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Chapter 1

2009

1.1 July

UCLA Health System (2009-07-01 16:41)



[1]

1. <http://www.aftercollege.com/company/ucla-health-system>

Legislative Update (2009-07-19 05:53)

Author: Joshua Kemper, San Diego State University Chapter, Legislative Director

There are three bills currently moving through the California State Assembly that would significantly impact nursing education in California. The Health Resources and Services Administration projects the need for roughly one million new nurses by 2020, and the California Institute for Nursing and Healthcare reported in 2008 that more nurses prepared at the baccalaureate and graduate levels are needed to meet a projected shortage of over 100,000 nurses in California by 2020. The American Association of Colleges of Nursing (AACN), meanwhile, found that nearly 41,000 qualified applicants were turned away from nursing programs in 2006 due to, among other issues, a shortage of faculty. I urge you to review the issues involved with Assembly Bills 867, 1455, and 1295, and make your voice heard by contacting your Assemblyperson. Go

to [1]http://www.legislature.ca.gov/legislators_and_districts/legislators/your_legislator.html to find your representative in the California State Assembly.

Assembly Bill 867, co-authored by Assembly members Pedro Nava, D-Santa Barbara, and Juan Arambula, D-Fresno, will allow the California State University (CSU) system to independently offer a Doctor of Nursing Practice (DNP) degree. In 2004, the members of AACN voted to move the entry-level degree for advanced practice nursing from a master's to a doctoral degree by 2015. Go to [2]<http://www.aacn.nche.edu/DNP/DNPfaq.htm> for a list of frequently asked questions about the DNP degree. As of April 22, 2009, the bill was re-referred to the Committee on Business and Professions and still making its way through the legislature.

The California Master Plan for Education would need to be amended to allow for an exception from the University of California's monopoly on independently offered professional and doctoral degrees. Since the Master Plan was written in 1960, any doctoral degree offered at a CSU school has been a "joint degree" with a UC school. In 2005, however, Senate Bill 724 authorized the California State University to offer doctoral programs for education, audiology, and physical therapy in response to rising demand for the preparation of entry-level professionals in California. AB 867, similarly, will allow CSU programs to effectively address the current deficit of qualified nurse educators. Two glaring issues will remain, however, as identified by the California Board of Registered Nursing in their 2007-2008 Annual School Report: relatively low entry-level nurse educator salaries, and the limited availability of clinical sites.

Assembly Bill 1455, introduced by Joan Buchanan, D-San Ramon, and Jerry Hill, D-San Mateo, would allow for the creation of a pilot program to allow selected California Community Colleges (CCC) to offer baccalaureate degrees. The bill lays out eligibility requirements for inclusion of community colleges and degrees in the pilot program, including evidence of workforce shortage within the areas of study of the degrees to be offered, and offers the right of first refusal to UC and then CSU schools within the CCC district to offer the degree on the community college campus. This bill would expand the CCC mission beyond two years of education, and expand on a program in place between two CSU schools, San Francisco State University and California State University – East Bay, and a community college, Cañada College. Considering that enrollment caps at UC and CSU campuses may limit the opportunity of students in certain counties to pursue baccalaureate degrees in their home county, and the recommendation of the AACN to make the baccalaureate degree the entry to nursing practice, AB 1455 will allow for greater access to nursing education and a possible avenue for an eventual transition from associate to baccalaureate degree programs. As of April 23, 2009, the bill was re-referred to the Committee on Higher Education.

Assembly Bill 1295, introduced by Jean Fuller, R-Bakersfield, establishes a transfer pathway between CCC and CSU nursing programs by the 2012-2013 academic year. It has been amended twice, and most recently re-referred to the Committee on Appropriations on April 23, 2009 with a recommendation that it be added to the consent calendar, indicating that it is not controversial and there is general agreement.

Please take a few minutes to contact your representative in the California State Assembly and make your voice heard: it only takes a quick call or email!

1. http://www.legislature.ca.gov/legislators_and_districts/legislators/your_legislator.html

2. <http://www.aacn.nche.edu/DNP/DNPfaq.htm>

Change Can Happen (2009-07-19 06:35)

Author: Angela Schwab, SN, CNSA Legislative Director, 2008-2009 [1]legdirector@cnsa.org

President Obama's candidacy, election and subsequent governing have motivated people to get involved

in the political process. With the inauguration behind us, the direction our leader will take is being revealed. As the federal government changes, state and local policies will be affected. Health care reform is on the agenda, and this will have a significant impact on our profession. Representing the future of health care, nursing students must keep a watchful eye on how government officials navigate us through this time of change responsibly. Some of the ways which we can accomplish this are to make observations, gather information, and take action. It is through these means that we can ensure the best interests of nurses, nursing students, and those we care for are taken into

According to Florence Nightingale, one of the keys to nursing is effective observational skills. As nursing students we are given the opportunity to observe the implementation of nursing policies in various fields and settings. We see what is working (or not) and how policies in one health care system could benefit the profession as a whole. This is one example of how observations should be used as a means to develop our opinions and guide our actions as advocates for nursing, in relation to the political

The internet is an excellent resource that can keep one informed on the agendas of national, state, and local politics. Visiting [2]<http://www.cnsa.org/resources/legislation/> will provide you with links available to help you locate proposed legislation and elected officials. Websites like www.votesmart.org are a way that you can view the voting records of your representatives in state and national positions. Visiting the legislative websites of other nursing organizations like the ANA or ANA\C will help you to research national and state nursing agendas. [External links to these and other organizations can be found at [3]<http://www.cnsa.org/resources/links/>]

Attending events like the ANA\C's RN Lobby Days is a great way to learn more about how nursing plans to impact the political process. This is an opportunity that allows you to participate first hand in the political process. To register for this event contact the ANA\C at 916-447-0225 or visit [4]www.anacalifornia.org. An additional opportunity available to CNSA members is the Nursing Student in Sacramento internship (NSSI). Sponsored by the ANA\C and ACNL, NSSI is part of RN Lobby Days and gives students an in-depth view into how lobbying in California works.

