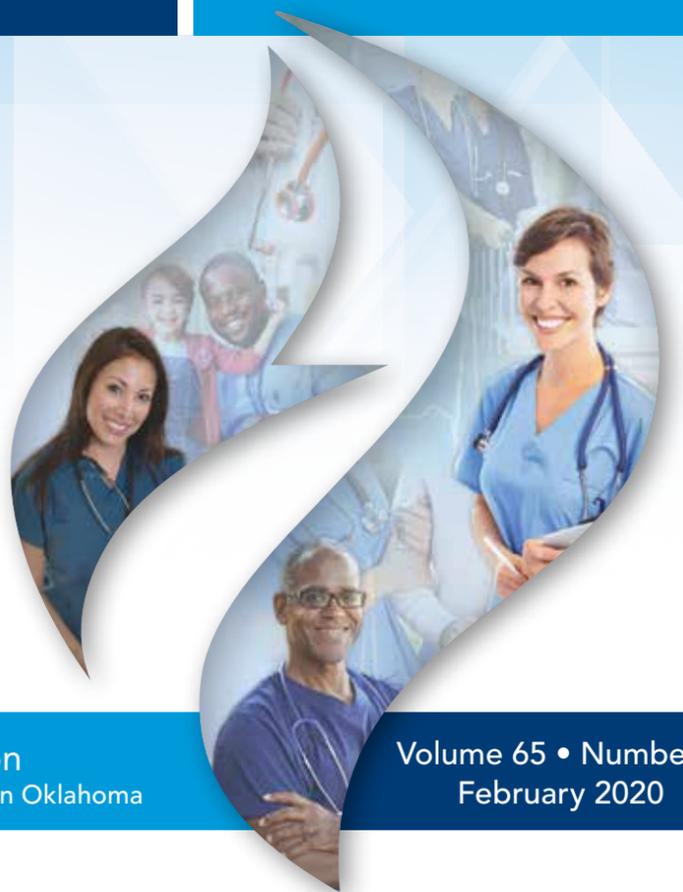


# THE OKLAHOMA NURSE



The Official Publication of the Oklahoma Nurses Association  
 Quarterly publication direct mailed to approximately 64,000 Registered Nurses and LPNs in Oklahoma

Volume 65 • Number 1  
 February 2020

THE OKLAHOMA NURSE  
 is  
**GOING GREEN!!!**

THE OKLAHOMA NURSE IS GOING GREEN STARTING WITH THE MAY 2020 ISSUE  
 TO MAKE SURE YOU RECEIVE A COPY,  
 PLEASE SUBSCRIBE TODAY AT <https://tinyurl.com/OklahomaNurse>

## Not a Member? Consider Joining ONA and ANA Now!

In October, ONA addressed the cost concerns of non-members by implementing a NEW membership option. As of March 1, YOU can join ONA and ANA for \$15/month!

This new membership option will provide you with all the advantages of membership in both organizations. You'll have access to a multitude of opportunities and resources listed below including ONA's Career Center, SoFi, and Premier ANA member benefits.

Both nationally and internationally, the year 2020 has been declared the Year of the Nurse.

During the current legislative session, ONA is working to advance the nursing profession and improve access to care for all Oklahomans; to do that we need your support. There's no better time than now – the Year of the Nurse – to join the professional organization for nurses in Oklahoma. There's strength in our numbers, and together we make an impact by tackling the issues nurses face every day.

Join today by visiting: <https://ona.nursingnetwork.com/page/72061-membership-join-today>

*Not a Member? continued on page 10*

## Strengthening Workplace Violence Prevention

*Addressing workplace violence against nurses and other healthcare providers is a part of ONA's 2020 Legislative Priorities. This year, Senator Darrell has Weaver has introduced SB1290, Medical Care Provider Protection Act. ONA along with other organizations are working together to pass this legislation.*

*Reprinted with permission, New Jersey Nurse  
 October 2019*

**Donna M. Fountain, RN, PhD**

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 (TJC). 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

*Strengthening Workplace Violence Prevention continued on page 14*

current resident or



### INSIDE

CEO Report . . . . .	3	Part 2: The Buck Stops Here - A Manager Accepts Responsibility for Unit Engagement . . .	8
President's Message . . . . .	4	Updated Principles for Nurse Staffing Released by American Nurse Association . . . . .	11
Educators Corner . . . . .	4	12-hour Shifts: Summary of Data-based Literature . . . . .	12
RN2Leader . . . . .	5	Three Essential Skills Every New Nurse Needs. . .	15
Emerging Nurses. . . . .	5		
The Buck Stops Here - A Manager Accepts Responsibility for Unit Engagement . . . . .	6		

## Oklahoma Nurses Association Regions and Regional Presidents

**Region 1:**  
President: Lucas Richardson-Walker

**Region 3:**  
President: Julie Nevins

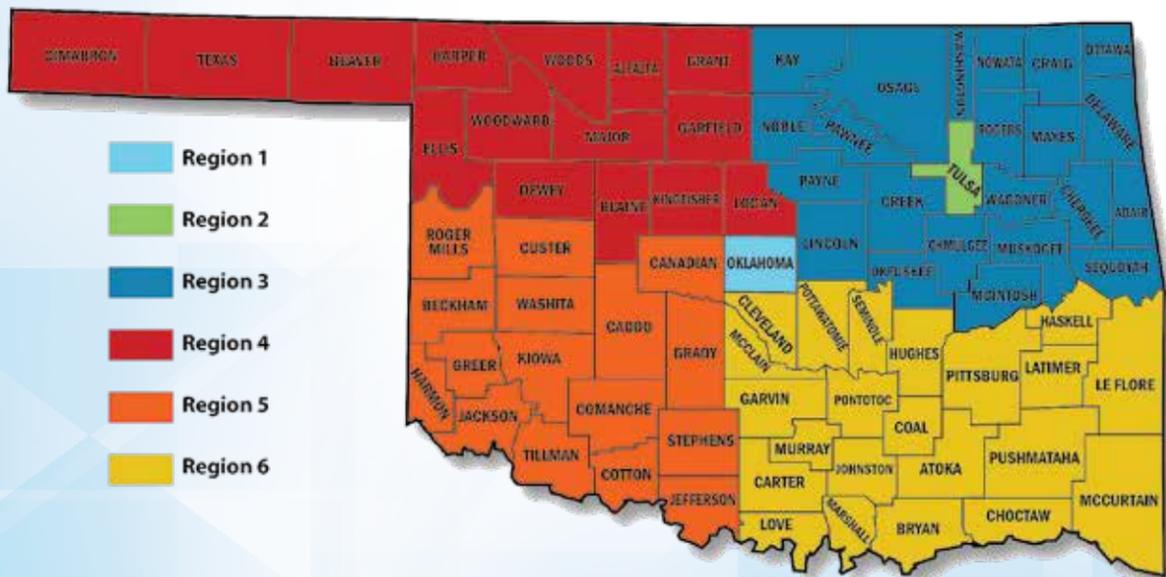
**Region 5:**  
President: Nakeda Hall

**Region 2:**  
President: Donna Fesler

**Region 4:**  
Vacant

**Region 6:**  
President: Viki Saidleman

Contact information available at [www.oklahomanurses.org](http://www.oklahomanurses.org)



## Oklahoma Nurses Association

Editor: [ona@oklahomanurses.org](mailto:ona@oklahomanurses.org)

### ONA 2018-2019 BOARD OF DIRECTORS:

President – Karen Ann Taylor, DNP, APRN-CNP, PMHNP-BC  
 President-Elect – Shelly Wells, PhD, MBA, APRN-CNS, ANEP  
 Vice President – Angela Martindale, PhD, RN  
 Secretary/Treasurer – Julia Profit-Johnson, RN-BSN  
 Membership Development Director – Brandi M. Payton, MSHCA, BSN, RN  
 Education Director – Vanessa Wright, PhD, MSN, RN  
 Practice Director – Michelle Bradshaw, BSN, RN  
 Political Activities Director – Megan Jester, MS, RN  
 Emerging Nurse Director – Tina Stewart, MSN, BSN, RN  
 Region 1 President – Lucas Richardson-Walker, BSN, RN  
 Region 2 President – Donna Fesler  
 Region 3 President – Julie Nevins  
 Region 4 President – VACANT  
 Region 5 President – Nakeda Hall, DNP, APRN-CNP  
 Region 6 President – Viki Saidleman, RN  
 ONSA Consultant – Dr. Dean Prentice, Colonel (Retired), USAF, NC, DHA, MA, BSN, NE-BC

### ONA STAFF:

Jane Nelson, CAE – CEO  
 Andrea Starmer – Event Planner  
 Sarah Sopcak – Communications Specialist

### MAILING ADDRESS:

Oklahoma Nurses Association  
 6608 N Western, #627, Oklahoma City, OK 73116  
 405/840-3476

### Subscriptions:

The subscription rate is \$20 per year.

**THE OKLAHOMA NURSE (0030-1787)**, is published quarterly every March, June, September and December by the Oklahoma Nurses Association (a constituent member of the American Nurses Association) and Arthur L. Davis Publishing Agency, Inc. All rights reserved by copyright. **Views expressed herein are not necessarily those of Oklahoma Nurses Association.**

### INDEXED BY

International Nursing Index and Cumulative Index to Nursing and Allied Health Literature.

Copies of articles from this publication are available from the UMI Article Clearinghouse. Mail requests to: University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

### ADVERTISING

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, [sales@aldpub.com](mailto:sales@aldpub.com). ONA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Oklahoma Nurses Association of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ONA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ONA or those of the national or local associations.

### CONTACT THE ONA

Phone: 405.840.3476  
 E-mail: [ona@oklahomanurses.org](mailto:ona@oklahomanurses.org)  
 Web site: [www.oklahomanurses.org](http://www.oklahomanurses.org)  
 Mail: 6608 N Western, #627, Oklahoma City, OK 73116

Questions about your nursing license?  
 Contact the Oklahoma Board of Nursing at 405.962.1800.

Want to advertise in **The Oklahoma Nurse**?  
 Contact Arthur L. Davis Publishing Agency, Inc. at 800.626.4081 or email at [sales@aldpub.com](mailto:sales@aldpub.com).

### ONA CORE VALUES

ONA believes that organizations are value driven and therefore has adopted the following core values:

- Diversity
- Safe Quality Care
- Ethical Care
- Health Parity
- Integrity and Accountability
- Practice Competence
- Professional Development
- Educational Advancement

### ONA MISSION STATEMENT

The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

### VISION

Creating opportunities through advocacy, education and collaboration to become the leading voice for the nursing profession in the State of Oklahoma.

### BRAND PROMISE

Engaging Nurses to make a difference!

# SAVE THE DATE

**ONA Annual Convention**  
 September 30 – October 1, 2020  
 Hyatt Regency Downtown Tulsa

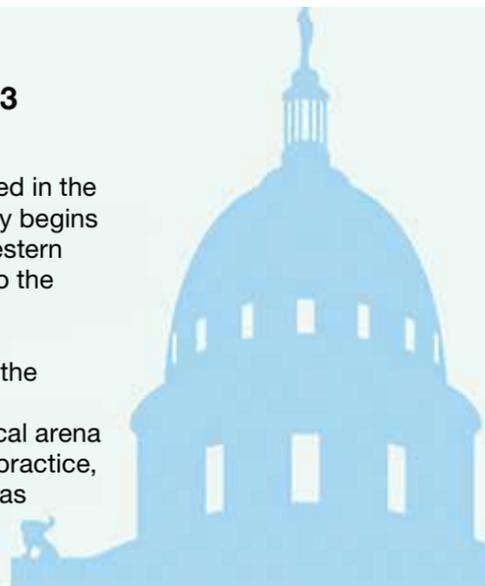
Call for Proposals opening in April  
 Visit the ONA Website for Exhibitor and Sponsorship Opportunities  
[www.OklahomaNurses.org](http://www.OklahomaNurses.org)

## Join us at the Capitol!

**2020 Nurses Day at the Capitol – Tuesday, March 3**  
 Register online: [www.OklahomaNurses.org](http://www.OklahomaNurses.org)

ONA encourages all Nurses and Nursing Students to get involved in the legislative process by attending Nurses Day at the Capitol. The day begins with an informational session held at the National Cowboy and Western Heritage Museum in Okla. City, followed by an opportunity to go to the Capitol and talk with legislators. You will have the opportunity to:

- Hear legislative experts and ONA's Lobbyist.
- Talk with legislators concerning the issues vital to ONA and the nursing profession
- Increase your awareness of the role nurses play in the political arena
- Voice your concerns regarding legislation affecting nursing practice, patient safety, preventive care and health education as well as Oklahoma's health status
- Visit with exhibitors from throughout Oklahoma



## CSL Plasma

Good for You. Great for Life.

**RNs • LPNs • Paramedics**

CSL Plasma is seeking FT RNs, LPNs and Paramedics to join our medical staff associate team in our Tulsa, OK facility.

We offer competitive salary, great benefit package which includes medical, dental, 401K, career advancement opportunities, tuition reimbursement, and 3 weeks vacation the first year.

APPLY ONLINE AT [CSLPLASMA.COM](http://CSLPLASMA.COM)



### JOIN OUR TEAM!

The Oklahoma Heart Hospital is physician owned and brings world-class medical expertise and compassion to every patient. As an Oklahoma Heart Hospital team member, you will be a part of an award-winning team of professionals devoted to providing high-quality and compassionate patient care.

