



THE JOURNAL

of the New York State Nurses Association

VOLUME 43, NUMBER 1

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The Journal of the New York State Nurses Association is peer reviewed and published biannually by the New York State Nurses Association. ISSN# 0028-7644. Editorial and general offices located at 11 Cornell Road, Latham, NY 12110. Telephone: 518-782-9400. Fax: 518-782-9532. E-mail: info@nysna.org. Annual subscription: no cost for NYSNA members; nonmembers: \$17.

The Journal of the New York State Nurses Association is indexed in the Cumulative Index to Nursing, Allied Health Literature, and the International Nursing Index. It is searchable in CD-ROM and online versions of these databases available from a variety of vendors including SilverPlatter, BRS Information Services, DIALOG Services, and The National Library of Medicine's MEDLINE system. It is available in microform from National Archive Publishing Company, Ann Arbor, Michigan. Acceptance of advertising does not mean endorsement by The New York State Nurses Association of the product advertised, the advertisers, or the claims made. Similarly, rejection does not necessarily imply that product offered for advertising is without merit, or that the manufacturer lacks integrity.

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■ EDITORIAL

A New Direction for The Journal

We would like to introduce you to the new evolving look of *The Journal of the New York State Nurses Association*.

It is exciting to have this opportunity and to be involved in moving *The Journal* in a new direction.

Beginning with this issue, an original column will be introduced, the “Future of Nursing.” This column will focus on updates happening in New York State with the Institute of Medicine’s (IOM) recommendations for the Future of Nursing.

“What’s New in the Healthcare Literature,” written by our Editorial Review Board members and colleagues, discusses newly published research reports that will enlighten us with the most recent advances related to evidence-based practice that is pertinent to the care we give our patients.

We would like to invite authors from all areas of nursing to share their personal nursing experiences and hopes and aspirations for nursing as a career. These collective learning experiences will enhance the practices for fellow nurses.

The Journal Editorial Review Board, together with the Education, Practice and Research Program (EPR), is looking forward to working with novice and experienced authors. We invite you to submit scholarly papers, research and quality improvement studies, reports on clinical or educational innovations, and articles of opinion on subjects important to registered professional nurses, as well as human interest stories.

Manuscripts are now being accepted for publication in future issues. For information on submitting a manuscript for consideration, refer to the Publications area of the NYSNA website.

Available as guidelines on NYSNA’s website (www.nysna.org) under ‘Publications’ are the updated ‘Author Guidelines’ and ‘Manuscript Checklist’ with an outline of key components to include in your article.

The Journal Editorial Review Board always welcomes prospective new board members. One of the goals of the review board is to develop ways to mentor novice authors through constructive feedback and guidance. Candidates must be NYSNA members in good standing, possess a graduate degree and a record of publication. The review board is made up of 12 members who serve for a single 6-year term. If you are interested in the peer review process, becoming a mentor, and/or assisting with pilot studies of nursing-related manuscripts, please contact [**journal@nysna.org**](mailto:journal@nysna.org) for more information.

We hope you enjoy this issue and welcome your feedback or any other comments you wish to share about *The Journal*.

Renee Gecsed MS, RN
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The Lived Experience Of Participation In Student Nursing Associations And Leadership Behaviors: A Phenomenological Study

Joanne Lapidus-Graham EdD RN, CPNP, CNE

Abstract

The purpose of this qualitative phenomenological research study was to obtain vivid descriptions of the lived experience of nurses who participated in a student nursing association (SNA) as students. Nursing graduates from five nursing programs in Long Island, New York were identified using a purposive sampling strategy. During individual interviews, the themes of the lived experiences of the participants emerged: (1) leadership: communication, collaboration and resolving conflict, (2) mentoring and mutual support, (3) empowerment and ability to change practice, (4) professionalism, (5) sense of teamwork, and (6) accountability and responsibility. Recommendations from the study included an orientation and mentoring of new students to the SNA by senior students and faculty. Additionally, nursing faculty could integrate SNA activities within the classroom and clinical settings to increase the awareness of the benefits of participation in a student nursing organization. Recommendations for future research include a different sample and use of different research designs.

Introduction

This research study focused on the lived experiences of a nurse's participation in a student nursing association. The goal of the study was the identification of themes that might have an influence on future leaders and individuals in professional nursing associations. Nurses join professional nursing associations to gain greater control of their

professional future and develop greater awareness of nursing issues. Professional nursing associations also assist nurses to communicate to the public what nurses do (Dawson & Freed, 2008; Lannon, 2007; Schira, 2007). Belonging to a professional nursing organization may indicate dedication and commitment to one's professional

growth and their important contributions to healthcare (Mott, 2008; NSNA, 2008).

Transformational leadership theory was a type of leadership approach considered in this study in which teamwork, mentoring, coaching, trust, and caring behaviors are considered to be the hallmark of good leadership (Kouzes & Posner, 2007;

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Nursing students, as future leaders, should have an understanding that nurses as members of a large profession, could contribute to the health care system and can impact and have influence as leaders beyond the classroom.

Weingarten, 2008). Nursing faculty can foster professionalism, mentoring and leadership through their experiences in the professional nursing associations (Cohen, 2007; Kelly, 2007). Hoffman, Harris, and Rosenfeld (2008) suggested that students who have positive role models and mentors such as nursing faculty during nursing school, were more likely to become leaders in education. Faculty serve as transformational role-models for leadership behaviors, demonstrate leadership in the classroom and in the clinical area and assist students to participate in professional activities.

Background of the problem

Membership in an SNA is a requirement in some nursing programs and voluntary in others. However, students who are overburdened with classroom and clinical courses may not value or recognize the possible benefits of leadership and the development of other nursing values that may result from the time and effort required for participation in the organization. Graduate nurses should have greater involvement in decision-making about nursing practice issues, leadership and in shared governance activities (Fielding, 2007; Mott, 2008). The student nursing association leaders should be able to facilitate this process and contribute to the development of leadership behaviors by nursing students.

Bargagliotto (2007) highlighted that faculty are educating nurses who will influence health care for the next century. Nursing leaders need to identify factors influencing leadership and how experiences with leadership influence the way nurses deliver care. Nursing students, as future leaders, should have an understanding that nurses as members of a large profession, could contribute to the health care system and can impact and have influence as leaders beyond the classroom (Patton, 2007). Nursing faculty strongly believe that membership in a student nursing organization could inspire

and facilitate socialization of nurses into the nursing profession and for development of leadership skills (ANA, 2010; Fowler, 2010; NSNA, 2008; Weingarten, 2008). One issue that was explored in the study is whether the requirement of the nursing students to join the student nurses association contributes to the development of leadership for the nursing student.

The study also explored the possible benefits of faculty mentoring through SNAs and its relationship to leadership skills development. Nurses have joined a specialty nursing organization for the mentoring opportunities (Howe, 2007; Talley, 2008). Miller (2006) also identified the need for nurses to have role models and mentors. The mentor serves as a guide by introducing the nursing student to important contacts and identifying possible power groups within the profession or within an organization (Azam & Panther, 2008).

Beginning nursing students enrolled in the nursing program at Long Island colleges also need to understand the importance of caring behaviors within the nursing profession. Students need to observe examples of caring between both faculty and students in the program and the students need to understand the relationship between caring and positive leadership behaviors (Moody, Horton-Deutsch & Pesut, 2007). One major issue for the SNA leaders is the identification of how nurses may combine the professional attributes of accountability/responsibility, autonomy, caring, empowerment, and professionalism to enhance the leadership skills that nurses use in practice (ANA, 2010; LaSala & Nelson, 2005; NSNA, 2008; Ryan, 2005; Watson, 2006).

Statement of the problem

The general problem for the study was that nursing programs require or encourage participation in student nursing associations. The value of this time commitment by students and faculty may not be fully

understood by the student nurses (NSNA, 2002; Weingarten, 2008). Because of many demands on the multiple roles of nursing students, there is a need to better understand factors that have contributed to active student participation in the SNA. The specific problem of the study was to explore and describe the lived experiences of student involvement in the Long Island colleges SNAs. Insight into whether or not student members' benefit from their involvement helped to explain how nursing leadership skills and key nursing attributes develop (NSNA, 2008; Shaw & Degazon, 2008; Weingarten, 2008).

Purpose of the study

The purpose of using a qualitative phenomenological approach in a research study is to obtain vivid descriptions of the lived experience of an individual. Phenomenological research studies experiences from the perspective of an individual and focuses on their subjective experience. The purpose of this study was to describe the vivid experiences of nurses who participated in a student nursing association as students. A qualitative phenomenological approach was utilized for the exploration of the perceptions and experiences of 15 nursing graduates from five different Long Island nursing schools, who belonged to the SNA during their school years. The phenomenological qualitative research method included the use of a semi-structured, open-ended interview format that resulted in obtaining vivid depictions of the experience (Appendix C).

Significance of the problem

Professional nursing associations can be vehicles for nurses' engagement in leadership building activities, for nurses to discuss professional issues with each other and with the public (NYSNA, 2008). Jackson, Clements, Averill, and Zimbardo (2009) and Kordick (2002)

suggested that the rapidly changing healthcare environment includes a requirement for nurses to be more autonomous and independent; nurses are at risk of isolation. Nursing associations provide an opportunity for nurses to develop standards for professional practice, network with other nurses, influence the legislative process and provide education (Dawson & Freed, 2008; Howe, 2007; Steiert, 2007). Allio (2009) suggested that leadership skills are not spontaneous and leadership skills can be learned by individuals. This study may contribute to the development of leadership qualities in future nurses and help nursing faculty understand the influence student nursing associations have on nursing leadership (Fielding, 2007; Patton, 2007; Weingarten, 2008).

Research questions

The following research question guided the study:

What is the lived experience of participation in student nursing organizations?

The following sub-questions support the primary research question:

1. How do faculty mentors impact the area of nursing leadership skills?
2. How does SNA membership contribute to the development of leadership behaviors after graduation from the nursing program?

Literature review

The importance of effective nursing leaders and mentors to support the nursing student was evident in the literature (Banschback, 2008; Fitzpatrick, 2007; Stewart, 2006; Talley, 2008). The review also indicated that nursing faculty members have a wealth of experiences to offer students and students need support from nursing faculty toward the development of their leadership skills (McClure & Hinshaw, 2007; Tunajek, 2006; Weingarten, 2008). The literature review continued with the identification of information about student nursing associations such as the National Student Nurses Association (NSNA) and other professional nursing associations such as the New York State Nurses Association (NYSNA). The goal of both organizations is to promote leadership in nursing.

