Dear Nursing Colleagues today is about finding joy.

Fall has fully come and I’m finding joy in fresh tomatoes (yet), crisp air, my son’s football games, the hope of a good harvest, and students!

Saturday September 21st, we participated in an inaugural event of a joint Board meeting between the Nursing Student Association of North Dakota (NSAND) and the North Dakota Nurses Association (NDNA). This meeting was initiated by NSAND because they wanted to learn more about the professional nursing organization in our state and how they could contribute to making both organizations stronger.

Both boards met in Bismarck with most all of us face to face and 3 or 4 of their members joining us virtually. The time together was very valuable and I was so impressed with their leadership, energy and professionalism. Our future is in good hands.

We spent some time learning about each other’s mission, members, plans and value. Then we worked, through facilitated discussion, to discover what we could do together to enhance the mission of each organization. Together we developed a very doable action plan to help bridge the transition of NSAND participation to NDNA.

I learned that they would follow us on Facebook, but not Twitter, that quick relevant messages work, that they are serious about learning both the art and science of our profession, and even though we had a continuum of ages present we were able to laugh in the moment. The experience brought me an unexpected joy. Thank you NSAND!!

I hope that your practice is providing you joy. Yes they are. Just think about a time in your practice that you knew your actions had impact on the quality of the patient and their family’s lives. Reading the note brought me joy and reinforced the value of our work.

Now joy and professional nursing practice may not seem like concepts that are linked, but yes they are. Just think about a time in your practice that you knew your actions had impact and you provided value to the healing, I hope the remembering is giving you joy.

It is always my hope that you will consider participating in NDNA as your professional nursing association. It would also give me joy!

Check out benefits of being a member at www.nursingworld.org.

Thank you to Susan Pederson, NSAND advisor, Tamsen O’Berry, and Meagan Schrader, NSNAD officers, for helping plan the joint NDNA and NSNAD meeting.

NDNA Annual Meeting Report

by Donelle Richmond, VP Finance

Hello – it’s me again. For this edition of the Prairie Rose I was planning on writing about the pillars of ANA and why I feel supporting your professional organization is important. That will have to wait for the next edition because this time I am going to give you a guided tour of NDNAs annual meeting of the membership, held this past week. There was no registration fee to attend, the meeting was scheduled the day prior to the leadership workshop sponsored by the Center for Nursing to make the trip to Fargo worthwhile, and NDNA offered free scholarships to the workshop if you also attended the annual meeting, but turnout for our cruise was still only in the low twenties.

After the credentials report and introduction of guests, Evelyn Quigley was recognized for receiving the Eva Vrasper award from Minnesota State University Moorhead. Ev shared the history of Eva Vrasper and the award. Back in the early 1970s, the members of District IV (the Fargo district at the time) identified a need to have a RN to BSN program in the Fargo area. There were
You are cordially invited to join the North Dakota Nurses Association
See the NDNA Website at www.ndna.org
- Click on Membership

Under how to join
- Click on Membership Application (ANA website)
- Click on Full Membership (Be ready to provide your email address)

Full membership is just $20.50/month! Less than 70¢ a day!

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.

http://www.ndna.org

Published by: Arthur L. Davis Publishing Agency, Inc.

The Prairie Rose Official Publication of: North Dakota Nurses Association

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Senior Healthcare Professional Summit
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March 5 & 6, 2014 - Ramkota Hotel, Bismarck, ND

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Writing for Publication in the Prairie Rose

The Prairie Rose accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and in APA format. The article should be submitted electronically in MS Word to becky.graner@gmail.com. Please write Prairie Rose article in the address line. Articles are peer reviewed and edited by the RN volunteers at NDNA.

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 Becky Graner becky.graner@gmail.com.

The Prairie Rose 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.

Southwest Healthcare Services, a Community Minded healthcare organization located in Bowman, North Dakota is a non-profit organization comprised of six facilities which include a 23-bed Critical Access Hospital, a 40-bed Long-Term Care facility, a Rural Health Clinic, Visiting Nurse Services, and more.

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701-523-3214 or apply online at http://www.swhealthcare.net/Employment.asp

EOE

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The Prairie Rose article is one communication vehicle for nurses in North Dakota.

Raise your voice.

Published: Arthur L. Davis Publishing Agency, Inc.
Meet the NDNA Board of Directors

Roberta Young, President

Roberta is a graduate of St. Luke’s School of Nursing, Minnesota University Moorhead and the University of Mary. She has worked 6 years as an adult critical care nurse, and then 10 years in Pediatric Critical Care and Children’s Hospital. She has worked with staff, leadership and consumer health education for about 14 years, then came back to acute care nursing leadership. First in Oncology and Palliative Care and then as a Director of Oncology and Medical Services.

Roberta has a special passion for honoring patient self-determination as it is carried out in bookends of life: birth and death. She states she has had the privilege of being a Certified Childbirth Educator and building a women centric unit. And also the privilege of shepherding the development a robust adult palliative care service and inpatient unit.

Roberta presently is the Vice President of Operations at Sanford Medical Center Fargo. She has accountability for cancer to include inpatient, Radiation Oncology, Palliative Care Services, and tumor registry, Medical/Surgical Services, nutrition therapies, guest services, volunteer services, Sanford Partners (auxiliary) and accreditation.

Roberta’s vision for NDNA is to be the trusted voice of nursing in North Dakota. To promote the value of nursing practice to the work of healing and health. She states “I truly want NDNA to be seen and felt as a valuable source for nurses, in all walks of practice, as they pursue excellence in their professional practice.”

