Tessa Johnson, MSN, BSN, RN

As nurses, professionals, and people in general we are all hopeful we can be remembered. We want to be remembered by our parents, our families, our friends, and even people we have never even met. I recently attended a conference session that encouraged us to find our legacy. A legacy can be simply defined by Merriam Webster dictionary as, “something (as memories or knowledge) that comes from the past or a person of the past.” If you think about the definition, we have the potential to be very powerful in the lives of our patients as nurses if we chose to formulate our own legacy and live by it every day. For example, think about Apple products. They have made the business a success by the words “Think Different.” All of their customers know what they can expect from them and that their products will always be the newest and constantly changing. That is the legacy they leave with the people they do business with.

As respected nurses we are all leaders by default in the medical field. Leadership is all about connection and each time we relate with patients we leave a little of us behind. As a nurse, what our patients remember about their encounter with us becomes our legacy. Have you thought about the story that you are leaving behind to your patient? That is your legacy. In A Leader’s Legacy, the authors remind us that “legacies are not the result of wishful thinking. They are the results of determined doing. The legacy you leave is the life you lead. We live our lives daily. We leave our legacy daily. The people you see, the decisions you make, and the actions you take -- are they what tell your story.” One of the important parts of defining your legacy is to make it short, impactful and in 6 words or less (Dawn Kaiser). Once you have accomplished that, it is important to share your legacy with others. Once you share it, others can help hold you accountable to your legacy and it will be successful for you. I ask you, can you think of nurses that you worked with or perhaps a nurse mentor that left a legacy in your heart? I think most of us know of somebody like that in our lives.

After attending the session I began to think about my own legacy as a nurse, a mother, a wife and a person in general. I can tell you that this is not an easy task to complete. I think we can all come up with words that we associate with but it’s hard to bring it down to a succinct message we want people to know. I am going to take the first step in sharing mine and share it with all of the nurses in ND that read the North Dakota Nurse. My legacy is “Believed she could, so she did.” This is not a new phrase and I’m sure many of you have heard it before. It directly speaks to me in my nursing career and in my life and I want to commit to living by these words. I invite you all to share your legacy with me at president@ndna.org. Be well, we need all of you!

References

https://www.merriam-webster.com/dictionary/legacy
http://www.dawnkaiser.com/

Like us on Facebook for upcoming information on NDNA’s Healthy Nurse Conference in Bismarck on October 6th!

Nurses – Thank you for all you do – now is the time to take care of you too!

President’s Message

Develop Your Legacy

Tessa Johnson

Vol. 86 • Number 2 May, June, July 2017

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current resident or
How to submit an article for The North Dakota Nurse!

The North Dakota Nurses Association accepts articles on topics related to nursing. We also accept student articles & evidence based practice articles. All articles are peer reviewed and edited by NDNA volunteers.

Deadline for submission for the rest of this year are 6/15/2017, 9/13/2017 & 12/13/2017. Send your submissions to info@ndna.org.

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Fort Totten, North Dakota is looking for nurses and nurse practitioners.

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Enrich the lives of patients while choosing your own schedule and earning extra cash in a full-time/part-time LPN position.

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Clinic Nurse RN/LPN – Glen Ullin, Full-time: Enhance the patient experience through this fast-paced, supportive clinic role.

All full-time and part-time positions are eligible for our competitive benefits package along with a $5,000 sign on bonus and up to $15,000 student loan repayment for nurses. Contact Kristin at (701) 584-7247 or khaisler@jmhc.org to apply.

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Welcome New Members

Rhea Ferry
Alexis Hanson
Darleen Bartz
Kendra Roloff
Emily Schafer
Rhonda Hageness

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Lena Schneider
Dawn Romfo
Marcia Stubstad
Sheila Heinert
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Registered Nurses
If you are innovative and thrive on challenging employment opportunities, consider joining the dedicated treatment team at Montana State Hospital & the new MSH Galen Forensic Mental Health Facility to serve in our commitment to provide quality inpatient psychiatric services for our citizens. We are presently recruiting for the following positions:

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Writing for Publication in The North Dakota Nurse

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 director@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 2017 North Dakota Nurse are 3/13/17, 6/13/17, 9/13/17 and 12/13/17.

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don’t know how or where to start, contact one of the NDNA Board Members.

