conducted by http://nursing.org asked nurses who were in the profession for less than one year what they wished they had known before starting their first positions. The top five items were understanding and acceptance that no one has all the answers, realization of the independent nature of the work, recognition that slow deliberate action is better than rushing, the need to keep the best interests of the patient in the forefront, and the insight that small degrees of gratitude can make a considerable difference (Haryanto, 2018).

When reflecting on those survey results, it very much implicates on not only just nurse leaders to set good examples, but all nurses. Every single nurse plays an important role in making sure they do their part. The act of all nurses practicing gratitude is a factor of emotional intelligence and is essential for effective nursing practice for all of us. Gratitude affects the way nurses are perceived by others and is necessary for good teamwork. When people feel valued, they have higher job satisfaction, engage
How to submit an article for The North Dakota Nurse!

Nurses are strongly encouraged to contribute to the profession by publishing evidence-based articles; however, anyone is welcome to submit content to the North Dakota Nurse. We review and may publish anything we think is interesting, relevant, scientifically sound, and of course, well-written. The editors look at all promising submissions.

Deadline for submission for the next issue is 12/4/2019. Send your submissions to director@ndna.org or info@ndna.org.

Welcome New Members

Jayme Meier
Fargo
Michelle Pratt
Bismarck
Stephanie Haug
Dickinson
Richelle Johnson
Minot
Caithlin Stockert
Bismarck
Jennifer Minion
Fargo
Courtney Naastad
Grand Forks
Kara Leopold
Horage
Jill Wiese
Washburn
Julia Lemke
Fargo
Dallas Hepper
Fargo
Jessie Neibauer
Bismarck
Elin Wolters
West Fargo
Gail Pederson
Valley City
Taryn Small
Bismarck
Melinda Balderas
Halliday
Brenda Amundson
Bismarck
Carin Erickson
Dickinson
Kelsey Henderson
Gwinner
Donna Lagois
Garrison
Tania Brust
Graddstone
Lynn Paulson
Williston
Katrina O’Daniel
Fargo
Tiffany Sommerer
Zap
Miriam Anderson
West Fargo
Lacey Bergh
Kindred
Denise Beaver-Eslinger
Hannaford

positively with coworkers, and are more eager to work toward organizational goals. Even if we must make it very intentional in our workplaces to be a grateful, humble and thankful nurse the good news is, it is contagious. Everybody likes to feel good and to be in a positive environment. Be well, we need all of you!

Message from the President continued from page 1

NDNA is so proud of what we are experiencing – growth! We would love our members and potential members to assist us in our efforts for furthering the organization’s mission which is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

We are looking for nursing students, retired nurses, part time nurses, full time nurse, staff nurses, nursing leaders, clinic nurses, hospital nurses, nursing home nurses, (read: ALL NURSES) and healthcare facilities to join us in activities in the advancement of nursing.

There is much to do – help with conferences, meeting representation, audience at educational offerings, public speaking, and more. We are seeing growth in the association and want to make sure you are a part of it.

Please contact director@ndna.org to see what YOU can do.

The Quentin N. Burdick Memorial Health Care Facility is an Indian Health Service unit located on the Turtle Mountain Reservation in Belcourt, ND. The Facility provides comprehensive primary care and preventive care and hosts a medical clinic, dental clinic, optometry clinic, pharmacy, radiology services, mental health services, outpatient surgical services, labor and delivery services, emergency room and inpatient acute care unit.

The site qualifies as a student loan payback site and offers benefits including annual and sick leave, health/dental/vision benefits, life insurance, and retirement.

For more information, please visit www.usajobs.gov or call Lynelle Hunt, DON (701) 477-6111 ext. 8260. All RNs encouraged to apply or call for more information.

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 NDNA Nurse article in the address line. Articles are peer reviewed and edited by the RN volunteers at NDNA. Deadlines for submission of material for The North Dakota Nurse are 12/4/19.

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.
The citizens of North Dakota overwhelmingly voted for Measure #5, legalizing the medical use of Marijuana in 2020 by over 65%. Implementation of the North Dakota Medical Marijuana Program (MMMP) in North Dakota has been on a slow roll out with the first dispensary opening its doors in late February, 2019. I would like to update nursing colleagues and students who are an integral part of care and offer support for medical cannabis patients.

Developed in 2016, the ANA statement, The Therapeutic Use of Marijuana and Related Cannabinoids, calls for the rescheduling of cannabis and articulates a national response to the current individual state’s laws and discretion.

The history of the word “marijuana” is racially charged and I encourage the use of “cannabis” as proper terminology. It has a history of inequality, both racially and economically and I feel strongly the “reefer madness” mentality that goes with the word marijuana needs to be revised. This hemp has been evident. More recent history, when cannabis was removed from the US pharmacopoeia in 1937, there were over 200 preparations that contained cannabis on the list.

My history with medical cannabis started in 1995 when my mother was diagnosed with pancreatic cancer. She was in pain, anxious and having trouble eating. Attending one of my hospice courses in 1993, I never brought it up, learning just a short while ago she had asked my brother about it.

Fast forward to Measure 5 in 2016, I did not participate in the efforts to get it on the ballot, but I was working in the emergency department until I was asked to work with Measure 5 representatives in the rewrite to Senate Bill 2344. I have to admit, I am a life long North Dakotan and I had never been to the capitol while in session. I spoke before the House and Senate Health and Human Services subcommittees, spoke for the basic patient protections, and asked the legislators that the critical path of this new legal product, HIPAA certainly came in to play in the discussion.

In pursuit of continuing education, I found the American Cannabis Nurses Association (ACNA), took their required 24 hour course to get a Certificate of Completion from The Medical Cannabis Institute. I have incorporated the ACNA’s scope and standards of practice into my Specialty Practice education. I support it for many reasons, the education and consultation. I want to bring credible information to this new frontier of medicine. There are many other significant organizations that have provided me with a network of support including Cannabis Nurses Network (CAN) and |Nurses Group.

One of the most recent publications to come out is The National Council for State Boards of Nursing National Guidelines for Medical Marijuana for Nurses. The document is a comprehensive supplement that’s purpose is “to provide nurses with principles of safe and knowledgeable practice.” I feel there are gaps in my working knowledge of the current state of legalization of medical and recreational cannabis use.

North Dakota has legal medical cannabis. Recreational cannabis is not legal but look for several opportunities to vote on this issue in the 2020 election. I support it for many reasons. Safety of products purchased on the black market is of major concern among others.

2. The nurse shall have a working knowledge of the North Dakota Medical Marijuana Program (MMMP). North Dakota’s program is managed by the Department of Health and information can be found at https://www.ndhealth.gov/mm/. There are patient and provider portals with tutorials available.

3. The nurse shall have an understanding of the endocannabinoid system, cannabinoid receptors, cannabinoids, and the entourage effect. Chapter 5 presents a subject and is a whole other article! Please think about this...would you not learn about your respiratory system before you could recognize the importance of the endocannabinoid system. It is referred to as the 11th body system, and consists of endocannabinoids, the receptors and the enzymes responsible for degradation and synthesis of the cannabinoids. The endocannabinoid system is “start low and go slow” with dosing. Dosing is as the great balancer in the body and maintains homeostasis for many other body systems. Phyto-cannabinoids are external sources and include THC, CBD and CBN among many others. These are most well known. THC acts as agonist and CBD as an antagonist. It is highly possible that the difference is how one metabolizes through the liver and uses the P-450 pathway. Warfarin is one of the most recognized as a supplemental caregiver to provide routine dosing. It is something that until implementation was not identified as a needed change.

4. The nurse shall have an understanding of legal and ethical issues, pharmacology, and the research associated with the medical use of cannabis.

Legislation has outpaced research in this situation. Reliable studies are coming from states where they are able to do research. Adverse effects are not well studied or curtailed reducing our ability to make choices. Further research regarding the patient’s choice of treatment and preferences in managing pain and other symptoms is needed.

