The Kansas Nurse is owned and published by the Kansas State Nurses Association (KSNA). As of 2016 it will be published four times a year. An annual subscription is $50 domestic (nursing schools, hospitals, libraries, non-nurses) and $60 foreign. Some issues are available on the KSNA website at ksnurses.com. It is a peer-reviewed publication. The views and opinions expressed in the editorial/advertising material are those of the authors/advertisers; they do not necessarily reflect the opinions/recommendations of the KSNA, the Editorial Board members, or the staff. The policy of the KSNA Editorial Board is to retain copyright privileges and control of articles published in this journal when the articles have not been previously published or the author retains copyright.

This journal is indexed in the International Nursing Index and the Cumulative Index to Nursing and Allied Health Literature. It is available at the National Archives Publishing Company, Ann Arbor, MI 48106.

Advertising information is available on the KSNA website, ksnurses.com, and may be downloaded, completed, and forwarded to the Managing Editor for processing. Acceptance of advertising does not imply endorsement/approval by the KSNA of any product advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply that a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that the KSNA disapproves of the product or its use. The KSNA shall not be held liable for any consequences resulting from purchase or use of advertisers’ products.

Authors interested in submitting articles should send their written material in APA format to the KSNA for review prior to possible publication. Electronic submission is preferred with “For Publication in TKN” in the subject line of an email address to kansasnursepub@gmail.com. Please provide the author’s complete contact information. A confirmation note will be sent to the submitting author and the article submitted will be peer-reviewed. Any decision regarding publication will be forwarded to the author. Questions regarding the process may be directed to the KSNA at 785-233-8638, ext. 300, or to director@ksnurses.com.

The KSNA is a Constituent Member Association of the American Nurses Association, Silver Springs, MD.

MISSION: The KSNA promotes professional nursing, provides a unified voice for nursing in Kansas and advocates for the health and well-being of all people. It was established February 1912 at Wichita, Kansas.
As my time as President of KSNA begins to come to a close, I have been reflecting on my time in this role. I will admit that I have been remiss at not accomplishing all of the lofty goals I had for my term as President of this wonderful organization. Many others though have reminded me how far we have come in the last two years.

Our KSNA logo and other materials have had a marketing makeover to better align with ANA and to truly bring us into the next age.

The KSNA building is up for sale, which is exciting, in order to further KSNA as a thriving non-profit organization.

We have a 2016-2018 Strategic Plan which is viewable on our brand new website (www.ksnurses.com) that your Board of Directors has used to guide the organization in a focused direction.

KSNA is excited about the growth of the State Director role and our partnership with the Missouri Nurses Association and the Nebraska Nurses Association in the Midwest Multistate Division.

We have increased our presence in the state by ensuring there is KSNA representation at various nursing organization meetings across the state. Your KSNA Board of Directors has been actively seeking opportunities to increase transparency with our members and much of this information can be seen on the website, as well.

Our KSNA regions are in various states of activity, but many are on their way to thriving and we are here to support all regions in their development.

And last, but not least, we are planning our 2017 Membership Assembly to be held with the Kansas Association of Nursing Students on October 21st in Wichita, KS (please see the website for more information). Please join us at this exciting event and celebrate with us where KSNA has been an our bright future.

It is still a ‘New Day in KSNA.’
Nurses Educational Funds, Inc.  
Two Goals-Support of Graduate Nursing Education Through Annual Scholarship Awards and Mobilizing a Give Back Spirit  

Nurses Educational Funds, Inc. (NEF) is the largest professionally endorsed source of scholarships for advanced nursing study in the U.S. The NEF mission and vision encompass our two goals:

First: To promote leadership through scholarship support for professional nurses seeking masters and doctoral degrees in nursing education, practice, service and research. Second: To be the national leader in providing graduate funds for nurse leaders in education, practice, service and research.

The need for nurse leaders is critical. NEF-funded scholars have become outstanding faculty and deans of schools of nursing, renowned researchers, and experts in healthcare delivery, administration, and policy— all leading change in every arena across the country and globally. Funding scholarships for graduate nursing education is an ongoing and challenging process that has been the key focus of NEF’s volunteer board of directors.

If you are seeking to elevate your career by returning to school for a master’s or doctoral degree and seek financial assistance, our annual completely online application process at www.n-e-f.org begins on October 1 of each year and closes on February 1 of the following year. A description of the requirements for NEF Scholarship application follows.

About the Scholarships:

- Scholarships are based on academic performance, a personal essay, reference letters, and validated study already in progress in graduate programs throughout the United States.
- Scholarships are provided directly to students for their use in supporting their studies.
- A long list of named endowed scholarships is available on the NEF website, at www.n-e-f.org. Since 1912, more than 1200 professional nurses have received a Nurses Educational Funds, Inc. Scholarship.
- Each student’s application is reviewed and scored by two separate nurse reviewers from NEF Board of Directors who do not consult with each other regarding their reviews. The review scores are then tabulated by the Criteria and Eligibility Committee nurse members for the final scholarship application determination.

About the criteria:

- GREs are not required as part of the application process.
- Student applicants must be licensed registered nurses with a bachelor of science in nursing degree.
- References are required from the student’s academic, employment, and professional colleagues.
- Scholarships are given to students in nursing research, clinical practice, education, and administration.

About our funding:

- Each year, in spring, and winter NEF sends letters to nurses, nursing schools and colleges, medical centers, corporations, foundations, and individuals asking for financial support for the annual scholarships.
- Our annual Fall Gala, this year scheduled for November 1, 2017, seeks sponsorship from schools or Colleges of Nursing, medical centers, corporations, foundations, and individuals at varying levels: $50,000, $25,000, $10,000, $5,000, $2,500, and $1000. NEF Gala Reception tickets are $100.
- NEF Gala Sponsors will be acknowledged on the invitation, on the Gala Program, and during the Gala, November 1, 2017.

Nurse Philanthropy:

As professionals, we can also be philanthropists, while helping others understand the need for philanthropy. Nurses Educational Funds, Inc. will continue to be a successful graduate nursing scholarship provider if we can mobilize a give-back spirit among our colleagues. Individual nurses can give as part of their legacy. Nurses are essential to their communities and health care but need to help their communities understand their vital health care delivery contributions. It is imperative that NEF continues to expand the number of graduate nursing scholarships if we are to facilitate and sustain nursing faculties, nurse researchers, and nursing leaders. With a give-back spirit, nurses can greatly contribute to graduate nursing scholarship support.

For further information, see our website at: www.n-e-f.org or contact our Executive Director, Jerelyn Weiss, at: jweiss@n-e-f.org, (917) 524-8051, Nurses Educational Funds, Inc., 137 Montague Street, Ste. 144, Brooklyn, NY 11201

References

Jerelyn Weiss, Executive Director, personal communication.

Susan Bowar-Ferres, PhD, RN, NEA-BC, President of Nurses Educational Funds, Inc., April, 2012- April 2017, personal communication.

The practice of nursing is a regulated profession. The regulation serves dual roles – to protect both the profession and the public. It protects professionals who have worked hard to attain the requisite education and training to be able to practice their learned profession competently from untrained or unscrupulous individuals tarnishing the profession by their unqualified practice. Regulation protects the public by establishing a floor of standards for individuals to enter the profession and to maintain the privilege of practicing.

It’s a privilege to practice – that’s an important point. What that means is the individual seeking entry into the profession must meet the minimum standards for education, training, physical and moral fitness. The same is true for individuals that are already licensed, in which this eligibility is reassessed on a periodic basis through the licensure renewal process.

Statutory Framework
The initial regulation of the profession dates back to 1913. Over the course of the years there have been amendments to strengthen the regulatory framework which has developed into what we now refer to as the Kansas Nurse Practice Act. Consider such regulation to be a benefit. To put it in perspective, each year certain groups seek to become a regulated profession, but aren’t always able to get the necessary legislation passed. In addition to the benefits already discussed, a statutory construct provides some validation of the profession and acknowledgment of its role in society. If you haven’t read the Nurse Practice Act, you should. It is easy to find on the Kansas State Board of Nursing’s website. You’ll be charged with knowledge of the Act. The old adage “ignorance of the law is not a defense” is absolutely true in this context. The statutes are the foundation for the regulation of the nursing profession.