Our nurses are involved in every aspect of their patients' care and provide hope, compassion and healing to patients and their families. Nurses have unparalleled opportunities to help shape the way OHH operates with the purpose of providing high-quality, safe, patient-focused care.



Now Hiring Registered Nurses:

- Progressive Coronary Care
- Interventional
- Critical Care

- ✓ \$5,000 Sign on bonus for full-time nights.
- ✓ Low nurse-to-patient ratio.
- ✓ Extensive training.
- ✓ Competitive salary and comprehensive benefits day one

AA/EOE/M/F/D/V

[WWW.OKHEART.COM/CAREERS](http://WWW.OKHEART.COM/CAREERS)

# CEO REPORT

## Let Them Hear Your Voice!

**Jane Nelson, CAE**  
**CEO, Oklahoma Nurses Association**



Jane Nelson

As I write this column, the Oklahoma Legislature is weeks away from beginning session.

Legislators need to hear from nurses. Solutions to many of the issues facing Oklahoma, including health care, education, and many other matters will have an impact on nurses and nursing in our state.

ONA's legislative priorities for 2020 are listed below. We are focused on improving Oklahomans' health status and nursing practices. Some of our specific issues include workplace violence, eliminating barriers to practice for all nurses especially APRNs, as well as funding for higher education that includes increased funding for nursing education programs. Legislators need to hear from nurses on the importance of all these issues.

**Improve Oklahomans' Health Status** - Advocate for legislation that promotes health: A healthy Oklahoman is a productive Oklahoman.

**Nursing Practice and Workforce** - Support competent nursing practice by encouraging all licensed nursing professionals to practice to the full extent of their role.

**Governance** - Preserve the Board of Nursing, a consolidated, non-appropriated board that provides oversight and efficient focused regulation of the nursing profession.

**Funding** - Ensure adequate funding for vital health care related services, including direct care, illness prevention and health outcomes.

We often say, "Let Your Voice Be Heard," but what does that really mean? It means being aware of current legislation affecting the nursing profession and patients. It means serving as *Nurse of the Day* and speaking to your legislators one on one about issues that are important to you and nurses throughout Oklahoma. It means participating in *Nurses Day at the Capitol* on March 3 (more information is

available on the ONA website), and it means sending emails or making phone calls to your legislators.

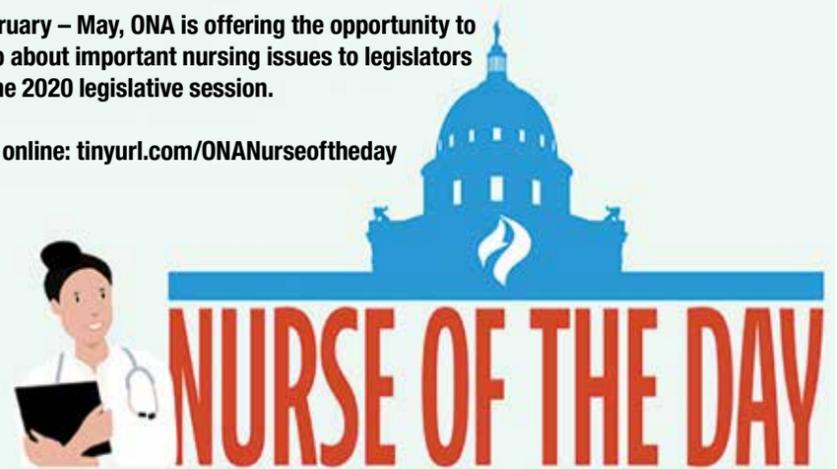
Serving as *Nurse of the Day* is a great way to be involved. It ensures that we have a Nurse every day at the Capitol during session to discuss nursing's perspective on issues. As *Nurse of the Day*, your Senator and Representative will introduce you on the floor, you'll be provided the privileges of the chamber, and you will receive a resolution regarding your participation. It is a great way to talk to legislators regarding issues that affect your practice, your license and your patients. Learn more on the ONA website, [oklahomanurses.org](http://oklahomanurses.org), by clicking on Events, then Nurse of the Day.

As a benefit of your ONA Membership, we will work to keep you updated with talking points and legislative alerts so that we can come together with one voice on these very complicated issues. To have an impact, we need you speak up and make your voice heard!

### Serve as Nurse of the Day and support your profession!

This February – May, ONA is offering the opportunity to speak up about important nursing issues to legislators during the 2020 legislative session.

Register online: [tinyurl.com/ONANurseoftheday](http://tinyurl.com/ONANurseoftheday)



Hillcrest HealthCare System proudly supports the Oklahoma Nurses Association and their efforts to improve health care in Northeast Oklahoma.

Hillcrest offers competitive benefits and pay, terrific sign-on bonuses, continuing education, a friendly work environment and more!

Talk with a recruiter to learn more about a nursing career at Hillcrest!

Visit us online at [www.hillcrest.jobs](http://www.hillcrest.jobs).



**ONLINE  
 RN TO BSN  
 APPLY NOW!**



Advance your nursing career with our RN to BSN completion program. Now accepting applications for Summer and Fall 2020

- Fully online program
- Full- or part-time enrollment options
- Flexible and collaborative learning environment
- Faculty committed to student success
- Transfer scholarships available



"The nursing faculty truly want to see students succeed and they make themselves readily available to help. This makes the whole experience." — Lacy Smith, Class of 2019

[nursing.okstate.edu](http://nursing.okstate.edu)

# PRESIDENT'S MESSAGE

**Karen Taylor, DNP, APRN-CNP, PMHNP-BC  
ONA President, 2018-2020**



Karen Taylor

Winter Greetings,

As I write this, the end of 2019 approaches. The end of a year marks a time when, traditionally, we reflect on the past year and resolve to make changes in the new year. With those thoughts in mind and heart, we become thankful and appreciative for the past year, excited and encouraged for the opportunities of the future.

The ONA 2019 Annual Convention, themed *Be the Change; Your Nursing Journey*, set the direction for nurses in 2020 and beyond. Many of the convention sessions reminded nurses of the need to practice civility. Although I was recently disillusioned to read a Facebook post that promoted berating colleagues, I am hopeful that with continued education and empowerment my nursing colleagues will cease these negative behaviors. While it may have been presented as a joke, it represented a negative image of nursing. As nurses, each of us is an example of the whole profession. Promoting, or liking, this type of message does not foster a positive image of nursing. We should continuously consider whether we are putting forth our best selves and promoting nursing or whether we are harming our image. Pam Dickerson wrote in the Ohio

Nurse (March 2015), *Changing Views: Influencing How the Public Sees Nursing*:

The Code of Ethics for Nurses (ANA, 2010), similarly emphasizes the accountability of the nurse in upholding ethical standards related to patients and recipients of care, self and others, and the profession as a whole. How do you demonstrate ethical behavior in your practice environment? Do you portray a professional image in the way you interact with others, collaborate with other members of the healthcare team, and work to promote a healthy work environment? Do you help or hinder the public's image of nursing by your words and actions? (p. 6-11)

Although the article was published almost four years ago, it still resonates with a timely message and reminds nurses that we need to promote a positive image of nursing. I encourage all nurses to review the Code of Ethics annually!

Nurses have consistently been ranked number one by the public for honesty and ethics. I urge all of you to promote the highest standards, not only in your professional practice, but also in your personal actions. How do you embody the nursing image?

In the coming year, keep current on ONA events such as Nurse of the Day by reviewing them at <https://ona.nursingnetwork.com/>

Signing up for Nurse of the Day is a great opportunity to represent the nursing profession at the Capitol.

Happy, Healthy New Year!

# EDUCATORS CORNER

## Teaching Compassion

I think we can all agree that compassion is one of the more difficult sentiments to transfer into knowledge. We've all heard that "doing is better than saying," but what can you do to teach such an abstract concept? One example that comes to mind would be with third-semester students that are experiencing, frequently for the first time, failure. By then it's even more important that we go out of our way to demonstrate compassion and empathy to all of our students. Educator Misty M. Hull, MSN, BSN, RN shared how she accomplished just that in the example below:



Misty M. Hull, MSN, BSN, RN

While wrapping up their first semester of nursing school, some students are also wrapping up joy! Nursing students from Rogers State University respond enthusiastically to the opportunity to help others by taking time from their busy schedules and rigorous studies to both donate and collect donations for the Rogers State University Angel

Tree and the President's Leadership Club "Fleece Navidad" campaign, truly spreading love and joy across many generations.

After choosing angels from the campus Angel Tree, the nursing students bought gifts to meet the needs and wants of children during the holiday season. Donating to others in this way inspired compassion and empathy in each student. Maddie Hackett recounted, "It truly is a blessing. Hope those kiddos have an awesome Christmas. The older I get, the more and more I realize how much I have truly taken things in my life for granted. It's awesome to be able to give back in ways like this." Lexi Heavener, another first year nursing student, stated, "It is a blessing to have the ability to get to bless others. I pray those kids are able to wake up to lots of presents under the tree and the mom can worry a little less knowing she has something to give them."

How proud we are to have students with giving hearts. With the power of their compassion, as future nurses they will clothe the naked, warm the cold, bring laughter to the sad, and bring hope where there is believed to be none left. In the toughest part of their season in life, these students are reaching out and helping children and elderly in need. They won't ever forget the feeling that it is a blessing to bless others.

Marla Peixotto-Smith, MSN, Ph.D., RN is an Associate Professor in the RN to BSN program at Rogers State University.

Marla invites **you** to contribute to the "Educators Corner." Please send your thoughts, experiences, strategies, and links to your research discoveries to: [marlasmith@rsu.edu](mailto:marlasmith@rsu.edu).



**Healthcare Night with the OKC Thunder**

OKC Thunder vs. Clippers

Chesapeake Energy Arena  
100 West Reno Avenue  
Oklahoma City, OK 73102

Tuesday, March 3, 2020 at 7:00 - 9:00pm

Support healthcare and your favorite team!  
Tickets can be purchased at  
[groupmatics.events/event/Healthcareappreciation3](https://groupmatics.events/event/Healthcareappreciation3)



OKLAHOMA CHRISTIAN UNIVERSITY

CREDIT FOR YOUR EXPERIENCE

# RN TO BSN

[OC.EDU/RN2BSN](http://OC.EDU/RN2BSN)  
405.425.1920

Finish your BSN degree in as little as 12 months by skipping the parts you already know! Earn your degree online at your own pace through our nationally-accredited School of Nursing.

# RN2LEADER

## Into the Unknown

By Dr. Dean L. Prentice, Colonel (Ret), USAF, NC, DHA, MA, BSN, NE-BC

The more we reflect on our past selves, the more opportunities we have to change how we move into the future. We make ourselves vulnerable when we consider our own leadership and attempt to determine our deficiencies. We all know we have them and, by most accounts, they're usually not identified in our annual appraisal. How seriously do we complete an aggressive self-assessment of our leadership, identify our strengths and weakness, and look for ways to better ourselves and our organizations?



Dr. Dean Prentice

Leadership requires technical knowledge, a vision for the future, the ability to relate to people, and the skills to translate your organizational vision into something your followers can understand and pursue. Along with all these responsibilities, leaders deal with the whispers inside their heads that they wish would go away – the ones about what they risk every day in the decisions they make. Good leaders are constantly looking for the next “trouble spot,” which keeps them from accomplishing their mission when others don't.

The fear of what we don't know is actually greater than the identified weaknesses we are aware of in our own lives. When we fail to take the opportunity to honestly critique our leadership, or when we don't ask mentors or trusted colleagues to pinpoint areas we need to work on, then we fail as leaders. Likewise, we as leaders cannot always truthfully identify our strengths. Sadly, not making the most of our strengths means we walk into uncertain situations like soldiers without their weapons. We are not prepared to know what we can do to make an impact.

Truthfully, as leaders, many times we don't have the support needed. We have all been there when our boss dumps a project and runs, and all we want to say is, “Don't leave me alone!” Conversely, how do we as leaders often respond to a colleague needing help? Maybe we feel we don't have time, have too many tasks to accomplish, or maybe we are going to let them learn as we did – usually with the tired but faithful “trial-by-fire” method. We do not need – and they do not need – to be left alone.

Moving into the unknown takes courage, it takes determination, and it takes being resilient. Assessing your strengths, knowing your weaknesses, and having a support team will make the journey not only possible, but also successful. You cannot plan for everything that is ahead of you for this year, but you should know what you have on your side. You need to believe you can make anything happen. Moving forward this year – moving into the unknown – should create an expectation of amazing destinations you cannot wait to experience.

# EMERGING NURSES

## Welcome to the Profession

Tina Stewart, BSN, RN  
ONA Emerging Nurse Director

After all the trials, tribulations, long-hours of rigorous coursework you have completed, and that daunting NCLEX – Congratulations! You are now one of the most trusted professionals. You are now in the spotlight with families, patients, doctors, and your nursing team. I can auscultate your racing heartbeat without a stethoscope, or palpate your trembling anxiety, as I too was once where you are at the start of my career.