Donelle shares her vision for NDNA “to help NDNA become recognized as the local arm of ANA, which in turn needs to be recognized for most of the advantages we have in our work places today. Universal Precautions, needless IV med systems, Safe Patient Handling, and the scope of practice for ANPs are just a few of the things that most of us take for granted, but probably wouldn’t exist in their current form of not for the work of ANA. I hope to help others see that the cost of membership is worth the cost of one Starbucks’ coffee a day!”

Amanda shares her vision for NDNA to continue to uphold high standards for the nursing profession. She states “I think it is important for nurses to collaborate with other nurses and other members of the healthcare team in order to ensure this occurs. It would be one of my goals to ensure NDNA helps foster an environment where nurses can share information and learn from our experiences.”

Amanda Ericsson, VP Communication

Amanda graduated from Northern State College of Science in 2005 with Associates of Applied Science degree in Practical Nursing. In 2007 she graduated from University of Mary with Bachelor of Science degree in Nursing. Since 2005 she has worked in acute care setting in various different roles including: nurse, charge nurse, and clinical coordinator.

She also has experience as a nursing instructor at Rasmussen College in Moorhead, teaching both geriatric and clinical courses in the classroom, online, and clinical setting. Amanda is presently a RN Case Manager for Sanford Medical Center Sanford Health.

Amanda’s vision for NDNA is to continue to promote the profession of nursing, to strive for excellence in the care delivered and to ensure this occurs. It would be one of my goals to ensure NDNA helps foster an environment where nurses can share information and learn from our experiences.

Kristin Roers, VP Government Relations

Kristin graduated from South Dakota State University’s Accelerated Nursing Program in 2004. She began her nursing career working at HealthEast St. Joseph’s Hospital in downtown St. Paul, MN. She worked straight night shift, floating between a general Med/Surg and a Med/Surg/Oncology Unit.

She moved to Park Nicollet Medical Center in St Louis Park, MN in 2006 to work on an Advanced Care Oncology Unit as a staff nurse. During this time, she started graduate school at the University of Minnesota in the Nursing and Healthcare Systems Administration Program, which she completed in 2009. She moved into a leadership position at Park Nicollet in 2010, managing the Float Pool staff. Over time, her responsibilities grew to include Fall Prevention, and opening a 12-bed Observation Unit.

Kristin moved to Sanford Health in 2011. Her current responsibilities include Performance Improvement (including Fall Prevention & Safe Patient Handling), Recruitment & Retention, Policy & Procedure, and many other areas. Her present nursing position is as Nursing Professional Practice Coordinator of the Patient Care Services with emphasis in Evidence Based Practice & Strategic Leadership in Healthcare, University of Mary – Fargo Center.

Kristin writes her vision for NDNA as VP of Government Relations is to be “the voice of nursing in North Dakota” by keeping members aware of current legislation at the local, state, and national levels that will affect nursing. She want to make the information available, understandable, and actionable.

Tammy has worked as a Registered Nurse in a variety of areas including: Orthopedics, Medical/Surgical, Urology, Obstetrics/Gynecology/Newborn, Same Day Surgery, Nurse Case Manager, PN. She received her Associate of Applied Science, Casper College, Casper, WY, her Bachelor of Science in Nursing, University of Mary, Bismarck, ND, and her Master of Science in Nursing, Nursing Management, University of Mary, Bismarck.

She presently is an Assistant Professor of Nursing at Sanford College of Nursing, Bismarck, ND.

Tammy writes, “It is my desire to lend my voice and abilities to the board at the NDNA in order to achieve unification of all nurses in the state and work toward NDNA’s vision of being the voice of nursing in ND. I am proud to be a member of our professional nursing association and represent my colleagues. I continue to hope that nurses in our state will realize the power we have when we work together.”

You Can Help Kids Smile

Did you know health-care professionals in North Dakota can apply fluoride varnish to help prevent cavities in children? Smiles for Life offers training at www.smilesforlifeoralhealth.org.

Learn more about our domestic violence awareness programs at www.ndhealth.gov/oralhealth/programs.htm and click Smiles For Life, or call 800.472.2286 (press 1). Support for this initiative is provided by the North Dakota Department of Health throughout Health 411 Initiative of the Oral Health Coalition.

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For more information, go to www.smilesforlifeoralhealth.org.

Meet NDNA BOD continued on page 4
choose to unify to achieve our goal of enhancing health care for all.

Julie is a graduate from the College of St. Scholastica in Duluth, MN, with a bachelor’s degree in nursing and is a graduate of the University of North Dakota, Grand Forks, ND, with a Master’s Degree in Nursing. Her Master’s Degree is in the area of Rural Health Nursing with a minor in education. Ms. Bruhn started her career with the Veterans Health Administration (VHA) in 1979 and during her 30+ year tenure has held various leadership positions at the Fargo VA HCS, with the Veterans Integrated Service Network and VHA North and is a graduate of the federal Health Care Leadership Institute. Ms. Bruhn has also held a number of leadership positions with community service organizations and nursing professional organizations. She was the recipient of the North Dakota Nurses Association Excellence in Administration in 2012. Julie’s vision for NDNA is to be the voice in the advancement of nursing practice, education, administration and research and ensure the delivery of safe quality patient centered care. It’s an exciting time for nursing to shape the future of healthcare and the profession. The Institute of Medicine Report, The Future of Nursing, and objectives of the Affordable Care Act place nursing in a position to transform the profession and patient care delivery. NDNA is the professional organization that provides the framework for advocacy and policy for nurses in all roles and settings.

WE HONOR VETERANS

St. Alexius Medical Center takes great pride in caring for its hospice patients. Caretakers provide each patient with the best care that meets their needs and their family’s needs at end of life. When one of these patients is a veteran, St. Alexius is recognizing their service through a unique program.