Kansas State Board of Nursing
The Kansas State Board of Nursing is the agency charged with responsibility for enforcing the statutes enacted by the legislature. It is one of the Governor’s agencies in the executive branch. The leadership consists of Board members and agency staff. The Board is comprised of six registered nurses, two practical nurses, and three public members. The Board members are appointed by the Governor. These volunteer Board members have their full time occupations, but volunteer their time to serve on the Board. In addition to overseeing the general business of the agency, they also may be appointed to serve on subcommittees.

The agency staff are employees who operate the day-to-day business of the Board. The Executive Director is the top leader of the agency. Carol Moreland is settling into the Executive Director position after having recently took the helm from Mary Blubaugh. The agency has staff to perform education, licensing, and IT functions. Additionally, a substantial number of the agency’s staff are dedicated to an enforcement role. There are nurses investigators charged with the responsibility of investigating in excess of 2,400 cases each year. There are attorneys that will bring actions seeking to keep out unqualified applicants and enforce violations of the law by seeking discipline against existing licensees. The Board is vested with the authority to make the decisions and issue orders affecting licensure. Agencies are unique creatures in this regard as it is akin to having law enforcement, the county attorney, the Judge, and the clerk of court all in the same office.

Rulemaking Authority
Sometimes the statutes enacted leave the reader wondering how they apply to a specific scenario. It is an inevitable and somewhat intentional outcome. The statutory framework is designed to leave some discretion and authority to the agency to fill in the details based on the Board members’ professional experience and expertise. Agencies accomplish this through the adoption of regulations. The process for adopting regulations includes first obtaining and considering input from professionals, industry leaders, and the public. Once adopted, regulations have the force and effect of law. Again, since ignorance of the law is not a defense, it is recommended you read those too for general familiarity.

The Kansas State Nursing Board also has the authority to issue guidance documents. These are distinguishable from regulations in some key respects. Guidance documents are required to be published on the agency’s website, so you can check to see if any are currently effective. There generally is no professional or public comment period prior to implementation. This is one reason they do not have the force and effect of law. Rather, they are intended to be helpful guidance to the licensed professionals on how agency staff will interpret and apply a particular law. Often individuals simply desire insight into the agency’s perspective on an issue in order to ensure compliance. The guidance documents are intended to be that communication to the broad profession.

Agency Statistics
The Kansas State Nursing Board is an agency with a total of 26 full time positions. The operating budget is approximately $2.8 million. The bulk of agency expenses is in staff compensation and contractual services. The agency is completely fee funded. That means the agency’s budget is reliant upon licensure fees, rather than general state funds. So when you pay your individual licensure fees they are pooled to fund the total expense of Board operations.

Conclusion
At this point it should be apparent that you are getting a great deal of bang for your buck. You truly are getting more than simply the paper licensure card in exchange for your license fees. The licensure card is simply the end product of all of the behind the scenes hard work of the staff and Board alike to carry out the enforcement of the Kansas Nurse Practice Act. You’re buying into the protection of the profession that you worked hard to earn the privilege of practicing.
In 2011, the Institute of Medicine (now named the National Academy of Medicine, NAM) released a report, *The Future of Nursing: Leading Change, Advancing Health* (FoN), advocating for a strong nursing profession to meet the complex challenges in an evolving healthcare system (IOM, 2011). The Kansas Action Coalition (KSAC) was created the same year to implement the FoN report recommendations, one of which emphasizes the need for building strong nursing leadership, for nurses to be full partners in advancing healthcare. To this end, the KSAC recently conducted a descriptive survey about leadership among Kansas nurses (Peltzer et al., 2015). More than half of the 970 participants reported being in a leadership role in their organization or community and most also were interested in building or enhancing their leadership knowledge and skills.

To address the identified needs reported by nurses, the KSAC has initiated several leadership programs, the most visible being the Kansas Nurse Leader Residency (KNLR) program. In partnership with the University of Kansas Hospital, KSAC developed and implemented a statewide leadership residency program for nurses in four specialty areas: acute care, long-term care, public health, and school health. The KNLR program initially was based on a program designed for nurses working in acute care organizations. The original plan suggested using monthly, day-long, in-person sessions. Building from this beginning point, the KSAC coordinated a core team of leaders from the four regions of the state: Northeast, Northwest, Southeast, and Southwest, to review and modify the program to meet the needs of nurses in all four specialties, and across the different geographic regions of the state. The team identified and worked with acute care, long-term care, public health, and school health content experts to review content and achieve congruence with leadership across the four specialty areas. The core team and content experts also provided input about program dosing, i.e., the recommended length, frequency and modality of the new KNLR program. Everyone agreed that nurses working in many of the specialty area settings, particularly in rural counties, would be unable to attend monthly all-day workshops.

Regional and specialty area input was considered in designing both program content and dosing. The resulting KNLR program content focused on human and organization factors, such as building teams, collaboration, human resources, quality and safety, program management, finance, and policy. Each nurse resident identified and worked with a mentor, who helped the resident develop and implement a leadership project that addressed an important issue in the resident’s organization or community. The program was a six-month residency program that included three in-person regional meetings, four online modules, and a final meeting in Topeka.

The purpose of this series of four papers is to articulate the unique methods used within each region of Kansas to execute the KNLR program, as well as to report regional successes and challenges. The authors from each region also provide examples of residency leadership projects and the impact of the projects on the organizations and communities.

References

Successful Communication in Leadership: Experiences of the Northeast Kansas Nurse Leader Residents

By Jill N. Peltzer, PhD, APRN-CNS, Cynthia Teel, PhD, RN, FAAN, Janet D. Pierce, PhD, APRN, CCRN, FAAN, Elizabeth Carlton, MS, RN, CCRN-K, CPHQ, CPPS, Debra J. Ford, PhD

The Kansas Action Coalition implemented a statewide residency for registered nurses (RN) in February 2016 called the Kansas Nurse Leader Residency (KNLR). This leadership program was for nurses practicing in acute care, long-term care, public health, and school health settings to advance their knowledge and skills as nurse leaders. Eight nurses, representing all four specialties, were Kansas’ northeast region first cohort of KNLR nurse residents. The purpose of this article is to describe the KLNR northeast region’s unique residency implementation strategies, successes, and challenges.

The six-month KLNR hybrid program focused on two broad areas: human factors and organization factors and included topics such as interprofessional relationships, team development, quality and safety, and financial management. The northeast region’s three in-person meetings were facilitated by the director of quality, safety, and regulatory compliance at a large urban academic health center and nursing faculty from the school of nursing situated on the same campus. The in-person meetings were designed to reinforce concepts the nurse residents learned in the online modules through in-person activities, presentations, and discussions and were tailored to the nurse residents’ current leadership experiences.

Successful Communication in Leadership

The predominant theme throughout the in-person sessions was Communication for Successful Leadership. Communication is a two-way process of reaching mutual understanding, in which participants not only exchange information, news, ideas, and feelings, but also create and share meaning. Communication is enacted between humans, involves verbal and nonverbal messages, and requires energy (Hackman & Johnson, 2013). Communication is critical in nursing to promote quality health outcomes among individuals, families, and community. Leadership is human (symbolic) communication that modifies the attitudes and behaviors of others in order to meet shared group goals and needs (Hackman & Johnson, 2013, p. 11). Communication is an essential component of successful leadership.

Through the in-person meetings, communication, a core to leadership skill, was performed by the facilitators and the nurse residents. The facilitators discussed the idea that leadership is not only a position on an organizational chart, but is rather similar to communication, which is a process. Through simulation, participants focused on crucial and high stakes interactions, using skills such as active listening, motivational interviewing, needs assessments of stakeholders, and redirection of goals to achieve mutual results. Nurse leaders also explored the concepts of lateral violence (specifically bullying) within the workplace. Additional focus was placed on using communication skills to promote shared decision making for staff as well as patients/clients.

