Message from the President

Greetings Nurses of North Dakota! I want to start out with acknowledging each one of you and extending my gratitude as the President of the North Dakota Nurses Association. The last few months in healthcare in our state and our nation have been some of the most uncertain, trying, fulfilling, and scary moments most of us have ever been in and will ever be in. It is completely humbling to again see all the wonderful nurses and healthcare providers in our state come together for the health of our people.

We are nurses for a reason. We all have a reason to be on the front line and to come back to it – day in and day out. There’s a cause that you put up with – doing nights, weekends, and being on your feet for 12 hours a time. In spite of all the day-to-day obstructions, the perverse stresses, the patient’s family asking for a doctor to come and go through the plan of care, or medication that you just explained – you don’t just keep going, you love this job. You want to help people in their time of need. We all have a degree of patience and humanity that is required to keep going and to help our patients. We have been challenged with a nation-wide pandemic, and our state needs you to keep your degree of patience and humanity at the forefront of your practice in order to move forward. In order to keep up our degree of patience, we need to take some time to celebrate nurses. As we come into Nurses Day and Week, it is important to remember how far we have come. As nurses we have so much to be proud of. Our profession has grown into a highly respected, autonomous, and highly trusted profession. When LIFE featured the profession on its cover in 1938, the career was in a moment of transition. “Once almost any girl could be a nurse,” LIFE explained, “But now, with many state laws to protect the patient, nursing has become an exacting profession.” A candidate needed not only a background in science, but also a combination of “patience, devotion, tact and the reassuring charm that comes only from a fine balance of physical health and adjusted personality.” (p.1). It is so exciting that we as a profession have transitioned from “almost any girl can become a nurse” to any qualified girl or boy can become a nurse and make a difference.

We are nurses for a reason. We all have a reason to be on the front line and to come back to it – day in and day out. There’s a cause that you put up with – doing nights, weekends, and being on your feet for 12 hours a time. In spite of all the day-to-day obstructions, the perverse stresses, the patient’s family asking for a doctor to come and go through the plan of care, or medication that you just explained – you don’t just keep going, you love this job. You want to help people in their time of need. We all have a degree of patience and humanity that is required to keep going and to help our patients. We have been challenged with a nation-wide pandemic, and our state needs you to keep your degree of patience and humanity at the forefront of your practice in order to move forward. In order to keep up our degree of patience, we need to take some time to celebrate nurses. As we come into Nurses Day and Week, it is important to remember how far we have come. As nurses we have so much to be proud of. Our profession has grown into a highly respected, autonomous, and highly trusted profession. When LIFE featured the profession on its cover in 1938, the career was in a moment of transition. “Once almost any girl could be a nurse,” LIFE explained, “But now, with many state laws to protect the patient, nursing has become an exacting profession.” A candidate needed not only a background in science, but also a combination of “patience, devotion, tact and the reassuring charm that comes only from a fine balance of physical health and adjusted personality.” (p.1). It is so exciting that we as a profession have transitioned from “almost any girl can become a nurse” to any qualified girl or boy can become a nurse and make a difference.

Thank you!

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Quarterly publication distributed to approximately 18,000 RNs and LPNs in North Dakota

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Not a Member?
Consider Joining NDNA and ANA Now!

In September of 2019, NDNA membership voted to implement a NEW membership option. As of March 1, you can join NDNA and ANA for $15/month!

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Both nationally and internationally, the year 2020 has been declared the Year of the Nurse. During the legislative sessions, NDNA is working to advance the nursing profession and improve access to care for all North Dakotans. 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 North Dakota. There’s strength in our numbers, and together we make an impact by tackling the issues nurses face every day.

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How to submit an article for The North Dakota Nurse!

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

Deadline for submission for the next issue is 6/3/2020. Send your submissions to director@ndna.org or info@ndna.org.

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Quentin Burdick Job Corps in Minot, ND is looking for a Manager of Health & Wellness. Must be a Registered Nurse and the hours are M-F, 7am-4pm & every other weekend on call. Please call Danae Gree, 701-857-9606 or apply at minactjobs.com.

Message from the President continued from page 1

difference in the workforce. We must make sure we don’t lose sight of how far we have come and what an impact we make to our patients. I believe if we work together to celebrate and appreciate each other during not only this time of the year, but all year long, we will help each other meet this mission. In summary, I am thankful for all of you, thankful for the nursing profession, and proud to be a nurse! Be well, we need all of you!


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Writing for Publication in The North Dakota Nurse

The North Dakota Nurse accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and submitted electronically in MS Word to director@ndna.org. Please write North Dakota Nurse article in the address line. Articles are peer reviewed and edited by the RN volunteers at NDNA. Deadline for submission of material for upcoming North Dakota Nurse is 6/3/20. Nurses are strongly encouraged to contribute to the profession by publishing evidence-based articles. If you have an idea, but don’t know how or where to start, contact one of the NDNA Board Members. The North Dakota Nurse is one communication vehicle for nurses in North Dakota. Raise your voice.

The Vision and Mission of the North Dakota Nurses Association

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

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

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.
Frontline nurses in North Dakota are heroes, doing what they love and do best – providing excellent care for their patients. They are working together despite anxiety or uncertainty they may feel during the times we are in. They may be thinking of possible supply shortages of personal protective equipment or concerned about their families and their own health, but they continue to give smiles and caring every day. We are so very proud of you, frontline nurses, and your work is appreciated now more than ever! Thank you!

At this writing, it is Wednesday, April 8th 2020. 2020…. the World Health Organization’s Year of the Nurse. This is now also the year that we are in the midst of a global pandemic from a coronavirus called COVID-19. Things in all of our lives have changed in the past several weeks and likely will have changed again by the time this is published. We are living in a realm where nearly all businesses except essential are closed, school children are not in school, but at home learning virtually, no sports, no concerts, no meetings, people are wearing masks and gloves when out… Mostly what is incomprehensibly sad is that there are thousands of people around the world sick and dying of the virus…

However today, we look to the positive. Today, North Dakotans were fortunate to have a good update from our Governor. North Dakota has a relatively lower number of cases. We have 251 positive cases and 8,552 total tests done with 98 recovered. There have been four deaths in the state. Sixteen individuals are currently hospitalized – down by two today – which is good news. We are down in active cases right now. NDNA has closely followed updates from the North Dakota Department of Health, the Governor, and collaborated with the North Dakota Board of Nursing and the American Nurses Association to bring the latest updates and information to the public.

NDNA conducted a survey during the dates of March 18-26. 120 total responses were received and there was an overall feeling of “neither agree nor disagree” when asked the question, “I feel prepared for COVID-19”. NDNA also held an open forum online meeting for nurses on March 25 with plans for another meeting to allow nurses to speak their feelings with other nurses outside of their workplace. ANA also did a survey which was completed during the period of March 20-April 2, from ND 22 total responses were obtained. Some of the most noteworthy responses were: 62% of respondents indicating extremely concerned in terms of PPE, 77% of nurses felt that the most urgent needs for nursing education were caring for COVID patients. Regarding the most urgent needs for public education, the nurses felt that social distancing was the top concern – 92%.