Awareness of one’s own beliefs and attitudes about any therapeutic intervention is vital, as nurses are expected to provide patient care without personal judgment of patients. Nurses, by jurisdictional law are not permitted to give cannabis unless it is under the guidance of facility policy. What are your policies for patients who come in to your facility who are using cannabis? How can we ethically restrict or preferences in managing pain and other symptoms while patients want to “get high.” They want to be able to function with their condition, with the least side effects.

The nurse shall approach the patient without judgment of patients.”

The 5 Principles of Essential Knowledge

Developed in 2016, the ANA statement, The Therapeutic Use of Marijuana and Related Cannabinoids was first published in July, 1993. I have incorporated the ACNA’s scope and standards of practice into my Specialty Practice education. I support it for many reasons, the education and consultation. I want to bring credible information to this new frontier of medicine. There are many other significant organizations that have provided me with an educational program with tutorials available. The American Cannabis Nurses Association.

The 5 Principles of Essential Knowledge

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GUIDELINES FOR THE NURSING CARE OF PATIENT WHO USE CANNABIS

Resources

https://www.nursingworld.org/.../tcb/aapr/therapeutic-use-of-marijuana-and...-


Hersteller.com

North Dakota Nurses Association

cannabisnurses.org/Site-Medical-Marijuana-Laws

Pharmacy

McI Education

https://themедicalcannabisinstitute.org/product-category/nursing/

Gail Pederson, SPRN, HN-BC is a board certified holistic nurse and in 2014 was named the Nurse Practitioner of Nursing as a Specialty Practice RN in Holistic Nursing. Gail opened her private holistic nursing practice-Be Well Healing Arts, pllc in November 2014, providing holistic health education and complimentary therapies. She also coordinates care for aging religious sisters in their home. Maryvale convent, north of Valley City, ND. She has recently been recognized as a 2019 Legendary ND Nurse for Advocacy by the ND Center for Nursing.
As fall fades into winter, are you planning your final lawn clean up? The leaves have changed and fallen, and we all are getting the lawn mowed one last time before winter sets in. Can you picture forgetting to mow the lawn for a week? A month? And maybe you just choose to avoid the lawn care for years, you don’t have the time, or just simply forget to do it. Eventually at some point one of two things will happen; that lawn will be maintained by someone else or will become an overgrown mess. We are going to think of our body’s as our lawn, we water it, we want it to be healthy and well kept, and that often takes maintenance. We need to be the person responsible for maintaining our bodies year round, not just at annual check up time.

Now let’s think about our health maintenance. I, as a nurse, know that breast self-exams are important. I could make 100 excuses of why I didn’t do my monthly breast exams. I was a busy mom, I was in school, and so on. None of those excuses were valid, and five years ago those excuses disappeared. I wish that I could tell you that I finally decided that my health was important enough to make time to do monthly breast exams, but that is a lie. It took my sister’s breast cancer diagnosis to scare me into monthly breast exams.

I got the call from my sister that the lump she found on self-exam, was very likely malignant. I got to the hospital and they took her back for a biopsy. As soon as she was out of sight, I fell apart sobbing in the waiting area. She was 37 years old, and we had no strong familial history of breast cancer so this could not be real. We spent the last afternoon before her diagnosis watching her kids’ softball game. She is now in remission and I am thankful everyday that she ‘found’ her lump and had the courage to seek treatment.

Take the time to get to know your body, we will need to both feel and look for changes in our breasts. Things to watch for are: lumps, bumps, redness, rashes, bloody discharge, dimpling, new nipple inversion, look in the mirror and examine your breasts with your hand on your hips, shrug your shoulders, and raise your hands above your head. Take the time to get to know your body, we will need to both feel and look for changes in our breasts. Things to watch for are: lumps, bumps, redness, rashes, bloody discharge, dimpling, new nipple inversion. Look in the mirror and examine your breasts with your hand on your hips, shrug your shoulders, and raise your hands above your head. (Mayo Clinic, 2019)

You can do the breast exam standing or lying down. Using the pads of your fingers make a pattern that includes the area under the armpit, also including the area up to your collar bone. Try and relax and take your time and be sure to cover the entire breast. (Mayo Clinic, 2019)

If this is difficult, or you are unable to perform please ask your care provider for guidance. Breast self-exams are not the only tool in your breast maintenance, mammogram and other screening tools should be reviewed with your healthcare provider.

References

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The Nurses on Boards Coalition (NOBC) represents national nursing and other organizations working to build healthier communities in America by increasing nurses’ presence on corporate, health-related, and other boards, panels, and commissions. The coalition’s goal is to help ensure that nurses are at the table filling at least 10,000 board seats by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

North Dakota is doing well and we want to keep the momentum going! We are seeking nurses to join our state group. Be a part of all nurses being counted and making a difference in improving health for all.  
https://www.nurseonboardscoalition.org/

*If you are interested in joining our state coalition, please email Sherri Miller at director@ndna.org

*If you are nurse and want to serve on a board, click here: https://www.nurseonboardscoalition.org/i-want-to-serve/

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www.prairietravelers.com
I would serve the NDNA well. Over the course of professional nursing potential. In this role, I feel management, informatics, occupational health, have had opportunities to get the best price of surgery position and then CHI asked if I would be made decisions on products purchased and in the OR I Sturgis. I was the chair of a board that means to our members. understanding of what nursing in North Dakota from many different nursing roles to get a solid our patients. I feel strongly that we need voices best to one another, just as we give our best to essential in the legislature. By supporting each important nursing/patient related issues is NDNA Election 2019 took place August 12-21, October, November, December 2019 The North Dakota Nurse Page 5 www.minothealthandrehab.com/careers NDNA 2019 Elections - Newly Elected Nurses to Serve HIRING NOW HAMC is seeking dedicated, caring and compassionate individuals to join our team of healthcare professionals. Opportunities at HAMC RN’s & LPN’s Certified Nursing Assistant Acute Care PCC Direct Care, Long Term Care Competitive salary and benefits. Tuition reimbursement program. Key program features: • Allows RNs to receive their four-year degree at a distance • Fully accredited by the AEN • Earn college credit for current Registered Nurse State Licensure Applications to the program are accepted any time. This is an ongoing process. Admission to the program occurs Fall, Spring and/or Summer semester. For info: 858.3101 or 1.800.777.0750 www.minotstateu.edu/nursing or email nursing@minotstateu.edu.

KAMI LEHN, BSN, RN VP OF MEMBERSHIP Employer - Sanford Health I have really enjoyed serving in the role VP of Membership since last year. It’s an honor to be a voice to the nurses who are a part of NDNA. I have been a nurse for 10 years and have experience in clinic, psych, ICU and Utilization Management. I feel that having a collaborative voice on important nursing/patient related issues is essential in helping to lead the future of nursing. By working with others, we will be able to get the best price of products for our members.

DONNA LAGOIS, BSN, RN VP OF GOVERNMENT RELATIONS Most of my career has been travel nursing. I also have a strong background in… alternative nursing. I am a Core Synchronism Practitioner since 2003. I went to school for massage therapy and I am at a point in my life where I feel I can assist making a difference on a higher level for nursing. I am a Dangor. Over the past 15 years Jami has have experience in Med/surg, ped, OB, critical access hospital, ER, long term care, home health, hospice, and clinic.