St. Alexius’ Hospice is proud to participate in the We Honor Veterans Program developed by the National Hospice and Palliative Care Organization in collaboration with the Department of Veterans Affairs. Through this special program, veteran patients are recognized and thanked for the service they gave to our country. With caregivers and family and friends at their side, veterans are pinned with an American flag as special words of thanks are read. Veterans also are presented with a patriotic pillow case for their bed. Often veterans wear the pins on their lapels during an open casket burial.

In addition to the pinning ceremony, all St. Alexius Hospice nurses take additional training to fully understand the war or conflict each individual veteran was involved in. Tammy Theurer, Director of St. Alexius’ Home Care & Hospice says, “The time of service that the veteran served in is a very important part of their life. We recognize that each veteran has a unique and personal story and that each conflict posed different challenges.” St. Alexius believes it’s important to remember that not all veterans have served overseas and may not have been involved in conflicts. We are also seeing some Vietnam era veterans who were not always welcomed home as heroes, so this gives us an opportunity to thank them for their service,” states Lindsey Lee, a registered nurse with St. Alexius Hospice.

St. Alexius follows Medicare regulations for hospice patients. Under Medicare guidelines, in order to be on hospice, a patient must have a diagnosis of six months or less to live. Once a person is eligible for hospice, veterans are identified, and the pinning ceremony is incorporated into their care. A veteran of any military service can be recognized. St. Alexius Medical Center believes that every man and woman who serves their country deserves to be recognized for their dedication to our country, particularly as they enter their end-of-life journey.

St. Alexius Hospice started participating in the We Honor Veterans Program in May 2012. They are also currently recruiting veterans to work with veteran patients. These volunteer veterans receive training and make special visits with ill veterans. The visits are designed to provide companionship and support. It’s never too late to give our nation’s veterans the respect and honor they deserve.

We Honor Veterans Program is an important step in ensuring that all veterans are recognized and thanked for the service they gave to our country. With caregivers and family and friends at their side, veterans are pinned with an American flag as special words of thanks are read. Veterans also are presented with a patriotic pillow case for their bed. Often veterans wear the pins on their lapels during an open casket burial.

Premier Event Produces Passion and Partnering Possibilities

Every once in awhile things just come together. This can be said about the “first” combined North Dakota Nurses Association (NDNA) monthly board meeting and the Nursing Student Association of North Dakota (NSAND) Mid-Year Meeting. The two groups, NDNA Board Members and NSAND Board Members, nearly filled the room at the Bismarck Veterans Memorial Library on Saturday, February 21, 2013. Seated around four large tables (several Skyped in) the nurses and student nurses shared: missions, benefits of being members, successes, goals, personal stories and, I have to say, laughter and genuine camaraderie. The idea for such a meeting grew out of a previous NSAND Board Meeting when students were problem solving about “growing their organization.” Thank you students for imagining such a meeting and then helping make it happen!

The two presidents, Roberta Young, NDNA; and Meagan Schrader, NSAND facilitated an energetic group exercise where all participants had an opportunity to discuss and give input into how the two groups might partner to reach goals and what steps might be taken to achieve organizational cohesion. A robust round of give and take and making a roadmap of give and take then following ideas emerged:

• Partner with each other on shared roles; for example: NDNA Vice President of Government Relations and NSAND Chairperson of Legislation/Education.
• Designate a seat on each Board for the other organization. NDNA would give a seat for an NSAND Board Member and vice versa.
• Attend each other’s meetings and conventions.
• Assist each other in volunteer community projects, etc.

Of course no premier event would be complete without pictures. Hope you enjoy the one shared with this story.

The Fargo VA Health Care System has job opportunities for RNs and LPNs that seek a position in a challenging and cutting edge organization, delivering care to America’s veterans.

We are a general medical, surgical, and psychiatric facility with a restorative care unit and several clinics in Fargo and Community Based Outpatient Clinics throughout North Dakota. The Fargo VA Health Care System has state of the art electronic patient medical records and telehealth services.

We offer an excellent benefits package and salary commensurate with experience. Job openings can be viewed on the USAJOBS website, www.usajobs.gov.
Cultural Competency in Health Care: What can nurses do?

By: Zakevia D. Green, PhD, LHRM, RHIA
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Maryland Nurses Association
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One of America’s greatest challenges, if we are to improve our overall health care outcomes relative to the rest of the world, is reducing the profound disparity in health status among different populations that experience disproportionately poorer health than the rest of society. These include racial and ethnic minority groups, socio-economically disadvantaged groups, and rural populations. Data confirm that racial, ethnic, and socioeconomic factors influence health promotion and help-seeking behaviors. The U.S. Census Bureau projects that by 2041 the U.S. resident population will be majorit y-minority. Less than 50 percent of the population will be non-Hispanic single-race white. Because this population increase was anticipated, the 2000 census form was revised, providing fifteen different race categories and three options for specifying one’s own race.6 This change on the census form has multiple sociological implications and reinforces the importance of a multicultural perspective to health care.

What is cultural competency?

Cultural competency is described as a set of congruent practice skills, behaviors, attitudes and policies that come embedded in a system, agency, or among consumer providers and professionals.6 Cultural competency facilitates the ability to carry out tasks effectively in an environment that has cross-cultural situations.4 Hence, cultural competency is the mastery of skills that provide appropriate awareness and sensitivity to individuals who are in cross-cultural situations.

Cultural competency is related to diversity and disparity. As Buchbinder and Shanks13 pointed out, diversity has been historically defined by broad categorical markers such as age, sexual orientation, religion, and ethnicity, which involves many factors, including economic status and marginalization. Therefore, not only must the prolific numbers of ethnic groups in the United States be taken into account in anticipating care, but also factors such as a patient’s minority status (i.e., whether they are migrants, uninsured, poor, or refugees) which contribute to economic, social, welfare, and psychological despair.

