President’s Message

I Choose to Be Grateful

Tessa Johnson, MSN, BSN, RN

“Tis the season,” right; it is hard to believe that we have made it through yet another year and 2017 is in its final months. This year, we as nurses in the state and throughout the country, have seen a lot happen and we have been through a lot in health care. We have focused on the health of our nation and the health of our nursing workforce with our healthy nurse, healthy nation campaign. So often we roll into the New Year with new goals, new hopes and new plans. Although I do think that is important, this year I am going to take the time to reflect on what good things impacted my life in 2017 and what I can be grateful for; I challenge you all to do the same thing.

By reflecting on what we are grateful for as nurses, moms, dads, brothers, sister, husbands and wives we are able to bring more joy to our loves and the lives around us. According to Brooks 2015, “It is relatively easy to be thankful for the most important part of life – a happy marriage, healthy kids or living in America. But truly happy people find ways to give thanks for the little, insignificant trifles.” If you think about those “insignificant things” in your life and find the good in them, I believe you make a substantial difference in your own happiness. As we know with the healthy nurse, healthy nation campaign in order to help our patients we have to help ourselves first. If we as nurses can make an honest effort to be grateful for the little things, we can also instill that in our patients.

I would like to challenge the nurses in the state to find your gratitude as you close the 2017 year and look forward to what 2018 will bring to your life. One easy thing to start with is keep a journal. Establish a daily exercise in which you remind yourself of the gifts, grace, benefits, and good things you enjoy. Setting aside time on a daily basis to recall moments of gratitude associated with regular events or valued people in your life gives you the potential for more gratefulness. It is also important to remember the bad. To be grateful in your current state, it is helpful to remember the hard times that you once experienced. When you remember how difficult life used to be and how far you have come, you set up an explicit contrast in your mind, and this contrast is fertile ground for gratefulness (Emmons, 2010).

If you can all agree to end this year and to start the next year by choosing gratitude and happiness, I believe we can make a significant impact as nurses in the lives of our families and our patients. I also want to wish you all a joyful holiday season and look forward to having you all with us in 2018. I want to add that I am personally grateful for all of the wonderful nurses in ND; be well, we need all of you!

References


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 is 12/13/2017. Send your submissions to info@ndna.org.

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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.

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The North Dakota Nurse
Official Publication of: North Dakota Nurses Association

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Kayla Kaizer, BSN, RN

Featuring DeeAnna Opstedahl
MSN, RN, CNOR

"The achievements of an organization are the results of the combined effort of each individual." – Vince Lombardi.

DeeAnna Opstedahl is the Vice President of Patient Care Services at CHI St. Alexius Health in Dickinson and has recently been elected as the VP of Finance for the 2018-2020 Board of Directors.

Please tell us about your nursing career?
I graduated from South Dakota State University with my BSN in 1990. I then worked in many different areas in several of the hospitals in the Black Hills. In 1998, I began to be interested in leadership. I started as the ICU director and soon became the Acute Care Director in Spearfish, SD. When my children were of the age and they needed me home more, I started working in one of the areas I hadn’t had an opportunity to experience yet, the OR. I fell in love with the OR. I loved circulating and I loved to scrub in. I then made the move to Sturgis, SD and did everything from Charge Nurse to Director of the OR. It gave me the fantastic opportunity to work on my trauma skills at least 3 weeks of the year. I was then recruited to Dickinson to be the Director of Surgical Services. During this time, I completed my MSN in leadership. I graduated with a 4.0 and joined Sigma Theta Tau. After 3 years, I became the VP of Patient Care Services. My main goal in taking this position was to improve patient care and staff satisfaction. I wanted to base care on evidence whenever possible. I wanted staff to know how much they were appreciated. I am so glad I took this opportunity and hope others are too.

What made you want to become a nurse?
To be honest, I started out thinking I was going to become an electrical engineer. Scholarships soon ran out and my advisor suggested nursing, since I had worked as a CNA to help pay for school. I loved the idea of being able to help people when they needed it most and that I could make a difference in their experience.

What benefit has it been to you to belong to NDNA?
NDNA has provided me an opportunity to have a voice. Along with NDHA, it has provided several opportunities to learn and grow. I enjoy the opportunity to discuss legislation issues as well as local concerns. It has also provided the opportunity to meet and work with several other nurses in the state of ND.

Why do you think it is important to get involved in a professional organization?
The professional organizations (specifically nursing) gives nurses a voice regarding issues that affect them and their practice. It is a way to come together to support each other and learn from each other.

What guidance would you give to a new nurse joining the profession?
I would highly recommend it. You will meet others with similar passions and you can keep in touch with what it is you’re interested in.

What do you think sets you apart from other nurses?
I am not sure that I am set apart from other nurses. We have a passion for what we do or we wouldn’t be doing it. I feel like it is more than a career for me. It is a way of life. I am not sure what I would do if I wasn’t a nurse anymore.

What do you do consider the most frustrating thing about the nursing profession today?
Nursing has a lot of research to back its theories. Most of what is done today is evidence based practice. I feel some patients don’t give nurses enough credit.

What do you like to do in your free time?
I love to camp, hike, fish, and do any water sports.

What goals do you still have for yourself (professionally or personally)?
I would like to become more involved with the legislation and help to make a difference.

Is there anything else you want to tell us about you?
I am now teaching a class at DSU and will hopefully encourage the future nurses I speak to, to become active in their career and realize what a difference they can make, not only for their patients but for their profession.
**Healthy Nurse, Healthy Nation**

Kayla Kaizer, BSN, RN

With the holidays fast approaching, some of us can already feel our belts getting looser and our clothes getting tighter. As part of our Healthy Nurse, Healthy Nation initiative, we thought it would be a good idea to include some recipes for healthy side dishes and appetizers to make during the holidays.

