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Structural Determinants of Health

Reflections on Leadership in Nursing Education: A Minority Perspective, by *Angela Denise Banks, RN, PhD, Associate Professor of Nursing and Chair of the Baccalaureate Nursing Department; Chenit-Ong Flaherty, RN, CNL, APH-BC, DNP, Assistant Professor in the Graduate Nursing Department; and Claire Sharifi, MLIS, Assistant Librarian, all at the University of San Francisco in San Francisco, CA.*
These authors share the elements of experience, reflection, and action that characterize the Ignation pedagogy practiced at the Jesuit university where they teach. They describe adapting to their milieu: "It is in quiet reflection on our experiences, learning from being outsiders, that we make decisions to take positive action." While diversity among faculty is key to recruiting and retaining a diverse student body, nursing faculty are predominantly middle-aged white women; this holds true even in schools located in the most diverse areas of the US. Faculty members of color often feel invisible, and wonder how to survive the isolating, competitive environment of academia. Frequently, new faculty members are advised that to attain tenure, they must have confidence in their abilities, and must announce this characteristic loudly—a direct contradiction to the values shared by many minority cultures that are collectivist in nature.

Relationship-Based Care: The Institute of Medicine's Core Competencies in Action, by *Bridget Roberts, DNP, RN, core faculty member in the RN-to-BSN program in the School of Nursing and Health Sciences at Capella University.*
The author creates a crosswalk between competency elements of the IOM report and the Relationship-Based Care (RBC) model. Based on caring theories and grounded in the elements of leadership, teamwork, professional practice, care delivery, resources, and outcomes, RBC places the patient at the heart of everything the organization does by creating a caring and healing environment. "RBC can be a tool for health care organizations to address a myriad of quality outcomes though preparation and support of health care providers as they strive to change culture through transformational leadership."

Nurses Dedicated to a Healthy Environment, by *Donna Novak, DNP, RN, CR NP, WHNP-BC, Community Health Nurse Practitioner at the Bethlehem Health Bureau in Bethlehem, PA.*
"Florence Nightingale's concern for her less privileged neighbors reflects the nursing profession's focus on social justice and the needs of vulnerable populations, and on advocacy and health interventions that benefit not just individual patients, but families and communities." The Alliance of Nurses for Healthy Environments was formed by a group of environmental health nursing leaders, with the mission to guide the nursing profession by strengthening education, advancing research, incorporating evidence-based practice, and influencing policy to promote healthy people and healthy environments. By providing nurses with resources and opportunities to collaborate with like-minded colleagues through research, education, practice, and advocacy, this organization is empowering nurses to take on environmental health challenges to safeguard the health of their patients and the planet.

A Patient with Abnormal Menses: Case Study of a Nurse Practitioner's Approach to Diagnosis and Management of von Willebrand Disease, by *Mirella Vasquez Brooks, PhD, APRN, FNP-BC, Area Chair of the PhD in Nursing Program at the University of Phoenix, School of Advanced Studies; D. Michael Brooks, MEd, Director of Operations at Pacific Disease Education, LLC, in Ewa Beach, HI; and Shirley Alvaro, MSN, PNP-BC, APRN, retired Instructor from the University of Hawaii at Manoa School of Nursing and Dental Hygiene in Honolulu, HI.*
Von Willebrand Disease (vWD) is the most common bleeding disorder; approximately 1 in 8000 people worldwide have symptomatic vWD, twice the prevalence of hemophilia A. An estimated 13% of women with unexplained menorrhagia have vWD. Yet many health care professionals are unaware of the existence, nature, differential diagnosis, and/or treatment of this debilitating and potentially life-threatening condition. These authors present a case study of a patient with abnormal menses whose

vWD was identified and confirmed by a nurse practitioner, who then collaborated with a hematologist in helping the patient and her family manage the condition. These authors state, “Nurse practitioners’ scope of practice, particularly in regard to prescribing medications and treatments used in vWD, varies by state, so coordination of the plan of care between the nurse practitioner and the hematologist is particularly important.”

Perceptions of Advance Care Planning among Latino Adults in the Community Setting, by *Elizabeth McLean, RN, triage nurse at Fairview Home Care and Hospice in Minneapolis, MN; Leah Habicht, RN, staff nurse in intensive care at Fairview Southdale Hospital in Edina, MN; and Jane Foote, EdD, MSN, RN, Associate Professor in the College of Nursing and Health Sciences at Winona State University in Winona, MN.*

Many health care professionals have a bias toward wanting patients to have advance health care directives. However, cultural attitudes may militate against such directives. Some of the values that inform decision-making in the Latino culture often come into conflict with the values of individualism, self-determination, and autonomy that inform advance care planning. Within the cultural construct of *familismo,* participation in advance care planning may be viewed as harmful, as it has the potential to remove decision-making from the family unit or isolate one family member as the primary decision maker. These authors conducted culturally and linguistically appropriate education about advance care planning, and found willingness to discuss this sensitive issue in the context of community groups; elders especially were open to the opportunity to make their wishes known.