The causes of these disparities are multifactorial, and the greatest contributors are those related to social determinants external to the health care delivery system. For example, the lack of education, the lack of health care insurance, and prolonged racism are considered social determinants (i.e., socioeconomic factors).12 These examples fall into the order of a domino effect. A patient’s lack of education qualifies the individual to seek only minimum wage employment that often provides little or no health care coverage. Thus, minimum wage employment arrangements in the most undesirable areas, which further exposes the individual to greater health and safety risks.

The absence of health care coverage deprives the individual of preventive care and access to preventative care and in past years forced over 100 million Americans to seek refuge in Emergency Departments (EDs) around the country.9 Care provided to uninsured Americans is often uncompensated care, for which health care facilities and providers receive no reimbursement. The burden of uncompensated care is estimated at 65% of a hospital’s unpaid expenses (i.e., public hospitals, teaching hospitals, and rural hospitals).14 The impact of disparity and disparity in health care has caused administrators, providers, educators, managed care administrators, third-party payers and the government to engage in the meaning and practice of a culturally competent U.S. health care system.15

According to Betancourt et al.,16 a culturally competent health care system is one that recognizes the impact of culture, the assessment of cross-cultural relations, attention to the dynamics resulting from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs at all levels of the organization. A sound culturally competent health care system is established based on culture and diversity as they relate to the beliefs and behaviors, diagnosis, prevalence and incidence, and treatment outcomes of the diverse patient populations that the system serves.

What can nurses do?

A culturally competent health care system can only exist with culturally competent nurses. This is an essential component of patient-centered care, as well as of effective care. Institutions have formalized a structure that will promote at least a minimum level of awareness among nurses who work in health care institutions. The Joint Commission has added new cultural competence standards that went into effect for accredited institutions in 2012. The Joint Commission has also produced a number of items advancing culturally competent care and patient-centered care and are available online at http://www.jointcommission.org/Advising_Effective_Communication/. Nurses should be leaders, not followers, in promoting quality, efficient and effective care. Nurses must express the attitude that it is the responsibility of all health care providers to become informed and meet the needs of all patients. In addition, nurses should make informing themselves about culturally competent patient care a high priority. This information has become increasingly accessible to professionals.

The Office of Minority Health of the U.S. Department of Health and Human Services (HHS) has made a wealth of resources available for nurses and other health care providers on their website. This includes an online course on cultural competence and care, which is available online at http://bhphc.chesapeakeedu.org/culturalcompetency accessed March 12, 2012.

In 2012 Maryland Delegate Shirley Nathan-Pulliam, a Registered Nurse and MNA member, introduced HB 679: “Cultural Competency and Health Literacy-Education” (http://mgaleg.maryland.gov/2012rs/chapters.xml/Ch-671-bhphc671.pdf). This bill provided for educational programs in cultural competency and health literacy to be offered to Maryland’s health professionals, with DHMH to provide recognition for continuing professional education. A primary resource for Maryland nurses is the free, downloadable Primer on Cultural Competency and Health Literacy which was developed by nurses and other professionals in collaboration with the Maryland Department of Health and Mental Hygiene (DHMH), which became available online in 2013 at http://dhmh.maryland.gov/hph/CHI/PdfSitePages/primer.aspx. The Primer modules include Health Disparities, Community Strategies, Bias and Stereotyping, and Effective Communication Skills. It is rich with resources, such as webinars and other educational learning resources and clinical and field application resources, for both nursing educators and for nurses who are lifelong learners.

The movement toward cultural competency in health care has gained national attention and is now recognized by health policy makers, managed care administrators, academicians, providers, and consumers as a strategy to eliminate racial (i.e., ethnic) disparities in health and health care.17 As our society becomes more global and more diverse, and as the need for nursing care expands, providing culturally competent nursing care has become recognized as a key component of nursing. Nurses can become the role models for other professionals, taking a proactive lead in improving patient outcomes through cultural competency.

References


2. Ibid.


7. Ibid.


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11. Ibid. (Accessed April 1, 2013)

12. Ibid.


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Managing Holiday STRESS

Becky Graner MS, RN Certified Holistic Stress Management Instructor

The holidays bring additional stress for many of us. While our physical bodies may relax during the holiday shopping, cooking, and family/friend get togethers; an equal number of you may approach the holidays with dread at the additional work load entertaining can bring, not to mention the additional strain on finances this time of year typically carries. Stress results from real or perceived situations that result in a sympathetic nervous system response. Over time these responses affect our coping ability and ultimately our health.

How can we manage our stress? Change or modify your environment to decrease your triggering events. Reflect on your habitual response. Triggering events change your perceptions this holiday season by thinking about things differently. Many of us will find our stress is self-induced. If you cannot change your situation (waiting in long lines to check-out), nor change your perception of the situation (you feel you cannot afford to buy gifts for everyone on your list), you can learn some calming techniques to turn your stress response down so long term impact on your health does not occur.

First look at what you can control that self-care tips:

Monitor your physical response. Do you find you are more tense? Every time you find a tensed place in your body, try to relax. If you can splurge, give yourself the gift of a massage. (Use up those last year’s spa gift certificates that you thought you would never have time for).

Monitor your self-talk. Are you saying under your breath, “I can’t deal with this?” Are you blaming yourself? (e.g., “I should have done more to prepare…”)

Stop yourself. Try smiling instead, then releasing the breath in your lungs. May use an under your breath string of expletives, if you choose. Most of the time the thought process is a negative thought stream. Can you replace your negative thought stream with a positive one? It can be very stress reducing. Sometimes getting out of your mind may help you get to another state of being. If it is the usual way of coping that is not helping you, then find some new way of being.