By developing opinions and gathering information, we are now in a position to take action. The right to vote is something that should be exercised by all. Not only does it allow us to express our opinions, it also strengthens the voice of nursing as a whole. This right requires us to be educated about what our vote means, and how it will impact the future of health care.

Quite often circumstances require us to share our knowledge and opinions with elected officials. Many of these people are put into their position for the sole purpose of representing us. In order for them to do their job effectively, we need to let them know what are our interests. A letter or email is often an effective way to accomplish this task. Visit [5]www.cnsa.org/resources/legislation/ to search for your representatives by zip code.

CNSA is not involved in lobbying or any practice that attempts to influence the decisions made by government; however, we do encourage our members to write resolutions. These are position papers that represent matters of importance to CNSA constituents, chapters, and/or the health needs of the public. Resolutions are a way that you can propagate knowledge and guide the actions of CNSA. If you are interested in writing a resolution, please refer to the Resolutions handbook that is available on the Legislative page at [6]<http://www.cnsa.org/resources/resolutions/>. Resolutions are due by August 21, 2009.

I hope that this article has provided you with some useful information about getting involved in the political process. Please contact me at [7]legdirector@cnsa.org with any questions or suggestions you may have on how I can better serve you as your CNSA Legislative Director.

1. <mailto:legdirector@cnsa.org>
 2. <http://www.cnsa.org/resources/legislation/>
 3. <http://www.cnsa.org/resources/links/>
 4. <http://www.anacalifornia.org/>
 5. <http://www.cnsa.org/resources/legislation/>
 6. <http://www.cnsa.org/resources/resolutions/>
 7. <mailto:legdirector@cnsa.org>
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Great Challenge Brings Great Rewards (2009-07-19 06:40)

Author: Briggs Latham, CNSA Vice President, 2008-2009 [1]vicepresident@cnsa.org

I am very proud to be the recently elected Vice President of CNSA. I believe that we have a great group of student nurses working together which will allow this organization to better serve the student nurses of California.

I want to commend the wonderful advisors from the Association of California Nurse Leaders (ACNL). These nurses are leaders in their own right. They have given their time to show us how we can grow as students and as leaders.

In my short tenure on the board I have seen some tremendous growth in the ability of the student leaders to manage their time and learn how to interact with other student leaders across the state. As many of you can imagine, this is no small task. We balance our primary job as students between lectures, clinical rotations, family and friends, and perhaps even a job. Then we add conference calls, some meetings, planning our state convention, and meeting with other CNSA Chapters. All the while, the nursing school 'thing' keeps popping up! I believe every member of the Board will tell you this position has made them realize they can do a great deal more than they thought they could six months ago- talk about preparing you for a challenging job in the nursing field!

As the Vice President, my job is to work with our President, Jeff Huber, to help make this a great experience. I had not met Jeff until the convention in October. Since that time I have come to know that he really cares about this organization and wants to get as many student nurses as possible involved, so that they can become the nurse leaders of the future.

This year I am working on several projects. I want to create a set of standardized documents to make the 'paperwork' of starting and running a Chapter much simpler. I want to work on updating some of the CNSA bylaws; with the assistance of our ACNL advisors, I believe we can make changes that will benefit all members. I also hope to encourage our Chapters to attend our fall convention and to be prepared to come and represent their schools by better preparing them on what to expect, how the Convention is run, as well as how NOT to be afraid of Parliamentary Procedures.

I am excited to be a part of this organization and I hope to hear from many of you with ideas and suggestions of how to make CNSA the best organization possible.

1. <mailto:vicepresident@cnsa.org>
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Not Enough Time? (2009-07-19 06:44)

Author: Dazel Roberts, SN, CNSA Breakthrough To Nursing Director, 2008-2009, [1]btndirector@cnsa.org

A nursing student is all too familiar with the time crunching due to class projects and papers, reading assignments, clinical worksheets, and the outside task list of work or raising a family. Although some adapt to the never-ending to-do lists quite flawlessly, the rest of us are often doing everything we can to just try and stay afloat.

So where is the time to get involved in anything else? Many students I speak with about coming to CNSA meetings or helping out with events tell me there is absolutely no extra time. For some, especially those with children for whom to care and support, I find it hard to press any further. (Sometimes I wonder how I managed to keep myself bathed and fed throughout nursing school, and I can't imagine having those responsibilities for anyone else!) Some ask me how I find time to sit on my local board as the newsletter editor and on the state board as the BTN director. If you had asked me a year ago how I could fit everything into my schedule, I would have laughed; but, somehow, the time became available.

I've known for a very long time that I want to make some sort of impact on the world, whether big or small. Nursing would be the first step towards that goal. I have had the opportunity to talk with people in the hospital about their past, and how it shapes their future. I believe that because I took a few minutes to listen to what they had to say, these people really cared about what I had to say, too. Men and women in our position have a daily option: we can do an excellent job of getting done what needs to be done, and passing the report on to the next nurse; or we can take the time, or make the time, to really get to know our patients and make sure that they understand that we are there to provide holistic care. There are days when it seems the setbacks keep coming and everything is behind schedule, and the clock mockingly ticks away. On these days, it is often the patient who suffers the consequences of the busy nurse who merely provides the pills and signs off the charts. Is this what we signed up for, to be "Nurse what's-her-name" or "I forget what he looks like?" I don't think it is.

I want to be the nurse that, regardless of the mishaps of her day, gives a hug to her patient when her shift is over. I want to be the nurse that can get a smile out of a patient who hasn't had a visitor in a week. I want to be the nurse that does not forget that it's the patients I came to work for, not the charting or tasking.

