Thankful and Grateful

Greetings North Dakota Nurses! This is the time of year that we get to reflect. We get to reflect on why we are grateful, why we are thankful and how we remain humble. When considering our careers, our business, and the demands on us as nurses, it can sometimes be a challenge, but we must be intentional about it. It is difficult to get stuck into the stress, fear and unknown of COVID-19. I think as this time approaches, during holidays and start a new year, it is important to look at the positive as best as we can.

As we look onward to a new year, it is normal to reflect and be thankful for those people who are most important to us including family, friends, and coworkers and to acknowledge the areas that make our lives meaningful and bring us joy. As nurses, we should be aware that the act of being grateful is more powerful than we may realize (Haryanto, 2018). When we remember to be grateful our attitude in general can change things positively around us. Being grateful also can have significant positive effects on our health. As many of us know, working during this challenging year, attitude can change a lot. If we are able to remain a positive attitude it can change our outlook.

Being grateful and having a positive attitude as a nurse at times can be more difficult than we would like to admit. Considering the daily strains that face nurses, it is comprehensible that negativity in the work environment can result in a toxic culture that face nurses, it is comprehensible that negativity in the work environment can result in a toxic culture. When people feel valued, they have higher job satisfaction, engage positively with coworkers, and are more eager to work toward organizational goals. Even if we must make it very intentional in our workplaces to be a grateful, humble and thankful nurse the good news is, it is contagious. Everybody likes to feel good and to be in a positive environment. Be well, we need all of you!


Not a Member? Consider Joining NDNA and ANA Now!

In September of 2019, NDNA membership voted to implement a NEW membership option. You can join NDNA 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 as listed below. 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.

Benefits NDNA/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 other nurses across the state for support and advice;
• Make your voice heard with opportunities to tell policymakers what you think; and
• Receive NDNA member benefits, including a copy of the North Dakota Nurse.

Both RNs and LPNs can join today by visiting our website: www.ndna.org - click on the “join now” tab and select RN or LPN.
Welcome New Members

Michele Simon, Hannover ND  
Toni Abeleth, Dickinson ND  
Brandi Dieke, Bismarck ND  
Cray Eppler, Fargo ND  
Whitney Lange, Devils Lake ND  
Carissa Bucholz, West Fargo ND  
Tammy Davis, Fargo ND  
Pauline Kimaru, West Fargo ND  
Dorriah Davis, Fargo ND  
Pauline Kimaru, West Fargo ND  
Brittany Ulmer, Mandan ND  
Rohana Hagen, West Fargo ND  
Joanna Drofa, Horace ND  
Autumn Janke, Bismarck ND  
Chad Caracciolo, West Fargo ND  
Jacqueline Richards, Minot ND  
Tara DeCrans, Minot ND  
Kelly McGready, Bismarck ND  
Holly Mayer-Tauf, Grand Forks ND  
Dorriah Clark, West Fargo ND  
Karla Spence, Bottineau ND  
Patricia Connole, West Fargo ND  
Minot ND  
Minot ND  
Minot ND  
Minot ND  
Karen Clementich, Devils Lake ND  
Taysa McElvany, Dickinson ND  
Krista Heen, Alexander ND  
Joanna Drofa, Horace ND  
Zinata Sango, Grand Forks ND  
Kelsey Duchsherer, Velva ND  
Maryann Gold, Dickinson ND  
Lori Brownfield, Fargo ND  
Carla Hildebrandt-Folske, Bismarck ND  
Rhonda Hagen, Casselton ND  
Jessica Silveri, West Fargo ND  
Margaret Williams, Bismarck ND  
Carey Haugen, Mekinock ND  
Catherine Sime, Bowman ND  
Megan Plitt, Minot AFB ND  
Karen Clementich, Devils Lake ND  
Taysa McElvany, Dickinson ND  
Krista Heen, Alexander ND  
Joanna Drofa, Horace ND  
Zinata Sango, Grand Forks ND  
Kelsey Duchsherer, Velva ND  
Maryann Gold, Dickinson ND  
Lori Brownfield, Fargo ND  
Maryln Ek, Fargo ND  
Carla Hildebrandt-Folske, Bismarck ND  
Rhonda Hagen, Casselton ND  
Jessica Silveri, West Fargo ND  
Margaret Williams, Bismarck ND  
Carey Haugen, Mekinock ND  
Catherine Sime, Bowman ND

How to submit an article for The North Dakota Nurse!

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

Deadline for submission for the next issue is 12/3/2020. Send your submissions to director@ndna.org or info@ndna.org.

New Town Public Schools

Hiring: School Nurse (RN)

Benefits include:
- starting salary (with no experience) $32.23 per hour
- signing bonus
- relocation assistance
- Also looking for 2 LPNs ($20 per hour)

Apply online at:
https://www.newtown.k12.nd.us/o/new-town/page/employment-434

Questions: Call 701-627-3650 (Connie)

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 12/3/2020. Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don’t know how or where to start, contact one of the NDNA Board Members.

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

The Vision and Mission of the North Dakota Nurses Association

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

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.
ANA President Condemns Racism, Brutality and Senseless Violence Against Black Communities

SILVER SPRING, MD - The following statement is attributable to American Nurses Association (ANA) President Ernest J. Grant, PhD, RN, FAAN:

"Today, we are witnessing an act of incomprehensible racism and police brutality, leading to the death of an unarmed black man, George Floyd. This follows other recent untold killings of black women, such as Ahmaud Arbery and Breonna Taylor to name a few.

Pretexts have erupted in cities across the country and the world in response to a persistent pattern of racism in our society that creates an environment where such killings occur. Justice is slow and actions to ensure real change are lacking.

As a black man and registered nurse, I am appalled by senseless acts of violence, injustice, and systemic racism and discrimination. Even I have not been exempt from negative experiences with racism and discrimination. Even I have not been exempt from negative experiences with racism and discrimination.

