

THE TORCH

The Official Newsletter from the Virginia Nursing Students Association
Editor: Janice Guinn



2017 & 2018 VNSA BOD

Writing Contest Topic:

For me, deciding to go to nursing school was about giving back to my community, taking on a job that would give me joy, and knowing that my job would have a direct impact on whoever I was dealing with. One thing that I've had to understand from the start is that a nurse's primary focus is his or her patient. All patients should be treated with equal quality of care...

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How has the concept of compassionate care impacted your nursing career as a student? What clinical experiences altered the way you view nursing care?

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At the end of the day, love and compassion will win

Terry Waite



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Equal Patient Care in America

Naomi Jones
James Madison University

For me, deciding to go to nursing school was about giving back to my community, taking on a job that would give me joy, and knowing that my job would have a direct impact on whoever I was dealing with. One thing that I've had to understand from the start is that a nurse's primary focus is his or her patient. All patients should be treated with equal quality of care. A problem that we are facing today, and have been facing for a long time, is the relationship between healthcare providers and patients who are of different racial and ethnic backgrounds. For many years the issue of healthcare disparities for minorities has existed. For African Americans, getting inferior treatment hasn't exactly been a new experience. One would think that the struggles African Americans have faced in our social, economic, and educational systems would not trickle into our healthcare system, but that is sadly not true. Minorities in general, but especially African Americans, are consistently recorded as having lower satisfaction ratings in their care compared to white Americans. In addition, African Americans are shown to suffer more when it comes to overall health and disease contraction. Although African American women are less likely to get breast cancer, they are more likely to die from it. African Americans also have higher infant mortality rates, are more likely to die from heart disease, and contract AIDS at a higher rate. Being an African American woman that is planning to go into the health field, I was alarmed and disappointed by these facts. If nothing else, shouldn't minorities be able to feel comfortable in a healthcare facility, where everyone's well-being should be equally important? Health disparities can be attributed to a number of issues, most of them stemming from the harsh society we live in. My purpose of this article, however, is to address the way our healthcare workers are treating the minorities in our communities. The relationship between a patient and their healthcare provider is extremely important, and if this relationship is deteriorating when it comes to the race or ethnic background of a patient, there is a big problem.

I grew up in a small rural city that was anything but diverse. I was able to see first-hand how being in a non-diverse environment could have an effect on how one viewed other people. The minds of my peers were constantly fueled with stereotypes. I couldn't help but wonder what my fellow classmates were going to do when, once they left high school and entered the real world, they had to deal with people that were different from them. Statistics show that the small town I grew up in is not much different from the situation doctors face in the from wealthy, educated, and high-class percentage of the population. Meanwhile, most doctors come from economic and social backgrounds that are far different from a lot of minorities. Secondly, many minorities are not satisfied with their care in healthcare facilities. We should, therefore, be committed to learning ways to close the gap. It is important for doctors to be aware when they are being of their personal stereotypes or biases, but studies show that the more experienced a physician is the more likely they are to adopt stereotypical practices. Again, these stereotypical thoughts are being brought in from society and the backgrounds the doctor came from. It is up to us as healthcare workers to be able to actively learn about the people in our societies and not let ignorance influence healthcare. Since there has been a history of bad treatment in the clinic and in society towards African Americans, distrust has been a difficult issue to

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overcome. This could be a reason why African Americans have lower satisfaction ratings than white Americans. Trust is very important in a healthcare worker-patient relationship. If a patient doesn't trust his or her doctor to give correct treatment, how can a doctor properly serve their patient? We need to find ways to rebuild trust in the health system.

