

Vital Signs

Fall 2018





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2018 CNSA Convention Recap

By Vyanna Ma, 2018-2019 SNA-SDSU President

I am immensely proud of SDSU Student Nurses Association (SNA) for all we accomplished at CNSA Convention! California Nursing Students' Association (CNSA) Convention was a celebratory occasion and thanks to our Communications Director, **Nicole Perrin**, SDSU SNA was recognized with the award for Outstanding Website. From October 5-7, a total of 22 members represented our SDSU chapter at the annual statewide convention in Visalia, California. A main portion of CNSA Convention is the House of Delegates, in which general members have the opportunity to represent their chapters as delegates to vote on amendments, resolutions, and officers for the next term. SDSU was allotted 14 delegate positions based on our membership status and we were the school chapter with the most delegates present at CNSA Convention. Our Legislative Director, **Cristal Vieyra**, presented her resolution on behalf of SDSU SNA in support of increased awareness of home fall prevention for the geriatric population. The House of Delegates voted and passed her resolution to be adopted by CNSA!

Additionally, we had three brave SDSU SNA members that decided to run for state executive positions from the floor and they were all elected onto the 2018-2019 state-level executive board! **Tabitha Chua** is our new CNSA Cultural Awareness Director in addition to serving as SDSU SNA Community Health Co-Director. **Jenna Fong** is our new CNSA Image of Nursing Director in addition to serving as SDSU SNA Breakthrough to Nursing Co-Director. **Kristina Pope** is our new CNSA Membership Director South in addition to serving as SDSU SNA Membership & Mentorship Co-Director. I am beyond moved by their passion and dedication to leadership.

CNSA was a journey and an unbelievably unforgettable experience. Aside from the exposure to legislation through official CNSA policies and procedures, there were several relevant and touching workshops on topics ranging from natural disasters to suicide. There was also a wealth of knowledge and resources in the exhibit hall, where attendees interacted with vendor representatives (many of whom are hiring managers and panelists!) through a non-intimidating platform. Conventions are an opportunity I highly suggest every member to take advantage of and it is an experience that people have had nothing short of positive reviews for. Look out for Membership Meeting South and National Student Nurses' Association Convention in Spring 2019!



TOPIC: IN SUPPORT OF INCREASED AWARENESS OF HOME FALL PREVENTION FOR THE GERIATRIC POPULATION

SUBMITTED BY: San Diego State University, San Diego, California

AUTHORS: Cristal Vieyra

WHEREAS, the adult geriatric population is increasing due to a longer lifespan and the aging of the Baby Boomer generation, which will continue to present a huge concern for fall prevention and risk assessment (Huang, Turner, & Brandt, 2018); and

WHEREAS, currently, falls are the leading cause of injury-related deaths in the older adult population with approximately one-third of individuals over 65 experiencing falls annually (Loham et al., 2017); and

WHEREAS, many factors and co-morbidities lead to falls causing 37.3 million individuals to require hospitalization due to further injury from a fall like fractures and/ or brain injury, ultimately, increasing global healthcare costs that are expected to be around \$240 billion by the year 2040 (Khanuja, Joki, Bachmann, & Cuccurillo, 2018); and

WHEREAS, patients 65 and older who are newly discharged express the need for notification of the importance of fall prevention and risk assessment with further verbal explanation since patients feel when given a brochure about the topic, that alone is insufficient (Tzeng & Yin, 2014); and

WHEREAS, leg and foot strength decreases rapidly after age 75 when the opportunity to participate in regular physical activity decreases (Cho & An, 2014); and

WHEREAS, fall prevention and risk assessment requires time that often cannot be provided by healthcare providers and thus, requires a team approach to identify fall risks and provide health promotion (Reinoso, McCaffrey, & Taylor, 2018); therefore be it

RESOLVED, that the California Nursing Students' Association(CNSA) support increased awareness of home fall prevention for the geriatric population; and be it further

RESOLVED, that the CNSA provide education and materials at the Annual Convention through break-out sessions related to this topic, if feasible, to increase participation of all persons involved in nursing care within communities; and be it further

RESOLVED, that the CNSA publish an article in Range of Motion on the benefits of all nursing personal participation in home fall prevention and risk assessment in the community; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association, American Association of Colleges of Nursing, National League for Nursing, Organization for Associate Degree Nursing, Centers for Disease Control and Prevention, American Geriatric Society, Gerontological Advanced Practice Nurses Association, The Gerontological Society of America and all others deemed appropriate by the CNSA Board of Directors.



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Check out our students helping out at the Live Well Aztecs Festival!