We can make the time for those things we feel are important. I am not here merely for a paycheck, but to meet people in all kinds of situations and offer all the help I can. I truly feel blessed to have this opportunity, and I feel I've learned so much from the conversations I have with my patients. When I take that extra five minutes to listen to a funny story or a deep-seeded fear, I am reminded again of what I set out to do.

1. <mailto:btndirector@cnsa.org>

Fruit in the Operating Room? My 2008 Summer in Cyprus. (2009-07-19 06:48)

Author: Bonny Lee, San Francisco State University

Months before summer, I had an itch to do something I had never done before. I remember hearing about studying abroad on our school campus, including conversations in the hallway about how wonderful studying abroad was. It just so happens that through our local Nursing Students' Association (NSA) chapter,

I heard one of my colleagues talk about her personal experience of studying abroad in Cyprus, an island in the Mediterranean. At this point, I knew what I wanted to study abroad. Over the next few weeks, I researched the program my colleague had mentioned to make sure it was safe, affordable, eventful, and most importantly, educational.

I decided to go to Cyprus in 2008 in the Health Sciences Program. This program is aimed toward individuals such as nursing students who want to learn and study the health care in Cyprus, as well as the European culture. There were two classes offered: Management of Care, and Provision of Nursing Care (Practicum). The main reason why I chose this program instead of other study abroad programs was the clinical experience it offered. I thought it would be beneficial in my nursing field if I had an understanding of cultural differences between the hospitals in Cyprus versus the United States.

In the Management of Care class, we learned about: the historical background and development of the profession; the health care delivery system in relationship to societal and economic trends; concepts of health promotion; ethical issues in nursing; accountability from personal, professional and legal aspect; the concepts of culture and ethnicity; and European health policies. The topics covered in class were interesting because the differences between the United States and Europe (including Cyprus) emerged in every single lecture. In one discussion, it was explained how every person in Cyprus is provided health care, regardless of ability to pay. Those who have little money receive help from the Government of Cyprus, while those with money have the option of choosing health care through the state or the private sector. Emergency care was provided free to everyone, except for outpatient and inpatient treatments.

In Cyprus, I actually had to go see a doctor about a rash on both my legs, in the medial aspect, extending from my knees to mid-thigh. I went to the "Casualty Room," which was equivalent to the Emergency Room here in the States. The unit was small and there was no wait. I saw the doctor the moment I stepped through the doors. The nurse took my blood pressure and temperature, and tried to ask for as much information as possible since she did not know English. The doctor, however, was fluent in English; I talked to him the rest of the time. I told him about when the rash developed and what I thought could have created it. I also mentioned that I had no previous history of rashes. The doctor wanted to give me some intravenous (IV) and intramuscular (IM) medication, but I refused initially. I refused because he was just saying how the medication will make me feel better without any explanations. I asked him the names of the medications, the purpose, and any potential side-effects. He answered all my questions. I then had my very first IM shot of Phenergan 25mg in the buttocks, and Hydrocortisone 300mg IV in my left hand. He told me the rash could have been due to contact from virtually anything. Later, I was prescribed some medications which I was able to pick up from the pharmacy. The entire experience cost me a total of 50 Euros, which was approximately 75 Dollars at the time. This experience is something I will remember forever because of the IM shot in the gluteus and the lack of explanation of medication. I am so accustomed to having the doctor or nurse explain all aspects of a medication before taking it.

During the Provision of Nursing Care, I attended a private hospital to observe and provide basic care to patients. This clinical experience offered the student different floors such as the maternity unit, operation theater (same as the operating room), surgical ward, occupational therapy unit, cardiac care unit, and the intensive care unit. Unfortunately, I did not get the opportunity to go into the intensive care unit, but I did go to the operating theater.

One of the most interesting and memorable experiences was in the operating theater. A lady was having her second baby via cesarean section (c-section). The atmosphere in the operating theater was very strange. Music was played according to what the physicians liked and not the patient. There were many supplies and equipment exposed in the operating room. During the operation, I saw a staff member eating an apple while passing equipment to the physician. In my mind, I kept on thinking about how inappropriate

the situation was. When the physicians were trying to get to the baby, I was shocked in how rough they were handling the mother. They were pulling and tugging on the mother's stomach like it was rubber. Later, I realized this is normal practice for a C-section. After the operation was almost complete, I saw a staff member use their bare hands to pick up a blood soaked surgical sponge and move it to the biohazard bag. There were many things I saw in the operating theater that I never thought I would see. It was an attention-grabbing experience.

In the hospital, I noticed major differences between the United States and Cyprus. First, I noticed their hand washing is not as routinely practiced or emphasized, compared to the United States. This was a major shock for me because I am so used to hand washing. Second, their nursing staff ratio is high. They had approximately four nurses available for 26 patients. The nurses have to work with so many patients! Another fact I learned is the nurses only have one to two years learning on the job in the hospital. They have no formal training in the classroom and do not have a college degree. There is no such thing as a nationalized exam. This is very different compared to the United States, where everyone has formal training in the classroom and hospital, and a national board exam.

I was fortunate enough to have the opportunity to talk to Cypriot nursing students on the floor. They mentioned that nurses in Cyprus are not respected, and nursing is viewed more as a negative profession. Cypriots view nurses as people who do all the dirty work in the hospital, such as cleaning patients, giving out medications, etc. In Cyprus, doctors are the ones with power. When the doctor says something, patients do not question their order, unlike in the United States. I started to understand why the doctor did not explain anything to me when I went to the Casualty Room. Afterward, our professor informed us of the changes happening in Cyprus health care. My professor had a PhD in nursing, and single handedly started to teach nursing at a college level. Her current students would soon have a college degree in nursing. I am interested to see how this situation develops, and I am wondering how Cypriots will view nurses after they acquire a formal education.

Overall, my experience in Cyprus was great. I learned so much and met so many different people in one summer. This was the best summer I have experienced in years. I am very fortunate to be in NSA because that is where I heard about this wonderful opportunity. I hope I can study abroad again in the future.

