

Nursing Students' Association of New York State

STAT February 2013



20 x 20: Breaking the Barriers

Now that we are in the 21st century, one would think that gender roles are constructs that society minimizes because of the new progressive way of thinking. Unfortunately, there is one very salient gender-stereotyped idea that seems to transcend contemporary thinking; and that is that the image of the male nurse. Although there have been small improvements in terms of the quantity of male nurses in the workforce, the concept that nursing is a profession solely for women still exists. If this stereotype did not persist, then the percentage of men in professional nursing would be higher than 7%. References in social media and television would not be made about how male nurses are simply failed doctors or effeminate men. With over a century of established modern-day nursing in the United States, why does this stereotype still exist? When can it be traced back to? What can we do to help increase the male population in nursing?

Many historians would agree that Florence Nightingale and her beliefs about nursing are the reasons why males are not as socially accepted within the profession. As read in her seminal work, *Notes on Nursing: What It Is and What*

It Is Not, Nightingale on many occasions refers to the male as too masculine and unfit for nursing. She states that only women can embody the personality traits and characteristics necessary to care for people the way nurses should. This assumption and the classical belief that men were meant to be doctors and women were meant to be nurses, eventually became common and accepted that nursing was a female occupation.

Although numbers are slowly increasing, it is imperative that the image of nursing moves into a gender-neutral light. The American Assembly of Men in Nursing (AAMN) has enacted their 20x20 initiative that aims to push the percentage of men in nursing to 20% by the year 2020. Their main strategy is to change the way society sees nursing. Instead of promoting characteristic traits such as “compassion”, “warmth”, and “conscientiousness”, the AAMN is creating a campaign that highlights interests and passions. One of the first ads released featured a male nurse who, in his spare time, enjoys mountain climbing for the adrenaline rush. The organization then relates his passion for mountain climbing with the adrenaline rush seen in the operating room. Hopefully with this new gender-neutral approach, society can begin to realize that nursing is an occupation suited for both women and men.

Nightingale, F. (1969). *Notes on nursing: What it is, and what it is not*. United States: Dover Publications, Inc.

Seelig, J. (2012, July 22). For male nurses, stigma no barrier. Retrieved from <http://www2.highlandtoday.com/news/news/2012/jul/22/lanewso1-for-male-nurses-stigma-no-barrier-ar-438067/>

By Raphael Buyo
Hunter-Bellevue School of Nursing

In This Issue

Hurricane Hinders Hospitals

When disaster strikes, a hospital is one of the first places people turn to. But what happens when hospitals need someone to turn to? Hurricane Sandy raised this question this past October.continued on page 2...

Nurses: The Guardians of Low Income Mothers

Started in the 1970's in upstate New York, the Nurse-Family Partnership program matches low income first time mothers to a specially trained nurse. ...continued on page 4...

Flu Outbreak of 2013

Take a look around your office or school and you may notice something peculiar—many people may be missing. This year the Center for Disease Control (CDC) is reporting one of worst flu outbreaks in the past 10 years. ...continued on page 4...

Hospital May Be Forced To Close

The Executive Committee of State University of New York Board of Trustees, which operates the Long Island Hospital (LICH) in Brooklyn, NY, will formally hold a meeting this month to vote whether to close the hospital. LICH, which serves neighborhoods of Cobble Hill, Carroll Gardens, Brooklyn Heights, Red Hook and Boerum Hill, site financial hardship and operating losses related to loss of patients to neighboring health centers in Manhattan, as reasons for closure. LICH reported a projected deficit of \$72.5 million for the 2013-14 fiscal year.

Providers, both nurses and physicians alike, are concerned with the loss of emergency care. The LICH Emergency Department serves approximately 50,000 patients a year. Approximately 2,000 doctors, nurses, auxiliary staff and employees would also be in danger of losing their jobs.

Hartocollis, A. (2013, January 23) Long Island Hospital in Brooklyn May be forced to Close. The New York Times. Retrieved from <https://www.nytimes.com>

Hartocollis, A. (2013, February 6) Vote This Week May Close North Brooklyn Hospital. The New York Times. Retrieved from <https://www.nytimes.com>

By Giselle Campos-Dominguez, Hunter-Bellevue School of Nursing

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The storm forced evacuations and temporary closures of prominent New York City hospitals, including Bellevue Hospital, Coney Island Hospital, New York University Langone Medical Center (NYULMC), and the Manhattan VA Medical Center.

