables must also be done. The areas that need more research include, nitrous oxide’s influence on the women's birthing experience, how it affects the baby’s experience, and adverse effects on the mother and baby. The article stated the while the benefits of using N2O include its cost-effectiveness and its influence on the women's birthing experience, some patients may not tolerate for long periods of time. So, we recommend that the 30 degree tilt method be used in conjunction with other pressure ulcer prevention techniques.

Implications for Nursing Practice:
- Nurses should assess for pressure damage in patients and position them using the 30º tilt method.
Through the Eyes of Nurses: Peer Bullying and Incivility

Teresa Olin, MSN, RN

“If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse, and you say that you are neutral, the mouse will not appreciate your neutrality.”

-Desmond Tutu

Shock rang through my body as I stood there pinned against the wall looking at my attacker. “Do you understand me?” She whispered through pursed lips. I nodded slowly too afraid to speak. My mind was spinning, my heart was racing and I could feel the panic becoming more pronounced. I kept trying to make sense of the events that led up to the incident. “How did this happen?” I thought to myself. “What could I have done that ultimately provoked such actions?” My gaze wandered down the hall in the hopes that help would arrive, but the clinic had emptied by then. It was just her and I. Two co-workers, two peers…

Two nurses. She was my co-worker, my peer and a fellow nurse and she had pushed me and pinned me up against a wall. Why? I do not have answers to this question. And to be pushed me and pinned me up against a wall. Why? The pan raged, my heart was racing and I pursed lips. I nodded slowly too afraid to speak. “Do you understand me?” She whispered through pursed lips. I nodded slowly too afraid to speak. “Do you understand me?” She whispered through pursed lips. I nodded slowly too afraid to speak. “Do you understand me?” She whispered through pursed lips. I nodded slowly too afraid to speak.

Analysis of Data

Three major categories and themes emerged from the study which represented the nurses’ perceptions of nurse-to-nurse bullying in the acute care setting and interventions that could influence bullying behavior. The categories identified were perceptions of bullying behaviors, presence of incivility in the culture of nursing, and creating a culture of civility.

Category 1: Perception of Bullying Behaviors

The first category, Perception of Bullying Behaviors, was expressed by Participant One as, “using force or threat to get what you want or to get the other person to do what you want. Using a position of power, like a nurse manager, to get an employee or fellow nurse to do what you want them to do” (personal communication, February 27, 2014). Participant Four described a specific incident of intimidation by another nurse: I was working with a nurse who had been a nurse for a long time and she became angry when I told her I was going straight through them. “I can’t believe you don’t already know that.” Also recollected, “Nurses deliberately not assisting a colleague when asked for help. I’ve witnessed people say, “you are on your own on this one.” I was also put down for not knowing how to handle a situation. It ruins your self-confidence” (personal communication, March 4, 2014).

Participant Twelve (personal communication, March 7, 2014) recollected that during her first year of nursing, she was assigned a senior nurse for training: The senior nurse was supposed to train me and show me the ropes. She would have absolutely nothing to do with me and at one point because she wasn’t showing me anything so I was...
standing behind her trying to watch what she was doing because I knew ultimately I would need to do these tasks. She turned around and yelled ‘stop looking over my shoulder!’ I ended up leaving.

The theme for this category was: The participants shared that they perceive bullying behaviors included intimidation and manipulation of others in efforts to promote self-importance and power.

Category 2: Presence of Bullying in Nursing Culture

The second category, Presence of Bullying in Nursing Culture, was acknowledged by all the participants. Several factors lead up to these findings that include the personality of the nurse, the role of the nurse managers, and whether or not the individual is aware of their actions.

Nurses eating their young. The common phrase ‘nurses eat their young’ was reiterated throughout the interviews as a common issue and activity within the nursing culture. Older nurses, seasoned nurses, or nurses with more experience were noted over all as the main perpetrators against nursing students, younger nurses, or newer colleagues. Participant One stated:

I was always told nurses eat their young. And I think it’s true. I think an experienced nurse will just throw a new grad or a new nurse out there just to see what they can do. And I think they like to see newer nurses fail or fall apart. I don’t know what they do personal communication, February 27, 2014.

