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RN – BSN Program Portfolio

University Of Missouri - Kansas City

(UMKC)

School Of Nursing

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PART ONE

Section One

My Nursing Philosophy

My Nursing Philosophy

Overview

My nursing philosophy concepts evolved during my years of training as a student nurse. Individualized care, treating patient with dignity and respect at all times were core values of my nursing school. The core values taught during my basic nursing training, my religious beliefs, nursing experience, knowledge base, and culture have contributed to my nursing philosophical view. My nursing philosophy strengthens the foundation of my career, offers direction, and laminates my career pathway.

Nursing Philosophies establish most basic beliefs, concepts, and attitudes of a nurse and nursing phenomena (Masters, 2012). Alligood stated that, “because of their breadth, nursing philosophy contributes to the discipline by providing direction, clarifying values, and forming a foundation for theory development” (as cited in Masters 2012, p6). . My values and attitude towards life have shaped my desire to care for patients holistically with a goal of helping them to live and enjoy quality of life. The knowledge acquired during this program has enhanced my philosophy of nursing.

Nursing Metaparadigm

Betty Neuman’s systems theory encompasses four concepts that have been identified as the metaparadigm of nursing, these include, nurse, person, environment, and health. In this paper, I will be discussing my philosophical view of nursing concerning my beliefs, assumptions, and values as they relate to each of the four components of the nursing metaparadigm. In my view, nursing should have a global philosophy based on Florence Nightgales conceptual

framework of caring. Human caring as the moral ideal of nursing is the central focus of professional practice. In addition, development of other conceptual frameworks that meet the needs of specialized disciplines covering distinct geographical regions should be encouraged. The Neuman's system model is easy to use and looks at a patient comprehensively. Theory guided, evidence based practice is the promise of any professional discipline due to evolving health care trends and issues.

Nurse

I believe my nursing philosophy was birthed during my formative years of my nursing education. In my nursing practice, I have encountered people with, emotional, physical, and mental problems; the essence of my nursing practice is established on my supportive caring relationship with my patients through the healing process. Furthermore, in order to support and care for these individuals efficiently, I made a choice to return to school to gain knowledge and improve my skills. My caring philosophy embraces concern, empathy, and a commitment to the client lived experience of human health in relationship to their wellbeing, illness, and disease.

Betty Neuman theory of nursing defines the client holistically, and ties health and wellbeing to the holistic nature of the human being. I identify with Neuman's theory that focuses on the wellness of the client in relation to the environment. I will strive to use critical thinking and clinical judgment to provide evidence-based holistic care to individuals, families, and communities to achieve an optimal level of client wellness.

Person

Patients have intellectual reasoning capability, many diverse life experiences, and holistic attributes that are distinctive; therefore, comprehensive assessment is necessary in painting the true picture of an individual. Good communication coupled with appropriate nursing care engages the patient allowing them to respond to the environment appropriately and gain a better understanding of self. The nursing client is continually changing with the changing environment; this explains why I selected Betty Neuman conceptual framework model of nursing.

Environment

This is the geographical demarcation of a client's social experience. The environment may vary in topography, socioeconomic, politics, societal beliefs, values, mores, and customs. The environment is conceptualized as the arena in which the nursing client encounters caring relationships, threats to wellness and the lived experiences of health. Dimensions that may affect health include physical, psychosocial, cultural, historical, and developmental processes, as well as the political and economic aspects of the social world. Betty Neuman believes that, it is possible to manipulate the environment to enhance patient recovery to some extent.

In caring for my patients using the holistic model of nursing I will look at the circumstances surrounding the patient that have the capability of positive or negative influence. Patient birthplace can reveal circumstances such as, race, gender bias, number of siblings, parent's education, religious preference, religious practices, diseases, food availability, and traditional customs all of which might contribute to an individual's state of health.

Health

Health, a dynamic process, is the synthesis of wellness and illness; its definition is by the perception of the client across the life span. Neuman agrees with the dynamic nature of health, she states that health is influenced by internal and external factors surrounding the client system, which is experienced at various changing levels of a client's life span (as cited in masters 2012, p. 152). This view focuses on the entire nature of the client in physical, social, aesthetic, and moral realms. Health is contextual and relational; the environment has stressors that disturb the client's defensive mechanism.

Wellness and health in my view is the reality of life based on client's perception of feelings of care, respect, and appreciation. In my nursing practice, I will endeavor to understand my client's environmental factors such as intrapersonal, interpersonal, and extra personal relationships that have the capacity of influencing the client's state of health. Caring for a patient in a holistic way will require skill and expertise that can be achieved through advanced nursing knowledge.

Mission Statement

Dlugacz (2009) statement that healthcare focus is changing from being task oriented to patient oriented supports my mission statement birthed from Betty Neuman's systems theory of maintaining, attaining, and retaining individual's optimal wellness level. Betty Neuman conceptual framework model of nursing which I endorse ties health and well-being to the holistic nature of the human being. Holistic individualized patient care is the core of my philosophy of nursing.

Conclusion

Constant interaction with the environment predisposes the client to environmental stressors. The level of resistance to the stressors is dependent on the strength of the client's defense mechanism. This focus will engage clients in their own health care and in partnership with other caregiver will assist in eliminating stressors, protecting the client by strengthening their line of defense. This goal is achievable by providing education on immunizations, stress, nutrition and health living. Participation in National Quality Forum (NQF) is necessary to help patients and our nation achieve better and affordable care, and improve the overall health of American people. The Agency for Healthcare Research and Quality's (AHRQ) and NQF are external drivers that are working to help organizations understand that quality outcomes and patient safety are forces that shape a health care organization's budget (Dlugacz, 2009).

References

Masters, K. (2012). *Nursing theories: a framework for professional practice*. Sudbury, MA:

Jones & Bartlett Learning.

Blais, K., & Hayes, J. S. (2011). *Professional nursing practice: concepts and perspectives* (6th

ed.). Boston: Pearson.

PART ONE

Section Two

My Resume

My Resume

Personal Information

Name: Beatrice M. Wachira

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Cell Phone: 816.807.9708

Education History

College	Location	Year	Qualification
University of Missouri Kansas City	Kansas City, MO	2012 to Present	RN-BSN Anticipated Graduation December 2014
Mater Misericordiae School of Nursing	Nairobi, Kenya	1990 – 1991	Registered Midwife
Cicely McDonnell School of Nursing	Nairobi, Kenya	1986 – 1989	Registered Nurse

Employment History

Organization	Location	Year	Position
Truman Medical Center	Kansas City, Mo	September 2014 to Present	Clinical Registered Nurse
Kindred Hospital	Kansas City, MO	June 2014 to Present	Per Diem Clinical Registered Nurse
Best Comfort Home Care Services	Kansas City, MO	2004 - Present	Nurse Supervisor

Heartland Kidney Network	Kansas City, MO	2011 – July 2014	Quality Improvement Department
North Kansas City Hospital	Kansas City, MO	2009 - 2011	Case Manager - Home Health RN
Center Point Medical Center	Independence, MO	2007-2009	Charge Nurse Oncology Floor
Fresenius Medical Care	Kansas City, MO	2000 – 2007	Primary Care Nurse
DaVita Northland	Kansas City, MO	2005-2008	Per Diem Nurse
Truman Medical Center	Kansas City, Mo	2001-2002	Operating Room Circulating Nurse
Nairobi Hospital	Nairobi, Kenya	1989 – 1999	Staff Nurse, Medical Surgical, Operating Room, Orthopedic Clinic
Alphajet Medical Clinical	Nairobi, Kenya	1994 - 1999	Clinic Manager

Professional Licenses and Certificates

Current

- Missouri State - RN License 2000- Current - Expires April 2015
- American Heart Association - Basic Cardiac Life Support - Expires July 2016
- American Heart Association - Advanced Cardiac Life Support - Expires October 2016
- Nonviolent Crisis Intervention Training (CPI) – Expires September 2015
- Mental Health First Aid USA – Expires October 2016
- American Heart Association - Advance Cardiac Life Support - Expired 2009
- Missouri Department of Health and Senior Services – Reassessment Certification

Past

- American Oncology Nurses Association – Chemotherapy Course – Expired 2011
- Kansas State – RN License - Expired 2009
- Fresenius Medical Care – Certified Hemodialysis Nurse

Professional Presentation

International

- AO Internal Fixation International Academy -Dar Es Salaam, Tanzania Live Implant Use Show Case, Dr. Prakash Heda & B. Wachira, April 2005

Regional

- Patient Education Meeting: Midwest region learning in Action Network. Participated in a patient panel April 2012

Local

- ANNA local chapter conference, manned a booth with patient engagement tools and resources for improving cannulation skills, October 2013

Professional Organizations

International

- Sigma Theta Tau Honor International, Inducted April 2014

National

- AMERICA Nephrology Nurses Association, National and Local level, 2011 to present

Other Relevant Activities

- Annual GOC health fair activity, Health promotion, Vital Signs monitoring and education on health life styles, 2011 to present
- Annual Gospel Outreach Women Seminar, presented a topic on pap smear and breast examination

Committees or Workgroups

- Care Transition Coalition home care/ Home Health subgroup member, this group identifies opportunities for care transition in relation to home settings
- Central Kansas Care Transition Collaborative group member, integrating care for populations and communities, 2012 to present
- Gospel Outreach Center Health Care committee member, focused on community education regarding preventable health conditions.
- Heartland Kidney Network Annual Conference Planning committee

Continuing Education (Represents Last 3 Years)

2014

- Missouri League For Nursing Outcome Congress, July 2014 5.25 Administrative hours and 1.25 patient care hours
- Basic Life Support, July 2014 – American Heart Association 4 hrs
- Missouri Department of Health and Senior Services, Reassessment Certification Training, June 2014
- Heartland Kidney Network Annual education conference January, 2014, Overland Park , KS., 12. 00 hrs. Future of healthcare in ever changing environment
- Cyber Awareness Challenge April 2014, Centers of Medicare and Medicaid
- Behavioral Health Training October 2014.

2013

- Heartland Kidney Network Annual education conference January 2013, Overland Park, KS. 12. 00 hrs

- Transition of Care June 2013, Center for Practical Bioethics
- Application of HHQI tools and resources July 2013. IOWA Western Community college. 1 hr
- American Nephrology Nurses Association, National annual fall meeting, September 2013, New Orleans, LA. 8.5hrs.
- American Nephrology Nurses Association, Local chapter annual fall meeting, October 2013, Kansas City, MO 7.5hrs

2012

- Heartland Kidney Network Annual education conference January ,2012, Kansas City, MO., 12. 00 hrs
- Microsoft office level 2, New Horizons August 2012, 12 hrs
- Transition Collaborative Workshop October 2012, Chidren Mercy Hospitals and Clinics 5.0 hrs

2011

- American Nephrology Nurses Association, Local chapter annual fall meeting, September 2011, Kansas City, MO 7.0 hrs.
- Best practices in infection control November 2011 Blue Springs MO, MU Sinclair school of nursing, 5.5 hrs
- American Nephrology Nurses Association, Local chapter annual fall meeting, September 2011, Columbia, MO. 7.0 hrs.
- Heartland Kidney Network Annual education conference January, 2011, Kansas City, MO., 12.00 hrs
- Complementary and Alternative Medicine Online Certificate Program, North Kansas City Hospital, July 2011 11 hrs
- Communication for the 21 st century manager, Feb 2011, 1 hr
- Evidence- Based Effective Nursing Leadership, North Kansas City Hospital, 1 hr

2010

- Outcome and Assessment Information Set (OASIS) training, April 2010 Jefferson City, MO., 12.00 HRS.
- Advanced Cardiac Life Support – 12 hrs / Basic Cardiac life support – 4 hrs
- Chemotherapy administration course – Oncology Nurses Association – 12 hrs

PART ONE

Section Three

My Career Map

MY CAREER MAP

Turning Vision into Reality

My Short Term and Long Term goals

	Short Term	Long Term
My Education	<ul style="list-style-type: none"> • Complete my assignment each week by Friday • Graduate with BSN by December 2014 • Each month identify a theme to teach my patient and family on healthy living and safety 	<ul style="list-style-type: none"> • Masters in Psychiatrist Mental Health Nurse Practitioner by 2017 • Take Mental Health Certification one year after graduation
My Career	<ul style="list-style-type: none"> • Shadow a Mental Health Nurse Practitioner in 12 months • Participate and organize a health fair annually • Create new flier on health living annually 	<ul style="list-style-type: none"> • Open a home health agency with counseling services in the next 2 years • Become a health Care Consultant in 6 years • Devote my career to preventative and safety health
My family	<ul style="list-style-type: none"> • Search for scholarships to ease family financial burden by March next year • No school assignments on Sundays • Eat breakfast as a family every Saturday 	<ul style="list-style-type: none"> • Take a family cruise to Alaska to celebrate my graduation in Summer of 2015 • Eliminate my loans and credit card debt completely in 10 years

Along this journey, I will celebrate each time I achieve a goal

PART TWO

My Achievements

Competence 1

Clinical/Professional Judgment

Clinical/Professional Judgment

Definition

Clinical professional judgment is the rational and reflective process of making judgments. This process underlies independent and interdependent nursing decisions and provides the basis for reflective nursing practice. Critical thinking includes the ability to manage ambiguity as part of the complexity of human experience and roles.

Evidence Rationale

Evidence 1 - Issues and Analysis

Issue and analysis fits the competence on professional judgment because a critical thinker must practice the identification of the issue to make a sound conclusion. The paper below helped me identify ways to evaluate someone's reasoning before jumping into a conclusion.

Evidence 2 - Thinking and Reflection

Critical thinking and reflection fits the competence on professional judgment because it is based on actively evaluating and validating existing knowledge to create new knowledge and also to make rational decisions (Kearney Nunnery, 2014). The paper below illustrates a personal experience at my work place which depicts how my values shaped my clinical judgment.

Competence 1 - Clinical/Professional Judgment

Evidence 1 - Issues and Analysis

Overview

Identification of issues and conclusion in any form of writing is very important for a critical thinker according to Browne and Keeley (2012). Every writer's attempt is to change your belief and/or behavior; therefore, it is important to understand the issue and the conclusion clearly to avoid a distorted message (p. 18). The two types of issues that one needs to be familiar with are prescriptive and descriptive. Descriptive issues address questions regarding the world past, present and future. Prescriptive issues however, are concerned with moral and ethical issues (p. 19).

