

NEVADA

NURSE UPDATE

FALL 2021

**GUILT VERSUS SHAME:
RECOGNITION FOR RESOLUTION**

**CHEMICAL DEPENDENCY IN
NURSES AND CNAS**

**NEVADA'S BATTLE BORN
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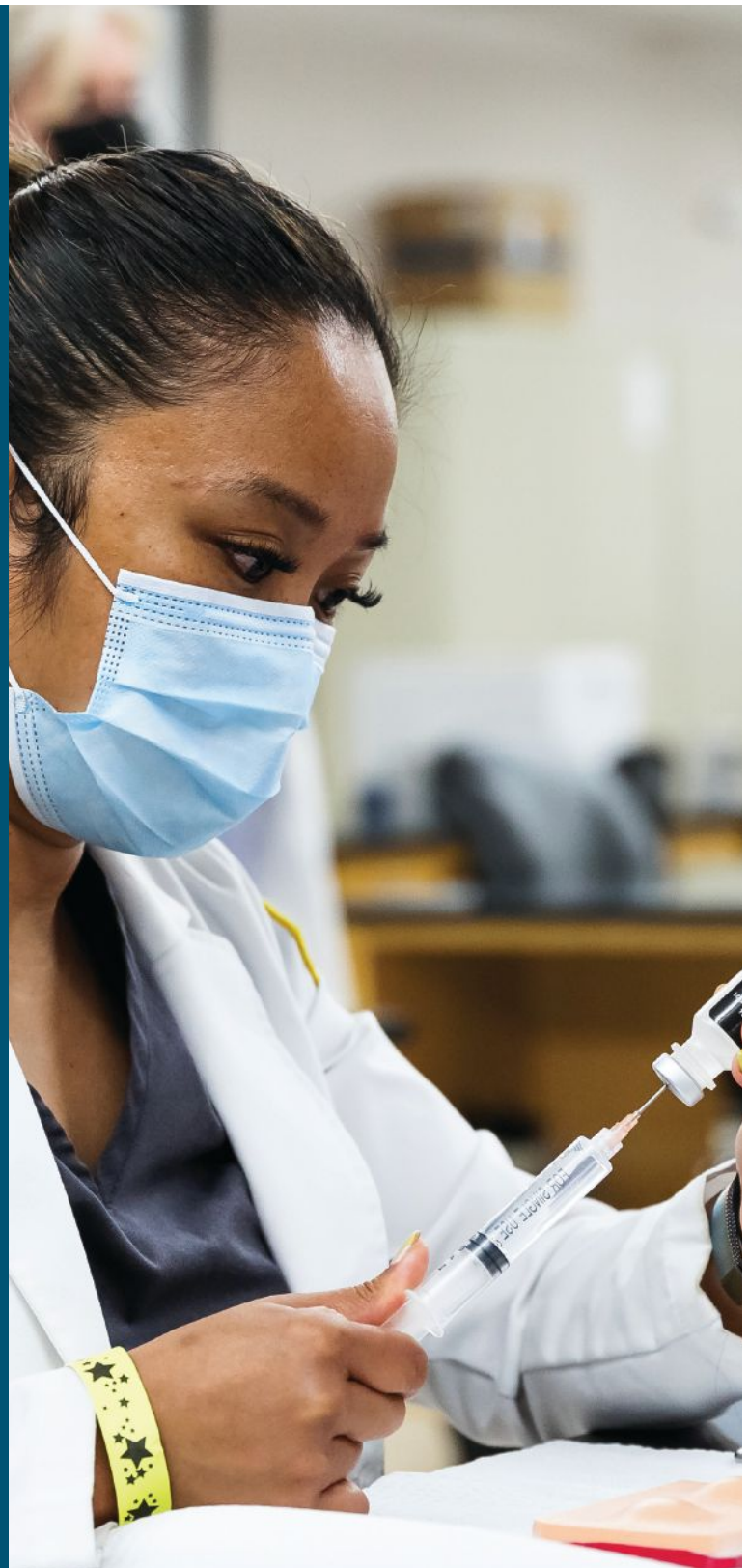


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Nevada Nurse Update is dedicated to serving the 55,000+ licensed nurses of all degrees throughout the state with timely and pertinent information ranging from scope of practice, licensure, education, to regulatory changes. *Nevada Nurse Update* is printed and circulated. An electronic copy is emailed to the nurses of Nevada ensuring maximum readership.

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DISCIPLINARY AND LICENSURE/CERTIFICATION ACTIONS
 can be found on the Board's website: nevadanursingboard.org

NURSING NOTES:

To schedule your fingerprinting appointment please select a date on the calendar. If the date is greyed out there are no appointments available for that day. Appointments may only be scheduled within 6 months from today's date.

YOU MUST CREATE A NEVADA NURSE PORTAL ACCOUNT PRIOR TO COMING IN TO THE OFFICE FOR YOUR APPOINTMENT. If you do not already have a Nurse Portal Account created, you will not be allowed to fingerprint and will have to reschedule your appointment. Click on the link provided to create an account: <https://nvbn.boardsofnursing.org/nvbn>

IMPORTANT INFORMATION:

In order to protect the health and safety of our staff and the public during the COVID-19 pandemic, the Nevada State Board of Nursing has issued the following mandates:

- All visitors are required to wear a mask when entering the office
- Applicants must self-screen their ineligibility to report for their appointment. When you report to the office for your appointment, you confirm that you have completed your self-screening and are eligible for fingerprinting. Self-screening includes confirming the absence of:
 1. Fever
 2. Symptoms of COVID-19
 3. Current diagnosis of COVID-19
 4. Exposure to COVID-19 within the previous 14 days (if you are fully vaccinated you are eligible to report for your appointment)
- The fingerprinting fee is \$40. The Board accepts checks, money orders, debit or credit cards only. We do not accept cash.
- You must present a current and valid government issued ID at the time of your appointment.
- If you are more than 15 minutes late, you will be required to reschedule your appointment.
- Due to various factors, fingerprint results may take up to 2-4 months to be received. You are urged to submit fingerprints early in the application

process. If you need to cancel or reschedule your appointment, you may do so through the link below.

