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# The Pulsebeat

A Publication for New Jersey Nursing Students  
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## A Word from NJNS President

Hello fellow students,  
I hope you all enjoyed the holiday season and took advantage of the well deserved break.

Convention is around the corner! I wanted to remind everyone to register for convention and take advantage of the focus sessions, first night party, NCLEX review, and skills lab with SIM Man. We have an amazing program planned for you all. Thursday is packed full.

Opening Ceremony promises to be an exciting one with Carol Huston, Past President, Sigma Theta Tau, will address the students as Keynote Speaker. Thursday night is the First Night Party, proudly sponsored by the New Jersey State Nurses Association. The board members have planned a scrub party with dancing and games so find your comfortable scrubs and join us for a night of fun with other nursing students from around the state.

Convention forms can be downloaded from the New Jersey Nursing Students, Inc. website, or for your convenience, you may complete the online registration at njnsinc.org. If anyone has any questions about the convention please feel free to contact me directly at president@njnsinc.org. I look forward to meeting you all at convention.

**Regina Adams, RN**  
President, NJNS, Inc.

## New Jersey League of Nursing Annual Gala

On November 11, 2009 the New Jersey League for Nursing (NJLN) hosted their annual Gala. I was fortunate to attend this event for the third time. I look forward to this every year; it's a chance to meet and talk with influential people in nursing. This year I thought the honorees were especially interesting for the reason that they ranged from different educational levels. The speakers showed what an impact you can have at every level starting from staff nurses all the way up to being a professor at a master's level of nursing. It is inspiring to hear their accomplishments and as a student and a new nurse, I'm inspired to strive for excellence as well. Not only was this Gala inspirational but it was fun too. The NJLN does a wonderful job at hosting this exciting night. We were able to abandon scrubs and show off our formal wear. I enjoyed dancing with friends and acquaintances. NJLN hosts basket giveaways and raffles. The Gala also shows what the NJLN does and celebrates nursing. I look forward to attending next year and if you have the opportunity to go, I highly encourage your participation.

**Denise Abbruzzese, RN**  
Membership/Nominations Director  
NJNS, Inc

## Helping in a Time of Need

After the well needed break from school for the winter holiday, I hope you are all well rested after the fall semester. School is back in full swing and the convention is right around the corner! On the first day of the convention February 18th, the American Red Cross will be there for all of those who wish to donate blood. This is the perfect opportunity to donate blood for all of those who have wanted to do so in the past or for those who have had a hectic schedule postponing a blood donation. The blood drive will be throughout the day, which allows the time needed to donate in between the variety of activities. To help ensure that you are an eligible candidate to donate blood, try to eat foods rich in iron prior to donation such as meats, nuts and green leafy vegetables and check out the American Red Cross website: .

We would also like for those attending the convention to please consider all those less fortunate than ourselves during the cold winter months. Please consider donating by bring old jackets, clothing or non perishable goods which will be collected at the convention to be donated to the Atlantic City Rescue Mission. This organization offers such a vital service to the residents of the greater Atlantic City area who are in need. Besides helping those in need with food, shelter, and clothing, they also offer health care and programs not limited to but include drug/alcohol and mental health assistance.

We, at New Jersey Nursing Students Inc. are always grateful for the charity as students you provide to the community and look forward to seeing you all at the convention. Good luck with this upcoming semester, and please remember to consider those in the community who are in the greatest need.



Top Row, Left to right: Denise Abbruzzese, Elizabeth McFetridge, Adam Ramadan, Amy Collazo. Bottom Row, Left to right: Sharon James, Marie Mupada, Regina Adams, Jillalsion Camp

## A Message from the First Vice President

Hello New Jersey nursing students! I can't believe the 58th Annual Convention is right around the corner. First of all, we are presenting this year's convention in a brand new and exciting venue. I am so thrilled to have this convention held at the Tropicana Resort and Casino, Atlantic City, New Jersey.

The convention kicks off with a stellar Opening Ceremony featuring keynote speaker Carol J. Huston, RN, DPA, FAAN, immediate past president of Sigma Theta Tau International. She brings her valuable service and leadership experience to all of the forthcoming nursing students. The convention closes with an end note cultural panelist represented by different leaders of various cultures. But don't forget about the First Night Party! This year's theme is "Passport to Nursing." Make sure you wear your favorite scrubs and dance the night away.