What is Community Health? (2009-07-19 06:51)

Author: Elena Rilleau, CNSA Community Health Director, 2008-2009, [1]communityhealthdirector@cnsa.org



When I told people about my new position as Community Health Director, everyone was excited for me and the response I got was always the same: "Congratulations! What's a Community Health Director?" This reaction motivated me to get more information so I could really explain what I was doing and what the Community Health Director represents.

I began by speaking with Community Health faculty on my campus and I was impressed; every person

I met who is directly involved with community health is extremely passionate about it. But the truth is, community health is an integral part of what we do as nurses, and it inseparable from the Holistic Model of nursing.

Health begins with community and environment. Our surroundings give our bodies constant feedback about our wellbeing, our security, and our safety. Community health focuses on the promotion of health and the prevention of illness, often working with populations rather than individuals. It also works with the public to find out what needs to change and what can be improved.

The idea of environment playing a role in health started with our favorite nursing pioneer, Florence Nightingale. In the 1850's she proposed the idea that a person's surroundings affect their health and overall wellbeing. Fast-forward about 150 years and consider current perspectives on environment. Our society is very clear about what a hospital setting should provide: sanitation, light, quiet, etc. We know these factors improve patient outcomes, but what about our neighborhoods and cities? Ask a group of people about what makes a good community and the most common answers are: safe, clean, and easily accessible education and health care. Yet how many cities in California can boast that they provide this list to each member of their community? I would argue that very few areas are so privileged.

This is where community health comes in; as nurses we will be in all areas of the community- in hospitals, in clinics, in schools, and in homes. But regardless of our work setting, we all have an investment in what is happening in our cities and neighborhoods. Healthy people come from healthy environments; it is therefore in our best interest, as people who care about the wellbeing of others, to do what we can to make communities better and healthier places to live.

I urge everyone to take a look at what is going on in their neighborhood, in their city, in their county, in their state. What needs to change? What populations need more help and attention? What can you do to make a difference in these areas? We are more than just students and we will be more than just bedside nurses. We are people who care and we have the power to make a difference on a larger scale than just one patient.

1. <mailto:communityhealthdirector@cnsa.org>

Learning through Leadership! (2009-07-19 07:17)

Author: Sean McGuire, SN, San Francisco State University



(left to right) Fatima Arastu, CNSA Co-Chair North Sean McGuire, Level 5, BSN Student, San Francisco State University.

In my first week of nursing school an instructor told my class that by the end of our two and a half year program we would no longer be the people we were that day. He told us nursing school would present us with challenges that went far beyond the difficulty of the work presented in the classroom, and that those challenges would change us.

Now after five semesters, I can see how correct he was. I can also see that my involvement in the Nursing Student Association (NSA) has been a critical part of that change. The first semester of nursing school presents challenges on so many different levels. For me to find success, I had to make a very rapid change in the entire way I approached my education. The competition to earn my seat was over. I now had to learn how to be a part of a team. I needed to put the competitive spirit away, and begin to learn how to think in a more collaborative manner. The NSA provided me with the perfect venue to make that transition.

I joined the NSA because I took a non-nursing class with the president of our schools chapter. He said he saw leadership qualities in me and he wanted to groom me to take his place when he graduated. That little stroke of the ego was all I needed to be hooked. At that time I had no idea of how much frustration, aggravation, and satisfaction my NSA commitment would bring me. I was immediately elected in to the vice-presidents position and I embarked on the steepest learning curve that I had encountered within the entire nursing program.

Our chapter of the NSA was in a transitional phase where many of the programs, and responsibilities, outlined in our bylaws had faded away. We no longer had a mentoring program, we had very few fund raising events, we no longer had a student representative in the faculty meetings, and we lacked the membership necessary to effectively rebuild. Somewhere along the line the NSA had lost its place as the intermediary between the student body and the faculty.

This presented a challenge which I felt was perfect for me because one thing I excel at is recruiting people. I have had a lot of experience with public speaking in my previous career, and I was good at attracting people to a cause. It wasn't long until our meetings were peopled by a number of highly motivated and very intelligent people who shared my enthusiasm. It would be these people who would become my greatest

teachers.

For many years my ability to be a persuasive speaker had blocked me from hearing any ideas that were not my own. When a fellow member would stand up to me and insist on doing something in a manner which I didn't think was good I would get uncomfortable. I am a competitive person who likes to get my way, but I would have to relent because I didn't want to alienate any of the new members. It was through this process that I learned to put the common good above my pride, and to my surprise the ideas that I had resisted, turned out to work great.

It was at our NSA meetings that I encountered people with the resolve to chip through my arrogance enough so that I could hear their ideas. They taught me that I don't need to do manage everything myself. They taught me that my ideas are not always the best, and there are other ways of doing things that are just as effective as mine, and many times even better. The most valuable lesson they taught me was that it isn't weakness or a sign of incompetence to accept help. I have seen nurses on the floor who get very defensive if anyone offers them help, and I fear without the lessons I learned as a leader in the NSA I may have been one of them. That degree of pride does not lead to good patient centered care.

Our chapter of the NSA has now reclaimed the standing it deserves on our campus. The mentoring program has been reborn and is thriving under the direction of its coordinator. The NSA once again provides a voice for the students at faculty meetings, and interest in our meetings has increased dramatically. We recently had an election in which I was nominated as president. This was a tempting honor which appealed to the same sense of pride that drew me into the NSA two years ago, but I had to decline. Another lesson I had learned was when to recognize that I wasn't the best man for the job. We elected a president who is a strong coalition builder whose quiet disposition encourages everyone to speak out and voice their ideas.

As I prepare to graduate I reflect on how prophetic my instructor's statement would be. The stressors that I have encountered in nursing school have come from places I would never have imagined, and the lessons I learned have changed me for the better. The lessons I learned in the classroom will allow me to function as a nurse. The lessons I learned in the NSA will allow me to function as a team member, and I am grateful to all my fellow members of the NSA at San Francisco State University for that priceless gift.