Participant Seven described this perception of ‘nurses eating their young’ as, “They smell blood and intimidation and pounce.” She also stated, “Some of the nurses were so mean to the students...you get thrown to the nurses, and you pray to God you survive” (personal communication, March 5, 2014). When discussing nuances of the acute care setting, Participant Ten noted, “With some of the more seasoned nurses on the floor...you could tell they were angry, literally angry and they didn’t agree with something the new nurses learned and just looked at us and said ‘you think you know everything'” (personal communication, March 4, 2014).

Individual personality. Several participants conveyed that the amount of women working in the nursing profession and an individual’s personality play a large role in creating the bullying culture. Participant Eight stated, “It is a personality issue. Some people are just that way.” She goes on to state the nursing profession encompasses “a lot of people working together and that is a tough mix of personalities. Maybe some of the bullying culture just comes with the price of being a woman and the cavities of women” (personal communication, March 5, 2014). Participant Eleven acknowledged, “…it is a personality thing or it is just how they are. They are just that kind of person who likes to intimidate and make it and makes them feel better about themselves” (personal communication, March 7, 2014). Participant Seven and Participant Eleven both agreed that “some of the managers are aware when bullying in nursing has to do with the individual’s personality. Both stating it is a ‘personality thing’ and ‘it is just the way she is, it is her personality’ (personal communication, March 5, 2014).

Participant Nine described personality also playing a role in becoming a target because of a specific type of personality the target inherits. “When people are a little bit different they might not go over as well...people are sometimes asking to be bullied” (personal communication, March 6, 2014). Participant Eleven reiterated, “If you are more timid and not willing to stand up for yourself, you may assume being bullied. Anyone can become a target but I think it is more likely because they know you are not gonna stand strong” (personal communication, March 7, 2014).

No realization of behavior. Another common perception that bullying behavior and the personality of individuals was that bullies have no realization of their bullying behavior. Participant One and Participant Five acknowledged bullying behaviors may not even know they are acting this way. Participant Nine noted, “Even if someone is being playful and pushing someone around…it depends on the other person as to whether or not they consider that bullying” (personal communication, March 6, 2014). Participant Five acknowledged, “I also realize people are good. People might not realize the effect they are having on someone and what they are doing is inappropriate” (personal communication, March 6, 2014).

Participant Six conveyed similar thoughts in regards to bullying not being intentional and adds insight about herself in this role. It might be one of those people. I don’t think I have ever been disrespectful or mean, I don’t know. I just want to focus on what I need to do and get the task done for the patient. I don’t intend to be mean, but I think in the acute setting that happens frequently (personal communication, March 4, 2014).

Oppression and power. Participants expressed nursing as an oppressed profession with a real need for power among the nurses resulting in bullying behavior. Participant Four conveys characteristics in the acute care setting for nursing, “I think there is a lot of oppression in nursing. And with that issue is where we find a lot of the bullying. Nurses and the environment in general make nurses an oppressed group” (personal communication, March 2, 2014).

Participant One conveyed that older or more seasoned nurses might have a feeling of incompetence next to newer nurses coming in who are more technology savvy and they might be described as “less valued” putting them in a more “defensive stance” against newer nurses. Additionally she adds, “there is really a power thing…so I think that is why they take on the role of being a bully to give themselves a little bit of seniority” (personal communication, February 27, 2014). Participant Three noted older nurses feeling territorial against the newer nurses coming into their area and them feeling as if their power is being taken away from them. They might be described as “less valued” putting them in a more “defensive stance” against newer nurses. Additionally she adds, “there is really a power thing…so I think that is why they take on the role of being a bully to give themselves a little bit of seniority” (personal communication, February 27, 2014).

Nurse managers role. Managers were additionally perceived to play a role in the bullying behavior. Nurse managers were either directly perceived as the perpetrator or contributed to the behavior by the actions they portrayed bullying. Participant One, when asked to describe bullying stated:

Using a position of power, like nurse managers do to ‘Kotata’ power. “You give someone a task you don’t want to do or you are doing somebody else’s work and give it to a newer or younger nurse to take on. And with that issue is where we find a lot of the bullying. Nurses and the environment in general make nurses an oppressed group” (personal communication, February 27, 2014).