Hurricane Sandy tested the disaster-preparedness of these institutions. Bellevue's 13th-floor backup generators sufficed until their basement fuel pumps lost function, forcing hospital staff to form a "bucket brigade" to get fuel upstairs to the generators.¹ Once Sandy shut down all thirty-two elevators, it took a coordinated effort among the National Guard and hospital staff to escort the remainder of Bellevue's 725 patients downstairs to federally provided ambulances. All the while, nurses and doctors tried to tend to patient needs, challenged by dry faucets, dwindling oxygen tanks and falling food supplies.

The aftermath for some hospitals has been severe. Nature author Brendan Borrell claims, "None was hit as



badly as the Langone." NYULMC projects a cost of up to \$1 billion due to "cleanup, rebuilding, lost revenue, interrupted research projects and the cost of paying employees not to work." The Manhattan VA Medical Center remains closed to this day, suffering from "catastrophic failure" of "electrical, heating, fire protection, elevator, water pumping, and information technology" structures.

As they welcome the displaced patients and healthcare professionals, other hospitals have seen rising emergency room visits, longer waiting times, and increasing incidence of psychiatric emergency patients as well as a surge in their revenue. The response has been helpful, but NYC's healthcare system recovery

still has a long way to go.

Hartocollis, A., & Bernstein, N. (2012, November 01). At Bellevue, a desperate fight to ensure the patients' safety. The New York Times. Retrieved from <http://www.nytimes.com/2012/11/02/nyregion/at-bellevue-a-desperate-fight-to-ensure-the-patients-safety.html>

Borrell, B. (2012, November 06). Researchers battle storm's wrath. International Weekly Journal of Science from <http://www.nature.com/news/researchers-battle-storm-s-wrath-1.11756>

Hartocollis, A. (2012, November 09). A flooded mess that was a medical gem. The New York Times. Retrieved from http://www.nytimes.com/2012/11/10/nyregion/damage-from-hurricane-sandy-could-cost-nyu-langone-millions.html?_r=0

Sammartino, J. NY harbor healthcare system. Retrieved from <http://www.nyharbor.va.gov/HurricaneSandyCare.asp>

Hartocollis, A. With some hospitals closed after hurricane, E.R.s at others overflow. The New York Times. Retrieved from <http://www.nytimes.com/2012/12/04/nyregion/with-some-hospitals-closed-after-hurricane-sandy-others-overflow.html>

By Darren Panicali
Hunter-Bellevue School of Nursing

Catch Causes Controversy

Connecting Adolescents to Comprehensive Healthcare (CATCH) is a pilot program in New York City schools to reduce teenage pregnancy. CATCH is stirring controversy over its new campaign by giving underage girls access to the Plan B pill without parental consent. According to the FDA the Plan B Pill will not abort a current pregnancy but rather will prevent sperm from joining with the egg, prevent the release of the egg, or prevent possible implantation of the egg into the uterine wall.

While some parents are thankful for the new intervention, others are outraged as they feel this option could place their child in an unnecessary and harmful situation without their knowledge or consent. The pa-



rental arguments are based on a medical standpoint, rather than a moral one. Parents dispute that the lack of need for the child's medical history or known allergies deem the program as hazardous. Parents are offered the option of denying their children from the program by filling out an

“opt-out” form. However, those who are against CATCH say a form was never offered to them.

Mayor Bloomberg offers praise for the CATCH program. He points out that the twenty-five percent decline in teenage pregnancies already seen over the last ten years needs an even further decrease. CATCH is currently in its active second year within New York City schools.

Botelho, G & Khalid, K. NY program allowing teens to get plan b pill draws critics, defenders. Fox 13 News. Retrieved from <http://fox13now.com/2012/09/26/ny-program-allowing-teens-to-get-plan-b-pill-draws-critics-defenders/>

By Melissa Gandolfo
Hunter-Bellevue School of Nursing

Daring, Caring & Sharing

The Hunter-Bellevue School of Nursing joined nursing students from New York University and the College of New Rochelle this October at the Nightingale Initiative for Global Health's, also referred to as NIGH, “Daring, Caring & Sharing” campaign. The Maternal Awareness Campaign aims to promote awareness and change public opinion about these overlooked childbearing issues that affect the lives of so many women across the globe. According to NIGH, women and girls are dying from pregnancy or childbirth related complications every two minutes. As reported by the United Nations, despite the decrease in maternal death there are still many geographical ar-

reas greatly suffering. The organization strives towards solving the issue by promoting awareness, changing public opinion, and advocating for these women.