CNSA Exclusive: Image of Nursing Survey Analysis (2009-07-19 07:30)

Author: Judy Chang, Chair, CNSA Ad Hoc Image of Nursing Committee, 2007-2008

Abstract:



[1] [Click image to download full PDF report](#)

Several studies have documented the correlation between the media and the nursing image. This

paper aims to analyze image of nursing surveys data from the general public and nursing students to create a foundation of potential ION projects. The nursing student survey assessed 134 participants on 10 specific issues effecting the ION questions, while the general public survey assessed 102 participants about the perception of nurses and profession as a whole. Students continually viewed four issues important to nursing: ability to make change, leadership skills, being professional and public trust. In addition, survey respondents of different genders and age ranges had contrasting beliefs of the highest degree of a nurse. Respondent's incorrectly predicted the actual percentage of males in the nursing workforce but consistently predicted that quality of care would decrease with understaffed nurses. However, females had more favorable views of nursing organizations as political forces and level of autonomy. Further studies are needed with a greater variety of student and general survey participants to minimize the data's variability. Education is needed in many future image of nursing projects to address the survey findings discrepancies.

Introduction:

Inaccurate media images of nurses and the nursing profession are readily abundant. The inaccurate media portrayals undermine the complexity of nursing care and the clinical judgment required in nursing. An accurate portrayal of nursing is both respectful and paramount. The California Nursing Students' Association Image of Nursing (ION) Committee is dedicated to dispelling misconceptions about the nursing profession as well as promoting and portraying nursing as a professional and respectable career.

The ION committee developed a survey for the purpose of assessing perceptions of nursing by the general public and nursing students among different semesters within the nursing program. The results will provide a great starting point to form further ION projects.

Materials:

1. Student ION Surveys (appendix A)
2. Public ION Surveys (appendix B)
3. Fact Sheet (appendix C)

Methods:

Nursing Students' Association (NSA) chapters across California were invited to participate in voluntary surveys to assess the image of nursing among two different populations: nursing students and the general public. After the Council of Chapter Representatives (CoCr) Co-Chairs provided the contact information for all constituents and advisors, the Chair of the ION Committee sent out emails to encourage every chapter to utilize the surveys during their school health fairs, job fair, and events. Chapter presidents were again encouraged to participate through CNSA Google Presidents' Online Forum and verbally during the 2008 CoCr North and South meetings.

After publicizing participation in the ION surveys, the only schools that responded were San Francisco State University and Azusa Pacific University. The majority of the data were collected from San Francisco State University (SFSU). These nursing programs provide Bachelors of Science Degrees in Nursing.

Survey data were returned to the Chair of the ION Committee in person and by mail as soon as possible to facilitate timely collection. A representative of the school's NSA chapter presented the surveys to SFSU students in different semesters during a class in which all the students in that particular cohort was scheduled to attend and collected the surveys immediately afterward. The SFSU ION public survey was given to all those who participated in the March 2008 Blood Drive sponsored by the NSA chapter at the Student Health Services Building. In contrast, representatives from schools other than SFSU were instructed to send all survey data to the home address of the Chair of Image of Nursing Committee. No cohort differential for survey data received was noted in survey data from Azusa Pacific University.

Questions listed on the nursing student surveys were formulated to assess ten different issues effecting the image of nursing. Respondents were asked to evaluate the degree of importance they would place on ten different issues: advanced degrees, ability to make change, professional organizations, joining a union, performing research, leadership skills, being professional, media perception of register nurses, public perception of registered nurses, and public's trust. Each respondent was to assign the different issues a number on a four point scale that correspond as such: number "3" for very important, number "2" for important, number "1" for not important, and number "0" for no opinion (ref. Appendix A).

In contrast, questions listed on the general public survey were formulated to assess a wide range of issues that assessed their perception of nurses and the profession as a whole. These questions covered topics including: possible highest degree of a nurse, percentage of male nurses, effects on patient outcomes in relation to nurse staffing, governing board of the nursing profession, and personal exposure to nurses. Respondents were instructed to choose from the several corresponding answers they believed to be "correct" or "applicable." After completion of the survey, each respondent was also given a corresponding fact sheet with its associated references (ref. Appendix B and C).

Careful documentation of each respondent's answers was critical for analysis. After the surveys were collected, each individual's response sheet was assigned a unique corresponding number for easier reference. All the student and public survey data were compiled into a master excel sheet for further ION committee analysis. The ION Committee received 134 student survey responses that will serve as the sample population: twenty-eight SFSU Semester 1 respondents, twenty-nine SFSU Semester 2 respondents, forty-four SFSU Semester 3 respondents, and thirty-three Azusa Pacific University Respondents. In contrast to the student survey, the committee received a combined total of 102 respondents for the ION public survey.

Results:

Survey data collected for all participants' in the ION student and public survey are shown in Tables #1 - #7 and figures #1 - #9. Percentages are approximated to the closet whole number.

Discussion:

An average of over seventy-five percent of all nursing students surveyed assigned four top issues to be "very important": ability to make change, leadership skills, being professional and public trust (Ref. Table #2, Figure #2). Interestingly, this finding is relatively consistent throughout the different SFSU Semesters and

Azusa Pacific University respondents. (Ref. Figure #8). A number of factors can explain these responses. For example, students may regard these issues "more important" because they immediately affects their daily practices and are inadvertently more imperative. Nursing students are constantly taught a great nurse is a leader, professional, and patient advocate. In effect, nursing students work hard to achieve characteristics.