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

The Vision and Mission of the North Dakota Nurses Association

Vision: 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.
By the time you are reading this article, the 2017 Legislative Session is likely over. It has been a busy session, with NDNA following over 100 separate bills. These bills range from issues of direct interest to NDNA, like the RN and APRN Compact Licenses, to issues that are more distant, like the idea of a Dental Therapist. Some of the bills range from the specific wording in this bill would have altered the current law was created, as well as the fact that, in many facilities, the only staff that is present to supervise is a nurse. The bill was amended, based on our testimony to be more inclusive of who can supervise, so that organizations can be flexible to meet their needs.

• Faculty Loan Repayment – working with the ND Medical Association (NDMA) to draft and introduce a bill designed to increase penalties for assaults committed against workers in a healthcare facility. We know that workers in the healthcare field are more likely to be assaulted at work than every industry other than law enforcement. NDNA wants every nurse to feel safe at work. NDNA, NDMA and NDHA all testified in favor of this bill.

At the time of the writing of this article, the outcome was not yet clear for any of these bills.

In 2017, NDNA participated in two Nurses Days in Bismarck – we were a sponsor at the ND Center for Nursing's Legislative Day on February 6th, where we had a booth to provide information to participants on what NDNA does and how to join. We also hosted a Nurses Day at the Legislature as a part of the Nursing Student Association of ND (NSAND) Annual Convention on February 20th. Over 200 students and members attended committee meetings, an Advocacy 101 discussion, and sat on the floor with legislators. This increased visibility of nursing at the legislature helps keep our issues in front of legislators.

Northwood Deaconess Health Center
We would like to extend a Very Special “Thank You” to all of our dedicated and caring Nurses at Northwood Deaconess Health Center.

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On Monday, February 20th, NDNA and NSAND joined forces and met at the ND State Capitol in Bismarck. Two-hundred students from all over the state were in attendance.

NDNA President Tessa Johnson, MSN, RN, opened the day with a couple questions for the group. The first question was for 3 nursing students to answer why they went into nursing school and why they wanted to be a nurse. One student said, “To make a bunch of small differences in many people.” She then went on to quote Maya Angelou, “At the end of the day people won’t remember what you said or did, they will remember how you made them feel.” Another student said he wanted to become a nurse because he wanted to help people. The last student said she worked on an Oncology unit and she went into nursing so that she could “help families and patients get through their darkest moments.” Tessa then asked for “seasoned” nurses to answer what they remembered thinking when they got pinned. A common answer was “OMG, I finally made it!” Other answers were “Yes, a real paycheck finally” and “What is my career going to look like in the future?” Nursing is so diverse that where these nurses initially started out at is not where they are currently and that surprises them looking back on it.

Finally, Tessa asked what the nursing students are doing to take care of themselves during nursing school. One student said she takes a lot of naps and another student said she is making a YouTube journey of her life during nursing school. It is so important to take care of yourself during nursing school and to maintain those healthy habits once you get into the nursing profession to maintain a balanced work and home life.

After the opening, the students broke into two groups. One group got a tour of the Capitol and got to sit in on committee meetings that were being held during the Legislative session. The other group listened to Vice President of Government Relations Kristin Roers, MS, RN, CPPS talk about Advocacy 101 and what actually happens during the Legislative session. They also heard from Vice President of Finance Donelle Richmond, BSN, RN, about the importance of joining your professional organization such as NDNA.

Lunch was catered and provided by Sanford Health. At the conclusion of lunch, a few students were allowed to sit on the floor with select legislators while the rest of the students headed to the Ramada Inn for the annual Nursing Student Association of North Dakota (NSAND) convention. Everyone at NDNA enjoyed having the students and instructors with them at the Capitol and we look forward to having another Legislative Day at the Capitol again on January 28, 2019!
Meet your nominating committee!