Finally, please show your support by visiting our convention exhibitors. Enjoy the experience of networking and establishing rapport with a possible future employer. We, as the board members, have been striving to provide you the best possible adventure that you all can cherish for life.

I can't wait to meet and greet all of you! Thank you to all the faculty for all the support that you give your students. For all the encouragement and motivation you have given all of us, we are always grateful.

**Marie Mupada, RN**  
1st Vice President NJNS, Inc.  
Monmouth University

# Veracity In Nursing

Jillalison Camp, RN

Susan James is a 45 year-old female that presents to the emergency room with shortness of breath that is not relieved with her inhaler. She admits to increasing shortness of breath and spitting up blood over the past few months and has an appointment to see her doctor the following week for her concerns. Her respiratory distress triggers a complete assessment including blood work, x-rays and scans. Lung cancer is the diagnosis and the physician asks the nurse to join him in the waiting room for support as the family is notified of the heart breaking diagnosis. The family has decided to withhold the severity of the prognosis from Susan for fear that she will resign herself to the fact that she is dying and will not fight to live. Later on in the evening after visiting hours are complete, Susan turns to the nurse, looks her straight in the eye and asks, "I feel like no one will give me the whole truth... how bad is it really?". The nurse pauses a moment and looks at her patient knowing if she tells the truth you may have lost the trust of her family, however, if she withholds the truth she may destroy any therapeutic communication she could have with her patient from that point on... What should she do?

Unlike some vocations, nurses face ethical dilemmas such as this one every day. Situations where the news is life or death, the decision whether or not to withhold information can be devastating. Is it ever wrong to withhold information from a patient or their family? Veracity for nurses is not just a suggestion; it is one of the basic foundations of nursing... It is what defines us as "patient advocate" and one of the few people in the hospital that patients trust. But telling the truth can be hard. When should/shouldn't a nurse tell the truth? According to the American Nurse Association's Code of Ethics:

Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment, to be assisted with weighing the benefits, burdens, and available options in their treatment, including the choice of no treatment; to accept, refuse or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision making and treatment process (American Nurses Association, The Right to Self-determination, para. 1.4).

A nurse is able to complete this formidable task by putting their patient first. A nurse does this when they recognize their own thoughts, feelings, judgments and concerns and places them behind their patients' thoughts, feelings, judgments and concerns.

Remembering that each nurse takes the oath to promote autonomy and veracity will help guide the nurse through making the tough decision of keeping his/her patient informed regardless of the cost.

Autonomy is defined by Webster as "the quality or state of being self-governed (Autonomy, 2009)". It is the patient's right to determine their own actions and it is also the right of the patient to know what their diagnosis is and what the projected outcomes are. It is a nurse's job to promote this autonomy through awareness and education. Elizabeth O'Sullivan (2009) declares further that "patients have the right to know and be kept informed about their condition so they can make decisions regarding their care and treatment" (p.36). Steven Collis (2006) found that many times when a patient faces a big decision such as receiving chemo treatments or a major surgery, a patient will want to put things in order such as finances, family, broken relationships, spiritual affairs and end of life care (Collis, 2006). By telling them the truth, a patient has the time and the ability work through these matters. If the patient is purposely given inaccurate information this may cause more harm than good. Kinsella (2001) tells us that as the patient either prepares to fight to overcome illness, surgery and/or begins grief work by journeying toward acceptance, he prepares for a more peaceful death. Anthony Tuckett explains this is due to the fact that "truth-telling in a clinical practice revealed that a patient's ability to be autonomous diminishes without truthfulness" (as cited in O'Sullivan, 2009, p. 36). It is found in most cases that the patient and family member wants to be completely informed (O'Sullivan, 2009). However, many times, medical personnel including nurses will hold back the complete truth fearing that if the truth is known it will incur a loss of hope on the part of the patient. This way of protecting the patient and this paternalistic deception can be best described as allowing the physician full-reign over patient care because they know best (O'Sullivan, 2009). According to Shona Philpott the danger of withholding the complete truth is "the avoidance of truth and the fact that the presence of dishonesty breeds distrust" (Philpott, 2005, p. 16). It has even been suggested by Rowson that "lying to someone means that you are failing to respect them as a person" (as cited by Collis, 2006 p. 37). Nurses rely on personal judgment and determination concerning whether the patient can and/or wants to hear the whole truth. If we withhold it from them for whatever the reason, we are disrespecting them and causing them an injustice.