The first in-person session provided an overview of the residency program. During the meeting, the nurse residents and facilitators discussed the importance of self-care to minimize feeling overwhelmed while in the residency program. Residents shared how they engaged in self-care and also were encouraged to take time for themselves regularly. Nurse leaders from the hospital engaged the residents in a discussion about ethical leadership. The second in-person session focused on team-building and communication. During this meeting, the facilitators and nurse residents completed activities using concepts from TeamSTEPPS®. Through a simulation based activity, the concept and need for team-based communication steered by a leader was exemplified.

During the final in-person meeting, the nurse residents had the opportunity to share their small change projects for feedback from the facilitators and other nurse residents. Facilitators coached the residents in public speaking as well as PowerPoint development in preparation for their formal presentations at the summative meeting later in the Residency program.

Leadership Influences Change to Impact the Community

Each nurse resident completed a small change project as a component of the KNLR program. The purpose of the small change project was to apply the residency leadership topics to practice. The project was designed as a quality improvement initiative addressing a relevant issue within the nurse residents’ organizations and/or communities. The nurse residents and their mentors identified an issue in their practice setting that should be addressed by a nurse leader. The KNLR facilitators then worked with the residents to make sure their projects were significant, feasible, and impactful.

The small change projects were significant because they addressed critical issues on the unit, within the organization, or in the community. The nurse residents were encouraged to connect their project topics to national quality and safety initiatives, such as Healthy People 2020 or initiatives from the Centers for Disease Control and Prevention. For example, the public health nurse resident identified increased cases of children with elevated serum lead levels in her community. The facilitators worked with the residents to ensure their projects were feasible in implementation. One resident was interested in minimizing falls in a long-term care facility. To make sure the project was feasible, she revised the methods that were used to collect data about falls, so that the data collected would accurately capture patient falls. Last, the projects needed to be impactful to the organization and/or community. As another example, one acute care nurse resident implemented an hourly rounding program that resulted in fewer falls and improved patient satisfaction scores on one unit. After the KNLR project, the organization has implemented the hourly rounding program across all units.

Conclusion

Following completion of the KNLR program, all of the northeast region nurse residents articulated that the program was beneficial for them and their organizations. The nurse residents shared that their leadership knowledge and skills were augmented by participating in the KNLR program and by working closely with their mentor. The residents also reported that implementation of small change projects provided the opportunity to apply the concepts in a real-world setting. Overall, communication was a necessary skill for successful leadership. The KNLR residents in the Northeast region gained expertise in communication and in leadership development.

References

2017 Kansas State Nurses Association
Membership Assembly
“Evidence-Based Practice and Today’s Professional Nurse”

Saturday October 21, 2017
Hyatt Regency Wichita

Register Now at https://ksna.salsalabs.org/2017ksnamembershipassembly

Registration Fees:
$65.00 KSNA Members
$75.00 Non KSNA Members

Target Audience:
This activity is designed for registered nurses from a variety of practice settings, both members and non-members of the Kansas State Nurses Association.

Agenda
7:00 a.m. Attendee Registration/Speaker Check-In
7:00 a.m. Kansas Nurses Foundation (KNF) Scholarship Breakfast & Silent Auction Kickoff
8:00 – 9:00 a.m. Utilizing Evidence-Based Medicine in Practice (1.0 CH)
9:00 – 9:30 a.m. Networking Break and Visit Exhibits
9:30 – 10:00 a.m. Knowledge Nuggets - mini breakout sessions (0 to 0.5 CH)
10:00 – 10:30 a.m. Networking Break and Visit Exhibits
10:30 - 12:00 p.m. KSNA Business Meeting – all KSNA members welcome
12:00 – 1:00 p.m. Lunch and Visit Exhibits
1:00 – 2:00 p.m. Keeping the Chronic Pain Patient (and You!) Safe (1.0 CH)
2:00 – 2:30 p.m. Networking Break and Visit Exhibits
2:30 – 3:30pm. Evidence-Based Heart Failure Education (1.0 CH)
3:30 – 3:45 p.m. Break/Vendors/Meet the KANS candidates
3:45 – 4:45 p.m. Utilization of Suicide Screening Tools in Practice (1.0 CH)
4:45 p.m. KSNA Membership Assembly Adjourns

Kansas Nurses Foundation Scholarship Breakfast:
The Kansas Nurses Foundation (KNF) will be hosting a scholarship breakfast fundraiser at 7:00 a.m. during Membership Assembly. The cost is $35.00/person. The Silent Auction will also kick off during that time. Those interested in bidding will have multiple chances throughout the day. Winning bidders will pick up items they won at the conclusion of the event. For more information on the scholarship breakfast or the silent auction please contact Michele Reese at michelereese.mr@gmail.com.

Accommodations:
Sleeping rooms have been blocked for the event at the Hyatt Regency Wichita for October 20 at a rate of $112.00 plus taxes and lodging fees. Reservations can be made by contacting the hotel at 316-293-1234.
Committee Members: Cindy Reazin and Terri Johnson, Co-Chairs Marjorie Dillon-Sams and Julie Miller. September 17, 2017 M. S. C., (C. Reazin/T. Johnson) to approve the suggested KSNA Bylaws changes. Vote and determination given via emails.

<table>
<thead>
<tr>
<th>Current Bylaws Language</th>
<th>Suggested Language Change</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article X, Meetings, Section 2, Board of Directors Meetings</td>
<td>Replace with “Meetings of the Board of Directors shall be held preceding and/or following each Membership Assembly as necessary and at such other times as determined by action of the board.”</td>
<td>Language change requested by the KSNA President and Board of Directors to bring bylaws into harmony with current practice.</td>
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</table>

The following bylaws changes are being requested by the Chief Executive Officer of the Midwest Multistate Division.

<table>
<thead>
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<tr>
<td>ARTICLE I  Name, Purposes, and Functions</td>
<td>Add:</td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>Section 3. The functions of the KSNA shall include the following</td>
<td>Add:</td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>A. promote and maintain standards of nursing practice, nursing education, and nursing services as defined by the American Nurses Association programs, national health policy, and international health policy.</td>
<td>Add:</td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>B. ensure adherence to the ANA Code of Ethics for Nurses.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>C. promote and advocate a system of credentialing in nursing.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>D. initiate and influence legislation, governmental programs, and national and international health policy.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>E. promote and protect the welfare of nurses.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
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<tr>
<td>F. provide leadership in state and national nursing and, through appropriate channels, in international nursing.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>G. provide for professional development of nurses.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>H. support an affirmative action program.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
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<tr>
<td>I. support workforce advocacy for nurses.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>J. stimulate and support systematic study to promote evaluation and research in nursing, to disseminate research findings and to utilize evidence based practice as the basis for nursing practice.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>K. provide to Regions or other state units options for business service operations, strategic advocacy activities, and member support.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>L. maintain communication with members and Regions through official publications.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
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<tr>
<td>M. assume an active role as consumer advocates.</td>
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<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
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<tr>
<td>N. represent and speak for the nursing profession with medical and allied health groups, county, state, national and international organizations and the public.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
</tr>
<tr>
<td>O. protect and promote the advancement of human rights related to health care and nursing.</td>
<td></td>
<td>The bylaws need to recognize the new structure as KSNA is now a member of the Midwest Multistate Division.</td>
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ARTICLE III Officers and Duties of Officers

Section 4. The president shall be chairperson of the Board of Directors and the Executive Committee. In addition, the president shall

Add:
E. Act as the delegate of Kansas State Nurses Association at the Board of Directors meetings of the Midwest Multistate Division in the event the President is unable to meet this function another

This explains that the KSNA president is a member of the Midwest Multistate Division Board with the ability to appoint another KSNA representative should the president not be available to serve to ensure KSNA has representation on the MW MSD board.
### Current Bylaws Language