CLOSER LOOK AT THE LIVE WELL AZTECS FESTIVAL

By: Ayda Shamsian, 2018-2019 SNA-SDSU Image of Nursing Director

At the beginning of the Fall semester in August, I was able to connect with the SDSU Well-being and Health Promotion office to provide SDSU nursing students the opportunity to volunteer at the Live Well Aztecs Festival. The festival was an interactive event with music, games, and prizes with different booths coordinated by the Student Health Services, Nutrition Science students, Counseling and Psychological Services, and more. The Well-being and Health Promotion office was able to provide students on campus with information about services and a “Make Your Own Health Kits” booth. The program gave the Student Nurses Association the opportunity to offer a booth nearby with interactive activities. Therefore, we coordinated a Health Jeopardy game with topics ranging from Exercise, Nutrition, Sexual Health, and even Nursing! As Image of Nursing Director, I was eager to see what other students understood about the profession of nursing so I included questions such as “can you name 3 tasks nurses do” or “do you know the difference between the role of a doctor and a nurse” under the “Nursing” category. This way, we could educate and dispel any misconceptions students had of the profession. Some students found it interesting that nurses provide teaching regarding medications and other treatments. For students who participated in the Health Jeopardy Game, our volunteers offered syringe shaped highlighters as a prize.

In addition to coordinating the jeopardy game, Student Nurses Association purchased “trainer” Epi-Pens for nursing students to teach those on campus how to use and administer Epi-Pens. This was a fun and interactive activity that many students on campus found useful because some had friends that carried Epi-Pens with them and were unaware how the pens worked. Even some who had their own Epi-Pens were never taught how to use the pen appropriately so it was a nice refresher for them. Our volunteers really enjoyed showing their positive image as nursing students on campus and educating other students about health promotion and the importance of Epi-Pen use! Check out some of the awesome images here to reflect on the event.

The Live Well Aztecs Festival focuses on health promotion and well-being of the SDSU population.



The Benefits of Being a Bilingual Nurse

By Amairani Grover, 2018-2019 SNA-SDSU Global Initiatives Director

Hospitals across the country are receiving more and more patients with different language needs and cultural sensitivities. Although there are numerous interpreters employed in healthcare facilities, bilingual nurses are an important asset in bridging the cultural gap. Often times, a difference in language or customs interferes with an individual's desire to seek medical care because they are afraid. Being able to reduce this fear not only benefits the patient currently receiving treatment, but also any patients seeking clinical preventative care. When we come into contact with patients, they are often in one of the most vulnerable moments of their life, and a language barrier only makes their experience that much more intense.

Throughout my clinical experience, I have noticed that when patients, who speak a foreign language as their primary language, are being educated about their health or a medication they are receiving, they simply nod and agree. Although they might not have understood the instructions or recommendations, for them it was easier to be cordial than request someone to interpret the information. Unfortunately, this results in poorer care overall, and patients are unable to utilize the tools they were given to manage their health properly.

Being able to communicate with people in their primary language is a gift, and being able to personally see that impact is so rewarding. Bilingual nurses have the capacity to make patients feel more comfortable, knowing that in a strange environment, there is someone who understands them. Patients themselves are the only ones who can narrate their own experiences, and as nurses it is our job to actively listen in order to be their advocates. However, if we are not able to understand their language, this becomes a barrier in how we care for them. When a patient is in pain, or simply in need of medical care, they tend to revert back to their comfort zone, and many times, their comfort resides in their culture. Understanding another

language often gives insight into a specific culture, and being familiar with a patient's culture makes a complex situation seem less intensive.

Bilingual nurses are capable of breaking existing communication barriers between staff and patients, ultimately resulting in better patient care. As healthcare professionals, we have to look at the demographics of the population we serve in order to gain a better understanding of how to properly serve them based off their needs. At the end of that day, the patient's safety and comfort is our priority, and many of the rewarding moments we have with our patients have to do with going the extra mile in how we care for them, and many times this can be with simply speaking the same language as them.



Event: Rekindling from Burnout: Addressing Moral Distress and Coping Strategies

Moral distress is defined as "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (Baldwin, 2010). It affects many healthcare providers, and so often, they do not know how to respond the first time they experience it; thus, resulting in burnout. However, research has shown that educating providers on moral distress and burnout, and the factors that cause them can decrease the stress that our healthcare professionals will experience. We also need to draw attention in the stress management and coping strategies that health care providers use when they are put through this situation to ensure that they are beneficial to them. The conference will act as a preventative method. Instead of waiting until our students are already health professionals, we want to raise their awareness of the occurrence of moral distress, how it can cause burnout and the strategies they can use to prevent and recover from burnout.

I had a vision of holding a health conference during my sophomore year after attending a couple nursing and leadership conferences on and off campus. It stayed as a vision for a year since I didn't know how to hold a conference, or if I was even able to do it as an undergraduate student. I also didn't have a specific topic I wanted to address; at first, I thought maybe the health conference can touch upon many different topics. However, during my med-surg clinical last Spring, I experienced moral distress for the first time (you'll hear more about this during the conference). At the time, I didn't know there was a name to what I was experiencing. I thought that I was simply a student who didn't know and couldn't do anything about the situation I was facing. However, after reading some literature especially by Dr. Ann Hamric and Dr. Judy Davidson, I know what moral distress is and how often nurses go through it. Now I know that we, as students, can ask to speak with the Ethics and Governance team in the hospital.