Founded in 1953 with the assistance of the American Nurses Association (ANA), and the National League for Nursing (NLN), NSNA became a professional organization whose members have been devoted to the needs of nursing students (Mancino, 1995). Members of the ANA and the NLN envisioned a student nursing organization whose leaders and members would prepare students to become participants in the ANA and the NLN (Mancino, 1995). Membership in NSNA is open to all nursing students in accredited nursing programs (Mancino, 1995).

The mission of the NSNA is to bring mentors and nursing students together prior to their initial licensure and to help the student to understand professional standards and ethics associated with nursing practice (NSNA, 2008). NSNA leaders also focus on the promotion of professional development so that students become accountable and responsible members of the nursing profession (NSNA, 2008).

NSNA leaders have demonstrated continuing efforts to raise the awareness of the important role of student nursing associations. Students who joined the NSNA gained an understanding of the organization's mission, purpose and goals (NSNA, 2002). Graduating seniors from nursing programs are encouraged by faculty to continue their involvement in nursing by joining professional nursing organizations after licensure as registered nurses (NSNA, 2002). Faculty advisors and mentors have devoted time toward promoting and encouraging new and continuing nursing students to join NSNA and to be active and continuing members until graduation (NSNA, 2002). The NSNA code of academic and clinical conduct includes emphasis on the importance of leaders encouraging lifelong learning and professional development in nurses and for nursing faculty members to become involved in mentoring nursing students (NSNA, 2002).

NYSNA is another professional nursing organization that fosters the development of leadership in nursing. Established in 1901, NYSNA was the first nurses association in the United States (NYSNA, 2008). The members officially voted in 1904 to affiliate with the Nurses Associated Alumnae, which ultimately became known as the American Nurses Association in 1911 (NYSNA, 2008). NYSNA has been the largest state nurses association affiliated with the ANA and is also a professional nursing association representing registered nurses in New York State. The mission of NYSNA leaders is to promote the quality of nursing practice and to improve public health by providing leadership in healthcare (NYSNA, 2008).

NYSNA members view the nursing profession as constantly evolving, and reflective of the diversity of individuals and groups within society (NYSNA, 2008). Registered nurses are considered by NYSNA as the essential providers of healthcare. "Nurses understand the value of collective power and actively engage in organizations that promote nursing-practice and community involvement" (NYSNA, 2008). Overall, both NSNA and NYSNA nurse leaders focus on the development of leadership, the promotion and improvement of quality nursing practice, and the importance of legislative advocacy.

Research method and design appropriateness

The goal of the study was the exploration of former nursing students' lived experiences with participation in a student nursing association. Because the purpose of the study was the exploration of the lived experiences of former nursing students, a qualitative design, specifically phenomenology, was an appropriate research method. In qualitative research, researchers collect and analyze data through interviews and analyze to identify major and minor themes expressed by the participants (Patten, 2007). Moustakas (1994) suggested that phenomenological researchers describe the meaning of lived experiences for individuals concerning a concept or phenomenon.

Sample

The purposive sample consisted of 15 nursing graduates from five Long Island nursing programs who were members of a SNA within the past five years. Moustakas (1994) suggests that in a phenomenological study, a sample size of 10-15 participants is acceptable and valid. Former nursing students were chosen from the downstate Long Island area via contact with faculty SNA advisors and through input from nursing department chairs. It was determined from the sample that only one out of the five schools required mandatory membership in the SNA. The participants ranged in age from approximately 21 to 50 years and included two male and thirteen female students.

Informed consent (Appendix A)

Institutional review board approval was granted by the graduate institution in which the researcher was enrolled while completing the study. Individual participation in the study was voluntary and after the initial contact by the researcher, potential participants received an introductory letter about the study (Appendix B) and if the individual graduates indicated that they were willing to participate, they each received a copy of the consent form through an e-mail. One interview was conducted via telephone; therefore, the consent form was also mailed to this participant and a self-addressed, stamped envelope was included so that the consent could be signed and returned. For the face-to-face interviews, the consent form was reviewed again with the participant prior to the start of the interview and the informed consent form was signed.

Confidentiality

Participants signed a consent form and received assurance of confidentiality and anonymity. The use of a coding system for all participants' names ensured that confidentiality was maintained. By using P1, P2 (participant one, two), the data from participants were coded so that names were not released. Participant codes were used in the final research report.

Data collection and analysis procedure

After permission was obtained from the participant, interviews were taped and transcribed into a narrative format. The transcribed interview data were analyzed using the first five steps of Moustakas' modified van Kaam process (Moustakas, 1994): (a) horizontalization; (b) reduction; (c) clustering and thematizing the invariant constituents and the determination of themes or clusters among groups; (d) validation; and (e) construction of an individual textural description of the experiences. Horizontalization included the viewing of all the statements as equal in value and the awareness of the meanings from lived experiences (Moustakas, 1994). Horizontalization involved listing and preliminary grouping to identify graduate's descriptions of experiences reflecting leadership and the key attributes of accountability/responsibility, autonomy, caring, empowerment, mentoring, and professionalism. Reduction was the step used to determine the invariant constituents and the determination of themes or clusters among groups (Moustakas, 1994).

Validation included the final identification and assessment of the invariant constituents and themes by application (Moustakas, 1994). Validation also included checking the invariant constituents and their accompanying theme with the complete record of the research participant (Moustakas, 1994). The validation step included the final validation of themes against the complete record of the research participant and the elimination of irrelevant themes. Verbatim examples of the participant's responses from the transcribed interviews supported validation.

Table 1

Age Range of Participants

Age Range	Number of Participants
20-25 years	2
26-30 years	2
31-35 years	3
36-40 years	1
41-45 years	2
46-50 years	5

Table 2

Participant Areas of Employment

Area of Employment	Number of Participants
Acute care hospital	9
Long-term care facility	1
Psychiatric facility	1
Outpatient case management setting	1
Pediatric home care	1
Unemployed	*2

**The reason for unemployment was the participant's choice and included such issues as marriage, pregnancy and relocation to another state.*

Determination of themes

The themes in the study were determined after 12 or more participants described an experience related to a specific idea or concept. After immersion in the interview data to develop common horizons, themes were created from the horizons. Similar horizons were grouped together under the wording of a theme. The six themes identified from the process included (1) leadership: communication, collaboration and resolving conflict, (2) mentors and mutual support,

"as a member of individual SNA groups, a student can affect the larger group"

(3) empowerment and ability to change practice, (4) professionalism, (5) teamwork, and (6) accountability and responsibility.

Description of themes

Theme 1: Leadership involves communication, collaboration and dealing with conflict.

Leadership was identified by 14 of the 15 participants related to their experiences in student nursing associations and the development of leadership attributes as graduate nurses. The participants emphasized that the experience has taught the student how to work with other people and how to handle conflict in the current work environment. An important component for the prevention of conflict was communication.

"Sometimes as a moderator you had to play middle man, you had to be a peacekeeper or again it comes down to how would you handle it? It's a skill that I didn't have before I became president, it's a skill that was developed and nurtured. I looked at people differently. I looked at individuals more individually. As much as my clients have a similar problem, they are still very different. And I think that I learned to listen better, I learned how to listen and I gave a little more thought to what I was going to say or what I was going to do before I did them" (P-007).

Theme 2: Mentoring and mutual support.

Mentors and mutual support were described by 14 of the 15 participants. Participants' descriptions of their experience included detail about the importance of ongoing faculty support and encouragement. Faculty members served as role models for students. The students' descriptions emphasized that the students also relied on each other for mutual support.

Faculty provided inspiration, motivation, and encouragement to students to continue their education. Students were able to model their behavior with faculty serving as

mentors. Students knew they had someone to go to for support. Faculty answered questions but encouraged independence. Faculty demonstrated trust in the decisions students made.

"Mentoring was everything to me. Faculty mentors supported you and gave advice; help you to choose which way to go and what route is better" (P-002). "Faculty really gave me inspiration to go back to school and finish up my education" (P-004). "Every meeting faculty were always encouraging...I think they did a lot to motivate the students" (P-005). "Mentor is the perfect word in every sense of the word" (P-013).

Students were able to build "a bond and friendships" (P-014). Participant 002 emphasized that "the same profession of people made me much stronger." Faculty support contributed to student motivation and success in the SNA. Participant 002 recalled her faculty mentor and how she always said "I think you can do it" and it was because of this mentor's support and encouragement that she never stopped and ultimately she became a nurse.

Theme 3: Empowerment/ability to influence practice.

Empowerment was described by 14 of the 15 participants. "We can really make changes, if we believe that the changes will be good" (P-002). "They always used to tell us in the SNA to be involved in legislative issues on your job, this is very important" (P-004). "Part of my job is advocating for patients - the SNA introduced me to how to advocate for patients" (P-005). The ability to change, improve, advocate for patients, be involved in the nursing profession and influence the work environment was a component of empowerment. A student's voice and ideas were heard. Participant's experiences also included the idea "that as a member of individual SNA groups, a student can affect the larger group" (P-009). Participant 002 emphasized that she now understood how a group of nurses could make a change: "We

[nurses] really can move, we [nurses] can really change."

Theme 4: Professionalism.

Professionalism was described by all 15 participants. "A small preview because you had to interact on a professional level... personal and professional, but you had to keep it balanced" (P-012). "Nurses need to learn as much as possible about the profession... some kind of vehicle for understanding different views for caring for patients" (P-02). The graduates realized that being part of an SNA was more than being a member of an organization. Membership in the SNA required students to interact at a professional level. Participants discussed that the SNA was a resource for knowledge and continuing education.

Participants in the study reported that professionalism was a concept with much meaning for the nursing profession. Professionalism includes how students and nurses present themselves to others. Leaders must be knowledgeable "because we are teachers - when you are a leader they relate to your knowledge" (P-005).

Theme 5: Teamwork.

The theme of teamwork as an important component learned through the SNA was described by 11 of the 15 participants. Some of the participants described teamwork as: "everyone works very hard to accomplish a goal - everyone tried very hard to work together" (P-001). "We are a team player and we need that when we are working" (P-005). "You needed to learn to work with all different personalities and to adjust" (P-006).