<table>
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<tr>
<td>A. Preside at all meetings of the association and conduct them by a formal order of business; B. deliver an annual address and perform all duties of the office; C. serve as an ex officio member of all KSNA appointed committees. D. stand as (or chose a designee to stand as) a representative at the ANA Membership Assembly along with an annually elected representative.</td>
<td>Remove: B. appoint a director or an alternative manager for the association, define the duties, and set the compensation.</td>
<td>Suggest removing B and adding a new section: State Director and Staff Services below. This language describes the hiring of the State Director since KSNA is now a part of the Midwest Multistate Division and the collaboration with the KSNA President &amp; Board.</td>
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### New Section 6

<table>
<thead>
<tr>
<th>Add new section: State Director and Staff Services</th>
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<tbody>
<tr>
<td>The Midwest Multistate Division, through the Chief Executive Officer of the Division and its Board, provides a State Director and necessary staff to carry out the day to day business of the Kansas State Nurses per policies and positions established by the Kansas State Nurses Association Membership Assembly and the Board of Directors. Kansas State Nurses Association does not directly employ any staff.</td>
</tr>
<tr>
<td>a. The Midwest Multistate Division Chief Executive Officer in cooperation with the Midwest Multistate Division Board Representatives from Kansas State Nurses Association Board of Directors:</td>
</tr>
<tr>
<td>1. Appoints a State Director who shall be accountable to the Kansas State Nurses Association Board of Directors and the Chief Executive Officer of the Midwest Multistate Division. This State Director may represent the Association and serve as spokesperson on matters of established policies and positions. The Kansas State Nurses Association Board of Directors in conjunction with the Chief Executive Officer of the Division evaluates the State Director.</td>
</tr>
<tr>
<td>2. Employs, evaluates, and promotes or terminates staff support positions to meet the needs of the Kansas State Nurses Association including, but not limited to, financial and communication functions.</td>
</tr>
</tbody>
</table>
In the recent Institute of Medicine’s report, Future of Nursing: Leading Change, Advancing Health (FON), the nursing profession was challenged to diversify, to meet the complex needs of an increasingly diverse population in the United States (2011). Additionally, the FON report recommended that nurses provide culturally competent care. Culture, including beliefs, behaviors, concepts of spatiality and temporality, and attitudes, can impact the health of individuals, families, and communities (Helman, 2007). Many populations experience significant health disparities, particularly various racial and ethnic groups. “Culturally competent nursing care contributes to the reduction of health disparities through patient empowerment, integration of cultural beliefs into patient care, and expanded access for vulnerable groups to health care services” (Douglas et al., 2014, pgs. 109 – 110).

Since 2011, the Kansas Action Coalition (KSAC) has worked to advance the FON recommendations, including promoting a more diverse nursing workforce in Kansas. In 2013, the KSAC conducted a study of the Kansas RN workforce focusing on diversity, education levels, work settings, and roles. At that time, approximately 93% of RNs in Kansas were White females (Shen, Peltzer, Teel, & Pierce, 2015), which was clearly not representative of the diversity of the Kansas population. Currently, 23% of Kansas residents are from non-White racial and ethnic groups (U.S. Census, 2015). Given the diversity of our populace, nurses should be educated to provide culturally competent care to populations across all settings.

In response to the IOM recommendations and the recent Kansas RN workforce data, the KSAC initiated a program to promote cultural competency among Kansas nurses. Building cultural competency among nurses will help facilitate optimal and equitable health for Kansans. The purpose of this descriptive, cross sectional study was two-fold. First, to establish baseline data about Kansas nurses’ knowledge, skills, and attitudes in providing culturally competent care. Second, to determine a baseline reflecting Kansas pre-licensure nursing (LPN, ADN, and BSN) and RN-BSN programs’ curricular content about cultural competency.

**Research Method**

A cross-sectional descriptive design was used. Institutional review board approval from the University of Kansas (KU) Medical Center was obtained prior to recruitment and data collection. The framework guiding the creation of the study surveys was the 2014 Guidelines for Culturally Competent Nursing Care, developed by the American Academy of Nursing’s Expert Panel on Global Nursing and Health and the Transcultural Nursing Society (Douglas et al., 2014). These ten guidelines advocate for the provision and support of culturally competent care. The Nurse Survey and the Nursing Program Survey were developed by KSAC team members and reviewed by four KU School of Nursing professors who are experts in cultural competency and instrument development. The Nurse Survey is a 16-item self-assessment tool with 10 items about cultural competency. The respondents rated knowledge on a scale of 1 = “no knowledge” to 4 = “very knowledgeable”; skills on a scale of 1 = “not competent” to 4 = “very competent”; and attitude on a scale of 1 = “not important” to 4 = “very important”. The Nursing Program Survey is a 14-item self-assessment of curricular content about cultural competency. The program respondent rated the amount of curricular content on a scale of 1 = “none” to 3 = “quite a bit”. A link to the two surveys was disseminated in May and June, 2015 through the KSAC list serve, to various state and regional nursing organizations’ list serves, and also e-mailed to deans, chairs, or program directors of all Kansas pre-licensure nursing and RN-BSN programs. The surveys were anonymous and participation was voluntary, therefore, signed informed consent was not required. Data were exported from Survey Monkey to SPSS 22.0. Data were analyzed using descriptive statistics, including frequencies, percentages, and measures of central tendency.

**Results**

A convenience sample of 169 nurses and 23 pre-licensure/RN-BSN programs participated in the study. The majority of the nurse respondents were Non-Hispanic White (94.7%) and female (95.2%). The mean age was 50 years (SD 11.9; range 23-75). Sample demographics were consistent with the Kansas nursing workforce (Kansas State Board of Nursing, 2015; Shen et al., 2015). The Nurse participants represented the eight districts in Kansas, as delineated by the Kansas Organization of Nurse Leaders (http://www.konl.org/Districts/). Approximately one third were from District 1 in Northeast Kansas and 21% from District 4 in south central Kansas, both of which include the two largest metropolitan areas in the state.

All types of pre-licensure nursing programs were represented in the Nursing Program Survey findings, with most representing either practical nursing (n=13) or associate degree in nursing programs (n=10). RN-BSN programs also were represented (n=4). Most (57%) of the pre-licensure/BSN completion nursing programs participating in the survey were located in rural settings.

Of the 169 nurse respondents, 121 participants self-rated their knowledge, skills, and attitudes about culturally competent nursing care, with the remaining 48 completing only demographic information. In general, nurses self-assessed that they were knowledgeable or very knowledgeable (72–88%) and competent (62–83%) in culturally competent care. Nurse competency in Guideline 6 about cultural competency in health systems and organizations was not evaluated because the guideline addresses the organization and system role in cultural competency, which is beyond the individual nurse’s scope. More nurses reported being knowledgeable about Guideline 2: Education and Training in Culturally Competent Care, than the other nine guidelines. However, more nurses reported being competent in Guideline 7: Patient Advocacy and Empowerment. Overall, participants believed that cultural competency is important (83–93%), with the most nurses believing that Guideline 7: Patient Advocacy and Empowerment was important.

Pre-licensure and RN-BSN program respondents assessed their programs as having some content about cultural competency per the 10 guidelines (43–100%). Overall, programs were more likely to have content about Guidelines 1–5, which guide individual nursing care, compared to Guidelines 6–10, which focus on organizational and system support of culturally competent care. All programs (100%) had integrated content about Guideline 3: Critical Reflection. Fewer programs had integrated Guideline 6: Cultural Competence in Health Care Systems and Organizations (52%) and Guideline 9: Cross-Cultural Leadership (43%). Table 1 summarizes the findings for each guideline, for each group of respondents.