Karla Haug, MS, RN is a member of the Nominating Committee and is an Assistant Professor of Practice and Director of the LPN-BSN program at the University of Jamestown. She served as the faculty advisor to the NDSU Student Nurses Association for 10 years. “Being a role model to students through active involvement in NDNA and increased competitive wages, PTO, extended sick leave, etc. for 10 years. “Being a role model to students through active involvement in NDNA and administrative functions within four rural clinics in North Dakota. Over the past 15 years Ms. Falk has served as a front line Labor and Delivery RN, ICU nurse, ICU and Dialysis Nurse Manager, Inpatient Mental Health Nurse Manager, served as Acting Associate Chief Nurse of Primary Care in 2011, served as Acting VSN 23 PCMH Coordinator for ND, SD, IA, NE and MN. Through these positions she has been involved in ensuring that front line staff has the education, training and knowledge they need to successfully serve patients while ensuring quality nursing care is provided. Her focus has been on shifting from reactive care to proactive care utilizing population health management principles that focus on health promotion and disease prevention strategies. She is a graduate of the University of Jamestown, certified as a Contracting Officer Representative, and also holds a Certification in Nurse Manager Leadership through AONE Association of Nurse Executives. She graduated in August 2015 with a Master’s of Science in Strategic Leadership through the University of Mary in Bismarck, ND.

Jamie Hammer, MSN, RN is on the nominating committee. She is the Director of Nursing at Trinity Homes in Minot and is currently enrolled in the Doctorate of Nursing Practice: Educational Leadership Program. “I want NDNA to be Leaders who help others achieve their highest potential in their nursing career.”

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Full-time or part-time positions. Variety of shifts. Recently increased competitive wages, PTO, extended sick leave, etc.

For More Information Contact

Jenny Westphal RN, DON
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The Nightingale Tribute was designed and developed by the Kansas State Nurses Association in 2003 to honor nurses at the time of their death. This tribute is performed by recognizing the names of those who have passed at the North Dakota Nurses Association (NDNA) Annual Meeting and also the ANA Membership Assembly in Washington, DC. Nursing is a career of teamwork and service; it is appropriate that we honor our colleagues not only during their busy careers, but also at the end of life’s journey. This tribute is for any registered nurse or licensed practical nurse who has worked or lived in North Dakota. If you have names of loved ones or colleagues that have passed away within the last year please share via email the loved one’s name, date of passing & other pertinent information to info@ndna.org to be recognized at the NDNA Annual Meeting & the ANA Membership Assembly.
Mindfulness in Nursing

Amanda Abrams BSN, RN

Nursing is a demanding discipline riddled with a growing amount of professional stressors including difficult work schedules and long shifts; caring for severely ill and complex patients; formation of relationships with patients, families and co-workers; and the demands of documentation and technological use. The face of health care is a continuum of change with financial constraints that cause staffing shortages, shorter patient stays and limited resources. Our productivity-based society continues to push for more work in less time. Nursing is also an emotionally charged profession as nurses are regularly exposed to trauma, stress, and sadness. This bombardment of demands and human suffering can lead to emotional contagion further compromising a nurse’s welfare and effectiveness. These stressors contribute to attrition, callousness, and burnout in nursing. Nurses often struggle with maintaining their own well-being knowing the difficulty of caring for themselves. Being able to multi-task and juggle several issues at once is viewed as a necessary skill, however mindfulness is contrary to this norm. White (2014) suggests that mindfulness can be a solution to these problems and that health-care providers that practice mindfulness “demonstrate an improved sense of well-being and ability to employ self-care strategies.”

Derived from Buddhist teachings, mindfulness is an awareness of being in the moment and thinking non-judgmentally. Originally used in conjunction with other techniques such as mantra and deep breathing, mindfulness can be utilized as a way to achieve deeper meditation. Psychology has taken the concept of mindfulness and developed it as a treatment modality for stress, depression, borderline personality disorder, anxiety, substance abuse, and pain among others. Beyond its clinical intervention uses, mindfulness is a holistic process that has shown to increase empathy and compassion towards self and others, alleviate stress, improve communication techniques, and strengthen inter-personal relationships in all populations.

Defining mindfulness in exact terms is challenging, as it is a subtle and abstract concept. Jon Kabat-Zinn, the founder of mindfulness-based stress reduction, defines mindfulness as “paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (Mindfulnet.org, 2017). To be mindful one does not become or participate in emotions they experience, they merely observe the emotions. More simply, mindfulness is concentrating on what is happening in the here and now by letting go of the past while also not thinking about the future. While simultaneously not exerting expectations or labeling the moment as good or bad, happy or sad, or positive or negative; mindfulness is achieved. The process allows the entire experience to come into consciousness, the cognitions, emotions, and sensations and then creating openness and curiosity, accepting all information at face value without prioritizing or categorizing. In order to be mindful, one must be present in the moment. This involves not thinking about the past or worrying about the future. Presence is accomplished by gently guiding one’s thoughts back to the present when they stray from the moment, while maintaining focus in the situation.