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**Recipe**

**Pomegranate and Cranberry Relish**

- 1 medium onion, diced
- 1 red bell pepper, diced
- 2 cups pomegranate arils or seeds
- 1 cup sugar
- 1 cup extra virgin olive oil
- 2 tablespoons fresh lemon juice
- 2 tablespoons tamari (sub soy sauce (optional))
- 1 teaspoon dried oregano
- Salt and pepper
- 1/4 cup chopped fresh basil leaves
- 1/2 cup roughly chopped fresh basil leaves

For the crostini, preheat oven to 350°F. Place baguette slices on prepared pans. Brush lightly with oil. Sprinkle lightly with salt and a grind of pepper (don't leave this step out!) Bake for 14-18 minutes or until golden, rotating pans halfway through. Watch carefully to make sure they don't burn towards the end of cooking. Once crostini are done, remove from oven and lower oven heat to 325°F.

To assemble bruschetta, whisk cream cheese until creamy. Spread about 1/2-1 tablespoon on each crostini. Top with a scoop of the relish. Garnish with basil. Enjoy!

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**Recipe**

**Maple Pecan Topping**

- 1/2 cup raw almonds
- 1/2 cup pecans, coarsely chopped
- 1/4 cup brown sugar
- 1/2 teaspoon salt
- 1 teaspoon cinnamon
- 1/2 cup maple syrup
- 1/2 cup unsweetened almond milk

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**Recipe**

**Sweet Potato Casserole with Maple Pecan Topping**

- 3 pounds sweet potato, peeled and cut into 1 inch cubes
- 3 tablespoons brown sugar
- 3 tablespoons maple syrup
- 1/4 cup unsweetened almond milk

**Maple Pecan Topping**

- 1/2 cup raw almonds
- 1/2 cup pecans, coarsely chopped
- 1/4 cup brown sugar
- 1/2 teaspoon salt
- 1 teaspoon cinnamon
- 1/2 cup maple syrup
- 1/2 cup unsweetened almond milk

Preheat oven to 350 degrees Fahrenheit and prepare a casserole dish. Set aside. In a 1 1/2 pot of boiling water, boil the sweet potatoes for 20 minutes until fork soft. When the sweet potato is finished boiling, drain and mash. Add the rest of the ingredients and using the potato masher, mix all the ingredients together until they are incorporated, about 2 minutes of mashing. Spoon sweet potato mix into the casserole dish and top with the Maple Pecan Topping. Bake for 20 minutes (check that nuts don't burn - if they are browning too quickly cover with foil) then remove from oven. Allow to cool for 10 minutes and then serve.

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*Recipe*

No Bake Pumpkin Bites

Combine oat flour, brown sugar, and pumpkin pie spice in a mixing bowl. In a small saucepan over medium heat, combine almond butter and maple syrup. Heat until smooth, remove from heat and stir in vanilla. Add the almond butter mixture to the dry ingredients along with the pumpkin puree. Stir until combined. Roll into 1-1 ½ inch balls and place on cookie sheet. Combine additional cinnamon and sugar in a bowl and roll each ball into the mixture. Enjoy!

Recipe

- 2 cups Gluten Free Rolled Oats, ground to a fine powder (or 1 ¾ cups oat flour)
- ¼ cup Coconut Flour
- 2 tbsp. Brown Sugar
- 1 tbsp. Pumpkin Pie Spice
- ½ cup Pumpkin Puree
- 1 tsp Vanilla Extract
- ¼ cup Almond Butter
- ¼ cup Maple Syrup

Cinnamon and Sugar for rolling

Mashed cauliflower (vegan & Paleo)

Fill a large casserole dish with about an inch of water and insert a steamer basket. Bring the water to a boil, and add the cauliflower florets. Reduce the heat to a simmer and cover, allowing the cauliflower to steam for 6-8 minutes or until fork tender.

Drain the steamed cauliflower and transfer to the bowl of a large food processor. Add in the roasted garlic cloves and seasonings, and process to your desired texture. Feel free to add a splash of almond milk or water, if needed. I ended up using about a teaspoon of fine sea salt for this particular batch, but each batch may vary, so be sure to start with less than you think you need, and add more as you go. Serve warm and enjoy!

Recipe

- Medium-sized head of cauliflower, chopped into florets (about 1 1/2 lbs.)
- 3 roasted garlic cloves
- 1 tsp fresh thyme leaves
- 1 tsp fresh chives, chopped
- salt and pepper, to taste
- 1 cup Chickpeas, skins removed
- 2/3 cup Pumpkin, Canned
- 1/4 cup Maple syrup, Pure
- 1 tsp Pumpkin spice
- 1/8 tsp Salt
- 2 tbsp. Sugar
- 2 tbsp. Oil
- 1 Pita bread, wedges

Combine sugar and pumpkin pie spice. Cut pita into wedges and brush with melted vegan margarine. Sprinkle with the sugar mixture. Place onto a cookie sheet into a preheated oven set at 350 degrees until golden. Meanwhile, place all of the hummus ingredients into a food processor and blend until smooth. Place the hummus into a serving bowl and drizzle with pure maple syrup and a sprinkle of the pumpkin pie spice. Arrange the toasted cinnamon-sugared pita chips around the hummus and serve immediately.

Recipe

- In a large skillet over medium heat, melt butter. Add onion, carrot, and celery and sauté until soft, 7 to 8 minutes. Add cauliflower and mushrooms and season with salt and pepper. Cook until tender, 8 to 10 minutes more. Add parsley, rosemary, and sage and stir until combined, then pour over vegetable broth and cover with a lid. Cook until totally tender and liquid is absorbed, 20 minutes. Serve.

