

1 **TOPIC:** **IN SUPPORT OF EDUCATION AND SIMULATION SKILLS REGARDING LATERAL**
2 **WORKPLACE VIOLENCE FOR PRELICENSURE NURSING STUDENTS**

3
4 **SUBMITTED BY:** **California State University – San Marcos**
5 **City/State: San Marcos, CA**

6
7 **AUTHORS:** **Adam Kistler, Stephanie Lichwardt, & Esther Jando**

8
9 WHEREAS, the American Nurses Association Code of Ethics provision 1 indicates that “the nurse
10 creates an ethical environment and culture of civility and kindness, treating colleagues,
11 coworkers, employees, students, and patients with dignity and respect; any form of
12 bullying, harassment, intimidation, manipulation, threats, or violence are always morally
13 unacceptable behaviors” (ANA, 2015, p.269); and

14 WHEREAS, Kirchner found that 1 in 6 employees in the health care industry have experienced
15 lateral violence. (Blair, 2013, p.75); and

16 WHEREAS, lateral violence refers to a pattern of workplace conflict in which confrontational
17 behavior is targeted at 1 person by another employed at the same level of responsibility
18 across time in repeated instances of emotional, psychological, physical, or sexual abuse.
19 (Rainford et al., 2015, p.158); and

20 WHEREAS, disruptive behavior negatively impacts student-faculty relationships and interrupts the
21 teaching-learning environment. (Clark & Kenaly, 2011, p.164); and

22 WHEREAS, nurses who are the victims of lateral violence experience loss of self-worth, an increased
23 sense of ineptitude, depression, and despair. Subsequently, because of the
24 psychological destructiveness of lateral violence, nurses are likely to leave their
25 employment within 6 months after the first victimization (Rainford et al., 2015, p.159);
26 and

27 WHEREAS, lateral violence is costly on many levels—to the nurses who are victimized (verbally,
28 physically, and psychologically), their co-workers (through increased workload because
29 of turnover), patients (through medical errors), the hospital (because of decreased
30 market share and liability), and the health care system (because of increased cost of
31 care). (Blair, 2013, p.77); and

32 WHEREAS, “nurse educators can address these critical issues by including LV response training into
33 prelicensure curricula”. (Sanner-Stiehr, 2017, p.133); and

34 WHEREAS, the American Nurses Association Code of Ethics provision 7 states that “the nurse in all
35 roles and settings advances profession through research and scholarly inquiry,
36 professional standards development, and the generation of both nursing and health
37 policy” (ANA, 2015, p.365); and

38 WHEREAS, “Simulation provides a milieu for integrating LV response training into nursing education
39 within an established yet flexible framework. Response training can help increase
40 effective responses and maintaining composure in stressful situations decreasing the
41 negative effects of LV on targeted individuals, organizations, and patients” (Sanner-
42 Stiehr, 2017, p.136); therefore be it

43
44 **RESOLVED,** that CSNA support advocacy of inclusion of formal didactic education and simulated
45 practice of mitigating skills within prelicensure nursing programs to improve recognition
46 as well as enhance ability to address situations appropriately; and be it further

47 **RESOLVED,** that the CSNA encourage all constituents to become educated on the universal
48 phenomenon of lateral workplace violence, and support advocacy of inclusion of formal

49 didactic education and simulated practice of mitigating skills within pre-licensure
50 nursing programs to improve recognition as well as enhance ability to address situations
51 appropriately; and be it further
52 RESOLVED, that that the CSNA increases awareness regarding the negative impact of lateral work-
53 place violence for healthcare providers as well as patients, as feasible through articles in
54 the *Range of Motion* newsletter, website information dissemination, or appropriate
55 CSNA committee action; and be it further
56 RESOLVED, that the CSNA promote a culture of civility amongst nursing students, new grad nurses,
57 and experienced nurses to foster a collaborative and positive workplace conducive to
58 the best patient outcomes through a topic expert guest speaker at the annual CSNA
59 convention, if feasible; and be it further
60 RESOLVED, that the CSNA send a copy of this resolution to American Nursing Association, National
61 league for Nursing, National Federation of Nurses, American Association of Colleges of
62 Nursing, International Council of Nurses and Emergency Nurses Association, and all
63 others deemed appropriate by the CSNA Board of Directors.