Participant Two noted, “…there is always open-door policies with managers, unfortunately, you don’t always communicate…there are people who are saying ‘sink or swim’ (personal communication, February 27, 2014). Participant Eleven stated simply, “My managers? She is not very understanding and supportive. There are people who are saying ‘sink or swim.’” (personal communication, March 7, 2014).

Participant Five conveyed that “there are nurses who have been nurses for a really long time who aren’t getting the current information on civility and how to treat people appropriately. I think that so much just gets pushed aside by managers as this is just the way they are so you just have to live with the personality of the person bullying” (personal communication, April 4, 2014). Participant Ten stated when asked if managers play a part in getting bullying behaviors resolved, “Yes, and I also think that……bullies” (personal communication, April 4, 2014). Participant Ten stated when asked if managers play a part in getting bullying behaviors resolved, “Yes, and I also think that bulls, I just read a new book published by St. Martin’s Press. It is called ‘Bullying and the Workplace’ and it is about how managers can help prevent bullying in the workplace. The book is called ‘Bullying and the Workplace’ and it is about how managers can help prevent bullying in the workplace.”

The theme for this category was: The participants readily acknowledged that bullying behavior exists within the nursing profession and the environment and its effects on the nurses. The participants shared their experiences with bullying and the effects it has had on their careers and lives. They also acknowledged the need for education and support to address this issue and provide a safe and respectful work environment for all nurses.
behaviors have been present in their personal work situations. A variety of factors were acknowledged and perceived as most likely contributing to the bullying behaviors.

Category 3: Creating a Culture of Civility
The third theme, Creating a Culture of Civility, was an acknowledged and perceived as most likely contributing to the bullying behaviors in the workplace. Participant Second acknowledged that having a thick skin and not taking it personally would help combat becoming a target. I remember when I started in the ICU and I already had six years of experience before I started there. I had a nurse there that was rude to everybody. She asked me in front of all the staff if I primed the tubing. Like I was a brand new RN and I had never done it before. I was so offended by it. And then I realized you just have to let it roll off your back. Because if you don't develop a thicker skin you are going to be bitter and you are going to let people get to you. I was so offended by it. And then I realized you just have to let it roll off your back. Because if you don't develop a thicker skin you are going to be bitter and you are going to let people get to you.

Participant Four, reiterating confronting the bullying situation, stated: "I finally asked her if there was something I could do to help with the relationship or the communication because we have to work together and that is how you control it. Because if you let it go on for a single day and you won't want to be a nurse anymore. If you are uncomfortable and scared in your job, it's not going to be long before you have to be confident" (personal communication, February 27, 2014). Participant Two also acknowledged that having a thick skin and not taking it personally would help combat becoming a target.

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Participant Three who works in surgery agreed bullying is a complicated problem because even if a nurse is being treated poorly and “crying on the floor” the rest of the team must keep focused on the case and safety of the patient first. She conveyed the nurse’s role is to “make sure everything is right in patient care and nothing is going to detract or cause potential harm to them” (personal communication, February 28, 2014). Participant Eight stated, “If you have the nurse who really doesn’t want to be a preceptor and you have this jerk new graduate student who is trying to interpret an order but are afraid to ask questions and go ahead and give the wrong dose if they become flustered by a bully. Maybe they will stop coming to work or may give the wrong dose if they become flustered by a bully. This can totally cause patient safety and serious consequences” (personal communication, March 7, 2014).

The theme for this category was: All of the participants agreed that identification, prevention, and interventions to alleviate these behaviors is the responsibility of all healthcare providers in the acute care environments to promote nurse retention and enhance patient safety.

**Final Assertion for the Study**

The participants in the study expressed agreement that the greatest negative consequence of lateral bullying and incivility is the breakdown of communication among healthcare providers. All participants readily agreed that communication is paramount in establishing and maintaining effective relationships necessary for the provision of high quality teamwork and safe patient care. Despite nurse-to-nurse bullying having several contributing factors, participants agreed intimidation or the wrong medication, and action against the behavior through awareness, education, and interventions to alleviate these threats and to deter the detrimental influences of bullying behavior.