The campaign launched in New York City at St. Bart's Church. Throughout the night various speakers recited prayers from different cultures while guests were encouraged to participate and read along. Audience members and nursing students united in a candle lighting service that spread throughout the sanctuary. The passing of the candles was a special moment for the nursing students as it signified their adoption of the responsibility to become an advocate for the global initiative. It also encouraged the audience to gain

awareness and interest in this campaign. Nurses and other healthcare professionals are urged to take part in the campaign and assist with the efforts to help stop this travesty.

By Naresa Baksh
Hunter-Bellevue School of Nursing





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Once the match is made, nurses make home visits to their clients from early pregnancy all the way to the child's 2nd birthday. During the visits, patient education becomes the key role for these nurses. The information given to these mother's not only help save taxpayers money by teaching their clients the appropriate way to use resources, but the information also helps save the lives of the mothers and their babies. According to studies of different groups of women, numerous risks were decreased when the mother participated in the program including cessation of smoking during pregnancy, fewer premature deliveries and longer contact with their children's fathers. The children participating in the program had higher I.Q. scores, fewer delays in language development, and a lower incidence of depression and anxiety.

Today more than 42 states have adopted a program similar to that of the Nurse-Family Partnership. The two main nursing services providers in New York are the New York City Department of Health and Mental

Hygiene and the Visiting Nurse Service of New York. Every nurse can have up to 15 open cases at any given time; each case with its own spectrum of issues ranging from a verbally abusive father, to unstable housing and finances, or a mother with a criminal background. These nurses are devoted and empathetic to the women and children they serve. Many know that they cannot save the world by themselves but by caring just a little they can make a world of a difference.

Leland, J. (2012, Decemner, 09). For mothers at risk, someone to lean on. The New York Times. Retrieved from <http://www.nytimes.com/2012/12/16/nyregion/nyc-nurses-aid-low-income-first-time-mothers.html?>

By Kiana Piedrahita
Hunter-Bellevue School of Nursing



www.columbiatnlife.com

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Within the past 10 years, the CDC reports only two or three flu seasons that match the severity of this year's flu. Flu outbreaks have been reported in 41 states, 29 of which are reporting "severe" levels. Compared to last year, hospitalizations related to the flu have increased by 169%.

Living in New York, the lifestyle is conducive to the spread of the virus; much time is spent commuting on crowded public transit and the large, dense population is favorable for the easy spread the flu. Since so many people are getting the flu this year, everyone must be aware of the typical signs and symptoms. These include body aches, fevers, and chills.

Additionally, it is strongly recommended that all receive the flu vac-

cine in the beginning of the season. While the flu vaccine does not entirely prevent an individual from contracting the flu, it does appear to provide protection. Those who have had the vaccine and contracted the flu have reported less severity of symptoms. It is also better to receive the vaccine late in the season than to not have one at all. The vaccine is highly recommended in high risk populations—the elderly and children.

Despite the rampant spread of the flu this season, there are ways to reduce the risk of contracting the flu. Primary prevention includes hand washing and frequent use of alcohol-based gels, such as Purell. Wipe down household items such as remotes, computer keyboards, and phones with Clorox wipes. Avoid

people who are coughing and open windows to promote ventilation of clean air.

Evans, H. Flu outbreak in 2013 expected to be among the worst in decade, CDC warns. New York Daily News. Retrieved from <http://www.nydailynews.com/life-style/health/flu-outbreak-2013-expected-worst-decade-cdc-warns-article-1.1235178>

By Dianna Assalone
Hunter-Bellevue School of Nursing



www.nсна.org

Organization Involvement: The First Step for Success

“We all need to join some sort of nursing organization, no matter how generic or specific; as long as we are part of an association.” Most of us in the nursing field have heard this speech directed at us over and over again. The American Nurse Association, National League of Nurses, and International Association of Nurses are just some of the numerous organizations registered nurses can be a part of. Although the cost and bombardment of so many emails and flyers sent to us from these organizations can be overwhelming, it is important to remember that being involved in these organizations influences so many different levels of the profession.

We are going to encounter professional organizations at multiple points in our nursing careers. Nursing organizations offer continuing education credits, certifications, and ways for nursing professionals to advocate for certain laws and rights that affect working nurses and their patients. All of these different types of associations allow for nurses to come together to promote important issues related to the nursing field, while also exchanging ideas about what is best for the nurses and the care of patients. These national organizations, with chapters at the state and local level, have become the best centers for nurses to share and promote what is best for the nursing profession.

As current nursing students, we can join some of these nursing organizations at discounted rates and we even have our own: the National Student Nurse Association (NSNA). NSNA provides students with opportunities for scholarships, health insurance, and other career building tools amongst so many other types of offers. Hunter-Bellevue School of Nursing located in New York City has three nursing student organizations that all work together, each of which have separate roles to play in the nursing spectrum. It is never too early to be an active participant in the nursing related world; every year, Molloy College in Rockville Centre, NY participates in Lobby Day. During this special occasion, the Molloy Nursing Student Association officers travel up to Albany to talk with senators and promote beneficial nursing laws.