---

**Table 1:**

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Pre-Licensure</th>
<th>RN-BSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>43–100%</td>
<td>43–100%</td>
</tr>
<tr>
<td>2</td>
<td>72–93%</td>
<td>62–88%</td>
</tr>
<tr>
<td>3</td>
<td>83–93%</td>
<td>62–83%</td>
</tr>
<tr>
<td>4</td>
<td>57–91%</td>
<td>43–72%</td>
</tr>
<tr>
<td>5</td>
<td>57–91%</td>
<td>43–72%</td>
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<tr>
<td>6</td>
<td>57–91%</td>
<td>43–72%</td>
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<tr>
<td>7</td>
<td>57–91%</td>
<td>43–72%</td>
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<tr>
<td>8</td>
<td>57–91%</td>
<td>43–72%</td>
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<tr>
<td>9</td>
<td>57–91%</td>
<td>43–72%</td>
</tr>
<tr>
<td>10</td>
<td>57–91%</td>
<td>43–72%</td>
</tr>
</tbody>
</table>
Discussion

Overall, most nurses were knowledgeable about culturally competent care, competent in providing care, and valued the importance of culturally competent care. The researchers expected there might be varying levels of knowledge and skills among the nurse respondents because of the wide range of educational programs. However, many pre-licensure and RN-BSN programs have integrated content about culturally competent care into their curricula, so students across program levels are learning about cultural competency in nursing practice. This high level of integration of cultural competency knowledge in academic programs should help in educating a workforce of nurses who know about, value, and provide culturally sensitive care.

There are several limitations in this study. The convenience sample limits generalizability to all Kansas nurses. Curricular content in graduate nursing programs was not examined, thus the findings cannot be generalized to those programs. The sample of nursing programs was too small to explore if there were differences in program type and integration of cultural competency content. Several participants commented that the tool was confusing to complete and 29% of participants only completed demographic data. Instrument revision should be considered before the instrument is more broadly used.

Providing culturally competent care is important for achieving quality outcomes, particularly among populations who experience health disparities. The American Academy of Nursing on Policy advocates for use of the 2014 Guidelines for Culturally Competent Nursing Care across all nursing education and practice settings (2015). Based on study findings, curricular content that addresses the 10 guidelines should be included in all nursing programs. Future research to explore additional strategies for building cultural competency knowledge, skills, and attitudes among Kansas nurses is recommended.

References


Table 1: Cultural Competency Guidelines and Results

<table>
<thead>
<tr>
<th>Cultural Competency Guidelines (CCG)</th>
<th>Nurses’ Self Reporta</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledgeable about CCG</td>
</tr>
<tr>
<td>Guideline 1: Knowledge of Cultures: Nurses shall gain an understanding of the perspectives, traditions, values, practices, and family systems of the culturally diverse populations for whom they provide care, as well as knowledge of the complex variables that affect their achievement of health and well-being.</td>
<td>72%</td>
</tr>
<tr>
<td>Guideline 2: Education and Training in Culturally Competent Care: Nurses shall be educationally prepared to provide culturally congruent health care.</td>
<td>88%</td>
</tr>
<tr>
<td>Guideline 3: Critical Reflection: Nurses shall engage in critical reflection of their own values, beliefs, and cultural heritage in order to have an awareness of how these qualities and issues can influence culturally congruent nursing care.</td>
<td>85%</td>
</tr>
<tr>
<td>Guideline 4: Cross-Cultural Communication: Nurses shall use culturally competent verbal and nonverbal communication skills to identify client’s values, beliefs, practices, perceptions, and unique health care needs.</td>
<td>77%</td>
</tr>
<tr>
<td>Guideline 5: Culturally Competent Practice: Nurses shall use cross-cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care.</td>
<td>72%</td>
</tr>
<tr>
<td>Guideline 6: Cultural Competence in Health Care Systems and Organizations: Health care organizations should provide the structure and resources necessary to evaluate and meet the cultural and language needs of their diverse clients.</td>
<td>80%</td>
</tr>
<tr>
<td>Guideline 7: Patient Advocacy and Empowerment: Nurses shall recognize the effect of health care policies, delivery systems, and resources on their patient populations and shall empower and advocate for their patients as indicated.</td>
<td>87%</td>
</tr>
<tr>
<td>Guideline 8: Multicultural Workforce: Nurses shall actively engage in the effort to ensure a multicultural workforce in health care settings.</td>
<td>76%</td>
</tr>
<tr>
<td>Guideline 9: Cross-Cultural Leadership: Nurses shall have the ability to influence individuals, groups, and systems to achieve positive outcomes of culturally competent nursing care for diverse and vulnerable populations.</td>
<td>72%</td>
</tr>
<tr>
<td>Guideline 10: Evidence-Based Practice and Research: Nurses shall base their practice on interventions that have been systematically tested and shown to be the most effective for the culturally diverse populations that they serve.</td>
<td>76%</td>
</tr>
</tbody>
</table>

a. Percentages in table are combined percentages for nurse participants’ responses: “knowledgeable” to “very knowledgeable”, “competent to very competent”, and “important to very important”.

b. Percentages in table are combined percentages for program participants’ responses: “in the curriculum a little bit” to “in the curriculum quite a bit”.

The Kansas Nurse
Welcome to the KSNA
KANSAS STATE NURSES ASSOCIATION

Those who joined from June 1, 2017 to August 31, 2017

Lauren Hamman  Erick Sallman  Blake Samskey
Norman Goering Sara Beikman Dana Loper
Teresa Wells Beth Baker Connie Horstman
Tracy Sargent Carol Parnell Emily Sawyer
Lauren Hamman Sarah Kingan Margaret Basingo
Brenda Johnson Cindy Mosciaro Valerie Kindler
Jeri Tegtmeier Theresa Mason Marie Tieleman
Shelby Stanyan Viola Sprague Colleen Vitztum
Paula Mosier Jennifer Baker Eleanor Butler
Heidi Pemberton Julie King Monica Woolsoncroft
Holly Bittel Tina Miller Lauren Macomber
Sandra Devore Stacey Knauss Matthew Belshe
Nancy Brader Valentina Hain Charlotte Coleman
Djoanna De Jesus Yaso Jayawardhana Linda Chrisman
Amanda Spicer Jennifer Soden Allison Nicholson
Elaine O’Neill Kimberly Lamberson Kimberly Burns
Teresa Stinson Carla Shepard Sandy Pickert
Susan Maendele Carol Morrison Kristie Richerson
Janet Porter Marian Pannone Laurie Holmes
Shawna Johnson Hayley Pankratz Abra Friess
Faye Jones William Luzier
Kansas State Nurses Association Election 2017 - Candidate Profiles

The nominations committee would like to present the candidates for Kansas State Nurses Association - Election 2017. These positions are elected by KSNA membership. The election will be held via electronic voting. A link to the ballot will be available at www.ksnurses.com. Polls will open on Sept. 1, 2017 and close on Sept. 30, 2017. If you do not have access to the internet, please contact the KSNA office at 785-233-8638 x300 and a paper ballot will be mailed to you.

Vice President (Jan. 1, 2018 to Dec. 31, 2019)
In the absence of the President, the vice president shall assume the duties of the president. In the event of a vacancy in the office of president, this individual would become president for the remainder of the term including the past-president role. The vice president is elected or a two (2) year term.

Amy Mason, BSN, BS in Business Administration
I want to empower the nurses of Kansas by accentuating their knowledge, skills, and abilities which can be directed toward building a thriving KSNA voice. Being a part of a professional organization is important to me and I hope that the love and respect I have for this organization can be shared with the nurses across this great state of ours. Thank you to those nurses who have forged this path for us. Your tireless legacy is not forgotten. I hope to continue to carry your honor and respect for this profession if I am elected but more importantly as I work every day as a nurse. Please consider my candidacy for the Vice President.

Terry J. Siek, MSN, RN, NEA-BC
I have been involved with KSNA for a number of years and previously served as the Secretary. I think my experience with transitions will help in this position as KSNA is in a period of transition. I have had experience with other organizations and my employer during such periods. I also have served on an ANA commission regarding nurses practicing at the full extent of their licensure. I think I can bring my experience to help KSNA at this time.

Treasurer (Jan. 1, 2018 to Dec. 31, 2019)
This position serves as the liaison to the KSNA Board of Directors. Duties include reporting to the Board the financial standing of KSNA whenever requested to do so and making a full report to the KSNA Membership Assembly. They shall keep an itemized account of all receipts and disbursements and provide a written report at each KSNA Board of Directors meeting. This position is responsible for developing the annual budget. The treasurer is elected for a two (2) year term.