**Implications for Nursing Practice**

The North Dakota nurses in the study provided evidence of incivility being widespread right here in our backyard. The nurses who reported that nurses would not be good preceptors or change nurses might mistake medications or give the wrong dose if they became flustered by a bully. Maybe they will stop coming to work or may give the wrong dose if they become flustered by a bully. They may be more focused on the case and safety of the patient first. Bullying is a complicated problem because even if a nurse is being treated poorly and “crying on the floor” the rest of the team must keep focused on the case and safety of the patient first. She conveyed the nurse’s role is to “make sure everything is right in patient care and nothing is going to detract or cause potential harm to them” (personal communication, February 28, 2014). Participant Eight stated, “If you have the nurse who really doesn’t want to be a preceptor and you have this jerk new graduate student who is trying to interpret an order but are afraid to ask questions and go ahead and give the wrong dose if they become flustered by a bully. Maybe they will stop coming to work or may give the wrong dose if they become flustered by a bully. This can totally cause patient safety and serious consequences” (personal communication, March 7, 2014).

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**References**


Delsa, C. A. (2009). Bullying among nurses. American Journal of Nursing, 109(1), 52-58. Bullying behavior among healthcare providers that lead to unsafe nursing practices and put patients at risk cannot be ignored. The entire health system needs to assess the seriousness of the situation, the risk to the patient, and the risk to the nursing profession at large. A cultural shift that includes a united front among healthcare workers to recognize and take action against bullying behavior through awareness, education, and interventions is necessary to alleviate these threats and to deter the detrimental influences of bullying behavior. Interventions that lead nurses to be compassionate, supportive, and exude positive behavior towards each other are imperative as nursing heads into the future.

**Conclusion**

There remains work to be done in order to diminish the bullying behaviors among nurses. Further research and effective actions need to be taken to alleviate bullying behaviors that lead to unsafe nursing practices and put patients at risk cannot be ignored. The entire health system needs to assess the seriousness of the situation, the risk to the patient, and the risk to the nursing profession at large. A cultural shift that includes a united front among healthcare workers to recognize and take action against bullying behavior through awareness, education, and interventions is necessary to alleviate these threats and to deter the detrimental influences of bullying behavior. Interventions that lead nurses to be compassionate, supportive, and exude positive behavior towards each other are imperative as nursing heads into the future.
Nurses Rank as Most Honest, Ethical Profession for 14th Straight Year

Ranking Reflects High Regard for Nursing Profession

SILVER SPRING, MD – Nursing continues to be rated the most trusted profession, according to the annual Gallup poll ranking of honesty and ethics in various fields.

For the past 14 years, the public has voted nurses as the most honest and ethical profession in America. This year, 85 percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high,” tying a nurses’ high point on the Gallup poll and 17 percentage points above any other profession.

“It’s essential that we leverage this trust to lead and implement change in the health care system,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA). “Hospitals, health care systems and other organizations are lacking an important perspective and can’t make fully competent decisions if they don’t have registered nurses at the board table or in the C-Suite. That’s why ANA is a member of the Nurses on Boards Coalition, working to place 10,000 nurses on boards by 2020.”

Ethics is an essential part of nursing practice. This includes an ethical responsibility to ensure the safety of patients and the health and wellness of nurses and other health care providers. In 2015, ANA released a revision of its Code of Ethics for Nurses with Interpretive Statements, a cornerstone document of the nursing profession that reflects many changes and evolutionary health care and considers the most current ethical challenges nurses face in practice. The release was just one component of the “Year of Ethics,” a series of activities emphasizing the importance of ethics in nursing practice.

In 2016, ANA will build on this concept of ethical and shared responsibility by launching a year-long “Culture of Safety” campaign to drive improvements, from reducing medication and patient errors to support the need for changes in nurse staffing across all health care settings,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association.

The white paper highlights studies that demonstrate how appropriate nurse staffing helps to achieve both clinical and economic improvements, from reducing medication and patient errors to shortening patients’ hospital length of stay.