Coordination of care can be arduous at times, but it is one of the most essential tasks you will do throughout your nursing career. While you are training in this new profession, my advice to you is to write down all of your resources and keep good communication with your preceptor. Ask questions. Ask why. Ask what for. Find the rationale behind anything you do not understand, look it up, learn it. Read the policies and procedures of the facility where you are employed, and always follow your scope of practice.

As one of the core professional standards, coordinating care starts the moment you receive the handoff report. You are the advocate, and you must continue this with each patient under your watch. It is your job, as a nurse, to facilitate continuity of care to improve patient safety and patient outcomes. Be the voice for your patient.

Tina Stewart, BSN, RN is ONA's newly elected Emerging Nurse Director. She represents those nurses that are new to practice with less than five years of experience on the ONA Board of Directors.



CARING FOR YOUR FAMILY, LIKE OUR FAMILY.

We pride ourselves on the level of experience team members bring together to provide **INDIVIDUALIZED CARE** for each resident, including an array of **LONG-TERM SERVICES**.

Contact one of our properties for more information and consulting!



118 N. McGee Dr.  
Sallisaw, OK 74955  
(918)-775-6200  
[LTCservices.com](http://LTCservices.com)



905 Beall Rd.  
Kingfisher, OK 73750  
(405) 375-6857  
[CimarronNursing.com](http://CimarronNursing.com)



113 E Jones Street  
Chouteau, OK 74337  
(918) 476-8918  
[MeadowbrookNursing.com](http://MeadowbrookNursing.com)



319 Owen Walters Blvd.  
Salina, OK 74365  
(918)-434-5600  
[SalinaCareCenter.com](http://SalinaCareCenter.com)



1320 NE 1st Pl.  
Pryor, OK 74362  
(918) 825-5311  
[ColonialTerraceCare.com](http://ColonialTerraceCare.com)



1415 S Main St.  
Kingfisher, OK 73750  
(405) 375-3157  
[ShamrockCare.com](http://ShamrockCare.com)



210 S Adair St.  
Pryor, OK 74361  
(918) 825-4455  
[Shadyrestcare.com](http://Shadyrestcare.com)



1202 W. Gilmore St.  
Shawnee, OK 74804  
(405)-273-8043  
[ShawneeCare.com](http://ShawneeCare.com)

# The Buck Stops Here – A Manager Accepts Responsibility for Unit Engagement

**Nayeon Lee, BSN, RN; Suzanne Mayeux, BSN, RN; and Paula Maisano, PhD, RN, CNE; The University of Oklahoma Fran and Earl Ziegler College of Nursing; Oklahoma City, Oklahoma**

Management is a highly challenging role with aims to coordinate and integrate organizational resources to meet strategy, mission, and vision. A manager is accountable for communication, decisions, practices, and outcomes. Leadership may have positive or negative influences on employees, patients, and other organizational stakeholders.

A nurse manager often works in a hospital setting and oversees a unit. The unit, as a complex adaptive system (CAS) within the overall organizational system, must function effectively within organizational guidelines. A dysfunctional unit creates system stress, much like a broken spoke stresses a wheel.

A manager should stay tuned in to unit dynamics and behavior to be cognizant of emerging patterns and trends. Staff absenteeism, tardiness, and deficits in quality are patterns and trends that cannot be allowed to escalate out of control. A manager who does not take charge or address these concerns is not meeting role expectations.

## Leadership

A nurse manager's leadership approach can make or break a unit; subsequently, a nurse manager should implement an evidence-based leadership style that promotes employee growth and excellent performance. A large body of research evidence suggests that transformational leadership is a leadership style that builds teamwork and inspires and motivates employees to achieve overall excellence.

Healthcare organizations are morally, ethically, and financially accountable to stakeholders. According to Almutairi (2015), transformational leadership can help to develop an accountability-based organization through shared vision, common goals, and empowerment that bolsters and motivates learning, technological innovation, commitment, and performance. Furthermore, Manning (2016) suggested that transformational leaders demonstrate positive leadership behaviors and serve as exemplary role models to help establish high standards of conduct.

The transformational approach encourages genuine communication between nurse managers and frontline nurses, thereby increasing understanding of unit needs and role expectations. Subsequently, higher levels of trust and commitment are likely between the nurse manager and frontline nurses. Boamah, Spence, Laschinger, Wong, and Clarke (2018) suggested that the transformational leadership approach influences employees' behaviors and attitudes by establishing a supportive work environment.

## Absenteeism

Employee absenteeism takes a high toll on an organization's goal to provide excellent service at controlled costs. Absenteeism significantly increases costs and has detrimental effects on continuity of care, quality, patient safety, and outcomes. As well, absenteeism diminishes nursing productivity and morale, results in heavier workloads for other staff, and increases work-related stress. Furthermore, absenteeism impedes staff performance, increases employee resentment and disengagement, and may contribute to nursing shortages (Baydoun, Dumit, & Daouk-Oyry, 2015).

## Tardiness

Provision 4.2 of the *Code of Ethics for Nurses with Interpretive Statements* (2010) emphasizes that accountability represents being answerable to oneself and others for one's actions. Competent professional nurses are accountable for the delivery of high quality, timely nursing care. Nurses who are tardy may impede the timeliness of nursing care and the overall quest for excellence (Nursing World, 2019).

## Deficits in Quality

Ambiguity, turbulence, and unpredictability are prevalent in the modern healthcare environment, and the continuous internal and external pressures alter organizational structures and dynamics. Subsequently, quality and change initiatives can be challenging to accomplish and maintain. A primary goal is to achieve a balance in workforce agility, proactivity, adaptability, and resilience to improve patient outcomes and safety (Snyder & Brewer, 2019). Transformational nurse managers should stimulate the adoption of new quality improvement initiatives by coaching and sustaining front line nurses through change processes. The nurse manager should present analogies, scenarios, or examples of the various ways the improvements will be beneficial to all.



## CENTER FOR HEALTH SCIENCES

**The Health Access Network (HAN) at OSU-Center of Health Sciences is looking for 2 full time RN Case Managers and 1 part time RN Case Manager.** One full time position will work in the Oklahoma City Area and the other will work in the Tulsa area. The part time position will work in the Muskogee area. The RN Case Manager offers case management/care coordination to persons with complex health care needs and contributes to the five foundational services in the Health Access Network: facilitating Members' access to all levels of care utilizing case management/care coordination services, telemedicine services, electronic health records, improved access to specialty care services and expanded quality improvement strategies. All positions are grant funded.

### REQUIREMENTS:

- Associate's degree in Nursing plus 2 years nursing experience OR, Bachelor's degree in Nursing plus 1 year of experience as an RN OR, Master's degree in Nursing.
- Current & active RN issued by Oklahoma State Boards of Nursing.
- Valid Driver License.
- Case management/outpatient clinic experience.

To apply online, click or copy and paste the following link into your browser:  
<https://okstate.csod.com/ats/careersite/JobDetails.aspx?site=8&id=7792>

Oklahoma State University, as an equal opportunity employer, complies with all applicable federal and state laws regarding non-discrimination and affirmative action. Oklahoma State University is committed to a policy of equal opportunity for all individuals and does not discriminate based on age, race, ethnicity, color, religion, sex, sexual orientation, genetic information, gender, gender identity or expression, national origin, disability, protected veteran status, or other protected category with regard to employment, educational programs and activities, and/or admissions.

For more information, visit <https://eeo.okstate.edu>.



## NORTHEASTERN STATE UNIVERSITY

# Boost Your Career With An NSU Online Nursing Degree

NSU offers affordable online nursing programs to prepare you for further success in your professional nursing practice.

### RN to BSN online

- Tuition only \$9,165
- Complete in as few as 10 months
- 30 credit hours
- RN license required

### MSN online

- Tuition only \$11,853
- Complete in as few as 12 months
- 32 credit hours
- Choose from Nursing Administrative Leadership, Nursing Education or Nursing Informatics
- BSN required

### NSU Advantages:

- 7-week courses
- Six start dates per year
- Faculty of certified online teachers and nurses

Call: 844-351-6656 Visit: [NSUnurses.com](https://NSUnurses.com)



The Baccalaureate degree program and Master of Science in Nursing Program is accredited by the Accreditation Commission for Education in Nursing (ACEN). 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326, 404-975-5000. The ACEN is a specialized accrediting agency recognized by the U.S. Department of Education.

Continual surveillance is essential for catching slips or alterations in intended change initiatives.

Communicating a shared organizational vision is key to establishing high standards of conduct (Boamah et al., 2018). The transformational leadership approach demonstrates an overarching organizational vision that fosters unity in management-employee attitudes and goals. Nurse managers should advocate for the expansion of employee access to training and professional development opportunities. Clinical career ladders may provide a clear pathway and build staff engagement (Koppel, Virkstis, Strumwasser, Katz, & Boston-Fleischhauer, 2016).

**Case Study: Leadership, Absenteeism, Tardiness, and Deficits in Quality**

Jack (a fictitious name) is an experienced, previously successful manager whose unit is presently showing some concerning signs. Jack's unit is having high absenteeism and tardiness, along with deficits in quality improvement. A high number of staff nurses are calling in sick shortly before their scheduled shifts, while other staff nurses often arrive 10-15 minutes late. Quality improvement initiatives are not adopted as planned; front line nurses tend to implement changes for only short periods before reverting to previous care methods.

Rather than accepting personal accountability, Jack blames the nursing staff and high-acuity patients for the current state of his unit. Meanwhile, Jack's supervisor, the departmental director, perceives that the identified trends are symptomatic of ineffective leadership. Subsequently, Jack's supervisor met with the human resources manager and issued Jack a performance improvement plan (PIP) with reasonable timelines for addressing the unacceptable state.

Ultimately, Jack accepts his managerial accountability and decides to exercise his responsibility by addressing his unit's high absenteeism, tardiness, and deficits in quality improvement. Jack has a genuine desire to retain the nurses; therefore, he develops a plan to address his concerns and promote success. Part two of this series will feature the PIP received by Jack and the subsequent plan for addressing unit engagement.

**References**

Almutairi, D. O. (2015). The mediating effects of organizational commitment on the relationship between transformational leadership style and job performance. *International Journal of Business and Management, 11*(1), 231. doi:10.5539/ijbm.v11n1p231

Baydoun, M., Dumit, N., & Daouk-Öyry, L. (2015). What do nurse managers say about nurses' sickness absenteeism? A new perspective. *Journal of Nursing Management, 24*(1), 97-104. doi:10.1111/jonm.12277

Boamah, S. A., Spence Laschinger, H. K., Wong, C., & Clarke, S. (2018). Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing Outlook, 66*(2), 180-189. doi:10.1016/j.outlook.2017.10.004

Koppel, J., Virkstis, K., Strumwasser, S., Katz, M., & Boston-Fleischhauer, C. (2016). Broadening access to nontraditional development opportunities to drive frontline engagement. *JONA: The Journal of Nursing Administration, 46*(2), 61-62. doi:10.1097/nna.0000000000000304

Manning, J. (2016). The influence of nurse manager leadership style on staff nurse work engagement. *JONA: The Journal of Nursing Administration, 46*(9), 438-443. doi:10.1097/01.nna.0000525957.84889.72

Nursing World. (2019). Code of ethics for nurses with interpretive statements. Retrieved from <https://www.princetonhcs.org/-/media/princeton/documentrepository/documentrepository/nurses/code-of-ethics.pdf>

Shapira-Lishchinsky, O., & Benoliel, P. (2018). Nurses' psychological empowerment: An integrative approach. *Journal of Nursing Management, 27*(3), 661-670. doi:10.1111/jonm.12726

Snyder, K. A., & Brewer, B. B. (2019). Workforce agility: An answer to turbulence in acute care nursing environments? *Nursing Management (Springhouse), 50*(8), p 46-50. doi:10.1097/01.NUMA.0000575324.93453.5f



**Family Nurse Practitioner\*  
Adult-Gerontology Acute Care Nurse Practitioner\*  
New program: Nurse Anesthesia (begins Aug. 2020)\*\***

- Generous scholarships available for qualified applicants
- Clinical rotations arranged for you
- State-of-the-art Clinical Simulation Center
- 100% certification exam pass rate and job placement
- MSN to DNP option



[utulsa.edu/nursingdnpn](http://utulsa.edu/nursingdnpn)  
918-631-2509

\* ACEN Accredited  
\*\*Accreditation pending from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).  
The University of Tulsa is an Equal Opportunity Employer, including Disability/Veteran



**NEED FRESH WAYS TO START IMPORTANT CONVERSATIONS?  
Free Health Care Provider Materials**

Shape Your Future has posters, tip cards and prescription pads to:

- Provide nutrition tips and physical activity ideas to your patients
- Teach parents how to talk to their kids about health in an approachable way
- Help you work with patients to set healthy goals that are within reach

Visit [ShapeYourFutureOK.com/order](http://ShapeYourFutureOK.com/order) to get yours.



**DON'T WAIT FOR OPPORTUNITY.  
CREATE IT. ENROLL NOW.**

Enroll in an online nursing degree program that's designed to fit your schedule and budget.  
**OFFERING RN TO BSN AND MSN ONLINE**

D  
C  
N

**Denver College of Nursing**

**(866) 864-6633**

[www.denvercollegeofnursing.edu](http://www.denvercollegeofnursing.edu)

DCN is accredited by the Higher Learning Commission (HLC), ([www.hlcommission.org](http://www.hlcommission.org)) (800-621-7440). Our associate and baccalaureate programs are accredited by the Accreditation Commission for Education in Nursing (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326 (404-975-5000).