JAMI FALK, RN, MS, ML, CNML NOMINATING COMMITTEE MEMBER As a servant leader, I have a desire to serve the nursing community to ensure health care and public policy aligns with the knowledge and expertise of the nursing community. I want to serve as an advocate for the work force and provide unification across professional nurses in the state of ND by promoting excellent professional practice. Jami is the Veteran Health Administration’s West Region Community Based Outpatient Clinic Nurse Manager. She works out of the VA Clinic located in Minot, ND and oversees the Primary Care clinical and administrative functions within four rural clinics in North Dakota. Over the past 15 years Jami has served as a front line Labor and Delivery RN, ICU nurse, and Dialysis Nurse Manager, Inpatient Mental Health Nurse Manager, Acting Associate Chief Nurse of Primary Care and currently as the West Region CBOC Clinic Manager. Through these positions she has been involved in ensuring that front line staff has the education, training and knowledge they need to successfully take care of patients while working on ensuring quality nursing care is provided. She completed her undergraduate through the University of Jamestown in 2002, and completed her graduate studies through the University of Mary in 2015. She certified as a Contracting Officer Representative, and also holds a Certification in Nurse Manager Leadership through AONE Association of Nurse Executives.
Handwashing and MRSA

Appraised by:
Emily Kari, RN, Danielle Bilden, RN & Aminata Smeets, RN

Clinical question:
What is the effect of handwashing alone vs contact precautions in reducing the transmission of MRSA in adults in healthcare facilities?


Synthesis of evidence:
Handwashing and MRSA may need less narcotics or analgesic to manage their pain levels postoperatively. Pain management in patients with spinal anesthesia may require a minimum dosing comparison to patients who had general anesthesia (Niskakangas, Dahlbacka, Sisiluoto, Vakkola, & Kaakinen, 2018).

Narcotics/Anesthesia Treatments on Treating Phantom Limb Pain

Appraised by:
Emily Kari, RN, Danielle Bilden, RN & Aminata Smeets, RN

Clinical question:
The effect of narcotics/anesthesia treatments on treating phantom limb pain in patients who have had an amputation of a limb compared to those patients who do not use narcotics/anesthesia treatments

Articles References:


Synthesis of evidence:
Phantom limb pain occurs after one has had a limb amputation and feels pain where the removed limb once existed. The leading intervention for pain management of this condition is narcotic pain medication. There was an abundance of evidence pertaining to intervention options for treatment of phantom limb pain; however, it was difficult finding evidence that compared interventions. Some that we did find were:

• Researchers used the Cochrane handbook for systematic reviews of interventional studies. The following interventions were studied: Transcutaneous electrical nerve stimulation therapy or TENS therapy; mirror therapy; electromagnetically shielding limb liniers; electromagnetlic-own-signal-treatment or EMOST; phantom exercises; transcranial magnetic stimulation; hypnosis.

• We reviewed a study that contained three patients who had undergone amputation from accidents and were being treated with Botulinum toxin Type A. Findings of the study showed these patients stated relief of pain and needed less of their previously prescribed narcotics medications. There were also no side effects reported by these patients (Kollerwe, Jin, Krampl, Dengler & Mohammadi, 2009).

• Patients who have had spinal anesthesia may need less narcotics or analgesic to manage their pain levels postoperatively. Pain management in patients with spinal anesthesia may require a minimum dosing comparison to patients who had general anesthesia (Niskakangas, Dahlbacka, Sisiluoto, Vakkola, & Kaakinen, 2018).

Narcotics/Anesthesia Treatments on Treating Phantom Limb Pain - How does one provide pain relief for patients who have had a limb amputation and feel pain where the removed limb once existed? The leading intervention for pain management of this condition is narcotic pain medication. There was an abundance of evidence pertaining to intervention options for treatment of phantom limb pain; however, it was difficult finding evidence that compared interventions. Some that we did find were:

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Bottom line:
Through our research, we came to the conclusion that, for any type of phantom limb pain, one must work with a licensed health care professional to create a treatment plan that constitutes both conservative and pharmacological modalities (for example, using oral morphine and mirror therapy together). Each patient is different and it may take some time before a proper treatment plan is formulated for their needs. As always, further ongoing research is needed to study the mechanism of phantom pain, and, hopefully, one day, it will be better answers providers can give their patients.

Implications for nursing practice:
In treatment of patients with phantom limb pain, the nursing team may have to look at what type of anesthesia was used during surgery as this may be a very important aspect of how pain can be managed in the future.

Patients who have had spinal anesthesia may need less narcotics or analgesic to manage their pain levels postoperatively.

When using treatments, like narcotics, one must not efficiently because in an inpatient’s pain, another option is more conservative modalities such as mirror therapy or even hypnosis.
Diabetes: How Do Acupuncture and Spinal Cord Stimulation Compare

Appraised By:
Kristina Phillips, RN; Nicole Myklebust, RN; Queen Elizabeth Fugah, RN

Clinical Question:
In adults diagnosed with diabetes, how do acupuncture and spinal cord stimulation compare to help manage pain in patients with neuropathy?

Articles:

Synthesis of Evidence:
The purpose of this review was to examine acupuncture and spinal cord stimulation. A study conducted in 2016 showed that with the help of acupuncture, participants had a substantial improvement of pain and an overall increase in quality of life (Duarte, Andranis, Lenders, Vas, Duarte, Lenders, & de Vas, 2016). One limitation included the pain levels of the participants, as the study included individuals who had higher pain levels that failed previous therapy attempts. Another limitation was that the study included only individuals who suffered from diabetic neuropathy in the lower limbs (Slangen, et al., 2014).

Acupuncture treatments also proved to help lower pain from diabetic neuropathy, as shown in the article from Bailey, Wingard, Allison, Summers, and Calac (2017). However, there are alternative treatment options for patients suffering from diabetic neuropathy.

Implications for Nursing:
As nurses, it is our responsibility to advocate for our patients. This means utilizing evidence-based research to ensure that patients are receiving the most effective care that can be provided. Peripheral neuropathy can be debilitating and stop patients from performing daily activities and living to their fullest extent. With research showing the addition of alternative methods successfully treating pain of more severe cases in diabetic medical treatment alone, we need to push for research to further these studies and potentially implement them into practice ensuring improved care and patient outcomes.

Nurse to Resident Ratio

In a separate article written by McHugh, Kutney-Lee, Cinotti, Sloane, and Aiken (2017), the nurse-to-resident ratios impact nurse job satisfaction and retention in the long-term care setting.

Articles:
- Blankhart, C. D., Foster A. D., & Mor V., (2019). Competitive salary based on education and experience, comprehensive fringe benefit package including TIAA-CREF retirement plan and full coverage for family health insurance.
- Dakota College at Bottineau distance: 66 miles.
- Dakota College at Bottineau is an Equal Opportunity/Affirmative Action employer.

Full-time or Part-time Master Degree Nursing Faculty

Dakota College at Bottineau (DCB) is seeking an instructor to teach courses in its nursing program to undergraduate students in practical nursing and associate degree nursing programs.

Requirements:
- Bachelor of Science in Nursing, Nursing Education, or related healthcare or scientific discipline
- Current or ability to obtain a North Dakota state license to practice as a registered nurse
- Master's degree completion of the master's degree program within three years
- Competitive salary based on education and experience, comprehensive fringe benefit package including TIAA-CREF retirement plan and full coverage for family health insurance.

APPLICATION INSTRUCTIONS: Send the completed application to:
http://www.dakotacollege.edu/About/DakotaCollege/employment/DistanceLearning/DistanceLearningCareers.aspx

Application Deadlines:
- Fall 2019: September 1, 2019
- Spring 2020: January 1, 2020

For more information, contact: Dakota College at Bottineau, 1200 4th Street SE, Bottineau, ND 58318-1204.

This is an 11-month, tenure, benefitted position.

Dakota College at Bottineau is an Equal Opportunity/Affirmative Action Employer.

Application Deadlines:
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- Spring 2020: January 1, 2020

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Thank you to all who attended, spoke, sponsored (and/or were vendors), planned and conducted the North Dakota Nurses Association Annual Business Meeting and Fall Conference! The events took place Thursday and Friday, September 19 and 20, at the Ramkota Hotel in Bismarck.