Participants described the significance of teamwork to his or her current nursing practice. Participants' voices described the concept of teamwork as follows: "In my work experience, I feel that it is a very valuable asset to be a team player and I think that I learned that from the SNA" (P-001).

"When you work with different people you have different personalities and you

have six people being the executive board of the entire nursing body and the problems that we first came across was exactly who was doing what role and trying to work together as a team because.... it is really about team work - that's something that needs to be in nursing too. You need to be able to work with all different disciplines and it doesn't matter what your title is, you need to be able to do your job, but you need to be able to work together" (P- 006).

"I felt like I was on the top of being a leader and directing and showing and enhancing people's knowledge, that you know there is a lot of care in the world that needs to be given and I had the ability to research it and find where can we give the best care. I would not have done that if I just went to school, did my studies and took my tests" (P-014).

Theme 6: Accountability/responsibility.

Accountability and responsibility were described by 12 out of 15 participants. The nursing graduates discussed the attributes of accountability and responsibility as important components of their experiences within the SNA and within nursing practice. Participation in the SNA helped graduates to learn to be accountable and responsible for nursing practice. Participants described experiences related to the concept of responsibility and the idea that participation in the SNA required responsibility. Accountability becomes important in the workplace and participants verbalized the fact that "they quickly became accountable for caring for a large group of patients" (P-014).

"I am accountable for everything that I do with the patient. I remember as a student always running around like a chicken without a head; trying to submit requisitions and getting things done correctly. It consumes a part of your life, but it teaches you a lot about the leadership role" (P-006).

"Student leaders felt accountable to other students" (P-007). "Participation in the SNA was seen as positive by employers because student participation was a component of accountability for nursing practice" (P-011).

"Everything we do has to be accounted for...we are accountable for everything we do for this patient, everything we give to this patient, all the tests they will have. We are the leaders for the patient. We are accountable for every single thing in the hospital that goes on with the patient" (P-005). "Students in the SNA described an obligation to plan meetings, attend the meetings, and to follow through that everything went smoothly" (P-009).

Findings and interpretations

Theme 1: Leadership involves communication, collaboration and dealing with conflict.

The theoretical foundations used for the study included transformational leadership as the optimum level of leadership for nursing leaders and was the type of leadership emphasized by nursing graduates. Participants described the importance of the SNA experience as contributing to current leadership experiences in the workplace environment. Participants often had difficulty identifying with good leaders in the current workplace. Robbins and Davidhizar (2007)

emphasized good leaders: "affect all levels within the health care system. The strategies used by leaders in the health care arena directly affect staff satisfaction, which in turn affects patient satisfaction" (p. 234). This point was emphasized by participant 005: "Good leaders inspire and motivate others."

Theme 2: Mentoring and mutual support.

Participants shared experiences in the SNA of being guided and supported by effective faculty mentors. The literature review supported the need for mentors to assist students in the SNA and to be role models for students and for graduates. Hawkins (2009) emphasized the importance of being a role model for others through a mentoring process. Banschback (2008) described the relationship between a mentor and his or her protégé was based on mutual respect, trust, and an open sharing of needs and goals from the protégé. "The faculty was as dedicated to the purposes of the SNA as we were" (P-006).

Theme 3: Empowerment and ability to influence practice.

Empowerment was described within the theoretical framework as another attribute of leadership that faculty promote through SNA activities. Hawkins (2009) stated that transformational leaders also empower others. "I emphasized that little things add up to big results" (P-007). Faculty should collaborate with students to discover how students can assist the organization or institution (Hawkins, 2009). Participants' experiences emphasized there was a sense of belonging and acceptance of responsibility to make the goals of the SNA a reality.

Theme 4: Professionalism.

Participants described experiences in the SNA as supportive of the development of a sense of professionalism. Participants did emphasize professionalism includes participation in professional organizations, continuing education, knowledge, and that nurses have an ethical responsibility to the profession (ANA, 2010; Fowler, 2010). Membership in the SNA reinforced the values of the nursing profession. The American Nurses Association (2010) reinforced that nurses promote professionalism through participation in nursing organizations. Relationships between students and faculty require the integration of the concepts of professionalism, the promotion of new ideas, and effective communication (Robbins & Davidhizar, 2007). Professionalism also reinforces the unique knowledge of nurses (Ironsides, 2007).

Theme 5: Teamwork.

Although teamwork did not emerge in the literature review, participants consistently identified the importance of nurses working together as a team. Hawkins (2009) emphasized that the concept of teamwork drives leaders and employees to work cooperatively. Kouzes and Posner (2007) emphasized that "leadership is not a solo act, it's a team effort" (p. 223).

Theme 6: Accountability and responsibility.

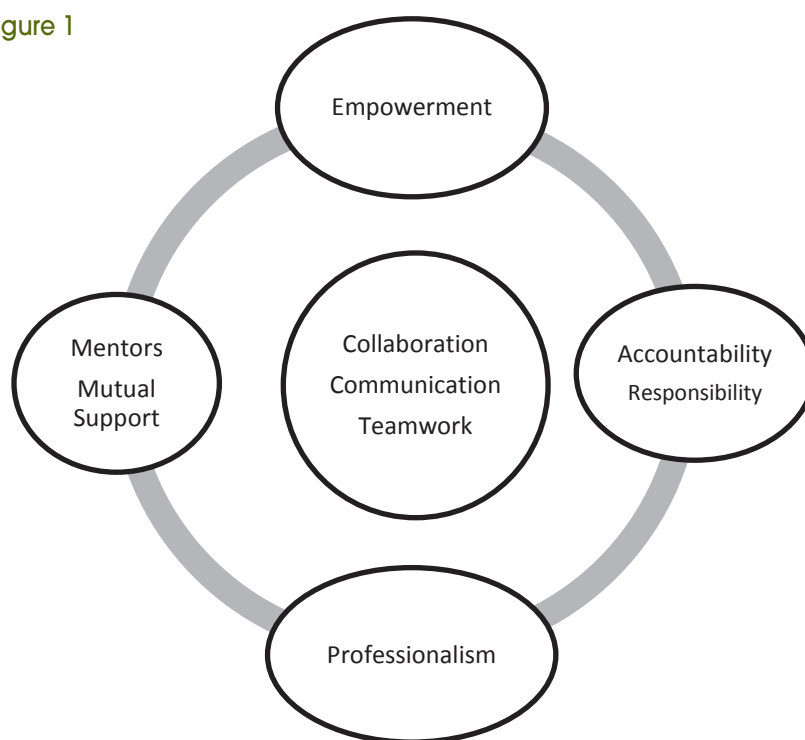
Participants' consistently verbalized accountability and responsibility as major themes in the interviews and that nurses are accountable to their patients, accountable to each other, and accountable for nursing practice. Accountability was initially reinforced through the students participation in the SNA as they were accountable to their classmates to plan meetings and to follow through on these plans.

Nurses are accountable for their practice and the nursing profession strives to enhance and improve practice through accountability and the continued acquisition of knowledge (ANA, 2010). Knowledge is also an essential component of accountability, and facilitates the process of making effective judgment that is reflective of current nursing practice (Badzek, 2008).

Leadership model (Figure 1)

The themes derived from participants' experiences contributed to the development of a leadership model. The model builds upon the concepts of leadership and integrates the major themes of the study: Collaboration and communication, empowerment, accountability and responsibility, mentoring, and professionalism. The model may serve as a framework for the development of leadership within student nursing associations.

Figure 1



Discussion

Study findings support the significant role that SNAs can play in developing leadership through collaboration, communication, and dealing with conflict; mentoring and mutual support; professionalism; teamwork, and accountability and responsibility attributes of nurses. Some schools did not have active SNAs and in other schools, the students were more actively involved in the SNA. The study findings provide support for deans and directors to encourage faculty to become involved in student nursing associations. SNAs can become one vehicle for achieving nursing program outcomes. SNA membership is not normally included as a learning strategy for students, but based upon the study findings, this strategy could be integrated into the program.

The process of introducing nursing students to the importance of the SNA using theories about transformational leadership and incorporating other key nursing attributes represent areas to be investigated by faculty advisors to the SNA. A model for

transformational leadership incorporating the six themes can be used by nursing leaders and faculty advisors in the SNA.

The qualitative phenomenological study was undertaken to explore the lived experiences of 15 nursing graduates who were involved with an SNA as nursing students. The theoretical concepts related to different types of nursing leadership, particularly transformational leadership and the attributes of accountability/responsibility, autonomy, caring, empowerment, mentoring, and professionalism, emerged as the major themes of the lived experiences as unfolded by the participants in the study. The experiences of former graduates were rich with information from which suggestions to enhance SNA experiences became evident.

In response to the central research question of *what is the lived experience of participation in a student nursing organization*, rich descriptive experiences emerged. The findings of the

study produced these themes: (1) Leadership including communication, collaboration and dealing with conflict, (2) mentoring and mutual support, (3) empowerment and ability to influence practice, (4) professionalism, (5) teamwork, and (6) accountability and responsibility.

Suggestions for future research include replication of the study with current students, the use of quantitative tools such as a survey, a mixed methods study with a survey and interviews, or the use of a case study method. The development of leadership behaviors facilitated through membership in a student nursing organization could influence current nursing practice. Faculty leaders should listen to the concerns of graduates and respond to the articulated needs. This strategy may help the faculty to provide more effective leadership experiences in the SNA.

Note: This article was accepted for publication prior to NYSNA being temporarily suspended from the ANA.

Appendix A: Informed Consent: Participants 18 Years of Age and Older

Dear Graduate,

My name is _____ and I am conducting a research study entitled the relationship between participation in a student nurses association and the development of leadership behaviors. The purpose of the research study is to better understand the experiences of former nursing students in student nursing associations (SNA) and to enable nursing faculty to promote leadership experiences with current nursing students.

Your participation will involve one interview that will last approximately one hour. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, you can do so without penalty or loss of benefit to yourself. The results of the research study may be published but your identity will remain confidential and your name will not be disclosed to any outside party.

In this research, there are no foreseeable risks to you.

Although there may be no direct benefit to you, a possible benefit of your participation is that nursing faculty will better understand the experiences of former nursing students and use the new knowledge to promote optimal student participation and leadership in the SNA.