Try to slow yourself down. Are you running from one thing to the next without giving yourself time to relax and enjoy a break? Before it is too late, take a break. Do something for yourself that you enjoy. Take time to relax.

4 Specific tips for calmer holidays:

- Be Positive - Find 10 recipe cards, on each one write down 1-2 things you are grateful for this holiday season. Post one card a week where you will see it every day. The gratitude reminder will prompt you that even through holidays can be vexing to your spirit, there are still many things to be grateful for.
- Plan ahead - no last minute shopping, stick to your budget (you may want to go so far as to leave your credit card at home, take cash only). Make list and start buying before the number of items to buy to 4-5 per outing. This allows you to have more time to make better purchases. Planning ahead decreases the likelihood you will be an impulse shopper.
- Be Practical - realize there are just so many hours in a day. Decide what preparations are FUN and what has become a burden. Do you really need to make 40 lbs of candy, cookies, chocolates, caramel? Or would you fresh fruit and vegetables, crackers and cheese, some wine be more practical? Do presents need to be wrapped, could they be bagged instead? You need to have a conversation with your family regarding gift exchanges? One fun way to exchange gifts is to have everyone write out a list of “everyone gets one” rule. If you have 4 family members, you bring 4 gifts and your family member brings 4 gifts... set a price limit and be creative. Think about what everyone will “fight over”. In some families it will be the cranberry relish with whole peppers. Others the usual way of doing things. Yet others, a Leatherman tool. Each person picks ONE present, opens it. The rest of the family can steal the presents up to as many times as the family defines the rules. Have your whole family help think of funny or creative gifts to exchange.
- Consider donating to others this holiday season. If you and your family struggle to find gifts for each other because “they have everything”, then give gifts that are useful. Instead of one gift for this holiday season. Post one card a week to exchange. Consider donating to others this holiday season. If you and your family struggle to find gifts for each other because “they have everything”, then give gifts that are useful. Instead of one gift for each person, consider donating to a local charity. Could use food bank, women and children shelter, for example. However, it is the family that defines the rules. Have your whole family help think of funny or creative gifts to exchange.

Discuss your traditional holiday routine with your family. Finding new ways of being together can be very stress reducing. Sometimes getting out of your mind may help you get to another state of being. If it is the usual way of coping that is not helping you, then find some new way of being together. Consider starting a new family tradition. And remember to take care of yourself first!

Recommend to Read

Reflections from Common Ground... Cultural Awareness in Healthcare (2010) By Beth Lincoln MSN, RN.

This book provides the opportunity to engage in self-reflection that will help you discover your own culture and to recognize how your culture influences your engagement with patients and families and co-workers. As Ms. Lincoln so rightly asserts, your ways of living in the world, your communication style, your approach to health and illness and your response to any given situation are dictated by your culture.

The book is organized to provide a multitude of approaches organizations, faculty, and individuals can use to increase cultural awareness and competency. The book provides excellent learning activities for nurses to use in developing and implementing a cultural competence program. Reflective exercises assist the learners in assessing their present knowledge and assist in adding to one’s knowledge, skills, and abilities.

The book also reviews Dr. Madeleine Leininger’s Culture Care Theory and the Sunrise Delivery Model. Dr. Leininger is quoted in the book and reminds us “the goal is to provide culturally congruent care that is beneficial, will fit with and is useful to the client, family, or cultural group healthy lifeways.”

Chapters 10 through 20 provide stories about varies cultures that are part of the diversity in America. Nurses are challenged to consider what makes us alike rather than what makes us different. The last chapter challenges nursing faculty to consider the student’s culture and are reminded the differences within a culture tend to be greater than the differences between cultures.

There are many resources which include websites, assessments, reflective questions, and ideas for focus group work. Nurses will find this book extremely helpful in assessing and adding to their cultural competence. It could provide the foundation for a comprehensive cultural competency program.

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Midwest Multi-State Division

Thank you for the opportunity to introduce myself as your Midwest Multi-State Division (MSD) Leader. I am Jill Kliethermes, MSN, RN, FNP-BC and current Chief Executive Officer of the Missouri Nurses Association. The American Nurses Association (ANA) has given us the opportunity to conduct a 2-year pilot project on Multi-State Divisions. The following states are currently included in the Midwest MSD: Iowa, Kansas, Michigan, Missouri, Nebraska, North Dakota, and Wisconsin.

So what is this MSD really all about you may ask? The Midwest MSD will operate as a unified entity yet retain the unique state identities. There is a great opportunity to leverage the mass of several state operations with unifying tools and technologies, while providing the constituents their unique state-specific experiences and utilizing the ANA capabilities.

The Midwest MSD will implement a streamlined business operations model that leverages common capabilities of the State Nurses Associations (SNA) and ANA to enhance the multi-state operations. Through this joint, collaborative effort the Midwest MSD will be more efficient and profitable, allow for more effective advocacy and membership recruitment, and retention efforts in the SNAs. The overarching goal is for the SNAs to grow and become more vital and visible in the future.

The Midwest MSD will develop a model for work flow to include the function and percentage of time spent on MSD functions, train and transition staff to new positions, roles, functions, and responsibilities, address any function design problems, and ensure quality output of MSD functions.

The criteria for success of the Midwest MSD function will be to increase revenue for each SNA; transfer of SNA operational business functions and processes (as applicable) to the Midwest MSD; increase in membership within the division; increase visibility and viability for each SNA; and that members will see increase responsiveness and relevance from their SNA.

The establishment of best practice operational work and function for the Midwest MSD will be a work in progress. The SNAs will work collaboratively and in partnership to achieve the greater goal.