The North Dakota Nurses Association is urging social distancing. In partnership with many other healthcare organizations, an open letter was put out to the public requesting that all citizens stay at home – see at right. Today during the daily press conference, North Dakota citizens received a “thank you” from Governor Burgum for using individual responsibility and being #NDSmart. Let’s keep it up for those frontline nurses!
Karen Macdonald

There are some serious issues facing nursing today that I want to discuss – some may be resolved by the time this column is published in The North Dakota Nurse – some are ongoing, and some are the perspective of someone who has been around for a while.

To recap what’s available, last year the fund and encourage contributions. The committee also is charged with discussing ways to publicize the fund and encourage contributions. The contributions is met and determined that criteria would be developed for individual awards, education/continuing education offerings, and how best to encourage donations. To recap what’s available, last year the fund was $30,500 available. The formula for disbursements must be consistent with the educational/scholarship intent, and that determination is the responsibility of the NDNA Board of Directors in concert with the NDCF. Stay tuned.

Potential pandemic – the emergence of COVID-19, a coronavirus, has caused quite a stir world-wide. I look at this in conjunction with “The Year of the Nurse” and the 200th birthday of Florence Nightingale. I believe she in fact was in Crimea, the effect of environment on the well-being of the patient. I just re-watched the movie starring Jaclyn Smith in Florence Nightingale. A telling scene is when she investigates why a patient’s wound is infected and finds leakage from a sewage pipe as the cause. I’m told that infectious disease specialist nurses have an incredible effect on infections in long-term care, and a news report of a nursing home in Washington and the resulting infections could be related to the “cost-saving” of not having these services full-time due to reimbursement issues. Granted, there is a lot of misinformation about the virus, and the boarding of supplies seems to be the result of lack of knowledge, but there should be reliance on the experts/nurses in infection control, health departments, etc.) for guidance. Plus remember mother’s admonition to wash your hands! I visited the local clinic several weeks ago and saw firsthand the efforts to isolate individuals who might have any infectious process. At my local church, today we discussed “fist bumps” instead of handshakes. When giving donations, I name the nurse I am honoring, and ask that an acknowledgement be sent to the family and include a family member address. The continuing education requirement is well-managed and I am impressed with their management.

To prescribe MAT, the prescriber must agree, to prescribe Buprenorphine, the first “infectious control nurse,” identifying in Crimea, the effect of environment on the well-being of the patient. I just re-watched the movie starring Jaclyn Smith in Florence Nightingale. A telling scene is when she investigates why a patient’s wound is infected and finds leakage from a sewage pipe as the cause. I’m told that infectious disease specialist nurses have an incredible effect on infections in long-term care, and a news report of a nursing home in Washington and the resulting infections could be related to the “cost-saving” of not having these services full-time due to reimbursement issues. Granted, there is a lot of misinformation about the virus, and the boarding of supplies seems to be the result of lack of knowledge, but there should be reliance on the experts/nurses in infection control, health departments, etc.) for guidance. Plus remember mother’s admonition to wash your hands! I visited the local clinic several weeks ago and saw firsthand the efforts to isolate individuals who might have any infectious process. At my local church, today we discussed “fist bumps” instead of handshakes. When giving donations, I name the nurse I am honoring, and ask that an acknowledgement be sent to the family and include a family member address. The continuing education requirement is well-managed and I am impressed with their management.

The Impact of Nurse Practitioners on the Opioid Crisis

Reprinted with permission from the Wisconsin Nurse, March 2020
Tina Bettin DNP, MSN, RN, FNP-BC, APN, FAANP

The United States is in the midst of an “Opioid Crisis.” We have all heard this whether in our professional circles or in the popular press. There have been a number of initiatives in recent years hoping that health care providers will be able to have a positive impact in reversing the opioid crisis. One of these initiatives includes opioid prescribing guidelines by the Center for Disease Control (CDC). Within the State of Wisconsin, there were also initiatives implemented. One of the initiatives was the PDMP (Prescription Drug Monitoring Program), which required providers to query a patient whom they were prescribing controlled substances to. Another initiative implemented by the Board of Nursing (BON) was the continuing education requirement for “16 contact hours per biennium in clinical pharmacology or therapeutics relevant to the advanced practice nurse’s prescriber’s area of practice, including at least two contact hours in responsible prescribing of controlled substances” (Wisconsin Administrative Code N8.03(1)). Additionally, there were Federal regulation changes. In 2016, the Comprehensive Addiction and Recovery Act (CARA) implemented a five-year pilot program granting nurse practitioners (NPs) the authorization to prescribe medically assisted treatments (MAT) to treat opioid use disorder. In October 2018, the Substance Use-Disorders Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act was signed into law, permanently authorizing NPs to prescribe MAT. At the same time in 2018, a five-year pilot program was implemented for the other APRNs (CRNAs, CNSs, and CNMs).

Some may question what if any impact these initiatives have had on the opioid crisis. As of May 2019, over 19,000 NPs are authorized by the Drug Enforcement Agency (DEA) to prescribe MAT. The data is coming in which is very supportive of NPs prescribing MAT. NPs in reduced or restricted practice states are less likely to have Buprenorphine Waiver than NPs in full practice authority (FPA) states. When a NP in a FPA state takes the Waiver Course, that NP can immediately start prescribing Buprenorphine which has a direct impact on the opioid crisis. Whereas, there are road blocks in reduced and restricted states. For example, in Wisconsin, because NPs have a collaborative agreement, to prescribe Buprenorphine, the NP must have a collaborating physician, who also has the Buprenorphine Waiver. This can take time and money to find this collaborating physician.

To prescribe MAT, the prescriber must complete a Buprenorphine Waiver Training Course, which is 24 hours in length. This course is offered free through AANP.
Clinical Question

In hospitalized preterm pre-oral feeding infants, is oral stimulation more effective than no oral stimulation in improved acceptance or delivery of feeding?

Synthesis of Evidence

The articles reviewed show significant benefits of oral stimulation in preterm infants. A study compared tongue muscle force during non-feeding compared to better oral intake and weight gain, as well as a shorter hospital stay (Thakkar et al., 2018). The studies evaluated in this article included preterm infants in which oral stimulation was used (Greene et al., 2016).

Bottom Line

Evidence across multiple studies show the benefits of oral stimulation in preterm infants including increased oral feeding success and decreased length in hospital stay. Based on findings from the sources reviewed above, the most used and effective method for oral stimulation is finger-stroking the internal and external cheeks, lips, gums, tongue, and who (Thakkar et al., 2018). It is important to note that there were no adverse reactions stated in any of the studies that would contraindicate the implementation of oral stimulation.

Nursing Implications

In order to implement oral stimulation for preterm infants more universally, policies in individual facilities should be initiated outlining the intervention and how health care professionals should implement oral stimulation into their professional practice. Health care teams should be educated on the methods and benefits of oral stimulation. Facilities should encourage interprofessional collaboration in the implementation of oral stimulation as multiple health care professionals can be trained to initiate the intervention. A paper document should be located near patient care areas tracking oral stimulation interventions to aid in communication among team members. These documents should then be reviewed by a nurse manager or clinical manager of the unit to monitor proper execution. The parent(s) should also be informed of the intervention and the benefits it provides. Evidence-based steps can help to introduce and implement preterm infant oral stimulation techniques in places where it is not currently being practiced. Clinical outcomes based on documentation of oral stimulation interventions will allow for quality improvement and re-evaluation of methods to determine best practice.
Resilience is a phenomenon known to buffer the negative effects of stress. It is one of the series, an introduction to resilience was presented which set the stage for its extensive impacts on the nursing profession as well as those we serve. For part two of this series, insights toward resilience and its importance in the lives of nursing students and nurse educators will be revealed, as well as strategies to enhance resiliency within the academic setting.