Cauliflower Stuffing

Recipe

- 4 tbsp. butter
- 1 onion, chopped
- 2 large carrots, peeled and chopped
- 2 celery stalks, chopped or thinly sliced
- 1 small head cauliflower, chopped
- 1 c. chopped mushrooms
- 1 tsp. dried thyme
- 3/4 c. vegetable or chicken broth

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The authors are graduate students from the University of North Dakota, PMHNP program: Alicja Cebulak, RN-BSN; Andrea Peterson, RN-BSN; Lance Briggs, RN-BSN; Rebecca Gonzalez, RN-BSN; RN-BSN, Elizabeth McDevitt, RN-BSN; Katie West, RN-BSN.

According to the National Alliance on Mental Illness (2017) forty-four million people in the United States experience a mental illness, roughly ten million adults suffer from a severe mental illness, and approximately 60% of adult population with mental health problems do not receive any care. In 2016, it was estimated that twenty percent of children had a serious mental illness and only half of them received treatment for their condition. The workforce opportunities and general future of Psychiatric and Mental Health Nurse Practitioners (PMHNP) remains quite broad when contrasted against the growing need for psychiatric healthcare providers. The Health Resources and Services Administration (HRSA, 2016) reported in 2013 there was an estimated deficit of 2,800 psychiatrists, which is anticipated to increase to a need of 6,090 by 2025. The deficit of psychiatric providers is not a new revelation, in 2015, the PMHNP workforce is poised perfectly to help relieve the psychiatric provider deficit in the immediate future.

Psychiatric mental health nursing began at the end of the 19th century when reform movement occurred with the focus of mental health care changed from restrictive and custodial care to rehabilitative and for services for mental individuals. In 1954, Hildegard Peplau established the first clinical nurse specialist (CNS) graduate program in the United States at the School of Nursing at Roanoke College and the University (Lego, 1996). This establishment was an answer to the passage of the National Mental Health Act of 1946 and the creation of the National Institute of Mental Health, see challenges and opportunities the American Nursing Association in 1973 published the Standards of Psychiatric Mental Health and began the first nurse practitioner program. Psychiatric-mental health nursing (Boling, 2003). In the 1990's, psychiatric mental health practitioner (PMHNP) programs started to grow as a response to changes within the nursing profession and demands to meet the shortage of mental health providers. Today, PMHNPs are educated on masters' or doctoral level and they are required to pass a national board exam of competency offered by the American Nurses Credentialing Center (ANCC) (Wheeler & Haber, 2004).

Currently, there are 1,397 Advanced Practice Registered Nurse (APRN) licenses in the state of North Dakota of which just 30 are PMHNPs (North Dakota Board of Nursing, 2017). PMHNPs may work in a variety of settings including inpatient and outpatient practices (Wheeler & Haber, 2004). The role is defined to diversify and function as consultants or like psychiatrists by completing assessments, diagnosing, and prescribing psychotropic medication to help manage acute and chronic mental illnesses. PMHNPs integrate knowledge of medical and psychiatric disorders to have complete differential diagnosis and to treat or refer as appropriate.

There are many benefits of having PMHNPs including decreasing disparities and increasing access in rural areas. Diverse groups and rural America are especially impacted with the lack of access to mental health services (Safran et al., 2009). Disparities exist in behavioral health services in people with psychiatric disabilities, LGBT, and different racial populations (SAMHSA, 2014). This demands a call for action and PMHNPs can help decrease the burden of lack of access to care by increasing the bulk of providers that work with persons with mental illness. They play an essential role in collaborating and researching innovative ways to eliminate disparities in access to mental health care.

Although there are many similarities among healthcare providers, an important question to ask is how PMHNPs differ from FPNPs (Family Nurse Practitioners), PAs (Physician Assistants) and psychiatrists. PMHNPs can perform comprehensive physical and mental health assessments (Wheeler & Haber, 2004). Both the PMHNP and the FNP are educationally prepared to assess for mental health disorders. The difference exist in the extensiveness and complexity of the assessment of the disorder and treatment (Kraft & Staten, 2015). PMHNPs work under the supervision of physicians while PMHNPs work independently in 21 states and have prescriptive authorities in 50 states (CareerBuilder, 2016). PMHNPs are educated in mental health with emphasis on a holistic, biocultural, patient-centered model of care while PAs follow a disease-centered model of care and education is more general rather than specific to mental health. Similar to Adult Geriatric Nurse Practitioners and FPNPs, PAs are not certified to provide psychotherapy to their clients. On the other hand, PMHNPs and psychiatrists can provide psychotherapy to individuals, groups, and families. A psychiatrist is a physician who completed a 3-4 year residency in psychiatry following medical school. Psychiatrists and PMHNPs can perform physical and psychiatric assessments, order and interpret tests, provide psychotherapy, prescribe medications and order commitment to an institution. State laws do vary regarding PMHNPs and psychiatrists are required to obtain a commitment to an institution and the types of medications they can prescribe (Zakhari, 2016).

Overview of PMHNP is a profession that has great potential that helps to protect, promote, and restore health of those with mental illness (Muxworthy & Bowlin, 2009). PMHNPs meet the need for the projected shortage of jobs for PMHNP as the estimated shortage of psychiatrists continues to grow (HSRA, 2015). To enhance the profession, there is a need for collaboration among mental health providers to remove unnecessary restrictions on PMHNP practice. More research comparing competencies, safety and cost are needed. The unique role of PMHNPs and psychiatrists to define our specialty would benefit the profession. This nurse practitioner specialty needs people such as yourself who are passionate, hardworking, interested in patient education, and knowledge as a tool to make changes in the lives of individuals with mental illnesses across the United States. North Dakota of which just 30 are PMHNPs are required to pass a national board exam of competency offered by the American Nurses Credentialing Center (ANCC) (Wheeler & Haber, 2004).