FOR CONSUMER INFO VISIT [WWW.DENVERCOLLEGEONURSING.EDU](http://WWW.DENVERCOLLEGEONURSING.EDU)

# Part 2: The Buck Stops Here – A Manager Accepts Responsibility for Unit Engagement

**Nayeon Lee, BSN, RN; Suzanne Mayeux, BSN, RN; and Paula Maisano, PhD, RN, CNE; The University of Oklahoma Fran and Earl Ziegler College of Nursing; Oklahoma City, Oklahoma**

This article is Part 2 of a case study concerning a previously successful nurse manager whose unit is spiraling out of control. As a nurse manager, Jack (a fictitious name) oversees a patient unit in a hospital in the United States. Jack, a long-time employee,

managed his unit quite well in the past; however, the unit currently is showing troublesome patterns and trends. High levels of staff absenteeism, tardiness, and deficits in quality are becoming the norm and undermining the hospital's mission and vision for a safe, high-quality, cost-controlled healthcare environment. Jack dismisses his responsibility for the current state of the unit and blames deficits on the current nursing staff and high-acuity patients (Lee, Mayeux, & Maisano, 2020).

Jack's departmental director, in concert with the human resources department, issues Jack a performance improvement plan (PIP) in the hope that Jack will re-establish an engaged unit. As a nurse manager, Jack is aware that a PIP addresses job performance and the failure to meet role expectations. Jack also is aware that a PIP provides opportunities to improve job performance in specific areas of concern. On the other hand, Jack knows that there are consequential repercussions if there is a failure to improve. Following is Jack's PIP:

## Performance Improvement Plan

This Performance Improvement Plan is to inform the named employee that job performance fails to meet the minimum requirements of the position and to provide an opportunity to improve job performance in the specific areas described. If there is a failure to improve performance or meet required standards by the specified time, a performance rating of "Inadequate Performer" may result, or the named employee may be subject to reassignment, demotion, or removal.

Employee's Last name: <b>Somebody</b> First: <b>Jack</b>		Job Title : <b>Manager, Medical-Surgical Unit 2</b>	SERVICE TYPE/GRADE: <b>Nursing Service</b>	AGENCY NAME/ AGENCY CODE: <b>Somewhere Regional Medical Center</b>	DIRECTOR'S NAME: <b>Jane Someone, MSN, RN</b>
DATE ISSUED: 01/03/2020			RATING PERIOD: 01/03/2020 – 12/31/2020		
Primary Problem	Root Causes	Action	Rationale	Goal	Time Frame
<b>Nursing absenteeism:</b>	Workplace factors (85.5%) and lack of control of absenteeism (82.5%) are the primary leading reasons for absenteeism (Al-Sharif, Kassem, & Shokry, 2017, p.63).  Factors contributing to absenteeism include family issues, heavy workloads, poor work environments, deficient equipment, unorganized decision-making processes, lack of reward programs, and noncompliance to organizational policy and standards (Al-Sharif, Kassem, & Shokry, 2017).	#1) Include front-line nurses in the decision-making process regarding disciplinary procedures of attendance issues.  #2) Review current hospital policies and procedures related to attendance and absenteeism.  #3) Recognize employees' collective actions, reward their efforts, and continually foster the accomplishment of common goals.	#1) Leaders and frontline nurses can question existing policies and protocols and reach an agreement by devising creative, desirable solutions to issues.  #2) Reviewing policies and procedures will alleviate misunderstandings or misconceptions and help to establish accountability.  #3) This may form secure attachments and command loyalty, subsequently leading to increased job commitment and the development of a friendly work environment (Al-Sharif, Kassem, & Shokry, 2017).	Improve the weekly percentage of absent employees by 50% within six months.	01/03/2020-07/03/2020
<b>Nursing tardiness:</b>	Nursing tardiness is a time-related infraction where an employee comes to work after the sanctioned start time for a shift (Shapira-Lishchinsky & Benoliel, 2018; Lee, Mayeux, & Maisano, 2020).  Provision 4.2 of the Code of Ethics for Nurses with Interpretive Statements (2010) emphasizes that accountability represents being answerable to oneself and others for one's actions. Competent professional nurses are accountable for the delivery of high quality, timely nursing care; nurses who are tardy impede the timeliness of nursing care and the overall quest for excellence (Nursing World, 2019; Lee, Mayeux, & Maisano, 2020).	#1) Arrange in-person and online education modules regarding the <i>Code of Ethics for Nurses</i> , professional nursing accountability, and organizational policies and standards concerning nursing infractions. Enforce current hospital policies and procedures related to tardiness.  #2) Implement mobile applications with features for managing schedules and tracking time and attendance.	#1) Employees must be aware of the significance of being punctual in terms of goal attainment and desired outcomes. As well, employees must observe organizational policies and standards and be accountable for behavior and actions.  #2) Nurse managers should analyze employees' patterns of attendance, determine risk factors for absenteeism and tardiness, and take steps to improve communication and actions.	Improve the percentage of tardy nursing employees by 50% within six months.	01/03/2020-07/03/2020
<b>Deficits in implementation of quality improvement initiatives:</b>	Five leading risk factors foster low staff engagement: Unreliable and inconsistent expectations for employees; unfair group treatment and varying amounts of favor toward groups; micromanagement; lack of purpose or motivation to move forward; and workforce burnout (Turner, 2019).	#1) Internalize issues, exemplify the organization's values and standards, and be the most influential representative of the group (Tjan, 2015).  #2) Ensure staff nurses attend competency skill fairs twice a year.	#1) This will help employees to understand the purpose and value of new quality protocols and promote the achievement of high-quality patient care.  #2) Skill fairs validate the implementation of quality improvement initiatives, reinforce nursing knowledge, and establish awareness of the consequences of individual infringements on the team and environment.	Improve the percentage of staff engagement in implementing new quality improvement initiatives by 50% within six months.	01/03/2020-07/03/2020

### Jack Takes Responsibility for Staff Engagement

Jack appreciates the PIP's discussion of the root causes of nursing absenteeism, tardiness, and deficits in quality, as well as the plan's suggested actions, rationales, and goals. Jack reflects on his leadership approach, and realizes that he needs to improve. As a result, Jack sets goals to implement transformational leadership, engage the nursing staff, and reverse the dysfunctional trends in his unit. Following is Jack's supplemental plan to achieve his goals:

**Management Concerns, Desired Outcomes, Actions, and Rationales**

WHAT	HOW	
Management Concerns	Desired Outcome	Actions and Rationales
Leadership Approach	The transformational leadership approach will improve human relations and gain staff buy-in.	Implement the transformational leadership approach. Rationale: Leadership style is key to staff buy-in. The transformational leadership approach promotes a just culture and will engage, encourage, inspire, motivate, and foster staff to embrace ethical nursing practice, change initiatives, quality assurance, and opportunities for professional growth.  <i>Key resources:</i> Huber (2018), Hughes (2018), NCBI Resources (2004)
Staff attendance and tardiness	Staff will meet time and attendance protocols.	Meet with staff to review time and attendance protocols, guidelines, standards, and limits. Listen to concerns. Answer questions. Express an expectation for accountability. Follow through by holding staff accountable to hospital policies and procedures. Rationale: Clear communication will help staff to understand and meet expectations.  <i>Key resources:</i> Blizzard (2015), Miller (2015)
Quality improvement	Quality improvement initiatives that improve patient safety, nurse efficiency, and unit costs will be set forth and monitored.	Review contemporary management theories prior to meeting with staff to discuss quality improvement initiatives. Rationale: A review of systems theory, contingency theory, complexity theory, and chaos theory will reinforce managerial understanding of system dynamics, such as staff buy-in, that impact quality improvement initiatives.  <i>Key resources:</i> Agency for Healthcare Research and Quality (2019a), Agency for Healthcare Research and Quality (2019b)
Just, blame-free, safe culture	There will be a just, blame-free, safe culture.	Communicate to staff the desire for a just, blame-free, safe culture. Rationale: A just, blame-free, safe culture will encourage the nursing staff to come forward whenever mistakes are made. Staff learning, behavior, and retention will improve, as evidenced by improved accountability, engagement, and productivity.  <i>Key resources:</i> Barnsteiner (2011), PSNet. (2019), Sentinel Event Alert. (2017)
Change innovation	The application of Lewin, Bridges and Kotter's change theories will promote successful change.	Utilize evidence-based change theories. Rationale: Lewin, Bridges, and Kotter's change theories will provide evidence-based frameworks to help promote change innovation and implementation of quality improvement initiatives.  <i>Key resources:</i> Kotter, Inc. (2019), Mulholland (2017)
Frameworks and strategies	The application of evidence-based frameworks, strategies, and decision-making tools will promote patient safety, quality, healthcare performance, and management initiatives.	Implement evidence-based frameworks and strategies. Rationale: Evidence-based frameworks and strategies such as the Plan-do-check-act cycle (PDCA) and supplemental work and transition (SWAT) technique will help to address quality, finance, workforce, patient safety, and healthcare performance.  <i>Key resources:</i> Agency for Healthcare Research and Quality. (2019), Miller (2014), Parsons (2018)
Decision making	Evidence-based decision-making approaches, activities, and tools will lead to appropriate decision making and group cohesion.	Practice shared governance and evidence-informed decision making to promote staff's professional growth, unity, and accountability. Rationale: Frontline nurse involvement in unit decisions and careful attention to policies, procedures, and clinical protocols will lead to appropriate, innovative decisions, a high-quality environment, and overall excellence, as evidenced by increased staff engagement and a safe, efficient patient care environment.  <i>Key resource:</i> OJIN. (2019)
Clinical judgment and reflection	Improved managerial clinical judgment and reflection will build self-confidence, contribute to professional growth, and promote accountability.	Utilize Tanner's clinical judgment model. Rationale: Tanner's clinical judgment model will improve the managerial capacity to notice, interpret, and respond to unit dynamics and events, as well as promote reflection on actions, outcomes, and clinical learning.  <i>Key resource:</i> Tanner (2006)

Part 2: The Buck Stops Here...continued on page 10

Platt College in Tulsa, is seeking experienced Nurses to join the team as **INSTRUCTORS**. Use your experience as a Nurse to teach others seeking education and training to join the field you love.



Contact: Rickesha Clark, Nursing Program Director  
rickesha.clark@plattcollege.org  
918-779-0535

**CAMP NURSE NEEDED!**



Work in June and July, room & board + stipend (DOE). Perfect for a school nurse looking for extra income but wanting some summer vacation!

YMCA Camp Takatoka is the overnight camp for the YMCA of Greater Tulsa. Conveniently located just 45 minutes east of Tulsa on 410 acres of beautiful lakefront land with diverse geography at Fort Gibson Lake, children experience life-changing programming based on the YMCA's four core values of Caring, Honesty, Respect & Responsibility.



Please contact: Camp Takatoka at  
camptak@ymcatulsa.org  
918.446.1424



**Lindsay Municipal Hospital**

A rural hospital that is strong in its community. We are unique and one of a kind. We have a total of 26 beds with an occupancy rate of nearly 75%.

*Once you join our team, you never want to leave!*

Opportunities for RNs and LPNs. New Graduates Welcome. Full-Time, Flex & Double Time Available. Competitive Pay with Benefits.

For more information and to apply contact Human Resources:



Tammy White, HR Manager  
twhite@lindsaymunicipalhospital.com  
1305 W. Cherokee, Lindsay, Oklahoma  
405-756-1404 phone • 405-756-1802 fax  
lindsayhospital.com

**Hiring RN's & LPN's Acute Care**



Skilled Nursing

- ◆ Competitive Pay
- ◆ Insurance Benefits
- ◆ Paid Time Off
- ◆ Matching 401K
- ◆ Incentive Time Off

- ◆ Historic downtown Guthrie.
- ◆ Short drive from Edmond & OKC.
- ◆ Positive team environment with leaders who value our staff.
- ◆ Serve to make a difference
- ◆ Family-owned and operated.

Apply On-Line  
www.companionhealth.net




At AllianceHealth Seminole we employ dedicated, caring people – and we're looking for more! We are actively seeking new and experienced registered nurses for our **Emergency Room**. Positions are immediately available for ED Night and Mid Shift .

For more information call (405) 303-4196 or visit [alliancehealthseminole.com](http://alliancehealthseminole.com)

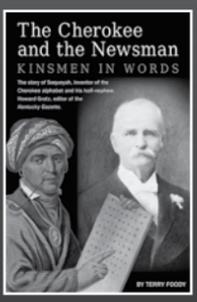
**AllianceHealth SEMINOLE**

Sequoyah & Howard Gratz

**ONE FAMILY TWO CULTURES**

and the bond of literacy between them

Learn about the creation of the Cherokee Alphabet, the importance of language - and the free press today!



Buy on Amazon or at TerryFoody.net. Contact Terry for special group rates: [terryfoody@juno.com](mailto:terryfoody@juno.com)

**ROLLING HILLS HOSPITAL**

It takes a special person

**Rolling Hills is hiring!**

For more information, call or email:  
(580) 427-6429 | [Bridget.Bridger@acadiahealthcare.com](mailto:Bridget.Bridger@acadiahealthcare.com)

Not a Member? continued from page 1

Benefits ONA/ANA Members Enjoy!