This pilot creates multiple opportunities for SNAs to work together and work smarter in the future. Understand the pilot is a work in progress and we will try different ideas to see what works and what may not work. I will be spending 90% of my time over the next year focused on the work at the Midwest MSD level and 10% on oversight of the Missouri Nurses Association.

One of my goals is to have at least one staff person in each SNA who is actively working on membership recruitment/retention and advocacy. Some of the SNAs in the Midwest MSD already have some staff, which is wonderful; however for those SNAs who currently do not have staff we want to help you grow in order to have staff person(s) in your SNA.

I am very excited to be working with the Midwest MSD and believe there are many opportunities for each of us as we pilot this new way of conducting business. I will end with a quote that I use often: “Believe and act as if it were impossible to fail and we are all in this together.”

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The 2014 NSAND Annual Convention is being planned for January 31-February 2, 2014 at the Quality Inn in Jamestown, North Dakota. The working theme is Leadership in Action and will have something to offer nursing students and registered nurses (RNs) alike.

We hope you will mark your calendars for these dates. We invite RNs to register to attend to actively mentor our future RNs and participate in great presentations, award banquet and program, silent auction fund raiser, community service project (Backpack Program), and a variety of socialization and networking opportunities.

More information is available from your local NSAND Chapters at Colleges and Universities in your geographic areas. You may also contact Susan Pederson@bs.mnstate.edu if you have questions or would like more information.

See you there!
began lobbying the area colleges and universities over 300 members in Fargo at that time, so the program is still alive and well today. Several potential, and hired Eva Vrasper to develop the program. The first class graduated in 1976, and the ANA has been training professionals in Dialysis ever since.

Written reports form the Vice Presidents were distributed to those in attendance. I will share the highlights, at least from my perspective. As VP of Finance I reported that NDNA currently has assets totaling just over $92,600. The last fiscal year, which ended June 30th, had total income of $47,255.40 and total expenses of $42,167.44, resulting in a net gain of $5,087.96. Our projected budget for 2013-2014 has us again with a slight profit. The increase in membership fees is to help us increase our membership numbers and hopefully increase them. I also shared that we have completed the transfer of NDNA’s financial management from The Staiger Consulting Group in Bismarck to the Missouri Nurses Association. This is part of our consolidating operations with the Multi-State Division and will reduce our monies spent on mailing two years of the MSD pilot. That would mean the NDNA membership numbers have remained relatively constant at 275-280 throughout the last five years the number of nurses licensed by the boards activities and also shared some of the by-laws committee.

Bokinskie and Marlene Batterberry were added to the Membership Assembly. NDNA By-Laws require a minimum number of members on both the Nominating Committee and the By-Laws Committee. We did not have the minimum number on either committee, so additional members were appointed with their consent to send. Ev Quigley was added to the nominating committee and Jean Bokinskie and Marlene Batterberry were added to the by-laws committee.

Next up was the President’s report from NDNA President Roberta Young. Her message centered on perspective and hope, how our perspective of assuming changes are the best way of looking at it from a different angle. Since taking office a year ago, most of Roberta’s time and energy, as well as that of the board, have been spent learning about and helping develop the business plan for the Midwest Multi-State Division (MSD).

Over 300 members in Fargo at that time, so they were lobbying the area colleges and universities for their support. The Department of Education at Moorhead State University recognized the potential, and hired Eva Vrasper to develop the program. The first class graduated in 1976, and the program is still alive and well today. Several potential, and hired Eva Vrasper to develop the program. The first class graduated in 1976, and the ANA continues to train professionals in Dialysis every since.

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Areas of focus surrounding advocacy include promoting the value of professional nursing to stakeholders, increasing the number of healthy nurses, and the public promotion of health. Relevancy issues include increasing the knowledge and use of the benefits of membership, increasing the number of nurses licensed by the MSD as a potential revenue source, and increasing and standardizing our outreach to new members, concerned members, and also those who have chosen to leave the organization.

We then spent some time in small groups discussing our current organizational structure and those of your familiar with the Smart Brief send out regular reports on what we felt was working with our structure, what wasn’t working, and how we could change it to better meet goals. Roberta collected everyone’s suggestions to guide future work by the board of directors.

We were very fortunate to have Jill Kilethermes, MSN, RN, CNE, ANEF, the Executive Director of the Missouri Nurses Association, and was selected by the Presidents of the MSD to speak to the Board on the success of the Midwest Multi-State Division (MSD). Ms. Kilethermes coordinated by ANA, increasing our communication in general and our options for communicating with ANA. She explained how the MSD was a valuable tool in the new membership, and leverage operations to every states benefit. Participation in the MSD is voluntary for all the boards in the Midwest Multi-State Division. The NDNA board, we recently held a joint meeting of the boards for NDNA and NSAND. Opportunities for the membership to be advised will be worked on in the months to come. Please see Susan’s full report of that meeting elsewhere in this edition of the Prairie Rose.

Connie Kalaneck, Executive Director of the ND Board of Nursing, provided a full written report of the boards activities and also shared some of the new board members, and the ANA. She also pointed out that we have no e-mail addresses for some of our members, and worry about it. As VP of Government Relations, Tammy Buchholz of Bismarck is the new VP of Membership, and Jane Rasmussen of Fargo is our state delegate to Membership Assembly, along with President Roberta Young. Outgoing board members Mary Smith, Karen Macdonald, and Susan Pederson were recognized for their years of service.

The only new business brought forth at this year’s meeting was a main motion that I presented on behalf of our Board of Directors. ANA will be implementing an increase in membership dues effective January 1, 2014. The increase will be $8.00 per year, or $6.87 per month. The increase is necessary to cover the cost of membership renewals and leverages other services to members.