Zakhari, R. (2016). What are the differences between a nurse practitioner and a physician assistant? Presented at the 16th Annual Conference in Grand Forks! Like us on Facebook for future registration information!


Boiling, A. (2003). The professionalization of psychiatric nursing: From doctors’ handmaiden to empower psychiatrists, psychologists, psychiatric nurse practitioners, and psychiatric-mental health nurse practitioners to define our specialty would benefit the profession. This nurse practitioner specialty needs people such as yourself who are passionate, hardworking, interested in patient education, and knowledge as a tool to make changes in the lives of individuals with mental illnesses across the United States. North Dakota of which just 30 are PMHNPs are required to pass a national board exam of competency offered by the American Nurses Credentialing Center (ANCC) (Wheeler & Haber, 2004).
Nurse turnover and nursing burnout has been a never-ending problem. However, the amount of turnover related to burnout has increased in recent years due to the high workloads and associated to higher risks associated with burnout than any other occupation (Nurse Burnout, 2013). Patients today are seeking more personalized care rather than comorbidities rather than one disease. Caring for patients with multiple diagnoses can increase the workload of the nurse leading to an increase in stress. The emotional strain that is associated with this can lead to nurse burnout and in turn, nurse turnover. Additionally, hospitals and nursing units must be educated on how to prevent these high levels of stress.

“Burnout can be defined as a biopsychosocial response to chronic emotional stress” (Hertel, 2009). Quality of care is negatively affected when the nurse’s effectiveness in their patient care and work environment. Responsibilities outside of work, lack of sleep, improper nutrition, environmental issues, and personal life issues are a key issue being role lead to a cynical perception towards nursing (Homer, Dawson, Duffield, Roche, and Stasa, 2014). Depending on what stage the nurse develops a negative attitude or perception about their job. Often, the adverse outlook can affect the relationship they have with their patient. Dealing with patients who are incited, can itself lead to isolation behaviors, insensitivity, dehumanization, and withdrawal from patients, and loss of satisfaction (Fearon, 2011).

Hertel (2009) found that there are three levels of burnout. Level one presents itself with mild signs and symptoms that are usually short in duration. Level two burnout is more prolonged and becomes more chronic. Work stress is a major issue and occurs on a routine basis. In this level, stress becomes more chronic. Level three is how burnout becomes extremely severe. This level is when burnout is become isolated from their patients and no longer feel satisfaction. Low levels of personal satisfaction or accomplishment were displayed by 66.6% nurses that were burnout. Over time, personal accomplishment becomes unsatisfied with the work they are doing and have the potential to lead to other more serious behaviors as well. Ultimately, low levels of personal accomplishment can drive a nurse to quitting her career all together (Dantas de Oliveira Souza, N., Dopico da Silva, L., Lima, L., & Meneghini, A. R., 2014).

Education related to the prevention of nurse burnout has a plethora of advantages. If nurses are educated in appropriate coping mechanisms and low levels of personal accomplishment are prevented, the potential of a better working environment is increased. It is also important to use appropriate coping mechanisms and to adapt to high stress levels. Some other strategies that could be used in order to help prevent burnout would be higher pay and benefits. Also, encourage each other at work, take stress breaks, set goals, learning to say no to higher demands, managing anxiety, finding appropriate ways to take care of their body related to high levels of stress, and providing a safe and appropriate working environment. In a study conducted by Law and Taormina (2000), another method that can be used in order to reduce stress is by evaluating the environment of the nurse. Understanding of one’s job and the goals and expectations for a rewarding future in one’s company. Training is important when it comes to reducing stress and the need to have someone help guide nurses. If a nurse is appropriately trained then the employee can be expected to perform well on the job. Appropriate training can help enhance the nurses’ self-confidence in certain skills. This will then help lead to a greater competence and in return help reduce overload and burnout.

Nursing staff turnover rate is known in order to help prevent burnout. Nurses turnover rate is one of the main components that is correlated through the nursing supervisors or administration. If nurses understand their role, then this will allow them to be able to adjust easier to their job and apply appropriate coping skills. Understanding the job roles also allows the nurse to be more confident in their approach to their job and in turn increases self-assurance and confidence.

Another area of organizational socialization is gaining knowledge of the organization. Nursing rewards and opportunities that the facility can supply to their employees. Offering a reward helps serve as reinforcement for the nurses. Some of the ways to include these are, offering bonuses, promotions, and awards showing recognition. Rewards help workers have satisfaction in their job and can help prevent nursing burnout and create a positive outlook on the future of their career.

Coworker support is one of the most important methods that can be used in order to help prevent emotional exhaustion, depersonalization, and low levels of personal accomplishment. Coworker support is the main component to help alleviate these issues. Having coworker support will increase the hospital’s self-esteem. Support from others encourages nurses to feel a part of a community, which in turn will motivate them and help prevent the nurse from burnout.