- Advance your career with free development resources and webinars;
- Stay current with the most up-to-date nursing news;
- Save money with big discounts on CE, certification, publications and more;
- Network and connect with Registered Nurses for support and advice;
- Make your voice heard with opportunities to tell policymakers what you think; and
- Receive ONA member benefits, including a copy of the *Oklahoma Nurse*.

Join today by visiting: <https://ona.nursingnetwork.com/page/72061-membership-join-today>

2-FOR-1  
ONLY \$15  
PER MONTH!

ONA OKLAHOMA NURSES ASSOCIATION ANA AMERICAN NURSES ASSOCIATION

JOIN TODAY! JOINANA.ORG

April 23-25 2020  
for more info [www.oacns.org](http://www.oacns.org)

Advanced  
**Pharmacology  
Conference**

up to 16 Pharm hours available OKC

**IF YOU LISTEN TO ME**  
Bullying Will Be an Endangered Species  
Dr. Phyllis Browning

**Preventing bullying at your workplace starts with YOU!**

**If You Listen to Me**  
by Dr. Phyllis Browning, RN

eBook was \$9<sup>99</sup> now \$7<sup>99</sup>!  
Paperback was \$19<sup>99</sup> now \$14<sup>99</sup>!

For more information or to place an order, please visit us at:  
**brass-edu.com**

There are children in your community who need a temporary, loving home through foster care. Some of these children come from hard places. They have unique challenges and need families willing to meet them where they are. Families are matched with children and will receive additional supports to help the children succeed in their homes.

**CHILDREN ARE WAITING FOR YOU TO BE THEIR CHAMPION. HELP A CHILD HEAL.**

Contact OKDHS at 1-800-376-9729 or email [therapeuticfostercare@okdhs.org](mailto:therapeuticfostercare@okdhs.org).

Part 2: The Buck Stops Here...continued from page 9

By accepting his responsibility and accountability for his leadership role, changing his leadership style, and taking deliberate action to engage his staff, Jack reversed his unit's damaging trends and met his role expectations within six months. Jack became a role model for other unit managers. A lesson to be learned is that successful nurse management does not evolve naturally. Deliberate, strategic action is essential to engaging staff and addressing trends such as staff absenteeism, tardiness, and deficits in quality. A nurse manager who is tuned in to unit dynamics and behavior, alert to emerging patterns and trends, and continually in pursuit of staff engagement through transformational leadership likely will achieve overall success.

References

Agency for Healthcare Research and Quality. (2019a). Health information technology: Plan-do-check-act cycle. U.S. Department of Health & Human Services. Retrieved from <https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle>

Al-Sharif, H. A., Kassem, E. A., & Shokry, W. M. (2017). Relationship between nurses' absenteeism and their organizational commitment at Menoufia university hospitals. *American Journal of Nursing Research*, 5(2), 63-69. doi:10.12691/ajnr-5-2-4

Barnsteiner, J. (2011). Teaching the culture of safety. *Online Journal of Issues in Nursing*. Retrieved from <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No3-Sept-2011/Teaching-and-Safety.aspx>

Blizzard, D. (2015, December 7). Manager survival series: The chronically late or absent employees. *Journal of Accountancy*. Retrieved from <https://www.journalofaccountancy.com/newsletters/2015/dec/chronically-late-or-absent-employee.html>

Cambridge Assessment. (2019). Getting started with reflective practice. Cambridge Community. Retrieved from <https://www.cambridge-community.org.uk/professional-development/gswrp/index.html>

Huber, D. (2018). Leadership and nursing care management. St. Louis, MO: Elsevier

Hughes, C. (2018). How to manage better with transformational leadership. ProjectManager. Retrieved from <https://www.projectmanager.com/blog/transformational-leadership>

Kotter, Inc. (2019). 8-step process. Kotter, Inc. Retrieved from <https://www.kotterinc.com/8-steps-process-for-leading-change/>

Lee, N., Mayeux, S., & Maisano, P. (2020). The buck stops here – A manager accepts responsibility for unit engagement. *The Oklahoma Nurse*, 64(5).

Nursing World. (2019). Code of ethics for nurses with interpretive statements. Retrieved from <https://www.princetonhcs.org/-/media/princeton/documentrepository/documentrepository/nurses/code-of-ethics.pdf>

documentrepository/documentrepository/nurses/code-of-ethics.pdf

Miller, B. (2014, September 9). Strategy, mission, and vision: How do they all fit together? *HR Daily Advisor*. Retrieved from <https://hrdailyadvisor.blr.com/2014/09/09/strategy-mission-and-vision-how-do-they-all-fit-together/>

Miller, B. (2015, July 9). How to reduce employee absenteeism. *HR Daily Advisor*. Retrieved from <https://hrdailyadvisor.blr.com/2015/07/09/how-to-reduce-employee-absenteeism/>

Mulholland, B. (2017). Eight critical change management models to evolve and survive. *Process.st*. Retrieved from <https://www.process.st/change-management-models/>

NCBI Resources. (2004). Institute of Medicine (U. S.) Committee on the work environment of nurses and patient safety. Transformational leadership and evidence-based management. Keeping patients safe: Transforming the work environment of nurses. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK216194/>

OJIN. (2019). Shared governance models: The theory, practice, and evidence. *ANA Periodicals*. Retrieved from <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No1Jan04/SharedGovernanceModels.aspx>

Parsons, N. (2018). What is a SWOT analysis, and how to do it right (with examples). *LivePlan*. Retrieved from <https://www.liveplan.com/blog/what-is-a-swot-analysis-and-how-to-do-it-right-with-examples/>

PSNet. (2019). Culture of safety. Agency for Healthcare Research and Quality. Retrieved from <https://psnet.ahrq.gov/primer/culture-safety?q=/primers/primer/5/Culture-of-Safety>

Sentinel Event Alert (2017). The essential role of leadership in developing a safety culture. The Joint Commission. Retrieved from [https://www.jointcommission.org/assets/1/18/SEA\\_57\\_Safety\\_Culture\\_Leadership\\_0317.pdf](https://www.jointcommission.org/assets/1/18/SEA_57_Safety_Culture_Leadership_0317.pdf)

Shapira-Lishchinsky, O., & Benoliel, P. (2018). Nurses' psychological empowerment: An integrative approach. *Journal of Nursing Management*, 27(3), 661-670. doi:10.1111/jonm.12726

Smith, M. (2011). Philosophical and theoretical perspectives related to complexity science in nursing. In Davidson, M. Ray, & M. Turkel (Eds.), *Nursing, Caring and Complexity Science* (pp. 1-18). New York, NY: Springer Publishing Company, LLC

Tjan, A. K. (2015). 6 rules for building and scaling company culture. *Harvard Business Review*. Retrieved from <https://hbr.org/2015/03/6-rules-for-building-and-scaling-company-culture>

Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45(6), 204-211. doi: 10.3928/01484834-20060601-04

Turner, A. (2019, September 18). 5 Manager Mistakes That Cause Low Employee Engagement. Retrieved from <https://www.insperity.com/blog/low-employee-engagement/>

**Fast Track Friday**  
Weekly Nursing Interview Fair  
Every Friday  
10:00 am - 12:00 pm

**Nursing Interview Fairs**  
February 18th 8:00 am to 5:00 pm (break from 12-1)  
April 28th or 30th 8:00 am to 2:00 pm

**We've grown!**  
We are looking for experienced Critical Care RNs to join our team

**TEXOMA MEDICAL CENTER**  
5016 South US Highway 75  
Denison, TX 75020

- Two designated Critical Care units: a 32-bed ICU and a 20-bed CVICU
- Comprehensive Heart Program including ECMO, Open Heart, TAVR and Watchman services
- Accredited Heart, Trauma, Ortho, Bariatric, NICU and Stroke programs
- 24-hour Intensivist coverage

**\$10,000 Sign-on Bonus for experienced ICU or CVICU RNs** | **Full-Time Seasonal Assignments available at \$50/hr**

Apply online at [www.texomamedicalcenter.net](http://www.texomamedicalcenter.net)  
If you have questions please call HR at 903.416.4050 or email [wchidester@thcs.org](mailto:wchidester@thcs.org)

Connect with us at [texomamedicalcenter.net](http://texomamedicalcenter.net)

f t in p EOE/M/F/VET/DISAB

here for you in life & money

**YOU + TFCU**

Federally insured by NCUA

**TFCU**  
Tinker Federal Credit Union

we get it.™

# Updated Principles for Nurse Staffing Released by American Nurses Association

**ANA's "Principles for Nurse Staffing" emphasizes nurses' critical role in providing patients and communities quality, safe, cost-effective care**

The American Nurses Association (ANA) has released an update to its "Principles for Nurse Staffing" (the Principles), a guide to help nurses and other decision-makers identify and develop processes and policies to improve nurse staffing for the best interest of patients and nurses. Drawing on decades of research and best practices, the updated Principles address the complexities of nursing practice in today's health care system and the demands placed on nurses who care for patients across all care settings.

ANA believes that providing appropriate nursing resources must account for human factors including a nurse's years of experience, knowledge, education, skill set and patient mix, acuity and intensity. This flexible approach to nurse staffing is associated with improved patient outcomes, including reduced mortality rates, shorter stays, lower readmission rates and reduced incidents of hospital-acquired conditions. Direct-care nurses, working with nurse managers and financial managers, are the best judge of what patients need day to day and even hour by hour.

"No two health care settings are the same, and no single health care setting is exactly the same from one hour to the next. Our approach to nurse staffing accounts for the many factors that impact how nurses attend to patients in their care," said ANA President Ernest J. Grant, PhD, RN, FAAN. "It is essential that nurses have a substantive and active role in staffing decisions, as they know best how to ensure they have the necessary time, resources and team members to meet patients' care needs and their overall nursing responsibilities. When that happens, the outcomes are more favorable for everyone."

ANA's "Principles for Nurse Staffing" emphasizes that:

- Nurses at all levels must have a role in nurse staffing decisions
- All health care settings have well-developed staffing guidelines with measurable outcomes
- Nurse staffing needs are based on multiple factors, including patient status and nurse competencies
- Nurse staffing is more than numbers, and one size does not fit all
- Flexibility and teamwork are essential to effectively meet the ever-changing needs of patients

ANA updated the Principles in response to years of research demonstrating that appropriate nurse staffing leads to better patient outcomes and fewer adverse events. An infographic highlighting the Principles for Nurse Staffing is included in this issue.

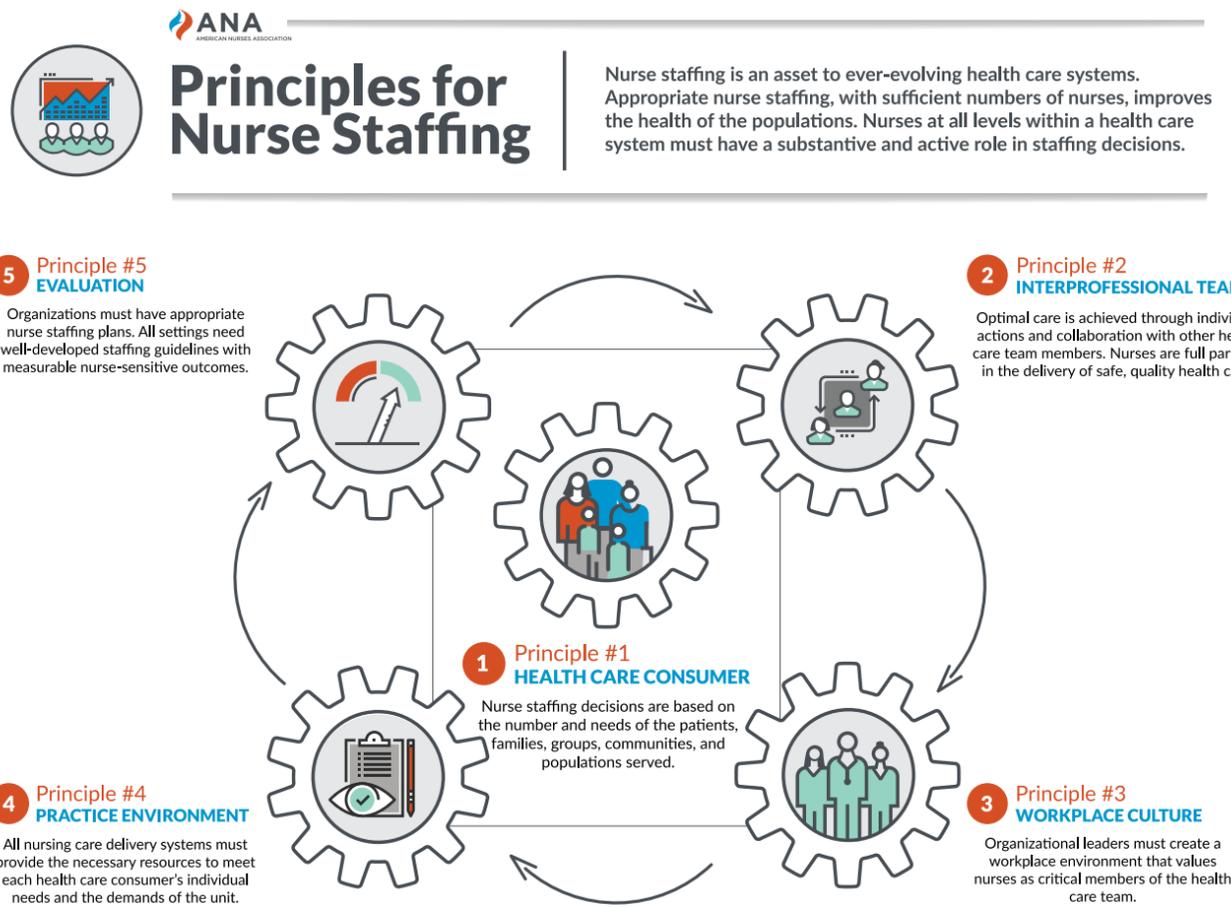
Studies also link appropriate nurse staffing to cost savings achieved through reduced complications and readmissions. In today's health care environment, where administrators often respond to financial stressors by cutting personnel to reduce expenses, these improvements can save billions of dollars each year without staff reductions. Additionally, proper nurse staffing reduces nurse turnover. Currently, each percentage point of nurse turnover costs the average hospital \$300,000 per year.