“The evidence from hundreds of studies— and the white paper—make it clear that there is a relationship between staffing and patient outcomes,” said Matthew McHugh, PhD, JD, MPH, RN, FAAN, an associate professor at the University of Pennsylvania School of Nursing who helped develop the paper. “If there are not enough nurses at the bedside, bad things are likely to happen.”

The white paper also examines the various forces that have impacted discussions about nurse staffing and health care, from Affordable Care Act provisions and Institute of Medicine reports to changing patient demographics.

This paper specifically notes that existing staffing systems are often antiquated and lack flexibility to adjust to factors such as patient complexity, transfers, and the physical layout of the unit. It further addresses efforts by ANA and other organizations to advocate for federal regulation and legislation promoting flexible staffing plans, and highlights ANA activities to support transparency and public reporting of staffing data.

For example, the Registered Nurse Safe Staffing Act (H.R. 2083/ S.1132), endorsed by ANA, would require hospitals to establish registered nurse (RN) staffing plans using a committee, comprised of a majority of direct-care nurses, to ensure patient safety, reduce readmissions and improve nurse retention.

“We in nurse leadership have to be able to defend our budgets for optimal staffing,” said Bob Dent, DNP, MBA, RN, NEA-BC, CENP, FACHE, senior vice president and chief operating officer at Midland Memorial Hospital in Texas. “We need to be able to tell our boards of trustees and other administrators: ‘If we want to be able to deliver quality care to our community, then here is the staffing we need and here is the evidence (that supports that decision).’

The paper is the first in a series aimed at addressing the value of nursing care and services. Individuals can learn more and access the white paper executive summary at https:// nursesaremosttrusted.org/download-the-2015-avarele-white-paper-on-staffing/

Members of the media can obtain the full white paper by sending a request to Ms. Jemarion Jones at jemarion.jones@ana.org.

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SILVER SPRING, MD – As global communities mark Dec. 1 as World AIDS Day, the American Nurses Association (ANA) and the Association of Nurses in AIDS Care (ANAC) are calling for the elimination of outdated HIV criminalization laws in a new position statement.

“It’s clearly time to repeal laws that unfairly punish people living with HIV,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “HIV is a treatable medical condition and laws need to reflect advances in our understanding of the disease, its treatment and transmission risk.”

The ANAC position statement, endorsed by ANA, describes HIV criminalization as the use of the criminal law to arrest and penalize HIV-positive people for perceived or potential HIV exposure or transmission through consensual sexual contact and where nondisclosure of their HIV-positive status is alleged. More than 30 states in the U.S. have legislation that criminalizes HIV exposure without transmission routes and risk. A significant number of these laws include exposures that are now known to pose no risk of transmission, such as spitting.

The ANAC position statement also outlines how criminalization can hinder HIV prevention, care and treatment. For example, outdated laws that criminalize HIV transmission cause unjust and harmful HIV criminalization statues. Nurses know from our ethical code that singling out HIV status or any other diagnosis or disability as criteria for criminal charges is unjust and contrary to evidence-based public health approaches,” said ANAC Executive Director Kimberly Carbaugh.

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There is growing consensus about the need to reform HIV-specific laws. The Centers for Disease Control and Prevention (CDC), the U.S. Department of Justice and the National HIV AIDS Strategy have all called for a review and modernization of HIV-specific criminal statutes to ensure they are consistent with current knowledge of HIV transmission and to support public health approaches to preventing and treating HIV.

ANA and ANAC support the following actions:

• Reform of all state and federal policies, laws, regulations and statutes to ensure that they are based on scientifically accurate information and are consistent with current knowledge of HIV transmission and to support public health approaches to preventing and treating HIV.

• Eliminate or amend punitive laws that single out HIV infection in other communicable diseases and that include inappropriate or enhanced penalties for alleged nondisclosure, exposure and transmission.

• Education about the negative clinical and public health consequences of current HIV criminalization statutes, arrests and prosecutions and their potential contribution to HIV-related stigma and discrimination.