Prescriptive Issue

Simpson (2010) takes up on the issues of mannerism in technology use; he argues that technology etiquette requires just common sense (p. 81). The prescriptive question posed by Simpson to the reader is, what should common sense be telling us? (p. 82). He further moves ahead to pose four common sense best practices. The following best practices are best used with cell phone communication, these include, safety, security, privacy and courtesy. Whatever type of technology is in use, common sense suggests that every cognitive individual should pose and ask the following questions, is it safe? Is it private? Is it secure? Finally, is it common courtesy? To some extent, these are questions that even growing children learn to ask. He concludes by stating that, if we do not follow socially acceptable behavior in our online communication, the government will set regulations and penalties that will prohibit free use of

technology to communicate and share ideas. The author clearly states the issue and persuasively engages the reader to stimulate a reasonable reaction as to why, common sense in technology use is socially, and morally acceptable best practice.

Descriptive Question

Descriptive questions raise issues concerning the way the world ought to be and what we should do (Browne & Keeley, 2011). Internationalization of firms accounts for intricacies of computer –mediated communication (CMC) according to Holtbrugge, Weldon, and Rogers (2012). Due to internationalization, professionals from different nations and cultures are required to find a way to work together effectively (p. 89). In their article *Cultural determinants of email communication styles*, Holtbrugge et.al investigates whether the concept of culture can explain cultural differences in email communication.

Holtbrugge and the team interest was to identify whether cultural difference impact effective communication. The research conducted by the team indicated that cultural background had a significant impact on communication style by email. Email being the most used method of communication across cultures can pose a challenge in this rapidly evolving technology and communication media for managers of international companies. However, due to cultural heterogeneity of nations, the prescriptive answer provided by Holtbrugge and the team surprisingly suggested that, language competency has a stronger impact on communication effectiveness than cultural differences.

Conclusion

The two articles I reviewed did not state the issue and the conclusion clearly. It posed a challenge trying to search for the indicators as presented by Browne and Keeley and I had to infer the conclusion from the ideas presented. Identification of an issue and conclusion is very crucial for critical thinkers; however, it is not always an easy task. To make it easy for readers, it is important to state the issue and your argument clearly at the beginning and the end of your writing. Browne and Keeley gave very good examples as to why transparency and clarity in writing is very important. Some of the examples include the understanding that our reader cannot hear our inner thoughts, do not know our values and backgrounds or our hidden beliefs. In our effort to avoid communication pit falls and to close the communication gap, it is very important to make ourselves clear in our communication (p. 24).

References

Browne, N. M. & Keeley, S. M. (2012), *Asking the right questions: A guide to critical thinking* (10th ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Holtbrugge Dirk, Weldon Abigail, & Rogers Helen (2012). Cultural determinants of email Communication styles. *International Journal of Cross Cultural Management*, 13(1)89-110.

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<http://ccm.sagepub.com.proxy.library.umkc.edu/content/13/1/89.full.pdf+html>

Simpson, Mark. 2010. Tech Etiquette is Just Common Sense. *Common Ground Journal* (Spring): 81-88.No doi # URL: www.commongroundjournal.org. Retrieved from

<http://web.b.ebscohost.com.proxy.library.umkc.edu/ehost/pdfviewer>

Competence 1 - Clinical/Professional Judgment

Evidence 2 - Critical Thinking and Reflection

Overview

Human beings thought process and decision-making is constant. So, why do we refer to the process of thinking, reasoning, and reflection as critical? In my own interpretation the word critical is used because of the impact the judgment has on the individual whose decision or judgment is being made. In my own opinion, Critical reflection happens when we pay attention to who we are, whereas critical thinking is like brainstorming and critical reasoning is finding out the root cause of the problem. How we think, reflect, and reason results in sound judgment. According to Kearney Nunnery (2014, p. 129), critical thinking is viewed as a process to actively evaluate and validate existing knowledge to create new knowledge and also to make rational decisions

Critical thinking and reflection is very necessary for Registered Nurses in articulating the plan of care for patients. Our thought process as adults is influenced by several factors; some of the factors include values, belief system, attitudes, and cultural practices and lived experiences. The situation that I am about to describe changed my perspective on some policies and procedures. I was at work one night taking care of a 35-year-old male newly diagnosed with end stage cancer of the pancreas. The news was very devastating for the family and especially the wife.

It was Friday night and the couple's two children who were under the age of twelve were visiting. Visiting time was up and the children were still in the room. I gave them extra time to

visit and two hours later, I decided to visit with the wife to find out if she was in need of any assistance. The wife stated that she did not need any assistance; she then pulled me to the side saying that the husband was very happy to have the children for the night because he did not think he had much time left with them. At that point, she started crying and all I could do was, give her a hug. I went back to the desk and after reflecting, evaluating and validating the situation I made a decision that it was important for the children to stay with the father. Before I could share the situation with my Charge nurse, the mother and the kids left the room to get some ice and my charge nurse asked why I had children visiting after hours. I explained the situation to her and she said that was a violation of a hospital policy and I needed to notify the supervisor. To cut a long story short, my supervisor was notified of the incident and after listening to my story, she said that what I had done was the right decision.

Conclusion

When I made the decision to allow the children to stay, I was ready to face any consequence. The occurrence prompted the hospital administration to revise the visitor's policy. The addendum to the policy was, visitors would be allowed to stay only at the discretion of the nurse. Policies are great because they guide the standard practice but they do not give room for critical thinking or reflection. My hope is that institutions will develop policies that will offer an opportunity or leave room for critical reasoning.

Reference

Kearney-Nunnery, R.K. (2012). *Advancing your career: Concepts of professional nursing* (6th ed.) Philadelphia, PA: F.A. Davis.

Competence 2

Communication

Communication

Definition

Communication is a complex, ongoing, interactive process and forms the basis for building interpersonal relationships. Communication includes listening, as well as verbal, nonverbal, written and electronic communication skills. The professional nurse appropriately adapts the communication style to the audience, considering such elements as culture, education, and environment.

Evidence Rationale

Evidence 1 -Interpersonal Effectiveness

The chosen evidence on interpersonal effectiveness fits the competence on communication. Interpersonal effectiveness is defined as the ability to collaborate using various channels of communication to function effectively with an interdisciplinary health team. Our communication style is influenced by our personal and professional values that guide our actions in how we advocate and debate for issues like, ethics, equality, human dignity and rights, diversity, morality, social justice, and integrity.

Evidence 2 – Email Eitquette

This piece of evidence demonstrates that any learning experience and social interaction starts with communication. Communication problems are very common and they rate very highly in causing harm both personally and professionally. We all have our values that differ from each other due to culture, beliefs, education and many other individual attributes. Individuals working with people who have different value priorities and cultural background experience the greatest challenges in communication (Browne & Keeley, 2012).

Competence 2 - Communication

Evidence 1 -Interpersonal effectiveness

Overview

In this class on interpersonal effectiveness, I have learned several things of which one of the fundamental topics was on how to interact effectively. The resources provided in this class are applicable to my practice as an urban home health nurse. In my role as a home health nurse, I am involved in teaching patients and mentoring new staff members; in this class, I have acquired knowledge that will help improve my attitude, communication skills, and critical thinking. Interpersonal effectiveness is defined as, the ability to collaborate using various channels of communication to function effectively with an interdisciplinary health team <http://sonhs.umkc.edu/undergraduate-degrees/rn-bsn-program-outcomes>. I have also learned how to communicate in a decisive professional manner as well as understand and translate verbal and nonverbal communication; furthermore, this will help provide culturally sensitive individualized care for each patient's diverse needs (Kearney- Nunnery, 2012).

Communication

I discovered that interpersonal effectiveness, which is dependent on communication, is a prerequisite to effective management of the interdisciplinary health care team and the client (Kearney- Nunnery, 2012). In addition, Kearny- Nunnery (2012) reports that effective communication is a complex, ongoing, interactive process that forms the basis for building interpersonal relationships. Communication includes listening, as well as verbal, nonverbal,

written and electronic communication skills used to convey a message to another person (Kearney-Nunnery, 2012).

Style

In my role as a professional nurse, I have learnt the importance of adapting my communication style appropriately to identify with my audience and clients by considering such elements as culture, education, and environment (McCornack, 2010). In addition, interpersonal effectiveness is the core of this course, to become effective, I have learned ethics in health care, legal practices, and the dynamics of groups and teams. In my opinion, value is what I consider desirable in life and as a healthcare professional; I would argue that value is comparative to what an individual perceives as contributing to the quality of life. Our personal and professional values that we are committed to, in my opinion guide our actions in how we advocate and debate about issues like, ethics, equality, human dignity and rights, diversity, morality, social justice, and integrity.

Conclusion

Interpersonal effectiveness is use of such skills as conflict resolution, negotiation, delegation, managing change, advocacy, team membership, group management, political awareness, technology utilization, and communication techniques (Wise, 2011). Coalition is a powerful political strategy for a nurse leader; coalition is one change that I plan to implement after this course.

References

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Philadelphia: Lippincott Williams & Wilkins.

Kearney-Nunnery, R.K. (2012). *Advancing your career: Concepts of professional nursing* (6th

ed.) Philadelphia, PA: F.A. Davis.

McCornack, S. (2010). *Reflect & relate an introduction to interpersonal communication* (2nd

ed.). Boston: Bedford/St. Martin's.

Wise, P. S. (2011). *Leading and managing in nursing* (5th ed.). St. Louis, Mo.: Elsevier Mosby.

Competence 2 – Communication

Evidence 2 –Email Etiquette

Overview

With advancement in technology, communication by email both in our personal and professional life has become very popular. Email can reach multiple people with diverse geographical locations instantly. In order to communicate effectively and maintain politeness- using email, some rules, and guidelines that govern how individuals behave while communicating by email are necessary. According to Taylor, Etiquette refers to rules of good manners and behavior while netiquette is the word used for acceptable rules for appropriate behavior while communicating online (2009). In his article, Mcdowell states that a good email is one that is brief, able to fit on the smartphone display screen, grammatically accurate and focuses on the topic (2013). In my opinion, how we communicate with each other depends on several factors; top on the list is our personal and cultural values, they have the greatest influence in our communication style.

Challenges

Social interaction and any learning experience starts with communication. Communication problems rate very highly in causing harm both personally and professionally. We all have our values that differ from each other due to culture, beliefs, education and many other individual attributes. Individuals working with people who have different value priorities (Browne & Keeley, 2012) experience the greatest challenge in communication. Normal human tendency is to listen to only those individuals with similar value priorities. According to Browne

and Keeley, interacting with people who have different value priority needs is a constant struggle experienced by human beings, hence, the need to fight against that tendency is supreme (2012). I agree with Browne and Keeley's statement that we stand to learn the most if we agree to listen and communicate with individuals with whom we disagree (2012).

Practicing skilled interpersonal communication can be challenging for most people. Relationships are highly influenced by how we communicate; ineffective communication can be very destructive. McCornack states that, "radical changes in communication technology have had a profound effect on our ability to interpersonally communicate" (2010, p 26). Ardesen (2011) stated that, "our reliance on symbols, face book, snap chat and twitter breeds virtual relationships, while as face-to-face meetings like Skype, Wimba or even phone calls remind us that our colleagues are beings with thoughts, feelings and emotions "(p.46). It is more likely for individuals to be rude to their opponents in an e-mail, text, phone, or tweet compared to a face encounter.

Email Etiquette

Differences in communication styles and the complexity of the healthcare process have affected effective communication negatively. Every individual needs to learn how to communicate effectively, henceforth; basic communication rules that enhance communication require observation both in verbal and nonverbal communication. Most institutions have policies and procedures that constitute rules and guidelines regarding electronic communication. Institutions that take communication seriously provide their staff members with courses to enhance their communication skills. Good online communication is a learned skill.

Summary

Email is the most widely used method of communication for virtual teams and multinational corporations, therefore, professionals from across the globe are required to learn ways of communicating together effectively due to variation in cultures, values, and languages (Holtbrugge, et al., 2012) . I agree with Holtbrugge et al. concerning consideration by modern workplaces to incorporate courses for their employee's that focus on computer mediated communication to keep up with, cultural diversity, technology and communication media changes.

References

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Competence 3

Evidence Based Care

Evidence Based Care

Definition

The professional nurse generalist utilizes multiple ways of knowing, including personal, ethical, scientific and esthetic in the delivery of care to individuals, families, communities or populations to address their health needs. The provision of care may be direct or indirect in partnership with the patient and the interdisciplinary health care team.

Evidence Rationale

Evidence 1 - Action plan to increase Registered Nurses (RN's) power base

This paper fits the competence on evidence-based care because research has shown that Magnet recognized institutes support evidence-based care. To improve care and gain support from other organizations, RNs will need to embrace a culture of excellence in their profession. This will only happen if health organizations strive to acquire proven Magnet status. As more organizations seek Magnet recognition, the nursing profession's power base will increase.

Evidence 2 – Home Healthcare Safety

The piece of evidence provided below details the importance of evidence-based care around patient safety in homecare. The World Health Organization (WHO) International Classification for Patient Safety (ICPS), has identified two chronic illnesses commonly managed at home that represent frequent hospital readmissions as a result of a scoping review according to Macdonald, Lang, Storch, Stevenson, Barber, Iaboni, and Donaldson (2013). In 2002, the WHO was urged to focus on patient safety and quality of care by developing global norms and standards, as well as supporting efforts to develop patient safety policies and practices

Competence 3 – Evidence Based Care

Evidence 1 - Action plan to increase Nursing's power base

Action Is Required

According to Houston (2014), having power gives an individual or a group the potential to change the attitudes and behaviors of others. Individuals misinterpret power to mean an individual with a domineering attitude; however, in this context power denotes authority to improve attitudes and behavior to achieve desired goals (p.311). In the years past and even today Registered Nurses (RNs) are perceived as caregivers, physicians handmaids and subservient to administration (p.332). Today RNs have assumed leadership position with distinctive scope of practice. To function effectively in the leadership role and reshape the health care industry, more knowledge and skills are vital to empower RNs.