"Our goal is to shift the paradigm about nurse staffing so that nurses' contributions to positive

patient outcomes are understood, valued and viewed as a priority investment rather than a discretionary expense," said Grant.

As the leading voice for the nation's four million registered nurses, ANA is a strong advocate for appropriate nurse staffing in all health care settings. ANA plans to educate nurses about the updated principles and how to apply them in their work environment through a webinar being released on October 2nd and other tools.

In addition to widely sharing the updated Principles and shifting the paradigm, ANA is working with federal officials to compel the Centers for Medicare & Medicaid Services to provide Congress with information about how the agency assesses "adequate" nurse staffing levels as part of its 2020 budget request.



**McAlester Regional**  
HEALTH CENTER  
Southeast Oklahoma's Leading Healthcare Resource

918.421.8061

**Join Our Team**  
We will give you the support to grow



Visit [www.mrhcok.com/careers/](http://www.mrhcok.com/careers/) or send your resume directly to [humanresources@mrhcok.com](mailto:humanresources@mrhcok.com)



### LEADERSHIP OPPORTUNITIES

- RN Administrative Director of Nursing
- RN Director, Pre-Admission Testing
- RN House Supervisor, NWSH

**\*Sign On Bonus included**

### NURSING OPPORTUNITIES

- RN Quality Improvement Specialist
- RN Surgery Circulator, Day\*
- RN Surgery Circulator, Midshift Prime\*
- RNFA Surgery\*
- RN PACU, FT\* & PRN, NWSH
- RN PACU, Midshift Prime\*
- RN Pre-op/Phase II, PRN
- RN Pre-Admission Testing, PRN
- RN MedSurg, Day & Night, FT\*, PRN
- RN Emergency, Midshift\*
- New Grad RN Opportunities

**Come join our award winning team!**

**3 LOCATIONS IN OKLAHOMA CITY!**

COMMUNITY HOSPITAL SOUTH CAMPUS | 405.602.8100  
COMMUNITY HOSPITAL NORTH CAMPUS | 405.419.2980  
NORTHWEST SURGICAL HOSPITAL | 405.848.1918

Community Hospital/Northwest Surgical Hospital complies with Federal Civil Rights laws and doesn't discriminate on the basis of race, color, age, disability or nationality. Community Hospital and Northwest Surgical Hospital are facilities in which physicians have an ownership or investment interest. The list of physician owners is available upon request.

To apply, please visit [www.communityhospitalokc.com](http://www.communityhospitalokc.com) or [www.nwsurgicalokc.com](http://www.nwsurgicalokc.com)

Join our team as a **Public Health Nurse** and make a difference in the lives of Oklahomans.



- ▶ **Licensed Practical Nurses**
- ▶ **Registered Nurses**
- ▶ **Nursing Managers**
- ▶ **Advanced Practice Registered Nurses**

May be eligible for the **NURSE Corps Loan Repayment Program**

Find out more:  
<http://jobs.ok.gov>  
Filter by Agency → State Department of Health

Statewide locations → competitive salary and benefits package (includes a generous benefits allowance) → paid time off → retirement → M-F, 8-5, off nights → weekends and holidays, etc.

**Questions?**

Call: 405-271-4171

**Employment@health.ok.gov**

# 12-hour Shifts: Summary of Data-based Literature

**Dr. Betty Kupperschmidt, BSN, NEA-BC (Retired)**

A review of data-based literature revealed sobering real and potential negative consequences as a result of 12-hour shifts: These consequences are especially troubling for RNs working four or more 12-hour shifts per week.

## Brief history

Twelve-hour shifts were devised by Baylor University Medical Center to attract registered nurses (RN) to hospital nursing and to address turnover. In the Baylor Plan, staff RNs worked three 12-hour shifts and were paid for and accrued benefits for a 40-hour work week. The Institute of Medicine (IOM) (1999) asserted that nurses' long work hours are one of the most serious threats to patient safety whereas the Joint Commission (TJC) warned that the evidence strongly suggests that shifts greater than eight hours significantly increases RN fatigue and impair performance (2007). As early as 1935, a compelling article from the *American Journal of Nursing* (AJN) archives noted that nurses' jobs make great physical and emotional demands upon them; therefore, nurses "should have a shorter workday."

## Purpose of This Article

This article summarizes and pulls together pertinent studies that specifically address the negative impact of 12-hour shifts upon staff RNs' health and well being. For example, data pulled from the Nurses Work life and Health Study (2273 RNs) concluded nurses were working too long, too much, and without adequate rest between shifts. Some RNs reported working more than one job comprised of 12-hour shifts, working more than 50 hours per week, and getting inadequate sleep and rest between consecutive shifts.

Caruso & Hitchcock (2010) expressed concern for RNs' cognitive decline, especially when working 7 P.M. to 7 A.M. These nurses sleep at irregular times and out of sync with their normal circadian rhythm. Cognitive decline includes the frightening phenomenon called microsleeps (short episodes of sleep lasting a few seconds during which the brain is not processing information). Errors of omission and commission; impaired information processing and learning; short-term recall and working memory decline; decreased awareness of one's environment; and decreased communication skill comprise cognitive decline.

Sleep deprived RNs cannot control and may even be unaware of the occurrence of microsleeps; therefore, microsleeps are very dangerous when occurring at critical times. Evidence does not support that the effects of sleep deprivation can be overcome through motivation, professionalism, training or experience. Fatigue-related changes include decreased nursing vigilance (surveillance), increased needle-stick injuries, and an increase in neck, shoulder and back musculoskeletal disorders. Other health consequences include hypertension, diabetes, and impaired glucose tolerance.

Geiger-Brown & Trinkoff (2010) noted research demonstrated that staff required "much more than a few full nights of sleep for study participants to return to full neurobehavioral functioning" (2010, p. 10). These researchers queried why, given the data-based problems reported in the studies, the alarm had not sounded among nurse administrators to pull the plug on 12-hour shifts.

## Evidence Accumulates

Linda Aikens' cross-sectional survey of 31,627 nurses in 12 European countries noted 12-hour shift nurses report lower quality of care, care not completed, and poorer concern for patient safety. Chen, et.al. (2014) surveyed 130 staff RNs working 7 A.M. to 7 P.M. These nurses experienced high levels of acute fatigue (too tired after previous work schedule to engage in normal non-work activities), moderate levels of chronic fatigue, and poor inter-shift recovery.

Although survey data from 22,275 RNs in four states showed that respondents were satisfied with staffing schedules, as nurses worked shifts longer than 13 hours, burnout and patient dissatisfaction with care increased (Stimpfel, Sloan & Aiken, 2012). They recommended cultures that respected nurses' time off, nurses' right to refuse overtime, and educating RNs about the importance of taking breaks. Sleep-deprived RNs have little awareness of their neurobehavioral deficits; thus, relying on nurses to self-regulate their work hours should take a back seat to nurse administrators ensuring well-rested staff. Researchers began to study consequences of 12-hour shift work noted as biological rhythms.

## Biological Rhythm Research

Geiger-Brown, Rogers, Trinkoff, et al. (2012) noted nurses working successive 12-hour shifts achieved inadequate sleep to recover physically

or cognitively, regardless of whether they worked 7 A.M. to 7 P.M. or 7 P.M. to 7 A.M. Serious health and safety consequences included an increase in needle stick injuries, musculoskeletal disorders, insulin resistance, and drowsy driving. An alarming finding was that some nurses were unable to effectively judge their own personal level of sleepiness. These authors advocated developing methods to better assess potentially sleep impaired nurses' fitness for duty (Geiger-Brown, Rogers, Trinkoff, et al., 2012).

## Organizations Speak to Shift Work

The Joint Commission (TJC) issued a compelling sentinel event alert (2011) listing the negative impact of sleep-induced fatigue upon nurses: Lapses in attention and inability to stay focused, compromised problem solving, memory lapses, diminished reaction time, and impaired information processing and judgment. The CDC and OSHA stressed that working shifts longer than eight hours resulted in reduced productivity and alertness.

The National Association of Neonatal Nurses' (NANN) position statement (Samra & Smith, 2015) recommended limiting 12-hour shifts to three shifts per week followed by two rest days. NANN charges nurses to monitor their personal fatigue level, to recognize factors that influence work-related fatigue, and to assume personal responsibility to modify these factors. NANN stressed RN's accountability to understand the role of rest and sleep and the significant impact that 12-hour shifts and accompanying sleep deficit have upon their personal health and welfare.

Johnson, Jung & colleagues' (2014) study found that 56% of the 12-hour RNs studied reported being sleep deprived and making more patient care errors. Hanlon, Tasali & Leproult (2016) found that insufficient sleep associated with a 33% increase in the hormones that control hunger; thus, sleeping less than recommended hours is a risk factor for obesity. The rule of thumb is that adults age 26 and older need approximately seven to nine hours of sleep.

Considering the data-based documentation of the negative impact of 12-hour shifts upon staff RNs' health, the question must be asked: Why has this staffing model remained the industry standard? What are the barriers to changing this staffing model?

## Grand Lake Mental Health Center, Inc.

**HIRING FOR: Craig, Delaware, Kay, Mayes, Noble, Nowata, Osage, Ottawa, Pawnee, Payne, Rogers & Washington Counties**

### REGISTERED NURSE - Outpatient

Requires a valid Oklahoma license as a Registered Nurse w/ 2 yrs. experience. Must possess solid computer skills and experience in a mental health setting. Typical schedule is Monday through Friday 8:00 a.m. to 5:00 p.m.

**Salary \$70,000**

### REGISTERED NURSE / LICENSED PRACTICAL NURSE - Crisis

Requires a valid Oklahoma license as a Registered Nurse or Licensed Practical Nurse w/ 2 yrs. experience. Must possess solid computer skills and experience in a mental health setting. Current openings for our Grand Recovery Center in Pryor, OK and Intensive Outpatient Facilities in Vinita, OK & Stillwater, OK. 12 hour shifts: 7:00 a.m. to 7:00 p.m. or 7:00 p.m. to 7:00 a.m. Shift differentials for nights & weekends.

**Registered Nurse - \$35.34/hour | Licensed Practical Nurse - \$20/hour**



**\$5000**

Sign On Bonus  
All Positions!

CHECK OUR WEBSITE FOR A FULL LISTING OF JOB OPENINGS [WWW.GLMHC.NET](http://WWW.GLMHC.NET)

**Barriers to Changing the Staffing Model**

The greatest barriers to changing this staffing model are staff RNs and nurse leaders: Staff RNs reportedly like, demand, and have become accustomed to the 12-hour staffing model. Staff RNs like the increased income potential and perceive they have more time off with this staffing model. Nurse leaders resist the major organizational culture change required to make the change. In addition, the 7 P.M. to 7 A.M. shift facilitates staffing the 3 P.M. to 11 P.M. shift, a shift reportedly most difficult to staff.

**Addressing Negative Impacts**

A multi-level organizational fatigue risk management system (FRMS) was proposed at a large academic medical center (Steege & Pinekenstein, 2016). The FRMS includes evidence-based decision making at the organizational nurse leader level, unit nurse leaders' monitoring adherence to breaks and adopting software scheduling systems. Staff RNs were expected to monitor sleep quality and quantity and to practice self care.

One fatigue management program differentiated fatigue (body's response to sleep loss) and sleepiness (tendency to fall asleep). Younger nurses reported a higher incidence of acute fatigue and all staff reported less than ideal inter-shift recovery. Nurse leaders must consider nursing staff as a valuable, limited resource that requires rest, respite, and adequate recuperation time. Duty-free breaks, limiting shift duration to 12.5 hours under normal circumstances, and limiting consecutive shifts (no more than 60 hours in a seven day period) were recommended. Staffs' reluctance to let float nurses cover their patients and fluctuating patient census hamper duty-free breaks. Despite the preponderance of evidence, most nurses reportedly do not conceptualize work-related fatigue as a patient safety issue.