Racism is a longstanding public health crisis that impacts both mental and physical health. The COVID-19 pandemic has exacerbated this crisis and added to the stress in the black community, which is experiencing higher rates of COVID-19 deaths.

At this critical time in our nation, nurses have a responsibility to use our voices to call for change. To remain silent is to be complicit. I call on all nurses to educate yourself and those around you, to trusted voice and influence to educate others about the systemic injustices that have caused the riots and protests being covered in the news. The pursuit of justice requires us all to listen and engage in dialogue with others. Leaders must come together at the local, state, and national level and commit to sustainable efforts to address racism and discrimination, police brutality, and basic human rights. We must hold ourselves and our leaders accountable to committing to reforms and action.

I have a deeper moral vision for society, one in which every human being is treated with respect and dignity. We have witnessed yet again about racism, discrimination and injustice. This is non-negotiable.

At this pivotal moment calls for each of us to ask ourselves which side of history we want to be on and the legacy we will pass on to future generations.

There was another important election that took place this year! The North Dakota Nurses Association elections took place online August 13, 2020 through August 26, 2020. A huge congratulations is offered to the below nurses who will be a part of the 2021-2022 NDNA Board of Directors. Thank you for your service.

*President - TESSA JOHNSON, MSN, BSN, RN, CDP (re-elected)

"I have thoroughly enjoyed my time as President of the board. I am thrilled to have a President to finish my tenure and pass on the torch effectively to her."

*Director of Education and Practice - COURTNEY NAASTAD, FMHNBP-BC, MSN, RN

"I graduated with my BSN from the University of North Dakota in 2014. I then worked in the Cardiac Intensive Care Unit and the Interventional Psychiatry Unit at Sanford Fargo while I obtained my MSN from UND in 2019. At that time, I became a Board Certified Psychiatric Mental Health Nurse Practitioner and since then have been working in both inpatient and outpatient settings, focusing on a variety of behavioral health disorders. I am currently working at Sanford Psychology Associates in Grand Forks, ND where I am privileged to have the opportunity to care for patients in multiple states, particularly in rural areas where psychiatric care is not easily accessible. Throughout my nursing career, I have worked as charge and mentored many new nursing students and fresh graduates. I also will be a preceptor for future psychiatric mental health nurse practitioners. I believe it is so important to give back to the field of nursing through advocacy and teaching. By focusing on bridging the gap between current and future nursing students through organizational involvement and development, we can build strong leaders that will continue to support one another and advance our profession."

*Director of Advocacy - TANALA BROST, MSN, RN (re-elected after appointment in 2019)

NAASTAD, PMHNP-BC, MSN, RN

"I am privileged to have the opportunity to care for patients in multiple states, particularly in rural areas where psychiatric care is not easily accessible. Throughout my nursing career, I have worked as charge and mentored many new nursing students and fresh graduates. I also will be a preceptor for future psychiatric mental health nurse practitioners. I believe it is so important to give back to the field of nursing through advocacy and teaching. By focusing on bridging the gap between current and future nursing students through organizational involvement and development, we can build strong leaders that will continue to support one another and advance our profession."

2020/2021 North Dakota POLST Awareness, Education and Implementation

The Center for Rural Health and Honoring Communities of Care are pleased to offer the following training at no charge, 2020/2021 North Dakota POLST Awareness, Education and Implementation. To provide an opportunity for everyone to get educated, this training will be held live once per month on the following dates:

- Wednesday 11/11 @ 10am
- Wednesday 12/9 @ 2pm
- Wednesday 1/13 @ Noon
- Wednesday 2/10 @ Noon
- Wednesday 3/10 @ 2pm

Why attend?
- Acquire new skills, competencies, and best practices regarding POLST.
- Learn about best practices and scripting for patients with serious and life threatening illnesses.
- Enhance your awareness and education about POLST in North Dakota.
- NHS-S fine-tuned script for patients with serious and life threatening illnesses.
- Enhance your awareness and education about POLST in North Dakota.

Target Audience: Advanced Practice Nurses, Nurses, Social Workers, Chaplains, & EMS (but open to anyone)

This training has been approved for one contact hour by the North Dakota Board of Nursing, North Dakota Board of Social Work Examiners, ND Department of Health - EMS Division, and the Board of Chaplaincy Certification Inc.

2020/2021 North Dakota POLST Awareness, Education and Implementation

The Center for Rural Health and Honoring Communities of Care are pleased to offer the following training at no charge, 2020/2021 North Dakota POLST Awareness, Education and Implementation. To provide an opportunity for everyone to get educated, this training will be held live once per month on the following dates:

- Wednesday 11/11 @ 10am
- Wednesday 12/9 @ 2pm
- Wednesday 1/13 @ Noon
- Wednesday 2/10 @ Noon
- Wednesday 3/10 @ 2pm

Why attend?
- Acquire new skills, competencies, and best practices regarding POLST.
- Learn about best practices and scripting for patients with serious and life threatening illnesses.
- Enhance your awareness and education about POLST in North Dakota.

Target Audience: Advanced Practice Nurses, Nurses, Social Workers, Chaplains, & EMS (but open to anyone)

This training has been approved for one contact hour by the North Dakota Board of Nursing, North Dakota Board of Social Work Examiners, ND Department of Health - EMS Division, and the Board of Chaplaincy Certification Inc.
NDNA 2020 Virtual Fall Conference

NDNA was fortunate to have seven wonderful and passionate speakers presenting on the overall theme: Care and Support of Vulnerable Populations: Key Considerations for the Nursing Profession. The conference was held via Zoom on September 22.

The day started with a warm up and few words from a few of our sponsors and a quick “virtual” scavenger hunt. The official start came with President Johnson providing the inspiring opening remarks and introducing the first speaker.

The speaker line-up:
• Janna Larson - Workplace Violence
• Michelle Gayette and Nikki - Abuse Later in Life
• Brooke Fredrickson - Weight Neutral Healthcare
• Dr. Analeina Lunde - Human Trafficking
• Leah Beekman - Nurse Burnout
• Shauna Eberhardt - Language Matters

Each speaker provided valuable and pertinent information that nurses can use everyday.