Conversely, students consistently identified three issues to be the least important in contrast to all the issues: professional organization, joining a union, and performing research. Fifty-five percent or less of the students on average only believed that these issues were "very important" (Ref. Table #2, Figure #2). The only data difference was approximately 64 % of SFSU Semester One who rated performing research as "very important." A number of factors might explain these data. Nursing students may lack knowledge or interaction with a professional nursing organization, union activities in nursing, or research. Many students concentrate their efforts on the present to complete their studies and clinical rotations. Students may not be well informed about the effect between the professional organizations such as the American Nurses Association and their scope of practice and rights. The enthusiasm for performing research declines steadily as students progress through their program (Figure #8-9).

In contrast to the student survey data, the general public survey data targeted a completely different population. Approximately 60 % of the survey participants were female. Over 50 % of respondents were between 18 to 24 years old (Ref. Table #1, Figure #1). These findings are to be expected in relation to the average age of college students and the geographic composition of a college campus.

Survey respondents of different genders and age ranges had contrasting beliefs of the highest degree of a nurse. In general, male respondents have a more favorable belief of the educational background of a nurse.

Sixty-three percent of male respondents and 47 % of female respondents believed that a doctoral degree is the highest level of a nurse. Upon further inspection however, the only major percentage difference was between the genders aged 18-24. Fifty-percent of these women believed more than males of the same age range that the highest degree of a nurse was only a masters (Ref. Figure #3, Table #3). These results might be explained by a number of factors such as an inconsistency of public education about the educational training of nurses from stereotypes or personal knowledge.

Respondent's believed there are a greater percentage of males in nursing than that reflected in the actual workforce demographics. In general, males and females had the same beliefs in the percentage of males in the work force relative to the respondent's age. Approximately fifty percent of both genders believed 17 % of the nursing workforce is male (Figure #4, Table #4). According to the American Assembly for Men in Nursing (AAMN) however, men make up only 5 % of the nursing workforce currently. The responses might be explained by a number of factors. Students may observe the number of their male classmates majoring in nursing to be approximately 17 % of the student population. In fact, a 1996 National Sample Survey of Registered Nurses conducted similarly reported that "13 % of nursing students enrolled in nursing programs are males" (Chung). The dramatic drop in percentage between the academic world and the general nursing workforce is expected with nursing being a predominantly female profession. These data suggests that males have determined nursing to be a profession to pursue.

When asked about the effect of understaffing of nurses on patient care, over ninety percent of both males and females responded that care would decrease. Respondents in all the age categories responded similarly with this general finding (Ref. Figure #5, Table #5). A March 2004 Agency for Healthcare Research and Quality (AHRQ) study stated that when nurses were under staffed in hospitals, patients were at a higher risk for death and other negative outcomes. In essence, this study and survey results continually show that nurses are extremely important for keeping patients healthy and alive. (Agency for Healthcare Research and Quality, 2004).

Female respondents viewed nursing organizations as political forces more than the male respondents; however, only fifty-four percent of the women surveyed believed this to be true. (Ref. Figure #6, Table 6). The majority of individuals who viewed nursing organizations with political power were between the ages 18 to 24 for both genders. This is to be expected in relation to the average age population of survey participants. The dramatic difference in the opinions of males and females clearly present a need to educate the public about the functions and accomplishments in the political arena of organizations such as the American Nurses Association. There are nurse lobbyists working on the state and national levels to influence healthcare legislation and promote safe practice and advancement of the nursing profession. Perhaps males tend to be less familiar with the organizations because the nursing profession is predominately female.

Consequently, males unfamiliar with the profession need to be educated even more to overcome any stereotypes and uninformed mindsets to make a more "educated" opinion.

Lastly, seventy-eight percent of men and ninety percent of women surveyed believed that nurses are

governed by the Board of Registered Nurses, and not doctors (Ref. Figure #7, Table #7). This general finding is consistent within all age groups of males and females. In order to dispel the outdated stereotypical “hand maiden of the physician” portrayal of nurses, the public needs to be educated about the scopes of practice of nurses. All nurses have a certain degree of autonomy in the workplace; some more than others.

Further studies are needed with a greater variety of student and general survey participants to minimize the data’s variability. In addition to the BSN programs of SFSU and Azusa Pacific University, future surveys should include individuals who are pre-nursing and in programs such as an associate degree, a masters, advanced placement options, and doctoral studies. Students within different programs may have different perspectives on nursing image issues.

Conclusion:

Education is the common theme in many ideas for future image of nursing projects to address the survey findings. Nursing students should be encouraged to see the importance of not only their current school studies, but also the “bigger picture” of the multiple factors in becoming a “professional nurse.” An ION project could educate nursing students and the public about the importance of professional nursing organizations such as the ANA and how its efforts help shape nurses’ daily scope of practice. Schools and hospitals should actively involve nursing students in performing research to help them experience “first hand” the benefits and its importance. While building rapport with patients, nurses should be proud of their educational achievements and communicate clearly how their increased education is critical in their practice.

These issues must be addressed promptly in order to correct the image of nursing and educate the public at large to portray nursing as respectable and professional. Informed nursing students and individuals from the general public are vital to the nursing workforce for the present and future.

Appendix C:

Nursing Facts

- 82.5 % of nurses are college prepared with 34.2 having earned their bachelor’s degrees and 13 % with Master’s or doctoral degrees. For more information visit the website for the American Association of Colleges of Nursing at [2]www.aacn.nche.edu.
- Currently men make up only 5 % of the nursing workforce, but 13 % of nursing students enrolled in nursing programs are males. Men are beginning to realize what a lucrative and challenging profession nursing really is. For more information, visit the website for the American Assembly for Men in Nursing at [3]www.aamn.org.
- A study that came out in March 2007 by the Agency for Healthcare Research and Quality states that when nurses were under staffed in hospitals, patients were at a higher risk for death and other negative outcomes. This study shows how important nurses are in keeping patients healthy and alive! For more information, go to [4]www.ahrq.gov.
- Along with the American Nurses Association, nurse lobbyists work on influencing healthcare legislation at both state and national levels. They focus on legislation that keeps patients safe and that promotes the advancement of the nursing profession. For more information, go to [5]www.ana.org.
- All nurses have a certain degree of autonomy in the workplace; some more than others. There are advanced practice roles that allow nurses to work without the supervision of a medical doctor. Some of these

nurses can diagnose diseases and prescribe medicine. For more information on a nurse's scope of work, visit the American Nurses Association website at [6]www.ana.org.