If you have any questions concerning the research study, please contact me at [insert phone number and e-mail address].

As a participant in this study, you should understand the following:

1. You may decline to participate or withdraw from participation at any time without consequences.
2. Your identity will be kept confidential.
3. _____, the researcher, has thoroughly explained the parameters of the research study and all of your questions and concerns have been addressed.
4. If the interviews are recorded, you must grant permission for the researcher, _____, to digitally record the interview. You understand that the information from the recorded interviews may be transcribed. The researcher will structure a coding process to assure that anonymity of your name is protected.
5. Data will be stored in a secure and locked area. The data will be held for a period of three years, and then destroyed.
6. The research results will be used for publication.

By signing this form you acknowledge that you understand the nature of the study, the potential risks to you as a participant, and the means by which your identity will be kept confidential. Your signature on this form also indicates that you are 18 years old or older and that you give your permission to voluntarily serve as a participant in the study described.

Signature of the interviewee _____

Date _____

Signature of the researcher _____

Date _____

Appendix B: Introduction Letter to Participants

Dear Nursing Graduate,

I am conducting a research study entitled The Lived Experience of Participation in Student Nursing Associations and Leadership Behaviors: A Phenomenological Study. The purpose of the research study is to explore the role of the SNA in promoting leadership and key values of accountability/responsibility, autonomy, caring, empowerment, mentoring and professionalism.

If you have graduated from the nursing program within the last five years (2004-2009), your participation in my research study will be invaluable.

Your participation will involve an interview focusing on your viewpoints toward and experiences with the student nurses association and leadership. The interview will last approximately 45 minutes to one hour, and to help guarantee the information is accurate, the interview will be audio recorded. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, you can do so without penalty or loss of benefit to yourself. The results of the research study may be published but your name will not be used and the results will be maintained in confidence. In this research, there are no foreseeable risks to you.

Although there may be no direct benefit to you, the possible benefit of your participation is a better understanding of the importance of participation in a student nursing association in promoting leadership behaviors in nursing that could ultimately improve leadership skills in new graduate nursing practice. If you have questions concerning the research study, please call me at (###) ###-####.

Appendix C: Interview Questions

Moustakas (1994) provided general guidelines for using interview questions in a phenomenological study and the questions for the interview were developed using this criteria:

1. Think back to your experiences in the student nurses association (SNA). "What dimensions, incidents and people intimately connected with the experience stand out for you?" (Moustakas, 1994, p. 116)
2. How did the experience in the SNA affect you? Were there any changes in your nursing practice that you are able to relate to the experience?
3. Were there any feelings generated by this experience?
4. Can you remember what (if any), thoughts stood out for you?
5. Did the experience affect any significant others in your life?
6. What impact did the experience have on your nursing practice?
7. Has the experience influenced your nursing practice today?

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A Description of Patient Characteristics, Insurance Status and Travel Distance at a Free Inner-city Clinic

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Abstract

This study was designed to investigate patient characteristics at Amaus Health Services at Cathedral, a free medical clinic in Syracuse, New York which provides interim primary health care to the underserved and uninsured populations in the downtown area of Syracuse. The mission of the clinic is to serve an inner-city population. This study found that the clinic sees equal numbers of men and women and half of the visits were for chronic disease management. Patients traveled from 33 different zip codes, most of which were outside of the intended service area. In addition, of the 278 visits, 50 clinic users reported having some form of insurance. These findings can help Amaus leadership direct volunteers and donations to enhance the services provided, and may assist other areas of the country to identify needs for enhanced access as changes occur in the health care system.

Amaus Health Services at Cathedral is a free clinic in downtown Syracuse, which is located in upstate New York (NY). The clinic was developed in an effort to provide interim primary care to the uninsured and underserved population in the downtown Syracuse area - primarily zip code 13202, covering an area within approximately two miles of Amaus. The clinic has pediatric clinical hours on Tuesday evenings and adult clinic hours on Wednesdays and Fridays. This clinic is also used as a teaching site for medical students by the State University of New York at Upstate Medical University and Le Moyne College for students in the physician assistant and nursing programs. Patients can be seen during clinic hours on a first-come-first-served basis. Any patient can be seen at the clinic, but it is intended to be a site for interim primary care for those who do not have insurance coverage. Volunteers are

available to help patients apply for Medicaid benefits, to make referral appointments, and to help set up transportation.

The mission of the Amaus Health Services is to provide interim and quality primary medical care to those of limited means and to provide ancillary support to address and ameliorate factors that make patients socially vulnerable, to sensitize and educate the next generation of health care and service professionals, and to invite academic institutions to collaborate and work towards a shared mission while suspending competition for funding and recognition (Satterly, Carranti, Marina, Quartier & Morley, 2010a). Amaus is supported by donations which allow for purchase of equipment and medications needed for treatment of a variety of common diagnoses.

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Since opening in July 2007, it has been increasingly noted by Amaus staff that residents of areas outside of the intended service area have been seeking care at this free clinic and that a number of patients have some form of health insurance (Satterly, et al., 2010b). While Amaus providers will see individuals with Medicaid or Medicaid-managed care who report difficulty with access to care (for sick visits, exacerbations of chronic disease, and employment, school, and sports physicals), understanding why patients would either travel a distance to be seen at this clinic or seek care at this location even though they possess some form of insurance may help to reveal insight regarding health care accessibility gaps in the Syracuse area. Figure 1 includes a map outlining the service zip code area.



Figure 1: Map of the zip codes surrounding the Amaus Health Services at Cathedral. The zipcode where Amaus is located in downtown Syracuse is indicated by a star. Disclaimer: This map was compiled using the most current GIS data available. It is deemed accurate, but is not guaranteed. <http://www.maphost.com/syracuse-onondaga/main.asp>

The purpose of this descriptive study was to examine characteristics, insurance status and travel distance of the Amaus clinic patients for six months. Further, it sought to discover how many patients with insurance seek care at the Amaus clinic and the reasons why they do so.

Review of the literature

The safety net is defined as those providers who offer health care services to populations with limited access to care such as community clinics, free clinics, and county health-system outpatient services (Duke, Raube, & Lipton, 2005). Darnell (2010) addresses the absence of a complete list of free clinics in the United States and the general lack of information regarding those clinics by noting that free clinics are an important part of the health care system for the uninsured, yet their widespread use has not been thoroughly researched. The study sought to describe the attributes of free clinics and to measure their

contribution to the safety net. Specific criteria defining a free clinic included being a private, nonprofit organization, providing medical, dental, or mental health services, serving greater than 50% uninsured patients, charging a maximum fee of 20 dollars, providing services regardless of ability to pay, and not being recognized as a Federally Qualified Health Center or Title X family planning clinic. A survey was mailed to all known free clinics. One limitation to the study was that not all clinics responded (75.9% response rate), and it is possible that not all free clinics were identified for inclusion in the survey. It was determined that free clinics provided care to an estimated 10% of the population of uninsured working age adults who seek care, raising the question of how the other 90% receive care. The study concluded that free clinics are limited in the services they can provide related to staffing and financial constraints. The establishment of federal or state programs to facilitate and evaluate collaboration between free clinics and other safety net providers would help to better serve the populations they care for (Darnell, 2010). This study defined a 'free clinic' as one that serves mostly (greater than 50%) uninsured patients. It may be speculated that some clinics serve greater than 50% insured patients due to barriers in accessing primary care providers. However, there are most likely other reasons that have not been explored. The Amaus clinic strives to serve only those without insurance. However, those with insurance are not turned away if system issues limit access.

Another study explored the unmet health care needs of America's 2.3-3.5 million homeless people. The authors adopted a public health perspective and based their work on the behavioral model for vulnerable populations by Gelberg, Andersen, and Leake (as cited in Baggett, O'Connell, Singer, & Rigotti, 2010). This framework was used to separate participant outcomes into predisposing factors (such as age, gender, educational attainment, and others), enabling factors (including usual source of care, insurance status, and others), and need factors (including medical comorbidities). The findings revealed that 73% of the respondents from the homeless community reported at least one unmet health care need. Unmet health care needs included medical or surgical care, mental health care, dental care, and vision care, supporting the need to explore patterns of clinic usage among the homeless population to increase knowledge (Baggett, O'Connell, Singer, & Rigotti, 2010).

In a study by Hwang, et al., (2010), the unmet needs and barriers to accessing health care among homeless persons were explored within the context of universal health insurance coverage in Toronto, Canada. The purpose of the study was to determine the prevalence of unmet needs for health care among homeless single men, single women, and women with dependent children within Canada's universal health insurance system and to identify individual characteristics associated with having unmet needs. Data was collected from a sample of homeless persons recruited from shelters and meal programs in Toronto. Information was obtained using a demographic data sheet and a health survey to identify self-reported health conditions, as well as asking the question "Have you needed to see a doctor/nurse in the past 12 months but were not able?" (Hwang, et al., 2010, p. 1455). Unmet health care needs were reported by 17% of study participants. The authors do not specify how they defined unmet health care needs or if having unmet health care needs was determined by the participant

(Hwang, et al., 2010). It was revealed that factors associated with unmet health care needs included a younger age, having been a victim of physical assault, and lower mental and physical health scores.

Health care poverty and underinsurance were explored by Raiz (2006) who states that underinsurance results when health insurance is insufficient to cover all of an individual's needed health care services. This study found that underinsurance is associated with less access to care and brings to light that poverty and lack of insurance are not the only barriers to accessing health care. Raiz identifies financial, structural, and personal barriers that also limit access to care. Financial barriers identified by the author include limited access related to health care costs that are not covered by insurance, such as copays or prescription medications, or having health insurance that does not cover all of the services an individual needs, such as mental health care and other needs. Raiz focused on these financial barriers suggesting that some individuals with insurance may seek care at a free clinic rather than a primary care source because they cannot afford their co-payments or other costs they may encounter (Raiz, 2006).