Martha Stroot, RN
I have served as treasurer the last two years. We have been able to streamline operations and put our organization on stronger financial ground. I would like to be able to continue on to finish some of our other projects.

Nominating Comm. (Jan. 1, 2018 to Dec. 31, 2019)
This position queries the membership for nominations for officers of the Board of Directors, compiles the information for membership consideration and oversees the KSNA election process as defined in the KSNA bylaws. The Committee will consider the names submitted by the Regions as well as other qualified members in preparing the ballot.

Carla Lee, PhD, APRN-BC (A/FNP,CNS) CHES, CNA, FAAN
Qualifications for this position are related to service (elected) at district, state and national levels, including completion of LWV’s courses on such. Dr. Lee believes in diversity and inclusion with a career that demonstrates such over the years. She wishes to serve to prepare the ballot for the constituency in their election of the leaders of KSNA.

Board Member (Jan.1, 2018 to Dec. 31, 2020)
Each year one director shall be elected to serve on the board for three years. Board members of KSNA shall perform the duties usually performed in such leadership roles and as specified in the bylaws and designated by the KSNA Board of Directors.

Kristie Richerson, RN, BSN
I believe that one of the most pressing issues we face as nurses is staffing ratios for safety of our patients and our licenses. In talking with other nurses I work with, as well as nurse friends who work in other facilities, nearly every one of them has accepted an assignment that they knew wasn’t safe because they felt pressured that they could lose their job or be labeled as a “troublemaker” if they didn’t. I’m not sure the best way to fix this problem, but if I was a part of the KSNA leadership, this issue would be something we would look at and develop a policy about, as well as develop a plan to address the problem going forward. I know we all want our patients to be safe, and we don’t want to put our license in jeopardy just to keep our job.

Dustin Baker, RN, BSN
A nursing issue that I take a strong stance in is safe staffing levels. As a nurse it is very important to me that I provide the very best care to my patients. Staff is an issue that nursing has been facing for years. Inadequate staffing as we know is a threat to not only the patient health and safety, but to the nurse as well. It leads to higher patient mortality, failure to rescue and falls within the facility. As a nurse I have always taken a stance to work with my peers and management to help improve nursing staffing on the units. It takes a team’s collaborative efforts to improve patient care.

Dawn Julian, DNP, APRN, CWNS, CWON-AP, CNE, NEA-BC
My position on advanced practice nursing is for full practice authority without a requirement for a collaborative practice agreement. I am also an advocate for tuition reimbursement legislation in underserved counties with nursing shortages.

Brenda Kuder, ADN
KSNA has undergone many changes in the past few years and I think it is important to have a Board of Directors who represent all aspects of Nursing, to give a balanced approach to decision making and guidance for the future of the organization. I believe that my past term as a board member has helped to achieve that balance and would be proud to continue to serve.
The ‘Call to Duty’ for Rural and Frontier Nurse Leaders in Northwest Kansas

By Janelle Harding DNP, APRN-BC and Christine Hober PhD, MSN, RN-BC, CNE

In 2011, the Institute of Medicine gave the nursing profession eight recommendations, one of them being to “prepare and enable nurses to lead change to advance health” (Institute of Medicine, 2011, p. 14). The Kansas Action Coalition responded to this recommendation by creating a statewide nurse leadership residency program designed to give current working nurses, from four practice areas of expertise, additional leadership skills to advance healthcare. The practice areas of nursing represented in the program were: acute care, public health, long-term care and school nursing. In February of 2016 twelve nurses from the northwest region of Kansas chose to participate in the Kansas Nurse Leadership Residency (KNLR) program with representation from the four practice areas. All twelve nurse participants completed the KNLR program. This article will discuss some issues and attractions in health care, unique to the rural and frontier areas of northwest Kansas, synthesized from the northwest KNLR participants.

Issues Affecting Healthcare in the Northwest Region of Kansas

The northwest region of Kansas is designated rural and frontier, posing unique issues related to healthcare delivery for nursing leaders. The definitions of rural and frontier used for state and federal programs vary depending on the purpose of the project being researched or funded. The Governor’s Behavioral Health Services Planning Council in Kansas is a group of stakeholders who collaborated to promote accessibility of mental health services. A group of members of the council served on a rural and frontier sub-committee which defined “rural” and “frontier” for the State of Kansas. The subcommittee recommended the use of Kansas Department of Health and Environment’s (KDHE) population density peer group continuum. Based on previous criteria and 2010 criteria: 11 counties in western Kansas are defined as rural and 30 counties in western Kansas are defined as frontier (Governor’s Behavioral Health Services Planning Council, 2014).

The northwest KNLR participants met virtually and face to face over six months. During this time, reflective discussions were used to better understand the issues of health care most prominently experienced by the nurse leader residents. As the literature defines, some of the issues that may be considered in classifying an area as rural or frontier include: population density, distance from a health care center, travel time, paved roads, seasonal changes in access to services, and health care provider shortage (Chipp et al., 2011; Douthit, Kiv, Dwolatzky & Biswas, 2015; KDHE, 2014; United States Census Bureau, 2016). The KNLR participants discussed that health care issues specific to rural and frontier regions of northwest Kansas were related to the general themes of population, distance, and burnout.

Addressing Healthcare Issues for Nurse Leaders in Rural and Frontier Kansas

As the northwest KNLR participants deduced, the first of three health care issues for the region is related to population. The issue of population included...
the sparsely populated geographical region, the lower socioeconomic status of the population in this region, and the lack of resources in this region. Resources include the lack of qualified human resources, meaning health care providers and specialists, in addition to salary. Nurse leaders in rural and frontier regions stressed that the lack of human resources is one of the most poignant population issues. Interestingly, an awareness that “growing” or educating health care professionals locally to fill vacancies long term seemed to be one of the strongest plausible solutions. The KNLR participants emphasized that continuing education to strategize innovative approaches to navigate the resources and finances of rural and frontier clinics, hospitals and other health care delivery areas, is important.

The second health care issue specific to rural and frontier regions of northwest Kansas was distance. The theme of distance was related to health care service provision and the educational needs of health care professionals in rural and frontier Kansas. Distance is an issue for both the health care professional and the patient. In respect to the specialist, distant travels to the rural or frontier area to provide health care services to patients may ensue, but usually on monthly intervals which can alter timely provision of needed health care services. Due to the issue of distance, often patients are sicker upon arrival to the clinic or hospital (Chipp et al., 2011; Douthit et al., 2015).

Additionally, distance is an issue for health care professionals seeking continuing education and training (Chipp et al., 2011). As the KNLR group explained, there is a lack of continuing education for health care professionals in Western Kansas and distance to an educational offering is often too far when one considers fees, travel expenses, time away from work, and adequate work coverage. With the challenge of maintaining adequate staffing for quality patient care, allowing even one health care professional to be gone for a lengthy educational session is not practical. Conversely, online educational programs are integral.

Lastly, burnout was a health care issue identified by the KNLR participants. Burnout can be due to the lack of privacy, lack of health care personnel for coverage, professional isolation, and limited resources (Chipp et al., 2011; Benson et al., 2016). As further delineated, burnout seemed to also be related to experiencing frustration with physical resources, including the lack of modern equipment and computer programs, and longstanding, scarce physical rooms and buildings. Nurse leaders must continually work proactively with issues that impact burnout in an effort to address job satisfaction. The KNLR participants suggested that the program include grant-writing opportunities in the future. The KNLR participants emphasized that continuing education and training (Chipp et al., 2011). As the KNLR group explained, there is a lack of continuing education for health care professionals in Western Kansas and distance to an educational offering is often too far when one considers fees, travel expenses, time away from work, and adequate work coverage. With the challenge of maintaining adequate staffing for quality patient care, allowing even one health care professional to be gone for a lengthy educational session is not practical. Conversely, online educational programs are integral.