Throughout the day, we were able to have some of our sponsors speak directly to the virtual attendees as a form of an expo and have fun giveaways.

Although not in person and ideal, overall, we are very pleased with our first NDNA Virtual Fall Conference! We would like to thank all of the attendees, sponsors and speakers for enabling us to provide this education for North Dakota nurses!

NDNA Opportunities for Nurses and Nursing Students!

The NDNA 2020 Annual Business Meeting took place on Monday, September 21 – virtually. At the meeting, two Main Motions were proposed. The first one states, “I move that NDNA investigates elections and procedures to see how we can lend our support to, to improve health equity and reduce healthcare disparities.”

It was determined that a task force be formed to work on this motion. A follow up meeting took place on Friday, October 2. Myllyn Tufte, NDNA Member and motion maker, President Tessa Johnson, Director of Advocacy, Executive Director, Sherrill Miller, also provided a report.

NDNA Members were joined via phone call by Dr. Patricia Moulton Burwell, Executive Director of the North Dakota Center for Nursing who reported on the status of the Center.

The North Dakota Board of Nursing provided a detailed report and video for NDNA and Tania Brost re-elected as President of NDNA and Tania Brost was re-elected after an appointment last year to Director of Advocacy. Read more about the Board in a feature article in this issue of The North Dakota Nurse.

Welcome to these dedicated nurses!

Next, President Tessa Johnson offered her Annual President’s Address. Each of the board members present reported on their perspective areas - President-Elect, Melanie Schock, DeeAnna Cspedahl, Vice President of Finance, and Tania Brost, Director of Advocacy, Executive Director, Sherrill Miller, also provided a report.

NDNA Members were joined via phone call by Dr. Patricia Moulton Burwell, Executive Director of the North Dakota Center for Nursing who reported on the status of the Center.

The NDNA Board of Nursing provided a detailed report and video for NDNA and Tania Brost work the work they have done this past year. The report was sent out to those in attendance.

The Main Motion #2 was raised by Evelyn Quigley. It stated, “I move that NDNA investigates elections and procedures to see how we can lend our support to, to improve health equity and reduce healthcare disparities.”

It was determined that a task force be formed to work on this motion. A follow up meeting took place on Friday, October 2. Myllyn Tufte, NDNA Member and motion maker, President Tessa Johnson, Director of Advocacy, and Executive Director, Sherrill Miller discussed opportunities for nurses and nursing students to join this task force.

The North Dakota Nurses Association membership met for our Annual Business Meeting on September 21. This year was virtual and held on Zoom! Although it was a smaller group than we typically have, the meeting proved to be productive as two Main Motions arose from the meetings.

The meeting began with a review and approval of the 2019 Annual Business Meeting Minutes. At the start of the newly elected and re-elected officers was a bit different in 2020 with each installed via Zoom. We are excited to have Courtney Naastad, PKPMP-BC, MSN, RN as Director of Education and Practice and our very first LPN member and board member, Catherine Sime, LPN join our board.

Tessa Johnson, MSN, BSN, RN, CDP was re-elected as President of NDNA and Tania Brost was re-elected after an appointment last year to Director of Advocacy. Read more about the board in a feature article in this issue of The North Dakota Nurse. Welcome to these dedicated nurses!

The meeting progressed to new business and two Main Motions arose. Main Motion #1 was proposed by Myllyn Tufte and suggests a focus on social determinants of health and social equity. Main Motion #2 was raised by Evelyn Quigley. It is to look at the status of school nursing in the state and report back at the 2021 Annual Membership Meeting. Please read more about Main Motion #1 in this issue of The North Dakota Nurse. The NDNA board is seeking to form a task force to work on the details of the motion and we would love your help.

As annual meetings end, the Nightingale Triad was the last item on the agenda. A memorial slideshow ran showing the names of North Dakota Nurses who have passed within the last year.

Although it was a very different format for our meeting, it was productive and transitioned well to our first ever virtual Fall Conference!

An IHS Career - we offer an extraordinary opportunity to provide comprehensive care in culturally rich Native American Indian and Alaska Native communities throughout 37 states.

- St. Andrew’s Health Center
  - Bottineau, ND
  - Full-Time RN/LPN
  - Also hiring CNAs and CS/ER Technicians
  - Competitive Salary, Shift Differential
  - ND licensure/certification required.
  - For more information or an application, please contact Human Resources at 228-8914 or visit our website at www.standrewshealth.com

NDNA 2020 Virtual Annual Meeting

The North Dakota Nurses Association membership met for our Annual Business Meeting on September 21. This year was virtual and held on Zoom! Although it was a smaller group than we typically have, the meeting proved to be productive as two Main Motions arose from the meetings.

The meeting began with a review and approval of the 2019 Annual Business Meeting Minutes. At the start of the newly elected and re-elected officers was a bit different in 2020 with each installed via Zoom. We are excited to have Courtney Naastad, PKPMP-BC, MSN, RN as Director of Education and Practice and our very first LPN member and board member, Catherine Sime, LPN join our board.

Tessa Johnson, MSN, BSN, RN, CDP was re-elected as President of NDNA and Tania Brost was re-elected after an appointment last year to Director of Advocacy. Read more about the board in a feature article in this issue of The North Dakota Nurse. Welcome to these dedicated nurses!

Next, President Tessa Johnson offered her Annual President’s Address. Each of the board members present reported on their perspective areas - President-Elect, Melanie Schock, DeeAnna Cspedahl, Vice President of Finance, and Tania Brost, Director of Advocacy, Executive Director, Sherrill Miller, also provided a report.

NDNA Members were joined via phone call by Dr. Patricia Moulton Burwell, Executive Director of the North Dakota Center for Nursing who reported on the status of the Center.