Thursday started with the NDNA Board of Directors’ monthly board meeting. Following the board meeting was the Annual Business Meeting. The Annual Business Meeting was very well attended by members and student nurses alike. New NDNA Board Members were installed at the meeting. The Bylaws Revisions from 2018 were announced that they are now published to the website. Great discussions took place and there were some important votes, so please look to future website postings for some significant changes to NDNA membership and benefits. One Main Motion was passed at the Annual Meeting. Melanie Schock moved that, “the NDNA Board investigates the possibility of opening our association’s membership to LPNs.” The rationale was “LPNs are a significant and valuable part of the North Dakota nursing workforce. As extensions of the registered nurse, we owe them their opportunity to network within a cohesive group and relish in the initiatives, projects, and strides that we make as the NDNA.” The Main Motion was seconded by Elizabeth Brodell.

The Fall Conference started the next morning and drew around 80 individuals from all over the state for learning, networking, and some fun vendor-visiting. The overall theme of the event was Healthy Nurse, Healthy Nation and this year the focus was on stories and strategies. The speakers all provided various perspectives and stories and invited the attendees to do the same. The speakers were: Lyn Telford of Fargo (an NDNA Board Member) who spoke on Generational Difference in Nursing, Wendy Baumgarten of Dickinson who spoke on Self-Care for Nurses, Danielle Olsen of Fargo who spoke on the Whole Health Model of Care, Chase Breitbach of Dickinson who spoke on ACEs Informed Care: What Nurses Need to Know, and Chris Nolden of Bismarck who shared Medical Cannabis: A Personal Story. Our Keynote Speaker this year was the First Lady of North Dakota, Kathryn Burgum, who spoke from the heart on her own story and provided a message to nurses to work to eliminate the stigma associated with addiction.

It was a great success and NDNA looks forward to the Spring of 2020 where we hope to replicate this event in Fargo.
NDNA 2019 Annual Business Meeting and Fall Conference

Delicious supper break during the Annual Business Meeting

Speaker – Chase Breilbach on ACEs Informed Care: What Nurses Need to Know

NDNA President Tessa Johnson and VP of PEAR Jerico Alicante Present at speaker certificate to Danielle Olauson who spoke on Whole Health.

NDNA President Tessa Johnson, VP of Government Relations/Conference Speaker, Lyn Telford, and VP of PEAR Jerico Alicante

Installation of NDNA Board Members and other positions for the 2020-22 term

Lunch time!

NDNA would like to thank the very generous sponsors below for their support of our nurses association!!

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No one should have to go to work with fear of physical violence, verbal threats, or threatening behavior. Unfortunately, many nurses do. According to the American Nurses Association, one in four nurses are assaulted. Of those one in four, only 20-60% of those incidents are reported. Nurse abuse, also known as workplace violence, attributes to 13% of missed worked days (American Nurses Association, n.d.)

In order to address workplace violence, we need to first be able to identify what it is. According to Joint Commission’s Sentinel Event Alert from April 2018, workplace violence can be described as intimidating, harassing behavior, physical assaults or threats of assaults and verbal, written, or physical aggression intended to control or cause death, serious bodily injury or damage to property (Joint Commission, 2018.) According to the American Nurses Association (ANA), the violence includes incidents by patients, patients’ family members and external individuals and includes physical, sexual and psychological assaults (ANA, 2019). Workplace violence can be further dissected into subgroups of bullying and incivility by co-workers, but for the sake of this article, we will be discussing workplace violence and nurse abuse from other sources other than co-workers.

Some of us may never personally experience workplace violence and that is a good thing, but “workers in healthcare settings are four times more likely to be victimized than workers in private industry” (Joint Commission, 2018.) The Joint Commission also has 68 reported sentinel event incidences of homicide, rape, or assault of hospital staff members over an eight-year period. (Joint Commission, 2018.) This is outrageous! There is no better time than now to raise awareness and support for safe work environments, especially for the most trusted profession taking care of the most vulnerable populations.

It is the nurses’ caring nature to feel empathy for their patients. With this empathy comes a downside as nurses tend to underreport workplace violence “because they often believe that their assailants are not responsible for their actions due to conditions affecting their mental state. The most common characteristic exhibited by perpetrator of workplace violence is altered mental status associated with dementia, delirium, substance intoxication, or decompensated mental illness.” (Joint Commission, 2018.) The empathy nurses feel for their patients can overwhelm their rational senses and may brush off violent acts as “‘the patient didn’t know what they were doing” as justification for the abuse. According to ANA’s 2019 issue brief on reporting incidents of workplace violence other barriers to reporting include:

- A health care culture that considers workplace violence as part of the job
- A perception that violent incidents are routine
- A lack of agreement on definitions of violent incidents; e.g. does it include verbal harassment?
- Fear of being accused of inadequate performance or of being blamed for the violent act
- Lack of awareness of the reporting system
- A belief that reporting will not change the current systems or decrease the potential for future incidents of violence
- A belief that the incident was not serious enough to report
- A practice of not reporting unintentional violence; e.g., incidents involving Alzheimer’s patients
- Lack of manager and employer support
- Lack of training related to reporting and managing workplace violence
- A fear of reporting supervisory workplace violence

With this list of barriers to reporting workplace violence, it can almost be guaranteed that incidents happen at a substantially higher number than we anticipated. It is especially difficult if nurses don’t know when or even how to report these incidents.

No matter who inflicts the act of violence, it is the nurses’ duty to report any and all acts of workplace violence. It is the organization’s duty to train nurses to identify workplace violence and have an effective reporting system that is continually addressed. No one benefits from workplace violence as it “results in low staff morale, lawsuits, and high worker turnover.” (Joint Commission, 2018.) This is no good for the nurses, the organization, or the patients. Organizations should also be responsible to provide training to employees in preparation for disruptive behaviors, self-defense/self-protection and de-escalation of these incidents. Being proactive and having staff be able to identify escalation of events that could lead to violence could greatly help in de-escalation before the violent acts can occur. Organizations should also debrief with employees after these disruptive events occur to better determine what went well, what didn’t go well, and how things could be handled more effectively in the future.

Everyone needs to feel safe at work and we need to be able to report acts of violence no matter how small. If the incident causes physical or mental distress or makes the nurse feel unsafe, in any way, the incident should be reported and followed up with by management or the security team. Nurses should not feel shame for reporting workplace violence; the concerns should not be minimized by management. Workplace safety is everyone’s job, and collaboration between management, security and staff is a must if we are to provide sustainable culture of safety.


Appraised by: Macey Lauinger SN, Eric Appliob SN, Cynthia Berglin SN, and Emily Nutsch SN (NDSU School of Nursing at Sanford Bismarck BSN Students)
Wanda Rose PhD, RN, Associate Professor of Practice (Faculty)

Clinical Question: In patients with dementia, what is the effect of adjunctive aromatherapy on agitation compared with no aromatherapy?

Sources of Reference:

Synthesis of Evidence:
Four research studies were reviewed as research for this report. A systemic review and three randomized control trials were evaluated. Dimitriou et al. (2018) conducted a randomized control trial including 60 patients diagnosed with dementia, Alzheimer’s disease, vascular dementia, frontotemporal dementia, Parkinson’s disease, mixed dementia or due to AIDS from the Neurological Department of the General Hospital of Athens, Greece. The interventions used included physical exercise, music, and manage aromatherapy. The findings indicated that massage and aromatherapy was the second most effective in decreasing agitation in those patients.

Forrester et al. (2014) conducted seven random control trials with a total 428 elderly patients were used in a systematic review, of ages 66-85 years old, diagnosed with dementia of any type and severity. Alzheimer’s disease and agitation. Only two RCT had useable data and were used in the meta-analysis. The benefits of aromatherapy on agitation are uncertain. There were inconsistent effects on measures of agitation, behavioral symptoms and quality of life for patients diagnosed with dementia.