ALTERNATIVE TO DISCIPLINE PROGRAM

...protecting the public's health, safety and welfare through effective nursing regulation.

What is the Alternative to Discipline Program?

The Board's Alternative to Discipline Program is for nurses and CNAs whose practice may be impaired due to chemical dependency. The goal of this program is to protect the public by identifying impaired individuals, providing interventions, education, and by requiring that the nurse or CNA successfully completes a Board approved treatment program for chemical dependency. The program allows the nurse or CNA an opportunity to return to the practice of nursing and take responsibility for their recovery while being closely monitored through a nondisciplinary non-public agreement with the Board.

How do nurses and CNAs enter the program?

Step 1: A nurse or CNA willingly reports to the Board of Nursing that they are addicted to alcohol and/or controlled substances, are willing to seek treatment, and want to enter the Board's Alternative to Discipline Program.

Step 2: The participant must agree to temporarily voluntarily surrender their license or certificate through an agreement process and seek treatment. The participant must submit documentation to the Board that they have successfully completed a Board approved treatment program that includes eighty (80) hours of didactic work, eighty (80) hours of group counseling, and twenty (20) hours of individual counseling totaling one hundred eighty (180) hours of programming. The participant must also submit documentation to the Board that they have successfully attended at least one (1) AA/NA meeting every day for 90 days in a row. The treatment program must be completed within six (6) months of acceptance into the program.

Step 3: After the participant has successfully completed the treatment requirements and AA/NA requirements, they must agree to abide by the terms and conditions of a monitoring agreement for a minimum of five (5) years. The agreement is designed to closely monitor the participants' nursing practice while supporting their recovery activities.

Who is eligible to enter the program?

Nurses or CNAs who:

- are licensed or certified in Nevada to practice nursing
- report themselves to the Board for addiction and/or impairment related to alcohol and/or controlled substances
- abuse alcohol and/or controlled substances to the extent their nursing practice has been affected, and
- sign a voluntary agreement to enter the program and agree to follow all components of the program.

What services does the program provide?

For the public:

- immediate intervention to protect the public as an alternative to a longer disciplinary process.
- coordination and consultation with employers to assure patient safety

For the nurse or CNA

- the ability to continue to work as a nurse or CNA
- consultation about entering the program
- monitoring and ongoing assessment of their personal recovery
- random drug and alcohol testing
- information regarding local professional and support services
- encouragement, support and guidance in recovery as an effective alternative to disciplinary action
- removal from monitoring when the program is successfully completed with no discipline reported to the national data bank

CONTINUING EDUCATION

...protecting the public's health, safety and welfare through effective nursing regulation.

CONTINUING EDUCATION/ TRAINING FAQs

How many CEs/CNA training hours are required for renewal?

RN/LPN

The Nevada Nurse Practice Act requires all renewing RNs and LPNs to complete 30 hours of nursing-related continuing education per renewal cycle. The Nurse Practice Act requires a one-time 4-hour bioterrorism course to be completed.

- According to NAC 632.343, licensees are exempt from the requirement to earn 30 CEs for renewal “for the first biennial period after graduation.”
- Therefore, new nurses who have earned their degrees within the last two years do not have to earn 30 CEs for their first renewal. However, they do need to complete the one-time, four-hour, bioterrorism CE requirement.

CNA

The Nevada Nurse Practice Act requires all renewing CNAs to complete 24 hours of CNA-related continuing training within the certificate renewal period. CNAs must also have practiced as a CNA under the direction of a licensed nurse for a minimum of 40 hours per renewal cycle. While the legislature didn’t mandate the bioterrorism course for CNAs, the Board highly encourages them to take it as part of their 24-hour continuing education/training renewal requirement.

APRN

The Nevada Nurse Practice Act requires APRNs to take an additional 15 CEs directly related to their specialties to include a 2 hour suicide prevention course completed every 4 years, a 2 hour substance use and abuse course completed every renewal cycle, and maintain a portfolio pursuant to NAC 632.2563. Instructions for the portfolio can be found by following this link: APRN Portfolio Instructions

CRNA

The Nevada Nurse Practice Act requires CRNAs to take an additional 15 hours of CEs related to the practice as a nurse anesthetist.

How do I submit my CEs/CNA training hours to the Board?

Rather than requiring licensees to submit their continuing education/training certificates at the time of renewal, the renewal application asks applicants to affirm (swear) they are in compliance with the

continuing education/training requirement and reminds them to retain copies of their certificates for four years in case of an audit. Then, the Board conducts random audits to ensure compliance. Failure to complete the continuing education within the renewal period, or failure to produce evidence of CE/training completion when audited, may result in disciplinary action. Please refer to the article in the September 2019 Nursing News.

What are approved continuing education/training providers?

If a continuing education provider is an academic institution, has a Nevada continuing education provider number, is approved by another state nursing board or health-related board (includes Boards of Medical Examiners, Pharmacy, and social workers), or is recognized by one of the organizations below, it is accepted by the Nevada State Board of Nursing.

- American Association of Critical Care Nurses
- American Association of Nurse Anesthetists
- American Nurse Credentialing Center Commission on Accreditation
- National Association of Pediatric Nurse Associates and Practitioners
- National League for Nursing

What is the law for the mandatory Bioterrorism course?

The course must include the following components to be an approved course:

- An overview of acts of terrorism and weapons of mass destruction;
- Personal protective equipment required for acts of terrorism;
- Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;
- Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and
- An overview of the information available on, and the use of, the Health Alert Network

What continuing education/training courses can I take?

- Looking for a provider? Check with your human resources/staff development office, or try a web search, using key words like “Nurse (or CNA)

continuing education.”