Open awareness is another attribute of mindfulness. It can be viewed as the observation of the cognitions, feelings, and sensations. Openness of the observation is achieved by not avoiding or giving too much attention on one aspect of the consciousness. Rather, one must take note of emotions and resist participating or taking ownership of feelings. For example, in open awareness, one may find themselves experiencing anger, rather than being angry. In addition to awareness, a nonjudgmental acceptance of the moment is necessary to achieve mindfulness. Acceptance is achieved by not labeling what is observed in consciousness as “good” or “bad.” Being nonjudgmental allows mindfulness users to “respond rather than react to [their] habitual ways of being and reacting to [their] own experience” (White, 2014). Labeling a feeling or thought forms an attachment or significance to it, and mindfulness suggests that doing so creates suffering and unhappiness. Acknowledgment of and then letting go once the thought, emotion or sensation passes are crucial to nonjudgmental acceptance. Mindfulness has the potential to improve the profession of nursing by giving nurses a skill set to improve holistic approach to patient care, while maintaining their own well-being. Understanding the concept of mindfulness and its applications can increase the likelihood of its adoption into nursing practice for the benefit of the nurse, the patients, and the discipline of nursing.

References


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Regional Health nurses go above and beyond to provide quality care in our healing environment. Our team of nurses that make a difference in the lives of many each and every day as we continue our mission of helping patients and communities live well.

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- C(3)l(2)ed(l)ness

Call 800-865-2658 or visit regionalhealth.org for current openings.
Pelican Health was founded in 2017 by nurse practitioners (NP), Melanie Schlittenhardt and Kendra Roloff. Pelican Health is a comprehensive pelvic health and continence clinic in Bismarck. We bring together a unique and dedicated partnership with 25 years combined experience of delivering advanced and non-surgical treatments for pelvic health.

Our journey to an independent practice began several years ago with a simple urodynamic lab and an incredible nurse mentor. Evaluating complex urogynecological disorders with urodynamic testing was fascinating but we knew we could offer more. Ultimately, the launch of Pelican Health was in response to patients’ plea for help. The need for a specialty pelvic health and continence clinic was apparent and access to care was limited by a looming urology shortage. As a result, the specialty clinic established a variety of services for comprehensive pelvic and bladder complaints and included:

- Urinary incontinence
- Urinary retention
- Urinary frequency and urgency
- Recurrent urinary tract infections
- Pelvic pain
- Pelvic organ prolapse
- Painful bladder syndrome
- Postpartum pelvic floor disorders
- Bowel disorders
- Sexual health problems

Although these conditions are not life threatening, they have devastating effects on one’s quality of life. Our team approach to patient care is guided by concise diagnosis and evidence based recommendations allowing for the best possible outcomes. Our assessment and treatments include:

- Evaluation and diagnosis of the pelvic floor and bladder
- Urodynamic testing
- Timed voiding
- Behavior modifications
- Medications to suppress bladder contractions and increase bladder capacity
- Bladder supports for pelvic organ prolapse and/or urinary incontinence
- InterStim therapy management
- Pelvic floor rehabilitation
- Posterior tibial nerve stimulation
- Nursing home consults for pelvic floor and bladder disorders

Improving patients’ quality of life and confidence has been extremely rewarding. The relationships we have forged through dignified and shared journeys have been the most gratifying aspect of our career. We thank our patients for their nudge.

We are both members of the North Dakota Nurses Association (NDNA). There have been many advantages realized as members of the NDNA. Our memberships have contributed to our currency with the nursing profession and standards of practice. Perhaps most importantly, our NDNA memberships have enhanced our networking opportunities. As we have ventured out into an independent practice, we’ve gained a greater appreciation for interactions with supportive and like-minded colleagues. With every professional interaction and exchange of ideas with NDNA members, our confidence has grown positioning us perfectly for our big independent step. Therefore, we credit our NDNA colleagues and mentors for our most recent achievement. We encourage all nurses to become members of this exceptional association.
Quality end of life (EOL) care requires the utilization of special knowledge and skills by professional nurses. According to Pesut et al. (2014) “an aging population requires that nurses in all areas of practice be knowledgeable about high-quality palliative care” (p.47). Because EOL events are not always readily available, nursing students often lack the opportunity to learn the knowledge and skills necessary to provide palliative care. A review of literature has identified the need for incorporating EOL education into nursing curricula and has prompted initiatives including the End-of-Life Nursing Education Consortium (ELNEC) to support and encourage the specialized skills needed to provide EOL care.