And of course you have your very own state association: the Nursing Students' Association of New York State. Like other registered nurse and nursing student associations, we are here for you to come to, to share your thoughts and ideas with all of those from the New York State area. We are a strong organization that believes in the ongoing advancement of the nursing profession, but we did not become this way overnight. The first step to becoming an active member and even a leader within our organization is to become involved. It is up to each of us to be the face of the future of nursing, but to do so we must be informed and involved members of our profession. So join that nursing organization that keeps sending you those interesting emails with the flashy smiling nurse and you just may find yourself smiling along as well.

By Kelly LaMattina
Molloy College



Community Health Initiative

The Hunter-Bellevue School of Nursing (HBSON) continually sustains a notable interest in community health. The curriculum immediately immerses students in the community with a service learning component within the first semester. Nursing seniors have raised funds for a winter break trip to Guatemala to provide basic health education as well as health services. This past November, the Hunter chapter of the NSNA is pushing its involvement with community outreach even farther by establishing the Community Health Committee.

The committee is composed of approximately twenty-five students from the junior class committed to taking simple steps to improve their local communities through health awareness and education. This includes the “Health Topic

of the Month” initiative that creates various awareness days in every month to educate the community on specific topics. For example, the committee established an AIDS Awareness Day where they held an information table on campus with catchy posters, brochures, educationally labeled candy and handouts detailing available free on campus HIV testing at the Hunter College Wellness Center. The juniors took great initiative by approaching other Hunter students about the event. By the end of the day, Hunter College’s Wellness Center was packed with individuals interested in HIV testing. The committee’s first event created momentum and there are current campaigns developing to encourage heart health in February and brain health in March.

The committee intends to also reach out to local veterans through

the “Project VALOR”, or Veteran’s Awareness and Learning Opportunity Resource, initiative. Members plan to visit the Veteran’s Affairs hospitals, clinics, and other community locations to provide education on specific concerns in regards to veterans, such as substance abuse treatment, patient legal rights, advanced directives, nutrition counseling and stress management.

The HBSON Community Health Committee is both determined and excited to continue unfolding plans to give back to the community with the hopes that these experiences will help all members to refine skills for future practice and become better nurses.

For more information visit hbsoncommunityhealth.wordpress.com

By Laura San Martin
Hunter-Bellevue School of Nursing

Maternal Instincts

As a maternity nurse, I've always been passionate about providing care and educating patients. I tell my colleagues that I knew my destiny from the moment I entered nursing school. During Medical surgical rotations, I always had good grades but wondered if I would end up in Telemetry, PACU, or ICU as these places didn't seem right for me. I didn't know where I wanted to be but what I did know was that I wanted to be a nurse and provide great care like my mother and father who are also nurses.

My calling would become very clear to me during my maternity rotation. I remembered being assigned to a fifteen year old girl on the postpartum unit. This particular girl

spoke of how she would care for her newborn son's circumcision, return to school and manage her baby's care. Then she asked how much formula she would need to make sure that the baby was eating adequately and I soon realized she had no expectation of breastfeeding. This particular institute did not have weekend lactation specialist who would have seen her as she met the criteria being a first time mother, therefore it was my duty to provide this education.

I utilized the time to assist this new mother with her breastfeeding issues. I educated her on various feeding positions, as well as signs of hunger in a newborn. I had definitely found my calling and knew that I wanted to be involved in maternal nursing. When I ended my clini-



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cal shift that day, the young mother took my pinky finger and said "I promise I will pump and breast feed to give my baby the best opportunity to be healthy." In a mere statement, that particular patient had touched my heart and I knew that my destiny was to be a maternity nurse.

By Kandis McLean
City College of Technology

If At First You Don't Succeed

School was in full swing and as we had passed our preclinical exams, it was time to dive headfirst into our nursing experience. I arrived at clinical a nervous wreck, like the rest of my fellow students. To calm our nerves, our instructor assigned us to patients in pairs. My partner and I were assigned to give an elderly, bedridden woman a bed bath. Naturally, both my mind and my partner's went instantly blank at the thought of actually having to apply something we had learned in class. The floor was short on nursing staff that day, so we were left to fumble and flounder by ourselves. We were clueless, and it showed.