- What kind of course can you take? A course which is designed to increase or improve a nurse’s or CNA’s knowledge, skill or ability related to the authorized scope of practice of the nurse or CNA (CNAs, please refer to the CNA Skills Guidelines).
- Can’t find the classes the Board ordered you to take? Call the Board at 888-590-6726 and you will be directed to someone who can help you.

Please note: Make sure the continuing education/training provider is accepted by the Board.

How many CEs/CNA Training hours does a course equal?

- 60 minutes of participation in nurse CE equals one contact hour
- One hour of participation in CNA in-service training equals one contact hour
- College credit (if taken as part of education program to obtain higher nursing degree; includes prerequisites) – one credit (semester) equals 15 contact hours, one credit (quarter) equals 10 contact hour



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INTERPRETING LABS: CRITICAL CONCEPTS

Understanding lab results and formulating plans can be a daunting task, especially if you are a new nurse or a nurse moving into a different specialty. Understanding the “bigger picture” is key when interpreting lab values, even seasoned clinicians can struggle with this concept at times. Using these three steps, you’ll be able to decode the next set of labs with confidence.

Step 1: Understand the Context

Take time to understand the clinical context. Here are a few questions to ask about your patient:

- What are the patient’s demographics?
- What is their current condition?
- What is normal or average (historically) for the patient?
- What chronic conditions do they have?
- What medications are they on?
- What was the source of your specimen and how was it collected?

Apply the answers of these questions to the context of the situation. As we will illustrate in the example below, the same number can mean very different things for different patients.

Putting it into Practice:

Patient A: Mr. Jones just finished walking with physical therapy and is at his baseline, oriented. He stops by your office for some routine labs afterwards, which reveal a blood glucose of 65.

Patient B: Mr. Smith almost collapsed during his walk with physical therapy because he was feeling weak. You walk into his room; he is diaphoretic and confused. His labs after his walk show a glucose level of 65.

How would you treat or monitor each patient?

Step 2: Know When to Intervene and When to Monitor

Not every abnormal lab value requires intervention. The degree of risk for the intervention should be weighed against potential harm of the condition. An intervention does not have to be a treatment, it can simply be to follow up on the result. Remember to always trend lab values and consider the context. Let’s explore further in the example below.

Putting it into Practice:

Patient A: Mr. Jones is a patient with COPD who was admitted to the hospital for a routine surgery. His pre-operative lab values reveal a fully compensated hypercapnia. He complains of no respiratory symptoms beyond his baseline COPD.

Patient B: Mr. Smith is admitted to the hospital for shortness of air. His exam reveals wheezing in all lobes and laboratory values show a non-compensated hypercapnia.

How would you treat or monitor each patient?

Step 3: Always Look at the Bigger Picture

Remember to treat the patient, not the number. The best plan of care is formulated when you combine the history, physical exam, labs/imaging, and patient preferences. Laboratory values alone should rarely be used to guide treatment. Even “normal” laboratory values can be abnormal in some patients. Likewise, a “high normal” or “low normal” may justify further investigation.

Putting it into Practice:

Patient A: You are given report on Mr. Jones, a medical-surgical patient. You are told his diagnosis is hyponatremia and isotonic saline is being used for treatment.

Patient B: You are given report on Mr. Smith, a medical-surgical patient. You are told he was diagnosed with hyponatremia after excessive water ingestion due to psychosis. In addition to his isotonic saline treatment, you discuss the need to restrict PO intake and psychiatry consult.

How would you treat or monitor each patient?

In Summary

Thinking like a nurse is something that not only comes with training and study, but with experience as well. It involves critically thinking through a situation, acting on what you know and using that information to develop an appropriate plan of care. Understanding these critical concepts of interpreting labs will help you be more confident in treating your patient and, as a result, will make you a stronger nurse.

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GUILT VERSUS SHAME: RECOGNITION FOR RESOLUTION

It can be a confusing world. We often wonder why we feel the way we do! Sometimes we feel guilty, ashamed, or doubt something that feels out of line with what our rational mind is telling us. The questions are, “Why did I do that?” or “Why did I say that!” You are not alone in your feelings and why you respond as you do. The feelings are real and can be stifling for anybody. Their origin for such feelings is most often guilt or shame.

In general, guilt and shame are responsible for having wronged someone—and that someone might be yourself! However, suppose your job expects listening to others and empathizing with others using your rhetoric and selected behavior. In that case, it is time, as a nursing administrator, to better understand why all of us, at times, do and say things that are best unsaid or not done.

To better appreciate the feelings of guilt and shame means that the general ability and desire to understand ourselves and others must occur. We must try to understand the behavior of ourselves and others better. That is why we are professionals—we strive to know the meaning behind all things related to employees’ behaviors and concerns. It is not enough to perform as an assigned/hired nursing administrator or leader. Above all, nursing administrators should know how to help others toward more satisfying and responsible future professional behaviors.

It is important to know WHAT TO DO as a nursing administrator or leader. The sense of knowing WHAT TO DO is GOOD—to UNDERSTAND WHY YOU DO (OR SHOULD DO) IS DIVINE!

GOALS

1. To establish the definition, theory, and difference between guilt and shame.
2. To increase the recognition of personal pain related to guilt and shame.
3. To recognize authors of literary works and a psychological developmental theory related to guilt and shame.
4. To promote the nursing process and developmental theory as it relates to the resolution of guilt and shame.

KEYWORDS FOR APPLICATION

1. Guilt
2. Shame
3. Shakespeare
4. Tim O’Brien
5. Eric Erickson
6. Mindful Breathing

(So, let us get started)

GUILT

The word “guilt” is used as a noun or verb. The word “guilt” can identify places, people, and things. As an implied offense or crime, we experience responsibility for wrongs or inadequacies. These feelings are difficult to control, and the emotions can cause a sense of overwhelming sorrow. The worrying can be related to real or imagined guilt.