The North Dakota Board of Nursing provided a detailed report and video for NDNA and Tania Brost work the work they have done this past year. The report was sent out to those in attendance.

The Main Motion #2 was raised by Evelyn Quigley. It stated, “I move that NDNA investigates elections and procedures to see how we can lend our support to, to improve health equity and reduce healthcare disparities.”

It was determined that a task force be formed to work on this motion. A follow up meeting took place on Friday, October 2. Myllyn Tufte, NDNA Member and motion maker, President Tessa Johnson, Director of Advocacy, and Executive Director, Sherrill Miller discussed opportunities for nurses and nursing students to join this task force.

The rationale given cited this article: https://www.nursingworld.org/MainMenuCategories/ANAPeriodicals/OJIN/ArticleContent/ Vol23-2018/No3-Sept-2018/ Patient-Centered-Economic-Value-Pricing.html.

The below article also provides information: https://dailyjournal.com/health-equity-what-does-it-mean-for-nursing/

If you are interested in being a valuable member of the task force, please contact director@ndnates.org. Again, we welcome students to join this group!

NDNA was fortunate to have seven wonderful and passionate speakers presenting on the overall theme: Care and Support of Vulnerable Populations: Key Considerations for the Nursing Profession. The conference was held via Zoom on September 22.

The day started with a warm up and few words from a few of our sponsors and a quick “virtual” scavenger hunt. The official start came with President Johnson providing the inspiring opening remarks and introducing the first speaker.

The speaker line-up:
• Janna Larson - Workplace Violence
• Michelle Gayette and Nikki - Abuse Later in Life
• Brooke Fredrickson - Weight Neutral Healthcare
• Dr. Analeina Lunde - Human Trafficking
• Leah Beekman - Nurse Burnout
• Shauna Eberhardt - Language Matters

Each speaker provided valuable and pertinent information that nurses can use everyday.

Throughout the day, we were able to have some of our sponsors speak directly to the virtual attendees as a form of an expo and have fun giveaways.

Although not in person and ideal, overall, we are very pleased with our first NDNA Virtual Fall Conference! We would like to thank all of the attendees, sponsors and speakers for enabling us to provide this education for North Dakota nurses!

NDNA Opportunities for Nurses and Nursing Students!

The NDNA 2020 Annual Business Meeting took place on Monday, September 21 – virtually. At the meeting, two Main Motions were proposed. The first one states, “I move that NDNA investigates elections and procedures to see how we can lend our support to, to improve health equity and reduce healthcare disparities.”

It was determined that a task force be formed to work on this motion. A follow up meeting took place on Friday, October 2. Myllyn Tufte, NDNA Member and motion maker, President Tessa Johnson, Director of Advocacy, and Executive Director, Sherrill Miller discussed opportunities for nurses and nursing students to join this task force.

The rationale given cited this article: https://www.nursingworld.org/MainMenuCategories/ANAPeriodicals/OJIN/ArticleContent/ Vol23-2018/No3-Sept-2018/ Patient-Centered-Economic-Value-Pricing.html.

The below article also provides information: https://dailyjournal.com/health-equity-what-does-it-mean-for-nursing/

If you are interested in being a valuable member of the task force, please contact director@ndnates.org. Again, we welcome students to join this group!

NDNA Opportunities for Nurses and Nursing Students!

The NDNA 2020 Annual Business Meeting took place on Monday, September 21 – virtually. At the meeting, two Main Motions were proposed. The first one states, “I move that NDNA investigates elections and procedures to see how we can lend our support to, to improve health equity and reduce healthcare disparities.”

It was determined that a task force be formed to work on this motion. A follow up meeting took place on Friday, October 2. Myllyn Tufte, NDNA Member and motion maker, President Tessa Johnson, Director of Advocacy, and Executive Director, Sherrill Miller discussed opportunities for nurses and nursing students to join this task force.

The rationale given cited this article: https://www.nursingworld.org/MainMenuCategories/ANAPeriodicals/OJIN/ArticleContent/ Vol23-2018/No3-Sept-2018/ Patient-Centered-Economic-Value-Pricing.html.

The below article also provides information: https://dailyjournal.com/health-equity-what-does-it-mean-for-nursing/

If you are interested in being a valuable member of the task force, please contact director@ndnates.org. Again, we welcome students to join this group!
In part one of this 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 were revealed, as well as strategies to enhance resiliency within the academic setting. Part three of this series focused on the new nurse. Specifically, their unique challenges and needs and why resilience is essential for transitioning to practice. To conclude the segment, strategies for surviving (and thriving) in the face of adversity, were shared, that can benefit all nurses. For this issue of the North Dakota Nurse, the fourth part of this series tends to resiliency for nurses in special settings. Unique nursing populations are highlighted in the literature with hopes of tailoring to resilience needs. Certainly, we all can glean relevance here as resiliency has universal impacts, no matter our professional (or personal) circumstances.

A randomized and controlled 12-week intervention study was conducted for intensive care unit nurses. The intervention was a multimodal resilience training program including written exposure sessions, event-triggered counseling sessions, stress-reduction exercises, and a protocalized aerobic-exercise regimen (Mealer et al., 2014). As a workable intervention for intensive care nurses, there was a significant decrease in post-traumatic stress disorder symptom scores after the program.

Another population of focus was burn center nurses. Christiansen et al. (2017) developed a standardized staff development program with hopes of improving nurse satisfaction, increasing resiliency, building unit cohesion, and enhancing morale and unit performance. The eight-hour training day consisted of lecture/education along with teambuilding and resiliency training. Ultimately, the program was successful in supporting teamwork and resiliency among the staff.

As the last focused population, Potter et al. (2013) paid attention toward oncology nurses. For nurses in this area, it was affirmed that “Compassion fatigue is a prevalent condition among healthcare providers and that the development of resiliency to compassion fatigue may improve decision making, clarity of communication, and patient and nurse satisfaction” (p.180). A five-week program that included five 90-minute sessions on compassion fatigue resiliency benefited the sample of 13 oncology nurses employed in an outpatient infusion center. The program interventions were designed to promote resiliency via self-validation, –regulation, –care, intentionality, and connection.