Challenges for Nursing Students

For nursing students, challenges are the same as most post-secondary peers (increased academic workload, examination stress, and social integration into different learning communities). Additionally, they face unique stressors (sources as cited in Reyes et al., 2015):

- Practicum experiences and clinical workload (Thomas et al., 2012)
- Unwelcoming and negative attitudes of clinical staff (Noel et al., 2007)
- Death, and other social issues and concerns (McCgowan, 2006)
- Faculty incivility that increases stress and negatively influences their learning and self-confidence (Clark, 2008)

Challenges for Nursing Educators

The topic of nurse educator stress is noteworthy to the nurse educator community, which is facing a national nurse faculty shortage crisis (Owens, 2017). Stress contributes to emotional exhaustion and a compromised sense of personal accomplishment (Taibot, 2000 as cited in Reyes et al., 2015). As with nursing students, they too face unique stressors (sources as cited in Reyes et al., 2015):

- Lack readiness for role as researcher, mentor, and educator (Siler & Klees, in press)
- Pressure to keep clinical and educational expertise (Hinshaw, 2001)
- Rapidly changing educational technology (Burke, 2009)
- Faculty-to-faculty incivility (Clark et al., 2013)
- Student aggression and incivility (Luparello, 2007)
- For clinical faculty – role overload, conflict, and ambiguity (Whalen, 2008)

Developing Nursing Student Resilience

According to Stephens (2013), nursing student resilience is "an individualized process of development that occurs through the use of personal protective factors to successfully navigate perceived stress and adversities. Cumulative successes lead to enhanced coping/adaptive abilities and well-being." (p.130). When nursing students identify, enhance, and/or develop their protective factors (positive emotions, humor, self-efficacy, flexibility, faith, optimism/hope, and perseverance, to name a few), they will be better equipped to effectively manage perceived adversity and stress. Successes can be improved through an ongoing process of education and learning, along with resilience-enhancing interventions. The result will be enhanced coping/adaptive abilities and well-being for the future nurse. The figure below depicts this process (Stephens, 2013, Figure 1):

Challenges for Nursing Educators

In a qualitative study by McDermid et al. (2016), a storytelling approach was used to guide investigation into resilience building strategies used in new nursing academies. Three themes appeared: active development of supportive collegial relationships, embracing positivity, and reflection and transformative growth. For nursing faculty, fostered relationships contribute to a sense of belonging and ‘connection.’ Nurturing associations with fellow faculty augments feeling of feeling safe and secure within one’s role. In general, social and emotional support can mediate the negative effects of the challenges and stress faced while in the role of an educator.

While a range of negative experiences can contribute to feelings of anxiety and uncertainty, embracing and creating positivity can prove to be a counteractive strategy. Positive student feedback processes can aid in this strategy, thereby contributing to increased self-confidence, optimism, and self-accomplishment. Witnessing student achievement, including graduation, also helps to create feelings of pride and triumph.

Transformation comes via the development of one’s own strategies and creating initiatives. The belief of ‘just get on with it’ has the strong ability to increase tenacity toward adversity.

Conclusion

Clearly, nursing students and educators have a lion’s share of stressors. Within the context of the nursing profession, neither of these populations are immune to the effects of our profession’s daily grind. Awareness of stressors and then conscious efforts to moderate them can come by way of resilience. This leads to the ability to bounce back and show ‘grit,’ which are benefits that we all can appreciate.

References


Clinical Question

Does consuming cranberry products, such as juice or capsules, help reduce UTI symptoms associated with urinary tract infections (UTI) in women 18 and over?

Summary of Evidence

The first study by Bass-Ware, Weed, Johnson, and Spurlock (2014) attempted to determine the effectiveness of cranberry juice on reducing UTI symptoms. Participant symptoms were assessed using the “Interstitial Cystitis Symptom Index (ICSI)” and the “Interstitial Cystitis Index (ICI).” Researchers analyzed the data from both the ICSI and ICPI and found a “statistically significant reduction” in both scores over the eight-week study period. Researchers instructed participants to consume eight ounces of cranberry juice or a placebo beverage throughout the 24-week treatment period and were instructed to keep a journal of their symptoms and adherence. If symptoms were reported, participants were instructed to have a UTI evaluation with the research clinic. 322 participants completed the study, and the results showed that cranberry juice was effective in preventing UTIs when used twice per day for seven days (Occhipinti et al., 2016). In using this data, cranberry use is effective in reducing UTIs.

The second study by Juthani-Mehta et al., (2016) was conducted on a group of women living in nursing homes and looked at the effectiveness of oral cranberry capsules in preventing the occurrence of UTIs in women who participated (Bass-Ware et al., 2014). The study found that cranberry juice significantly reduced UTI symptoms in women who consumed eight ounces of cranberry juice or a placebo capsule three times daily upon admission until five days postoperatively. Data was collected on UTI symptoms through subjective questions, quality of life as measured by Euro Qual Five Dimensions, and the presence of bacterium on cultured urine specimens. Study results found that compared to placebo, cranberry or placebo capsules reduced the number of clinical UTIs in women who had a history of UTIs (Bass-Ware et al., 2015). This study found that cranberry juice is beneficial in reducing UTIs.

The third study reviewed was by Gunnarsson, Gunnberg, Larson, and Jonsson (2017), assessed the effects of cranberry intake on the incidence of UTIs in women postoperatively. The participants were randomized to randomly take either the experimental capsule twice per day for seven days, or the placebo capsule containing no PAC. The females aged 31 to 35 showed only slight differences between the two groups in reducing UTIs; whereas all other age ranges showed significant differences in reducing UTIs. Researchers observed that treatment with 36 mg of PAC was effective in preventing UTIs when used twice per day for seven days (Occhipinti et al., 2016). In using this data, cranberry use is effective in reducing UTIs.

The fourth study reviewed was by Foxman, Cronenwett, Spino, Berger, and Morgan (2015), and reviewed the effectiveness of using cranberry juice capsules in women undergoing elective gynecological surgery where a catheter was placed. The study revealed that 15 of the 80 receiving the cranberry juice capsules had a UTI, while 20 of the 80 in the placebo group who developed a UTI. Due to the success of the study, the authors recommended additional studies be done with similar criteria and taking into account catheter insertion and removal times to avoid subsequent catherizations and UTIs (Foxman et al., 2015). Considering the study outcomes, cranberry products are an effective mode of treatment and prevention.

The fifth study reviewed was by Occhipinti, Germano, and Maffei (2016). 60 women from 18 to over 51 years of age in the study volunteered to randomly take either the experimental capsule twice per day for seven days, or the placebo capsule containing no PAC. The females aged 31 to 35 showed only slight differences between the two groups in reducing UTIs; whereas all other age ranges showed significant differences in reducing UTIs. Researchers observed that treatment with 36 mg of PAC was effective in preventing UTIs when used twice per day for seven days (Occhipinti et al., 2016). In using this data, cranberry use is effective in reducing UTIs.