A “Guilt Complex” involves a feeling of inadequacies that are difficult for the person to control.

An “Unresolved Guilt” involves continually bringing into personal or other’s focus past mistakes causing guilt. As a result, it interferes with daily life and the ability to cope with the demands of living a productive life.

We know others about their offensive and illegal behaviors/actions or being “guilted” into doing something.

The Physical Effects/Signs of Guilt:

Insomnia
Stomach Pain
Headache
Crying
Muscle Tension
Anxiety
Fear
Sleeplessness
Depression

The Psychological Effects/Signs of Guilt:

Focusing on the behavior of others or other “things.”

The Variations of Guilt Related to Gender and Age:

Women show effects of guilt more than men
Adolescents are more affected by guilt than adults

Shakespearean Classic Examples of Guilt: (Literary Efforts to Present the Sharp Pangs of Guilt)

Guilt was the theme used in two plays – Macbeth and Hamlet. Shakespeare, the playwright, presents guilt as a destabilizing force that makes people desperate and powerless. The destabilizing forces of guilt and shame show the possible devastating consequences of emotional strain resulting from these destabilizing forces.

Macbeth:

In the story of Macbeth, guilt is emphasized in the murdering of King Duncan (the gracious King of Scotland) by Macbeth. Lady Macbeth manipulates Macbeth (her husband) to murder King Duncan. She then places the dagger near Macbeth’s

chamberlains, so as it appears they were the murderers.

"Will all great Neptune's oceans wash this blood clean from my hand?"

Macbeth speaks this line when he encounters his wife (Lady Macbeth) right after he murdered King Duncan. He refers to both the literal blood on his hand but also his sense of guilt. He uses grand and dramatic language to imply that the blood could stain all the world's oceans red as a metaphor for his guilt. His speech suggests that the consequences of his action will not be easily hidden, even though his wife (Lady Macbeth) tells him (Macbeth) that the blood can be washed away.

She (Lady Macbeth) calls out these lines after she has gone mad from her guilt---

"Come, come, come, come, give me your hand. What's done cannot be undone. To bed, to bed, to bed."

Those are the final words she utters in the play, and they reveal how guilt has crusted her strong and assertive personality. She now has to be cared for like a child and has no plans for the future. No matter how much she repents, the violence and death cannot be undone, and the guilt never will go away.

Hamlet:

In the story of Hamlet, guilt is emphasized in the marriage of Queen Gertrude (the mother of Hamlet), who married the man (Claudius) who killed her husband, and the inability of Hamlet (her son) to revenge his father's murder.

Queen Gertrude feels guilt having married her husband's brother so soon after her husband's death. She then drinks the cup of poisoned wine intended for her son Hamlet to acknowledge the evil in Claudius and her wrongdoing in marrying him. Queen Gertrude thinks Hamlet (her son) to be mad and unable to take revenge on Claudius for murdering his father. She tells Hamlet it is poisonous wine as she dies. Hamlet tells Queen Gertrude (his mother) goodbye as she dies:

"Wretched queen, adieu!"

Even though Claudius is considered to be the most guilty, he never says he is sorry for his behavior of killing Hamlet's father. Hamlet feels guilty, too, for not revenging his deceased father's death by the hand of Claudius. Hamlet's character flaw of guilt is known as "hamartia"—personal regret felt as a tragic flaw or error of character.

continued on page 10

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SHAME

The word “shame” occurs within a person when social norms are violated.

The Physical Signs/Effects of Shame:

Even though the signs/effects can be similar to the signs/effects of guilt, they are usually not as obvious.

The Psychological Signs of Shame:

Feeling by the person being small and wanting to disappear from the situation

Focus by the person on inward thoughts and personal view of happenings and situations

Feeling by the person of humiliation or distress relating to doing wrong or performing foolish behavior

Intense personal negative emotion
A devaluing of the self as a person

Gender and Age Variations:

Women are quicker to feel humiliation related to shame than men

Adolescents feel more intensity related to shame than guilt

Adolescents and women are more susceptible to negative effects of shame (e.g., low self-esteem and depression)

GUILT AND SHAME:
THE WRITINGS ABOUT WAR

The author, Tim O’Brien, made a significant contribution to the recognition of guilt and shame related to wartime decisions in two of his several books: THE THINGS THEY CARRIED ON THE RAINY RIVER

Trying to skirt the requirement of fulfilling his patriotic duty to serve in the military, he tries to escape by writing about the many wartime behaviors and feelings he believes are related to war’s psychological and emotional impact. He reveals the guilt and shame carried through a lifetime by soldiers—even after the war.

ERIK ERICKSON’S THEORY OF
DEVELOPMENTAL TASKS—
PSYCHOLOGICAL EFFORTS OF
UNDERSTANDING

Erik Homberg Erickson (1902-1994) was a German developmental psychologist who encouraged independence, confidence, and the ability to survive world

Erik Erickson’s Stages of Psychosocial Development by Age and
Positive Attributes Versus Negative Outcomes as a Result of Interrupted
Psychosocial Development

Infant to 18 months:	Trust vs. Mistrust
18 months to 2 years:	Autonomy vs. Shame and Doubt
2 to 5 years:	Initiative vs. Guilt
5 to 13 years:	Industry vs. Inferiority
13 to 21 years:	Identity vs. Role Confusion
21 to 39 years:	Intimacy vs. Isolation
39 to 65 years:	Generativity vs. Stagnation
65 and older:	Ego Integrity vs. Despair

challenges. He encouraged meaning in what we do in our lifetime. His identified basic age-related and intellectual virtues/tasks provide strength to resolve a lifetime of crises. Ideally, each virtue/task must be completed in sequence. It proves the appreciation and the importance of early childhood from age five in understanding guilt and shame. Parents and others establish the basis of behaviors and a sense of worth that enhances a lifetime of autonomy and initiative—thereby minimizing shame and guilt throughout a person’s lifetime.