Man-Hua Yang et al. (2015) conducted a randomized control trial at three veteran retirement homes and three long-term care facilities in Taiwan to study the difference in effects of aroma-acupressure, just aromatherapy or standard care on dementia related agitation. There were 186 participants split into three groups. One group received standard treatment, one received aroma-acupressure for two minutes at each of five identified acupressure points followed by five minutes of a warm up exercise and the third received aromatherapy on the same five acupuncture points for two minutes followed by five minutes of warm up exercises. A blinded research assistant analyzed a long form Cohen-Mansfield Agitation Inventory (CMAI) worksheet completed by staff at the facility as well as a heart rate variability analyzer (HRV) which was worn by participating to track heart rate. The authors found that using aroma-acupressure provided the most relief from dementia related agitation, while using only aromatherapy also made a difference. The authors suggest that though more research should be done, these alternatives may help provide some relief for both dementia patients and their caregivers.

Snow, Hovanec, and Brandt (2004) conducted a controlled trial of aromatherapy to decrease agitation in persons with dementia. Seven agitated nursing home residents with advanced dementia. Two participants were able to perform slightly better than chance for a task of olfactory discrimination. Some participants did show a decrease in one lavender condition that was not duplicated in the other lavender condition, but there was no consistency across participants regarding which lavender phase caused the effect. Cutaneous application of the essential oil used may be necessary to achieve the effects reported in previous controlled studies. The study found no support for the use of a purely olfactory form of aromatherapy to decrease agitation in severely demented patients.

Conclusions:
The articles by Dimitriou et al. (2018) and Man-Hua Yang et al. (2015) showed a decline in agitation in those with dementia, while the other two articles, Snow et al. 2004 and Forrester et al. (2014) did not show a correlation between the use of aromatherapy and agitation.

Implications for Nursing Practice:
There is some evidence that has shown a decrease in agitation in those with dementia with the use of aromatherapy, however there are also studies that do not show a correlation. A few of the studies said that further studies need to be done to assess the effectiveness of aromatherapy, however, it is important for nurses to explore nonpharmacologic remedies for agitation to decrease addiction and the side effects of polypharmacy.

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Aromatherapy for Agitation

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Music Therapy for Adults with Dementia

Appraised by: Chelsea Condon SN, Orlando Machado SN, Kayla Wentz SN (NDSU School of Nursing at Sanford Bismarck BSN Students), Wanda Rose PHD, RN, Associate Professor of Practice (Faculty)

Clinical question: In adults with dementia, does music therapy improve behavior and quality of life?

Sources of evidence:


Synthesis of Evidence:

Three studies were reviewed as evidence in this report. This report includes a meta-analysis, randomized controlled trial, and a systemic review.

Cho (2018) conducted a randomized controlled trial. This study was conducted to compare the possible effects of a music therapy-singing group on quality of life and affect of persons with mild, moderate, and severe dementia living in a long-term care facility with those of a music medicine-listening group and a control-TV group. This study included 52 dementia residents who had a documented diagnosis of dementia between 65 to 100 years of age in a Veteran's Home in upstate New York. The participants were assigned to three intervention groups, including a music therapy-singing group, a music medicine-listening group, and a control-TV group. The intervention groups were divided into two sub-groups, one group held in the morning and the other held in the afternoon. One group used live singing and the other used recorded music. The group was engaged for 40 minutes sessions twice a week for four consecutive weeks. The findings demonstrated that the short-term music therapy-singing group led by a music-therapist had the larger effects on the quality of life and affect of persons with dementia, than the music medicine-listening group or the control group. Due to the small number of participants and the short length of the intervention, the current study should be interpreted with caution.

The second study by Pedersen, Andersen, Luga, Andreasen, and Sütterlin (2017) conducted a meta-analysis. The meta-analysis investigated the effectiveness of music therapy in dementia. The meta-analysis included 22 studies with 1097 randomized participants. A total of 21 with 890 participants in the study meet the criteria (median of varying degrees of severity). The results showed that music therapy probably reduces depressive symptoms and behavioral problems, but it may not have little or no effect on agitation, aggression, or cognition. The authors also suggested future studies to extend the duration of the therapy for a minimum of five months to get more accurate results. In conclusion, music therapy can be very beneficial to adults diagnosed with dementia to help improve behavior and quality of life.

Evidence recommends studies complete a longer study period to get more accurate results on whether or not music therapy improves behavior or quality of life in adults with dementia. The effects of music therapy would suggest that music interventions can reduce the affect of persons diagnosed with dementia. Future research studies, there needs to be a differentiate between diagnoses, clinical samples, and various degree of severity.

Conclusions:

Two of the studies indicated improved behavior and quality of life in adults diagnosed with dementia. However, the study by Steen et al. (2018) suggested that musical therapy is effective to decrease depression symptoms and behaviors, but it might have little or no effect on agitation, aggression, or cognition. Two of the studies indicated that future studies should have a longer duration of music therapy to show a more effective outcome.
NDBON, NDNA and NDCFN: What’s the Difference?

There is some confusion regarding the differences between the North Dakota Board of Nursing (NDBON), the North Dakota Nurses Association (NDNA) and North Dakota Center for Nursing (NDCFN). Hopefully, the following will help clarify some of the confusion.

A COMPARISON OF THE THREE ORGANIZATIONS

North Dakota Board of Nursing (NDBON)
919 S 7th Street, Suite 504
Bismarck, ND 58504-5881
Phone: (701) 328-9777
Fax: (701) 328-9785
Website: www.ndbon.org

Mission:
ND Board of Nursing assures North Dakota citizens quality nursing care through the regulation of standards for nursing education, licensure, and practice.

Description:
- Governmental regulatory body established by state law under the North Dakota Century Code 43-12-1. Nurse Practices Act to regulate the practice of nursing and protect the health and safety of the public
- Regulates the practice of individuals licensed and registered by the Board
- Establishes standards of practice for RNs, LPNs, and APRNs
- Establishes standards and regulates nursing education programs
- Discipline licensees and registrants in response to violations of the Nurse Practices Act

Board Members:
Jane Christianson, RN member, Bismarck: President
Michael Hammer, RN member, Velva: Vice President
Jamie Hammer, RN member, Minot: Treasurer
Janelle Holth, RN member, Grand Forks
Mary Beth Johnson, RN member, Bismarck
Bonny Mayer, LPN member, Minot
Wendi Johnston, RN member, Kathryn

North Dakota Nurses Association (NDNA)
1515 Burnt Boat Dr, Suite C #325
Bismarck, ND 58503
Phone: (701) 335-6376
E-mail: President@ndna.org
Website: www.ndna.org

Mission:
NDNA promotes the professional development of nurses, and advances the identity and integrity of nursing to enhance healthcare for all through practice, education, research, and development of public policy.

Description:
- 501(c)6 non-profit association
- Professional Association for Registered Nurses.
- Constituent member of the American Nurses Association (ANA)
- Influences legislation on health care policies and health issues and the nurse’s role in the health care delivery system
- Promotes the continuing professional development of Registered Nurses
- Advances the identity and integrity of the profession to enhance healthcare for all through practice, education, research, and development of public policy
- Promotes the Scope and Standards of Nursing Practice and the Code of Ethics for nurses

NDNA Independent Contractor:
Sherri Miller, BSN, RN Executive Director
Director@ndna.org

North Dakota Center for Nursing (NDCFN)
3523 45th Street South Fargo, ND 58104
Phone: (701)639-6548
Website: www.ndcenterfornursing.org

Mission:
The mission of NDCFN is to through collaboration guide the ongoing development of a well-prepared and diverse nursing workforce to meet health care needs in North Dakota through research, education, recruitment and retention, advocacy and public policy.

Description:
- 501c3 non-profit organization
- All nurses and over 40 nursing organizations, education programs, grant programs, state agencies and other stakeholders are members and are invited to volunteer on ND Center for Nursing Leadership Team.
- Works to unify voice of nursing in North Dakota through connecting nursing organizations interested in policy issues.
- Develops statewide programming to fulfill mission across multiple areas including nursing education faculty and resources, workplace planning, research, and development and practice and policy.
- Tracks supply, demand and education of nursing workforce.