Bottom Line

Following a review of the literature, it is determined that four of the six articles studied found that cranberry products were effective in the prevention of UTIs. No articles studied the effects of cranberry juice on catheter-related UTIs. However, further research into the effects of cranberry products on UTIs is warranted. With future studies, cranberry products could be a potential option for UTI treatment.

Nursing Implications

Evaluating and furthering nurses’ knowledge regarding cranberry products will allow nurses to pass on new information to patients in their care and contribute to the overall prevention of UTIs. Examples of educational efforts include online learning modules, review of current literature, and discussion of topics in unit-based councils (Schmidt & Brown, 2019). Ongoing studies and conferences continue to assure that nurses must continue to ensure new recommendations have not been published regarding this topic. By being abreast of current research recommendations, nurses can provide high-quality care and continuity of patient care which will increase patient satisfaction.

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Mehta-Juthani, M., Van Ness, P. H., Blanco, L., Rink, A., Rubbeck, S., Ginter, S., & Peduzzi, P. (2015). Cranberry juice lowers the number of clinical UTIs in women who had a history of UTIs (Maki et al., 2016). This study found that cranberry juice is beneficial in reducing UTIs.

Being the Nurse in the Family

Author(s): Roberta Young, MSN, RN, CENP, and Teresa (Terry) Anderson, EdD, MSN, NE-BC

Define your role when a family member is ill, and then apply that experience in your practice.

Tokeaways:

• Most nurses experience the “nurse in the family” when a loved one is ill, which can be a struggle and an opportunity to learn and grow.
• When a nurse is caring for a loved one, the nurse must articulate how his or her actions are affecting the practice roles of professional nursing.
• Nurses can promote and improve their own professional practice when caring for a loved one with intentional, humble reflection and being open to self-healing.

My mother had experienced sudden-onset pulmonary edema after a complex cardiac procedure. I felt that her caregivers didn’t assess her accurately and acted on assumptions. We had previously negotiated very rough waters balancing her medications. The day after a transfer to a step-down unit, a well-intentioned nurse administered a dose of her medications on the basis of new lab results. The nurse had not been informed of our discussions with the doctor’s authority and was being naive, a characteristic considered poorly in my family.

— Roberta Young

At one time or another in our careers, we become the “nurse in the family,” and sometimes we’re disappointed with our colleagues as we advocate on behalf of a parent or child. Other times, though, we’re in awe of the compassion and expertise we witnessed. A nurse being a gift to a loved one with intact, vulnerable emotions of love, conviction, and uncertainty mixed with our professional capacity as nurses to continue to support a family while being held to unknown expectations.

Navigating this situation requires understanding nurses practice roles, defining your role, and reflecting on the gift a nurse might offer a family. Following these actions not only will help family members but also can help nurses gain a deeper understanding of the patient and their practice.

Read the rest of the article in My American Nurse here: https://www.myamericannurse.com/being-the-nurse-in-the-family/
Appraised by Morgan Roop, RN and Karli Laeger, RN
Mayesville State University RN-BSN Students

Clinical Question
For all newborns delivered term, does skin immediately after birth help stabilize infant's heart rate, respiratory rate, and thermal regulation?

Articles


Synthesis of Evidence
When it comes to mothers delivering their baby it is a magical time, life is born and the mother wants that bond she's been desperate to share with her new baby. Before there were warming tables, many babies went straight to mom’s bare chest, however now many have started taking baby directly to the warming table doing their assignment and then giving baby back to mom. Warming tables are not bad things, if and when a baby is not doing well, they are very beneficial to help recover the baby and do necessary resuscitation techniques if needed. But if the baby is doing well and there are no concerns then the best thing for baby and mom is to do skin-to-skin.

“When the newborn is placed skin to skin with its mother, this heightened response stimulates behaviors that help to meet the newborn’s basic biological needs, activates, and promotes neuroprotective mechanisms, enables early neurobehavioral self-regulation.” (Crenshaw, 2014, 2). There is not only just the bonding that occurs when the infant is skin-to-skin with mom there is so much more going on internally for both mom and baby that we don’t see. “Being skin to skin with mom stabilizes the newborn's respiration and oxygenation, increases glucose levels (reducing hypoglycemia), warms the infant (maintaining optimal temperature), reduces stress hormones, regulates blood pressure, decreases crying, and increases the quiet alert state.” (Phillips, 2013, p. 2). The mother’s chest will naturally become warmer to help baby eventually regulate their own heart rate, respiratory rate, and thermal regulation. The research also shows that there is a “reduction in newborn pain response during painful procedures.” (Cleveland et al, 2013, p. 2). By putting baby directly to mom's bare chest can help the baby transition to life easier, should be something all nurses and physicians do more often. The data shows it helps baby more than just regulate their temperature and build a bond with mom.

Bottom Line
The research shows that in term newborns, it is very beneficial to have skin to skin contact with their mothers immediately after birth. Immediate skin to skin contact has been proven to help the newborn to stabilize its heart rate, respiratory rate, and thermal regulation. Immediate skin to skin contact has also been proven to decrease the time the infant cries. Studies show skin to skin bonding, and helps promote breastfeeding.

Implications for Nursing Practice
For nurses instead of taking baby from mom directly to a warming table, baby is placed directly skin-to-skin with mom on her chest. For nurses unfamiliar with initiating the first assessment of baby on mom’s chest this can be uncomfortable, however you can dry baby and listen to heart and lungs as you would on a warming table. If baby is not doing well, the baby should be done at least an hour or more after delivery to allow for the "golden hour.”

Newborns Skin to Skin

Many experiences in Medical Surgical units, Occupational Health, Emergency Departments, Pain Clinics, Urgent Care Centers and Procedure Units have provided learning. In 2007, I became a Clinical Instructor in an Employer sponsored Nursing Program. One of the most important theories I embraced as a Nursing instructor was the importance of the Human Story and how human stories affect our practice. Many a patient’s human story. The receiving nurse is often the first person a patient sees. I learned that the human story often plays a major role in patient outcomes. A patient's human story. The receiving nurse is often the first person a patient sees. I learned that the human story often plays a major role in patient outcomes.
Chlorhexidine Bathing for Infection Prevention

By: Hannah J. Christian, Lucas H. Kreamer, Madeleine C. Laurent, Sara N. Melgaard, Whitney Wuters, University of Mary BSN Students; Kathy Roth, PhD, RN, Assistant Professor of Nursing

Clinical Question
Is there a known decrease in hospital-acquired infections (HAIs) in patients who are bathed daily with chlorhexidine gluconate (CHG) during their stay in the hospital compared to those who are not?

Summary of Evidence
A stay in the hospital greatly increases a patient’s risk for infection, and according to studies, the use of CHG has proven to be an effective means of bathing for infection prevention. In a Cochrane review by Lai et al., [2016], they studied the comparison of the effectiveness of CHG versus povidone-iodine in patients with central venous catheters. It was found that the use of CHG had a slightly reduced incidence of catheter-related infections, as compared to the use of povidone-iodine (Lai et al., [2016]). Petlin et al., [2014] conducted a study looking at the impact of the use of CHG, and its use in the form of basin-bathing prepakaged wipes for patients with Methicillin-Resistant Staphylococcus aureus (MRSA). This study showed that there was no effective difference between using the wipes versus the basin bathing method. At the end of the article, they concluded their findings stating that “the CHG bathing protocol was easy to implement, was cost-effective and led to decreased unit-acquired MRSA rates” (Petlin et al., 2014, p.23).