Failure to complete the entire developmental sequence in the order stated reduces the ability to form a healthy lifetime personality and a sense of self-esteem. It increases dependency on others and the likelihood of experiencing a sense of an overabundance of shame and doubt.

For example, when there is parental

over-control or excessive criticism of children, there are no opportunities for children to assist themselves in independent survival and confidence. As a result, survival skills become inadequate—and survival skill attributes and abilities allow for more acceptable behaviors in life other than shame and guilt. Without these survival skills, there is an increased dependency on others and a lack of self-esteem, resulting in frequent feelings of guilt and shame.

Therefore, the stages of shame and guilt, ideally, are learned early in life and are the fundamental precursors to the remaining developmental tasks throughout our lives for effective survival in the world as we know it. Moreover, it is our key to psychological stability in an emotional crises of guilt and shame.

THE CULMINATING CROSS-
COMPARISON OF GUILT AND SHAME

GUILT	SHAME
Focus on the behavior of others----->	Focus on personal behavior
Outward directed----->	Inward directed
Repair-oriented behaviors----->	Escape-oriented behaviors
Encourages acts toward morality----->	Encourages people to hide and escape
Increase in the desire to repair damage----->	Decrease in the desire to repair damage
Faces the need to repair damage----->	Desires to hide and escape from damage
Generally, an adaptive emotion----->	Generally, a maladaptive emotion
Emphasis is on failure----->	Emphasis is on the person
Responsibility for failure----->	Mistreatment of others regarding failure
Involves the real world----->	Involves feelings and perceptions

Whether the damage is reparable or less reparable, both guilt and shame make a person feel bad. When damage is less reparable, only guilt motivates repair of the damage. Shame will lead to the avoidance of recurring damage. Both are encouraged and desirous.

Both guilt and shame can be felt at the same time. Both are felt publicly and privately as social regulators that encourage a balance between others' urges, rights, and needs. But, even though both guilt and shame share this common ground, they are truly different in many ways.

THE OUTCOME OF GUILT AND SHAME

These few examples (Shakespeare and Tim O'Brien) represent times when humankind has described an example of guilt and shame. So pronounced were the residual effects, these men spent almost a lifetime expounding on the agonies related to such self-imposed thoughts and behaviors. These authors of painful stories knew the forever presence of residual misery related to our failed behaviors related to guilt and shame. So much was

their recognition of the pain that their creative spirits urged their story-telling contributions as described to others (in second-person) and not themselves.

To be human is to experience many feelings and emotions. However, guilt and shame often leave their painful residual far past their recognition and leave their mark on our everyday lives. This painful refinement of the soul reminds us that having such meaningful feelings is intended to refine the spirit and cause lasting contemplation.

FIXING GUILT AND SHAME

Now that we know what encourages guilt and shame, we can explore how to control or "fix" the guilt we find/see in others or experience in ourselves. It is especially difficult, at times, for guilt-ridden and shame-prone to forgive.

Borderline personality disorder (BPD) individuals are known to be characterized by high levels of shame. This diagnosis and other situations causing guilt and shame are

continued on page 12

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often helped by Mindfulness Education—especially focusing on one aspect of breathing called Mindful Breathing.

Mindful breathing (simplified):

1. Choose a “down-time” location, such as in the shower, sitting in a special chair, on the subway, or a special place where you go to find “your quiet place.”
2. Focus on your breathing. Focus on a single aspect of your breathing.
3. Spend at least 5 minutes in this state of awareness.

The Basic Nursing Administrator's Techniques for Helping Yourself and Others Resolve Unethical, Non-Egregious, or Non-legal Guilt or Shame:

Clarity and understanding occur of guilt or shame by writing feelings down for clarification and effective resolution methods. “Fixing” of guilt or shame includes the following steps:

1. Understanding the origin, the reason for guilt or shame is the first step. That

is, where is all my/your guilt or shame originating? Is my/your guilt or shame real---or is it imagined? ---- and, why is there ownership of the guilt or shame?

2. Recognizing and making right the actual or supposed damage.
3. Encouraging self-forgiveness or forgiveness of another person is required—especially when obvious forgiveness by other people is not forthcoming.
4. Listening more than advising—sometimes just listening to yourself or others helps to “cleanse the soul.” If listening to another person, remove all obstacles between you and the person while attempting to listen carefully to what is really being said.
5. Watching the non-verbal and then feeling the true message.
6. Ignoring other stimulation while listening. No answering of the phone, interruptions, etc. Make necessary arrangements so disruption does not occur.

7. Using the concepts of a written: (Indicative of “The Nursing Process”) Assessment of the guilt or shame
Diagnosis of the “real” problem (guilt? — shame?) Establishing a follow-up schedule/plan in writing. Implementing the plan by making appropriate psychosocial assignment(s). Evaluating the plan frequently according to the written, structured schedule.
8. This caring process by the listener says, “I care about you as a person, I hear what you are saying, and I am here for you, unconditionally!” The concepts (Stages of Psychosocial Developmental) become the written tangible behavioral guide that encourages possible psychosocial job assignments (autonomy or initiative according to shame or guilt) that produce increased personal integrity and enhancement of Eric Erickson’s future psychosocial development. If shame is the problem, consider how successful autonomy (required by Erik Erickson’s second developmental task) can be encouraged and monitored for success under leadership direction. Autonomy means the right to make appropriate decisions or choices within the purview of a job assignment. If guilt is the problem, consider how successful initiative (required by Eric Erickson’s third developmental task) can be encouraged and monitored for success under leadership direction. Initiative means the power to make and initiate change independently. Erik Erickson’s psychosocial development theory application by a health care administrator enhances the practical understanding and application of autonomy and initiative in psychosocial development. In other words, the nursing leader/administrator recognizes the theoretical link between the employee’s outward expression of guilt and shame and Eric Erickson’s theory of psychosocial development. Henceforth, the administrator/leader better understands the intended use of developmental tasks and helps employee restitution



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for the lack of completion of that developmental stage according to the guilt or shame felt by the employee. Success by employees in these early developmental stages will enhance success in the higher stages of psychosocial development.