In part five of this series, those we serve, patients, will be addressed and how resiliency plays a part in their wellness, illness, and recovery trajectories. In the interim, especially during these trying times, stay well, support one another, and treasure being a North Dakota nurse.

References
Combination Acupuncture and Cupping for Treating Adult Idiopathic Scoliosis

Tasha Boehland, MSOM,1 Anna Denee Montgomery, MPH,1,2 and Michael Mortenson, DC3

1Department of Whole Health, Fargo Veterans Affairs Health Care System, Fargo, ND, USA
2Department of Public Health, North Dakota State University, Fargo, ND, USA
3Chiropractic School, Northwestern Health Sciences University, Bloomington, MN, USA

ABSTRACT

Background: There is limited previous English-language literature on acupuncture’s ability to treat idiopathic scoliosis. This report shows the potential effectiveness of a combination of acupuncture and cupping therapies to treat curvature progression and thoracic back pain in adult idiopathic scoliosis.

Intervention: A 34-year-old male veteran of the U.S. Armed Forces with thoracic back pain and muscle spasms originally presented to the chiropractic clinic at the Fargo Veterans Affairs Healthcare System. Fargo, ND. Per radiographs taken prior to the consultation, the chiropractor determined that the patient had an idiopathic right-convex scoliosis curve of ~21°. The majority of adults with this condition are not disabled due to their symptoms and can manage their pain through over-the-counter medication, exercises, braces, or epidurals/nerve block injections.1,2 For patients in whom these measures are not successful, surgical treatment might be recommended. An alternative approach to treating adult idiopathic scoliosis is acupuncture therapy. Further research is needed on the efficacy of acupuncture for treating adult idiopathic scoliosis.

Keywords: complementary and alternative medicine, Traditional Chinese Medicine (TCM), acupuncture, cupping, adult idiopathic scoliosis, scoliosis

INTRODUCTION

Idiopathic scoliosis is the most common type of spinal deformity of unknown origin and has a prevalence of more than 8% of adults over age 25.3 The diagnostic criterion is a spinal curvature >10° on an anterior-posterior X-ray.4 The curvature of a scoliotic spine can increase by 0.5°–2° per year. Adult idiopathic scoliosis typically is a continuation from adolescence but can also start in teenage years and continue into adulthood.5 The majority of adults with this condition are not disabled due to their symptoms and can manage their pain through over-the-counter medication, exercises, braces, or epidurals/nerve block injections.1,2 For patients in whom traditional treatments are not successful, surgical treatment might be recommended. An alternative approach to treating adult idiopathic scoliosis is acupuncture therapy.

Idiopathic scoliosis is commonly used to manage pain throughout the world, although its ability to treat adult idiopathic scoliosis is still being determined.4 Research on acupuncture’s ability to treat idiopathic scoliosis started to be reported only recently.5 Acupuncture is commonly used in the treatment of idiopathic scoliosis to relax the muscle spasm in the thoracic spine that is affecting his ability to bend and sit. The patient’s chief complaint was thoracic spinal pain. Anecdotally, he reported his pain to be “worse in the morning and alleviated later in the day,” with initial objective pain while stationary at 6/10 and received five minutes of trigger-point therapy prior to adjustment. His objective pain was a 4/10 during both visits with no changes in range of motion. At that time, the chiropractor made the clinical decision to end the series of care due to the lack of movement in the thoracic spinal vertebra upon adjustment. He then referred the patient to acupuncture with the hope of relieving this patient’s pain that was related to a muscle spasm in his thoracic spine due to the scoliosis.

After a clinical review, the acupuncturist hypothesized that a combination of acupuncture and cupping techniques would help relax the patient’s muscles along his thoracic spine, thereby allowing correction of his scoliotic curvature. At this time, informed consent was signed by the patient to establish a case study. During a physical examination, the patient’s right-side thoracic spine showed a scoliotic curvature of ~21°. The patient subjectively described his pain as “grripping and stiff” and reported that bending at the waist increased his pain near T-1/T-2. During the second and third chiropractic visits, the patient was adjusted for a spinal subluxation of the T-5 segment to the right and received five minutes of trigger-point therapy prior to adjustment. His objective pain was a 4/10 during both visits with no changes in range of motion. At that time, the chiropractor made the clinical decision to end the series of care due to the lack of movement in the thoracic spinal vertebra upon adjustment. He then referred the patient to acupuncture with the hope of relieving this patient’s pain that was related to a muscle spasm in his thoracic spine due to the scoliosis.

Acupuncture was performed on the patient, ~2 times per week, for a total of 15 treatments. All needles used were 50–mm long and 22 gauge. The acupuncture points were inserted into the tight, overactive muscles. The needle was then rotated along the thoracic spine, allowing correction of the patient’s abnormal spinal curvature. Combination Traditional Chinese Medicine (TCM), using acupuncture with cupping therapy was given ~2 times per week for several weeks, resulting in a total of 15 treatments.

Results: After 15 treatments, this patient’s subjective pain decreased by 85%. Anecdotally, he reported “feeling a bit looser.” He continued to receive acupuncture and cupping treatments when his schedule allowed.

Conclusion: The combination therapy was effective for treating musculoskeletal pain but was inconsistent with respect to its ability to treat adult idiopathic scoliosis. More research is needed on the efficacy of TCM for treating adult idiopathic scoliosis.