Implementing an education service to prevent burnout has a multitude of advantages. However, there are many disadvantages related to the implementation of education. A potential disadvantage would be the cost to have appropriate staffing. Providing staffing to help with education is very expensive. Unfortunately the hospital would be required to spend more money in order to train and employ the extra nurses. Another disadvantage would be hiring new staff. Hiring new staff to help with education will be a costly option the hospital would have to pay the nurses for attending these classes and offering a variety of coping strategies and education related to burnout will ensure the nursing staff has the information they need to prevent nurse turnover. The benefits of educational programs can have many advantages related to nursing burnout in hospitals. As a nurse, it is important to act as a patient advocate. Preventing burnout will allow the nurse to be a healthy, reliable voice for the patient and will be able to provide them with the proper care. Advantages of proper education can include the reduction of emotional exhaustion, depersonalization and a diminished sense of personal accomplishment. Emotional exhaustion is displayed by 43.75% of nurses and can vary from person to person depending on the situation. Emotional exhaustion is related to the high demands of a job for experienced nurses. The accepted workload is defined as a given shift in a physiologically steady state. The accepted level that a person’s work performance becomes more chronic. Work stress is a major issue and occurs on a routine basis. In this level, stress becomes more chronic. Level three is how burnout becomes extremely severe. This level is when burnout is become isolated from their patients and no longer feel satisfaction. Low levels of personal satisfaction or accomplishment were displayed by 66.6% nurses that were burnout. Over time, personal accomplishment becomes unsatisfied with the work they are doing and have the potential to lead to other more serious behaviors as well. Ultimately, low levels of personal accomplishment can drive a nurse to quitting her career all together (Dantas de Oliveira Souza, N., Dopico da Silva, L., Lima, L., & Meneghini, A. R., 2014).

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Coworker support is one of the most important	im November, December 2017, January 2018 The North Dakota Nurse Page 7
The human resources department can also do many things when training new, employed nurses. New employees can have a mentor, help to guide them through the first few weeks of work. They can have set courses for every new hire to take, and it would not make much more class to make sure that they understand their role in the hospital and what the hospital’s goals are. This can help the nurse feel as if they know what their exact role is, which can take some stress of the job away and lead to lower rates of burnout. Human resources also provide employee assistance programs such as counseling and treatment for staff. Nurses that are experiencing burnout can access this program and can be treated for burnout. Here they would learn to recognize the signs and symptoms of burnout as well as how to prevent it from occurring again.

There are many ways to prevent burnout without needing any resources other than the people that already work on the nursing units. Strategies such as these include encouraging each other and acknowledging the accomplishments and efforts of others. This implementation can be as simple as having pre-made so that a nurse can fill it out if they have seen some extraordinary effort, and put it up on a board somewhere for everyone else to see. This can also be done by encouraging nurses to complement each other frequently. Support of coworkers can make a job a great place to work and helps to boost the morale of nurses.

Breaks are not always the top priority for nurses especially when they have a lot of things going on with their patients. Making sure that each nurse gets a couple of breaks to walk away from the floor and take a little time for themselves can help them to come back refreshed. Besides the half hour that nurses get for a lunch/dinner break, they should also get at least one, if not two fifteen minute breaks. This can be accomplished by having nurses go in shifts while other nurses watch their patients for them. This way, every nurse can have some time to themselves without worry about what is going on with the patients and what they may be missing during training. This could be easy to implement by having the charge nurse checking off people as they take breaks and making sure that everyone gets at least one fifteen minute break a shift.

Another resource that hospitals can utilize without needing anything extra is by giving nurses adequate training. If nurses are trained properly they will be less stressed and have less of a chance of disowning their career.

Because we are life savers.
Because we are nurses, we will always be your friend
Because we are nurses, we are interested in you
Because we are nurses, we know you are not a fool
Because we are nurses, we know you are intelligent
Because we are nurses, we want to cloth you
Because we are nurses, we want to hug you

But I know I need friends
But I know I am not a fool
Because I am a homeless, no one wants to call me a brother
Because I am a homeless, no one wants to hug me
But I am freezing to death
Because I am a homeless, no one wants to cloth me

References
American Nurses Association Calls for Action in Wake of Police Abuse of Registered Nurse

SILVER SPRING, MD – The American Nurses Association (ANA) is outraged that a registered nurse was handcuffed and arrested by a police officer for following her hospital’s policy and the law, and is calling for the Salt Lake City Police Department to conduct a full investigation, make amends to the nurse, and take action to prevent future abuses.

The incident occurred July 26 at University Hospital in Salt Lake City, Utah and video footage of the incident was recently released. Registered nurse Alex Wubbels was arrested after refusing to draw blood from an unconscious patient who had been injured in a collision and was a patient on the burn unit.

According to the video, Nurse Wubbels shared details about the hospital’s policy with the police officers and consulted her supervisors in responding to the detective’s request. Wubbels cited the hospital’s policy, stating that blood could not be taken from an unconscious patient unless the patient is under arrest, a warrant had been issued for the blood draw, or the patient consents.

The police officers stated that they had implied consent to get the blood sample and they believed that the hospital’s policy was intended to provide an “out” in order to prevent the police from taking blood from the patient.

Unfortunately, nurses often are victims of violence on the job. In 2015, ANA adopted a policy to prevent violence on the job. In 2015, ANA adopted a policy that states, “It is the responsibility of nurses to arm themselves with the knowledge and skills necessary to prevent and reduce the incidence of workplace violence. Nurses and their employers to work together to prevent violence on the job.”

According to the Code of Ethics for Nurses with Interpretive Statements, “the nurse promotes, advocates for, and protects the rights, health, safety, and rights of patients.”

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“Nurses and police officers work collaboratively in many communities,” said Cipriano. “What occurred is simply outrageous and unacceptable. Nurse Wubbels did everything right. It is imperative that law enforcement and nursing professionals respect each other and resolve conflicts through dialogue and due process.”

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The Centers for Medicare & Medicaid Services (CMS) is committed to a successful transition to the new MBI or the HICN further easing the transition where providers will be able to use either the MBI or the HICN.

New cards will no longer contain Social Security numbers, to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft and illegal use of Medicare numbers.

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A Demonstration of Caring

“Nursing is the essence of caring.” – Jean Watson

The Minot State University BSN Completion Online Program is to further enhance the preparedness of the nurse by educating individuals for professional roles in nursing and for graduate education. These nurses, the caregivers, advocates, coordinators, educators, managers, counselors, researchers, leaders and advanced practitioners who strive to promote the best possible care for the public.