9. Send the verbal and behavioral message that the feelings of guilt and shame that interrupt any life can be overcome with the help of a structured environment and understanding support. Every person needs support at times for interrupting feelings of guilt and shame. Personal negative

feelings of guilt or shame are reparable.

10. Know this—as a “listener” to an employee’s guilt or shame, you have a choice. You can either become part of the problem through inappropriate listening skills or no response. Or, you can be the force for good, a guide for resolution to guilt or shame, and recognize the individual’s worth. You, as the leader, can be (and should be) exemplary of nursing values.
11. If you are a true nursing professional/ leader in an appointed or chosen, or assigned leadership role, you really should have no choice! If a person

trusts you enough to share their pain, your unrelenting response is positive and an example of nursing goodness to everyone on the nursing staff. You may question the employee’s thinking to understand the stated reason for their internal feelings; however, you cannot question the pain associated with their honesty. Be the nursing leader who shows understanding, empathy, compassion, and civility.

RECOMMENDED READING

The Meta-Message by this author

Communication (I and II) by this author

Mindful breathing: (Enter Mindful Breathing into the search line for numerous options)

Tim O'Brien: (Enter Tim O'Brien into the search line for additional information and more publications)

Erik Erickson: (Enter Erik Erickson into the search line for additional information)

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CHEMICAL DEPENDENCY IN NURSES AND CNAS



Under Nevada law, nurses and CNAs must report potential violations of the Nurse Practice Act. Practicing while impaired is a violation of NRS 632.320 (1)(e) and NAC 632.890 (9).

Chemical dependency is one cause of impairment. The Board's Disability Advisory Committee has put together this fact sheet to help you identify impairment on the job. If you suspect someone is impaired, urge the individual to seek help. If they refuse, report your suspicions to your supervisors. It may be a difficult decision, but if you do not make it, you will be endangering the health of the patients and the impaired nurse or CNA.

POSSIBLE INDICATIONS OF NURSE OR CNA IMPAIRMENT ON THE JOB INCLUDE:

- Absent or late for work, especially following several days off. However, the drug-addicted nurse or CNA may never be absent and may "hang around" when not on duty. Because the hospital is the source of supply, the nurse or CNA may volunteer to work double shifts, overtime, holidays, days off, etc.
- Odor of alcohol on the breath. Any nurse or CNA who would report for duty after drinking is assuming a terrible risk and in doing so is evidencing his/her loss of control and need for the drug.
- Odor of mouthwash and breath mints. These may be used to mask the odor of alcohol.
- Fine tremors of the hands. This symptom occurs with

withdrawal from the drug. The alcoholic nurse or CNA will sometimes begin to use tranquilizers to mask signs of withdrawal and thus may develop cross dependency.

- Emotional instability. The nurse or CNA may change from being irritable and tense to being mellow and calm. There may be inappropriate anger or crying.
- Returns late from lunch break.
- Unable to locate the nurse for long periods of time during their shift.
- May be sleepy or may doze off while on duty.
- Shuns interaction with others and tends to withdraw.
- Makes frequent trips to the bathroom. Perhaps just after accessing the Pyxis. The nurse or CNA may take their purse, backpack or medical supplies, such as IV start kits, syringes, etc., with them to the bathroom.
- Deterioration in personal appearance.
- Frequent bruises or cigarette burns. Bruises over antecubital fossa and on wrists or hands. These injuries are the result of crashing into furniture, falling while intoxicated, dozing off with a lighted cigarette, or the recent injection of a drug.
- Job performance may be affected with sloppy or illegible handwriting, errors in charting, and errors in patient care.
- Lapses in memory or confusion. There may be euphoric recall of events.
- Shunning of job assignment or job shrinkage. The nurse or CNA is apt to drop out of professional activities.

THE NURSE WHO IS DIVERTING DRUGS FROM THE UNIT MAY:

- always volunteer to give medications
- medicate another nurse's patients without the assigned nurse's knowledge
- use the maximum PRN dosage when other nurses use less, or the maximum PRN dosage may always be used on his/her shift but not on another (the PRN medications afford the greatest opportunity for the nurse to supply his/her habit)
- administers IV medications when the patient receives oral medications during previous and subsequent shifts
- removes controlled substances at the beginning of their shift
- removes controlled substances before and/or after their shift
- removes controlled substances for a patient who does not have an order for the medication or who is no longer admitted to the unit
- have responsibility for patients who complain that medication given on his/her shift is not as effective as on others, or that they did not receive medication when the record shows they did
- have frequent wastage, such as spillage of drugs or drawing blood in the syringe
- wastes an entire vial of medication
- asks another nurse to witness a waste that the witness does not actually see the nurse waste
- frequently overrides the Pyxis
- work on a unit where drugs are disappearing or seals have been tampered with
- always offer to count narcotics to make sure the count is correct
- have pinpoint pupils, shaky hands, could be sleepy or hyper while on duty

Keep in mind that no indicator, or group of indicators, is unique to chemical dependency.

However, if there is a drop off in the work performance of a previously good employee, the supervisor should consider the possibility of a problem if several indicators are present.



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NAVIGATING THE SERVN NV VOLUNTEER REGISTRATION PROCESS FOR NEVADA'S BATTLE BORN MEDICAL CORPS

On April 1, Governor Steve Sisolak announced that he signed the Battle Born Medical Corps emergency directive, aimed at expanding our healthcare workforce to fight COVID-19. This Directive waives certain licensing requirements to allow Nevada to quickly bring additional health care workers into our hospitals. It also permits certain doctors, nurses, EMTs, and even medical students to go to work immediately to care for COVID-19 patients.

This document provides you with information on navigating ServNV.org, Nevada's statewide clearinghouse for volunteer medical providers wishing to serve the many Nevadans requiring medical attention and provide much needed relief to our healthcare workforce. Please follow the below instructions to complete your profile and background check.