Caya et al., [2019] conducted a qualitative study and they looked specifically at how a patient perceives the use of CHG for daily bathing to reduce HAIs. According to the interviews with patients, it was found that they were left feeling uninformied of the risks and benefits of using CHG as a mean of infection prevention, but they also had a reduced sense of overall risk of infection during their hospital stay. The authors concluded that there is an increased need for education on CHG bathing for both patients and staff (Caya et al., 2019).

In a quantitative study by Charles et al., [2017], a comparison was performed on two types of skin antiseptics for surgical preparation to prevent infection of the surgical site. Half of the population used alcoholic chlorhexidine and the remaining used aqueous chlorhexidine. A follow-up was performed and there was no significant difference in the infection rates of patients who used either of the antiseptic solutions (Charles et al., 2017).

Kates et al., [2019] studied the impact of CHG bathing on the skin microbiota of both children and adults on a general medical surgical floor. This was a quantitative study where samples of participants microbiota were taken from the patients upon admission to establish a baseline and throughout their hospitalization. Patients were bathed with 4% CHG foam daily, and samples were taken from both the axillae and the antecubital fossa without having a significant impact on the microbiota of the axillae and antecubital fossa (Kates et al., 2019).

Proper education needs to be a priority for patients in order to receive the most beneficial and safe care during their hospital stay. Hospital staff should be aware of the important factors that constitute using CHG solution for bathing, as well as the priority and emphasis of bathing for infection prevention. In order to prevent hospital-acquired infections in patients who are at an increased risk, nurses and other health care professionals need to be well educated on the different methods used to bathe patients to increase positive outcomes. Patients also need to be educated about the importance of maintaining their hygiene and how bathing properly can reduce their risk of getting an infection throughout the duration of their hospital stay.

Nursing Implications
Patient education needs to be a priority for patients in order to receive the most beneficial and safe care during their hospital stay. Hospital staff should be aware of the important factors that constitute using CHG solution for bathing, as well as the priority and emphasis of bathing for infection prevention. In order to prevent hospital-acquired infections in patients who are at an increased risk, nurses and other health care professionals need to be well educated on the different methods used to bathe patients to increase positive outcomes. Patients also need to be educated about the importance of maintaining their hygiene and how bathing properly can reduce their risk of getting an infection throughout the duration of their hospital stay.

References
Pate, A., Parikh, P., Dunn, A., Otter, J., Thala, P., Fraser, T. ... Deshpande, A. (2019). Effectiveness of daily chlorhexidine bathing for reducing gram-negative infections: A meta-analysis. Infection Control & Hospital Epidemiology, 40(4), 392-399. doi:10.1017/ice.2019.20

For more information, please visit www.usajobs.gov or call Lynelle Hunt, DON (701) 477-6111 ext. 8260. All RNs encouraged to apply or call for more information.
Clinical Question
Do healthcare workers in the hospital setting, decrease infection rates by having natural nails versus those who wear nail polish, gel nails, and acrylic nails?

Summary of Evidence
Studies have concluded that the application of nail polish and gel nail polish when compared to natural nails does not have a direct correlation on infection rates. However, nails that are longer than 2mm or ⅛ inch pose a greater risk of harboring and spreading infections, thereby including the wear of acrylic nails that are longer than this length (CDC, 2019). A study conducted by Hewlett et al. (2018) concluded that all three nail types, regardless of the product applied, become more contaminated with bacteria over time. Similarly, a study by McLaws et al. (2011) found that “beforehand cleansing, 86% of healthcare workers wearing artificial nails had a pathogen isolated, as compared with only 5% of those who had natural nails” (para. 1). The authors suggested that one of the reasons that could have led to such high levels of bacteria were that many participants in the study did not follow policy about how to correctly wash their hands. After hand washing with alcohol hand sanitizer, colonization rates of bacteria were lower than stated above (McNeil et al., 2001).

Between Academic Achievement and Clinical Success

Summary of Evidence
One constant that was found throughout multiple studies was the importance of hand washing, whether it was the native nail or a nail with polish applied. The second clinical finding that was consistently being proven to break the chain of infection, including infection that can be on or underneath the nail beds. Education and training on hand hygiene would be vital for employers to implement. Studies also concluded that nails that were longer than 2 millimeters (mm) harbor more bacteria than nails that were less than 2 mm. Acrylic nails are generally longer than 2 mm because it is an application of a fake nail and is worn for a longer period of time allowing the natural nails to continue to grow. The CDC formally recommends that artificial nails should not be worn, particularly in high-risk patient areas and the operating room, and that natural nails should be kept to a length of ⅛ inch or 2 mm (CDC, 2002). This fact leads to the recommendation of enforcing staff to keep nails at 2 mm or less, which would essentially ban acrylic nails. This recommendation would be best for patient safety and could lower infection rates. Overall, the common goal for healthcare is to prevent healthcare-associated infections.

References

The Nurse’s Reality Gap: Overcoming Barriers Between Academic Achievement and Clinical Success

The Nurse’s Reality Gap: Overcoming Barriers Between Academic Achievement and Clinical Success, authored by Leslie Neal-Boylan (2013) is a comprehensive guide and valuable resource for new nurse graduates, nurse educators, and nurses who precept/mentor entry-level colleagues.

An interesting approach, Neal-Boylan surveyed 100 new graduate nurses prepared with associate or bachelor’s degrees. She sought to better understand the journey and transition from student to professional nurse. Given that “...even after two to three years of practice, nurses still do not feel entirely comfortable and confident about making clinical decisions, planning and initiating care, and communicating with physicians” (National Council of State Boards of Nursing [NCSBN] as cited in Neal-Boylan, 2013, p.xvii) this book offers timely and relevant insights.

The book goes on to elaborate about ADN and BSN-prepared nurses over the course of several chapters. For each level of education, the author discusses their nursing education, barriers and challenges, and facilitating factors. Following these elements, ‘Life as an ADN-Prepared Nurse’ and ‘Life as a BSN-Prepared Nurse’ are chapters that offer respective role orientation, communication, role change, meaning of nursing, and advice.

Remaining chapters in this book address graduate programs, the chasm in nursing, and concluding-type discussions. The references section offers a plethora of additional related items for the reader as well. Overall, encompassing 153 pages, the book’s content is succinct and well organized. As mentioned, a quality addition to any nurse’s reading repertoire.

Who has not heard of CBD (Cannabidiol)? Are you aware of the new “Snake Oil” or does it really have benefits? How do you know if you are getting a good product? Is the CBD legal? Where is CBD legal? Is CBD legal or illegal in the United States? There are not official organic standards currently, but organic practices should be a priority, as hemp (cannabis) is a bio accumulator. It can help improve the soil by drawing heavy metals and other contaminants up into the plant where it is concentrated when making a concentrated oil, there can be measured impurities.

2. Make sure it is third party lab tested to ensure quality and safety of the product. The lab should be ISO7025 accredited. Products that should be tested for include potency, pesticides, residual solvents, and heavy metals. Do you have access to these reports? A tracking process, in case of recall, is vital.