My mother grew up in Washington DC. She frequently says when recalling her childhood, "As far as I was concerned, the whole world was black." My mother had thirteen children, so she had plenty of experience as a patient in hospitals. She had her first six children in the Washington DC/NOVA area. She and my father later moved to central Virginia where, if that ideology had not already been put to rest, my mother quickly learned that the whole world was not, in fact, black. This is where she gave birth to the last seven of her children. The differences she experienced in the hospitals in central Virginia and the hospitals she was used to were eye-opening. Suddenly, the ten-minute wait she normally withstood in previous doctor's offices turned into an hour. She got a lot of bad vibes from the staff and wasn't treated as if she was wanted. This happened every single time she went to the doctor's office. I know my mother is not the only person who has had those types of experiences. Statistics show that African Americans wait almost two times longer for a kidney transplant, have longer door-to-balloon times, and are more likely to have a perforated appendix than white Americans. In fact, African Americans wait longer to be treated in general and are more likely to leave a clinic without being treated. We properly educate our medical workers in a lot of areas, but are we properly educating them in dealing with patients? The treatment of patients should be the same everywhere. Healthcare facilities that are not in diverse areas should be able to give the same quality of care as the ones that are. One should not be able to practice if they don't know or were not properly educated on how to deal with minority patients. Studies have shown that patients who are of the same race as their physicians give better ratings on their experience than patients who are of different racial backgrounds than their physicians. This may be because generally, people are able to have a better relationship with someone they can relate to. However, if one can't relate to their patient, they should still be able to treat them like any other patient that comes into their facility. In healthcare, as with any public service occupation, learning about different cultural norms and being able to deal with people that make different life choices from you is a necessity. If we, as healthcare professionals, can't learn how to do that, we should not be in the healthcare field. Getting more diversity in healthcare may help to solve this problem, given that minorities are highly underrepresented in healthcare. Diversity in America is only set to increase, which is why more attention needs to be given to improving our relationships with minority patients. With Asians and Hispanics, language barriers pose an even more difficult issue to overcome. Patient to healthcare worker communication is vital in a clinic. It helps to properly diagnose an illness and know the severity of a situation. If a patient cannot speak English well, their input is sometimes ignored, and their situation may not be regarded as urgent. From my own observations in hospitals, I've seen how patience is an issue. Sometimes healthcare workers get fed up with trying to understand patients that can't speak English well, leaving both sides frustrated. Even when translating services exist, it may take a while for the service to be available, leaving a patient feeling helpless. These things lead to a bad experience for the patient. All of these issues in healthcare trouble me, but the further I go into getting my career in nursing, I plan on working to eliminate them. Like many issues that need to be solved, it will take time. However, if there is enough sincere concern in the healthcare field, and plenty of people willing to learn, I'm sure things will get better.

References:

- HARRIS, G. (2010). CULTURAL COMPETENCE: ITS PROMISE FOR REDUCING HEALTHCARE DISPARITIES. *Journal of Health and Human Services Administration*, 33(1), 2-52. Retrieved from <http://www.jstor.org/stable/25790773>
- Malat, J. (2001). Social Distance and Patients' Rating of Healthcare Providers. *Journal of Health and Social Behavior*, 42(4), 360-372. Retrieved from <http://www.jstor.org/stable/3090184>
- Mead, H. & Cartwright-Smith L. & Jones, K. & Ramos, C. & Woods, K. & Siegel B. (2008). Racial and Ethnic Disparities in U.S. Healthcare: A Chartbook. 33-76. Retrieved from file:///C:/Users/Naomi/Documents/Torch/Mead_raceethnicdisparities_chartbook_1111.pdf
- Fact Sheet: The Need for Diversity in the Healthcare Workforce. *Health Professionals for Diversity Coalition*. Retrieved from file:///C:/Users/Naomi/Documents/Torch/NeedForDiversityHealthCareWorkforce.pdf

FAQs VNSA

Mission Statement:

The Virginia Nursing Students' Association is a student managed organization representing future nurses from over 75 nursing education programs throughout the Commonwealth of Virginia. We foster the professional and personal development of student nurses by providing educational resources, leadership opportunities, and career guidance.

Important Dates:

1) The 67th VNSA Annual State Convention will be held on **February 2, 2019** at James Madison University

Did you know you can attend BOD meetings?

Locations will be added as meeting days approach at the bottom of our home page and under the VNSA events tab. For more information on meetings/conference calls please contact Savanna Miller, VNSA Secretary at vnsasecretary@gmail.com

How to get involved:

- 1) Join the local chapter at your university
- 2) Attend the State Convention
- 3) Contact Board members to see how you can be involved in their work (BOD emails can be found on the VNSA website) <http://www.vnsa.us/>

Meet the 2018 VNSA Board of Directors (BOD)

Alyssa Williams, President



"My goals for this year include increasing attendance at our annual state convention in February- it is an excellent platform to network and a great professional development opportunity. I would like to equip more nursing students with resources and information that can enhance their careers through my blast emails. It is important to me that VNSA assists our local chapters, specifically with their community outreach and breakthrough to nursing endeavors- these are direct outlets for nursing students to have an impact on the profession of nursing and those that we serve. It is my honor to serve along side my fellow board members this upcoming year. "

Tara Phelan, 1st Vice President



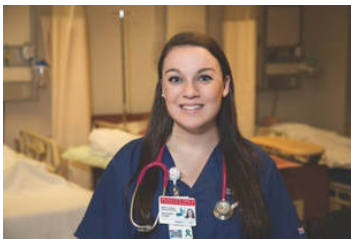
"This year I will be planning the Annual VNSA State Convention. I am hoping to highlight different specialties of nursing through speakers, nursing organizations, and nursing associations representing areas such as oncology, rheumatology, nephrology, etc. I would also love to get more students and schools involved with VNSA and want to reach out to encourage more attendance at Convention."