By the time a young nurse came to our rescue, both we and our pa-



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tient were at the end of our respective ropes. Thankfully, with the nurse's help, we quickly finished the job that we had barely begun. However, that made no difference to our patient. She arrived at breakfast two hours late and very aggravated. As we walked out of the room we overheard the patient hopelessly beg to the nurse, "Please, don't let this happen again, all I wanted to do was eat my breakfast before lunch time."

That night I went home and cried. I had just begun to realize what being a nursing student was all about. I began to understand that my success as a nurse began here and a commitment to perfection in practice comes only through dedication and hard work. I promised myself that I was going to do everything I can to never let anything like this happen again. Whether that meant an extra hour in the lab, or a thorough review of procedures the night before clinical, I was committed to doing whatever it takes to succeed. Thankfully, I have stayed true to my word, and I am hopeful that the remainder of nursing school will be a success

By Ashley Decter
Hunter-Bellevue School of Nursing

Topic: In Support of the Adoption of Social Media Policies By Nursing Programs to Promote Responsible Social Networking Submitted by: Ashland University Student Nurses Association & The National Student Nurses' Association Board of Directors

In a growingly electronic world, the use of social media increases in popularity. However, healthcare workers are not above the use of social networking websites, and so, responsible networking must be reinforced so that the privacy of individuals, especially that of our patients, are not violated. The Ashland University Student Nurses Association (AUSNA) proposes the adoption of social media policies within nursing

programs to promote such responsibility. According to the AUSNA, "social networking has the potential to strengthen personal relationships, bridge information gaps, and bring professionals together... [However], inappropriate use of social of social media poses a risk to patient confidentiality, patient privacy, and professional duties". Furthermore, according to the National Council of State Boards of Nursing, "nurses and nursing students who disclose patient information may face dismissal from school, loss of employment and/or license". It is due to this information that the AUSNA proposes the inclusion of social media policies in nursing schools. Moreover, they encourage the use of the annual national convention to spread aware-

ness of this issue by hosting breakout sessions about the topic and publishing an article in Imprint, the national newsletter. They also suggest that their resolution be forwarded to other nursing associations so that awareness is spread, and appropriate actions can be taken.

By Kristine Santos
Hunter-Bellevue School of Nursing



Topic: In support of implementation of standardized guidelines and patient education for implantable cardioverterdefibrillator (ICD) deactivation protocols with regards to end of life care. Submitted by: Mineral Area College Student Nurses Association

An implantable cardioverter-defibrillator (ICD) is a small device placed into the chest or abdomen to prevent morbidity and mortality from underlying cardiac arrhythmias. Currently, more than three million people in North America are eligible for an ICD. With a mounting elderly population and expanding access for automatic implantable cardioverter-defibrillators (AICDs),

these numbers will rise. Due to this marked increase, clinicians and hospices are now very likely to be caring for many patients with these devices. However, this becomes problematic in end-of-life care when patients receive more frequent and possibly unwanted shocks from the ICD. Single or repeated shocks delivered to patients in the last moments of their life have prolonged suffering and can prevent a peaceful death. Patients and their families are not always aware of this possibility and therefore do not discuss possibly deactivating the ICD if needed.

Although there are currently no formal practice protocols which attend to this, steps can be taken to increase patient awareness. Clinicians involved in device education

at the time of implantation can provide more comprehensive information with regard to end-of-life issues. Also, promoting the value of completing advanced directives that specifically detail device management and deactivation should be encouraged. Through exploration of a patient's understanding and preferences regarding ICD therapy, nurses can both support this right and ensure better patient-centered care.

By Danica Dorlette
Hunter-Bellevue School of Nursing



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With special thanks to Danica
Dorlette and Eleni Manaloto for
all of your contributions.



Save the Date!

NSANYS 61st Annual Convention

"Nursing Between the Lines: What the Textbook Doesn't Teach"

Saturday, February 23 & Sunday, February 24

Crowne Plaza White Plains Hotel

Attention Nursing Students!

The STAT Newsletter is looking for you! As a part of STAT you will write articles that are of importance to nursing students all over New York State, make connections with your peers from different schools, and have a great time doing it! If you are interested, here are the ways you can become a part of the newsletter:

- If you are a writer or editor on your school's nursing newspaper, submit an article from your newspaper that you think would appeal to your peers.
- Send an email with an idea that you have in mind for an article that you would like to write. Articles can be about anything of interest that is related to nursing, for example school nursing events or current events in the field.
- Send an email with your name, school, and contact information if you would like to be assigned to an article to write.

To send your articles, ideas, or volunteer for an assignment contact the STAT Editor at stat.nsanys@gmail.com. Feel free to email with any questions you may have as well.

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