1 **TOPIC:** **TO INCREASE AWARENESS AND EDUCATION OF BREAST SELF-EXAMINATION IN**
2 **ETHNIC MINORITY WOMEN.**
3
4 **SUBMITTED BY:** **California State University, Fresno**
5 **Fresno, California**
6
7 **AUTHORS:** **Courtney Brown, Jennifer Cushing, & Navrattan Kaur**
8
9 WHEREAS, "Performance of BSE may not be reinforced equally across ethnic groups, women with
10 low health literacy. Tailoring education to marginalized ethnic and lower socioeconomic
11 groups may positively increase likelihood of engaging in breast health practices" (Armin
12 J., et. al., 2014, p.2-3); and
13 WHEREAS, "BSE continues to offer a woman-controlled self-care technique to
14 low-income patients" (Armin J., et. al., 2014, p2); and
15 WHEREAS, in areas of limited resource, BSE can be a valuable screening tool in the
16 absence of access to mammography (Armin, J. et. al.2014 p 3); and
17 WHEREAS, "in addition to socioeconomic barriers to screening, research suggests that
18 literacy or education level may affect knowledge and practice of breast cancer early
19 detection" (Armin J., et. al., 2014 p. 3); and
20 WHEREAS, "knowledge, socio-cultural and environmental factors were identified as barriers; so it is
21 recommended that knowledge among the public about breast cancer and promotion of
22 public breast health awareness campaigns through the media should be carried out"
23 (Zavare, M. et. al. 2015, p.1); and
24 WHEREAS, recent evidence supports the divergent view that...lack of awareness, non-availability of
25 screening methods and other epidemiological risk factors reflect the late stage diagnosis
26 (Asobayire, A. et. al., 2014 p. 2); and
27 WHEREAS, BSE empowers ethnic minority groups with widespread disparities to breast cancer
28 screening tools with an indelible tool for early detection (Tangka, F. et. al. 2017 p. 4-5);
29 and
30 WHEREAS, Lack of knowledge, cultural barriers, and embarrassment when being examined by a
31 health care professional by the opposite gender can cause women to feel discomfort
32 and discourage them from getting screened. This fear has led breast cancer screening
33 to become a taboo in the Saudi community. Therefore, BSE will encourage women to
34 screen themselves on a regular basis and promote education to stay healthy (Madkhali,
35 N., et. al., 2016, p.1); and
36 WHEREAS, "overall, by performing regular BSE, women familiar with the structure of normal breast
37 will be motivated to attend screening clinics for mammography and clinical breast
38 examination" (Zavare, M. et. Al. 2015, p1); and
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40 RESOLVED, that California Nursing Students Association (CNSA) raise awareness of the
41
42 benefits and the need for culturally competent and sensitive education regarding BSE
43 amongst minority women through highlights and article in its *Range of Motion* when
44 feasible; and be it further
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46 RESOLVED, that CNSA raise awareness about the benefits of culturally competent education

45 through either a breakout session or general session at CNSA Membership North
46 Meeting, Membership Meeting South, and CNSA State Convention if feasible; and be it
47 further

48 RESOLVED, that CNSA highlight BSE's benefits to the community and disperses facts
49 about culturally sensitive BSE to its constituents through CNSA' Community Health
50 Committee if feasible; and be it further

51 RESOLVED, that CNSA send a copy of this resolution to the Fresno, Tulare, and Kings
52 County Department of Health and Human Services, the California Department of Health,
53 Clovis Community Medical Center, Radin Breast Care Center, Community Regional
54 Medical Center, Saint Agnes Medical Center, Kaweah Delta Medical Center, Tulare
55 Regional Medical Center, and all others deemed appropriate by the CNSA Board of
56 Directors.