**Lindsay Perkins,
2nd Vice President**



" I will be in charge of reviewing the bylaws; if you have any changes you would like to make please reach out to me. If your school wishes to start a chapter, please let me know I can send you information on how to get started. One of my goals this year is to increase Virginia's constituency and I need your help! Let's increase our numbers Virginia!"

**Savanna Miller,
Secretary**



"My goals for this year are to help our chapter stay organized, facilitate communication between Nationals, assist our chapter in becoming involved with the Virginia Nurses Association, and help with recruitment efforts and planning the annual convention"

**Courtney Covert ,
Treasurer**



"My goals as treasurer are to cut back expenses and to make sure our money is being put towards areas that are the most beneficial to our members."

**Sara Kendle,
Graduate Consultant**



"In this position I am able to assist and guide the current Board with anything related to VNSA."

**Lindsey Parker,
Director of Public
Relations**



"My goal for the upcoming year is to reach out and share information with more constituents .across Virginia. "

**Julie Roberts,
Nominations and
Elections
Chairperson**



"I am a proud mother of 3 daughters and my husband and I have been together for 12 years. I have known since I was 5 years old that I wanted to be a nurse. I put my education on hold to start my family but at 30 years old I entered college for the first time. I hope to be an inspiration to not only my daughters but perhaps to someone else and show them that it's never too late to pursue your dreams"

**Elle Del Gallo, Policy
Initiatives Director**



I hope to work on a few different resolutions at both the state and national levels! I also hope to encourage nursing students to be active and engaged citizens, and informed voters. If you are curious about the process of writing a resolution or working with me and your Board in writing one, please do not hesitate to reach out with any questions or interest! In addition to these projects, I am also working to find good breakout session presenters and exhibitors, so if you have any ideas or suggestions please let me know.

**Janice Guinn,
Torch Editor**



"As Torch Editor, I hope to bring awareness to different policy issues, emphasize the successes of local chapters, and share the most recent advancements in nursing care. If you are interested in writing an article for the journal or want to have something written in the journal please feel free to reach out to me."

**Lauren Atkins,
Historian**



This year my main goal in the position is to contact all Virginia SNA chapters to ask for pictures and descriptions of events they participate in, fundraise for, or host. This way all chapters can be equally showcased in a scrapbook that will be online that they can share with their school's programs and local Student Nursing Association chapters.

**Alexis Scott,
Director at Large**



"This year I am really hoping to expand on the schools in Virginia that are involved in VNSA so that next year we can add more diversity to the board of directors. I will also be helping to plan the annual VNSA state convention and am hoping to add more breakout sessions about specialties relating to trauma such as emergency nursing, military nursing, flight nursing, etc. If your nursing program would like to become involved in VNSA, please do not hesitate to reach out to me!"

Share your Stories with the VNSA Writing Contest!

The theme for this month's topic is:

How has the concept of compassionate care impacted your nursing career as a student?

*Please limit your
submission to 1,000 word
and submit it to
vnsaeditor@gmail.com by
September 1st. The winner
will be published in the fall
edition*

Want to have your article published in the Torch?

Is there is a new advancement in
nursing or a policy issue that
your are passionate about?

Email

Janice at vnsaeditor@gmail.com

For more information!

Sir Levodopa

Kendall Masterson and Catherine Powell

Once upon a time there was a kingdom within a body
In the Kingdom of Parkinson there was no dopamine
Many brave dopamine knights tried to cross the moat of bloody brains
But their half lives were too short, and they died before their efforts were recognized
Then, one brave knight from the land of ¡Farmacia! decided to pursue the quest
This knight was bestowed the name of Levodopa

He was forced to conquer many obstacles in pursuit of the kingdom
Angry peasants threw meat patties at him, which weakened his response
Fortunately, he was given Vitamin B6 boosters, which renewed his strength
With one giant leap, he crossed the moat of bloody brains, refusing to be inactivated
As he neared the receptor, he tore off his mask, revealing his dopamine heritage
When he reached the receptor, dopamine levels flourished in the kingdom

And they lived happily ever after.....but WAIT!

With great accomplishment comes great responsibility
He forgot to teach them to stand up slowly, and there was a fainting epidemic
A plague of tics also ravaged the land eliciting extreme nausea and vomiting
Running a kingdom turned out to be a nightmare, and Levodopa suffered insomnia
His reign diminished over time, and he lost his effectiveness to create dopamine

The end.