However, being absolutely honest with every single detail is not always the best choice writes Thompson

et al 2000, "if a patient asks not to be given information regarding diagnosis or prognosis, withholding the truth is permissible (as cited in O'Sullivan, 2009, p. 36). This is effective when the patient does not have the mental capacity to make decisions or to act on their diagnosis. If the patient is unable to be autonomous and is unable to act, therefore nothing maybe gained by informing the patient, protecting the patient from harm is justifiable (Collis, 2006). This also is sometimes true in the case of denial. Forcing a patient who is in denial to listen to a bleak diagnosis may cause more harm than good. The ideal plan of care in this situation is to continually check with the patient for a change of mind and plan incremented time for communication with questions and answers when the patient is ready (O'Sullivan, 2009). By allowing the patient to work through denial and begin to accept the diagnosis on his/her own terms, the outcome is greater for the patients' acceptance of the diagnosis. The utopian outcome is when the patient to comes around in due time, accepts the truth of the situation and begins to live with the diagnosis but this does not always prove to be the case.

## Conclusion

This author feels that autonomy in nursing is a foundation in which the profession is built upon and in very few vocations is the emphasis on advocating for the patient so evident. Yet the answer is not always a clear cut. The nurse that chooses to withhold the terminal diagnosis may never see the peace on the face of the patient who has finally restored a broken relationship that they needed to restore before dying. However, not being brutally honest with a 10 year-old pediatric patient at the request of the parents, who has a less than 24 hour diagnosis may be the best choice in this case. Nurses for the most part should not be the one's deciding whether or not to talk to the patient but more importantly should be deciding how best to talk to them. Being truthful with them may not save their life, but it may just be life-saver.

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## N-CLEX PRACTICE QUESTIONS

- The nurse is providing care to a client admitted to the hospital with a diagnosis of acute anxiety disorder. While conversing with the client, the client says to the nurse, "I have a secret to tell you. You won't tell anyone about it, will you?" The appropriate nursing response is which of the following?
  - "No, I won't tell anyone."
  - "I cannot promise to keep a secret."
  - "If you tell me the secret, I will tell it to your doctor."
  - "If you tell me the secret, I will need to document it in your record."
- The nurse is caring for a client with a resolved intestinal obstruction who has a nasogastric (NG) tube in place. The client has tolerated the tube being clamped every 2 hours for 1 hour. The physician has now ordered the NG tube to be removed. Prior to removing the tube, the nurse assesses for:
  - Proper NG tube placement
  - Normal serum electrolyte levels
  - The presence of bowel sounds in all four quadrants
  - Normal pH of the gastric aspirate.
- A community health nurse is preparing a poster for an educational session for a group of women and will be discussing the risk factors associated with breast cancer. Select the risk factors for breast cancer that the nurse will list on the poster. Select all that apply.
  - Family history of breast cancer
  - Early menarche
  - Early menopause
  - Previous cancer of the breast, uterus or ovaries
  - Multiparity
  - High-dose radiation exposure to the chest
- A client with diabetes mellitus is self-administering NPH insulin from a vial that is kept at room temperature. The client asks the nurse about the length of time an unrefrigerated vial of insulin will maintain its potency. The appropriate response to the client is which of the following?
  - 2 weeks
  - 1 month
  - 2 months
  - 6 months
- A nurse is conducting health screening for osteoporosis. Which of the following clients is at greatest risk of developing this disorder?
  - A 25-year-old woman who jogs
  - A 36-year-old man who has asthma
  - A 70-year-old man who consumes excess alcohol
  - A sedentary 65-year-old woman who smokes cigarette
- A client with chronic renal failure has completed a hemodialysis treatment. The nurse would use which of the following standard indicators to evaluate the client's status after dialysis?
  - Vital signs and weight
  - Potassium level and weight
  - Vital signs and blood urea nitrogen level
  - Blood urea nitrogen and creatinine level
- A client with rapid atrial fibrillation asks a nurse why the physician is going to perform carotid massage. Which of the following would be reflective of a correct explanation provided by the nurse?
  - The vagus nerve slows the heart rate.
  - The diaphragmatic nerve slows the heart rate.
  - The diaphragmatic nerve overdrives the rhythm.
  - The vagus nerve increases the heart rate, overdriving the rhythm.
- A client has experienced pulmonary embolism. A nurse assesses for which symptom, which is most commonly reported?
  - Hot, flushed feeling
  - Sudden chills and fever
  - Chet pain that occurs suddenly
  - Dyspnea when deep breaths are taken
- The nurse is caring for a patient following a mastectomy. Which assessment finding indicates that the client is experiencing a complication related to the surgery?
  - Pain at the incisional site
  - Arm edema on the operative side
  - Sanguineous drainage in the Jackson-Pratt drain
  - Complaints of decreased sensation near the operative site
- A physician orders 1 unit of packed red blood cells to infuse over 4 hours. The unit of blood contains 250 mL. A drop factor is 10drops/1mL. A nurse prepares to set the flow rate at how many drops per minute? (Round answer to the nearest whole number)