Rural and frontier nursing has positive aspects. Members of the northwest region of the KNLR described a rural or frontier nurse as being a “Jack of All Trades” and having the ability to provide holistic care. Tredea, McEwena, Kenny & Mearab (2013) described the heart of rural nursing as learning to make do and going above and beyond the call of duty. The northwest KNLR residents felt that rural and frontier nurses take initiative, learn by doing, become self-reliant, and build a broad practice skill set. Interestingly, a lack of privacy, or inclusivity, is also seen positively as being an insider and looking out for one another. Inclusivity is important given that this area is a largely agriculturally based economic region.

**Conclusion**

The participants in the northwest region viewed the KNLR program positively. Residents believed that the additional leadership skills and education gained through the program would enable them to become better nurse leaders in their areas of practice. The KNLR program supported regional peer networks while providing additional education, research, and learning opportunities across the state to grow more nurse leaders who will address issues of quality health care delivery in our state. Simply stated, the KNLR program in northwest Kansas facilitates the nurse leaders’ call to duty.

**References**


Southeast Kansas Nurse Leader Residents: Creating Significant Impact with Limited Resources
Kristi Frisbee, DNP, RN

A brief overview of the acute care, long term care, school health and public health agencies in the Southeast Kansas (SEK) region provides perspective on the challenges faced by SEK Nurse Leaders. The region is comprised of 12 counties (KHA, 2015) – Allen, Bourbon, Chataqua, Cherokee, Crawford, Elk, Greenwood, Labette, Montgomery, Neosho, Wilson and Woodson. In this region, there are 13 hospitals, 9 of which are critical access hospitals. The region includes two of the nine counties in Kansas lacking a community hospital. Nine of the twelve counties have a dedicated health department (Kansas Department of Health and Environment, 2016). Yet three of the counties (Allen, Bourbon and Woodson) are part of the Southeast County Multicounty Health Department along with Anderson County; sharing resources for efficiency of effort. Many of the K-12 schools within the SEK region do not have a school nurse and most that do only have one nurse caring for all students in the district – often covering multiple sites.

Challenge of Nursing Leadership in Rural Settings

Three challenges to leadership emerged from this discussion: (a) the need to “wear many hats,” (b) a perceived lack of resources for leadership development, and (c) professional isolation. These challenges have been previously identified in nursing research as barriers to leadership development in rural settings (Paez, Schur, Zhao & Lucado, 2013; Fealy, McNamara, Casey, Geraghty, Butler, Halligan, Treacy, & Johnson, 2011).

The need to “wear many hats”

SEK Nurse Leader Residents acknowledged that a major challenge as nursing leaders was the need to assume a broad range of responsibilities other than just leading or directing nursing in their agencies. They reported that these responsibilities made them feel busy all the time, overwhelmed and inadequate with all that needed to be done on a regular basis. These thoughts were in agreement with findings in a recent national study of nurse leaders in rural hospitals by Paez et al (2011) where three fourths of responding leaders reported having responsibilities for not only nursing but also for non-nursing departments. Twenty-two percent of these study participants also reported providing direct patient care, many more than nine hours each week.

Perceived lack of resources for leadership development and professional isolation

The second challenge of nursing leadership identified by the SEK Nurse Leader Residents was a perceived lack of resources for leadership development. This was very closely associated with the third challenge of feelings of professional isolation. Many of them felt that they advanced to a nursing leadership position without being prepared to lead. They subsequently felt isolated from colleagues who had been their peers and they now served in a leadership position over those same peers. All of the residents acknowledged that their agency tried to be supportive, but the size of the organization was a limiting factor in the depth and breadth of professional development and mentoring opportunities available. School nurses are often the only healthcare professionals employed in their agency and feel even more professional isolation than their colleagues in other agencies. In a series of studies of rural nurse leaders in Australia, Bish, Kenny and Nay (2015, 2013, 2012) also identified this as a challenge of rural nursing leadership.

Overcoming Challenges

The SEK participants in the KNLR program were optimistic about the future of nursing leadership in the region and state. They reported that they believed that the KNLR program had been a huge benefit to them and they appreciated the opportunity to participate. All expressed interest in helping to facilitate future KNLR offerings and to mentor those going through the program in the future. All stated that they would encourage others to apply for the program in the future. They provided feedback on what they perceive nurse leaders in rural SEK need to overcome the challenges they face.

In addition to expressing a hope that the KNLR program would continue on a regular basis, SEK KNLR participants identified three interventions that they perceived would help nurse leaders in SEK overcome these challenges. These include interagency cooperation, mentoring, and use of technology to connect nurse leaders to continuing development opportunities and to mentors in other parts of the state.

Interagency cooperation

The KNLR participants expressed appreciation for the opportunity to meet with nurses from the four different areas of nursing represented in the program – acute care, long-term care, public health and school nursing. As they identified ways to maximize efforts, they suggested that the different agencies involved in these areas couldn’t pool their resources to provide on-going leadership development opportunities for current and future nurse leaders.
in the region. They looked to the University system in the state as a source of leadership and support in facilitating this type of interagency cooperative effort. Grandy and Holton (2012) identified development of partnerships in leadership development as an opportunity that must be explored to maximize efficiency and provide a broader range of leadership development offerings.

Mentoring
A second strategy identified by the KNL residents was intentional mentoring. They appreciated the opportunities afforded by the KNLR program to be matched with mentors from throughout the state and expressed intention to participate in the matching. This strategy was also identified by participants in the studies of Bish et al (2015, 2013, 2012), a dissertation report by Lindsey (2012) and by Grandy and Holton (2012).

Use of technology
The final strategy recommended by SEK KNL residents was the use of technology to connect current and potential nurse leaders to professional development and mentoring opportunities. They acknowledged that traveling time and distance to attend live meetings can also be a challenge for busy nurse leaders. However, they believed that the use of technology such as podcasts, asynchronous meetings, FaceTime, and internet opportunities could be an efficient and effective method for overcoming that challenge. Again, they sought the state and regional universities for leadership in that effort.

Transformation of Nursing Leadership
Though the SEK region had the smallest group of nurse leaders participating in the inaugural Kansas Nurse Leader Residency program, they were able to overcome the challenges faced and develop creative leadership skills that translated into small change projects with big impact. One resident who works in a SEK emergency room developed a community education program on stroke recognition for senior citizens. She accepted invitations to speak to several groups throughout the program time and will continue to present the program moving forward. Stroke outcomes at her facility will be tracked to quantify the impact of increased awareness of stroke symptoms and associated interventions. Another resident is a nurse in a Community Health Clinic and identified through chart reviews a need for quality improvement related to immunizations in the pediatric clinic. She developed a training manual and has already seen an improvement in outcomes related to immunizations due to her small change project. She related that she felt empowered by the KNLR program to take the steps to initiate the manual.

All of the SEK participants expressed great appreciation for the opportunity to participate in the Kansas Nurse Leader Residency program and hope that the program would continue. These participants faced several of the same leadership challenges identified by regional participants. The biggest challenge was the limited amount of time to complete the modules and activities required for participation in the program due to their perceptions of being stretched thin by the need to “wear many hats” in their roles as nurse leaders. This challenge as well as the time required to travel to and from the live meetings led to three of the initial participants regretfully dropping out of the program. Despite these challenges, participants expressed the belief that the program embodied many of their ideas for ways to enable SEK nurse leaders to overcome their healthcare leadership challenges. They enthusiastically endorsed the program and indicated that they would encourage others to participate and would even assist in the delivery of future program offerings. They expressed the belief that if Kansas nurses work together to develop strategies that transform nursing leadership throughout the state, nurse leaders can create significant impact for the patients, families, fellow agencies and patients served every day.

References


Kansas Nurses Foundation Breakfast and Silent Auction
October 21, 2017

The KNF will be hosting a scholarship breakfast at 7 a.m. October 21 in addition to a silent auction at the KSNA Membership Assembly in Wichita, KS. Cost is $35 per person.