OUTCOMES

Palliative and Hospice Care: Educational Needs of Inpatient Registered Nurses, by *Jennifer L. Ashley, MSN, FNP-BC, Nurse Practitioner with Palliative Care at Bon Secours St. Francis Health System in Greenville, SC, and Tracy K. Fasolino, PhD, FNP-BC, ACHPN, Assistant Professor in the School of Nursing at Clemson University in Clemson, SC.*

Jennifer Ashley and Tracy Fasolino surveyed a group of more than 700 in-patient nurses about their knowledge and attitudes toward end-of-life care, and report that many RNs lack the skill set or comfort level needed when discussing symptom burden or hospice care. RNs are an integral part of the team in improving quality of life for these patients; lack of knowledge and associated uneasiness may impact the adoption of palliative care management and transition to hospice care. These authors advocate for enhanced education on the role of palliative and hospice services as well as communication and strategies for symptom management.

Continuity of Nurse Caregivers in the Neonatal Intensive Care Unit, by *Margaret Doyle Settle, PhD, RN, Nurse Director of the Neonatal Intensive Care Unit at Massachusetts General Hospital in Boston, Massachusetts.*

Preterm infants experience many short- and long-term multisystem complications including respiratory distress syndrome, gastrointestinal problems that affect growth, and central nervous system complications that may lead to motor, sensory, and cognitive problems. Given the complexity of care needed by the preterm infant, there is a pressing need to provide interventions aimed at ameliorating the negative experiences. Margaret Doyle Settle studied the relationship between patient acuity and continuity of nurse caregivers in a Neonatal Intensive Care Unit (NICU). She found that continuity was high for acutely ill infants requiring significant resources, but decreased as patient acuity decreased. She states, “Once survival is assured, convalescing infants still require a significant level of nursing care and vigilance to avoid the morbidity and mortality associated with their early or complicated birth.” Continuity of care enables NICU nurses to really ‘know their patients,’ attending to behavioral cues to tailor interventions that maximize the infant’s tolerance to the NICU environment. The findings from

this study resulted in changes in the assignment process to support continuity of care for infants with decreasing acuity.

THE VOICE OF PATIENTS AND FAMILIES: Barriers to Care for Transgender People: A Conversation with Dana Hines, PhD, MSN, RN. *Dr. Hines is Quality Program Manager for the Ryan White HIV/AIDS Services Program in the Marion County Public Health Department in Indianapolis, IN. Interviewed by Guest Editor Donna J. Biederman, DrPH, MN, RN.*

Dr. Hines is a clinician and researcher whose area of expertise and passion is caring for transgender people. Some of the truly egregious examples of mistreatment described in this article are the result of individual caregiver bias, but there are structural barriers that make providing respectful care difficult even for well-meaning health professionals. For example, a transgender person who is transitioning to a new identity may wish to be addressed with a new name that doesn't match the government-issued identification most care settings require. Dr. Hines quotes a patient: "In the waiting room, the staff wouldn't call me by my name until I got my driver's license and everything changed, and they wouldn't put my preferred name on my chart. I had to remind them, because a lot of people didn't look up or look at me. They just looked at my chart and called me Sir or Mister." All patients deserve to be referred to by the names, titles, and pronouns of their choice. Dr. Hines suggests ways in which this and other important aspects of respectful care can be facilitated.

REFLECTING ON OUR HISTORY: Twenty-Five Years of the Americans with Disabilities Act, by *Alison Edie, DNP, APRN, FNP-BC, Assistant Professor at Duke University School of Nursing in Durham, NC.*

Prior to the enactment of the Americans with Disabilities Act (ADA), persons with disabilities shared similar barriers to education and employment as those discriminated against due to race, ethnicity, and gender. Who is considered a contributor to society and who is considered a burden are social constructs that have led to a history of discrimination in education and employment against people with disabilities. The passage of the ADA recognized people with disabling conditions as a social group in need of civil rights protection.

Our own profession seeks a diversified workforce and has programs in place to encourage minorities to enter the profession. Nurse educators, however, have been slower to accept students with disabilities, citing safety issues, barriers to accommodations, and the necessity of performing a set of skills. Dr. Edie advocates for including care of people with disabilities as a part of all nursing curricula, as well as inclusion of students with disabilities.

BOOK REVIEW: *Prison Baby: A Memoir,* by Deborah Jiang-Stein, *reviewed by Margaret Conrad, DNP, RN, CTN-A, Chief Nursing Administrator at Rutgers University Correctional Health Care in Trenton, NJ.*

In *Prison Baby: A Memoir,* by Deborah Jiang-Stein, reviewed here by Margaret Conrad, we learn how the daughter of an incarcerated, drug-addicted mother coped with the effects of prenatal exposure to drugs, abandonment, the discontinuities of foster care, and interracial adoption, on the way to becoming an activist and advocate for imprisoned women. Ms Jiang-Stein founded the UnPrison Project, a nonprofit that serves to build public awareness about women and girls in prison, and offers mentoring and life skills programs for inmates.