How did we get to be 10 years old?? Minot State University has a rich history of generating nurses professionals with a BSN degree dating back to 1912. The BSN Program was offered only on campus to those with a diploma or two-year RN degrees. In 2007, the Bachelor of Science in Nursing (BSN) degree was approved by the North Dakota Board of Nursing, and the BSN Completion Online Program was born. The program has evolved into a flexible and affordable program that is available as a part of full-time or part-time option and the course schedule is semester program as well as admitting students in both fall and spring semesters. This allows for a total of 10 credits of coursework each semester and the BSN Completion Online Program was born, the program has evolved into a flexible and affordable program that is available as a part of full-time or part-time option and the course schedule is semester program as well as admitting students in both fall and spring semesters. This allows for a total of 10 credits of coursework each semester and recognizing the various commitments that accompany life. We strive to meet the ever-changing needs of our students by working with their different schedules and obligations.

What are the benefits of a BSN degree, one may ask? Evidence-based practice (EBP) is the cornerstone of nursing not only in the present, but also the future. EBP is the bedrock of evidence in their practice and the use of EBP combined with research is imperative to providing quality patient care and the best possible outcomes for the patients (Wendler et. al., 2011). The use of EBP is critical to providing the best practice for quality and safe nursing care.

The BSN graduate is educated as to the complex and evolving clinical situations that require critical thinking. The continual need for highly educated, competent nurses to detect and prevent the demands on a local, national and global scale.

Students graduating from the MSU BSN Completion Online Program can communicate effectively via written, verbal and technological means. They are also the future. Nurses strive to achieve excellence as a cornerstone of nursing not only in the present, but also the future. EBP is the bedrock of evidence in their practice and the use of EBP is critical to providing the best practice for quality and safe nursing care.

Along with this goal, the IOM also promotes nurses to achieve excellence as a cornerstone of nursing not only in the present, but also the future. Nurses strive to achieve excellence as a cornerstone of nursing not only in the present, but also the future. EBP is the bedrock of evidence in their practice and the use of EBP is critical to providing the best practice for quality and safe nursing care.

In December of 2016, nursing was voted the “most trusted profession” in the 15 year in a row of such an importance by the Gallup organization. (The Association, 2016). Nurses are at the center of health care and assume many roles. The mission of the Minot State University BSN Completion Online Program is to further enhance the preparedness of the nurse by educating individuals for professional roles in nursing and for graduate education. These nurses, the caregivers, advocates, coordinators, educators, managers, counselors, researchers, leaders and advanced practitioners who strive to promote the best possible care for the public.

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Support of Graduate Nursing Education Through Annual Scholarship Awards and Mobilizing a Give Back Spirit

Nurses Educational Funds, Inc. – Two Goals

Nurses Educational Funds, Inc. (NEF) is the largest professionally endorsed source of scholarships for advanced nursing study in the US. The NEF mission and vision encompass our two goals:

First: To promote leadership through scholarship support for professional nurses seeking masters and doctoral degrees in nursing education, practice, service and research. Second: To be the national leader in providing graduate funds for nurse leaders in education, practice, service and research.

The need for nurse leaders is critical. NEF-funded scholars have become outstanding faculty and deans of schools of nursing, renowned researchers, and experts in healthcare delivery, administration, and policy – all leading change in every arena across the country and globally. Funding scholarships for graduate nursing education is an ongoing and challenging process that has been the key focus of NEF’s volunteer board of directors.

If you are seeking to elevate your career by returning to school for a master’s or doctoral degree and seek financial assistance, our annual completely online application process at www.n-e-f.org begins on October 1 of each year and closes on February 1 of the following year. A description of the requirements for NEF Scholarship application follow.

About the Scholarships:

• Scholarships are based on academic performance, a personal essay, reference letters, and validated study already in progress in graduate programs throughout the United States.
• Scholarships are provided directly to students for their use in supporting their studies.
• A long list of named endowed scholarships is available on the NEF website, at www.n-e-f.org. Since 1912 over 1200 professional nurses have received a Nurses Educational Funds, Inc. Scholarship.
• Each student’s application is reviewed and scored by two separate nurse reviewers from NEF Board of Directors who do not consult with each other regarding their reviews. The review scores are then tabulated by the Criteria and Eligibility Committee nurse members for the final scholarship application determination.

About the criteria:

• GREs are not required as part of the application process.
• Student applicants must be licensed registered nurses with a bachelor of science in nursing degree.
• References are required from the student’s academic, employment, and professional colleagues.
• Scholarship awards are given to students in nursing research, clinical practice, education, and administration.

About our funding:

• Each year in spring and winter NEF sends letters to nurses, nursing schools and colleges, medical centers, corporations, foundations, and individuals asking for financial support for the annual scholarships.
• Our annual Fall Gala, this year scheduled for November 1, 2017, seeks sponsorship from schools or Colleges of Nursing, medical centers, corporations, foundations, and individuals at varying levels: $50,000, $25,000, $10,000, $5,000, $2,500, and $1000. NEF Gala Reception tickets are $100.
• NEF Gala Sponsors will be acknowledged on the invitation, on the Gala Program, and during the Gala, November 1, 2017.

Nurse Philanthropy:

As professionals, we can also be philanthropists, while helping others understand the need for philanthropy. Nurses Educational Funds, Inc. will only continue to be a successful graduate nursing scholarship provider if we can mobilize a give-back spirit among our colleagues. Individual nurses can give as part of their legacy. Nurses are essential to their communities and health care but need to help their communities understand their vital health care delivery contributions. It is imperative that NEF continue to expand the number of graduate nursing scholarships if we are to facilitate and sustain nursing faculties, nurse researchers, and nursing leaders. With a give-back spirit nurses can greatly contribute to graduate nursing scholarship support.