The Syracuse population is comprised of 140,000 citizens. The average age is 30.5 years old, 23.8% are without a high school diploma, 27.3% live below the poverty level, and 8.9% are uninsured (U.S. Census Bureau, 2010). In the state of New York there are 4,540,000 people who utilize Medicaid and 2,717,000 people who are uninsured (The Henry J. Kaiser Family Foundations, 2011). Onondaga county and the state report an 18% rate of uninsured adults as compared to a national benchmark of 13% of uninsured adults (University of Wisconsin Population Health Institute, 2011). There are several free clinics in Syracuse including Amaus Health Services and the Poverello Health Center, and safety net clinics including several Syracuse Community Health Center locations that serve these populations. Many changes are being made to national health policy and are proposed in an effort to bring about health care reform. One of the major components of health care reform law involves expanding the use of Medicaid to cover those with incomes of greater than 133% and less than

400% of the poverty level. When Medicaid coverage expands in 2014, it is estimated that approximately 1,398,000 people in New York State will be added to the number of those with Medicaid. As these changes are made it is important to anticipate how our community will address access to care, and how health care providers, such as Amaus, are helping to serve those with limited access (Siegel-Bernard, 2010).

As health care reform becomes a reality in the United States, understanding barriers to care and the population experiencing these barriers is critical in attempting to address access problems.

Currently, to get an appointment at many of the safety net and Medicaid-accepting practices in the Syracuse area, patients often state they have to wait a month or more and therefore, seek care at emergency rooms and free clinics. These limits in access to care beyond insurance status were investigated by Hall, Lemark, Steingraber and Schaffer (2008) where interviewers who posed as Medicaid beneficiaries telephoned providers in Florida's Medicaid primary care case management program. The study found that while 87% of these providers were accepting new patients, only 68% were accepting new Medicaid patients (Hall, et al., 2008). Since no similar study in New York was found, it would be valuable to understand why patients with insurance visit Amaus. This study analyzed the characteristics of patients who seek care at Amaus clinic and identified clinic usage by those who live in zip codes outside of downtown Syracuse for six months. Having this data will assist Amaus clinic leaders to better understand the population being served.

Methods

This was a descriptive study using retrospective chart review. After approval from the Amaus Medical Director and institutional review board, patient characteristics were

analyzed by collecting data from 100% of clinic visits from 7/1/2010 to 12/31/2010. Data included age, gender, residential zip code, reason for visit, primary diagnosis, and insurance status. For clients who were insured, data was collected regarding why care was sought at Amaus. This information was identified in the clinic chart by the health care providers. As part of the normal clinic protocol, Amaus staff record a log of patient visits with a sign-in sheet every clinic day. These sheets include the date, the patient name, and the reason for visit. The sign-in sheets for the time period of interest were used for data collection. The patient's name on the sign-in sheet was then used to access the appropriate chart to obtain age, gender and zip code. The patient's name or other identifying factors were not recorded on the study data collection sheet.

The "reason for visit" data was obtained from the clinic sign-in sheet. At times the reason for visit was recorded in the patient's own words (runny nose, I feel sick) and other times it was recorded as an interpretation of the patient's words (cold sx, Rx). "Reason for visit" was recorded as written on the sign-in sheet. Diagnosis was determined from the progress note for the date of the visit. Insurance status (insured, uninsured, Medicare denied or pending) is gathered on each patient and was obtained from the chart. The reason for seeking care at Amaus if the patient was insured, was typically found in the patient progress note; however, it was often not recorded specifically in the medical record. This data was analyzed descriptively to determine Amaus patient characteristics including reason for visit, distance traveled for care, and insurance status.

Results

Data analysis began after all data for the study period had been collected. For the time period of July through December 2010, data was collected for 278 patient visits. Of those visits, 144 visits were male and 134 were female. The average age of clinic patients was 41.7 + 13.5. The median age was 44.5. Please refer to Table 1 on next page.

Table 1. Patient ages
Patient Visits by Age Range

Age Range	Number of Visits
<15*	6
16-25	36
26-35	52
36-45	51
46-55	81
56-65	50
>65	2

*Pediatric visits during adult clinic hours

Although the clinic, located in the 13202 zip code, was developed with the intention of serving patients in the immediate downtown area, patients visiting the clinic reported addresses from 33 different zip codes in the central New York area, with patients traveling from a range of 0.5 to 38 miles to receive care at the clinic. The average distance traveled was 8.94 + 7.35 miles. Table 2 displays this data. The data highlights that 65% (182 of 278) of patients providing zip code information were from zip codes outside of the intended service area. It is also important to note that subsequent to the conclusion of the data collection period for this study, three patients visiting Amaus for care reported traveling from the Rochester, NY area, a trip of approximately 90 miles from Syracuse. These patients learned of Amaus through an internet search.

Table 2. Distance traveled to clinic

Number of Visits	Approximate Distance Traveled
74	<2 miles
116	2-5 miles
36	6-10 miles
20	11-15 miles
6	16-20 miles
2	21-25 miles
0	26-30 miles
1	31-35
1	>35

*22 Visits no/incorrect data

While patients visit the clinic for many reasons, and with a multitude of diagnoses, reasons given for visits were repetitive. Please refer to Table 3. From the total of 278 visits, 82 visits were related to the need for medications or supplies and 79 visits were made for a physical exam. Many visits were related to the management of chronic diseases such as hypertension, diabetes, asthma, and mental illness. Thirty-one patients came to the clinic for management of a psychiatric disease, fifteen of which presented for treatment of another primary medical problem. Forty-three patients needed medications or follow-up related to hypertension. Twenty-six patients were seen for teaching, medications, or supplies for diabetes management.

Of the 278 patients in the study, 228 patients reported that they did not have

insurance while 50 indicated that they did. Of those 50 patients, 37 reported having Medicaid, two had Medicare, one was insured through American Indian Health, three answered 'yes' without specifying what type of insurance they had, one was insured through Blue Exclusive Provider Organization, three checked "yes" stating that they would have insurance with their new job, and three patients were unsure of their insurance status. Of those patients who were insured, 10 patients were referred to a primary care physician, three had an appointment with a primary doctor but could not be seen in an acceptable amount of time, two patients refused the treatment covered by their insurance and seven reported that they could not find a provider accepting new patients.

Table 3. Diagnosis assigned at visit

Primary Reason for Visit	Diagnosis	Number of Visits
Acute illness or injury	Abdominal pain	1
	Upper respiratory symptoms	15
	Skin problems	7
	Abscess	2
	Musculoskeletal injuries	8
	Urinary tract infections	2
	Gastrointestinal -intestinal (gastritis)	1
		132
Chronic illness management	Hypertension	47
	Diabetes	31
	Hypertension and diabetes	11
	Psychiatric problems*	16
	Thyroid problems	2
	Musculoskeletal issues	17
	Seizures	2
	Gastroesophageal reflux disease	2
	Hepatitis C	1
	Human immunodeficiency virus	1
	Chronic obstructive pulmonary disease	2
Non-illness related visits		105
	Flu shot	2
	Forms/paperwork	10
	Physical Exam	79
	Lab/diagnostic results	4
	Clearance (surgical/rehab)	1
	PPD test for tuberculosis read	5
	Referral	2
	Post-op	2
Left without being seen/no reason listed		5
Patients requesting meds/supplies		82

*Primary diagnosed problem for visit listed as psychiatric disease. Mental health issues are commonly combined with other medical problems.

Other information obtained included reasons why patients were not insured. Of the 228 patients who were uninsured, 75 reported that they had applied for benefits but were unsure of their status. Nine patients reported that they were ineligible for Medicaid, and two patients stated that their benefits were discontinued because of an income level above the Medicaid limit. This may also be the reason that the nine deemed ineligible were not qualified to receive benefits. This data is incomplete since not all patients reported details about their Medicaid application status. Please refer to Table 4.

Table 4. Insurance Data

Insurance Status	Other Information	Number of Patients
Insured		50
	Medicaid	37
	Medicare	2
	American Indian Health	1
	Blue EPO	1
	Will be insured with job	3
	Unsure of status	3
None	Unknown insurance carrier	3
		228
	Ineligible for benefits	9
	Benefits discontinued	2
	Applied for Medicaid	75

Discussion

The findings of this descriptive study shed light on some of the characteristics of the patients who use Amaus. Findings that were particularly useful in understanding the makeup of this patient population were that the clinic was used equally by males and females, many patients traveled a great distance to visit the clinic as compared to the intended service area, about half of the visits during this six-month time frame were for chronic disease management, and a number of patients held some form of insurance. Because the original concept of this clinic was to serve the homeless, primarily males occupying the shelters in downtown Syracuse, the 48% female patient population was somewhat surprising. Many of the females presented for physical examinations and acute problems as compared to the males presenting for chronic disease management.

Data analysis determined that 82% of patient visits to Amaus during the time period studied were from patients who were uninsured and 65% resided outside of the intended service area of the clinic. Zip code data collected suggests that the access barriers are not related to transportation barriers since many patients travelled over 10 miles to receive care at Amaus. Some data collected suggests that access issues are related to patients being unable to find a provider who will accept their form of insurance, who is taking new patients, or who can see them in a time frame that will meet their needs. It is also noted

that many patients who are not insured have applied for Medicaid benefits. This application process, which may take several months, is often sought on an emergency basis and these individuals come to Amaus for necessary care while they await Medicaid activation. If all or even a portion of those patients who have applied are granted benefits, it is likely that they will encounter the same access barriers as those who already receive Medicaid benefits (Siegel-Bernard, 2010).

The mission of Amaus is to provide interim primary care. This study revealed that much of the care provided is to manage chronic disease. This provides information to the clinic staff to determine what resources are needed to fulfill this role in community care and how these resources may be obtained. Some services such as diabetes education are available at Amaus, but certainly not all chronic care services can be provided. Pagan and Pauly (2006) investigated the characteristics of unmet health care needs in the uninsured population finding that approximately 18% of uninsured working age adults report unmet medical needs as compared to 7% of those with insurance. Additionally, characteristics of uninsured adults included poorer health, younger age, and fewer years of education. The study also found that uninsured adults were disproportionately black or Hispanic, and were less likely to be married or female (Pagan & Pauly, 2006). Pagan and Pauly's study notes that while uninsured persons can receive care from safety net providers in their community, the availability and quality of local health care systems often varies and may not be adequate to support the need for services.