Board of Directors:
President - Tessa Johnson, MSN, RN
Director of Directors listed at https://ndna.nursingnetwork.com/page/72991-board-of-directors

NDRCFN Staff:
Patricia Moulton, PhD Executive Director
Patricia.moulton@ndcenterfornursing.org
Kyle Martin, BS Associate Director
Kyle.martin@ndcenterfornursing.org

Board of Directors: 13 organizations represented, List available on website at: http://www.ndcenterfornursing.org/board-of-directors

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Director of Nursing
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Graduate from an accredited nursing school and 3 to 5 years progressive experience in nursing. Must hold a valid Montana license as a Registered Nurse.
Healthy Nurse, Healthy Nation in Action

Susan Indvik, BSN, RN, Newly Elected for 2020 NDNA Nominating Committee, has made some Healthy Nurse Healthy Nation Strides

Student health nurse promotes a healthy lifestyle at college campus. Every change, no matter how small, makes a difference in achieving long-term goals. Susan Indvik, BSN, RN and student health nurse at Dakota College at Bottineau, knows this firsthand. She’s constantly thinking of new ways to promote a healthy lifestyle among the student population at the college.

One of her most successful initiatives so far is the Healthy Lifestyle Change Wellness Profile Check. It’s a three month program that anyone on campus can sign up for. Components include:
• Access to a fitness app to track activity
• Weekly weigh-ins
• Weekly check-ins to gauge how participants are feeling (anxiety, stress, etc.)
• Support and wellness information from Susan

A Healthy Resource
Susan reaches the students using multiple outlets. She has access to all of the dorms; the Campus Connection (a channel) displayed on TV screens across campus; the college Facebook page; posters in the cafeteria; and the student health bulletin board.

“As a nurse who sees people more when they’re sick than when they’re healthy, I want to get the word out that lifestyle changes students make now will make a difference long-term,” said Susan.

The program is different from a traditional weight-loss challenge because any type of healthy lifestyle change is considered progress. A winner is chosen based on the person with the best lifestyle changes and significant nutrition changes to better their health outcomes.

The winner of the program’s first run was a student who’d been on high blood pressure medications since age 11. Susan’s program helped him lose 36 inches, 28 pounds, and get off his blood pressure medications.

Knowledge Is Power
Susan is also working with members of the administration to provide healthier food options in the campus cafeteria. One of those changes is a larger variety of fresh salad choices. Beyond that, Susan thinks it’s important to make students aware of what they’re eating.

The cafeteria is placing identifiable stickers on certain food items to help students quickly see which options are healthier than others. For example, a food that’s considered heart healthy may have a heart sticker; or a food that has high sodium may have a sticker with a salt shaker and red line through it.

Susan is also working with the campus athletic trainer to develop healthy eating plans for members of the sports teams.

“Hockey players don’t necessarily need the same type of diet as football players, or as volleyball players,” said Susan. While still in development, her plan will help personalize eating habits based on the level of physical activity involved in the sport.

Susan’s Advice
While Susan works primarily with students and staff, her observations apply to anyone in a nursing career, too. It’s easy and convenient to eat unhealthy foods, like quick snacks out of vending machines, or fast food from a drive-through. But if fresh fruits and vegetables are available, try to choose them more often.

Other advice from Susan:
• Focus on small changes: As busy nurses with long shifts, we don’t nourish ourselves like we should. Don’t ever underestimate the power of one, simple change. Drink one less soda per day. Walk farther from your parking space to the door. The smaller you go with a change, the more likely it will become a new habit.
• Never give up on yourself: Try to live every day by what you teach and preach to your patients. It’s still a struggle, but focus on what you can do with the day at hand.

Susan Indvik, BSN, RN, is a student health nurse at Dakota College at Bottineau in Bottineau, North Dakota.

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Synthesis of evidence:
Sleep is a hard thing to come by while in a hospital setting. It is an important part of the healing process. Not everyone needs the same amount of sleep, individually. However, there are general guidelines for the amount of sleep most people need in order to heal and function on a day to day basis. There is little evidence-based articles on periods of sleep alone as well as sleep in the hospital. There is little evidence to support sleep of pediatric patients while being hospitalized, so our team decided that more research is needed on this topic. There have been little research as to exactly how it affects the pediatric population, but there has been evidence as to how much sleep a pediatric patient should receive in a 24-hour period. We would say it is safe to conclude that if sleep is affected in a hospitalized patient then no matter what age they are, they are not going to heal as well. Sleep deprivation may also be a cause of sleep disruption in the hospital, there has been little research as to exactly how it affects the pediatric population, but there has been evidence as to how much sleep a pediatric patient should receive in a 24-hour period. We would say it is safe to conclude that if sleep is affected in a hospitalized patient then no matter what age they are, they are not going to heal as well. Sleep deprivation may also be a cause of sleep disruption in the hospital. The studies support the fact that noise around the nurses’ station is an issue. The staff perception. Staff conversations was found to be the main source of noise here. The staff there created a quiet time twice a day where lights were dimmed, and staff were encouraged to speak softly. This also gave a calm presence to the floor. They did not achieve the WHO’s recommended noise level during quiet time, but, did have a significant reduction in noise. The study supports the fact that noise affects the sleep of ICU patients and therefore should be in a room where they can get adequate rest to promote proper healing. Even after extensive research, we decided that more research is needed on this topic.

Implications for nursing practice:
There are many implications for nursing regarding this research question. Nurses must be aware that sleep is important for their patients’ recovery. Nurses must also be aware of the causes of sleep disruption on their specific unit. These studies show that there are many causes of noise in the hospital (including the nurses’ station). They must also be informed of nursing interventions that can be implemented in order to reduce sleep disruption and improve sleep in the hospital. These studies support the need for a more calm and restful sleep environment to enhance patient’s healing.

Intermittent Fasting: Is it right for you?

If you’re looking for a way to lose weight while also getting additional benefits, there are many types of IMF to choose from with variations to fit any lifestyle. But also keep in mind that IMF may not be for everyone! If you need help with making health and wellness a priority, the Healthy Nurse on Facebook and Pinterest—New Jersey State Nurses Healthy Nurse—can be a good resource. You can also find support for your Healthy Nurse journey on NJSA’s website: https://njsna.org/healthy-nurse/. You can also find Healthy Nurses on Facebook and Pinterest—New Jersey State Nurses Healthy Nurse. Good luck and happy fasting!

Reference:

NursingALD.com can point you right to that perfect NURSING JOB!
Patient Turning Study

**Clinical question:**
In patients with impaired mobility and/or sensation, how does turning the patient every two hours compared to the use of pressure mattresses affect the incidence of pressure ulcers?

**Articles:**

**Synthesis of evidence:**
Pressure ulcers increase a patient’s risk of infection and may delay overall healing time. Incidences of pressure ulcers also add to a healthcare facility’s overall cost of operation. Nurses are responsible for daily assessments, implementing treatments, and evaluating their effectiveness. Prevention and effective treatment of pressure ulcers contribute to quality patient care as well as responsible use of facility resources. There was no research found to directly compare the use of alternating pressure air mattresses (APAMs) and repositioning in preventing and/or treating pressure ulcers. APAMs are often used in conjunction with repositioning.

A systematic review was performed by a team of certified wound, ostomy, continence nurses, and certified wound care nurses. This task force reviewed 195 full-text articles in order to evaluate the level-of-evidence of these articles and determine the strength of the recommendations in these articles. Devices that aide in the redistribution of pressure on the patient’s body such as alternating pressure air mattresses (APAMs) should be used as adjuncts rather than used as replacements for repositioning of the patient. It is important to understand that there is no single factor of pressure injury risk, but rather the incidence of pressure ulcers comes from a combination of factors. (Ratiff, et al., 2017).