One author described nursing's complex work environments using the acronym VACU: volatile, uncertain, complex, and ambiguous (Pabico, 2015). This phenomenon is titled complexity compression, "what nurses experience when expected to assume additional, unplanned responsibilities while simultaneously conducting their multiple responsibilities in a condensed time frame." During focus groups, RNs expressed feelings of impotence because of the rapidity and nearly continuous environmental changes that add to the physical toll of their work. Forty percent of their work was not direct patient care. Rather, it was related to the ever increasing demands of the health care system, including new technology, increased and changing documentation requirements, orienting new staff and working with students, and delivering care to an increasingly diverse group of patients. The complexity went beyond what RNs expected and were prepared for (Krichbaum and colleagues, 2007).

**Conclusion**

Readers working more than four or even five 12-hour shifts in a seven day work week should

ask themselves: When working fatigued, do the outcomes that I achieve show respect for myself? For my patients? Am I self-monitoring my fatigue level and potential cognitive decline in light of my sleep quantity? In light of the negative impact of 12-hour shifts upon staff RNs and resistance to change, will regulatory or legislative intervention be required?

Author's comments. This work comprises Dr. Kupperschmidt's (also AKA Dr. K's) swan song. The paper was presented at the International Nursing Administration Research Conference, Orlando, 2016, and published in the *Journal of Christian Nursing*. A partial reference list is included.

**References**

Blouin, A., Smith-Miller, C., Harden, J., Li, Yin. "Caregiver fatigue: Implications for patient and staff safety. Part 1. *Journal of Nursing Administration* 46(6): 329-335.

Caruso, D. H., E. (2010). "Strategies for nurses to prevent sleep-related injuries and errors. *Rehabilitation Nursing* 35(5): 192-196

Center for Disease Control, (2015). *The National Institute for Occupational Safety and Health*. <http://www.cdc.gov/niosh/docs/2015-115/default.html>.

Chen, J., Davis, K., Daraiseh, N., Pan, W., Davis, L. (2014) "Fatigue and recovery in 12-hour dayshift hospital nurses" *Journal of Nursing Management* 22: 593-603.

Geiger-Brown, J., Trinkoff, A. (2010). "Is it time to pull the plug on 12-hour shifts? Part 1. The evidence." *Journal of Nursing Administration* 40(3): 100-102.

Geiger-Brown, J., Rogers, V., Trinkoff, A., Kane, R., Bausell, R. & Scharf, S. (2012). "Sleep, sleepiness, fatigue and performance of 12-hour shift nurses." *Chronobiology International* 29(2): 211-219.

Geiger-Brown, J., Trinkoff, A. (2010). "Is it time to pull the plug on 12-hour shifts? Part 3. Harm reduction strategies if keeping 12-hour shifts." *Journal of Nursing Administration* 40(9): 357-359.

Geiger-Brown, J., Trinkoff, A., Rogers, V. (2011). "The Impact of Work Schedules, Home, and Work Demands on Self-Reported Sleep in Registered Nurses." *Journal of Occupational & Environmental Medicine* 53(3): 303-307 305p

Geiger-Brown, J. M., et al. (2015). "Cognitive behavioral therapy in persons with comorbid insomnia: A meta-analysis." *Sleep Medicine Reviews* 23: 54-67 14p.

Geiger-Brown, T., A., Rogers, V., Trinkoff, A., Lane, R., Bausell, R., Scharf. (2012) Sleep, sleepiness, fatigue and performance of 12-hour shift nurses. *Chronobiology International* 29(2): 211-219.

Griffiths, P., Ora, C., Simon, M. Ball, J., Lindqvist, R. Rafferty, A., Schoonhoven, L., Tishelman, C., & Aiken, L. (2015). "Nurses' shift length and overtime working in 12 European countries: the

association with perceived quality of care and patient safety." *Medical Care* 52(11): 975-981.

Gilbreth, L. (1935). Fatigue as it affects nursing. *American Journal of Nursing* 116(8): 66-69.

Institute of Medicine (1999) To Err is Human. <http://www.nap.edu/books/030906371/html>

Johnson, A., Jung, L., Brown, K., Weaver, M., Richards, K. (2014). "Sleep deprivation and error in nurses who work the night shift." *Journal of Nursing Administration* 44(1): 17-22.

Lorenz, S. (2008). "12-Hour Shifts." *Journal of Nursing Administration* 38(6): 297-301.

Lockley, S., Barger, L., Ayas, N., Rothchild, J., Czeisler, C., Landrigan, C., (2007) "Effects of health care provider work hours and sleep deprivation on safety and performance. *Joint Commission Journal on Quality and Patient Safety* 33(11) 7-18.

Mongomery, K. Geiger-Brown, J., (2010). "Is it time to pull the plug on twelve-hour shifts? Part 2." *Journal of Nursing Administration* 40(4): 147-149.

Samra, H. S., B (2015). "The effect of staff nurses' shift length and fatigue on patient safety and nurses' health." *Advances in Neonatal Care* 15(5): 311.

Scott, L., Hofmeister, N. Rogness, N. & Rogers, A. (2010). "Implementing a fatigue countermeasures program for nurses." *Journal of Nursing Administration* 40(5): 233-240.

Steege, L., Pinekenstein, B. (2016) "Addressing occupational fatigue in nurses: a risk management model for nurse executives." *Journal of Nursing Administration* 46(4) 193-200.

Stimpfel, A., Sloane, D. Aiken L. (2012). "The longer the shifts for hospital nurse, the higher the levels of burnout and patient dissatisfaction." *Health Affairs* 31(11): 2501-2509.

Stimpfel, A., Aiken L. (2012) "Hospital staff nurses' shift length associated with safety and quality of care." *Journal of Nursing Care Quality*. DOI: 10.1097/NCQ.0b013e3182725f09

Stimpfel, A., Lake, E., Barton, S., Gorman, K., Aiken, L., "How differing shift lengths relate to quality outcomes in pediatrics. *Journal of Nursing Administration*. 43(2): 95-100.

Smith-Miller, C., Harden, J., Seaman, C., Li, Yin., Blouin, A. (2016) "Caregiver fatigue; Implications for patient and staff safety, Part 2." *Journal of Nursing Administration* 46(7/8): 408-416.

Stone, P., Du, Yunling, Cowell, R., Amsterdam, N., Helfrich, T., Linn, R., Gladstein, A., Walsh, M., Mojica, L. (2006). "Comparison of nurse, system and quality patient care outcomes in 8-hour and 12-hour shifts." *Medical Care* 44(12) 1099-1106.

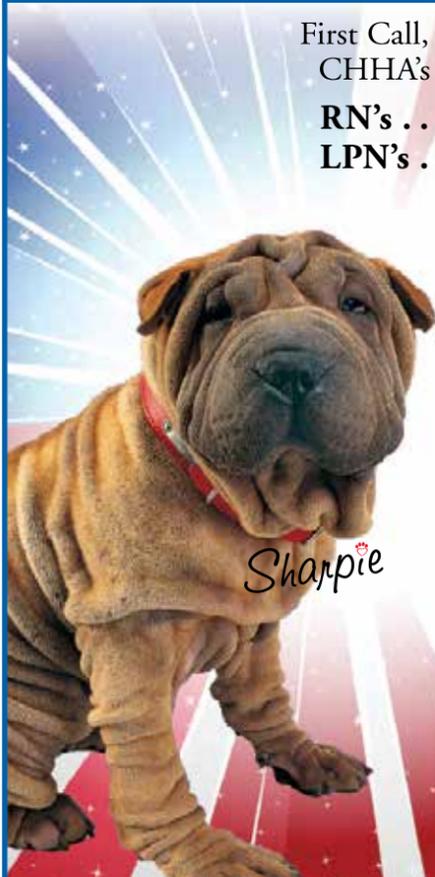
Hanlon, E., Tasali, E., (2016)" Lack of sleep associated with increased hungry, obesity." *Sleep* 39(3): 653-664.

The Joint Commission, (2011). Sentinel Event Alert "Health care worker fatigue and patient safety." 48. 2016, from [http://www.jointcommission.org/assets/1/18/SEA\\_48.pdf](http://www.jointcommission.org/assets/1/18/SEA_48.pdf).

Trinkoff, A., Geiger-Brown, J., Brady, B., Lipscomb, J., & Muntaner, C. (2006). "How long and how much are nurses now working?" *American Journal of Nursing* 106(4): 60-71.

## "Work for a company that fits"

Schedules that FIT • Assignments that FIT



First Call, Your Staffing Source, has needs for RN's, LPN's, CNA's and CHHA's for both part time and full time assignments paying up to:

<b>RN's</b> .....	<b>\$46.00/hr</b>	<b>CNA's</b> .....	<b>\$20.00/hr</b>
<b>LPN's</b> .....	<b>\$33.00/hr</b>	<b>CHHA's</b> .....	<b>\$15.50/hr</b>

Accepting Resumes for Allied Healthcare Technicians & Therapists!  
First Call requires recent work experience and good references.

*Benefits Include:*

- Flexibility
- Top Wages
- Daily Pay
- Weekly Pay
- Pay Cards
- Vacation
- Direct Deposit

---

*First Call* knows I work hard.

*First Call* knows I care.

*First Call* knows... I'm Amazing!

---

For more information call today:  
Tulsa, OK: (918) 665-1011 • Oklahoma City, OK: (405) 842-7775  
Springfield, MO (417) 886-1001 • Dallas, TX (214) 631-9200



Apply online at  
[www.My-FirstCall.com](http://www.My-FirstCall.com)

Your Staffing Source. Drug testing required. Some restrictions apply.

**CSL Plasma**

Good for You. Great for Life.

**LPNs**

CSL Plasma is seeking FT LPNs to join our medical staff associate team in our Oklahoma City and Norman facilities. We offer competitive salary, great benefit package which includes medical, dental, 401K, career advancement opportunities, tuition reimbursement, and 3 weeks vacation the first year.

APPLY ONLINE AT [CSLPLASMA.COM](http://CSLPLASMA.COM)



*Strengthening Workplace Violence Prevention continued from page 1*

needs stronger policy 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 set of policies against employee violence, also referred to as “Zero-tolerance” or “Anti-Workplace Violence”

policies, this continues to pose a challenge for researchers. In a recent ANA Workplace Violence webinar (2019, June 6), 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 to having a violence policy in place, when asked if they perceived it to be effective, 28.1% indicated Yes; while 42% indicated *No*; and 29.9% indicated that they were *Unsure*.

The ANA End Nurse Abuse Professional Panel (2019) recommends a system-level approach to prevent workplace violence using the three levels of prevention:

1. Primary prevention through education and prompt identification of the occurrence of workplace violence, such as a Zero-tolerance employee education program.
2. Secondary prevention by screening, ongoing surveillance, and treatment of employees of workplace violence incidents with swift interventions to mitigate the potential negative consequences; such as

a reporting and a systematic improvement program.

3. Tertiary prevention to provide rehabilitative services and employee assistance to minimize the long term post-violence employee limitations; such as Employee Assistance Programs and After-care.

More research is needed to cultivate and sustain effective strategies to improve healthy work environments for all healthcare providers, particularly for nurses. Health care managers and staff should align to ensure daily efforts are made to prevent workplace violence through the use of realistic policies and ongoing monitoring of violent incidences and prompt remediation.

**References:**

American Nurses Association. (2019). ANA Professional Issues Panel, END RN ABUSE: Issue Brief: Reporting Incidents of Workplace Violence, Silver Spring, MD.

American Nurses Association. (2015). ANA Professional Issues Panel, Position Statement: *Incivility, Bullying, and Workplace Violence*, Silver Spring, MD. Retrieved from <https://www.nursingworld.org/practice-policy/work-environment/violence-incivility-bullying/>

Free Live Webinar: American Nurses Association ANA Webinar. (2019, June 13). Presenters: Fountain, D. M & Zankowski, D. L. *What Every Nurse Needs to Know – and Do – about Workplace Violence*. Silver Spring, MD.

Stockwell, S. (2018). Joint Commission Issues Alert Addressing Violence Against Health Care Workers. *AJN The American Journal of Nursing*; July 2018, 118(7): 14. doi: 10.1097/01.NAJ.0000541417.67605.8f In the News.

The Joint Commission. (2018). Addressing violence against health care workers. Sentinel Event Alert, Issue 59. Retrieved from [https://www.jointcommission.org/sea\\_issue\\_59/](https://www.jointcommission.org/sea_issue_59/)

**Hiring Registered Nurses:**  
**Experienced and New Graduates**  
*New Grad Residency Program available for Med/Surg/PCU*  
**Sign-on bonus available!**  
 We offer competitive pay and a comprehensive benefits package!  
 Apply online today!  
 Contact our HR office for more information, 918-294-4866



**hillcrest**  
Hospital | South

**WWW.HILLCRESTHOSPITALSOUTHJOBS.COM**  
 8801 S. 101ST E. AVE. • TULSA, OK 74133

Visit [nursingALD.com](http://nursingALD.com) today!

**Search job listings**  
 in all 50 states, and filter by location and credentials.

**Browse our online database** of articles and content.

**Find events** for nursing professionals in your area.



Your always-on resource for nursing jobs, research, and events.