Fries Taylor, Cunningham, & McKenzie (2006) highlight the approaches of individual communities to caring for uninsured persons. Data obtained from the Community Tracking Study was analyzed. This longitudinal study included visits and interviews with over 1000 health care leaders from 12 randomly selected markets. One of the markets used for this longitudinal study was Syracuse, where the Amaus clinic is located. This study found that the most utilized community approach to providing care to the uninsured is through safety net providers, such as community health centers and free clinics (Fries Taylor, et al., 2006). The programs investigated in this study were shown to serve only a small proportion of their community's uninsured population, leaving many with limited access to care. While the authors did not include data to support this claim in their article, they provided the number of enrollees in each community's program as well as the percentage of the population in the community who are uninsured. Information showing the portion of the uninsured population that is being reached by each program was lacking. The research stresses that knowledge of existing gaps in access to care in a community is necessary to serve the population effectively (Fries Taylor, et al., 2006).

The data from the Amaus study shows that even if patients with access problems are able to receive care in places like local emergency departments, the need for medications and supplies, for which many of the uninsured and Medicaid population cannot pay, remain an unmet medical need. The high request for physical examinations to return to school or secure employment represents an additional finding of this study. The ability to become employed or receive a higher education puts the individual in a better position to provide for their own health, and perhaps qualify for insurance. Lack of a place to get this service further disadvantages this population.

One of the most significant limitations of this study was the lack of information regarding why patients elected to seek care at Amaus if they had a form of insurance. This was due to the variable documentation between providers and the inconsistent location of data in the patient record. The transition to computer documentation during the study time frame provided some challenges in data collection. It is also possible that the same patient was represented multiple times in the data. Since no identifying information was recorded or retained, the data does not represent the number of different patients who visited the clinic, but the number of visits. In addition, information regarding language spoken and level of education would have been meaningful, but were not collected as part of this initial study.

Implications for practice

Future studies would be beneficial in determining the percentage of insured patients receiving treatment at other free clinics in the Syracuse area and further explore why insured patients seek care at these clinics. Studies are needed to explore the value of the service that Amaus provides in terms of improved health outcomes in underserved patients in regard to cost to the community. An investigation of whether sites such as Amaus should expand to meet the community need, or if better outcomes and cost effectiveness would be achieved through multiple small clinics would be helpful. It may be that the small size and community environment in smaller clinics benefits at least some of the medically marginalized and could help to further uncover what resources are lacking in the local community. An additional study could determine what motivates professionals to serve the patient population seen at Amaus, and if such motivators could be reproduced. This would assist in the development of education and training techniques to encourage young professionals to serve in this capacity. It would also be beneficial to know why patients travel such distances to seek care at Amaus. This could lead to a better understanding of how health care policy changes, such as the expansion of Medicaid, will impact health care accessibility.

This particular study can be useful to the clinic in determining where to use resources. For example, the data indicates that a large proportion of patients seek chronic disease management. Using this data, available resources can be utilized to target the needs of those with chronic conditions for education, lifestyle modification, and monitoring. According to a Kaiser Foundation report, poorly managed chronic medical illness increases social risk and makes it more difficult to remain gainfully employed and to maintain stable housing and even supportive relationships (The Henry J. Kaiser Family Foundation, 2011; Lane, 2007). The data from this current study seems to indicate that

there is a great need for access to care in the uninsured population as well as the population with government-sponsored insurance. It indicates that merely giving an individual insurance does not guarantee access to care or guarantee that they will seek care in the sites available to them. Amaus will see a patient with Medicaid who seeks a second opinion or a more timely appointment than what might be available to them at the clinic that bills Medicaid. Since patients with private insurance, whom Amaus does not see, have access to such alternatives, Amaus considers giving the economically vulnerable such an option as an issue of justice. In addition, the large number of patients seeking physical examinations is perhaps an illustration that the existing system puts barriers up to those seeking physicals in a timely fashion (for employment, education, etc.). Clinics such as Amaus might adapt systematically to meet at least some of this need.

Conclusions

As health care reform becomes a reality in the United States, understanding barriers to care and the population experiencing these barriers is critical in attempting to address access problems. The area of central New York where Amaus is located has been experiencing economic decline and rising unemployment for several years. These factors make it reasonable to predict that services like Amaus that offer health care services for the uninsured, underinsured, and those experiencing the reality of too few primary care providers, particularly those accepting Medicaid, will be the only option for treatment of acute illness, management of chronic disease, and health clearance for employment or education for a growing number of citizens. The data collected in this descriptive study revealed several areas to consider as the nation moves toward a system which will add more individuals to the Medicaid system, and the issue of lack of health insurance continues to be a problem. The most important issue is access. This access can be subcategorized as availability of local providers to treat the uninsured and the Medicaid population, gaps in care resulting in unmet needs, and complexity of the application and activation process for Medicaid.

The purpose of this study was to examine characteristics, insurance status and travel distance of patients at Amaus Health Services at Cathedral. The study yielded data that can assist the clinic in better understanding the population they serve. This can help the Amaus clinic to request appropriate private and public assistance for the care they provide, and better direct the services they offer. This project also provided opportunity to observe how a community resource meets needs in the population.

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Peer Tutoring Program for Academic Success of Returning Nursing Students

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Abstract

High attrition rates among students in associate degree nursing programs are a concern for faculty, administrators, and students. Programs offering academic and emotional support for students at risk for failing a clinical course may decrease attrition rates and improve academic performance. A peer tutoring program was developed for returning nursing students who were unsuccessful in a previous clinical course.

Peer tutors met with returning students weekly to review course work, complete case studies and practice NCLEX questions. Trusting, supportive relationships developed among students and a significant increase in grades was noted at the end of the course for 79% of students. Implementation of peer tutoring was beneficial for returning students, tutors, and the nursing program and may be valuable in other courses where academic achievement is a concern.

High attrition rates are often the result of the rigorous nature of nursing courses. Currently, only 58% of Associate Degree (AD) nursing students entering a nursing program will complete the degree (Fraher, Belsky, Gaul, & Carpenter, 2010). Many AD nursing students are adults working 40 hours per week, married, and have children. These factors may interfere with academic responsibilities which eventually lead to

withdrawal or failure of a nursing course. Glossop (2001) identified academic difficulties as the second most common reason for failure or withdrawal from a nursing course, after personal issues.

Course attrition is a concern for faculty as well as students; therefore providing academic and emotional support to nursing students who are at risk of failure in their programs

may decrease attrition and increase academic achievement. The attrition rate in associate degree nursing courses at a suburban Long Island college ranged from 3 percent to 20 percent. In response to the academic needs of these students, a pilot peer tutoring program was developed for returning nursing students who were unsuccessful in a previous clinical course.

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According to nursing department policy, students who are not successful in completing a clinical nursing course cannot continue in the program, but can request to return the following year to complete the course and continue in the nursing program. Often, students will withdraw from a course if they determine that continuation will ultimately result in a failing grade. Over the course of two years, the associate degree student has to acquire the knowledge needed to pass the licensing exam as well as competently care for complex patients. This requires an extraordinary amount of time and effort devoted to study and clinical practice. The target student population for this pilot peer tutoring program was associate degree nursing students who have either failed or withdrawn from a clinical nursing course.

Literature review

Previous research results indicate documented success for peer tutoring programs across disciplines (Dorsey & Baker, 2004). Robinson and Niemer (2010) found that peer tutoring was important to the academic success of at-risk students in a baccalaureate nursing program. Higgins (2004) noted that peer tutoring had a significant effect on retention and academic success in nursing students enrolled in a medical-surgical course. A qualitative study of peer tutoring among nursing students found that participants had positive experiences and demonstrated improved reflective and critical thinking ability (Loke & Chow, 2005). Clearly, implementation of a peer tutoring program has the potential to significantly improve retention rates and have a positive impact on student success.

Objectives and implementation

The objective of the program was to increase nursing student retention rates and enhance the academic performance of returning nursing students. At the completion of the tutoring program, the goal was to have students successfully meet the academic requirements for graduation or progression in the associate degree nursing program. Implementation of the program began with the identification of qualified nursing student tutors based on faculty recommendations. Each potential tutor was interviewed to determine whether he or she had the time, positive attitude, demonstrated academic success in previous nursing courses, and an understanding of confidentiality needed to establish a successful relationship with the returning student. Three students met the criteria to become peer tutors and were selected for the program. A faculty advisor assumed responsibility for training the tutors, organizing materials, and establishing communication between peer tutors and students.

Peer tutors were responsible for approximately 3-4 returning nursing students and were required to sign a confidentiality agreement before beginning any sessions. They were provided with information about campus resources, program objectives, and any necessary program documentation. The documentation included attendance sheets and a weekly summary of tutoring activities. Peer tutors were provided with review textbooks, case studies, and practice NCLEX questions to use during tutoring sessions. All class notes and supplemental information were reviewed weekly with returning students.

Participants for the tutoring program were identified by enrollment in a clinical nursing course created specifically for nursing students returning to the program after withdrawing or failing the previous year. Eleven returning students were enrolled in the program. Information about the tutoring program was provided to these students and they were assigned to a peer tutor registered for the same clinical course. Returning students were provided with the objectives and requirements of the program as well as all support materials. Weekly tutoring sessions took place at a time and location agreed upon by the tutor and returning students. With the additional support provided to returning nursing students by the peer tutoring program, the expected outcome was the successful completion of the clinical nursing course, and achievement of graduation requirements for the AD program.

Student assessment was accomplished by attendance at peer tutoring sessions, scores on unit exams in clinical courses, and course grades at the end of the semester. The peer tutors were contacted three times during the semester to determine returning student participation and progress in the program. In addition, peer tutors were encouraged to contact the faculty advisor at any time during the semester if they had concerns about a particular student in their group. Academic progress of the tutors was also monitored to ensure that participation in the program did not negatively impact their course grades. Based on scores achieved on unit exams, tutoring sessions were revised to provide additional assistance when necessary. The peer tutoring sessions began on the second week of the semester and continued until a few days prior to final exams.

Results

Data were collected after each unit exam and the final exam to determine the progress of both the returning students and the peer tutors. In addition, scores from the National League for Nursing (NLN) diagnostic exam were obtained for each student. This exam evaluates the abilities and skills required for entry level nursing practice. Results indicated that of the 11 returning students, one withdrew six weeks after the start of the semester, one was a clinical failure and did not complete the semester, one failed the course with a grade less than 75%, and eight successfully completed the course (see Table 1). Additionally, the three tutor's final grades ranged from B to B+. Attendance records indicated that the groups met once a week and increased to twice a week prior to final exams. Most returning students attended every tutoring session except for an occasional absence due to illness. Tutors not only assisted with academic support, but acted as advocates for returning students when issues arose such as conflicts with clinical instructors or disagreements with other students. They offered emotional support before and after exams, and shared the successes and struggles of the returning students throughout the semester. (See Table 1 on next page.)