Gillespie et al, (2014), reviewed studies and found that the frequency of repositioning affects the incidence of pressure ulcers. There was a higher incidence of pressure ulcers in those who were not repositioned. Gillespie, et al, (2014), showed that repositioning is important in pressure ulcer prevention.

While APAMs are a useful tool in pressure injury prevention, rotation angle or tilt as well as frequency must be considered as well. Gillespie, et al. (2014), reviewed studies and found that the use of hybrid mattresses as well as the effectiveness of the mattresses on treating and preventing pressure ulcers. TPNs reported an overall reduction of 56% in the number of pressure ulcers in a six month period after mattresses were installed. These mattresses were used in conjunction with powered hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England.

Studies of the use of hybrid mattresses in conjunction with a regular rotation schedule showed the effectiveness of these tools in preventing pressure ulcers. This study is a large-scale multi-center retrospective evaluation of a hybrid mattress across acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England. Tissue Viability Nurses (TVNs) provided a random number for the use of hybrid mattresses across eight acute care facilities in England.
What the Mirror Doesn’t Tell You

Tracey Long, PhD, RN, MS, CNS, CNE, CHUC, CCRN

“The mirror may tell you the truth, but it won’t tell you how the truth affects you.”

Your pancreas produces both insulin and glucagon, which naturally oppose each other, but work in harmony to balance blood glucose levels. These levels affect the function of all three trillion cells in your body. Your body’s ability to keep your blood sugar levels regulated is your chemical expression of gratitude to you and give your cells energy to start the day automatically. Somatostatin regulates the endocrine system’s insulin and glucagon to work in complete balance without your attention. When is the last time you thanked your pancreas?

The mirror doesn’t tell you how well your liver detoxifies drugs and chemicals and maintains your blood glucose level when you’re asleep. It also regulates the hydration balance that your immune system constantly monitors and patrols your blood for foreign pathogens, which it then kills through a complex chemical cascade. Does the mirror tell you how efficiently your liver is working hard to store white blood cells and recycle red blood cells? When did you last thank your liver?

What the mirror doesn’t tell you about your magnificent self is far more interesting and exciting than the cellulaire you may glimpse in the mirror. It doesn’t let on that your body has innate abilities, such as auto-regulation, self-defense, and self-healing. Your body has the ability to repair and heal autonomically, usually. We often feel unwell because we feel more aware of our bodies, and the mirror may not always tell the truth.

People with anorexia nervosa see a distorted view of their bodies, even when they look larger in the mirror. Even your mood may affect the way you see yourself. When you’re tired, angry, or anxious, the way you see yourself may reflect your emotions more than your true physical image.

What the mirror tells you

The mirror is sending messages to the brain’s respiratory center. Also hiring CS/ER Technicians

The mirror is sending messages to the brain’s respiratory center. Also hiring CS/ER Technicians

The mirror also doesn’t tell you how well your immune system is working. It doesn’t reveal that your immune system constantly monitors and patrols your blood for foreign pathogens, which it then kills through a complex chemical cascade. Does the mirror tell you how efficiently your liver is working hard to store white blood cells and recycle red blood cells? When did you last thank your liver?

The nursing reflection

Ironically, some nurses who care for sick patients and help promote health and healing are unhealthy themselves. Research shows that occupational stress, poor coping behaviors, lack of social support, and depression in nurses. The longitudinal Nurses’ Health Study, which began in 1988, examines relationships among hormone replacement therapy, diet, exercise, and other lifestyle practices and chronic illnesses. It found female nurses’ health was no better than that of the general populace. Ideally, a nurse’s health should reflect their education and knowledge of the human body. Unfortunately, knowledge alone doesn’t create vibrant health. We share a quote from the Disney character Mulan, who asks, “When will my reflection show who I truly am?”

You’re invited to join the American Nurses Association campaign for action improving nurses’ health and wellness. For more information, please visit http://www.nursehealthynurse.org or apply online at: Velva, ND 58790 300 Main St S.

The mirror may not always tell the truth. It’s important to learn how to detect signals of injury and immediately go to work. The mirror is sending messages to the brain’s respiratory center. Also hiring CS/ER Technicians

Fixing the mirror’s reflection

In our society of quick fixes and limited warranties, it is easy—and often necessary—to replace just about everything. Most material objects can be replaced when they’re worn out

The only thing that can’t be replaced is the human body. We can misuse and abuse it or treat it with loving care. Despite the amazing advances of medical science (and plastic surgery), your body is still your physical essence. Although it comes with a lifetime warranty, it’s easy—and often necessary—to fix the mirror’s reflection
Appraised by: Brianna Makovsky, RN, Hannah Abell, RN, Linnea Tracy, RN Mayville State University RN-to-BSN students

Clinical question: Is there a difference in hospital acquired infections among admitted patients when health care workers use professional laundry service as opposed to home laundering?

Articles: (In APA format)


Synthesis of evidence: A Case Reports and Series study regarding the spread of Gordonia bronchialis in post-operative patients who underwent a sternal surgery, and later presented with Gordonia bronchialis in their sternal wounds. Gordonia bronchialis had contaminated a CRNA’s surgical scrub attire from inadequate temperature during laundering. It was found that the CRNA’s washing machine did not heat its water up enough, allowing organisms to grow and contaminate the laundry to be washed. In conclusion, Gordonia bronchialis was able to spread as a direct result from poorly laundered hospital attire. Once the CRNA replaced the washing machine, the surgical scrub attire no longer was contaminated with Gordonia bronchialis. (Akrami, Coletta, Mehta, Fierer, 2017)

The article by The Joint Commission relates to our research topic because it uses data to explain the importance of sanitizing the scrubs. If healthcare workers had their scrubs professionally laundered versus at home laundering, would this help decrease hospital-acquired infection rates among admitted patients. This article provides tables to help display the statistics. Our team would agree with the stance provided in the article, that professionally laundered scrubs decrease the infection rates among admitted patients. “An OR person wearing home-laundered scrubs who is beginning a shift is wearing scrubs that have the same number of bacteria as the scrubs of an OR person finishing a shift.” (AST, 2017, para 2)

If scrubs are visibly soiled, then they must be changed for clean scrubs. To define clean scrubs, they offered two options for a facility to follow. Option 1 is to launder all scrubs, or personally own items that become contaminated must be laundered by the employer at no cost to the employee per the CDC/HICPAC recommendation. Laundry and Bedding I: the employer must have the person protective equipment of the workers’ that are soiled to be laundered, Option 2: per AORN’s 2015 Guideline for Surgical Attire Recommendation II; this facility follows option 2. Options 1 and 2 are semi-restricted areas need to wear scrub attire which is laundered via a health care accredited laundry facility or wear disposable scrub attire. Working in the hospital it is easy to get scrub attire soiled, which is an infection risk to our patients. Visible soiled garments, scrubs, or personally owned items that become contaminated must be laundered by the employer at no cost to the employee per the OSHA Blood borne Pathogen Act. (The Joint Commission, 2019).

Bottom line: In our extensive research, we found that there are direct patient benefits when scrubs are laundered professionally/commercially versus at home. In the long run, it may be more expensive to think of at first. However, it is more expensive for a health care facility to pay for the treatment of a hospital acquired infection.

Implications for nursing practice:
- Is there a difference in hospital acquired infection rates among admitted patients when health care workers use professional laundry service as opposed to home laundering?
- Laundering scrubs professionally which is more expensive for the employer, but must be done to avoid bacterial contamination and infection.
- Is there a difference in hospital acquired infection rates among admitted patients when health care workers use professional laundry service as opposed to home laundering?