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Chung, V. Men in Nursing. Minority Nurse. Retrieved March 17, 2008 from [8]http://www.minoritynurse.com/features/nurse_emp/08-30-00c.html

1. <http://newsletter.cnsa.org/>

2. <http://www.aacn.nche.edu/>

3. <http://www.aamn.org/>

4. <http://www.ahrq.gov/>

5. <http://www.ana.org/>

6. <http://www.ana.org/>

7. <http://www.ahrq.gov/research/nursestaffing/nursestaff.pdf>

8. http://www.minoritynurse.com/features/nurse_emp/08-30-00c.html

Southern Sunshine Warms Up the Winter CoCR Meeting (2009-07-19 07:38)

Author: Molly Cocking, SN, CNSA COCR Co-Chair, South, 2008-2009 [1]cocrsouth@cnsa.org



The Council of Chapter Representatives (CoCR) winter meeting on March 7th at San Diego State University was another California Nursing Students Association success. The meeting was held in the SDSU School of Nursing skills lab, and was attended by nursing students and faculty from San Diego State, Grossmont College, Cal State San Marcos, UC Irvine, Mt. San Jacinto College, Sacramento State, Saddleback College, San Francisco State, and Citrus College. A wonderful "Welcome to San Diego" breakfast generously provided by San Diego State, Grossmont College, and Cal State San Marcos SNA's and SD-ACNL, greeted participants when they arrived. Reports were given first from each CNSA state board member, with question and answer time afterward. Highlights included Dazel Roberts' Break Through to Nursing recruitment work with middle and high schoolers into the nursing profession, Elena Rilleau's continuing focus as Community Health Director on Disaster Preparedness education, and Sharon Robillo's beginning plans for the State Convention in October of 2009. Chapters also gave reports on what they are doing at a local level including Community Health projects, fundraising events, membership recruitment, and short fallings and struggles. Chapters were not just able to share, but also collaborated with other schools, receiving and providing feedback regarding their projects and struggles.

A highlight of chapter reports was hearing from Citrus College, a newly formed chapter that is willing and ready to become an active and thriving chapter. During the meeting the new chapter was able to begin forming a mentor/mentee relationship with the more active, longer standing chapters. This gave the CoCR Co-Chairs a perfect platform to “advertise” our developing mentor program for new or newly revived chapters throughout California. As the CoCR Co-Chair North, Fatima Arastu, has explained in a previous article in Range of Motion, this program is to foster relationships between established, experienced SNA’s and newer, less experienced or possibly struggling SNA chapters. This gives successful chapters an opportunity to share things like their developed bylaws and meeting agendas. Fundraising and membership recruitment strategies can also be passed on, and questions about anything under the sun regarding developing a successful SNA chapter can be asked.

After breaking for lunch, generously provided by Sharp Healthcare, students and faculty broke into focus sessions touching on legislation and scholarships, state board and chapter communication, and State Convention 2009 planning. The sessions were reported to be very successful and productive by all in attendance. Angela Schwab, CNSA Legislative Director and Josh Kemper SDSU-CNSA Legislative Director, broke down writing resolutions into a user friendly way, making it easier for anyone interested in sparking change at state, national and international levels. The communication focus session came out of discussion at the state convention in October of 2008. The CNSA 2008-2009 Board of Directors has taken a vow to increase the board and chapter’s communication, inter-chapter dialogue, and individual member representation on a state and national level. This session gave the board another vehicle to again assure their dedication to CNSA chapters and members, and the communication within. With the completion of focus sessions, State Convention 2009 planning is in full swing, with Convention Director Sharon Robillos leading the way with her committee formed at meeting. A theme was chosen, exhibitor recruitment options were brainstormed, and ideas for activities for the weekend were discussed. I urge anyone interested in convention planning to contact Sharon Robillos at [\[2\]conventiondirector@cnsa.org](mailto:conventiondirector@cnsa.org).

All in all, it was a great meeting with much networking, sharing of ideas, and problem solving both at the chapter and state levels. Again, as always, please don’t hesitate to get in touch with me with any questions or concerns either in the South or in California as a whole.

1. <mailto:cocrsouth@cnsa.org>

2. <mailto:conventiondirector@cnsa.org>

Fancying Food? (2009-07-19 07:40)

Author: Meghan Kyle, San Diego State University

Take a moment before you bite, and consciously consider what exactly you are letting into your body. Would you give it to your patient? With advancements in technology we have drastically changed our environment, so that the nutrients we eat are mere mutants of the foods that once were. From synthetics to genetically modified organisms (GMOs), the modern markets are monopolized by artificial ingredients and their manufacturers. Granted, there are always exceptions to the dietary plans of patients, but no one’s diet should be so inadequate.

Fast food restaurants are on every corner. There is even a McDonald’s at Children’s Hospital. As nursing students, we are educated to view individuals holistically, and with this perspective we can see how one’s environment plays a defining role in one’s health. Therefore, we understand more than the average person how detrimental an unhealthy diet can be. A hospital patient recently advised against fast food, with the clarity of retrospect by saying, “If you can get it through a window, you can’t call it food.” Despite our

knowledge of these unhealthy foods many people conveniently consume such mobile meals regularly.

Time and money are some causes. Yet spending more time and money on quality food is a part of preventative medicine which helps to keep healthcare costs down. Prevention is reliant on education. We must all learn to listen to our bodies more instead of our wallets and watches. Just as one notices the differences between city smog and mountain air, we can also recognize the differences in commercial and natural foods. One feels bogged down by the smog in LA, as well as after eating poor quality and commercialized food. One can picture how the benefits of whole food outweigh the costs.