Change Is Imminent

Undoubtedly, the time has come for RN leaders to drive the paradigm shift that will represent future healthcare. For change to occur RNs must work in collaboration with other disciplines and policy makers to recommend and influence new approaches. America Nephrology Nurses Association (ANNA) President elect (personal communication, Annual meeting April 2013) was this communication directly to you or was she speaking at the conference. If she was a speaker at the conference it would be cited differently. Stated that nurses have a strong history of fulfilling leadership roles within their workplace, professional organizations, communities, legislative arenas and government agencies. Now is the time for RNs to engage outside of their work environment and build collaboration outside of nursing

arena. However, now more than ever nurses must come together and develop an action plan for the future (ANNA 2013).

Struggle to Increase Power Base

The struggle to increase power base for nurses is historical. The time to act is now; the healthcare reform has brought significant changes to the industry. RNs now have greater opportunities to lead and influence change in all aspects of health care including congress. For RNs to influence health policies, they will need to come together to form a strong and powerful organization. Due to complexities of the healthcare industry, RNs have realized that being reactive is not going to work; as such, several RNs have taken a proactive stand by seeking more knowledge to enable them to increase their power base and function effectively. The Magnet reward program developed by the American Nurses Credentialing Center (ANCC) goal is to recognize health care facilities that demonstrated excellence in nursing. This step by ANCC was a huge step in empowering RNs. In agreement with what Houston writes as an objective in her book “Action Plan for the Future “(Houston 2014 p.310), Tinklam (2013) in the journal of America Operating Room Nurse has this to say, the “Structural Empowerment component of the Magnet Recognition Program model includes organizational structure, personnel policies and programs, professional development, community outreach, and the health care organization’s promotion of a positive nursing image. The pursuit of Magnet status has resulted in the creation of professional practice councils that allow nurses to be involved in the decisions, policies, and vision of the facility” (p. 253). This type of environment is only feasible in organizations that empower their employees and have established vision and mission statements. To encourage

employees to achieve the organizations goal the employer must require a strategic plan, solid policies, and education assistance support (p.254).

Summary

The Magnet Recognition Program as described by Tinkham (2012) supports Houston's (2014) Action Plan for The Future. In conclusion, both writers support collaboration with other disciplines, mentoring future nurse leaders, more education, and research for RNs and peer-to-peer support. Magnet status is the only nationally and internationally recognized award program that recognizes nursing excellence, quality patient care, and innovations in professional practice. In my estimation, thinking, opinion,..., nurses working in institutions that have acquired magnet status are more empowered than those that work in non-magnet organizations. To improve care and gain support from other organizations, RNs will need to embrace a culture of excellence in their profession. This will only happen if health organizations strive to acquire proven Magnet status. Research in Magnet Recognized institutes is paramount in supporting evidence-based practice in the culture of excellence. In my personal opinion, the most critical items in effecting change include, mentoring future nurse leaders, planning leadership succession, promotion of a positive nurse image and structural empowerment. As more organizations seek Magnet recognition, the Nursing Profession's power base will increase.

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Competence 3 – Evidence Based Care

Evidence 2 - Home Healthcare Patient Safety Concept

Introduction

The reason I focused on the concept of Home healthcare patient safety is the fact that it is the fastest growing sector of healthcare due to the aging population in my opinion. According to Macdonald, Lang, Storch, Stevenson, Barber, Iaboni, and Donaldson (2013), demand for homecare services is steadily increasing with the aging population. The World Health Organization (WHO) 2010 Global Status report indicated that developing one or more chronic illnesses is more likely with advancing age, therefore, reliance on homecare to provide health system services is not surprising (Macdonald et al. 2013). According to Allender, one other reason why healthcare at home continues to escalate is early hospital discharges and effective acute care that allows people to survive debilitating illness and disability (2013). The escalation of home healthcare necessitates standardization and implementation of patient safety measures to prevent healthcare related adverse events.

Standard of Care

Research of evidence-based care around patient safety in homecare is very crucial. The World Health Organization (WHO) International Classification for Patient Safety (ICPS), has identified two chronic illnesses commonly managed at home that represent frequent hospital readmissions as a result of a scoping review according to Macdonald, Lang, Storch, Stevenson, Barber, Iaboni, and Donaldson (2013). In 2002, the WHO was urged to focus on patient safety and quality of care by developing global norms and standards, as well as supporting efforts to

develop patient safety policies and practices. In order to meet this call, the WHO created the World Alliance for Patient Safety in October 2004.

Patient Safety

The scoping review also identified seven safety markers for homecare that include, medication setup, being home alone and strangers in the home(Macdonald et al. 2013). According to Macdonald et al. theoretical framework designed to provide a much needed model for organizing patient safety data and information is necessary (2013). Macdonald and company state in their article that aggregated and analyzed data can be used to compare patient safety data across disciplines, between organizations, and across time and borders. In addition, this would help identify potential patient safety issues examine the roles of system and human factors, and develop priorities and safety solutions.Home health is a unique field of nursing practice that requires a synthesis of all nursing disciplines (Allender, 2013).

Challenges

Home healthcare medication challenges include dosing scheduling, forgetting, and mishandling of medications. Medication errors, worsening of symptoms, increased exacerbations, and higher risk of anxiety, potential overdose, and health decline are significant to poor quality of life and hospital readmission (Macdonald et al. 2013). The literature shows that caregivers may experience increased stress as their own health declines under the pressures and burden of their rising care responsibility of having to monitor both their own medications and that of the homecare patient (Macdonald et al. 2013). Additionally, Macdonald reported that caregivers are poorly prepared regarding how to manage their loved one's illness. Macdonalds

and others reported that information offered by health care providers regarding illness often follows a fixed script and uses medical or clinical terminology that can be hard to understand, sounding like a foreign language to patients and caregivers (2013).

Cognitive impairments such as memory loss or decreased functionality due to illness or medications make it more difficult for patients to learn how to use equipment or devices (Macdonald et al. 2013). In addition, the literature shows that patients and their families face personal expenses for needed home modifications, services, and equipment due to lack of financial coverage or difficulties in accessing funded support (Macdonald et al. 2013).

Benefits

In my opinion and from experience, homecare nursing is better for nurses and patients than institutional nursing. This is because institutional nurses lack time to answer patient's questions, provide clear health teaching, and focus on individual patient's needs. Nursing care is provided in a hurry that leads to medical errors and a feeling of neglect by patients and caregivers.

Allender (2013) states that there are improved health outcomes in function, cognition, quality of life, and cost savings associated with homecare services as opposed to hospitals and skilled nursing facilities. Representative Allyson Y. Schwartz once said that leaders have a responsibility to provide America's seniors with high quality, cost effective health care by ensuring they have timely access to health care services in the privacy, comfort, and security of their own homes National Association for Home Care and Hospice (2013).

Conclusion

The World Alliance for Patient Safety created in October 2004 by WHO omitted aspects of homecare safety, notable example is that the health of the caregiver is intimately connected to the wellbeing of the patient within the homecare setting (Macdonald et al. 2013). The current concepts within the International Classification for Patient Safety (ICPS) should capture how care responsibilities are shared among patients, caregivers, and providers (Macdonald et al. 2013). Allender recommends that home health nurses should continually assess the strain on caregivers as they seek to develop realistic and individualized plans of care. In addition, nurses should seek to understand eligibility for Medicare reimbursement.

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Competence 4

Health Promotion and Disease Prevention

Health Promotion and Disease Prevention

Definition

Health care directed toward high-level wellness through processes that encourage alteration of personal habits or the environment in which people live. It occurs after health stability is present and assumes disease prevention and health maintenance as pre-requisites or by-products. (Brubaker, 83)

Evidence Rationale

Evidence 1 – Burn out

The evidence provided supports prevention of Stress and burnout. It is extremely important to reduce stress occurrence to prevent burnout. Burnout is very common in institutions where cost reduction becomes more important than meeting client or employee needs. Stress is a strong contributor to burnout. Stress can cause severe health problems and, in extreme cases, can cause severe depression and even death.

Evidence 2 – Dealing with Pandemic

The second piece of evidence provided is in regard to Centers for Disease Control (CDC) which is a body responsible for surveillance and reporting decisions fundamental for prompt curtailment of pandemics nationally and globally. CDC works to prevent diseases and increase health security globally whether the disease starts at home or abroad, is chronic or acute, curable, preventable, human error, or deliberate attack (CDC, 2014a). In my opinion, the overarching goal of a nation's health protection agency like CDC is to protect people from health threats, and promote health for the people in the United States of America and all over the world as was depicted in the movie.

Competence 4 – Health Promotion and Disease Prevention

Evidence 1 - Burn Out

Overview

Stress and burnout is a common phenomenon in nursing and other health professions. The author of the article Burnout cites Maslach and Leiter (1997) definition of burnout as:

The index of the dislocation between what people are, and what they have to do. It represents erosion in values, dignity, spirit, and will – an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it is hard to recover. (as cited Laschinger &Leiter, 2006, p.260)

Laschinger and Leiter in their article on burnout provide a detailed explanation of what burnout entails. Burnout comprises of chronic emotional exhaustion, cynicism, detachment from work, and feelings of ineffectiveness on the job. A major source of burnout is an overloaded work schedule that is having too little time and too few resources to accomplish the job. One other reason that causes burnout is performing tasks that conflict with employee values and beliefs (2006).

Burnout and Stress

There exists a very thin line between stress and burnout and this can lead to misunderstanding. Richard Lazarus definition of stress is the most acceptable according to an article on stress management; he says, “Stress is a condition or feeling experienced when, a person perceives that demands exceed the personal and social resources the individual is able to

mobilize. In short, it's what we feel when we think we've lost control of events” (Mind Tool 1996-2012a). Burnout on the other hand according to Ayala and Elliot is a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations (Mind Tool 1996-2012b). Prevention of Stress and burnout is of extreme importance, measures to reduce their occurrence necessitate immediate implementation. Burnout is very common in institutions where cost reduction becomes more important than meeting client or employee needs. Employers require a mission statement that is customer driven and one that employees embrace and belief in.

Causes

According to Mind Tool article on avoiding burnout, the cause that leads to stress and burnout is involvement in situations that are demanding mentally, physically, and emotionally. Examples of such situations include our lifestyle, relationships, or careers that do not measure up to expected or perceived results (1996-2012b). Our type of personality can also contribute to stress and burnout when people around us fail to recognize our personality type. We are prone to stress when we believe that our work is meaningless, not appreciated or there is a disconnection with what we are doing and what we want to achieve. Other causes attributed to stress include, life-changing events like death of a loved one, divorce, loss of a supportive boss or a job. When workload increases beyond a sustainable point individuals get overwhelmed and this can eventually lead to burnout.

Signs and Symptoms

Symptoms of burnout noticeable in an individual include depression, hopelessness, and escapist behaviors to cope. Having a negative critical attitude towards work or colleagues is a reaction to stress or burnout. Dreading going to work, wanting to leave once there and having little interest and low energy at work is yet another indicator of burnout. The list is endless but one main pointer that would signal a problem is when individual work productivity starts declining. (Mind Tool 2012b)

Individual Effects

The effect of a burnout or stress in an individual is disengagement, exhaustion, and sometimes-poor performance at work. Research has shown that people who experience burnout early in their career often find it easier to recover than people who go through it later in life (Laschinger & Leiter 2006). However, it is important to know how to recover effectively, whatever stage you are at in your career. Performance suffers when individuals work in a fast-paced environment to the point that workers lose a sense of community.

Employees Effects

Finally, unfair management practices may lead to distrust and disillusionment among employees and result in symptoms of burnout. The link between negative working conditions and employee stress is well known. Work stress and burnout are also associated with negative work attitudes and performance. In healthcare settings, these conditions threaten the quality of patient care and patient safety (Laschinger & Leiter 2006). A 2004 report by the Institute of Medicine raised serious concerns about the impact of hospital restructuring in the 1990s on

nursing work environments and patient safety outcomes. The authors noted that “ typical nursing work environments are characterized by many serious threats to patient safety; they suggested that these conditions are caused by organizational management practices, work design issues, organizational culture, and the way nurses are deployed in current inpatient settings” (Laschinger & Leiter 2006 p.259).

Recovering from Burnout

Burnout does not go away easily; rather, it will get worse unless you address the underlying issues causing it. If you ignore burnout, it will only cause you further harm down the line, so it is important that you begin recovery as soon as possible. Recovery from burnout is a slow journey, not a quick dash to some imaginary finish line. You need time and space to recuperate, so do not rush through this process. The recovery strategies are all useful in different situations. Some strategies will work for you, while others will not, so it is important to find a balance of strategies and best practices that works for you. If you believe that something is not working, do not be afraid to try something new.

Resolution

Whether rush-hour traffic, a heavy workload, difficult customers, or unpleasant news causes stress, many of us experience it in some form during the day. The problem is that if stress goes unchecked, it can affect our productivity and, worse still, our health. First step is to identify why you have experienced burnout. In some situations, this will be obvious. Other times, it will take longer and introspection to uncover this. It is worthwhile to look at any resentment that you feel towards your work. Often, feelings of resentment point to something important that is

lacking in one's life. Focusing on the basics can help eliminate that source of stress or unhappiness. Once you know the cause of your burnout, write it down, subsequently analyze it, and take action. The following solutions have proven very helpful at relieving stress and burnout: Taking a good vacation or a leave of absence, reassessing your goals and developing a personal mission statement, saying "no" politely to the task and not to the person, practicing positive thinking, and winning by giving are just a few of the solutions.

Institution

At institutional level, Laschinger and Leiter survey results carried out at a hospital revealed that patient safety outcome correlates to the quality of the nursing practice work environment. Another revelation from the survey was that, RN's personal accomplishment directly affected patient safety outcomes. RN leadership role had a great impact in changing the work environment to decrease nurse burnout. The report showed that strong, visible nursing leadership was an important factor in creating a positive work environment and a "culture of safety" (p. 265). Institutions with adequate staffing, fewer turnovers have better outcomes in patients' health status and safety. Empowered RN leaders practice according to professional standards and this result in work satisfaction, the outcome of such leadership is delivery of high quality care. In that study, nursing leadership was found to be the driving force of the model, which included the 5 worklife factors: (a) effective nursing leadership, (b) staff participation in organizational affairs, (c) adequate staffing for quality care, (d) support for a nursing (vs. medical) model of patient care, and (e) effective nurse/physician relationships. Empowered RN's bring desired changes and alleviate stress and burnout in the workplace due to effective leadership.