From the North Dakota Department of Health

From July 2019:
- A look at final estimates for the 2018-19 influenza season: The North Dakota Department of Health (NDDoH) identified nearly 8,000 cases of influenza, with 546 hospitalizations and 22 deaths. The season peaked Morbidity and Mortality Weekly Report (MMWR) week 09 and 22 deaths. The season peaked Morbidity and Mortality Weekly Report (MMWR) week 09 and 22 deaths.
- The 2019 North Dakota Department of Health – Fighting Flu, will be Tuesday, September 24th. For more information about West Nile virus, contact Evan Bischoff, North Dakota Department of Health at 701.328.2378 or visit www.ndhealth.gov/wnv.

West Nile Virus Update
As of September 5, 2019, there have been six confirmed cases of West Nile virus (WNV) reported in North Dakota. The individuals reside in McHenry, Mercer, Golden Valley, Grand Forks, Burleigh and Traill counties and none were hospitalized. WNV has also been identified in mosquito pools used for surveillance in Stutsman, Stark, Ward and Grand Forks counties. There have been no reports of birds or any other animal identified with WNV so far in 2019. As of September 4, 2019, 326 human cases of WNV have been reported to the CDC, with 207 (63%) cases identified as neuroinvasive. For more information about West Nile virus, contact Evan Bischoff, North Dakota Department of Health at 701.328.2378 or visit www.ndhealth.gov/wnv.

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Number of Reported Laboratory-Identified Influenza Cases by Week

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender

Case Count for Lab-Confirmed Cases by Gender
### Apple Pie

**Ingredients**
- 1 double-crust All-Butter Pie Dough shell
- 8 cups (N60g) apples, peeled and chopped into bite-sized pieces (roughly 1 inch long by 3/4 inch thick [2.5cm by 19mm])
- 1 (16g) tablespoons lemon juice
- 3/4 cup (150g) granulated sugar
- 3 tablespoons (45g) dark brown sugar
- 1 tablespoon plus 1 teaspoon (10g) tapioca starch
- 1 tablespoon (9g) cornstarch
- 1 teaspoon (2g) Chinese five-spice powder
- 1/2 teaspoon (1.5g) kosher salt
- 1 tablespoon (14g) unsalted butter, cut into small pieces

**Instructions**
1. Place the apples in a medium bowl. Add the lemon juice and toss with a spatula until the apples are well coated.
2. Place the granulated sugar, brown sugar, tapioca starch, cornstarch, Chinese five-spice powder, and salt in a small bowl and whisk to combine. Pour the dry ingredients into the bowl of apples and mix until the apples are coated. Set aside to macerate for at least 25 minutes.
3. Place a colander over a medium bowl and transfer the macerated apples to the colander. Let the juice drip down the side of the bowl to get all the juices, sugars, and starches. Let the apples drain for 25 minutes.
4. Pour the drained juice into a small saucepan, scraping down the side and bottom of the bowl to get every drop. Bring the apple juice to a boil over medium-high heat, stirring constantly. Reduce heat and continue to boil the apple juice gently until it thickens, about two minutes. Remove from the heat and set aside to cool. Once it is room temperature, chill the saucepan in the refrigerator for about 20 minutes.
5. Pour in the apples, making sure to scrape out any dry ingredients or juices that stick to the side of the bowl. Make a well in the middle of the apples and pour in the thickened apple juice. Gently smooth the pie filling with a spatula and dot with the butter. Finish the pie according to the double-crust instructions, then freeze for at least 20 minutes.
6. Preheat the oven to 400 degrees F (200 degrees C).
7. Brush the top of pie with pie wash and bake for 45 minutes to one hour, rotating 180 degrees every 20 minutes, until the crust is dark golden brown and the juices are bubbling thickly through the vents. Cool for at least two hours before slicing.

### Apple Streusel Pumpkin Muffins

**Ingredients**
- 2 tbsp (25 mL) all purpose flour
- 1/3 cup (50g) granulated sugar
- 2 tsp (2 mL) ground cinnamon
- 1 tsp (5 mL) baking soda
- 1 tsp (15 mL) pumpkin pie spice
- 1/2 cup (250 mL) canned pumpkin puree
- 2 eggs
- 2/3 cup (130mL) dairy milk
- 1 cup (250 mL) mashed banana
- 2/3 cup (150 g) rolled oats
- 1/2 cup (120 mL) vegetable oil
- 1 cup (250 mL) finely chopped apples
- 1/2 cup (120 mL) vanilla extract

**Instructions**
1. Preheat oven to 375°F (190°C).
2. Prepare the topping: In a bowl, combine flour, sugar, baking soda, and cinnamon; stir well. Set aside.
3. In a large bowl, combine pumpkin puree, eggs, milk, oil, and buttermilk; stir well. Add the dry ingredients; stir just until moist.
4. Pour the batter into prepared muffin tins. Bake for 15 to 20 minutes. Serve warm.

### Cowboy Cookies

**Ingredients**
- 2 cups unsalted white all-purpose flour (see Note below)
- 1 teaspoon baking soda
- 1/4 teaspoon baking powder
- 1 teaspoon salt
- 1 cup butter, at room temperature (2 sticks)
- 1/2 cup sugar
- 1/2 cup packed brown sugar
- 2 large eggs
- 1 teaspoon pure vanilla extract
- 2 cups finely chopped pecans
- 2 cups semisweet chocolate chips or chunks (12 ounces)
- 1 1/2 cups raisins, dried cranberries, or chopped dried cherries (optional)
- 1 cup coarsely chopped toasted walnuts (optional)

**Instructions**
1. Preheat the oven to 350 degrees F.
2. In a mixing bowl, sift together the flour, baking soda, baking powder, and salt. Set aside. In a large mixing bowl, using an electric mixer, cream together the butter and sugars until pale and fluffy. Add the eggs and vanilla and beat well. Add the dry ingredients and blend well. Stir in the oats. Fold in the chocolate chips and the dried fruit and the nuts, if using. The dough will be fairly stiff.
3. Drop spoonfuls of dough onto ungreased baking sheets. For large cookies, place rounded blobs of dough about the size of a ping-pong ball on the baking sheets, placing them about four inches apart. Bake for 12 to 15 minutes until golden brown.
4. Transfer the cookies to wire cooling racks. Cool completely before storing in a sealed container.

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### Fall Recipes

#### Strengthening Workplace Violence Prevention

Donna M. Fountain, RN, PhD

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October 2019

In 2018, the Joint Commission acknowledged the seriousness of physical and verbal violence against healthcare employees, particularly among nurses, and other health care workers as a Sentinel Event (JNC). Federal policy against workplace violence is vital. However, dependency on legislative action alone is not enough. A dynamic leadership presence across patient-care units is needed to enforce efforts to prevent violence. Typically, sources of violent behavior against nurses vary from patients and family, visitors, and other colleagues. The nursing profession desperately needs stronger policies, guidelines to identify, prevent, and mediate all forms of violence at work. Studies have shown that violence against hospital nurses reduces their:

- job satisfaction
- self-esteem
- health and well being
- engagement levels
- retention rates
- ability to provide optimal levels of patient-centered care

The American Nurses Association (ANA, 2015) Position Statement on Incivility, Bullying, and Workplace Violence has driven the charge among nurses to increase their awareness of the problem of violence in health care settings; and to devise effective strategies on a system-level (2015, 2018). Since health care organizations respectively create their unique sets of policies against employee violence, also referred to as “Zero-tolerance” or “Anti- Violence Policy” policies, this continues to pose a challenge for researchers. In a recent ANA Workplace Violence webinar (2019, June 4) presenters, Fountain and Zankowski asked nurse participants to respond to the following two-part poll question “Does your organization have a workplace violence policy in place?” Reporting yes were 68.3% of nurses who had a workplace violence policy at work; 9.9% reported no policy, and 21.8% indicated that they were unsure. Moreover, for the participants who reported yes were 68.3% of nurses who had a workplace violence policy in place, when asked if they perceived it to be effective, 28.1% reported yes were 68.3% of nurses who had a workplace violence policy at work; 9.9% reported no policy, and 21.8% indicated that they were unsure.


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### References


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