Now, I know what to do; but, there are still many that don't. I want to share my knowledge with you all through professors, health professionals, and students who know more about the topics of moral distress, burnout, and coping strategies. If you're an undergraduate, graduate student, or a current health professional, you are invited to attend! RSVP link will be out in January.

Remember that it is okay not to be okay, and it is okay to talk about it.

Our voice matters. It is up to us to make a change.



SAVE THE DATE

April 13, 2019

REKINDLING FROM BURNOUT:

ADDRESSING MORAL DISTRESS AND COPING MECHANISMS

Saturday, April 13, 2019: 10AM - 4PM

Check-in begins: 9AM

Location: San Diego State University

**FREE TO ALL HEALTHCARE
STUDENTS AND PROFESSIONALS**

S.A.V.E. Students from Suicide

Suicidal behaviors

Watch for suicidal behaviors, such as behavior changes, poor school performance, inattentiveness, and apathy.

Assessment interview

Use appropriate interview questions to assess if a student has suicidal ideations

Value student

Ask your students how they're doing, and hold one-on-one meetings

Evaluation

Distressed students are more likely to talk to a professor that creates a supportive and enriching environment

Let's Break the Silence: Nursing School Edition

By: Annika Daphne Bilog

As healthcare providers, we learn a lot about mental health and suicide for our patients. We know the warning signs, attend the charity walks, and take note of the resources we can provide for our patients. However, when it comes to our peers, colleagues, and our own mental health, all of this information is forgotten. It seems "normal" for us to lack sleep, feel unmotivated, say that we feel highly anxious, get stressed about multiple exams, and then feel disappointment and shame when we do not receive the grade we think we deserve. Then, we laugh it off, say "I feel you," and accept that this is just how nursing school goes.

According to the National Alliance on Mental Institution, 6.9% of adults in the United States had at least one major depressive episode -- this percentage may seem small, but that totals up about 16 million adults. Out of the 44,965

Americans that die by suicide every year, 50% of those individuals suffer from major depression. According to the American College Health Association, suicide is currently the second most common cause of death among college students. 1 in 5 college students suffers from depression and anxiety, which total up to about 4 million students out of the 19.9 enrolled in the United States for Fall 2018.

If these statistics for depression and suicide are true for an average college student, how much truer can they be nursing students? The pressure of transitioning from high school to college, the competitiveness of nursing programs, the difficulty of studying theory and preparing for clinical practice, and the financial burden of college all contribute to our high susceptibility to depression. One study published in April 2018 shows that out of 8,918 nursing students ages 17.4 to 28.4, 34% had a high prevalence of depression, with a 41% higher prevalence noted in younger students. If we applied these statistics to our nursing program,

244 students are suffering from depression (61 per yearly cohort of 180), with 100 of those students being younger students (25 per yearly cohort of 180).

However, even when we know that nursing students have a higher susceptibility to depression compared to an average college student, there are no studies published in the United States addressing the suicidality among nursing students. If nationally speaking, we know that 50% of individuals that die from suicide suffer from major depression, then how have we not studied the suicidality rate among nursing students? Are we not important enough?

There are so many stories about nursing students around the world committing suicide due to the pressures of getting a job, passing their classes, passing the NCLEX, and other academic stressors on top of their personal stressors. Yet, the only study published regarding the suicidality of nursing students was done in Northern Greece with 142 nursing students, which resulted in 10.6% said that they had suicidal ideation, but did not carry it out, and 1.4% that said they would have carried out their plan if they had the chance. Again, if we applied these statistics to our nursing program, 76 students have suicidal ideation (19 per yearly cohort of 180), and 12 students would carry out their plan if they had the chance (3 per yearly cohort of 180).

Being the future of nursing, it is in our hands to make sure we advocate for our fellow peers who may have suicidal thoughts, and the urge to carry out their plans if given the chance. The world of nursing has broken the silence on the hidden phenomena of Nurse Suicide in the United States, and is working on collecting data on the actual number of nurses that have ideation, attempted, and committed suicide, and research the factors that would drive them to end their own lives. It is now our turn to advocate the prioritization of mental well-being among our students, as well as the study of suicidality in nursing to further understand and prevent the epidemic of Nurse Suicide.

Please remember that it is okay not to be okay, and it is okay to talk about it.

Resources:

- 24/7 Hotlines:
- Suicide Prevention Lifeline: 1-800-273-8255
- San Diego Access and Crisis Line: 1-888-724-7240
- On Campus:
- Counseling and Psychological Services: 619-594-5220
- Monday-Friday from 8:00 am - 4:30 pm
- Off-Campus:
- Center for Community Counseling and Engagement: 619-594-4918
- Suicide Prevention Training: 858-609-7971

- Survivors of Suicide Loss: 619 - 482 - 9287

- Yellow Ribbon Suicide Prevention Program San Diego: 760-625-5904

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