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1 **TOPIC:** **In Support of Increasing Suicide Awareness and Prevention Strategies for School-aged**
2 **Children**
3
4 **SUBMITTED BY:** **California State University, Sacramento**
5 **Sacramento, CA**
6
7 **AUTHORS:** **Jenelle Hunter, Andrew Mossett**
8
9 WHEREAS, in the United States, the incidence of suicide in elementary age children and adolescents
10 is increasing, and recent data has shown suicide to be the second leading cause of death
11 in children ages 10-24(Centers for Disease Control, 2015); and
12 WHEREAS, the causes and warning signs for each age group are different, age appropriate
13 screening tools should be used to ensure accuracy of the results. In those who
14 committed suicide, younger children were found to have relational problems with family
15 or friends, while adolescents typically suffered with problems in romantic relationships.
16 In the percentage of these individuals diagnosed with mental health disorders,
17 ADD/ADHD was a common diagnosis in those aged 5-11 years old, while depressive
18 disorders were more prevalent in adolescent populations (Sheftall et al, 2016, p3); and
19 WHEREAS, and nurses have contact with these children in school, acute and outpatient settings, there is
20 an opportunity for intervention if warning signs are known and recognized. When
21 detection tools are utilized, they have been shown to have a 4-fold increase in the
22 detection of suicidal ideation (Horowitz, 2014, pS173); therefore be it
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24 RESOLVED, that the California Nursing Students' Association (CNSA) collaborate with other
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26 healthcare professionals wherever possible to increase the use of screening tools in the
27
28 secondary and tertiary settings to assist in identifying youth with suicidal ideation; and
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30 be it further
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32 RESOLVED, that CNSA work in support of nurses in public health and school settings for the
33
34 education and training of families of at risk youth, lay staff, and educators to aid in
35
36 recognizing warning signs of suicidal ideation and how to appropriately utilize screening
37
38 tools for these populations; and be it further
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40 RESOLVED, that CNSA help to increase awareness in nursing students about the growing problem of
41
42 suicide in children and adolescents and preventative strategies; and be it further
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44 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses' Association
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46 California, the Association of California Nurse Leaders, American Psychiatric Nurses
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48 Association, the American Association of Colleges of Nursing, the American Academy of

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Nursing, the National League for Nursing, the National Organization for Associate

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Degree Nursing, and all others deemed appropriate by the CNSA Board of Directors.

1 **TOPIC:** **INCREASING AWARENESS OF USING TECHNOLOGY TO ENHANCE COMMUNICATION**
2 **AND EDUCATIONAL NEEDS OF CHILDREN WITH ASD.**
3
4 **SUBMITTED BY:** **Maurine Church Coburn School of Nursing**
5 **City/State: Monterey, California**
6
7 **AUTHORS:** **Koyal Kumar & Chris Myrick**
8 **WHEREAS,** “children with autism spectrum disorders (ASD) exhibit significant deficits in language
9 and peer communication, such as limited social interaction, low levels of verbal
10 commenting, and difficulties responding to other’s attempts to secure their attention.
11 Such children often struggle with social orienting and joint attention with deficits
12 documented in both initiating and responding to communicative attempts” (Murdock,
13 2013); and
14 **WHEREAS,** “the use of mobile technologies has the potential for increasing social opportunities of
15 students with ASD through contact with peers or other individuals by using avenues
16 such as emails and text messaging. Social media...may also provide opportunities for
17 ongoing, instant, social interactions with persons who share common interests” (Ayres,
18 2013); and
19 **WHEREAS,** “as technology begins to permeate educational programming, school trainers and
20 practitioners alike need to identify the most promising and helpful tools that can be
21 deployed readily within classroom contexts to assist in supporting the education of
22 students with ASD. Part of that process not only involves awareness of available
23 technologies, but also awareness and understanding of the research literature that
24 supports their use” (Ayres, 2013); and
25 **WHEREAS,** “recent research has identified that individuals with ASD not only demonstrate
26 significant skill acquisition when taught using mobile technologies, but also prefer
27 instruction delivered through such devices” (Ayres, 2013); and
28 **WHEREAS,** “superior performance on visual tasks and localized information has been reported in
29 children with ASD. Most students with ASD learn better by processing visual
30 information” (Simmons, 2014); and
31 **WHEREAS,** “there is not one technology tool which universally works for all children...The
32 characteristics of ASD are so varied that each individual case must be evaluated and
33 appropriate interventions must be planned” (Simmons, 2014); and
34 **WHEREAS,** “technology cannot help with everything, but skilled application of technology can
35 increase many areas of independence for students with ASD” (Ayres, 2013); therefore,
36 be it
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38 **RESOLVED,** that the California Nursing Students’ Association (CNSA) encourage its constituents to
39 support the efforts that will increase public and professional awareness of the benefits
40 of technological use to enhance communication and educational needs of children with
41 ASD by providing literature and online resources, when feasible, to their local schools
42 and community healthcare partners; and be it further
43 **RESOLVED,** that the CNSA encourage its constituents to become more informed, aware, and
44 proactive about recognizing opportunities to enhance treatment and educational needs