Application

After reading the article on stress and burnout, I was able to understand the difference between stress and burnout. One aspect of this reading that was very impressive and surprising to me was the activity log. After completing the activity, I discovered that I had plenty of time that I did not know about. Assigning tasks the amount of time it took to complete was revolutionary to me. I will start using a stress diary each time I have a life-changing event to unable analysis of the situation and development of an action step plan. One other area of weakness that I will need to address is saying “no” to the task when my schedule is full. In the past, I did not have the strength to separate the task from the individual.

Conclusion

Stress is a strong contributor to burnout. Stress can cause severe health problems and, in extreme cases, can cause death. While stress management techniques have been shown to have a positive effect on reducing stress, they are for guidance only, and readers should take the advice of suitably qualified health professionals if they have any concerns over stress-related illnesses or if stress is causing significant or persistent unhappiness. One proven practice to help with stress is a stress diary. Stress diary helps you to get a good understanding of your daily routine and short-term stresses that you experience in your life. Stress diaries can help you identify the most important and most frequent stresses that you experience; this can help you concentrate your efforts on those particular issues. Trending your stress diary data can help you improve your stress management skills, identify areas that require improvement or referral to qualified stress counselors. Managing your stress helps, you understand the levels of stress at which you will need to seek help.

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Competence 4 – Health Promotion and Disease Prevention

Evidence 2 -Dealing with Pandemic

Introduction

The issue of pandemic control is very important to the community because it leads to improved healthcare outcomes for the entire world. Centers for Disease Control (CDC) department of epidemiology manage pandemic outbreaks. CDC is the nation's health protection agency, that works around the clock to protect American citizens from health and safety threats both foreign and domestic thereby increasing the health security (Centers for Disease Control [CDC], 2014a). Epidemiology is defined as “the study of the distribution and determinants of health-related states in specified populations, and the application of this study to control health problems” (CDC, 2014b).

According to Allender (2008), epidemiology offers community nurses a body of knowledge on which to base their practice as well as a framework of reference for investigating and improving clinical practice in any setting. The medical thriller movie “contagion” is a true representation of real life scientists and health professionals working for Centers for Disease Control (CDC).

Persuasion

According to the movie “Contagion”, in my opinion Centers for Disease Control (CDC) is well prepared to deal with a pandemic. A pandemic as depicted in the movie is a disease that is widespread and often global. CDC’s pandemic preparedness efforts include surveillance, risk

assessment, and the development and improvement of preparedness tools that can aid public health practitioners in the event of a pandemic (CDC, 2014a).

A pandemic poses a major threat to the public health globally, it is of significant concern to Centers for Disease Control (CDC), the community, and public health nurses. CDC works to prevent diseases and increase health security globally whether the disease starts at home or abroad, is chronic or acute, curable, preventable, human error, or deliberate attack (CDC, 2014a). In my opinion, the overarching goal of a nation's health protection agency like CDC is to protect people from health threats, and promote health for the people in the United States of America and all over the world as was depicted in the movie.

CDC has systems in place to help deal with pandemics. To accomplish this, CDC conducts critical research and provides health information that protects the nation against expensive and dangerous health threats, and responds promptly when a healthy threat arises. Epidemiology, the cornerstone of wellness in a society has evolved from disease focus to a more holistic model of health (Allender, 2008). According to Allender, the four evolving epidemiologic models that influence health include socio-economic, psychological environment, genetic influence, and health care system (2008). In order for community nurses to be able to effectively protect and promote the health of the population, availability of valid epidemiological data by CDC is essential. The public and governments should support the work that CDC does and offer more scholarships and opportunities for research and epidemiology training (Allender, 2008).

Rebuttal

CDC epidemiologists conduct research to determine the populations at risk, however, errors occur in research studies when the researcher fails to provide the context and definition of the study population (Bhopal, 2006). It is a non-deniable fact that, failure to know the study population's details can lead to invalid conclusions and ineffective distribution of public health resources. According to Bhopal, an association may vary in its strength in different populations, reflecting the presence or absence of co-factors. Another issue is not demonstrating comparable populations. According to Bhopal (2006), failure to provide the purpose and content of the study population is likely to influence data analysis and interpretation. In addition, usually though not always, failure to analyze the diversity of the population under study can lead to failed health benefits and extrapolation (Bhopal, 2006).

Conclusion

Surveillance and reporting decisions are fundamental for prompt curtailment of pandemics and it is the responsibility of the national governments all over the world. According to Laxminarayan and Malani (2014), the United States of America, Canada, and most European countries are more prepared for pandemics unlike developing countries that fear reporting outbreak due to possible negative economic outcome because of travel restrictions. In conclusion, I support the work the Centers for Disease Control (CDC) is doing, and for the program to be effective, every nation should support epidemiologists in their research work. As noted by J. Klaassen (Class notes, June 27, 2014), epidemiologists use descriptive and analytical research, to search for causes or factors that are associated with increased risk or probability of

health-related events globally within groups of people. Research findings assist in creation and implementation of policies, information, training, and treatment.

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Competence - 5

Leadership/Management

Leadership/Management

Definition

Interpersonal relationship in which the leader exhibits specific behaviors and strategies to influence individuals and groups toward goal setting and achievement.

Evidence Rationale

Evidence 1 - Leadership Styles

This piece of evidence demonstrates that the leader/manager is responsible for human, fiscal, and material resources and exhibits specific behaviors and strategies, such as delegation, collaboration, negotiation, and coordination to influence individuals and groups toward goal setting and achievement. The best leadership style is to use one that has both a high concern for people and a high concern for the task (Mindtool, 2014). Robbins & Judge (2014) state, “effective group performance depends on the proper match between the leader’s style and the degree to which the situation gives the leader control” (p.373)

Evidence 2 – 360- Degree Feedback

This piece of evidence demonstrates that the leader/manager is responsible for human, fiscal, and material resources and exhibits specific behaviors and strategies, such as delegation, collaboration, negotiation, and coordination to influence individuals and groups toward goal setting and achievement. The best leadership style is to use one that has both a high concern for people and a high concern for the task (Mindtool, 2014). Robbins & Judge (2014) state, “effective group performance depends on the proper match between the leader’s style and the degree to which the situation gives the leader control” (p.373)

Evidence 3 - Bachelor of Nursing Degree

This piece of evidence demonstrates that an empowered Registered Nurse (RN) brings desired change and alleviates stress and burnout in the workplace due to effective leadership.

Competence 5 – Leadership / Management

Evidence 1 -Leadership Style

Overview

My leadership style according to the quiz by Cherry (n.d) is Laissez-faire or also known as delegative leadership. The author describes this type of leadership as one in which leaders is hands-off and allows group members to make their own decisions (Cherry, n.d). This type of leadership style can be effective in situations where group members are highly skilled, motivated, and capable of working on their own (Cherry, n.d). However, it is difficult to imagine a situation in healthcare where everybody is highly skilled, motivated, and able to work on his or her own. In healthcare, team members from various disciplines depend on each other to provide comprehensive patient care. Laissez-faire leadership is not practical in healthcare where team members are dependent on each other for patient's outcome. In addition, new hires and graduates require an authoritative leader with more experience and knowledge to mentor them.

Laissez-Faire Leadership

I disagree with my quiz results that I have an affinity to Laissez-faire leadership style. The quiz results were the exact opposite of what my family and peer tell me concerning my leadership style. My father was a Laissez-faire leader as long as everything was superb in the household. Fielder contingency model proposes that leadership styles are situational (Robbins & Judge, 2013). Authoritarian leadership is best suited in situations where the leader is the most knowledgeable member of the group or there is little time for group decision-making (Cherry,

n.d). I am innately independent when it comes to decision-making; this is because of being the eldest child in a family of seven. Individuals with Authoritative style of leadership provide clear guidelines and make decisions individually. There are instances where I have made independent decisions due to time constraints during our community project meetings.

In leading group meeting that, involve specialty disciplines, laissez-faire style leadership is appropriate since all the group members are experts and have the knowledge and skills to accomplish tasks with very little guidance and to think independently (Cherry, n.d). This autonomy can create open participation as well as freedom to some group members (Cherry, n.d). The laissez-faire style is suitable in situations where followers have a high-level of passion and have intrinsic motivation for their work (Cherry, n.d).

Fielder Contingency Model

Fielder contingency model for leadership supports the fact that effective leadership is dependent on how well the leadership style conforms to the situation (Robbins & Judge, 2013). For example, authoritative style of leadership in nursing works best in situation involving mentoring, disciplinary, or corrective action plan. In emergencies where quick decision and action oriented judgment is required; leaders need to adopt an authoritative style of leadership. It is a known fact that leaders adopt democratic style of leadership when campaigning for office. Laissez-faire style of leadership is common in professional organizations and clubs where group members are experts and have the knowledge and skills to work independently with minimal guidance. According to Fleenor, strong leaders have favorable leadership qualities; however, aspects of the situation also play an important role in determining if people are able to lead successfully (Fleenor, 2006).

Compare and Contrast Leadership Styles

Despite the fact that I have affinity to Laissez-faire leadership style, to my knowledge, I operate in all three different types of leadership styles depending on the situation. In team nursing, my style is more authoritative because of my knowledge concerning the patient. When providing patient teaching, my style is more democratic to allow patient engagement and inclusion in the decision-making. My immediate supervisor uses Laissez-faire leadership style on normal regular days, during a staff meeting or in a rapid response situation she changes to an authoritative leadership style. However, it is very important in my opinion to adapt different styles of leadership depending on the situation.

Conclusion

Contingency approach to leadership is the result of the interaction between the traits of the leader and the situation itself (Fleenor, 2006). The interaction between the leader and the situation is vital to understanding leadership, along with the specification of important trait and situational variables. According to Robbins and Judge (2014), leaders who are, people oriented are more focused on organizing, supporting, and developing team members. Moreover, production oriented leaders are more focused on getting the job done; they put structures in place, plan, organize and monitor the work (Robbins & Judge, 2014). The best leadership style is to use one that has both a high concern for people and a high concern for the task (Mindtool, 2014). Robbins & Judge (2014) state, “effective group performance depends on the proper match between the leader’s style and the degree to which the situation gives the leader control” (p.37

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Competence 5 – Leadership / Management

Evidence 3 - 360 Degree Feedback

Overview

Zenger and Folkman stated in the *Harvard Business Review* blog that, for a GPS system to get an accurate picture of your location it requires four different satellites, therefore, an accurate picture of a leader's own effectiveness requires feedback from their manager, peers, direct reports, and others in the organization(2012). They defined 360-Degree feedback as a method used for creating both behavior and organization change because of feedback from all directions (Heathfield 2014). To create behavior change successfully, the authors identified four characteristics, these include, relevant content, credible data, accountability and census participation. In addition, the author believed that, credible data must be sufficient and reliable to detect behavior change. According to Bracken and Rose 360- Degree feedback is an extremely complex process that requires careful decisions in its design, and implementation to be effective (2011). The success of 360- degree feedback transforms individual's life in a positive way.

Purpose

According to Jackson, successful 360- Degree programs allow all your team members to improve in key areas that might be limiting their upward career path or actually causing major conflict within a team (2012). In addition, if poorly performed, 360 programs create mistrust, anger, conflict and can leave a team with lower morale than when you started the exercise.

I am not familiar with 360-degree feedback process that facilitates behavior change. The information I have is from reading the articles provided for this class assignment. After reviewing most of the articles, the authors seem very confident that 360-degree feedback is a great method of changing behavior if used accurately. Bracken and Rose listed some variables that can enhance or hinder behavior change to include personality, cultural differences, and openness to feedback (2011). The authors further attest to the fact that acceptance is the key to behavior change. In addition, accuracy in feedback and familiarity of the raters with the focal person has a great impact on acceptance. The most effective 360-degree feedback processes provide feedback that is, based on developmental needs and opportunities (Jackson, 2012). In my opinion, the path to sustained behavior change is not easy. Acceptance by the individual of the need to change, and support by members of the organization is significant to successful behavior change sustainability.

Positive outcome

After reviewing Zenger and Folkman's article on *Getting 360 Degree Reviews Right*, I agree that the effectiveness of any measure is based on how well that metric can predict an outcome. I further concur with them that, custom design feedback process enables the leader to synchronize with the values and leadership competencies uniquely defined by their organization. I am in support of the authors observations that, successful organizations begin by:

- Measuring the right skills.
- Relying on empirical research to determine which leadership competencies really make a difference to the performance of their firm.

- Taking time to, properly explain to participants, and to the people giving feedback regarding usage of data for the participant's development.
- Safeguarding, the confidentiality of members
- Creating a survey that requires just 15 to 20 minutes to complete to avoid the survey fatigue.
- Focusing primarily on discovering strengths rather than use the process to uncover deficiencies.
- Presenting each person's results in a way that enables them to digest them constructively and use the data to create a personal plan of development.
- Making the feedback report simple to read, and presenting data in a graphical format that is easy to absorb.
- Designing a final report to help participants see how they compare to others.
- Including a mini-employee survey, that shows managers the impact of their behavior on their subordinates.

Negative Outcome

Certainly, 360-degree feedback has a negative side to it; people who have had an experience can offer the downside of the feedback process. The down side is important because it gives you a roadmap of the things to avoid when you implement a 360-feedback process (Heathfield 2014). Heathfield states that in this fast changing environment, change management skills are paramount if you wish to succeed. Consequently, 360-Degree feedback process if started haphazardly, because it's the current flavor in organizations, or everyone else is doing it

may create a disaster requiring months and possibly years, to recover. Things to avoid according to Heathfield include

- Personal comments (Jackson, 2012).
- Poor program execution including, lack of clarity, and plan.
- Leaders, who are not emotionally suited to produce change,
- Lack of confidentiality (Jackson, 2012)
- No follow up plan after receiving the feedback (Jackson, 2012)
- Deficient knowledge regarding, human behavior.