High Fidelity Simulation (HFS) is an appropriate teaching method for teaching EOL care to nursing students as it provides students with the opportunity to respond, react, and increase their levels of self-confidence in a safe and supported environment. As supported by Stoner (2009) “Simulators provide an effective bridge between the unknown of caring for a dying person and developing the skills necessary to facilitate a meaningful death experience for patients and their families” (p. 115). While the use of HFS provides an innovative opportunity to incorporate EOL education into existing nursing curricula, researchers have identified lack of current research and the need for further research to evaluate what effects EOL education and HFS have on students’ cognitive skills and confidence levels (Sanford, 2010; Sperlazza & Cangelosi, 2009; Stoner, 2009).

The purpose of this study was to explore reports of confidence and overall learning immediately, at one year, and at two years following an EOL HFS. The population included a convenience sample of nursing students and recent graduate nurses.

Procedure

The EOL simulation was designed to introduce first semester junior nursing students to an EOL experience and allowed them to observe the management of EOL care. The simulation setting was prepared to resemble an oncology patients’ room. Two oncology nurses assumed their natural work roles and one nursing instructor acted in the role of the dying patient’s daughter and sole family member. A high fidelity simulator manufactured by Medical Education Technologies, Inc. (METI®) was dressed to resemble a dying cancer patient. The simulator was programmed to display physiological changes that would occur in a dying patient.

Each student sample group received the same preparation materials and experienced the same EOL simulation script, software program, and structural environment. Simulation debriefing was a vital component to all of the sample groups.

Description of the Data Collection Procedure

Following IRB approval, written instructions were provided to study participants by the researcher. Protection of human rights was ensured and informed consent was obtained with participation being voluntary and anonymous. Data collection took place at one private single purpose baccalaureate nursing program located in the Midwest or by mail. Study participants completed a researcher generated demographic survey and a 13 item Simulation Effectiveness Tool (SET) that was developed by Medical Educational Technologies Incorporated (METI®). Overall participant learning and confidence levels were measured with the SET. The learning subscale consisted of eight items with a Cronbach’s alpha of .87 and the confidence subscale consisted of five items with a Cronbach’s alpha of .84. (Elfrink et al., 2012). A 3-point likert type scale provided participants with a range of responses using the words “strongly disagree,” “somewhat agree,” “strongly agree,” and “not applicable.”

Junior nursing students were administered the SET in a private room following their EOL HFS debriefing. Senior nursing students were administered the SET in a private room and were instructed to evaluate their current perceptions of the EOL simulation experience that was implemented one year prior during their junior year. Nurses who had graduated from the program six months prior were invited by mail to participate in the study and were instructed to complete the SET to evaluate their current perceptions of the EOL simulation experience that was implemented two years prior during their junior year.

Analysis of the Data

Descriptive data analyses were conducted using SPSS® 17.0. Overall, 72 of the 100 eligible participants completed the study. Further analysis indicated 24 (33.33%) of the participants were junior nursing students, 36 (50%) were senior nursing students, and 12 (16.67%) were recent graduate nurses.

Quantitative Results

Sixty-five (90.3%) of the pooled survey participants either strongly agreed or somewhat agreed with the confidence subscale survey statements supporting confidence in their abilities to manage an EOL event. Results indicated 96.1% (n=62) of the survey participants either strongly agreed or somewhat agreed with the overall learning statements. A two-way Chi-Square analyses indicated that there was no significant difference in the responses among junior, senior or graduate respondents (p < .05). These results supported the use of simulation as an effective EOL teaching modality as junior students rated the same level of confidence as recent graduate nurses.
senior students and practicing graduate nurses who had experienced the same simulation scenario one and two years prior.

Observational Analysis and Participant Comments

While the study was designed to gather quantitative data, observations were noted by the researcher and comments were shared by the participants that supported overall study results. Informal observational analysis by the researcher identified the EOL simulation to be an emotional experience as tears were shed by both the simulation participants and the observing student participants. One junior participant shared how their own personal and cultural beliefs made the EOL simulation difficult to observe because they felt that it was disrespectful for a family member to say “goodbye” to a dying person.