45 of children with autism spectrum disorder by discussing the opportunity to have a guest
46 speaker present at the annual convention at a later date, if feasible; and be it further
47 RESOLVED, that the CNSA include an article in Range of Motion about the benefits and intricacies of
48 the use of technology for children with autism spectrum disorder, if feasible; and be it
49 further
50 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses
51 Association/California, the Association of California Nurse Leaders, the Nurse Alliance of
52 California, The National League for Nursing, the California Association for Nurse
53 Practitioners, the California Association of Clinical Nurse Specialists, the California
54 Association of Colleges of Nursing, the California Organization of Associate Degree
55 Nursing, the American Psychiatric Nurses Association, the Society of Pediatric Nurses,
56 the Developmental Disabilities Nurses Association and all others deemed appropriate by
57 the CNSA Board of Directors.

1 **TOPIC:** **PROMOTING COMMUNITY HEALTH CAMPAIGNS UTILIZING SOCIAL MEDIA**
2 **PLATFORMS**

3
4 **SUBMITTED BY:** **National University**
5 **City/State: San Diego, CA and Los Angeles, CA**

6
7 **AUTHORS:** **Johannah Buenafe, Jade Evans, Lauren Francavilla, Brittany Haradon, Maribel**
8 **Koke, and Erl Malboeuf**

9
10 WHEREAS, according to the National Association of Parliamentarians, social media is defined as
11 “primarily internet and mobile-based tools for sharing and discussing information
12 among human beings that most often refer to activities that integrate technology,
13 telecommunications, and social interaction, and the construction of words, pictures,
14 videos, and audio” (National Association of Parliamentarians, 2010, p.1); and
15 WHEREAS, social media is a wide-ranging tool that allows information to disseminate quickly;
16 reach broad audiences; and be personalized for specific groups. It can be used to
17 encourage public interaction and engagement and empower healthier decision-making
18 (Ramanadhan, Mendez, Rao, & Viswanath, 2013, p.2); and
19 WHEREAS, research shows that people utilize and seek health-related information online
20 to come to a conclusion about their health (Fergie, Hilton, & Hunt, 2016, p.1324); and
21 WHEREAS, over the last several decades, mass media campaigns have proven to be efficient
22 strategies in influencing health-related behaviors by altering public attitudes and beliefs
23 (Vallone, Ilakkuvan, Xiao, Cantrell, Rath, & Hair, 2015, p.156); and
24 WHEREAS, national *the truth*® campaign was a mass media anti-smoking campaign launched in
25 2000. Within one year of the campaign, incidence of smoking initiation began to trend
26 downward. Conservative estimates have shown billions of dollars in medical cost savings
27 related to tobacco use (Vallone, Ilakkuvan, Xiao, Cantrell, Rath, & Hair, 2015, p.156-161);
28 WHEREAS, contextual influences such as gender, income, state control policies, and community-
29 level education were shown to not significantly affect campaign awareness. Instead,
30 length of media usage and individual education proved to be the most influencing
31 factors (Vallone, Ilakkuvan, Xiao, Cantrell, Rath, & Hair, 2015, p.161); and
32 WHEREAS, other notable health campaigns that increased public knowledge on health-related
33 topics are: *Got Milk?*, the CDC’s *Tips from a Former Smoker*, and Michelle Obama’s
34 *Let’s Move!*; therefore be it