Conclusion

From Bracken and Rose years of research, correlating leaders' 360 ratings to important organizational outcomes is that, they are very predictive (2011). Furthermore, while no one person's opinion is in itself necessarily predictive, the aggregate average of several raters really does provide a very accurate gauge of the skills of a leader (Bracken, 2011). Bracken and Rose research shows that, individuals rated through this process as highly effective leaders preside over operations in which turnover is lower, and employee engagement, customer satisfaction, and sales are higher. 360- Degree feedback can be one of the rare activities that truly do influence careers and transforms lives. In conclusion, Heathfield states that, if you define the objective, train your staff by giving them tools, communicate at all levels expectations, what's in it for me, and rewards and recognition , change will be successful (2014).

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Competence 5 – Leadership / Management

Evidence 3 - Bachelor of Nursing Degree

Nurse Leader

Bachelor of nursing degree (BSN) is a leadership degree. Thus, as a BSN Registered Nurse (RN), my role is to lead change in not only my organization, but for the profession and for healthcare as a whole. In my role as a home health RN, I am responsible for my client and family health, company finances, and material resources. To achieve the set goal for my client and company effectively, I have to demonstrate specific behaviors and strategies such as delegation, collaboration, negotiation, and coordination to influence my clients and workmates support. Nurse leaders collaborate with professionals, communities, and political leaders to advocate for the patient and community. This semester I learned how to become politically astute and serve as a social advocate. To become effective in the political arena, I will seek knowledge, effects, and perspectives of the culturally diverse community on determinants of health such as socioeconomic, epidemiology, environment, and behavior, education and ecological and healthy policies (Diem and Moyer, 2005).

Effective Leadership

At institutional level, Laschinger and Leiter survey results carried out at a hospital revealed that patient safety outcome correlates to the quality of the nursing practice work environment. Another revelation from the survey was that, RN's personal accomplishment directly affected patient safety outcomes. RN leadership role had a great impact in changing the work environment to decrease nurse burnout. The report showed that strong, visible nursing

leadership was an important factor in creating a positive work environment and a “culture of safety” (p. 265). Institutions with adequate staffing, fewer turnovers have better outcomes in patients’ health status and safety. Empowered RN leaders practice according to professional standards and this result in work satisfaction, the outcome of such leadership is delivery of high quality care. In that study, nursing leadership was found to be the driving force of the model, which included the 5 worklife factors: (a) effective nursing leadership, (b) staff participation in organizational affairs, (c) adequate staffing for quality care, (d) support for a nursing (vs. medical) model of patient care, and (e) effective nurse/physician relationships. Empowered RN’s bring desired changes and alleviate stress and burnout in the workplace due to effective leadership.

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Competence 6

Technology Utilization

Technology Utilization

Definition

The basic knowledge and skills necessary to use current patient care and information technologies in the provision of care.

Evidence Rationale

Evidence 1 – Technology and Rudeness

This piece of evidence demonstrates the benefits and challenges of technology utilization. Benefits include current developing methods and equipment that lead to discovery, retrieval, and utilization of information to enhance nursing practice and provision of patient care.

Evidence 2 – Change Theory

This piece of evidence demonstrates the need to adapt change in light of many changes occurring in health care delivery system today. Forces that drive change include but are not limited to, advances in technology. Strategies on how to cope with change are inevitable.

Competence 6– Technology Utilization

Evidence 1 - Technology and Rudeness

Overview

Learning how to utilize technology is very important in this century. Technology utilization includes current and developing methods and equipment that lead to discovery, retrieval, and utilization of information to enhance nursing practice. Most health care institutions are using technologies that include, equipment that provide assessment data, utilize data from an electronic health record, and provide access to most current evidence to support practice standards. Social media communication is very common in this century, during this course we explored, and learned how discourteous, negative, and a rude tone impacts interpersonal communication, this was very helpful.

Technology

The electronic social media is unavoidable, despite the fact that it has influenced our interpersonal communication negatively. My parents did acknowledge this fact when they visited the United States from Africa last summer. One evening my dad commented that, “I am afraid of what will happen to these children when they are my age”. What triggered this comment was a lack of response from my eleven years old son. My son could not hear his grandfather speaking because he had headphones on, and he was very engaged in a video game that he was playing with his virtual friends. My dad interpreted my son’s lack of response as being rude and disrespectful. Was the technology making my son rude or was it lack of understanding by my dad concerning how gadgets like headphones work?

Causes of Rudeness

In my opinion, lack of respect and rudeness in our modern day culture is lack of manners and illiteracy in communication skills. Lack of understanding of how to communicate with people from different cultures and different generations can appear rude or disrespectful. The lack of civility in today's world is an issue that has raised concern regarding proper etiquette; the possible reason is dependence and overuse of the technological tools (Ardesen, 2011). According to a survey by Insights West, 80 per cent of the people blamed the technology as the cause of our growing incivility, rating it the number two reason (behind parents not teaching their kids manners) (Shaw, 2011).

Consequences

Practicing skilled interpersonal communication can be challenging for most people. Relationships are highly influenced by how we communicate; ineffective communication can be very destructive. McCornack states that, "radical changes in communication technology have had a profound effect on our ability to interpersonally communicate" (2010, p 26). Ardesen stated that, "our reliance on symbols, face book, snap chat and twitter breeds virtual relationships, while face-to-face meetings like Skype, Wimba or even phone calls remind us that our colleagues are beings with thoughts, feelings and emotions. It may be easy for some individuals to be short and even rude to their adversaries in an e-mail, text, or tweet: Nevertheless, it is not easy when we have a face-to-face meeting (2011, p 46).

Conclusion

I do not agree with the statement that technology makes us rude. According to Shaw (2012), technology does not make us rude, the reason being that technology is a media, it is not an actor in society, and it does not have its own will or mind. Social media and technology in general offers an easy platform where people express their thoughts and reveal their true characters. We perform activities with the technology; it does not change the core human nature. Technology enhances the behavior of an individual. If technology is not the reason for our rudeness, then what or who is to blame for that behavior?

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Competence 6– Technology Utilization

Evidence 2- Change Theory

Overview

In light of many changes occurring in health care delivery system today, strategies' to cope with change are inevitable. Forces that drive change include but are not limited to, advances in technology and science, rising costs of treatments and an ageing population Mitchell (2012). In his article describing how to select the best theory to implement change, Mitchell favors Lippitt's theory for its effectiveness as a framework model of change in implementing, evaluating, and managing change (2012). Electronic Healthy Records (HER) for effective patient care is inevitable currently.

Model of Change

Change can be challenging to implement; understanding and using an appropriate framework can increase the likelihood of success, Mitchell further explains that for a planned change to achieve the intended success, good leadership, effective communication, and teamwork are among the most important elements (2012). Lippitt's theory has seven phases, fundamentally linked to other theorists and the nursing process.

Conclusion

Home health is the fastest growing sector of health care; one reason is due to the aging population. When caring for home patients, I perform thorough comprehensive assessment of the patient. Patient comprehensive assessment shadows Lippitt's framework of change and

incorporates all seven phases. This includes general assessment of the total person, care planning, implementation, and evaluation. During assessment I diagnose the problem, assess how motivated the patient is to change, check for available resources and assess any cognitive deficit. Care planning includes goal setting with patient and family involvement. Next step is implementation of interventions, followed by evaluation of the goals. Achievement of all goals is what determines patient's discharge.

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Competence 7

Professional Valuing/Caring

Professional Valuing/Caring

Definition

Values are defined as beliefs or ideas to which an individual is committed and which guide behavior. Values include advocacy, altruism, ethical reasoning, equality, autonomy, human dignity, diversity, morality, social justice, and integrity. Caring encompasses both the nurse's empathy for and connection with the patient, and the nurse's ability to translate these affective characteristics into compassionate, culturally sensitive care for each patient's diverse needs.

Evidence Rationale

Evidence 1 – Value and Descriptive Assumptions

This piece of evidence looks at consequences of descriptive assumptions, we are likely to reject this once we make a closer observation at the issue. (Bhagwati and Rivera, 2013). For example, whenever we form conclusions about people, such as classmates, roommates, friends, family, teachers, celebrities, bosses, immigrants, or politicians, we base our reasons on observation of their behavior, needs, or appearance making a descriptive assumption. Compassionate support of people who are disadvantaged socioeconomically requires complex knowledge and dedicated training of cultural diversity.

Evidence 2 – Thank you

The evidence fits the competency because saying thank you demonstrates professional and personal values that lead to a caring attitude. Saying "thank you" from a sincere heart feels good for the person offering it and the one receiving it (Bregman, 2012). Our act of expressing gratitude demonstrates exceptional social expertise, professional valuing and caring that sets an employee apart from others (Chaffee, 2012, p. 108).

Competence 7 - Professional Valuing/Caring

Evidence 1 - Value and Descriptive Assumptions

Overview

Browne and Keeley describes two forms of assumptions, value assumptions and descriptive assumptions (2012). In addition, they define value assumptions as beliefs on how the world should be and descriptive assumptions as beliefs about how the world was, is, and will be. Assumptions are ideas left out of a written or spoken argument, yet they may prove or support the conclusion. Assumptions influence claims and positions taken on issues and they often trigger arguments. In my opinion, a critical thinker should understand, and be able to recognize assumptions to resolve conflicts. Conflicts originate from differing values and failure to discover hidden or unstated beliefs. The topic on immigration reform is very controversial and sparks many arguments when introduced. After reviewing an article by Bhagwati, and Rivera, I was able to notice several assumptions that I will highlight in the following paragraphs.

Value Conflicts

Many arguments between individuals and groups evolve from strongly held values and beliefs, these require understanding and if possible respect. An issue that continues to be unresolved or bitterly contested often involves cherished values on both sides. These conflicting value assumptions can be between groups or individuals or within an individual. Examples of value beliefs that generate intense arguments include:

- Abortion
- Gay marriage

- Immigration
- Death penalty
- Sex education

Prescriptive Argument

Bhagwati and Rivera article *Kinder Gentler Immigration Policy* is likely to spark an intense argument due to differing values. In conclusion, the author urges the United States policy makers to be compassionate with immigrants because majority of low wage earners are immigrants. His conclusion takes for granted the fact that illegal immigrants have committed a crime by being in the country illegally. When individuals take it for granted that it is more important to value justice than it is to value life or humanity, conflict of values ensues. Immigrants come to the united in search of a human need that is lacking in their mother country; failure to address the circumstance of immigrants is equal to inhumanity. Individuals may argue differently depending on their values and beliefs. According to Browne and Keeley, value assumption definition is implicit preference for one value over another in a particular context. Value priorities differ in accordance to the issue.

Value assumptions

Following are value assumptions as listed in Bhagwati and Rivera article (2013).

- The offer of amnesty may have temporarily reduced the stock of illegal immigrants, but it was not enough to eliminate it.
- Illegal immigrants now living in the United States would likely choose to remain illegal rather than gamble on the distant promise of naturalization.

- Whatever reduction in the number of immigrants that has occurred, is most likely due to recent economic slowdown in the United States. This reduction in the number of immigrants may be temporally.
- Another way to improve the plight of illegal immigrants would be for Mexico to help pay for the education and medical expenses of those illegal immigrants coming from Mexico that are otherwise borne by the U.S. government.
- Immigrants to the United States nonetheless deserve the compassion Emma Lazarus promised in her poem. "Give me your tired, your poor, your huddled masses," that adorns the Statue of Liberty, which once welcomed the millions of immigrants arriving at Ellis Island.

Descriptive Assumptions

Browne and Keeley define descriptive assumptions as beliefs about the way the world was, is, or will be. Descriptive assumption is in our reasoning daily, not necessarily regarding the world but people as well; therefore, it is very important to increase our own awareness and knowledge concerning humanity and the world. For example, whenever we form conclusions about people, such as classmates, roommates, friends, family, teachers, celebrities, bosses, immigrants, or politicians, we base our reasons on observation of their behavior, needs, or appearance. Consequently, we make a descriptive assumption, which we are likely to reject once we make a closer observation (Bhagwati and Rivera,2013).

Below are some descriptive assumptions as stated by Bhagwati and Rivera of how United States was, is, and will be regarding immigration (2013).

- As long as wages in the United States greatly outstrip those in poor countries, the United States will remain a haven for potential immigrants, legal and illegal.
- Experience suggests that regulations to intensify border security are futile: they do little to slow the influx of illegal immigrants.
 - Border security greatly increases the risk to the immigrants as they try to cross the border over dangerous terrain, aided by unscrupulous smugglers, who may abandon them mid-journey. For immigrants it is a matter of life or death.
 - United States should stop attempting to eliminate illegal immigrants -- since that will never work and should instead focus on policies that treat them with humanity
 - The right wing sympathizes with illegal immigrants because United States was founded on immigration.

Conclusion

Normal human beings desire freedom and a better life. This is one main reason people migrate to the United States. However not many individuals are willing to take the risks involved. In that case, how should the government deal with immigrants who break the law in pursuit of freedom and a better life? The answer according to Bhagwati and Rivera is with compassion, patience, and understanding. Compassionate support of people who are disadvantaged socioeconomically requires complex knowledge and dedicated training of foreign affairs. The humanitarian needs of immigrants are very complex and specific; policy makers should have compassion in addressing these issues according to the Bhagwati and Rivera.

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Competence 7 - Professional Valuing/Caring

Evidence 1 - Thank You

Overview

Saying thank you when someone does something nice to you is a sign of respect. Respect stems from values and it is a two-way traffic. Some ways to display respect include good manners, and saying thank you when someone does something nice for you. The first few words that a child learns from the parents are *thank you*. Taylor in her book states that, “Manners are a sensitive awareness of the feeling of others” (2009, p1). I grew up in a culture that believed that, action speaks louder than words. Parents, spouses, and people in authority did not commonly use the spoken words like, thank you, I love you, and good job. This mentality has been a huge setback in utilization of the word thank you among this cultural group. My verdict after reading Bregman article is that, Tim’s failure to respond to John’s email portrayed bad manners and disrespect. The fact that he did not hire him for the managerial position is debatable.

Thank You

Thank you is a short simple word that carries a lot of weight. There are many ways of expressing gratitude but the simplest and easiest one is to say thank you. If an individual cannot say a simple thank you, I doubt they would be able to express gratitude in any other way. It doesn’t take long to say “thank you”, but it does take caring, furthermore, saying thank you is an attitude of gratitude, it is not dependant on our feeling but much more so on our recognition that it is essential (“how a little thank you” *Irish Times* 2012). In the *Irish Times*, article “How a little thank you goes a long way” the author demonstartes that there is a distinction in feeling grateful

and being grateful, in addition, it is during the toughest times in life that we benefit more from a grateful perspective (2012).