Questions? Email Michele Reese at michelereese.mr@gmail.com
SAVE THE DATE
February 14, 2018
Capitol Plaza Topeka
1717 SW Topeka Blvd.
Topeka, Kansas 66612

Please mark your calendars to join us and learn more about the legislative process, hear from great speakers and learn how you can lobby your elected officials.

Questions? Call 785.233.8638 or email ksna@ksnurses.com.
As a nurse leader, I have become adept to learning. Learning comes in many facets. Some are immediate. For example, if I touch a hot stove and burn my hand, I immediately learn that touching a hot stove results in a burned hand. My brain makes the connection almost simultaneously. If while driving I come upon another car too fast, my car with its advanced technology, alerts me with alarms and lights and even begins to apply the brake for me. Again, the connection is almost instantaneous. Academic learning, however, is seldom that obvious. John Dewey, an American philosopher, psychologist, and educational reformer said, “We don’t learn from experience. We learn from reflecting on experience.” In reflecting on the activities from the first session of nurse leadership residents in the southwest part of Kansas, three questions remain unanswered. These three questions are based on Kolb’s cycle of experiential learning (Eyler, Giles, & Schmiede, 1996). What? So What? and What Now?

“What?” questions focus on the description. What information was provided to the residents and was it adequate to excite them to want to learn more and apply it to their current and future nursing roles? What information is relevant to their practice as they pursue and demonstrate leadership qualities? What additional information do they need? What skills have they acquired that will assist them in seeking out what they do not know? In reflection of “What?”, this first residency provided information necessary for a nurse to develop leadership skills and qualities. Residents’ feedback, provided additional suggestions that will further answer “What?”, needs to be included.

Residents in the Southwest region asked “What?” in the selection of their change projects. One nurse leader resident appreciated that she had the management staff and resources to support development of a new children’s hospital. However, it was now necessary to hone leadership skills to engage, empower, and retain the excellent staff acquired. By asking “What?” this nurse resident embraced leadership skills to meet the desired leadership goal.

“So What?” questions are interpretive. So what did the residents learn about themselves? Did they feel compelled and motivated at the end to continue with their pursuit of leadership skills? What information did they find so inspiring to tell others about? What behaviors will they change in themselves and then use to mentor others? To answer the “So What?” questions, state and regional leaders need to remain connected with the residents. In addition, involvement by the residents in future nurse leadership residency programs in the state is essential. Returning as a guest speaker and serving as a mentor to future residents will help to determine the answer to the question “So What?”

Finally, “What Now?” involves action. What action do we as a profession in nursing in Kansas take now? Certainly the call for nurse leaders has never been greater. But unlike the natural learning that comes from touching a hot stove, leadership may not be that obvious. “What Now?” requires many to become involved and learn about the Nurse Leadership Residency Program. It requires some to step up and be involved in identifying nurses that would benefit from participation in this program. “What Now?” also includes sharing the incredible Change Projects of each resident with state healthcare leaders in Kansas.

The third nurse leader asked, “What now must I do to disseminate the improved patient outcomes that have resulted from education and early intervention of patients with sepsis transferring from rural community hospitals?” Presentations at the Kansas Summit on Quality as well as multiple webinars with the Kansas Hospital Association became a primary method of sharing these outcomes. As a result, this nurse leader resident was identified as a 2016 Healthcare Hero by the Wichita Business Journal. The work of these residents and nurse leaders throughout the state is noteworthy. Unlike my car when I drive too fast, now is NOT the time to put on the brakes.

Reference

President’s Annual Report to the Board
August 5, 2017

The Kansas Nurses Foundation (KNF) held its annual meeting August 8, 2017. Assets as of December 2016 were $235,898.35. KNF is a 501c-3 non-profit organization which allows for tax deductible donations.

One of our fundraising events each year is the KSNA Convention/Membership Assembly. The 2016 event was held in Topeka, KS at the Ramada Hotel. Through the efforts of the PR/Fundraising Committee, as well as other Foundation members, funds were raised for the 2017 Scholarships. A successful evening of food, fun and entertaining was attended by various KSNA members.

Specific Items Completed:

- Attended phone/zoom meeting for the 2016 KNF internal audit with two members of the Governing Board, Gaye Stach and Joanna Upson. A very new experience for each of them.
- Submitted Not-for-Profit Corporation 2016 Annual Report required by the Secretary of State (due June 15th). Submitted the registration Statement for Solicitations (solicitation license), as well. Wayne Reazin completed the Federal 990 Form and it was submitted as required. Copy of these reports/forms were filed in the office for future reference.
- Sent Scholarship letters to respective colleges/universities, recipients and donors. Letters are vital in keeping donors up-to-date with how funds are managed as well as distributed. Eighteen (18) total scholarships were awarded during the 2016 year.
- Presented information about the purpose and role of KNF to several nursing programs.
- Held Executive Board meeting in Hutchinson related to scholarships, the figurine collection and potential office relocation.
- Worked with the American Holistic Nurses Association (AHNA) to lease office space and display our figurine collection starting July 2017.
- Worked with various members to pack, stack, and move items from 1109 SE Topeka Blvd, Topeka, KS to our new location at 2900 Plass Court, Topeka, KS. Thank you, Terri Johnson for being available the actual day to assist movers. Thank you to the AHNA for welcoming us into their building for what we hope to be a long relationship.

A huge thank you goes to all of the members of the 2016-2018 Governing Board for their effort far above expectations and their continuing support. Dr. George Knox resigned in July, 2017 and we especially thank him for his input this past year.

Contact us at our new location: 2900 Plass Court, Topeka, KS 66612 (by mail at P O Box 3899, Topeka, KS 66604), or email, knf@ksnurses.com. Watch the KSNA website for updates on contact information. (Note: phone calls may be directed to KNF Administrative Assistant Michele Reese at 785-608-4288.)

Debra J. Hackler, MSN, RN, President

KNF to Again Offer Fun & Fundraising at KSNA Membership Assembly

Once again, the Kansas Nurses Foundation will offer fun for all as it plans for the upcoming 2017 KSNA Membership Assembly on Saturday, October 21, at the Hyatt Regency Hotel in Wichita. With this year’s event to be held on only one day, there will be some slight variations from the past. But, you can count on a KNF dining event and our always popular silent auction-themed baskets.

Tentative plans include a get-together dining experience to kick off the day, featuring a delicious breakfast buffet, and the first opportunity to view/bid on donated baskets and other valuable items. All proceeds benefit our annual scholarships for student nurses in Kansas. This is your opportunity to help maintain and enhance the flow of nursing professionals in our state healthcare system for years to come.

Donations of themed baskets are most welcomed from KSNA members, the seven KSNA regions, and others interested in supporting KNF scholarship efforts. Ideas for basket themes are endless; an Internet or Pinterest search will produce a plethora of ideas to choose from or develop your own creativity – have fun with your nursing peers.

At the KNF meeting held on August 5 in Salina, 16 scholarships for the 2017 school year were approved totaling $8,600.00. Student nurses were the delighted recipients of support for their educational plans. There were 25 applicants for the various scholarships. More complete information will be published online and in the next issue of The Kansas Nurse.

And always, there are opportunities to assist KNF with an outright gift to our Florence Nightingale Annual Giving Fund, through the Honor A Nurse program (see the KNF page at www.ksnurses.com), and every time you shop at a Dillons food store (sign up at www.dillons.com). All of us that serve on the KNF Board of Trustees are most grateful for your ongoing support of Kansas nursing scholarships.

Finally, the foundation has been a grateful recipient of monthly $1,000 donations from the Brad Pistotnik Law firm in Wichita to honor Kansas nurses and benefit nursing scholarships. In August 2017, the law firm began its second year of commitment to KNF through the KSN-Wichita Channel 3 (LIN Television Network) Honor a Kansas Nurse program. Please consider nominating a deserving nurse in the KSN viewing area for this honor; the nomination form is available at www.ksn.com/honor-a-kansas-nurse/ or you can mail your entry by following the instructions on the website. There are many deserving nurses that should be recognized as a Nurse of the Month with a donation to KNF from Brad Pistotnik Law.

Debra J. Hackler, MSN, RN, President