Success for the MSD will be measured by increased membership numbers for each state organization, increased visibility and viability of each state organization, and increased advocacy for the members of each state organization. For those of you in the Midwest Multi-State Division, the MSD will start a Midwest Smart Brief in several weeks. It will include updates on the MSD itself as well as information and suggestions from the various boards. If you need to know what changes are being proposed and how it will impact our individual practice, and standardizing our outreach to new members, exploring CE opportunities within the NDNA, and use of the benefits of membership, increasing the knowledge and use of the benefits of membership, increasing the number of nurses licensed by the MSD as a potential revenue source, and increasing and standardizing our outreach to new members, concerned members, and also those who have chosen to leave the organization.

I hope you have enjoyed your tour, and look forward to having you travel with us in person next year!...
The Nursing Research Showcase: An Innovative Strategy to Bring Research to the Bedside

Karen Urban, MS, RN, ACNS-BC; Karen Robinson, PhD, RN, FAAN; Danielle Anderst, BAN, RN, CNRN; Shari Lacher, BSN, RN; Becky McDaniel, MSN, RN-BC; Joyce Schmelz, MSN, RN, CNRN, CS-CMC

Introduction

Latent nursing research is an essential component of professional nursing practice, serving as a foundation for quality care. However, incorporating research into clinical practice can present challenges. Finding innovative ways to accomplish this objective is increasingly important and as Shirley et al. state, “selecting the proper time to determine knowledge is crucial to building scholarly nursing practice and advancing the profession” (2011, p. 64). The Nursing Research Council’s development of the “First Annual Nursing Research Showcase: Investigating New Knowledge” is one organization’s innovative strategy to facilitate knowledge dissemination and bring research to the direct care nurse.

Background

The Nursing Research Council (NRC) is part of an organization that is pursuing Magnet® designation. Located in the Midwest, the institution consists of a 683-bed level two trauma center hospital, 140 clinics, and 37 network hospitals and is supported by over 3,200 nurses. The organization is located within ten miles of three universities with Masters’ in Nursing programs and a fourth university with a baccalaureate nursing program. Launched in February 2012, the NRC’s purpose is to promote nursing research and assist nurses with the conduction and utilization of research. The council’s goal is to disseminate research through avenues such as poster presentations, foster interest in nursing research through educational offerings, and collaborates with community partners and nursing academia. The NRC promotes awareness of and compliance with organizational policies and Institutional Review Board (IRB) requirements. Representing hospital, community partners and nursing academia, the council is part of an organization that is pursuing Magnet® designation as one of the components of Magnet® designation is “New Knowledge, Innovations, and Improvements”. As part of this component, hospitals must demonstrate that nursing research is being shared with both internal and external audiences, and that the direct care nurse can speak to essential aspects of research such as the protection of human subjects when the intended audience, the event started as early as 0700 and continued until 1700. The event, held Monday through Friday, moved through three different locations including an ambulatory setting, and two combined hospital/ambulatory settings in an effort to bring the opportunity to participate to as many nurses as possible. The first objective of the Showcase was to develop an increased awareness of the NRC and current activities. NRC staff worked as hosts to welcome and engage the participants as well as provide an overview of the event and answer participant questions. NRC member involvement identified the intended audience as direct care nursing staff as well as members of leadership, ancillary staff, and students from area nursing schools. The open house format was chosen to be conducive to participant learning.

Innovative Strategies

A small group work was formed from NRC members who volunteered to be a part of the planning team. In addition, the team communicated with emails and phone calls in addition to meeting monthly. The small group format allowed the members of the new council an opportunity to work together to plan and develop the research planning sessions from which updates were provided on a monthly basis to the NRC. Planning began approximately four months prior to the event. Fostered by the team’s enthusiasm, many ideas of how to creatively disseminate research were generated during the initial brainstorming session. The team determined that a standalone event presenting research conducted by local nurse researchers would be developed. The work group identified the intended audience as direct care nurses. The first objective of the Showcase was to develop an increased awareness of the NRC and current activities. NRC staff worked as hosts to welcome and engage the participants as well as provide an overview of the event and answer participant questions. NRC member involvement identified the intended audience as direct care nursing staff as well as members of leadership, ancillary staff, and students from area nursing schools. The open house format was chosen to be conducive to participant learning.
newly formed NRC as well as identify council members’ names. Nursing research studies completed at the organization within the previous year, studies currently underway and those that were in the initial planning stages, including the principal investigators, were displayed on the poster.

The second objective was for the participant to describe to a colleague at least one nursing research study reviewed during the event. A list of known nursing research studies that had been completed within the previous two years both at the organization and at area universities was generated to solicit nursing research for display. A personal postcard invitation was mailed to the primary investigator inviting them to present their research.

It was the intent of the work group to solicit a wide variety of research study topics, so that event participants would be able to view a specific research poster that would address their particular interest; thus, they would be more apt to describe and discuss the study with a colleague. In addition, it was decided that the posters would display nursing research only rather than highlight evidence based practice or quality improvement projects to assist the learner with defining nursing research. The distinctions between the three concepts can be difficult for the novice researcher to distinguish. A clear understanding of nursing research would allow the learner to more readily see contributions of research to patient care. Hosts were available to encourage discussion about the posters displayed and hardwire learning through dialogue. An event program was available for participants to facilitate poster discussion and share with colleagues unable to attend the event.

Providing education for nursing staff regarding the importance of nurses’ role in the protection of human subjects when participating in and conducting research was the third objective. A brochure titled, “Role of Nurses in the Protection of Human Subjects” was designed by members of the work group. A crossword puzzle incorporating the learning material from the brochure was available for participants to complete. Approaching education using both a brochure and an activity created an interactive method for the participants with different learning styles.