Why say thank you?

In my opinion, having an attitude of gratitude is a lifestyle. Not every individual holds this virtue of gratitude dearly and just as we learn other life styles, the attitude of gratitude requires learning. A thankful heart is a grateful heart and some individuals due to beliefs or upbringing have trouble being thankful. I would say acknowledging one another remains a critical responsibility of every human being; babies acknowledge a smiling face. However, in today's world we have individuals we interact with that have dysfunctional behavior. These individuals may not live up to expected behavioral standards, as such, it is important to refrain from being judgemental. Saying thank you in my opinion is about sharing and appreciating each other's emotions and feelings. Saying thank you is the most simple and practical way of showing gratitude. These two words "thank you" carry a lot of weight; never should anyone take them for granted.

Summary

Saying "thank you" from a sincere heart feels good for the person offering it and the one receiving it (Bregman, 2012). Our act of expressing gratitude demonstrates exceptional social expertise and can set an employee apart from others (Chaffee, 2012, p. 108). Good manners in our work places are becoming outdated. People are no longer sensitive to the feelings of others. Proactive employers are implementing training to enhance communication skills and diversity training. The purpose of these training is to equip employees with skills to work together in

harmony. We no longer can assume that people know what respect is all about. Families used to be training grounds for good manners, with parental ignorance and family breakdown: We can no longer assume people know what personal responsibility and good manners is all about. I would not be surprised to find out that perhaps Tim falls in the category of individuals who lack personal responsibility. I also hope that the CEO took an extra step to offer him some training concerning email netiquette. Tim may not have been a suitable candidate for the position at the time but with proper training, he still had an opportunity for a future promotion.

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Competence 8

Professional Role Development

Professional Role Development

Definition

The process of acquiring knowledge and experiences that will encourage graduates to embrace lifelong learning, incorporate professionalism into their practice and identify with the values of the profession.

Evidence Rationale

Evidence 1 - Registered Nurse Responsibility

This piece of evidence fits the competence because, according to (ANA 2010a, p21) total engagement in professional nursing practice is dependent on several factors some of which include educational preparation and self-development. Role development is the process of acquiring knowledge and experiences that will encourage graduates to embrace lifelong learning incorporate professionalism and accountability into their practices and identify with the values of the profession.

Evidence 2 - Political Astuteness

This piece of evidence fits the competence because the politically astute Registered Nurse (RN) is an asset to nursing leadership according to Goldwater and Zusy (as cited in Yoder-Wise 2011). The most effective and efficient way of gathering information related to health policy and politics is through active membership in professional nursing organizations and networking (Yoder-Wise (2011).

Competence 8 - Professional Role Development

Evidence 1 - Registered Nurse Responsibility

Overview

During my high school years, my father's favorite saying was "if you are not moving forward then you are moving backward". He used to reiterate by saying that the world is dynamic and if you stand still you will rot in place. His words of wisdom lingered in my mind during my school years but did not make sense until I started college. When I started college, I realized that getting good grades was my responsibility and the choice was solely mine. In the American Nurses Association (ANA), *Nursing's Social Policy Statement*, the author states that nurses who wish to have their specialty practice recognized by both the profession and the public have to make a choice to undertake certification exam (2010a).

Specialty Nursing

Registered nurses make a choice to specialize in a discipline that they love. Specialization is a mark of the advancement of the nursing profession and assists in clarifying, revising, and strengthening existing practice (ANA 2010a, p.29). Being an expert in selected discipline of nursing gives a nurse authority and freedom. This expert knowledge is associated with greater self-discipline and responsibility for direct care practice and for advancement of the nursing profession (ANA 2010a, p.32).

Quality Care

Provision of quality health care is a human right and for registered nurses to provide that quality care and achieve better outcomes they must be knowledgeable and skillful at what they do. Registered nurses who desire to excel in their career are looking for employers that will support their career goals. These employers offer continuous education for nurses and offer tuition reimbursement. In recent years, some employers are motivating nurses to acquire knowledge and skills by offering pay increase dependent on academic, social, and personal achievements. According to (ANA 2010a, p21) total engagement in professional nursing practice is dependent on several factors some of which include educational preparation and self-development.

Nursing Practice

Professional bodies like ANA have a responsibility to its members and to the public it serves to develop the scope and standard of its profession's practice (ANA, 2010b p.1). "These standards are subject to change with the dynamics of the nursing profession, as new patterns of professional practice are developed and accepted by the nursing profession and the public"(ANA 2010b, p.2). Due to the changing needs of the society, the scope of nursing practice is continually evolving requiring nurses to participate in continues education and provision of better quality care by using best practice.

Ethical issues

When I graduated from nursing school, our ceremony included wearing a white dress, nurse cap, a nurse's watch, and a candle. During the ceremony, our instructors lit the candle and

led us in Florence Nightgale pledge recital. The part of the pledge that I recall the most is one that has been true to my life as a registered nurse; nursing is a call both trying and rewarding. Nurses are better at dealing with clinical issues than ethical issues. ANA *states*, “The nurse-patient relationship creates the basic unit in which much of nursing and ethics practice occur; nurse’s ethical sensitivity is the first requirement in the application of this provision that places the patient at its center” (2010c, p.16). According to ANA, ethical decision making requires knowledge and reflection including knowledge of clinical practice, institutional policies, and procedures, the field of ethics, the code of ethics for nurses, and an understanding of the self and one’s own values (ANA, 2010c, p.16). I agree with the three ANA document manuals that nurses have a responsibility to improve their knowledge and skills by furthering their own education.

Education Goal

My decision to further my education included several factors: (a) I wanted to be a good example to my children, (b) I needed to sharpen my communication skills to be able to pass to others the nursing knowledge I have acquired over the years, and (c) the need to provide best quality care to my patients. Barriers faced during the decision process were many but the main one was getting my family to be involved. I knew if I had a buy in from my husband and children, I would receive the support needed to accomplish my goal. Going back to school for me required many adjustments and courage. Family, friends, and colleagues all had different opinions especially due to my family and community obligations. However, I had made my decision to continue, as this was my second time returning to school after dropping off in the past. Based on experience, I made a personal decision not to engage in any conversation that did not support my goal. This was difficulty for me but it worked. To succeed in this program I

have decreased my work hours to part time and *per Diem (prn)*. I have dedicated two days six hours each day to work on my weekly assignments.

Negative Stereotypes

Growing up, I did not have the opportunity to know what nursing was all about. There was no take your child to work day in the little town where I grew up. The public considered everybody who cared for the sick to be a doctor. I wanted to care for the sick and find out what made people sick. My parents were in teaching and my mother detested nursing as a career. Her words to me when I received my acceptance letter to nursing school were, “nurses never have children because no one wants to marry a wife that works at night”. Those days only health care workers, security, and police officers worked night shift. My dad was supportive of my goal so mum’s word did not stop me from pursuing my passion. According to Houston, negative stereotypes of nurses are not only ingrained in our culture but also instilled early in life. My mother’s words did not stop me from pursuing my career and family goals; today she accepts that she was wrong and my decision was right. If nursing profession will stand up and applaud the profession, others will follow suit.

Conclusion

The public has no idea who a licensed nurse is. It is easy to identify a firefighter, police officer, army commander and so on without ever talking to them. Today the public’s first thought on someone wearing scrubs is “that one is a nurse is a nurse” To improve the profession’s identity and image, I will advocate for nursing by improving my communication skills, nursing skills and improve my knowledge base to be able to join organizations that

advocate for the nurses wellbeing. I will continue to defend nursing as a noble profession based on literature and evidence and denounce individuals who tarnish the profession.

Nurses have one goal and that is to provide quality care to patients. To the public eye, there should be no confusion or doubts as to who the registered nurse is. When I look back to nursing as a profession, nurses have discarded some valuable things, for example, uniforms that made the profession unique. This is debatable but uniforms do enhance the image of a profession. Several non-accredited on-line schools are training nurses whose skills and nursing etiquette is below standard. That is why choosing an accredited school is a part of improving the profession's identity and image.

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Competence 8 - Professional Role Development

Evidence 2 - Political Astuteness

Overview

The politically astute Registered Nurse (RN) is an asset to nursing leadership according to Goldwater and Zusy (as cited in Yoder-Wise 2011). The most effective and efficient way of gathering information related to health policy and politics is through active membership in professional nursing organizations and networking (Yoder-Wise (2011). I agree with Yoder-Wise statement that active participation in professional nursing organization and networking allows the RN to, effectively engage in shaping health policy through legislative and regulatory bodies. According to Kelly, political astuteness is the highest level of professional organization activism (as cited in Yoder-wise, 2011).

Political Activism

In my early nursing career, I was never involved in any professional organization. The reason was that, I did not understand what the organization had to offer besides professional growth. This may be the same attitude majority of nurses have towards professional organizations and more so for new graduates. In my opinion organizations that offer what most nurses are looking for, example continuing education credits (CE's) and fun, receive a buy in and are able to move RN's from the level of political apathy. I was involved in politics during a time when nurses at the institution I was employed wanted to join the union. It was a very unpleasant experience for me because the RN'S were so divided on this issue, majority wanted a salary increase but were opposed to paying monthly dues to the union. The administration did not

support the union or an idea of shared governance. Shared governance according to Yoder-Wise is a dynamic decision making process that empowers RN's by providing basic principles of partnership, equity, accountability, and ownership (2011). By joining the Union, I was supporting the profession's self-interest of salary increase; this is a level three of political development according to Kelly (2011).

Attitude Change

To be a change agent and in order to influence others, RN's need power. Power as defined by Yoder-Wise is the ability to influence in an effort to achieve goals. RN's in the past considered power to be immoral, corrupting, and contradictory to the caring nature of nursing. In the past and today as well, mention the word politics and some nurses will still roll their eyes. In some institutions, political discussion is an abomination. Culture change, beginning with RN's attitude to power and politics need to occur to be effective and influential in the political arena.

Best Practice

Political astuteness inventory score showed that I am beginning to have self-interest to political sophistication (Goldwater, Zusy, 1990). I was in agreement with the results; however, there are skills that I still need to develop to become politically astute. With the knowledge I have acquired in this class, I plan to be actively engaged in professional organizations and politics. I believe that RN's knowledge is vital in understanding the legal and political determinants of the system and being able to develop skills required to advocate for an improved health care system. Since politics and policy are inseparable, RN's need to develop power

strategy to be able to yield strongest influence on broad determinants of health. The following are some of the power strategies that RN's and I included need to develop for effective nursing leadership.

- Value the concept of power
- Use and exercise different power types that include, personal, perceived, position, expert, information, and connection.
- Develop a power image – the impression we make on people influence the way they view and value who we are and what we say and do.
- Choose appropriate strategies for exercising power like, being in committees, leadership role, mentor and professional organizations.

Conclusion

Politics and policy are inseparable. Politics is a process that involves human interaction within all types of organizations. In my opinion, effective interaction leads to creation and implementation of policies. Policy is a plan to achieve a goal. Health policy is a plan that uses the political process to address the health of a population: global, national, regional, statewide, and local. Professional nursing is engaged in politics, by exercising their power through nursing organizations, as a force to shape legislative and regulatory politics.

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Competence 9

Global Perspective

Global Perspective

Definition

Understanding the effects of the culturally diverse global community on such areas as disease transmission, health policy, and health care economics.

Evidence Rationale

Evidence 1 – Dealing with Pandemic

The evidence supports global health in that pandemic control is very important to the community because it leads to improved healthcare outcomes for the entire world. Centers for Disease Control (CDC) department of epidemiology manages pandemic outbreaks.

Evidence 2 - Cultural health practices

This evidence piece fits the global perspective competency because the United States of America (USA) needs cultural health practices that are sensitive to cultural diversity due to the large number of immigrants. Culturally, diverse nursing care refers to all-encompassing nursing approach needed to provide socially appropriate and competent care.

Competence 9 - Global Perspectives

Evidence 1 - Dealing with Pandemic

Introduction

The issue of pandemic control is very important to the community because it leads to improved healthcare outcomes for the entire world. Centers for Disease Control (CDC) department of epidemiology manage pandemic outbreaks. CDC is the nation's health protection agency, that works around the clock to protect American citizens from health and safety threats both foreign and domestic thereby increasing the health security (Centers for Disease Control [CDC], 2014a). Epidemiology is defined as “the study of the distribution and determinants of health-related states in specified populations, and the application of this study to control health problems” (CDC, 2014b).

According to Allender (2008), epidemiology offers community nurses a body of knowledge on which to base their practice as well as a framework of reference for investigating and improving clinical practice in any setting. The medical thriller movie “contagion” is a true representation of real life scientists and health professionals working for Centers for Disease Control (CDC).

Persuasion

According to the movie “Contagion”, in my opinion Centers for Disease Control (CDC) is well prepared to deal with a pandemic. A pandemic as depicted in the movie is a disease that is widespread and often global. CDC’s pandemic preparedness efforts include surveillance, risk

assessment, and the development and improvement of preparedness tools that can aid public health practitioners in the event of a pandemic (CDC, 2014a).

A pandemic poses a major threat to the public health globally, it is of significant concern to Centers for Disease Control (CDC), the community, and public health nurses. CDC works to prevent diseases and increase health security globally whether the disease starts at home or abroad, is chronic or acute, curable, preventable, human error, or deliberate attack (CDC, 2014a). In my opinion, the overarching goal of a nation's health protection agency like CDC is to protect people from health threats, and promote health for the people in the United States of America and all over the world as was depicted in the movie.

CDC has systems in place to help deal with pandemics. To accomplish this, CDC conducts critical research and provides health information that protects the nation against expensive and dangerous health threats, and responds promptly when a healthy threat arises. Epidemiology, the cornerstone of wellness in a society has evolved from disease focus to a more holistic model of health (Allender, 2008). According to Allender, the four evolving epidemiologic models that influence health include socio-economic, psychological environment, genetic influence, and health care system (2008). In order for community nurses to be able to effectively protect and promote the health of the population, availability of valid epidemiological data by CDC is essential. The public and governments should support the work that CDC does and offer more scholarships and opportunities for research and epidemiology training (Allender, 2008).