Table 1.

Average grades for returning students and tutors

	Grade Exam #1	Grade Exam #2	Grade Exam #3 Exam	NLN Diagnostic	Final Exam	Overall Grade
Tutors	83.75	88.3	79.27	126.66	87	86.96
Returning Students	81.59	78.63	73.8	109.22	81.1	81.16

Discussion

The purpose of the peer tutoring program was to increase retention and academic performance of returning nursing students. Results indicated overall positive academic results for these students as well as their peer tutors. The present findings are similar to previous research findings (Robinson & Niemer, 2010). Returning students benefited from the program by the academic and emotional support offered by their

tutors. Research indicates that peer tutoring may be more beneficial to some students than faculty tutoring based on the importance of the shared experience of navigating the rigors of a nursing program (Loke & Chow, 2007). In addition to knowledge exchange, students in the peer tutoring program developed a sense of trust in their tutor and were able to share their feelings about the course and faculty issues. Tutors became advocates for the returning students and reported issues of concern to the appropriate support person.

As word of the peer tutoring program success spread throughout the faculty and nursing students, an unexpected benefit emerged. Newly accepted students to the LPN to RN program asked if they could also enroll in the peer tutoring program. Expansion of the program will be considered based on nursing department resources and available tutors; however, this is an opportunity for future research which may benefit an additional population of nursing students. Clearly, peer tutoring has the potential to benefit returning students, tutors, and nursing programs by improving attrition rates and establishing a supportive relationship among nursing students.

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■ WHAT'S NEW IN THE HEALTHCARE LITERATURE

Gait speed's impact on survival

■ Studenski, S., Perea, S., Patel, K., Rosano, C., Faulkner, K., Inzitari, M., Brach, J.,...Guralnik, J. (2011). Gait speed and survival in older adults. *Journal of American Medical Association*, 305(1), 50-58.

In individual cohort studies, gait speed, or the rate in which one walks, has been found to be associated with survival in older adults. Life expectancy based on age and sex alone provides limited information because survival is also influenced by health and functional abilities. Walking requires energy, movement control, and support which puts demand on multiple organ systems and this is why gait speed is thought to predict survival. The purpose of the study was to evaluate the association of gait speed with survival of older adults. Gait speed was calculated using time in seconds to walk 4 meters and was reported in meters per second. Data were analyzed from 9 cohort studies for a total of 34,485 community-dwelling older adults who had gait speed measured at baseline, and survival monitored for at least 5 years. The mean age of the participants was 73.5 years, 59.6% were women, and 79.8% were white.

The overall 5-year survival rate for participants was 84% and the 10-year survival rate was 59.7%. The mean gait speed of the participants was 0.92 meters per second (m/s) and it was associated with survival in all studies using hazard ratios. Survival increased as gait speed increased in 0.1 m/s increments. Findings indicate that age, sex, and gait speed alone predicted survival as accurately as more complex models that included variables such as use of mobility aids, self-reported function, chronic conditions, smoking history, blood pressure, body mass index, and hospitalization.

Gait speed may have a place in the clinical setting because it could help identify older adults who have a high probability of living for 5 or 10 years and would benefit from preventative interventions. A declining speed over time may indicate a new health problem that requires evaluation. Further, gait speed may be used to help stratify risks of the patient for surgery or chemotherapy. Gait speeds of 1 m/s suggest healthier aging, while gait speeds of 0.6 m/s increase the likelihood of poor health and function. Gait speed is relatively easy to measure and only requires a stopwatch and a 4-meter course. The older adult is instructed to walk at usual pace, as if walking down the street, with no further encouragement or instructions. Nurses are the most likely to measure gait speed in patients and they will need to communicate why this new test is being administered. Nurses can explain to the patients and their families that gait speed, along with other measurements such as vital signs and laboratory results, will assist the healthcare team in developing the optimal treatment plan for the patient.

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Interdisciplinary communication

■ Churchman, J. & Doherty, C. (2010). Nurses' views on challenging doctors' practice in an acute hospital. *Nursing Standard*, 24(40), 42-47.

Despite the shift in women's role in the workforce into areas of skilled employment, studies have shown that subordination of nurses still exists. Subordination of nurses is not viewed at large as a problem; however, studies show that a lack of interdisciplinary cooperation and collaboration and poor communication contribute to harm occurring to patients in the hospital setting.

This study evaluated the willingness of nurses to challenge physician's practice in the acute care setting. Of the 55 nurses invited to participate, only 12 volunteered and all were females with the mean age of 47 years and the youngest at 34 years. The self-selected purposive sample was from a 400-bed acute care hospital in the South of England. This study used a qualitative approach employing in-depth recorded interviews asking participants to identify an occasion in which they challenged physician practice or a situation in which they did not challenge a physician's practice, but wish that they had. A thematic approach identified core themes, subtexts and repetitive words.

Through thorough analysis, two main themes identified were, "the battle of challenging" and "playing games." Participants described "the battle of challenging" as a psychological process protecting themselves from the "uphill battle" of challenging physicians. Nurses felt intimidated by aggressive actions of physicians and felt that their opinions were not being heard. "Playing games" involved manipulation especially through charm and flirting to subtly insinuate ideas. "Playing games" allowed nurses to influence patient care without "ruffling the fragile ego of physicians." Nurses stated a belief in their assertiveness, but observation of their practice is contradictory.

Quality and Safety Education for Nurses (QSEN), a program funded by the Robert Wood Johnson Foundation, highlights the same occupational hierarchy for nurses here in the United States. QSEN has created an initiative promoting education and strategies in interdisciplinary collaboration and communication through encouraging confidence in knowledge, skill, and ability to challenge physicians.

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Quality and Safety Education for Nurses, www.qsen.org

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Cardiac rehabilitation

■ Pluss, C., Billing, E., Held, C., Henriksson, P., Kiessling, A., Karlsson, M., & Wallen, H.N. (2011). Long-term effects of an expanded cardiac rehabilitation programme after myocardial infarction or coronary artery bypass surgery: a five-year follow-up of a randomized controlled study. *Clinical Rehabilitation*, 25, 79-87.

Though standard for years, cardiac rehabilitation has been ineffective. The purpose of the study was to evaluate the ability of expanded cardiac rehabilitation to decrease cardiovascular events over a five-year span.

Between May 1999 and May 2002, 244 patients 75 years and younger with recent acute myocardial infarction (MI) or coronary artery bypass graft surgery participated in either standard or extended cardiac rehabilitation groups. Extended rehabilitation included one-year stress management programs consisting of physical training, cooking sessions, and a five-day stay in a patient hotel. Danderyd Hospital in Sweden conducted a single-center prospective trial.

The primary end-point was defined as cardiovascular mortality, acute myocardial infarction or hospital re-admission due to cardiovascular diseases. The National Board of Health and Welfare in Sweden provided registry data with institutional review board (IRB) approval. Statistical power of at least 90% was achieved allowing detection of a 30% change in quality of life at α 0.05.

Results revealed significant decreases in number of hospitalizations in the extended rehabilitation group during the five-year follow-up ($P < 0.01$). Reduction was evidenced by decreases in MI rate, hospital re-admissions and duration of hospital stay. Incidence of cardiovascular events decreased to 53 (47%) in the extended group from 68 (60.2%) in the standard with a hazard ratio of 0.69 ($P = 0.049$). Average of six days in hospital was reported for the extended group versus 10 days in the standard ($P = 0.02$). MI occurred in 12 patients (10.08%) of the extended group and 23 (20.3%) of the standard, with a hazard ratio of 0.47 ($P = 0.047$). Ischemic stroke occurred in six (5.4%) patients of the extended group and nine (8.0%) in the standard. During the five year study, no significant difference was found for mortality between groups.

Important factors include prolonged teaching and positive approach to promotion of necessary lifestyle changes for patients as the goal of cardiac rehabilitation.

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Mild therapeutic hypothermia

■ Kory, P, et al. (2011). A rapid, safe, and low-cost technique for the induction of mild therapeutic hypothermia in post-cardiac arrest patients. *Resuscitation*, 82(1), 15-20.

Patients who survive cardiac arrest suffer widespread ischemia and edema leading to severe neurological impairment. Studies have been performed to show that brain injury or ischemia causes hyperthermia which extensively increases permanent neurological damage after cardiac arrest. Induction of therapeutic hypothermia has been shown to preserve neurologic function by an improvement of consciousness and alertness and a decrease in patient disability. The purpose of this study was to test a rapid, safe, and low cost cooling protocol by employing the simultaneous application of three cooling methods in post-cardiac arrest patients.

The sample population of the study included 65 patients that were admitted to the Medical Intensive Care Unit at Beth Israel Medical Center between April 2006 and April 2009 after suffering either an in-hospital or out-of-hospital cardiac arrest. The patients in the study were evaluated in the emergency room (ER) and hospital wards and met inclusion criteria for mild therapeutic hypothermia (MTH).

Following study protocol, therapeutic hypothermia for post-cardiac arrest patients included sedation and paralysis, rapid cold saline infusion, evaporative cooling, and gastric tube lavage. Participants' temperatures were monitored rectally throughout the treatment and MTH was discontinued when the temperature reached 34°C. The patients' temperatures were maintained between 32°C and 34°C for 24 hours and then blankets were placed on the patients for passive re-warming.

All patients reached the target temperature during MTH at an average cooling rate of 2.6°C per hour. The neurological outcomes were analyzed using Cerebral Performance Categories (CPC). Results showed that 27.7% of patients scored a CPC of 1 or 2, meaning patients were conscious and alert with slight or moderate disability after MTH. The results of this study demonstrated a rapid, safe, and low cost cooling technique which increases positive outcomes for patients that survived cardiac arrest. With supporting evidence-based research, it is crucial that all hospitals start implementing MTH protocol, to promote positive outcomes for cardiac arrest patients.

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■ WHAT'S NEW IN THE HEALTHCARE LITERATURE

Family communication

■ Broyles, L., Tate, J., & Happ, M. (2012). Use of Augmentative and Alternative Communication Strategies by Family Members in the Intensive Care Unit. *American Journal of Critical Care*, 21(2), 21-32.