With the proper nutrients an individual can thrive. From the beginning days of life within the womb through the days of breastfeeding and on into childhood, the availability of appropriate nutrients play an important role in development and should not be overlooked at any age. Through nursing we know that certain nutrients can boost the immune system and speed the healing of wounds, while others can clog our arteries and spike blood sugar. It is important to take such information and apply it critically in our daily lives, both in and outside the hospital. We put great emphasis on fluids, electrolytes and even pharmaceuticals, so why not the whole food sources from which we derive them?

As progressive health care providers we must promote quality food for the health of our community. Ideally we'd all eat fresh, organic (without the use of artificial preservatives, pesticides, and GMOs) food from local farms. Realistically, we do so when we can and try to find a balance. Such foods are whole, the way nature intended, to give us the optimum myriad of nutrients. Though they may take longer to prepare and won't last as long in the fridge, they present no harm to our health like commercial foods can. As nurses of the future who fancy food and health care to be important, we must recognize and call attention to such deserving health topics.

Secretary/Treasurer Update (2009-07-19 07:43)

Author: Nancy Chiang, RN, BSN, CNSA Secretary/Treasurer, 2008-2009 [1]sectreas@cnsa.org

Secretary Business:

For those of you who were not able to attend this summer's Council of Chapter Representatives (CoCR) meeting at Samuel Merritt in Oakland, minutes for the event will be on the website by end of July.

Treasurer Business:

Fall semester is creeping up fast, including the exorbitant tuition fees. Here is some scholarship information that will hopefully alleviate the nursing school money pains:

- CNSA's scholarship application packet is ready! If the link for the document does not work, please send a message to [2]sectreas@cnsa.org and I'll get it out to you as soon as possible. The deadline, as with all other CNSA applications, is:

o August 21, 2009

- The Health Professions Education Foundation works with the State of California to provide scholarships and loans to those who agree to work with medically underserved areas (MUA) for a set length of time. The amount offered for the programs on the website should be corrected to be \$13,000 for those in a Bachelor of Science Nursing program and \$10,000 for Associate Degree Nursing programs. This year's deadlines are:

- o Spring: Postmarked by March 24, 2009
- o Fall: Postmarked by September 11, 2009

For more information, visit: [3]<http://www.oshpd.ca.gov/HPEF/Schlrshp.html>.

- California's website has information on financial aid programs that include nursing education. To get more information, visit: [4]<http://www.csac.ca.gov/doc.asp?id=33>

- The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) has the Amat scholarship, which offers \$1,000 to current nursing students who plan on practicing in maternal, neonatal, or women's health nursing. The deadline for the 2009-2010 academic year is:

- o October 1, 2009

For more information, visit: [5]<http://www.awhonn.org/awhonn/section.by.state.do?state=California&name=Scholarships>

For those of you who wish you had a way to show off your participation and support for CNSA, wish no more! CNSA pins will be available for sale at this year's state convention in Sacramento, CA from October 16th – 18th. Pictures will be available soon.

Have information about scholarships you would like to share? How about some great fundraising ideas your chapter would like to share? Think I should change/add/remove any items I include in my update? Send me a message at [6]sectreas@cnsa.org. I would love to hear from you!

1. <mailto:sectreas@cnsa.org>
2. <mailto:sectreas@cnsa.org>
3. <http://www.oshpd.ca.gov/HPEF/Schlrshp.html>
4. <http://www.csac.ca.gov/doc.asp?id=33>
5. <http://www.awhonn.org/awhonn/section.by.state.do?state=California&name=Scholarships>
6. <mailto:sectreas@cnsa.org>

2009 Convention. Striking Gold in Nursing (2009-07-19 07:53)

Author: Sharon Robillos, SN, CNSA Convention Director, 2008-2009 [1]conventiondirector@cnsa.org

The 2009 Convention in Sacramento is quickly sneaking up on us, but preparations for this event have been coming together nicely! Mid June, I had the chance to meet some of you face to face at the CoCR Summer meeting and got some great ideas to implement for this year. I know I am excited for this October, so I truly hope you all are too! So mark your calendars NOW! Here are the latest updates:

- Convention Theme: Striking Gold in Nursing: Experiencing the Rush
- Friday Night Party: Eureka! Party Like It's 1849!
- Exciting keynote & breakout sessions topics including: Professionalism of Nursing, Testing Taking Strategies for Nursing School, Role Diversity, Managing Energy, Nursing Outcomes: CALNOC, and much more!

- Attempting to go green: Creating an environment friendly syllabus
- Hurst NCLEX Review: 4 hour Pre-convention review session
- What's New! – Given today's challenging job market, there is going to be a three hour interview skills workshop to help you excel in the interview process.
- Hotel: Hyatt Regency – We HIGHLY encourage you to make your lodging reservations through Hyatt Regency. By booking with them, this helps offset convention costs.
- Fundraising Table: A great way to raise money for your school's CNSA chapter. If you are planning on having one or have any questions, please email me.

This event is truly a once in a lifetime experience: meet potential employers, network with nursing students from other schools across the state, and celebrate nursing!

Below is the website where you can find more information + book hotel reservations.

[2]<http://www.cnsa.org/events/cnsa-convention/>

Convention planning is still underway and it is never too late to help out!

If you are interested in helping out, or have any other great ideas, please email me at [3]conventiondirector@cnsa.org. Can't wait to hear from you!

1. <mailto:conventiondirector@cnsa.org>
2. <http://www.cnsa.org/events/cnsa-convention/>
3. <mailto:conventiondirector@cnsa.org>

BlogBook v0.4,
L^AT_EX 2_ε & GNU/Linux.
<http://www.blogbooker.com>

Edited: February 9, 2013