3. Price is a factor. A good average product range for CBD is $0.06 to $0.10 per milligram. The higher the mg/ml, the less you have to use, right? Don’t fall for the trap that you are saving money. The mantra for anyone using CBD, as with any medical cannabis product, is start low and go slow. There are many good low milligram CBD products. The first pass is into the bloodstream via the stomach and then routes through the liver involving the CYP pathways.

4. Extraction processes are important. Look for “Full Spectrum” products, not isolates, distillates or products labeled “pure CBD” or “no THC.” The entourage effect comes into play. The plant works better than washing hands with soap and water with alcohol-based sanitizer is more time efficient than washing hands with soap and water for the proper time per the CDC guidelines, and many times workers were touching other objects before their hands were dry from the alcohol-based hand sanitizer (Arbogast, et al., 2016). The issues with healthcare workers and the spread of infection in the articles showed evidence that the healthcare workers were performing hand hygiene at the appropriate intervals, just not for the appropriate amount of time. Would you not wash your hands with soap and water for the proper time per the CDC guidelines? The many times participants were touching other objects before their hands were dry from the alcohol-based hand sanitizer (Arbogast, et al., 2016). Challenges that occur during these stages make hand hygiene necessary. The lack of staff participants. One of the studies completed was unable to have consistent results due to staff missing work or having scheduled time off. The study by Gould, Djordjevic, I. J., Gavran, J. C., Harperst-Hagen, A., Hughes, J., & Parker, A. (2016). Impact of a comprehensive workplace hand hygiene program on employer health care insurance claims and costs, absenteeism, and employee perceptions and practices. Journal of Occupational and Environmental Medicine, 58(6), e231-e240. https://doi.org/10.1097/JOM.0000000000000318

Gail Pederson 

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Does Handwashing Work Better than Hand Sanitizer?

Appraised by

Lora Hubsky RN and Dayna Dick RN (Mayville State University RN-to-BSN students)

Clinical question

Does handwashing work better for nurses in acute care than alcohol hand sanitizer in preventing effective and appropriate hand hygiene?

Articles


Synthesis of Evidence

Our intentions were to use research to decide if handwashing is more effective than using alcohol-based hand sanitizer for hand hygiene while caring for acute patients. We used four articles that were less than 10 years old to help us make a decision on the topic. By answering this question, we could help improve patient care and reduce the number of hospital associated infections by providing nurses and staff with correct and relevant data to encourage the proper hand hygiene practices used by staff that are caring for patients. By holding themselves and other staff accountable for practicing hand hygiene, they can start to improve the compliance of hand hygiene practices. By doing this, nurses can prevent infections, better health outcomes for all patients, reduce infections and mortality rates for patients in the hospital, which can reduce the number of preventable diseases, injuries, and cost for the hospital. This can improve the quality of care and the quality of life for patients who end up contracting infections that easily could have been avoided with just simple hand hygiene.

Bottom line

Research implies that the combination of both handwashing and alcohol-based hand sanitizer is the best practice for hand hygiene while caring for patients. Utilizing hand sanitizer also increases the rates of hand hygiene compliance which can reduce the number of preventable infections and lead to reduced quality of care, less preventable infections and illness, and better health outcomes for all patients.

Implications for nursing practice

By improving the compliance of hand hygiene practices. By holding themselves and other staff accountable for practicing hand hygiene, they can start to improve the compliance of hand hygiene practices. By doing this, nurses can prevent infections, reduce health care costs, and help reduce mortality rates that are related to these infections.

References


PWM4-A.org

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What in the World is CBD Going On!

By Gail Pederson, SPRN, HN-BC

Be Well Healing Arts, plc.
When asked why appropriate staffing was so important, Tracy Viers, MSN, RN, CCRN, didn’t hesitate for a second. “I think it’s all about patient safety and positive outcomes,” said Viers, an ANA-Illinois member and intensive care unit (ICU) staff nurse at Blessing Hospital in Quincy, Illinois. “We’re seeing that good preventive outcomes are dependent upon nurses, who can’t do their best when they have too many patients and tasks.” To find that inability to provide every patient with the best possible care also causes nurses, no matter where they work, incredible physical and emotional stress, she added.

The American Nurses Association (ANA) wants appropriate staffing to be the rule—not the exception—across care settings. To that end, the association continues to increase and widen its efforts, knowing that complex problems require a multifaceted approach.

One effort involves a unified legislative and regulatory approach to achieve ANA’s staffing goal. Another is an educational and outreach campaign launching this fall to help ANA members across all settings and to emphasize nurses’ critical role in ensuring healthcare facilities meet their mission of providing patients and communities with quality, safe, and cost-effective care.

Assessing the problem
A membership survey of more than 6,700 nurses, 93% identified staffing as an important issue, with 72% identifying it as “extremely important.” And when asked to name their top three nursing issues, “early career” nurses (0-4 years of experience) and “up and comers” (5-14 years of experience) named staffing as a priority far more than any other issue.

Texas Nurses Association member Bob Dickey, MSN, RN, CCRN, said, “I think understanding where nurses are needed, and how to appropriate staffing to that need, is a core concept that’s become even more apparent to me as I think about the work I do.”

Yet findings from an ANA Enterprise HealthyNurse® Survey gathered between February 2017 and May 2019 revealed that more than a quarter of the 18,000-plus respondents said they were often assigned a higher workload than they felt comfortable with. About 52% responded that they frequently must work through their breaks to complete their assigned workload and 53% often have to arrive early or stay late to get their work done.

Staffing continues to be a national issue. Washington State Nurses Association (WSNA) member and neuro-trauma ICU staff nurse Danielle Deavin, BS, with CCRN, said, “Nurses are continually being asked to do more and more and more with less.”

She also referenced the ANA’s survey findings: about nurses working nonstop. For years, nurses in her facility didn’t take rest and meal breaks for fear of overburdening their coworkers and pushing their patients. “I think I had about 30 minutes a day where I was awake, and that happened in 30 minutes, especially in an ICU where you have critical I.V. drips,” O’Toole said.

Looking at the principles
Although ANA’s revised principles include additional content, such as references to the Institute for Healthcare Improvement’s triple aim efforts to improve health system performance, this resource continues to provide nurses with an important framework to help them develop, implement, and sustain the necessary staffing plans and activities. It includes core components of appropriate staffing such as:

- RNs at all levels within a healthcare system must have access to clear, shared guidance on when specific staffing levels are appropriate in staffing decisions to ensure they have the necessary time to meet patients’ care needs and fulfill their overall nursing responsibilities.
- All settings should have well-developed staffing guidelines with measurable nurse-supervisor, nurse-nurse, nurse-patient, and the healthcare consumer population they are serving that are used as evidence for making sound staffing decisions and plans.
- Staffing needs must be based on an analysis of the patient’s or consumer’s healthcare status, as in acuity and intensity, and the environment in which care is provided.

Other considerations include RNs’ competencies, experience, and skill; staff mix; and previous staffing patterns that have shown to improve care outcomes.

Dent reinforced the importance of nurse involvement and collaboration—such as through the implementation of staffing advisory councils and the use of specific staffing algorithms that align appropriate staffing and good patient experiences and care.