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36 RESOLVED, that the California Nursing Student Association (CNSA) encourage its constituents to
37 proactively identify the health needs in the community through community input and
38 major national, state, and local trends and to develop and promote innovative
39 community health campaigns in order to increase public knowledge and influence
40 health-related behaviors; and be it further

41 RESOLVED, that the CNSA publish an article about utilizing social media for promoting community
42 health campaigns in the *Range of Motion* newsletter and any other publications, if
43 feasible; and be it further

44 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses Association
45 California, the Association of California Nurse Leaders, Nurse Alliance for California,
46 National League for Nursing, United Nurses Associations of California, California
47 Association for Nurse Practitioners, and all others deemed appropriate by the CNSA
48 Board of Directors.

1 **TOPIC:** **IN SUPPORT OF INCREASED CULTURAL COMPETENCE AMONG NURSES IN END OF LIFE**
2 **(EOL) CARE**
3
4 **SUBMITTED BY:** **San Diego State University Student Nurse Association**
5 **San Diego, California**
6
7 **AUTHORS:** **Molly Shay**
8
9 WHEREAS, in 2016, the National Student Nurses’ Association (NSNA) House of Delegates adopted
10 the resolution “In Support of Improving Nursing Education Curricula Related to End of
11 Life (EOL) Care” which recognizes the need for an enhanced emphasis towards the
12 death and dying process in a nurse’s education but did not address the need for cultural
13 competence in this part of EOL education (NSNA, 2016, p.104); and
14 WHEREAS, while the elderly population is rapidly growing, so is the proportion of elderly citizens
15 who belong to an ethnic or religious minority, and “the population of older Non-
16 Hispanic whites is expected to grow 59% compared to 160% for older minorities”
17 (Johnson, 2013, p. 1329); and
18 WHEREAS, minority patients continue to experience worse healthcare outcomes in comparison to
19 nonminority patients, and healthcare providers are left uneducated about the
20 preferences of ethnic and religious minorities in EOL care (Lee, 2016, p. 9); and these
21 minority patients’ ethnic and religious views pertaining to EOL care are nearly absent
22 from healthcare providers’ education (Partain, et. al, 2017, 10); and
23 WHEREAS, Mayo Clinic states that, “Although 87% of patient reported religious/spiritual (RS) care
24 from their physician to be important in end-of-life care, 94% of patients with advanced
25 terminal illness report receiving no spiritual care from their physicians” (Partain, et. al,
26 2017, p. 148), and
27 WHEREAS, it has been found that, “Minorities are less likely to have advance directives, are more
28 likely to receive high-intensity care at the end of life, and are less likely to receive care
29 consistent with stated preferences” (Lee, et. al, 2016, p. 9); and
30 WHEREAS, end of life goals vary greatly depending on a patient’s cultural and religious background,
31 and if ignored has shown to have a significant and negative effect on a patient and their
32 family’s experience with EOL care (Partain, et. al, 2017, p. 147-149); therefore be it
33
34 **RESOLVED,** that the California Nursing Students’ Association (CNSA) encourage its constituents to
35 support increased awareness for culturally competent EOL nursing care by providing a
36 breakout session regarding this topic at the annual Convention, if feasible; and be it
37 further
38 **RESOLVED,** that CNSA promote further research into the topic of end of life care disparities with
39 religious and ethnic minorities, if feasible; and be it further
40 **RESOLVED,** that the CNSA support a tool such as the “5-part framework” to initiate conversations
41 about preferences for EOL care and to ensure competent and consistent care for

42 patients of all belief systems and cultural backgrounds as feasible through articles in the
43 *Range of Motion* newsletter, website information; and be it further
44 RESOLVED, that the CNSA send a copy of this resolution to American Nurses Association California
45 (ANAC), Association of California Nurse Leaders (ACNL), University of California Board of
46 Regents, California Association of Colleges of Nursing, the Hospice and Palliative Nurses
47 Association, and all others deemed appropriate by the CNSA Board of Directors.