Success of the showcase was dependent upon the work group’s marketing efforts, the creativity of the posters, and the recruitment of the participants. A total of 161 participants attended the poster display event of which 37 provided data. The majority of participants (58%) spent 16-30 minutes viewing posters.

Evaluating the effectiveness of the strategies used to implement the First Annual Nursing Research Showcase was important to determine the success of the innovative strategies used. In addition, the organization anticipates that the Showcase will be an annual event and feedback elicited would be of the innovative strategies used. In addition, the organization anticipates newsletters, the organization’s internal webpage, and the internal nursing newsletter such as the Chief Nurse and the Director of Clinical Research. The majority of participants (94%, n = 36) did indicate an increased awareness of the NRC and current activities. Realizing that the investigators of the research were colleagues from work or professors from local universities was surprising to participants. The nurses were intrigued at not only the information they were learning, but its applicability to day-to-day practice. The familiarity of the research team members who shared their nursing research and the ability to apply concepts to practice aided in dispelling participants’ beliefs that nursing research is daunting.

Within the section of the evaluation capturing whether the objectives of the event were met, participants had three choices for answering the questions: yes, no, and not applicable. The questions with the correlating answer and percentage are listed in the Table 1.

A total of 19 nursing research posters were displayed at the showcase. As shown in Figure 2, most individuals (39%, n = 12) viewed >11 posters.

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Results

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Nursing Research Showcase continued from page 10

November, December 2013, January 2014

Table 1 Nursing Research Showcase Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the poster presentations demonstrate effective teaching strategies?</td>
<td>34 (97%)</td>
<td>1 (3%)</td>
<td>-</td>
</tr>
<tr>
<td>Was the overall activity goal met?</td>
<td>35 (100%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Develop an increased awareness of the Nursing Research Council and current activities.</td>
<td>34 (94%)</td>
<td>2 (6%)</td>
<td>-</td>
</tr>
<tr>
<td>Describe to a colleague at least one nursing research study reviewed during the event.</td>
<td>32 (86%)</td>
<td>1 (3%)</td>
<td>4 (11%)</td>
</tr>
<tr>
<td>Identify the importance of the role nurses in “Protection Human Subjects” when participating in and conducting research.</td>
<td>36 (100%)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Were the presenters available to answer questions?</td>
<td>31 (84%)</td>
<td>5 (13%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Was the open house format conducive to learning?</td>
<td>35 (97%)</td>
<td>-</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>

The individuals were asked to rate their knowledge of nursing research before attending the showcase on a scale from zero to five, zero representing “no knowledge” to five indicating “expert” as well as after the showcase using the same scale to determine if knowledge was gained. The total number of respondents who rated their knowledge before attending the showcase was 36. The total number of respondents who rated their knowledge after attending the showcase was 37. As shown in Table 2, participants reported knowledge gained.

Table 2 Knowledge Assessment

<table>
<thead>
<tr>
<th>Knowledge Assessment</th>
<th>5 - Expert</th>
<th>4 - Very knowledgeable</th>
<th>3 - Slightly knowledgeable</th>
<th>2 - Not knowledgeable</th>
<th>1 - Novice</th>
<th>0 - No knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>At what level would you rate your knowledge of the activity BEFORE this activity? (n = 36)</td>
<td>-</td>
<td>-</td>
<td>10 (28%)</td>
<td>10 (28%)</td>
<td>13 (36%)</td>
<td>3 (8%)</td>
</tr>
<tr>
<td>At what level would you rate your knowledge of the activity AFTER this activity? (n = 37)</td>
<td>-</td>
<td>-</td>
<td>10 (27%)</td>
<td>23 (62%)</td>
<td>3 (8%)</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>

In addition, participants were asked where competency was enhanced after attending the showcase and how the knowledge gained would be applied. They were asked to select two choices. Utilizing evidence-based practice (19%, n = 20), providing patient centered care (14%, n = 14), applying quality improvement (14%, n = 14), and medical/clinical knowledge (15%, n = 13) were the most frequently selected ways the event would influence the practitioner and ultimately patient care. One participant noted a “greater desire to participate/conduct research and keep up to date on the latest research especially pertinent to new findings.”

The First Annual Nursing Research Showcase provided an innovative way to disseminate completed nursing research to the direct care nurse. Participants had the opportunity to become familiar with the Nursing Research Council, council members, and activities as well as receive education regarding the protection of human subjects during research. Most importantly, participants were afforded the opportunity to become more comfortable with reading, interpreting, and utilizing nursing research. The result was an increased interest which will foster the utilization of research and promoting the collaboration and sharing of information of hospital, ambulatory, and academic arenas not only within the nursing discipline, but also with interdisciplinary colleagues such as physicians and respiratory therapists. The Nursing Research Showcase is a novel strategy for an organization to share nursing knowledge. This venue can also be utilized as a stepping stone to further nursing scholarship and encourage oral presentation and publication of research.

Summary


The evaluation also provided an anonymous outlet to offer feedback regarding the event. Positive recommendations and comments were received. Several participants requested that the Nursing Research Showcase be held at local universities to increase involvement of nursing students. Requests for interdisciplinary research collaboration with other departments that work closely with nursing care such as respiratory care and physical therapy were received. Some attendees expressed interest in joining the research council.

Implications for Nursing Practice

Nursing research utilization is essential to promote evidence based practice and disseminate the science of nursing. Poster presentations play a key role in the dissemination of research, enhancing knowledge, and promoting the collaboration and sharing of information of hospital, ambulatory, and academic arenas not only within the nursing discipline, but also with interdisciplinary colleagues such as physicians and respiratory therapists. The Nursing Research Showcase is a novel strategy for an organization to share nursing knowledge. This venue can also be utilized as a stepping stone to further nursing scholarship and encourage oral presentation and publication of research.

References

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