“If it’s important that nurses aren’t questioning whether or not their patients need their help, and that they feel they can provide that care, then that is the possibility for their patients,” said Dent, who recently left his long-time leadership role at Midwestern State University as associate vice president and chief nursing officer of three facilities within the Emory Healthcare system. “I’ve found that if nurses have a positive and healthy environment where they can provide care, then that is going to affect the patient experience.”

The ANA document also outlines specific principles related to healthcare consumers, RNs and other staff, the organization and workplace culture, the practice environment and staffing plan evaluation—all of which can guide direct care nurses and those at other levels in making sound staffing decisions and plans.

For example, staffing decisions should take into account factors such as the age and functional ability of patients and the needs of healthcare consumers, including all cultural and linguistic diversities, scheduled procedures or treatments, and complexity of care needs.

One important principle is that staffing is a component of that—then their patients are getting good care and having good experiences, Dent said.

“Staffing is complex,” said Deborah Maust Martin, DNP, MBA, RN, NE-BC, FACHE, who also contributed to the revised principles. “We need to look at patient outcomes and how we get the best mix of patients and nurses.

The principles of staffing document also emphasizes other key points, such as calling mandatory overtime an unacceptable solution to achieving appropriate staffing, ensuring that nursing students aren’t counted as staff, creating a workplace culture that leads to retaining nurses, and finding cost-saving solutions to provide additional nurses in high-need areas. “It’s a secure staffing model that needs to be shared with the public,” Dent said. “It’s about fairness and experience.”

Maust Martin, a Wisconsin Nurses Association member, noted that the principles are designed to be applicable to nurses working in all facilities, including schools, faith-based organizations, and community-based practices. The term “healthcare consumers” instead of “patients” reflects the broad scope of nurses’ roles and the populations they serve.

Pursuing other efforts
Many state nurses associations and specialty-focused organizational affiliates are also engaging in a range of efforts to address this priority issue.

In Pennsylvania, State, O’Toole testified before legislators about nurses’ inability to take needed rest and meal breaks and the impact it has on nurses and patients. Her advocacy opened the door to other legislation led to the passage of a state law providing breaks and overtime protections for nurses, effective April 2020.

In Washington State, the Tacoma General Hospital, hired “break relief” staff to cover nurses during those times as a result of legal action by WSNA, and the new law reinforces the hospital’s obligation to ensure that nurses have access to breaks.

“Telling me my first break since the law passed,” said O’Toole, who also is chair of her local, “We also have a nurse staffing committee that meets once a month that is 50-50 staff nurses and management to address staffing issues.” The committee additionally reviews the efficacy of every unit’s staffing plan, including negotiated standards, every six months to determine if any changes are needed.

ANA-Illinois Executive Director Susan Swart, EdD, MS, RN, CAE, said the association plans to introduce legislation to strengthen the state’s existing staffing law, which went into effect in 2008 and was based on ANA’s earlier staffing principles. The law requires healthcare facilities to provide staffing that reflects the number of RNs needed, which at least 50% direct care nurses and that staffing decisions are based on patient acuity, skill mix, and other factors.

“We want to put some teeth in the law so the committee isn’t advisory but has real power,” Swart said. “We know from our community member survey that nurses continue to struggle with staffing and workplace issues that are connected with understaffing.”

Other considerations include RNs’ competencies, experience, and skill; staff mix; and previous staffing patterns that have shown to improve care outcomes. When asked why appropriate staffing was so important, Swart said, “It requires an institutional culture that supports nurses, as well as nurses at all levels working together to implement staffing solutions.”

One staffing solution that Viers believes can be instrumental is having a dedicated charge nurse on every unit who doesn’t have to carry a patient load in order to support the RNs. “The charge nurse free to mentor new nurses and handle all the other issues that routinely crop up for RNs,” Viers said. “(Her Illinois facility has a professional practice committee that addresses staffing issues.)

ANA-Illinois board member and staff nurse Lauren Martin, RN, CEN, also thinks it’s critical that nurses from all shifts are represented on staffing committees.

“Night shifts tend to not be staffed as well as day shifts, and oftentimes it’s new nurses, who are just learning the job, working those shifts,” Martin said. “As such, a committee of experienced nurses is needed to look at nurses’ involvement on committees and in other ways to solve staffing issues. That includes looking at all the factors that are causing inappropriate staffing.”

Both Dent and Maust Martin added that new nurses are the most at risk for losing staffing needs—whether it’s adjusting shift length, having long-time nurses support novice nurses through ongoing, virtual mentoring, or piloting new models of care.

Noted Dent, “We all have a piece of the pie when it comes to addressing nurse staffing.”

Susan Trossman is a writer-editor at ANA.

Resource
Access ANA’s new staffing webpage for key documents and tools at www.nursingworld.org/PrinciplesForNurseStaffing.
Clinical Question

Are laboring mothers with oral intake during labor at risk for maternal complications compared to laboring mothers without oral intake during labor?

Summary of Evidence

A Cochrane Review was evaluated that included studies with 3,313 low-risk, laboring women and demonstrated that current evidence shows no significant differences in oral intake during labor (Singate et al., 2013). Therefore, there is no jurisdiction for restricting foods or fluids during labor. The review provides evidence to support safe policy changes for oral and fluid intake during labor. The authors acknowledge the need for greater autonomy and freedom that a general diet would provide to low-risk laboring mothers. The authors note that further research should be conducted on specific foods that could help labor outcomes. Foods that should be researched further include foods high in oxycitin to improve the rate of dilation, energy-packed carbohydrates to sustain strength, potassium to reduce emesis, and foods and fluids that aid lactation (Singate et al., 2013).

A quantitative study of 411 women considered whether decreasing the period of oral intake of clear liquids to two hours prior to cesarean section affects the occurrence of regurgitation and respiratory aspiration (Zohreh et al., 2014). It was determined that there is no evidence that taking clear fluids one hour before cesarean section will increase the risk of regurgitation. These results are interpreted to support the implementation of oral intake policies preoperatively, in addition to oral fluid intake for pregnant women undergoing cesarean section (Zohreh et al., 2014, para. 17). A quantitative study of 51 laboring women examined the gastric motility of spontaneous laboring women undergoing cesarean section (Zohreh et al., 2014, para. 17).

A quantitative study of 2,784 laboring women concluded that allowing women to consume oral intake as desired during labor did not increase the incidence of adverse outcomes among either mothers or infants (Shea-Lewis et al., 2017). The researchers recommend relaxing the restrictions on oral intake in cases of uncomplicated labor (Shea-Lewis et al., 2018, p. 31). The researchers also recommend further research on specific foods and fluids that are most advantageous for labor.

Bottom Line

The studies examined found that women with low-risk pregnancies, eating during labor, do not persist increase the risk for aspiration or complications. Nursing must be active participants in research and implementation of evidence-based practice on oral intake during labor to fulfill their role as patient advocates. Thus, nurses have the responsibility to lobby for policy changes that encourage allowing women to drink during labor as safely indicated by research. In the modern healthcare system that promotes high healthcare satisfaction rates, policies that promote maternal oral intake safety and satisfaction should be implemented.