A comments section located on the SET provided students with the opportunity to share unsolicited written feedback. Several junior participants indicated that the simulation was an effective learning tool and that it enhanced their understanding of the patient role throughout the EOL process. Senior participants who had experienced the EOL simulation one year prior shared that the experience “felt very real.” Another senior participant indicated “simulation is a wonderful way to learn!” A graduate nurse participant who had experienced the EOL simulation two years prior shared how they “vividly remembered the EOL simulation” and indicated how using simulation to provide the basics of end-of-life care helped reduce their own personal anxiety related to providing care for a dying patient.

The debriefing period provided an opportunity for students and simulation participants to address questions and share personal experiences related to the EOL event. Several students shared personal EOL experiences that they had with both family members and with patients they had cared for in their clinical setting. The importance of effective therapeutic communication was a common theme shared throughout the debriefing session. One participant shared that the simulation helped them realize that providing EOL care stretched far beyond providing care to their patient and that involving the family of a dying patient was of equal importance.

Different types of EOL experiences such as unexpected or traumatic death were also discussed during the debriefing period. This allowed students to appreciate the uniqueness of each EOL experience. Further discussions surrounded the topics of medication administration, comfort measures, religious practices, organ donation, and most importantly effective communication between family members and members of the health care team.

Discussion

This study was limited by the relative small number of participants and homogeneity of the sample. A larger sample size would have made the study more generalizable. In addition, baseline measurements including students’ perceptions and experiences related to EOL were not evaluated prior to the simulation experience. Literature reviews show that pre-briefing, including informing students of the nature of the simulation and that the simulation may or will die, will help promote psychological safety of the students (Gillan, Jeong, & van der Riet, 2014). Having experienced prior EOL events coupled with personal, religious, or cultural beliefs may have influenced student perceptions during the EOL simulation event. Another significant limitation is that the study focused on the care surrounding a simulated terminal oncology patient, which may not be generalizable to all EOL situations. This study used different scenarios to evaluate students with the opportunity to observe an expected EOL event, as EOL events are not always expected. The simulation experience may have been perceived differently if the scenario demonstrated EOL by other means such as trauma or other medical conditions. This simulation, the review of literature conducted by Gillan, Jeong, and van der Riet, found that “the reality of the simulation may have helped students recognize the inherent stress in caring for a dying person.”

Recommendations for further study.

Continued evaluation of student outcomes and confidence levels following EOL HFS can significantly add to the nursing education knowledge base by providing data to support its existence. Research should explore the effects of EOL simulation events on student confidence levels, particularly in the areas of communication, clinical reasoning, and prioritization of care. Prior experience with EOL and the extent of the experience should be explored as it would provide a solid comparative baseline. Unsolicited qualitative data from this study supports the need to explore personal and cultural beliefs surrounding EOL.

Conclusion.

This study contributes to the body of nursing knowledge by providing quantitative and unsolicited participant comments to describe, evaluate, and support the outcome of confidence and overall learning among nursing students and new nursing graduates following an EOL HFS event. The data obtained from this study validated the use of HFS as an effective and sustainable educational tool for teaching entry-level nursing students the special knowledge and skills necessary to provide EOL care.

References


You’re Not Going to Learn It All in Nursing School: Graduate Nurses’ Perceptions of Preparedness for Clinical Practice

Nicole Hatzenbuhler, MSN, RN and Julie Klein, PhD, RN

In addition to assuming traditional responsibilities mandated by the nursing profession, current healthcare systems demand that new graduate nurses quickly develop into efficient, capable professionals who will provide safe, high-quality care to increasingly complex patients under strenuous circumstances (Parker, Giles, Lantry, & McMillan, 2014; Watt & Pascoe, 2013). Oftentimes, nurse graduates are expected to ‘sink or swim’ in the complexities of the health care environment; this pressure can cause stress, anxiety, and challenges in role adjustment that may lead these new nurses to question whether their nursing education adequately prepared them to provide patient care at the bedside (Haliev, 2012). The need to be prepared to enter clinical practice, also known as ‘practice readiness’ or ‘work readiness,’ has been widely discussed within nursing literature, and a common theme that has been discussed is the need to prepare graduates for a successful transition into professional nursing practice.