Rebuttal

CDC epidemiologists conduct research to determine the populations at risk, however, errors occur in research studies when the researcher fails to provide the context and definition of the study population (Bhopal, 2006). It is a non-deniable fact that, failure to know the study population's details can lead to invalid conclusions and ineffective distribution of public health resources. According to Bhopal, an association may vary in its strength in different populations, reflecting the presence or absence of co-factors. Another issue is not demonstrating comparable populations. According to Bhopal (2006), failure to provide the purpose and content of the study population is likely to influence data analysis and interpretation. In addition, usually though not always, failure to analyze the diversity of the population under study can lead to failed health benefits and extrapolation (Bhopal, 2006).

Conclusion

Surveillance and reporting decisions are fundamental for prompt curtailment of pandemics and it is the responsibility of the national governments all over the world. According to Laxminarayan and Malani (2014), the United States of America, Canada, and most European countries are more prepared for pandemics unlike developing countries that fear reporting outbreak due to possible negative economic outcome because of travel restrictions. In conclusion, I support the work the Centers for Disease Control (CDC) is doing, and for the program to be effective, every nation should support epidemiologists in their research work. As noted by J. Klaassen (Class notes, June 27, 2014), epidemiologists use descriptive and analytical research, to search for causes or factors that are associated with increased risk or probability of

health-related events globally within groups of people. Research findings assist in creation and implementation of policies, information, training, and treatment.

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Competence 9 - Global Perspectives

Evidence 2 - Cultural Health Practices

Introduction

The United States of America (USA) needs cultural health practices that are sensitive to cultural diversity due to the large number of immigrants. Culturally, diverse nursing care refers to all-encompassing nursing approach needed to provide socially appropriate and competent care. I have selected this concept because my nursing career journey has helped me experience, witness, and practice nursing in a very diverse way. The cultural diversity among health care workers and patients provides an opportunity to witness how beliefs, values, attitude, and language can influence the nursing care we endeavor to provide. My nursing background has transcended different cultures and this has made me understand how difficult it can be for nurses who are culturally incompetent to meet the health care needs of a diverse society. According to Giger and Davidhizar (2009), every nurse entrusted with the care of clients must make every effort to deliver culturally sensitive care that is free of inherent biases based on gender, race, or religion.

Description

According to Phillips and Malone (2014), shift in demographics and advancement of health care in the 21st century warrants concerted efforts to diversify the nation's health-care workforce. The nursing profession in particular needs to enhance cultural diversity by training and retaining a culturally diverse workforce that mirrors the nation's change in demographic

(Phillip and Malone, 2014). In my opinion, every level of health care should have workers from diverse cultures.

The intent of this application is to explore the importance of transcultural nursing in improving compliance and health care outcomes. Cultural values acquired unconsciously during growth and maturation is the most difficulty to alter, furthermore they serve as cornerstones for beliefs, attitudes, and behaviors (Giger and Davidhizar, 1999). According to Giger and Davidhizar, it is important for community nurses to recognize the fact that cultural health practices have a pervasive and profound influence on patient's adherence to treatment (1999). Cultural beliefs and practices have a great impact on communities and individual's health outcomes (HHS, 2010).

Concept Application

According to Phillips and Malone (2014), disparities in health care and health outcomes affect racial and ethnic minority, and underserved populations. To determine the need for transcultural nursing and its impact on health care outcomes, I searched several resources including an evidence based research paper on transcultural nursing by Elizabeth Zicari. In addition, I interviewed a registered nurse with transcultural experience of 15 years concerning cultural beliefs and the impact it has on treatment compliance. The following information represents my personal conversation with E. K. Fatuma on June 20, 2014. According to Fatuma who is a registered nurse in one of the most diverse hospitals in the city, first impediment that nurses encounter when caring for patients from a different culture is confidence and language barrier. Fatuma stated that being able to provide care to people from different cultures is a learned skill. Fatuma also emphasized that competence in transcultural nursing gives a nurse

confidence to help provide nursing care to the patient. In addition, Fatuma added that dealing with patients from different background requires patience, understanding, and a positive attitude to win their trust. Health care workers who win patients trust are able to influence treatment adherence. Patients from different cultural background who meet with uncaring workers may feel anxious, frustrated, and lack confidence with the caregiver and the health care system (personal interview, 2014).

Fatuma stated that one of the key concepts is the need for the health care providers to embrace the definition of health from the client's perspective. Fatuma agreed with Zicari's statement of health, as being a state of wellness as defined by people within their ethnic cultural group, furthermore, this may be different from the nurse's definition (Zicari, 2008). From my experience, lack of competence in transcultural nursing can lead to medication errors, misdiagnosis, and poor health outcomes due poor communication coupled with a workers cultural ignorance. According to Zicari (2008), patients flourish better under the care of aides who speak their language, understand their dietary preferences, share religious and cultural beliefs, and provide instructions they feel they can trust.

Research Finding

There is a need to redesign institutions with cultural needs in mind by ensuring that interpreter services are available at all levels of care to assist in effective communication. A culturally based approach to health care works by decreasing medication errors, hospital readmission, and missed diagnosis (Zicari, 2008). Institutions that have embraced the concept of culture as an integral component of health care management have been successful

(Zicari, 2008). As members of health care organizations, we must focus on diversity and demonstrate that culture matters; this is the key to becoming global leaders in health care.

The philosophy of nursing pioneer Lillian Wald, the founder of public health nursing was to improve conditions that affect health; moreover, Wald's belief is grounded on the fact that the world is simply an expanded version of the culturally diverse neighborhood. A number of eminent nurse theorists followed this path and created models of care to guide nurse leaders in developing cultural best practice. Madeleine Leininger created the "Culture Care Diversity and Universality Theory", often cited as the leading cultural nursing theory in practice today. Leininger's cultural nursing theory inspires the nurses to explore disparities in health care outcomes and to focus on the role of culture

Recommendation

To improve global health, nursing education and practice must continue to strengthen the emphasis of culture in community health. American nurses who are committed to improving global health must reduce disparities in health outcomes across cultural groups in the United States. We must work to promote these strategies beyond our borders. Our commitment to culturally sensitive care and our awareness of the unique influences on an ethno cultural group will improve health promotion, disease prevention and treatment, health teaching, and ultimately health outcomes. Becoming competent in transcultural nursing will enable nurses to provide care to patients from different cultures.

Conclusion

A community health nurse cares for patients across different age span, cultures, and health issues. Caring for a diverse community makes one-encounter challenges of religious, philosophical, social, political, economic, educational, poverty, language, and cultural values. In particular, recognizing the impact of religious, spiritual, and alternative medicine or therapies is vital to successful health care intervention. Beyond language, cultural competence includes awareness and understanding of how the many elements of culture influence health. The health care provider when planning and implementing nursing care must consider the roles of family members, religious leaders, communication styles, nutritional considerations, unique customs, and beliefs about health care practices and practitioners.

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Competence 10

Health Care Systems and Policy

Health Care Systems and Policy

Definition

The professional nurse generalist understands the organization and environment in which nursing and health care is provided. This content and practice includes the dynamic relationships among institutions and organizations, public policy, economic and political factors, legal and regulatory processes, and funding mechanisms.

Evidence Rationale

Evidence 1 – Affordable Care Act

This piece of evidence fits the competence because accurate data is required to influence changes in the health care systems and policies. CDC reports that there is low awareness among the public concerning disparity, in addition evidence-based intervention to reduce disparity can only succeed by involving influential partners and availability of useful and accurate data (CDC, 2013).

Evidence 2 - Nursing Scope and Standard of Practice

This evidence fits the competency on health care systems and policy because the essential statements from the professional organizations such as ANA serves as the foundation for legislation and regulatory policy-making, which help assure the public's safety.

Competence 10 - Health Care Systems and Policy

Evidence 1 - Affordable Care Act

Overview

The healthcare reform debate raises many complex issues including those of coverage, accessibility, cost, accountability, and quality of health care

<http://cbc.fudge.house.gov/healthcare/>. The passing and later adoption into law of the Affordable Care Act (ACA) was a major triumph particularly to the minority and low-income population. The congressional Black Caucus (CBC) healthcare task force uses its influence to address issues from other committees and advocates for programs that protect healthy equity and access to affordable healthcare <http://cbc.fudge.house.gov/healthcare/>.

Health disparities is an enormous key factor in achieving overall health according to Centers for Disease Control *health Disparities and Inequalities Report* (CDC, 2013).

Challenges

According to Centers for Disease Control and Prevention (CDC, 2013) African Americans, have long suffered from poorer health and premature mortality. This is due to direct result of disproportionately high rates of lack of insurance, HIV/AIDS, cancer, diabetes, heart disease, overweight and obesity (CDC, 2013). In addition, social determinants of health that not only sustains, but also helps exacerbate racial and ethnic health disparities. CDC (2013) overarching goal is to improve and protect our nation's health. However, shortcomings such as

healthy equity and disparities that are distinct but closely related are likely to slow progress towards achieving the CDC goal.

Data Availability

CDC works hard to protect citizens from health threats and to identify and address the factors that lead to health disparities among racial, ethnic, geographic, socioeconomic, and other groups so that barriers to health equity can be removed (CDC, 2013). Shining a bright light to the problem, providing accurate and useful data on the leading cause of illness and death is CDC first step to solving health disparity problem (CDC, 2013). It is my belief that, the issue of millions of undocumented immigrant is likely to impact accurate and useful data. Inaccurate data compromises decisions for public policy and health outcomes.

Undocumented Immigrants

The knowledge I have acquired through the Baccalaureate Science Nursing (BSN) degree program has prepared me to become politically astute. My *Community Assessment Project* assignment target population is undocumented immigrants, this group of people comprises of uninsured and low wage earners. Understanding the immigrant experience in accessing healthcare is essential to improving overall community health. Even though the health problems of immigrants receive attention, access to care by most undocumented immigrants is steered by a concern to detect and treat infection. There is a lack of motivation and or support to seek preventative health care services; this ties together with fear of arrest. In my opinion, it is easy and cost effective to prevent than it is to treat.

Support

Medicaid is the largest single revenue source for Safety Net providers. Safety Net is an array of clinical sites around the state that provides health care opportunities for those with barriers to accessing quality health services <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>

Barriers to quality health care include lack of coverage, education level, geographic isolation, language and culture, undocumented immigrants, mental illness and homelessness. Supporting Safety Net in my opinion is one great step the federal and state governments have taken towards supporting health for all as a basic human right.

Barriers

According to Campbell , Klei , Hodges, Fisman, Kitto (2014) in their article on undocumented immigrants they found that the healthcare seeking behavior of undocumented immigrants differs from immigrants with permanent resident status. Language barrier is one of the obstacles to healthcare access and lack of preventative health services further complicates the ability to establish relationship with family doctor (Campbell et al. 2014). Rotich and Kaya (2014) reported in their case study conducted in United States on, *Critical role of lay health cultural brokers in promoting the health of immigrants and refugees* that fear of authorities and deportation forestalls undocumented immigrants and their children from seeking out healthcare through standard means. The undocumented immigrants end up seeking informal or black market sources of healthcare (Campbell et al. 2014). Undocumented immigrants are likely to seek health care services only when they are very sick or in case of an emergency (Rotich and Kaya, 2014).

At Risk

In my opinion, the unhealthy status of undocumented immigrants threatens the safety of all citizens. Think about it, if an individual has a contagious infection, family members are likely to be infected and chances of this infection spreading to the public is great without treatment. Rotich and Kaya (2014) reports that according to the provisions of the 1996-welfare reform law, undocumented immigrants are not eligible for standard benefits through Medicaid or the State Children's Health Insurance Program (SCHIP) and the regular Medicaid, and SCHIP benefits for the first five years they reside in the United States. Because of the uninsured status of millions of people, the health of all citizens is threatened due to lack of preventative services and primary physician follow up for those individuals.

Solution

The issue of undocumented immigrants is a very complex situation that has stuck in congress. I have solutions that I am willing to discuss. Primarily one has to agree that health is a human right, second health is a public safety concern, and third no one choses illness over wellbeing, finally criminals in jail receive healthcare services. Like Martin Luther King said in 1966 “Of all the forms of inequality, injustice in health care is the most shocking and inhumane” (CDC, 2013, P. 1). King further stressed the need to eliminate barriers to equitable health care and health disparity to those affected (CDC, 2013).

Intervention

Prevention is better than cure. Preventing undocumented workers from gaining entry or overstaying is a major factor in solving the problem of undocumented immigrants. Protecting borders from illegal movement and enforcing immigration laws that enhance the integrity of immigration system <http://www.dhs.gov/topics>. CBC chair Fudge once said, “The promise of the American Dream is what brings people from all corners of the world to this nation. But for the millions of undocumented immigrants of Hispanic, Asian and African descent living in America today, the American dream is just a promise, a promise they hope their children may one day realize.” <http://cbc.fudge.house.gov/immigration-reform/>. Boehner in a June 18, 2013 press conference reported that the bill for comprehensive immigration reform legislation that provides a path to citizenship for millions of immigrants currently living in America is long overdue <http://boehner.house.gov/news/documentsingle.aspx?DocumentID=339451> . He reiterated that the bill has been kicked around for so long, and it is about time congress did something about it, <http://boehner.house.gov/news/documentsingle.aspx?DocumentID=339451>. Congress men and women need to stop dichotomous thinking which Browne and Kelly describes to mean, “ this is when people only think in black or white, yes or no, right or wrong” (2012, p.163). In my opinion, Congressmen need to individually assess the issue and come up with an unbiased decision that will finally help the dichotomous thinking that is needed to vote yes or no.

Conclusion

There is no way of adequately solving the problem of health disparities and inequalities when data is not available. I may be wrong but tracking undocumented individuals is impossible and unrealistic. CDC reports that there is low awareness among the public concerning disparity,

in addition evidence-based intervention to reduce disparity can only succeed by involving influential partners and availability of useful and accurate data (CDC, 2013). It is inhuman and dangerous to overlook the need for easily accessible and affordable healthcare for undocumented immigrants.