CHRIST | SCRIPTURE | TRUTH | WISDOM

**100%**  
**ONLINE**  
 OR ON CAMPUS  
 IN TULSA OR BARTLESVILLE

**MSN OR RN-BSN**  
**SPRING CLASSES ENROLLING NOW.**

**ENROLLING NOW**

CCNE ACCREDITED  
 ACCELERATED COURSES  
 AFFORDABLE, LOCKED-IN TUITION  
 FINANCIAL ASSISTANCE AVAILABLE  
 VA APPROVED - NNEI APPS ACCEPTED  
 DESIGNED FOR YOU, A WORKING ADULT

LEARN MORE ABOUT PROGRAM REQUIREMENTS  
**OKWU.EDU/MSN OR OKWU.EDU/NURSING**  
**866.225.6598 | AGS@OKWU.EDU**



THE BACCALAUREATE DEGREE IN NURSING AND MASTER'S DEGREE IN NURSING AT OKLAHOMA WESLEYAN UNIVERSITY ARE ACCREDITED BY THE COMMISSION ON COLLEGIATE NURSING EDUCATION, [HTTP://WWW.AACN.NCHE.EDU/CCNE-ACCREDITATION](http://www.aacn.nche.edu/ccne-accreditation)

**Make the introduction of a lifetime.**



**Familiarize your patients with the Oklahoma Tobacco Helpline.**

The Oklahoma Tobacco Helpline is available 24/7. It offers:

- A FREE two-week supply of nicotine replacement therapy.
- Quit Coaching, text and email support, and more.
- Customizable services to fit your patients' lives.

The Helpline's All-Access Plan includes NRT, Quit Coaching, online support and more. Patients who use this plan are three times as likely to quit.

For free promotional materials and information on how you can help, visit **OKhelpline.com**.

SoonerCare  
 Oklahoma Health Care Authority

Oklahoma Tobacco Helpline  
**1 800 QUIT NOW**  
 1-800-784-8669 **OKhelpline.com**



# Three Essential Skills Every New Nurse Needs

*Novices can build a strong foundation for a lifelong career by focusing on patient safety, clinical judgement, and time management.*

**By Adrienne Duvall, DNP, APRN, CNEcl, FNP-BC**

Medical errors can have catastrophic consequences for both patients and nurses. In one recent instance, a nurse was arrested after making a medication error. The best protection against this sort of scenario is a combination of training and experience.

According to a recent report from Oklahoma Works, over 1,800 new registered nurses are licensed in the state every year. Although all RNs in Oklahoma enter the field with a college degree, research shows that novices make a large percentage of the errors caused by nurses. To avoid mistakes and build a strong foundation for your nursing career, here are three essential skills to prioritize during your first year on the job.

## 1) Constantly Monitoring Patient Safety

Patient safety is one of your primary responsibilities as a nurse. Safe medication administration is an imperative skill to master in your first year. You are the final check between the prescribing provider and the administration of a medication to the patient. If something feels “off”—maybe the dose seems too high based on doses you have given before or the medication doesn’t seem to fit your assessment of the patient—take a timeout and ensure the prescription is accurate. Mistakes happen even in computer-driven processes, whether a decimal point is missed, a duplicate therapy is accidentally prescribed, or a medication is placed in the wrong slot of a medication dispenser. Before giving any medication, ask yourself, “Are all of the correct pieces in place for me to give this medicine right now?”

Learning to safely calculate medication dosages goes far beyond a textbook. Learning tools like UWorld’s Clinical Med Math allow students to practice and perform dosage calculations without the risk of patient harm if they make a mistake. With the NCSBN recently highlighting a need to improve math education in nursing, now is the time to take advantage of a hands-on resource that helps you study for drug calculation exams during school and also provides experience to prepare you for real-world nursing.

Another major safety concern is patient falls. Precautions here may include rounding on older patients more frequently or enabling a bed alarm for high-fall risk patients. You should also utilize a mental checklist every time you walk into a patient’s room, such as:

- Is the floor clear, especially the path to the bathroom?
- Can the patient reach the call light?
- Is the bed in the lowest position?

Adding these seemingly small things together develops a strong instinct for safety so when you enter a room, you automatically sense if something is out of place.

## 2) Developing Clinical Judgment

The ability to recognize potential or current complications that could cause harm is a strong asset to cultivate. This skill involves understanding the pathophysiology behind different disease processes and identifying the signs of improvement or decline. From there, the priority is determining the most important action you can take in the moment to ensure the best outcome for your patient. A textbook cannot teach you how to anticipate patient needs or develop clinical reasoning. You develop clinical judgment by applying your classroom knowledge to the actual patients in front of you.

As you refine your ability to assess patients and interpret clinical data, you reach the point where you can look at a patient and know something is not right—the monitors might look fine, but your assessment and instincts say otherwise. This is an important part of clinical judgment, and it is your job to dig deeper and advocate for your patients. Of course, this critical thinking must occur while also keeping up with scheduled medications at the same time that you are admitting a new patient and discharging another. Developing clinical judgment to juggle these moving pieces takes time.

## 3) Structuring Your Day for Maximum Efficiency

Time management is another key skill to learn in your first year of nursing. You should be able to look at your whole shift and plan a timeline based on medication schedules, planned procedures, and provider rounds. If all four of your patients have medications due at the same time, how do you organize your time so everyone receives their medications within an appropriate window? Many nurses have their own system of handwritten notes that they keep in their pocket to help organize their day. Asking to see your preceptor’s note system is a great way to get ideas during your clinical rotations in school or during the internship at your new job.

Structuring your day in the most efficient way possible helps develop a “clustered care” mindset where you complete a few tasks together so you don’t leave a room, only to return 15 minutes later. These organizational choices help you accomplish tasks in a seamless, resourceful way. The skill of effectively planning an entire shift comes with time. Do not be afraid to ask questions and learn from other nurses. Pay attention to colleagues who seem particularly organized and solicit their advice—even the smallest tip or trick can make your nursing practice stronger!

*Adrienne Duvall, DNP, APRN, CNEcl, FNP-BC is the director of nursing strategy & research at UWorld, an education technology company that provides online resources for nursing students for NCLEX prep and medication math skills. Dr. Duvall is also a clinical faculty member at a Texas university. You can reach her at [aduvall@uworld.com](mailto:aduvall@uworld.com).*

## Come Explore a Nursing Career in Kidney Care! CLINICAL MANAGERS, REGISTERED NURSES, & PATIENT CARE TECHNICIANS (CCHT)

### Benefits

- ◆ Paid Training for Non-Dialysis Nurses or Technicians
- ◆ Tuition Reimbursement
- ◆ Clinical Advancement Programs
- ◆ Sundays Off
- ◆ Very Competitive Pay
- ◆ Best in Class Benefit Package including: medical, vision, dental, 401k, etc...

If interested, please contact one of our representatives below

**Cheryl Holton (OKC)**

405-615-7222 | [cheryl.holton@fmc-na.com](mailto:cheryl.holton@fmc-na.com)

**Gary Lott (OKC, Tulsa & surrounding areas)**

405-227-0146 | [gary.lott@fmc-na.com](mailto:gary.lott@fmc-na.com)

**Linda Stewart (Acute Only)**

405-627-5256 | [linda.stewart@fmc-na.com](mailto:linda.stewart@fmc-na.com)

Openings available throughout (Tulsa and OKC) Oklahoma



**FRESENIUS  
MEDICAL CARE**

An Equal Opportunity Employer.

**YOUR  
CAREER  
IS WAITING.**

**Stillwater Medical**

#### SEVERAL POSITIONS AVAILABLE:

- Emergency Room
- Labor and Delivery
- Operating Room
- Same Day Surgery
- Med/Surg • ICU
- Hospice • Cath Lab
- Rehab • Resource/Float

SIGN-ON  
**BONUS**  
FOR MOST  
POSITIONS

LUCRATIVE BENEFIT PACKAGE • 97% EMPLOYEE SATISFACTION

Modern Healthcare  
**BEST PLACES TO WORK™**  
2012 2013 2014 2015 2016 2017 2018 2019

Modern Healthcare’s Best Places To Work - 8 Years in a row!

**STILLWATERMEDICALCAREERS.COM**  
**405.742.5731**



Join Oklahoma's largest healthcare team.

Ashley, RN  
Saint Francis Glenpool

Up to \$11,000 sign-on bonus for RNs.\*

With more than 90 locations throughout eastern Oklahoma, Saint Francis Health System is the state's largest healthcare provider. As a nurse, you can find the career opportunity you've been looking for, including the benefits and scheduling flexibility you want, in the environment you need to excel.

- Benefits include:**
- Federal student loan forgiveness\*\*
  - Immediate accrual of paid time off
  - Tuition assistance/reimbursement
  - Medical/dental insurance
  - Retirement plans
  - NCLEX reimbursement
  - CE opportunities

For more information, please call 918-771-0678 or toll-free 800-888-9553.

To view our current openings, please visit [saintfrancis.com/nursing](http://saintfrancis.com/nursing).

6600 South Yale Avenue, Suite 1100  
Tulsa, Oklahoma



\* Available for some positions and some restrictions apply. Please see recruiter for full details.  
\*\* View program details at [studentaid.ed.gov](http://studentaid.ed.gov).

EEO Protected Veterans/Disability



## BE IN DEMAND

**NEW!** DNP – Doctor of Nursing Practice for FNP's

Take your BSN to DNP in our three year program

- o Become a Family Nurse Practitioner
- o Affordable Tuition
- o Online Didactic Courses with Clinical Practicums near your area
- o One week Residency Session Intensive on Campus
- o New cohorts start each Fall



## Online RN-BSN Program

Ranked No. 4 in the nation for Affordable RN to BSN Online Degree Programs by [greatvaluecolleges.net](http://greatvaluecolleges.net).

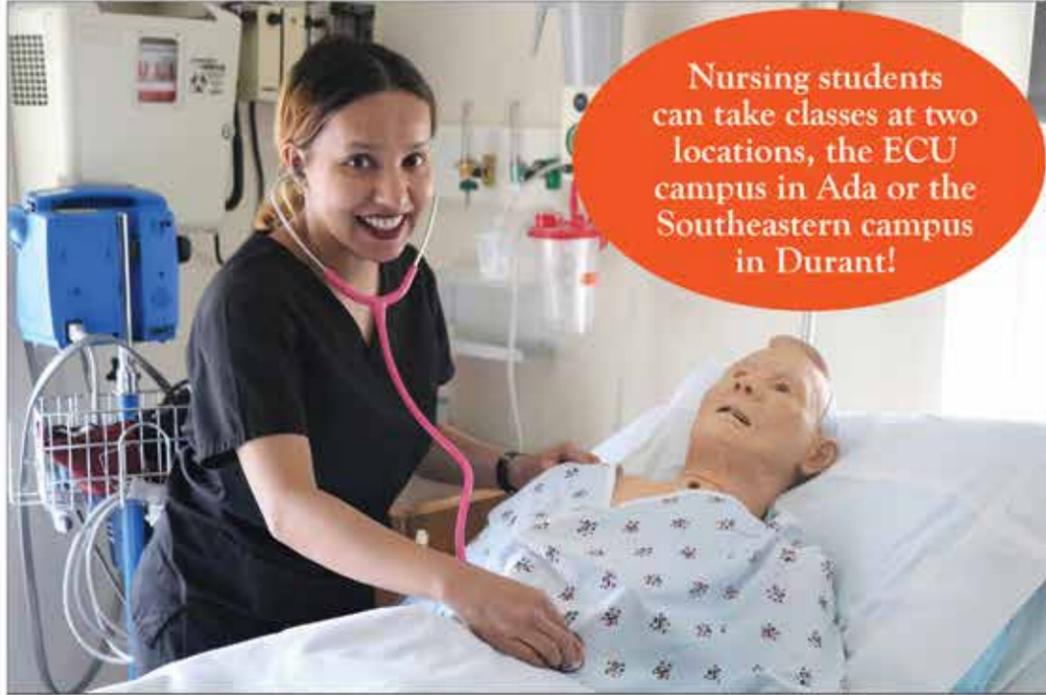
A program that **ENABLES** you to be **WHO** you want to be, **WHERE** you want to be, and **HOW** you want to learn!

- o No campus visits required for any courses.
- o High quality, convenient and affordable.
- o Enter Fall, Spring or Summer Semester.
- o Accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN).



<https://www.nwosu.edu/school-of-professional-studies/nursing>

[nursing@nwosu.edu](mailto:nursing@nwosu.edu) (580) 327-8493



Nursing students can take classes at two locations, the ECU campus in Ada or the Southeastern campus in Durant!

# Interested in nursing?

## > OUR MISSION

The mission of the East Central University School of Nursing is to prepare baccalaureate nurses that are lifelong learners to provide safe, quality, patient-centered care in an environment of teamwork and collaboration.

## > EARN A DEGREE

The ECU School of Nursing offers a Bachelor of Science with a major in nursing degree to pre-licensure students. Graduates who meet the Oklahoma state requirements for licensure are eligible to apply to National Council Licensing Examination for Registered Nurses (NCLEX-CAT) to become an RN.

## > RN TO BSN ONLINE

Through an online platform, this ACEN-accredited program prepares working nurses to provide quality, patient-centered care in collaborative professional environments. In addition, it will also serve as the academic credential needed to pursue a master's degree in nursing. RN to BSN online students may also take general education classes or prerequisites they may need concurrently while attending this program.

Online RN to BSN entry dates are every 8 weeks!  
March 9, 2020 is the next start date.  
Visit [online.ecok.edu](http://online.ecok.edu) for more information.



ECU SCHOOL OF NURSING  
College of Health and Sciences  
[www.ecok.edu/nursing](http://www.ecok.edu/nursing) (580) 559-5434