Keywords: complementary and alternative medicine, Traditional Chinese Medicine, acupuncture, cupping, adult idiopathic scoliosis, scoliosis

FIG. 1. Radiographs prior and post acupuncture and cupping therapies. A/P scoliosis (right). Preintervention Cobb angle was 21°; postintervention Cobb angle was 18°.
One was to the right 230 BOELHAN ET AL. of the largest scoliotic curve in the thoracic spine (T-4–T-9; BL 14 Jueyinshu–BL 18 Ganshu). The other area was in the light muscles near the largest scoliotic curve on the pounds alone. The military medical standards for enlistment and the application of previous cupping marks. Cupping was initially practiced for eight minutes at a time. Each cupping session was followed with a minute of Fuy na and the application of an herbal analgesic oil along the thoracic and lower thoracic spine. Fuy na is a method of TCM massage and bodywork.4 On the days when cupping was not utilized, Fuy na was performed for a few minutes with a focus on relaxing the right side of the patient’s mid-back and the left side of his upper thoracic and lower cervical areas.

RESULTS
After 15 acupuncture treatments, the patient’s follow-up radiographs were measured by the same VA chiropractor. He subjectively measured the thoracic spinal curvature to be 18° [Fig. 1]. This was a potential red flag report. The patient’s previous Cobb angle was 34°. This reduction could have been due to radiograph variation and observer calculation variability, as previous studies have found variations with single-observer measurements of up to 3.2°.10 The patient’s self-reported pain since initiating acupuncture was 85% alleviated. Anecdotally, the patient also reported that “everything is feeling a bit looser” as a side-effect of his initiating acupuncture was 85% alleviated. Anecdotally, the patient also reported that “everything is feeling a bit looser” as a side-effect of his time spent on the acupuncture table.

DISCUSSION
Idiopathic scoliosis with unknown origins usually begins during teenage years and can progress into adulthood.3 This patient was unaware of his condition prior to being seen at the Fargo VA HCS, which led researchers to believe that his time in the military could have increased the degree of his thoracic spinal curvature. In veterans, spinal deterioration is the leading cause of disability.11 The overall weight of the person protective equipment (PPE, body armor and helmets) that troops are required to carry has increased over the past 20 years. This increase in weight could be correlated to the worsening rates of deterioration of the spinal column. In 2017, U.S. garrison troops carried an average of 27 pounds of PPE. Combat troops carry anywhere between 94 to 140 lbs. of PPE, with an average of 119 lbs. In 2003, the average combat load was 53–81 lbs. With an average of 67 lbs. This is an average of a 67 lbs. more over the course of 14 years.

In the case of this veteran, he carried body armor that weighed 40 pounds alone. The military medical standards for enlistment and the application of previous cupping marks. Cupping was initially practiced for eight minutes at a time. Each cupping session was followed with a minute of Fuy na and the application of an herbal analgesic oil along the thoracic and lower thoracic spine. Fuy na is a method of TCM massage and bodywork. On the days when cupping was not utilized, Fuy na was performed for a few minutes with a focus on relaxing the right side of the patient’s mid-back and the left side of his upper thoracic and lower cervical areas.

CONCLUSIONS
This study demonstrated the effects of combination acupuncture and cupping therapy for a 34-year-old veteran of the U.S. Armed Forces with adult idiopathic scoliosis. While the overall pain of the patient was 85% alleviated, study of this patient did not yield conclusive evidence that the combination acupuncture and cupping therapies were effective for treating his curvature of the spine. For veterans, spinal deterioration remains the number-one disability.12 Future studies could help us understand fully how combination acupuncture and cupping therapies can help veterans.

AUTHOR DISCLOSURE STATEMENT
This material is the result of work supported with resources and the use of facilities at the Fargo VA Health Care System. The contents do not represent the views of the US Department of Veterans Affairs. No financial conflicts exist.

FUNDING INFORMATION
The authors received no specific funding for this work.

REFERENCES
Impact of Vitamin D Deficiency on Susceptibility to SARS-CoV-2

Appraised by: Jamison Vincent, Kelsey Nersten, Katie Loveless
Rasmussen College A-BSN Students
Mentored by Beth Sanford MSN-Ed, RN, CLC

Clinical Question:
Effectiveness of Vitamin D supplementation to improve health outcomes in COVID-19 patients

Articles:


Synthesis of Articles
This review aims to investigate and synthesize the emerging research on the role of vitamin D deficiency and susceptibility to Coronavirus-SARS-CoV-2. The articles discuss the impact of vitamin D deficiency on clinical outcomes. The vitamin D complex plays a critical role in the immune response to SARS-CoV-2. The answer to our clinical question is supported by the five articles and one pre-print presented above.

The first study was a double-blind, placebo-controlled pilot study aimed at assessing the effectiveness of calcifediol (25-hydroxyvitamin D3) administration on ICU admissions and death in COVID-19 patients. Both groups received a standard antibiotic and azithromycin and ceftriaxone2 was added for patients with pneumonia. Statistically significant correlations were seen between calcifiedol administration and clinical outcomes decreasing ICU admissions (p <0.001).

The second study has not been peer-reviewed and is a correlative study. Significant associations were found in terms of the validity of the clinical trial. The study dataset included 1274 control samples and measured the 25(OH)D level for more than 2,000 patients between 2013 and 2015. The patients were divided into two age groups, 21-27 age/season matched controls. It concluded that COVID-19 patients showed lower 25(OH) D and higher vitamin D deficiency rates. The relationship was not found to be influenced by vitamin D-impaired comorbidities.

The third study explored the potential implications of vitamin D status and inflammation on the severity of COVID-19 in multiple countries. The primary information is the conventional correlation (rho, U) of the correlation between 25(OH)D and infection and mortality rate. It concludes that more attention should be given to current official vitamin D intake policies denoted as (rho, U) of the correlation between 25(OH)D and mortality rate. The recommendations are not founded by vitamin D-impaired comorbidities.

The fifth study explored evidence that strongly supports vitamin D deficiency as an independent risk factor for COVID_19 infection and hospitalization. The study provides a balanced scientific review on vitamin D and SARS-CoV-2 virus/COVID-19 disease. The first study summarized that vitamin D should be given particular focus as a nutrient with the unique ability to increase immune health and decrease instances of influenza and upper respiratory tract infections (URTIs). Vitamin D supplementation is a cost-effective strategies for avoiding vitamin D deficiency.