Methods

This qualitative study used an interpretative phenomenological design to explore 10 graduate nurses’ perceptions of preparedness for clinical practice. Maximum variation sampling was used to obtain research subjects who graduated from six different nursing programs located in three different states. All of the subjects were licensed registered nurses who had BSN degrees and worked in various acute care settings that included medical, surgical, oncology, telemetry, adult intensive care, pediatrics, neonatal intensive care, and the emergency department. The sample was comprised of six females and four males, from different nursing programs located in three different institutions, and health care employers to better prepare novice nurses for their professional roles after graduation should be a priority focus for nurse leaders.

The purpose of this study was to explore the lived experiences of nurses who graduated from baccalaureate degree programs within the last two years regarding their perceptions of preparedness to enter clinical practice. The intent of this research was to achieve a greater understanding of how educational experiences may influence nurses’ preparedness to assume their professional roles and responsibilities in clinical settings. The study was conducted to provide information to guide the development of socialization strategies that can promote graduates’ successful transitions into the nursing workforce, retake novice nurses in the profession, and alleviate effects of the nursing shortage at local, state, and national levels (Laschinger, 2012).

Participants Five stated “you learn the basics, but you don’t always understand how they apply” (personal communication, September 15, 2016). Similarly, Participant Six explained “I feel like a good nurse, or someone who I would trust and feel comfortable with, and so I feel like no amount of school or nothing you can do in school will change that” (personal communication, September 21, 2016).

Category: “Being in the Workforce Is Different”

All of the graduate nurses in this study identified differences between the roles and responsibilities that they had been adequately prepared for during their nursing education. These responsibilities included delegating, prioritizing, using time management to care for multiple patients, expected to increasingly complex patients under strenuous circumstances; making decisions related to clinical and ethical challenges were involved; and coping with codes, death, and dying. Participant Five explained “you feel like you’re so sheltered in school, and then you get out there and you kind of deal with the situation, it’s a way to approach them without looking scared or terrified.”

Many of the participants described recognition of the reality that not only their roles, but also their level of professional responsibility after being on their own after orientation. This realization was explained by Participant Four:

And so, you think ‘I already know enough to be a nurse? How do I compete with these nurses that have been nurses for 20 years and I still take care of the same patients?’ That, I think was one of the scariest realizations I had ever started working on my own. (personal communication, September 12, 2016).

Category: Pearls of Wisdom

All of the graduate nurses in this study freely shared recommendations that were based on their experiences to better prepare novice nurses for entry into professional nursing practice. To ease the transition to the role of the registered nurse, the graduate nurses emphasized the importance of mentoring from instructors, preceptors, and experienced staff members; more hands-on experience in nursing; and setting realistic expectations for career progression during new graduate orientation; and the need for students to develop lifelong learning skills because learning how to learn was a nurse development. The graduate nurses emphasized distinct differences between the roles of student and nurse; they identified knowledge and skills that could only be gained through experience as a registered nurse. The graduate nurses in this study provided advice for students/novice nurses, academic institutions, and health care employers to better prepare graduates for a successful transition into professional nursing practice.

Implications for Nursing Practice

This study’s findings supported the need for a collaborative approach among nurse leaders to better

You’re Not Going to Learn It All in Nursing School: Graduate Nurses’ Perceptions of Preparedness for Clinical Practice

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In addition to assuming traditional responsibilities mandated by the nursing profession, current healthcare systems demand that new graduate nurses quickly develop into efficient, capable professionals who will provide safe, high-quality care to increasingly complex patients under strenuous circumstances (Parker, Giles, Lantry, & McMillan, 2014; Watt & Pascoe, 2013). Oftentimes, nurse graduates are expected to ‘sink or swim’ in the complexities of the health care environment; this pressure can cause stress, anxiety, and challenges in role adjustment that may lead these new nurses to question whether their nursing education adequately prepared them to provide patient care at the bedside (Haliev, 2012). The need to be prepared to enter clinical practice, also known as ‘practice readiness’ or ‘work readiness,’ has been widely discussed within nursing literature, and a common theme that has been discussed is the need to prepare graduates for a successful transition into professional nursing practice.

Methods

This qualitative study used an interpretative phenomenological design to explore 10 graduate nurses’ perceptions of preparedness for clinical practice. Maximum variation sampling was used to obtain research subjects who graduated from six different nursing programs located in three different states. All of the subjects were licensed registered nurses who had BSN degrees and worked in various acute care settings that included medical, surgical, oncology, telemetry, adult intensive care, pediatrics, neonatal intensive care, and the emergency department. The sample was comprised of six females and four males, from different nursing programs located in three different institutions, and health care employers to better prepare novice nurses for their professional roles after graduation should be a priority focus for nurse leaders.