# BECOME A DELEGATE OR MONITOR AND SEE THE DIFFERENCES WE CAN MAKE IN NURSING.

## GET INVOLVED!

**Donate blood on Thursday, February 18 from 9-5.**

**To make sure you're eligible please visit**

**<http://www.redcrossblood.org/donating-blood/eligibility-requirements>.**

**If you do not qualify to donate blood, extend your generosity to the Atlantic City Rescue Mission by bringing your non-perishable food items and/or clothing to assist those in need. Men's underwear and socks are needed in specific abundance. Items will be collected in the exhibit hall.**

**Don't miss the diverse cultural panel of speakers at the closing ceremony!  
Scholarships and giveaways will be presented at closing ceremonies  
on Friday, February 19, 2010.**

## Health Literacy

This year, as your Resolutions Director, I am presenting the topic of Health Literacy. What is Health Literacy? It is said to be a limited ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment. This has become a growing issue among every population that is cared for in our hospitals daily, but awareness and research among medical professionals has been growing as well. Over 300 studies have shown that health information cannot be understood by most of the people for whom it was intended, suggesting that the assumptions regarding the recipient's level of health literacy made by the creators of this information are often incorrect.

How can we tell if a patient has health literacy limitations? Some behaviors include registration forms that are incomplete, frequently missed appointments, or noncompliance with medication due to lack of understanding. These may or may not suggest there is adequate literacy. Patients with well-developed literacy skills who fail to understand health information may also avoid asking questions for fear of appearing "stupid" or annoying to the clinician. By using tools such as talking at a slow pace, using plain, nonmedical language, limiting the amount of information provided, and having client repeat information back will encourage questions and further clarify understanding of information by the client.

How can health care systems be designed to better support the information needs of consumers with different levels of health literacy? How effective are interventions within the healthcare system that are designed to increase the access of intended audiences to relevant health information and appropriate materials (e.g., print or audiovisual materials, Internet-based information, translators, library information resources and services, and patient advocates. For example, differentiating between simple medical terms such as Benign=Not cancer vs. Carcinoma=Cancer facilitates understanding and creates an environment of open communication between the clinician and patient.

Healthy People 2010 is firmly dedicated to the principle that—regardless of age, gender, race or ethnicity, income, education, geographic location, disability, and sexual orientation—every person in every community across the Nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and

<http://www.njnsinc.org/>

promoting community health. This comprehensive statement by the Institute of Medicine of the National Academy of Sciences says, "Health literacy is where the expectations, preferences and skills of individuals seeking health information meet the expectations, preferences and skills of individuals providing information."

*Elizabeth McFetridge  
Resolutions Director NJNS,INC.*

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<http://www.nlm.nih.gov/pubs/cbm/healthliteracybarriers.html>

### Answers:

- |                |                      |
|----------------|----------------------|
| 1.) B          | 6.) A                |
| 2.) C          | 7.) A                |
| 3.) A, B, D, F | 8.) C                |
| 4.) B          | 9.) B                |
| 5.) D          | 10.) 10 drops/minute |

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## We need more of these...

to support the only national professional association for all registered nurses that constantly seeks to improve working conditions for nurses. As you enter your career as an RN, here's your opportunity to be involved...whether you are interested in workplace safety, continuing education, or legislative action... Broaden and enhance your nursing knowledge and your career opportunities...

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