Impact of Vitamin D continued on page 9
Clinical Question: What is the effect of formal education programs for nurses working in the hospital setting on mitigation of workplace violence?

Synthesis of the Evidence: Article one studied the lived experience of workplace violence of 13 nurses in a general hospital in Kashan, Iran, in 2017 (Hashemi-Dermansheh et al., 2019). The goal of this qualitative study was to explain the psychosocial experience of nurses' ability to report violence and the responsibility of those in leadership positions to respond effectively to such situations. The primary goal of article two was to evaluate the effectiveness of a state-wide or community-based program on reducing workplace violence (Adams et al., 2017). This study took place in 2017, involving 138 nurses by staff members, in a 850 bed hospital located in Australia. Within this goal there were three objectives “assessing the effectiveness of formal education to enable staff to recognize workplace violence, assessing the influence of education on the frequency of workplace violence, and determining if the implementation of workplace violence were influenced by the education strategy” (Adams et al., 2017, p. 7). It was suggested that formal training may address these concerns and promote knowledge, practice, and the development of interventions. The overall conclusion of this study was that patient assessment and workplace violence were still an issue among Dakotans. Due to the current pandemic’s urgent state, an interdisciplinary approach would be the most effective method to mitigate workplace violence involving the interdisciplinary team and key stakeholders in communities, institutions, etc., with the goal of recognizing and addressing low blood levels mitigation occurring through primary healthcare providers and local pharmacies.

References:


The third study included 66 participants from a 3000-bed medical center located in Taipei, Taiwan in 2019 (Ming et al., 2019). This participatory study in the study were all nursing staff personnel working in medical centers considered to be high-risk for violence (e.g., emergency room and surgical wards). This study functioned to examine the effect of a three-hour simulation training in regard to confidence in coping with workplace violence. To achieve this, there were several pieces to the material of the training program, a few of which included identifying workplace violence, communication, group process, and environmental scenarios. Through the pre- and post-training questionnaires, researchers found that simulation intervention produced a “positive shift in self-efficacy and confidence in coping with aggression events” (Ming et al., 2019, p. 6). This study encourages a formal use of education to reduce psychological risk factors and to provide an effective and positive working environment. The specific recommendations they included were to mobile learning agents. This study found workplace violence, adjusting that to specific unit needs, and making it an online source for more flexible access.

Article four examined the effect of implementing a S.A.F.E. (Spot a Threat, Assess the risk, Formulate a safe response, Evaluate the outcomes) written protocol within the acute care hospital setting on workplace violence (Lakotos et al., 2019). This article found that after implementation there was an initial spike in incident reports, which was attributed to awareness and training. The article also found a 40 percent reduction in injury rates among nursing staff despite the increase in initial reporting. Lakotos et al. recommend that a S.A.F.E. Response ensures that staff have training and education so that they are able to intervene in real-time to prevent injury. The study found workplace violence to be a risk occurring (Lakotos et al., 2019).

Article five analyzed the effectiveness of a singlearm, randomized process in increasing reporting of workplace violence in the hospital setting (Stene et al., 2015). Furthermore, it was assessed whether there was a disconnect between what constitutes violence and different employees’ perceptions of workplace violence. The article demonstrated that employees who report workplace violence were less likely to report incident reports, from 0 to more than 50 in a year. The study showed that formal education on workplace violence would improve awareness of and coping with workplace violence for nurses in the emergency department (Stene et al., 2015).

The last article examined the effectiveness of management education in reducing occurrences of violence in the workplace and increasing nurse preparedness. “Nurses depicted in patient educational and environmental awareness as well as increased confidence and improved technical skills for preventing and coping with aggression” (Bidez et al., 2017, p. 583). While this study showed an improvement in the recognition of cues for violence, de-escalation techniques, and preparedness overall, further study is needed on the long-term psychological and emotional effects of workplace violence (Heckemann et al., 2016).

Implications for Nursing Practice: As front-line healthcare workers, nurses are often confronted with work-related violence that threatens their health, psychological safety, and ability to deliver high-quality care. Unfortunately, workplace-related violence has been sharply on the rise. According to a report by Joint Commission, October, November, December 2020 The North Dakota Nurse Page 9. 850 bed hospital located in Australia.  Within this goal there were three objectives “assessing the effectiveness of formal education to enable staff to recognize workplace violence, assessing the influence of education on the frequency of workplace violence, and determining if the implementation of workplace violence were influenced by the education strategy” (Adams et al., 2017, p. 7).  It was suggested that formal training may address these concerns and promote knowledge, practice, and the development of interventions. The overall conclusion of this study was that patient assessment and workplace violence were still an issue among Dakotans. Due to the current pandemic’s urgent state, an interdisciplinary approach would be the most effective method to mitigate workplace violence involving the interdisciplinary team and key stakeholders in communities, institutions, etc., with the goal of recognizing and addressing low blood levels mitigation occurring through primary healthcare providers and local pharmacies.

References:


Hydrocolloid Dressings and Healing in Diabetic Patients

By: Katie Benz, Peter Burns, Marlee Haroldson, and Christina Yates, University of Mary BSN Students; Kathy Roth, PhD, RN, Assistant Professor of Nursing

PICO T Question:
Will the use of hydrocolloid dressings improve healing and healing time compared to the use of traditional dressings for patients with diabetes mellitus type 1 or type 2?

Synthesis of Evidence:
A study by Tan et al. (2019) examined the healing properties of a wound dressing of hydrocolloid film containing Vicenin-2 against other wound healing interventions (standard film, and allantoin hydrocolloid) on diabetes-induced rats. Vicenin-2 film displayed faster rates of healing, improved angiogenesis, proliferation of fibroblasts, and reductions in inflammatory cells and pro-inflammatory cytokines that exceeded all other treatment groups. The authors conclude that Vicenin-2 is an effective treatment to enhance wound healing in hyperglycemic rats (Tan et al., 2019).