1. Visit www.ServNV.org, Nevada's statewide emergency medical provider volunteer platform. This platform provides the state with the ability to perform your background check and maintain a database of available medical providers who can assist with emergency medical operations.
2. Click on the 'register now' button on the right-hand side of the page.
3. The first thing you will be asked to do is Add an Organization.
4. Click "add organization" in the top left-hand corner
 - a. Please select "provisional" from the list of options, regardless of whether you are already affiliated with the organization you are electing to serve at.
 - b. Hit select on the lower right-hand corner
5. Next, you will be asked to create account information. Enter a username and password.
6. Agree to the Terms of Service and the Privacy Policy
7. Enter your name and address information
8. Enter contact information (email, telephone number)
9. Enter your occupation and occupational status
 - a. Note that this section includes two occupational types, medical and non-medical. Occupations are listed in alphabetical order.
10. At this point, you are now registered for the State Emergency Registry of Volunteers.
 - a. Please take the time to fill out ALL sections listed in your Profile Summary
 - i. This includes: Identity; Deployment preferences; contact; occupations; training; skills and certifications; medical history; and the background check.
 - ii. Once you have completed all of these sections, they will appear green. This indicates that your profile is now complete.

PROTECT YOUR COMMUNITY AND YOURSELF WITH A COVID-19 VACCINE



A COVID-19 vaccine is the best way to protect yourself and others from infection.

COVID-19 vaccines are safe, effective, and here now. Strong confidence in the vaccines within communities will lead to more people getting vaccinated, which will lead to fewer COVID-related illnesses, hospitalizations, and deaths.



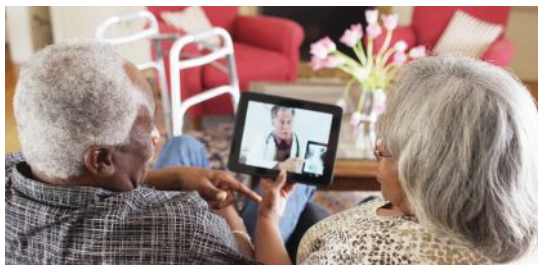
As a rural leader, you can do the following to build COVID-19 vaccine confidence in your community:



Encourage people in your family, organization, and community to be vaccine champions and to share testimonials about why they got vaccinated.



Have discussions about COVID-19 vaccines, so people can share their views and ask questions. Ask local doctors, nurses, or other health care professionals to help answer people's questions.



Share [key messages](#) about vaccine safety through multiple channels that people trust, such as local radio stations, schools, and in faith-based settings.



Help educate people about [COVID-19 vaccines](#), including how they were developed and monitored for safety and how individuals can talk to others about the vaccines.



Learn more about [finding credible vaccine information](#). When you come across COVID-19 information, cross-check it with [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus) and learn how to respond to misinformation that you encounter.



Make your decision to get vaccinated [visible](#) and celebrate it.

You have three ways to find vaccines near you:

- Go to [vaccines.gov](https://www.vaccines.gov)
- Text your ZIP code to 438829
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For more information about protecting yourself and others from COVID-19, visit [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).



HUMAN TRAFFICKING

AWHONN POSITION STATEMENT

Position

Nurses are ideally positioned to screen, identify, care for, provide referral services for, and support victims of human trafficking. Therefore, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) supports improved education and awareness for nurses regarding human trafficking. Patients should be screened for human trafficking in private, safe, health care settings. If there is a language barrier, professional interpreter services are imperative.

To protect the safety of women who have been trafficked, AWHONN opposes laws and other policies that require nurses to report the results of screening to law enforcement or other regulatory agencies without the consent of the woman who experiences the human trafficking. However, nurses and other health care professionals should be familiar with laws for mandatory reporting in their states, especially for minors, and comply as applicable.

Background

Human trafficking, a modern form of slavery, is generally divided into several categories: forced sexual exploitation, forced labor, and domestic servitude. Victims of forced sexual exploitation may have to work in a variety of settings, including but not limited to prostitution, exotic dancing, pornography, and/or as mail order brides (Richards, 2014). Victims of forced labor work for little or no money, often for long hours, and without appropriate safety measures or

compensation. Female victims of forced labor are also often sexually exploited (U.S. Department of State, 2005).

Human trafficking is a global problem present in all countries, including the United States. Within the United States, sex trafficking of U. S. citizens is more common than labor trafficking; labor trafficking is more prevalent among foreign nationals (Sabella, 2011). Trafficking victims in the United States come from all over the world, but not all of these victims originate from other countries; many are U.S. citizens.

While there is no single profile for those who have been trafficked, certain individuals may be more vulnerable to being victimized: runaways; homeless and orphaned adolescents; foreign nationals; individuals with histories of trauma or violence; females; and lesbian, gay, bisexual, and transgender individuals (Greenbaum, 2014, Institute of Medicine, 2013, National Human Trafficking Resource Center, (n.d.)).

While the exact number of trafficking victims is unknown, it is estimated that 80% of the victims are women and girls (U.S. Department of State, 2005). As such, they are at increased risk for gynecologic and obstetric problems, including persistent or untreated sexually transmitted infections, unintended pregnancies, repetitive abortions or miscarriages, trauma to the rectum or vagina, and infertility. Further, basic primary health care services are rarely provided to this population. As a result, they often have untreated medical problems, including but not limited to

physical injuries associated with abuse and torture (e.g., burns, lacerations, missing or broken teeth), malnutrition, dehydration, substance use disorders, depression, anxiety, and posttraumatic stress disorder (Deshpande and Nour, 2013, Grace et al., 2014, Richards, 2014).