For further information, see our web site at: www.n-e-f.org or contact our Executive Director, Jerelyn Weiss, at: jweiss@n-e-f.org, (917) 524-8051, Nurses Educational Funds, Inc., 137 Montague Street, Ste. 144, Brooklyn, NY 11201

Resources:

Jerelyn Weiss, Executive Director
Susan Bowar-Ferres, PhD, RN, NEA-BC, President of Nurses Educational Funds, Inc., April, 2012- April 2017.

Brittney Sullivan, NEF Scholar, 2016-2017, on top of Table Mountain in Cape Town after presenting at the Sigma Theta Tau International Nursing Research Congress, July 2016.
Biomarkers & Prevention: A Publication of the American Association for Cancer Research, Co-sponsored by the American Society of Preventive Oncology, 22(11), 1931–1943. doi: 10.1158/1055-9965.EPI-13-0298

Synthesis of evidence

Our team reviewed 12 articles looking to find any associations with women taking oral contraceptives, and their risk in developing or preventing certain cancers. Four of our articles found good evidence regarding our question.

In the first study researchers in South Africa wanted to determine whether or not oral contraceptive use were diagnosed with either breast, cervical, ovarian, or endometrial cancer, evidence was found that women had an increased risk for breast and cervical cancer with longer duration of oral contraceptive use, and a decreased risk for ovarian and endometrial cancer with longer duration of oral contraceptive use.

In the second study that was a systematic review and meta-analysis, it looked for associations between thyroid cancer risk in females and oral contraceptive use. The study was a meta-analysis of 9 cohort studies with 1,906 participants that took place over the course of 7.5–15.9 years. The study found a significant inverse association between the longest vs. the shortest duration of oral contraceptive use and risk of thyroid cancer. This study found that longer periods of oral contraceptive use decreases a woman’s risk for thyroid cancer.

The third study was a case-control study conducted in the US on more recent formulations of oral contraceptives of females enrolled in a large US integrated health care delivery system and breast cancer risk. The findings suggest that recent use of oral contraceptives is associated with an increased breast cancer risk among women ages 20 – 49.2

In the final important study a systematic review was done to estimate the associations between oral contraceptive use and breast, cervical, colorectal, and endometrial cancer incidence. Searches of PubMed, Embase, the Cochrane Database of Systematic Reviews, and ClinicalTrials.gov was done to identify relevant published literature and were restricted to the year 2000 and on. This study supports that the use of oral contraceptives may cause an increased risk of breast cancer and a decreased risk of endometrial and colorectal cancer.

Bottom Line

We were able to find that oral contraceptives do in fact affect a woman’s risk for developing certain cancers. We found that oral contraceptives appear to increase a woman’s chances of developing breast, cervical, and liver cancer, while oral contraceptive use decreases a woman’s chances of developing ovarian cancer (specifically 2 ovarian cancers), endometrial cancer and colorectal cancer. The significance in increased or decreased risk varied with birth control formulations and length of use. All medicines carry risks. To decide whether or not oral contraceptives are a right choice for them, one should always consider the balance between benefits and risks. Birth control pills are one of the most effective means of contraception, not to mention their assorted other health benefits. Thus, women should discuss the benefits and risks with their doctors in order to choose the options that best fit their needs.

Implications for nursing practice

Nurses can use this information from this research and educate themselves on the risks/benefits of women taking oral contraceptives.

• Education should be given to women with information regarding the risks/benefits of taking oral contraceptives including cancer risks.

• Health care professionals working with women in reproductive health should be helping patients make informed decisions regarding whether or not oral contraceptives are a right choice for them.

• Raising awareness regarding women at risk for certain hereditary cancers and their associated risk with oral contraceptives is important.

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Rural setting
Appraised by:
Jami Gage RN, Caitlin Hanson RN, Chryszel Tomach RN (Mayville State University RN-to-BSN students)

Clinical question:
In school aged children, how does a school implemented program to prevent childhood obesity impact overall obesity rates in that school compared to schools who do not implement an intervention program?

Articles:

Synthesis of evidence:
Our goal for this PICO question was to use recent studies within the past 10 years to address school implemented programs vs. those without, to come to a conclusion to our question. Childhood obesity is a growing concern and is a controversial topic. This topic directly correlates to nursing, as nurses can assist in health promotion and disease prevention across the lifespan. If nurses have a better understanding on if school implemented health programs have an effect on childhood obesity, they can advocate for further health programs.

We researched 18 evidence-based practice articles to come to our conclusion. Of those 18 articles, we narrowed it down to the four most significant articles. Three of the articles were studies with a control and intervention group and one article was a systematic review of multiple research studies.

The first study by Wendel, Benden, Hongwei, and Jeffrey (2016), objective was to determine if the implementation of stand-biased classrooms in 3rd and 4th grade helped decreased students body mass index (BMI) percentiles. The study found that changing classrooms to a stand-biased environment had a significant effect on lowering the students BMI percentile over the 2-year period. Changing classroom to stand biased can interrupt sedentary behavior patterns of students at a low cost without interrupting classroom time.

The second study by Rerksuppaphol and Rerksuppaphol (2017), had an objective to assess how effective the implementation of an internet based obesity prevention program was in school children in grades one to six in schools in Thailand. It was found that the control group had a higher percentage of overweight/obesity than the intervention group. It was also found that children in the control group had a significantly higher increase in net BMI gains than those in the intervention group. The conclusion of this study was that an internet based obesity prevention program was effective in modifying anthropometric outcomes and helped to address the rising prevalence of overweight and obesity in Thai school children.

The third study by Shofan, Kedar, Branski, Berry, and Wilschanski (2011), objective was to assess the impact of schools obesity prevention program of physical activity may prevent obesity. The intervention group was shown to have a higher reduction in BMI after the two years was over. In conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion, the study does suggest that school-based intervention programs do in fact support a conclusion.