The purpose of this study was to explore the lived experiences of nurses who graduated from baccalaureate degree programs within the last two years regarding their perceptions of preparedness to enter clinical practice. The intent of this research was to achieve a greater understanding of how educational experiences may influence nurses’ preparedness to assume their professional roles and responsibilities in clinical settings. The study was conducted to provide information to guide the development of socialization strategies that can promote graduates’ successful transitions into the nursing workforce, retake novice nurses in the profession, and alleviate effects of the nursing shortage at local, state, and national levels (Laschinger, 2012).

Participants Five stated “you learn the basics, but you don’t always understand how they apply” (personal communication, September 15, 2016). Similarly, Participant Six explained “I feel like a good nurse, or someone who I would trust and feel comfortable with, and so I feel like no amount of school or nothing you can do in school will change that” (personal communication, September 21, 2016).

Category: “Being in the Workforce Is Different”

All of the graduate nurses in this study identified differences between the roles and responsibilities that they had been adequately prepared for during their nursing education. These responsibilities included delegating, prioritizing, using time management to care for multiple patients, expected to increasingly complex patients under strenuous circumstances; making decisions related to clinical and ethical challenges were involved; and coping with codes, death, and dying. Participant Five explained “you feel like you’re so sheltered in school, and then you get out there and you kind of deal with the situation, it’s a way to approach them without looking scared or terrified.”

Many of the participants described recognition of the reality that not only their roles, but also their level of professional responsibility after being on their own after orientation. This realization was explained by Participant Four:

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Implications for Nursing Practice

This study’s findings supported the need for a collaborative approach among nurse leaders to better
prepare graduates to navigate the challenges that are associated with entry into professional nursing practice. Nurse educators within academic institutions are responsible for designing curricula that give students opportunities to prioritize, delegate, practice time management skills, as well as work and interact with different health care disciplines and patients’ family members. In addition, strategies for coping with emergent situations; death and dying; difficult social situations; and ethical concerns should be integrated throughout nursing curricula. An increase in the number of clinical hours, a greater emphasis on high acuity nursing concepts, and interprofessional education experiences within pre-licensure nursing programs may be beneficial to enhancing graduates’ preparedness. Nurse leaders within health care organizations should provide ongoing support to new graduates throughout their first year of practice through graduate nurse residency and mentoring programs. Orientation programs for new graduates should be modified to ensure consistent preceptors for each trainee. These programs should also be sufficient in length and support progression in knowledge and skill levels to ensure that novice nurses achieve the required competencies expected for their unit by the conclusion of the orientation period. In addition, nurse leaders within health care organizations can create additional internship opportunities for students and develop academic-practice partnerships with local nursing programs to ensure an adequate number of clinical placements sites and hands-on learning experiences for students.

Students and novice nurses can enhance their own preparedness for professional practice by seeking out practical experience opportunities during internships or employment as a nurse aide. Graduate nurses should also be cognizant of limitations in their knowledge and skill levels and actively seek assistance from preceptors and experienced staff members as necessary. All stakeholders in nursing are responsible to ensure that graduate nurses develop lifelong learning skills and are supported throughout their educational experiences and their transition into the workforce.

**Recommendations for Future Research**

The findings of this study reflect the acute care service context in a single Midwestern city and, therefore, cannot be generalized to other populations or settings. Further research on pre-licensure utilizing a quantitative approach is necessary to produce data that could be extrapolated to other graduate nurse populations. Quantitative research methods could also be used to measure the effectiveness of the strategies that were recommended to enhance the practice readiness of graduate nurses.

**Conclusion**

Practice readiness among graduate nurses will continue to present challenges for nurse leaders due to the complex and dynamic nature of health care. A collaborative approach among nurses in academic, research, and practice settings is recommended to implement socialization strategies that will enhance graduate nurses’ knowledge, skills, and abilities and will provide support to these novices as they transition into professional practice. Facilitating graduates’ successful transitions into the workforce is an important strategy to address turnover and retention among novice nurses, the nursing shortage, patient safety, and other related issues that pervade current health care systems (Laschinger, 2012; Walker & Campbell, 2013).

**References**


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