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Competence 10 - Health Care Systems and Policy

Evidence 2 - Nursing Scope and Standard of Practice

Overview

The American Nurses Association (ANA) is the only professional organization representing entire Registered Nurse (RN) population in the Nation. The essential statements from the professional organizations such as ANA serve as the foundation for legislation and regulatory policy-making, which help assure the public's safety. One such document is *Nursing Scope and Standard of Practice, Second Edition*, this statement outlines the expectation of the RN professional role, states the scope, standard of practice and accompanying competencies. ANA plays a major role in Laws passed by a legislative body to regulate Registered Nurses (RN) practice. An example of a group of laws that is enacted by the legislative body is The Nurse Practice Act (NPA), which defines the scope of practice for nurses in each state (ANA, 2010)

Purpose

As the premier resource on nursing practice, *Nursing Scope and Standard of Practice* by ANA gives an RN a broad, non-clinical description of the art and science of nursing. A professional organization such as ANA has a responsibility to its members and to the public it serves to develop a scope and standards of its profession's practice. These scopes and Standards of Practice outline the expectations of the professional role of the RN, standard of professional nursing practice and their accompanying competencies (ANA, 2010). The overarching goal ANA is to: (1) help advance the nursing profession by fostering high standards of nursing practice, (2) promote the economic and general welfare of nurses in the workplace, (3) project a

positive and realistic view of nursing, (4) petition the Congress and regulatory agencies on health care issues affecting nurses and the public(www.nursingworld.org).

Personal Experience

Upon reading ANA publication regarding Nursing Scope and Standards of practice I was astounded as to how influential ANA is and might be at influencing the legislation of nursing laws in the country. I will join ANA and spread the word to other colleagues to become part of ANA to make it even more powerful. Before taking this class, I was not aware that ANA had a publication that addressed scope and standards of practice. Most organizations that I worked for incorporated scopes and standards of practice into their policy and procedure manuals and conducted initial and annual competencies to all RN's and other personnel. Competency checks ensure that patients are receiving quality care and that staff is competent in their role. Foreign trained are aware of Commission on Graduates of Foreign Nursing Schools (CGFNS). CGFNS is an internationally recognized authority on credentials evaluation and verification pertaining to education, registration, and licensure of nurses and health care professionals across the world and United States in particular to attain licensure to practice as an RN within the United States, certification by the CGFNS is a required. The CGFNS Qualifying Exam and the NCLEX examination operate on the same framework of client needs, nursing actions and competencies across all settings for all clients. In the past, some State Board of Nursing did not require CGFNS Qualifying Exam to provide authorization to test (<http://www.cgfns.org/>).

Nurse Practice Act

Various state laws regulate Registered Nurses (RN), like other licensed professionals. The mission of the Missouri State Board of Nursing (SBON) is to protect the public by development and enforcement of state laws governing the safe practice of nursing .One important state law that directly affects the practice of nursing is the Nursing Practice Act (NPA). The NPA exists to govern and regulate the profession of licensed nurses, set standards for the approval of nursing schools in Missouri, determine the scope of practice of licensed nurses, and define professional titles within the State of Missouri. The Board of Nursing mandates examination of professional nurse’s applicants who request licensure in the State of Missouri through an evaluation process. NPA in each state has laws that define nursing, set standards for the nursing profession and give guidance regarding scope of practice issues. In addition, NPA includes the requirements for education and licensing, as well as disciplinary and punitive measures for unsafe practice. As such, the state nursing practice act is the single most important piece of legislation affecting nursing practice (State of Missouri, *Nurse practice act and rules n.d*)

Definition of Scope and Standard

The scope describes the breadth and depth of how individual RN engages in the practice. The level of engagement is dependent on RN’S education, experience, role and the population served. However, the standards are authoritative statements of the duties that all RNs, regardless of role, population, or specialty are expected to perform competently. The standards of practice are subject to change due to the dynamics of the nursing profession. As new patterns of

professional practice evolve and become acceptable to the profession and the public, new standards are developed and old ones revised or removed (ANA 2010 p. 2).

Compare

ANA and SBON work together, this is true because the essential documents from the profession serve as the foundation for legislation and regulatory policy-making that help assure the public's safety. Mission statements for both ANA and SBON goal are the same; improving health for all. ANA's political and legislative program influences health care reform on both state and national levels.

Contrast

ANA is a professional organization that is national while SBON is a non-professional legislative body that is state specific. One significant difference is that SBON develop and enforce state laws, on the other hand ANA advocates in the congress and regulatory agencies on health care issues affecting nurses and the public. ANA board members are all RN'S unlike SBON, which comprises of a few non-RN. ANA as an organization has been there for a long time, first convention was in 1896, while SBON original rule was in 1974.

Conclusion

The ultimate goal for the ANA and SBON is to; ensure competent qualified practitioners for all that provide health. Safe, quality and evidence based practice is the desired outcome of both ANA and SBON. All nurses should reference these documents as a resource to ensure personal competence and quality care for patients. I plan to incorporate these documents in my

nursing practice, education, institutional policies, and technological advancements. In my nursing practice, I will reference the SBON for guidance on scope of standard, practice and performance definition. I will also be responsible and accountable for maintaining my professional competence. I feel that I have made the first and greatest stride in my professional journey. The goal now while in school is to work with faculty and other professional to achieve expected level of performance while in school. Learning is a lifelong experience, I will continue to reassess my competencies and identify needs for additional knowledge, skills, personal growth, and integrative learning experiences (ANA 2010).

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Competence 11

Teaching /Learning

Teaching/Learning

Definition

Teaching/Learning is a dynamic, lifelong interactive process that has formal and informal elements.

Formal teaching/learning occurs between two or more people, including a teacher and a learner. It consists of a set of planned, purposeful activities that assist the learner(s) in the acquisition of knowledge, attitudes, and/or the performance of new skills. Informal teaching/learning process may involve one or more persons who may or may not be identified as a teacher or a learner. It consists of unplanned, spontaneous activities that enable a person to acquire new knowledge, attitudes, or skills.

Evidence Rationale

Evidence 1 – New Graduate Role

This evidence fits the competence because most institutions use mentors to foster professional growth in new graduate nurses and other nurses assuming a new role. Leavitt, Chaffee, and Vance (2012) believe that mentor relationships are an essential element for professional, personal and leadership growth.

Evidence 2 – 360 Degree Feedback

This piece of evidence fits the competency on teaching and learning because , as Zenger and Folkman stated in the *Harvard Business Review* blog , for a GPS system to get an accurate picture of its location, it requires four different satellites, therefore, an accurate picture of a leader’s own effectiveness requires feedback from their manager, peers, direct reports, and others in the organization(2012).

Competence 11 - Teaching/ Learning

Evidence 1 - Graduate Nurse New Role

Overview

Most institutions have mentors who undertake the responsibility of training new graduate nurses and new hires to assist them socialize and integrate into the institutions culture. In one of my former career institution, mentorship role was voluntary. My mentor as a new hire with past nursing experience was supportive and my transition was very smooth. After serving for one year as a registered nurse (RN), I volunteered to be a mentor. I was required to take two classes on the role of a mentor. The classes for the mentors focused on the mentor as a couch and a change agent. The mentor's goal was *to* foster professional growth in new graduate nurses and other nurses assuming a new role. Leavitt, Chaffee, and Vance (2012) believe that mentor relationships are an essential element for professional, personal and leadership growth.

New Graduate Nurse

In this paragraph, I will share my experience with a mentorship program in one of my former institutions. The mentorship program had been in place for less than two years. One reason the leadership had considered this program was that too many graduate nurses were resigning their jobs within the first year of employment. A post exit survey conducted at the institution revealed that graduate nurses who resigned did not feel supported in their role.

The leadership decision was to have trained mentors who were willing to work with new hires to fulfill the need of a supportive relationship. I was among the third group of volunteers who

signed up for the mentor's class. The goal of the mentor's role discussed in class was concisely to support the new graduate in their professional, personal, and interpersonal growth.

Professionally the new graduate needed to understand how to integrate theory into practice.

Personal growth required that the new nurse develop healthy relationships with other members of the team and interpersonally be able to become an effective communicator. The graduate nurse's responsibility was to seek advice, feedback, and guidance, stay motivated, and be willing to learn and receive instructions (Leavitt, et al., 2012).

Mentor

To meet the need of a supportive relationship for the new graduate nurse, the mentor was required to develop supportive and encouraging relationship. Key topic areas discussed in the mentor's class focused on, being empathetic and involved in ascertaining the needs of the graduate nurse. In addition, communicating learning opportunities, concerns, and expectations. Finally, promoting understanding of the nursing and institutions culture and lastly and most important, being a resource. Mentoring is a real life learning and practical way of developing hands on skills and competency (Leavitt, et al., 2012).

Graduate Nurse Interview

The following is a personal interview with Zoe that took place on April 6, 2014. Graduate nurse Zoe is very fortunate to work in a hospital that has a two- year residency program for graduate nurses. Zoe had a mentor after she was hired who helped with her transition from a student nurse to a skilled competent nurse. Zoe had two mentors, she was incompatible with the first mentor, but her second mentor was fabulous. The first two weeks she attended a traditional

class orientation, next two weeks she shadowed her mentor and after that, she was able to perform hands on procedures. To ease first time anxiety and to increase confidence, Decker urged nursing faculty to consider the use of patient's simulators to assure nursing student competencies prior to engaging in patient care (Houston, 2014).

Transition Challenges

Zoe stated that her first mentor was impatient, unavailable, rude, and not approachable. According to Zoe, she thought they had a personality clash, her other guess was, this mentor did not enjoy her role. Comparatively the second mentor was according to Zoe, friendly, compassionate, knowledgeable, and willing to train. According to Zoe, new graduate nurses usually feel anxious, and overwhelmed due to fear of accountability and lack of experience.

Conclusion

The burden of caring for the sick can be very great on a new graduate because this is a matter of life and death. Graduate nurses should only perform those procedures that they are comfortable with and competent. In today's hectic health care, training offered to new graduate nurses may be inadequate; this can lead to lack of confidence due to inadequate training. In my opinion, mentor and peer support is very important in helping graduate nurses transition into skilled competent nurse.

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Competence 11 - Teaching/ Learning

Evidence 2 - 360-Degrees Feedback

Overview

Zenger and Folkman stated in the *Harvard Business Review* blog that, for a GPS system to get an accurate picture of your location it requires four different satellites, therefore, an accurate picture of a leader's own effectiveness requires feedback from their manager, peers, direct reports, and others in the organization(2012). They defined 360-Degree feedback as a method used for creating both behavior and organization change because of feedback from all directions (Heathfield 2014). To create behavior change successfully, the authors identified four characteristics, these include, relevant content, credible data, accountability and census participation. In addition, the author believed that, credible data must be sufficient and reliable to detect behavior change. According to Bracken and Rose 360- Degree feedback is an extremely complex process that requires careful decisions in its design, and implementation to be effective (2011). The success of 360- degree feedback transforms individual's life in a positive way.

Purpose

According to Jackson, successful 360- Degree programs allow all your team members to improve in key areas that might be limiting their upward career path or actually causing major conflict within a team (2012). In addition, if poorly performed, 360 programs create mistrust, anger, conflict and can leave a team with lower morale than when you started the exercise.

I am not familiar with 360-degree feedback process that facilitates behavior change. The information I have is from reading the articles provided for this class assignment. After reviewing most of the articles, the authors seem very confident that 360-degree feedback is a great method of changing behavior if used accurately. Bracken and Rose listed some variables that can enhance or hinder behavior change to include personality, cultural differences, and openness to feedback (2011). The authors further attest to the fact that acceptance is the key to behavior change. In addition, accuracy in feedback and familiarity of the raters with the focal person has a great impact on acceptance. The most effective 360-degree feedback processes provide feedback that is, based on developmental needs and opportunities (Jackson, 2012). In my opinion, the path to sustained behavior change is not easy. Acceptance by the individual of the need to change, and support by members of the organization is significant to successful behavior change sustainability.

Positive outcome

After reviewing Zenger and Folkman's article on *Getting 360 Degree Reviews Right*, I agree that the effectiveness of any measure is based on how well that metric can predict an outcome. I further concur with them that, custom design feedback process enables the leader to synchronize with the values and leadership competencies uniquely defined by their organization. I am in support of the authors observations that, successful organizations begin by:

- Measuring the right skills.
- Relying on empirical research to determine which leadership competencies really make a difference to the performance of their firm.

- Taking time to, properly explain to participants, and to the people giving feedback regarding usage of data for the participant's development.
- Safeguarding, the confidentiality of members
- Creating a survey that requires just 15 to 20 minutes to complete to avoid the survey fatigue.
- Focusing primarily on discovering strengths rather than use the process to uncover deficiencies.
- Presenting each person's results in a way that enables them to digest them constructively and use the data to create a personal plan of development.
- Making the feedback report simple to read, and presenting data in a graphical format that is easy to absorb.
- Designing a final report to help participants see how they compare to others.
- Including a mini-employee survey, that shows managers the impact of their behavior on their subordinates.

Negative Outcome

Certainly, 360-degree feedback has a negative side to it; people who have had an experience can offer the downside of the feedback process. The down side is important because it gives you a roadmap of the things to avoid when you implement a 360-feedback process (Heathfield 2014). Heathfield states that in this fast changing environment, change management skills are paramount if you wish to succeed. Consequently, 360-Degree feedback process if started haphazardly, because it's the current flavor in organizations, or everyone else is doing it

may create a disaster requiring months and possibly years, to recover. Things to avoid according to Heathfield include

- Personal comments (Jackson, 2012).
- Poor program execution including, lack of clarity, and plan.
- Leaders, who are not emotionally suited to produce change,
- Lack of confidentiality (Jackson, 2012)
- No follow up plan after receiving the feedback (Jackson, 2012)
- Deficient knowledge regarding, human behavior.

Conclusion

From Bracken and Rose years of research, correlating leaders' 360 ratings to important organizational outcomes is that, they are very predictive (2011). Furthermore, while no one person's opinion is in itself necessarily predictive, the aggregate average of several raters really does provide a very accurate gauge of the skills of a leader (Bracken, 2011). Bracken and Rose research shows that, individuals rated through this process as highly effective leaders preside over operations in which turnover is lower, and employee engagement, customer satisfaction, and sales are higher. 360- Degree feedback can be one of the rare activities that truly do influence careers and transforms lives. In conclusion, Heathfield states that, if you define the objective, train your staff by giving them tools, communicate at all levels expectations, what's in it for me, and rewards and recognition , change will be successful (2014).

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