The last study by Brown and Summerbell (2009) had an objective to determine the effectiveness of school-based interventions. This study specifically focused on school-based interventions which focused on changing dietary intake and increasing physical activity levels. Though the findings were inconsistent throughout the 38 studies that this article reviewed, findings still suggested that school-based dietary and physical activity programs helped to prevent children from becoming overweight.

Bottom line:
Research suggests that there is a direct correlation between childhood obesity and school implemented programs. Although there is not an exact obesity rate that can be compared from all combined studies, studies do suggest that schools with a school-based intervention program tend to have a lower childhood obesity rate than those without. Many studies on school-based interventions had multiple interventions in place to prevent obesity. More research needs to be done on what specific interventions had the most effect on childhood obesity.

Implications for nursing practice:
Childhood obesity has become a global public health crisis and urgent measures be implemented to help eradicate this societal epidemic. Through this study, it has been observed that a promising avenue through which childhood obesity can be reduced and eliminated is through the implementation of school-based programs to prevent obesity across school-going children. The above insights derived through this study greatly impacts the nursing profession.

Nurses play an important role in the healthcare system. One of the primary objectives of nurses is to foster proper health and well-being of the populations through effective health promotion. The understanding that by implementing school-based programs to reduce childhood obesity can be effective in reducing the health burden of this societal epidemic should galvanize nurses to play an active and leading role in promoting the implementation of similar programs across schools in the country. In addition, the educative and teaching role of the nursing practice will be enhanced further as nurses will be motivated and obligated to work with schools and educate them on how to make these school-based obesity reduction programs more effective to increase their value.
Asthma and Vitamin D

Appraised by: Tisha Kamrowski, RN; Azie Nkwanguih, RN; & Jennifer Stauffer, RN (Mayville State University RN-to-BSN students)

Clinical question: In children with asthma, how does vitamin D supplementation affect the number of asthma attacks compared to those children who do not take vitamin D supplementation?


Synthesis of evidence: Asthma is a chronic inflammatory condition involving the airways which can present as wheezing, cough, chest tightness, and shortness of breath. Also, asthma is an asthma attack, which is the leading cause of morbidity and mortality in individuals with asthma (Martineau et al., 2013). If vitamin D deficiency increases the rate of asthma attacks, it would be an easy preventive measure that could improve the lives of many children with asthma. The initial search on the Mayo Clinic database yielded eighteen research articles that after critical appraisal was narrowed down to four level one evidence articles that contributed to the following information:

- There is some evidence of the reduction of asthma exacerbations with vitamin D supplementation in children with asthma and total monthly doses of 60,000 IU of vitamin D may prevent ED visits (Riverin, Maguire, & Lil, 2015).

- Low levels of vitamin D in children with asthma were associated with an increased risk of asthma exacerbations requiring medication for treatment or hospitalization (Cassim et al., 2015).

- Administration of vitamin D supplementation resulted in a significant reduction in the rate of asthma exacerbation requiring treatment with corticosteroids, emergency room attendance, hospitalization, and mortality (Cassim et al., 2015). These results were primarily in adults but is promising for children.

- “A vitamin D deficiency can lead to rickets and has been linked to various infections, including respiratory infections” (Yakoob, 2016, p. 1).

Bottom line: Vitamin D supplementation in children with asthma to reduce asthma attacks would be an easy preventive measure to improve the outcome for children with asthma. Vitamin D deficiency leads to an increase in infections so this may be the main reasoning behind the decrease in asthma exacerbations with vitamin D supplementation as respiratory illnesses can increase asthma symptoms. Preventing just one asthma attack can have significant results for their own health and the health and wellbeing of both mother and infant. Nurses need to be aware of potential poor outcomes and complications that may arise during birth and the months following birth. Nurses can advocate for better utilization of prenatal services. Prenatal care services can help pregnant women to engage healthier behaviors such as smoking cessation, quitting alcohol, and managing health conditions that are important for mothers and their unborn infants.
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Shift Report at the Bedside

Appraised by:
Paula Mannie, RN; Cailey Martel, RN; Brent Amerud, RN; Mayville State University RN-to-BSN students

Clinical question:
How does shift report at the bedside versus shift report at the nurses’ station affect patient safety and patient care in an acute care setting?

Articles:

Synthesis of evidence:
The evidence found in our articles all supported our PICO question in that bedside report provides better patient satisfaction and safer quality care than report at a nurse's station. Our information was found through using Mayville State University’s online library databases.

We also found credible webpages providing information about bedside shift report. Key search words included bedside shift report, safety of bedside report, and transforming care at the bedside (TCAB). Through these searches we were able to find valid and reliable information to support bedside report. Articles expressed how patients felt safe and that they could trust their nurses. Bedside report was also shown to have caring components. Overall the studies were shown to enhance the nurse to patient relationship. Patients and families felt more involved and included in the patient’s plan of care. Bedside reporting also showed to reduce errors such as medication errors.

Bottom line:
The research concludes that bedside reporting has a higher level of professional quality and overall patient safety when conducted in a systematic fashion and includes the patient within the scope of reporting. Nurse station reporting can be beneficial to the patient and staff in terms of care planning; procedures and floor policies related to safety but also disregards a certain level of confidentiality for individual patients along with added distractors within the hospital environment.

Implications for nursing practice:
It is found that bedside shift reporting greatly increases overall safety and communication, patient and nurse satisfaction, allows patients to trust their nurses, and decreases risk of error. Nurses should be aware that bedside reporting allows patients and their families to be involved in the plan of care, and gives them time to ask questions as needed.
Holiday Greetings
from the North Dakota Nurses Association Board & Staff