The Role of the Nurse

One of the most challenging issues associated with human trafficking for nurses and other clinicians is the identification of victims (American College of Obstetricians and Gynecologists, 2011). In a survey of trafficking survivors, 28% came into contact with health care workers during the trafficking situation but were not recognized as victims (Family Violence Prevention Fund, 2005). Victims may not have the language or maturity to disclose their trafficking status and/or may fear what will happen if they do disclose.

Nurses are some of the few professionals who may interact with trafficked women and girls while they are still in captivity (Dovydaitis, 2011); thus, they should be aware of the warning signs (physical and emotional) associated with trafficking in women and girls. The National Human Trafficking Resource Center, 2012 identified a number of these warning signs:

- Presence of cotton or debris in vagina and/or rectum,
- Problems with jaw or neck,
- Inability to keep appointments,
- No identification,
- Tattoos or branding,
- Accompanied by a person who does not allow her to speak or does not want to leave her alone during interview and/or care,
- Inconsistent stories (conflicting stories or misinformation),
- May not speak English, and
- Lack of documentation of age appropriate immunizations and health care encounters.

Interviewing a woman who has been trafficked poses safety concerns for the woman, others close to her, and the interviewer. For this reason, the interview technique must be specific to the situation in order to avoid the potential for causing harm (World Health Organization, 2003). Nurses should be specifically trained about the

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safety needs of this vulnerable population, including how to phrase conversations, the availability of appropriate resources for immediate and follow-up care, and the various cultural aspects and norms of care. Education should also extend to the implications for anonymity, confidentiality, and informed consent as appropriate, such as in the case of specific traumas.

As part of the educational process, nurses should examine their own perceptions of human trafficking so they do not inadvertently impose those perceptions and leave the individual feeling more victimized and/or criticized. Respect and nonjudgment are key components of the interview and care encounter (International Organization for Migration, 2007). Nurses must also be aware of the range of risks involved for the victim, including immigration violations, labor laws, and other legal implications. Victims may also experience physical harm or death for revealing the situation, and their families may punish or banish them as well (World Health Organization, 2003).

Nurses also support and participate in safety planning for victims and are encouraged to be aware of follow-up resources. Delays or inappropriate referrals can result in harm and/or increased risk for the victim. These resources may include local organizations specializing in working with trafficked women; free health services (general practice, reproductive health, hospital, and mental health); sources of advice on housing and other social services; legal aid/immigration advice services; local churches/community support organizations; language training centers; and nongovernmental organizations in the women's home country (World Health Organization, 2003).

Nurses should be aware of the need to establish boundaries as appropriate to maintain their personal safety. It is not unusual for care providers of victims of abuse (in this case human trafficking) to experience emotional distress themselves; therefore, nurses should be aware of professional resources for debriefing and counseling (International Organization

for Migration, 2007). Nurses are uniquely situated as trusted professionals that provide support and empathetic care. The perception of the victim that the nurse can be trusted can facilitate honest communication and a willingness to share the situation.

Recommendations

AWHONN supports research and policy initiatives to improve care and support for victims of human trafficking. Such initiatives may include the following:

- Development of a validated, brief, screening tool to better identify victims of human trafficking in clinical settings.
- Mechanisms to support continuity of care, especially when warning signs of human trafficking are present.
- Advancement of research focused on the long-term health implications for victims of human trafficking.
- Development of educational opportunities in relation to interdisciplinary and multidisciplinary interviews and ongoing care.
- Development of validated lists for legal, health care, mental health, safe housing, and culturally appropriate resources. One such resource is the National Human Trafficking Resource Center, which maintains a crisis hotline.
- Enhancement of multi-sector collaboration and coordination in order to support information sharing.
- Public health campaigns to raise awareness of human trafficking particularly targeted to at-risk populations.
- Support for legislative efforts that seek to penalize traffickers and fund support services for victims.
- Nurses should take leadership roles in these initiatives. Improvements in screening, identification, and treatment will ultimately lead to safer, healthier women.

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Human Trafficking Warning Signs



Warning Signs

- Signs of physical abuse (burn marks, bruises, cuts)
- Pelvic or abdominal pain; appears malnourished
- Tattoos or branding
- Possession of large amounts of cash, multiple cell phones and/or hotel keys ; offers to pay in cash
- Caught lying about age/possession of false ID; lacks official identification documents
- Avoids social interaction and authority figures/law enforcement
- Seems to adhere to scripted or rehearsed responses in social interaction; someone always speaks for them
- Unable or unwilling to give an address or information pertaining to parents/guardian
- Maintains sexually explicit profiles on social networking sites; over-familiar with sexual terms and practices
- Suicide attempt
- Bizarre relational dynamics/unsettling behavior
- Disorientated about date, time, and place
- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid, or excessively hostile
- Seemingly excessive number of sexual “partners”
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)



How Hospitals Can Help



What is Human Trafficking?

- Modern day slavery
- Exploiting a person through force, fraud or coercion
- Sex trafficking, forced labor or domestic servitude
- Human trafficking is happening everywhere around the globe to people of any age, gender, race, socioeconomic status or nationality
- Any person under the age of 18 involved in a commercial sex act

Identifiers of a Trafficker

- Significantly older than their female companions
- Encourages illegal activities and/or inappropriate sexual behavior
- Vague about his/her profession
- Demanding or pushy about sex
- Someone that exerts an unusual amount of control over the patient



How to Help a Victim of Trafficking

- Separate any companions from the patient and provide a quiet, safe place for the patient
- Attend to any physical needs of the patient; don't rush the patient
- Adopt open, non-threatening body positioning (sit at eye level, avoid touching patient unless given permission, be aware of body language, avoid crossing arms)
- Engage the patient with active listening skills, respectful and empathetic language; avoid judgment
- Educate hospital staff on the red flags and the protocol of actions to be taken
- Document suspected and confirmed trafficking using the new ICD-10 codes
- Invest community benefit dollars towards anti-trafficking initiatives
- Become acquainted with community groups/resources that help victims

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An official position statement of the Association of Women's Health, Obstetric and Neonatal Nurses
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