Additionally, ANA and ANAC encourage nurses to support the Repeal Existing Policies that Encourage and Allow Legal HIV Discrimination Act of 2015 or the REPEAL HIV Discrimination Act. Sponsored by Rep. Barbara Lee (D-CA), the bill requires a review of laws by federal, state and local stakeholders that impose criminal liability on people with HIV. The bill also provides states with guidance on best practices for revising HIV criminalization laws.

For more information, visit www.nursesinaidscare.org.
Nitrous Oxide as Pain Relief continued from page 8

A review by Pita et al (2012), explored the use of a 50-50% inhalable nitrous oxide and oxygen gas mixture as a method of pain alleviation during labor for women in a low-income hospital setting. This study looked at 126 women in one, low-income hospital with singleton pregnancies, cephalic presentation, 35 weeks or greater gestation, and in active phase of labor. The women studied self-administered the nitrous oxide mixture as needed, and were not given any limitations on the amount or frequency of use. Baseline fetal monitoring tracing was used to establish fetal well-being. Pain rating was measured one hour after initiating use of the nitrous oxide mix with a ten point VAS. After one hour of initiating the nitrous oxide mix, pain according to the VAS averaged 52.6% less. It was also found that cervical dilation was significantly increased to 28.4 and 21.7% No infant APgar's score was less than seven and there were no admissions to NICU. All infants and mothers were discharged in good condition. The most frequent reported side effect was tolerable dizziness, and 96% of the participants said that they would recommend this method of pain control for labor. Although it was not part of the aim of the study, it was also found that the use of the nitrous oxide mixture also decreased incidence of cesarean section by 50%. The nitrous oxide was also used during repair after birth and was included in the findings of pain reduction.

Pita et al. concluded that the use of nitrous oxide is "free of complications, does not require high technology or qualified personnel (although appropriate training is needed and rapidly obtained), is affordable, does not increase obstetrical surgical interventions, and enables women to make decisions and control pain." (p. 630). A limitation of this study is lack of a control group which is a relatively small sample size.

Rosen (2002) conducted a systematic review of eleven randomized control trials studying laboring women receiving nitrous oxide as an effective analgesic. There were 11 out of 14 potential studies chosen for the review. The inclusion criteria included nitrous oxide, inhalation, childbirth, labor randomization of subjects, and a control group, and analgesic outcome assessment by the parturient women in the study at the time of or shortly after intervention. Excluded were studies in which efficacy assessment was delayed, subjects were self-selected, or other selection bias existed. The findings of this review was nitrous oxide is not a potent labor analgesia, but it is safe for parturient women, their newborns, and health care workers in attendance during its administration, and also appears to provide adequately effective analgesia for many women. The limitations in this study include the observation that nitrous oxide appears to provide beneficial analgesia to many women was based on maternal subjective feeling and belief, which must be considered in this context. It was also noted some of the included studies had a low to moderate risk for bias. The outcome of nitrous oxide as an analgesic was measured by a pain level with visual analogue scale, including both a 4 category scale, and a 5 category scale.

Bottom Line: The overall conclusion of our review was there needs to be more “good quality” studies done in laboring women.

Implications for Nursing Practice:

Nitrous oxide can be an effective form of pain management in laboring women but patients will need to be taught administration techniques, expected pain during labor, and proper use of equipment.
Save the Date - March 17, 2016

Hypertension Summit
Coming Together to Detect, Connect and Control Hypertension

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Location and Time
Holiday Inn of Fargo
3803 13th Avenue South
Fargo, ND 58102
12:30 PM - 5:30 PM

Target Audience
 Physicians, nurses, dietitians, pharmacists, and other health care professionals

Presenters
Dr. Joshua Wynne
MD, MBA, MPH, Vice President of Health Affairs and Dean of Medicine Health Sciences, UND
Melanie Carvell
PT, Director of Sanford Women’s Health Center Bismarck, ND

Join the North Dakota Department of Health on March 17, 2016, at the Hypertension Summit. Registration is FREE! Education credits will be available. Don’t forget to wear green for St. Patrick’s Day! Register at https://www.eventbrite.com/e/2016-hypertension-summit-tickets-19891689579.

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Please contact Mylynn Dumlaio at mdumlao@nd.gov or 701.328.3337 if you have any questions or need assistance with the registration process.

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