Nursing Implications

Current food and fluid restrictions leave women hungry, thirsty, and fatigued during labor. These results are of utmost importance in directing the supportive care practices of nurses (Ozkan et al., 2017). It has been long accepted practice to restrict oral intake during labor; therefore, many health care professionals are resistant to policy and practice changes. Nurses are responsible for educating their peers and supporting evidence-based policy and practice changes regarding oral intake during labor. As care managers, nurses are also responsible for educating and gaining support from the entire health care team in implementing unrestricted oral intake during labor for low-risk mothers. Once implemented, nurses must continue to monitor patient outcomes to ensure a successful and safe change in practice.

References


Why Your Nurses Should Serve on Community Health Boards

By Laurie Benson, B.S.N., Nurses on Boards Coalition, and Kimberly J. Harper, M.S., RN, Indiana Center for Nursing

Although the fate of the Affordable Care Act (ACA) is uncertain, this landmark legislation, and its accompanying regulations, has placed a renewed focus on community and population health.

Nurse leaders are able to impact the health of the communities they serve not only through their roles as clinicians, but also through service on non-profit and community boards of directors.

Despite being the largest health profession with 3.6 million registered nurses across the nation, nurses comprise less than one percent of voting members on hospital and health system boards.1 This trend, unfortunately, carries over with 3.6 million registered nurses across the nation.

Directors.

The power of nurses to improve community health is echoed by Susan Ortega, M.S.N., FNP-BC, FAANP, FAAN, Rear Admiral, United States Public Health Service (USPHS), Assistant Surgeon General, and USPHS Chief Nurse Officer, who leads a team of 1,500 nurse commissioned officers. “Commissioned Corps nurses play a vital role in reaching the population where they work, play, and pray,” said Ortega.

“Population health is a staple of what we do in support of assignment across the country. The Commissioned Corps nurses fulfill critical roles in clinics, hospitals, and public health outreach programs and policies that are vital to the health of families and communities across the nation.”

“The involvement of their nurse executives in high-profile community boards builds credibility and enhances the reputation for the organizations that employ them. Serving on community boards, nurses are extending the satisfaction and pride of professional practice throughout the clinical environment in helping shape policy and strategy decisions that impact these critical areas of patient care across the continuum of care.”

Laurie W. Vernaglia, Foley & Lardner LLP

“The Commissioned Corps community outreach, as an outside activity, to support a culture of health is ever present,” Ortega said. Nurses lead projects and initiatives that bring together several organizations to organizing community runs to serving on church boards and school activity boards. We also bring federal resources to the community, whether state, local, or tribal, providing an exceptional opportunity for the promotion and support of assignments in the community, care to action, or public health initiatives. My nurse team impacts the health of every American using a model of care centered on population health, wellness, and prevention. We want to create a culture and world where good health is in the reach of every person.”

Benefits for Nurses

Nurses gain a valuable professional development opportunity when they serve on community and non-profit boards. The Center for Creative Leadership’s 70-20-10 rule for leadership development states that leaders need to have three types of experience, using a 70-20-10 ratio: challenging assignments (70 percent), developmental relationships (20 percent), and coursework and training (10 percent).2 Board service is an excellent way for employers to expose nurse leaders to developmental relationships and thus foster the leadership of its nursing workforce. Additionally, serving on community boards often has a positive impact on job satisfaction.

Benefits for Healthcare Organizations

Healthcare organizations stand to gain when they promote nurses participating in community service. As Lawrence W. Vernaglia, Partner and Chief Nursing Practice, Foley & Lardner LLP, states: “The involvement of their nurse executives in high-profile community boards builds credibility and enhances the reputation for the organizations that employ them. Serving on community boards, nurses are extending the reach and reputation of the hospital beyond the clinical environment in helping shape policy and strategy decisions that impact these critical areas of patient care across the continuum of care.”

Nurses’ service in community governance roles also helps them bring back new ideas, best practices, and even professional connections gained through board service to their places of employment. “The experiences gained by the nurses on community boards is often reflected back through the evidence-based learning that they apply within their own hospitals as a result of their community board service.”

Finally, by remaining “in touch” with the community, nurses can also conduct environmental scans, alerting hospitals and health systems to new and emerging healthcare issues.

It is increasingly beneficial—to communities, nurses, and healthcare organizations—when hospitals and health systems support the volunteer efforts of their nurse executives serving on board and other leadership roles in their communities.

The Governance Institute thanks Laurie Benson, B.S.N., Executive Director, Nurses on Boards Coalition, and Kimberly J. Harper, M.S., RN, Chief Executive Officer, Indiana Center for Nursing, Nursing Lead, Indiana Action Coalition—National Future of Nursing Campaign for Action, and National Co-Chair, Nurses on Boards Coalition, for contributing this article. They can be reached at laurie.benson@andrew.com and kharpiner@icn.org.


4 ANCC’s Advanced Public Health Nursing Certification (see https://www.nursingworld.org/AdvPublicHealthNursing.aspx)


6 Ron Rabin, Blended Learning for Leadership: The Online Approach, Center for Creative Leadership, 2014.
ANA Enterprise Gears Up for Global ‘Year of The Nurse’ in 2020

Silver Spring, MD – The ANA Enterprise announced its intent to elevate and celebrate the essential, robust contributions of nurses as the world recognizes 2020 as the “Year of the Nurse.”

The ANA Enterprise is the family of organizations that is composed of the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC), and the American Nurses Foundation. ANA Enterprise will celebrate Year of the Nurse by engaging with nurses, thought leaders and consumers in a variety of ways that promote nursing excellence, infuse leadership and foster innovation.

“As the largest group of health care professionals in the U.S. and the most trusted profession, nurses are with patients 24/7 and from the beginning of life to the end. Nurses practice in all healthcare settings and are filling new roles to meet the ever-growing demand for health and health care services,” said ANA President Ernest J. Grant, PhD, RN, FAAN. “Despite the major role nurses play in health care delivery and community outreach, there are opportunities to increase understanding of the value of nursing in order to expand investment in education, practice and research, as well as increase the numbers of nurses who serve in leadership positions.”

“We look forward to working with partner organizations to communicate a contemporary and accurate view of nurses and the critical work they do, as well as challenge boards and other influencers to commit to nursing and nursing leaders in order to improve the nation’s health,” said Grant.

Given the wide range of nursing roles in the U.S., ANA Enterprise will promote inclusivity and wide engagement of all nurses throughout Year of the Nurse. As an example, during 2020, ANA Enterprise will expand National Nurses Week, traditionally celebrated from May 6 to May 12 each year to a month-long celebration in May to expand opportunities to elevate and celebrate nursing.

The World Health Assembly, the governing body of the World Health Organization, declared 2020 the International Year of the Nurse and Midwife, in honor of the 200th anniversary of Florence Nightingale’s birth. The celebration offers a platform to recognize past and present nurse leaders globally, raise the visibility of the nursing profession in policy dialogue and invest in the development and increased capacity of the nursing workforce. This declaration is an extension of work initiated by the Nursing Now campaign to elevate the profession and ensure nurses are leading efforts to improve health and health care. ANA Enterprise is leading Nursing Now USA along with the Chief Nurse, U.S. Public Health Service; the University of North Carolina Chapel Hill; and the University of Washington, School of Nursing. Nurses are encouraged to use #yearofthenurse and follow us on social media as we celebrate nurses in 2020.
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