Augmentative and alternative communication (AAC) is defined as a set of tools that allow families to express messages through different forms of nonverbal communication. Previous research has shown that insufficient modes of communication are available to families and nonspeaking intensive care unit (ICU) patients (Happ, Serika & Garrett, 2011). The purpose of this novel study was to investigate family-patient communication by exploring which AAC tools were used by families, and the attitudes of nurses and families towards communication between families and nonspeaking ICU patients.

The sample consisted of 127 critically ill nonvocal patients from a 32-bed medical ICU as well as a 22-bed cardiovascular-thoracic ICU over four years (2004-2008). Narrative study data was evaluated for the 127 patients to uncover observations and comments that related to patient-family communication and utilization of AAC tools.

Secondary qualitative analysis was applied to patient communication data from a previous clinical study to identify specific AAC tools used by families. Families and nurse's perceptions of nonverbal communication in the ICU were discovered by applying qualitative content analysis to the original data.

Families used a variety of AAC tools including writing with pen and paper (N=26), electronic speech-generating devices (N=10), eye-blinking systems (N=3), computers (N=1), the children's toy Etch A Sketch® (N=2), and flashcards or message boards (N=2). Nurses were concerned with the negative impact that family communication attempts had on the clinical progress of the patient, while families expressed feelings of frustration due to limited success while using naturalistic communication strategies. Family use of AAC tools was described using five central themes: unprepared families, families' perceptions relating to effectiveness of communication, nurses influence in patient-family communication, communication characteristics of the patient, and family interest and familiarity with AAC tools.

The five compiled themes illustrate the importance for nurses to be aware and meet the specific communication needs of both the family and patient by providing the necessary tools. The Joint Commission emphasizes family use of AAC tools in patient-family centered care in ICUs in the new accreditation standards that became effective July 1, 2012. Joint Commission's expectations can be found at http://www.jointcommission.org/Advancing_Effective_Communication/.

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Withdrawing life support in intensive care units

■ Kirchhoff, K. T. & Kowalkowski, J. A. (2010). Current practices for withdrawal of life support in intensive care units. *American Journal of Critical Care*, 19 (6), 532-541. doi: 10.4037/ajcc2009796

Nurses are the primary support system for patients undergoing the process of withdrawing life support (WDLS). Statements made by the American Academy of Critical Care Medicine and the American Thoracic Society support suggestions of physicians receiving training in palliative care and yet there are few studies or guidelines available for nurses related to WDLS.

This purpose of this descriptive study was to examine education, support systems and identify current practices about WDLS in intensive care units (ICUs). The American Association of Critical-Care Nurses supplied a random sample of U.S. members who reported being active in ICU bedside practices. After approval from the Institutional Review Board, participants were mailed an author developed questionnaire, "Critical Care Nurses' Participation in the Withdrawal of Life Support," which had 100% interrater reliability and addressed educational preparation for nurses regarding WDLS, support for nurses, nurses' roles and participation in family conferences, specific practices during WDLS, and demographics.

A response rate of 48.4% was obtained from a sample of 981 participants, 90.8% of whom were female. The median age of respondents was 48 years, with a median work life of 22 years and a wide range of WDLS experience. Only 15.5% of nurses reported required courses that covered WDLS in their nursing curriculum with 6.6% reporting a required WDLS competency at their hospital. Respondents reported physicians usually directed care of patients experiencing WDLS (69.3%). Nurses cited having ethical (46.4%) and procedural (34.6%) difficulties with WDLS, always caring for an additional patient simultaneously (46.4%) and a lack of support during or after WDLS (10.1%). Specific nursing practices for WDLS included attending family WDLS conferences and acting as patient advocate (20.6%), keeping patients in the same bed (95.9%), leaving monitors on (53.3%), and extubating patients during the initial phase of the withdrawal process (52.6%).

Current practices for WDLS are lacking evidence-based support and show the need for more nursing research and education. Critical care nurses need to establish comprehensive interdisciplinary standards for WDLS care.

Christie Traynor, Hartwick College, Oneonta NY
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Future of Nursing

Transforming Healthcare for all New Yorkers

Cathryne A. Welch, EdD, RN
Robert F. O'Connell, MSW
Co-Leads, Future of Nursing – NYS Action Coalition

In October 2010, New York State was designated as one of five initial pilot Regional Action Coalitions to advance the Future of Nursing: Campaign for Action; a collaboration created by the Robert Wood Johnson Foundation and the AARP Foundation. The Future of Nursing – NYS, a nonpartisan entity, is part of a broad national effort to implement the recommendations of the Institute of Medicine (IOM) Report. Key messages of this landmark report are:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with physicians and other healthcare providers in redesigning healthcare in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Our sixteen-member NYS Action Coalition has selected five priority IOM recommendations and created seven Regional Action Teams to transform healthcare in NYS.

We cordially invite and strongly encourage you to join in this effort by visiting **www.futureofnursing-NYS.org** and signing on to participate!

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CE Activity: The Lived Experience of Participation in Student Nursing Associations and Leadership Behaviors: A Phenomenological Study

Thank you for your participation in The Lived Experience of Participation in Student Nursing Associations and Leadership Behaviors: A Phenomenological Study, a new 0.6-hour CE activity offered by NYSNA. NYSNA members and non-members are invited to take part in this activity, and you do not need to be a resident of New York State.

INSTRUCTIONS:

In order to receive contact hours for this educational activity, participants are to read the article presented in this issue of *Journal*, complete and return the post-test, evaluation form, and earn 80% or better on the post-test.

This activity is free to NYSNA members and \$10 for non-members. Participants can pay by check (made out to NYSNA & please include CE code 442PKG on your check) or credit card. The completed answer sheet and evaluation form may be mailed or faxed back to NYSNA; see the evaluation form for more information.

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

NYSNA wishes to disclose that no commercial support was received for this educational activity.

All planners/authors involved with the development of this independent study have declared that they have no vested interest.

GOAL:

To increase awareness of how nurse leaders and nurse educators can use participation in a student nursing association (SNA) to help develop leadership behaviors in student nurses as this topic has been minimally addressed in nursing research.

OBJECTIVES:

By completion of the article, the reader should be able to:

1. Describe the purpose of a phenomenological study.
2. Discuss at least four benefits of joining a professional nursing association.
3. Examine the themes that emerged from the study.

Please answer the questions below. Remember to complete the answer sheet by putting the letter of your corresponding answer next to the question number. Each question has only one correct answer. A score of 80% is needed to successfully pass this post-test.

The 0.6 contact hours for this program will be offered until August 30, 2015.

1. Nurses join professional associations:
 - a) To gain greater control of their professional future.
 - b) To develop greater awareness of nursing issues.
 - c) To communicate to the public what nurses do.
 - d) All of the above.
2. One issue that was explored in the study is whether the requirement of the nursing students to join the student nurses association contributes to the development of:
 - a) Leadership in the nursing student.
 - b) Stronger clinical skills.
 - c) Higher NCLEX pass rates.
 - d) Increased autonomy in the nursing student.
3. The specific problem of the study was to explore and describe the lived experiences of student involvement in Long Island colleges SNAs. This type of study is called a:
 - a) Quantitative study.
 - b) Qualitative case study.
 - c) Correlational study.
 - d) Qualitative case study.

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4. Which of the following professional organizations has been traditionally devoted to the needs of nursing students?
 - a) NYSN
 - b) NACLI
 - c) NSNA
 - d) ANA

5. Moustakas (1994) suggests that in a phenomenological study, a sample size of how many participants is acceptable and valid?
 - a) 10-15
 - b) 20-25
 - c) 25-30
 - d) 15-20

6. The themes in the study were determined after how many participants described an experience related to a specific idea or concept?
 - a) 10 or more
 - b) 12 or more
 - c) 5 or more
 - d) 20 or more

7. Participants' descriptions of their experience included detail about the importance of ongoing:
 - a) Faculty support.
 - b) Mentoring.
 - c) Mutual support.
 - d) All of the above.

8. The theoretical foundations used for the study included which type of leadership?
 - a) Laissez-faire leadership.
 - b) Transitional leadership.
 - c) Transformational leadership.
 - d) Autocratic leadership.

9. Participants in the study emphasized that professionalism includes all of the following except:
 - a) Participation in professional organizations.
 - b) Continuing education.
 - c) An ethical responsibility to the profession.
 - d) Limited knowledge.

10. All of the following ideas emerged as themes from the study except:
 - a) Inability to influence practice.
 - b) Collaboration and dealing with conflict.
 - c) Mentoring and mutual support.
 - d) Accountability and responsibility.

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Answer Sheet

Please print legibly and verify that all information is correct.

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number (include area code): (_____) _____

Profession: _____ Currently Licensed in NY State? Yes / No (circle one)

NYSNA Member # (if applicable): _____ License #: _____ License State: _____

ACTIVITY FEE: FREE for NYSNA members/\$10 non-members

PAYMENT METHOD

☐ Check—payable to New York State Nurses Association (please include “Journal CE” and your CE code 442PKG (on your check).

Credit card: ☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Card Number: _____ Expiration Date: ____/____/____ CVV# _____

Name: _____ Signature: _____

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The contact hours for this CE activity will be offered until Aug. 30, 2015.

Please print your answers in the spaces provided below. **There is only one answer for each question.**

The Lived Experience of Participation in Student Nursing Associations and Leadership Behaviors: A Phenomenological Study

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Please complete the answer sheet above and course evaluation form on reverse.

Submit both the answer sheet and course evaluation form along with the activity fee for processing.

Mail to:

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Latham, NY 12110

Or fax to:

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Course Evaluation

The Lived Experience of Participation in Student Nursing Associations and Leadership Behaviors: A Phenomenological Study

	Poor	Fair	Good	Very Good	Excellent
1. The content fulfills the overall purpose of the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The content fulfills each of the course objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The course subject matter is current and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The material presented is clear and understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The teaching/learning method is effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The test is clear and the answers are appropriately covered in the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How would you rate this course overall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Time to complete the entire course and the test?	_____ Hours (enter 0-99) _____ Minutes (enter 0-59)				
9. Was this course fair, balanced, and free of commercial bias?	Yes / No (circle one)				
10. Comments:	_____				
11. Do you have any suggestions about how we can improve this course?	_____				



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