A study by Yanagibayashi et al. (2012) examined the effectiveness of a novel alginate, chitin-chitosan, fucoidan hydrocolloid-sheet (ACF-HS) in various concentrations on wound healing in healing-impaired diabetic mice against various other treatments. Results were dosage-dependent and revealed greater exudate adsorption, improved wound closure rates, greater capillary formation and re-epithelialization, and a reduction in inflammatory cells among group treated with the highest concentration of ACF-HS than all other treatment groups. The authors conclude by stating ACF-HS significantly advanced formation of granulation tissue and capillary formation in the diabetic wounds when compared to the other treatment groups (Yanagibayashi et al., 2012).

A 2013 Cochrane article compiled five different studies with a total of 513 patients (Dumville et al., 2013). The participants were adults of any age with relatively uncomplicated diabetic ulcers. The authors of the review noted that only one of their studies had a low risk of bias, and risk for bias could not be concluded in the other articles. The review concluded that there is not enough information to state that hydrocolloid dressings improve wound healing, but that the topic is one of interest and should be studied further (Dumville et al., 2013).

A Cochrane review of “Complex interventions for preventing diabetic foot ulceration” includes studies (Hoovegreen et al., 2015). The authors analyzed these six studies looking at complex interventions and how those interventions affected foot ulceration and amputation. Interventions included written and/or one on one patient education, patient behavior contracts, and foot care reminders. Overall, not enough information was present in any of these six studies to draw a clear conclusion. Poor patient follow-up, research biases and incomplete data were all barriers that lead to this uncertain conclusion. The authors suggested that more research be done with a larger patient population in order patient’s top a clear answer (Hoovegreen et al., 2015).

An article written by Gale et al. (2008) focuses on compiling patients’ personal views on foot wounds and healing time. The information used was received directly from patients with type 2 diabetes diagnosis. Another purpose of the article was to see if people’s beliefs about foot complications differ from medical evidence and possible education needed. The article revealed a knowledge deficit among subjects regarding their misconceptions of diabetic foot care and how these translate to actually increasing their risk for developing foot ulcers. The recommendation by this article is for clinicians to work to bridge the knowledge gap between patient’s perception and misconceptions of diabetic foot care and further education (Gale et al., 2008).

The Bottom Line:
In the articles we reviewed, the overall conclusion is that more information is needed in order to conclude how dressings improve outcomes in diabetic patients with foot ulcers. In order to reach a conclusive decision, we recommend performing a trial pilot study in multiple long-term care facilities where results will be monitored and evaluated.

Nursing Implications:
The trial group that we suggest should be done in multiple long-term care facilities where there will be no harm done to the resident and their results will be easily monitored. According to an article by Kristine Hoffman (2016), some evidence suggests that hydrocolloid dressings can stay intact on a wound for up to seven days. This is useful because it decreases the need to change the dressing and the subsequent risk for infection. Less frequent dressing changes also decreases costs and does not disrupt wound healing as often (Hoffman, 2016). This would be beneficial for both the patient and the nurse.

Evidence also seems to suggest that the lack of healing in diabetic foot ulcers may be related to lack of education of proper wound care. Perhaps, the education that nurses are giving to patients also needs to be addressed and reconsidered. Perhaps it is not the type of dressing but the education that nurses are providing that will make a difference in improving outcomes diabetic patients with foot ulcers.

References
Outcomes of Skin-to-Skin Care in NICU Infants

By: Katrina Baker, Emily Cash, & Amanda Forliti, University of Mary ESN Students; Kathy Roth, PhD, RN, Assistant Professor of Nursing

Clinical Question: In the Neonatal Intensive Care Unit (NICU), what is the effect of skin-to-skin contact when compared with conventional NICU modalities on the overall infant outcomes?

Synthesis of Evidence:

The study completed by Lamy Filho et al. (2018) studied 102 mother/infant dyads to determine whether skin-to-skin contact of newborns with their mothers in the NICU would promote bacterial decolonization of pathogens like MRSA/MRSA. The results of the study showed that infants who received skin-to-skin care were 2.35 times more likely to be decolonized. The conclusion of the study was that “Skin-to-skin contact between mothers and their newborns might be a safe and cost-effective strategy of biological control to promote decolonization of multiresistant bacteria and a possible reduction of nosocomial infections in the NICU” (Lamy Filho, et al., 2015, p. 5).

The qualitative study completed by Salimi et al. (2014) looked at the experiences of mothers who had premature infants and practiced Kangaroo Mother Care (KMC). Random sampling was used to obtain participants in which there were only 12 eligible participants who had been admitted to the NICU at this time. The conclusion of results for category one respondents stated that the participants felt that their premature babies had more exclusive breastfeeding at the time of hospital discharge compared to the conventional care method group (62.5% vs. 37.5%) (Heidarzadeh et al., 2013). From the results, skin-to-skin care for preterm infants is indeed an effective way to increase breastfeeding upon discharge.

Implications for Nursing Practice:

KMC has proven to have a higher impact on infants from the NICU versus conventional care methods, improving the mother’s physical and mental health, increase likelihood of breastfeeding, and decrease the mortality rate of infants in the NICU. Overall, there is a great deal of evidence that points to skin-to-skin care being a safe and effective alternative to traditional NICU care. It will very likely increase the positive outcomes for both the infants and mothers involved.

References:


Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. Cochrane Database of Systemic Reviews, 1-37. doi:10.1002/14651858.CD002771.pub4


Advance your degree and your possibilities.

Follow your passion to provide quality care with a degree from one of the top 10 online programs in the country.

**MSN Specialization Areas**
- Family Nurse Practitioner
- Adult-Gero Primary Care Nurse Practitioner
- Women’s Health Nurse Practitioner
- Nurse-Midwifery

**Post-Master’s Specialization Areas**
- Family Nurse Practitioner
- Psychiatric-Mental Health Nurse Practitioner

Get started at [https://ucncaring Online](https://ucncaring Online)