2017

Vol.1 No.1:3

DOI: 10.21767/2574-2825.100003

Editor's Note: Journal of Nursing and Health Studies - Volume 1, Issue 1

Jody Early*

School of Nursing and Health Studies, University of Washington Bothell, USA

*Corresponding author: Jody Early, School of Nursing and Health Studies, University of Washington Bothell, USA, Tel: (425) 325-5323; E-mail: jearly3@uw.edu

Received date: November 20, 2016; Accepted date: November 20, 2017; Published date: November 25, 2017

Citation: Early J (2016) Editor's Note: Journal of Nursing and Health Studies- Volume 1, Issue 1. J Nurs Health Stud Vol.1:No.1:e3.

Editor's Note

The pioneering work of Florence Nightingale significantly shaped nursing theory and practice and is still influencing the nursing profession as well as healthcare and health promotion. The 'Lady with the Lamp,' as Nightingale was known, wrote that nursing was a "reparative process," but it also included caring for the well. Nightingale was among the first to write about how one's environment had a direct impact on wellbeing. This idea seeded the community health model in which all that surrounds human beings is considered in relation to their well-being and state of health. As such, nursing and health studies are an amalgamation of disciplines, providing evidence to support both upstream and downstream approaches and offering insight on factors that influence both the "the well and the sick." The Journal of Nursing and Health Studies Volume 1 Issue 1 includes articles that address health from this integrated approach. From topics such as incontinence to post-traumatic stress disorder, readers will gain global perspectives and evidence about a range of issues that contribute to theory and practice.

For example, incontinence is not a popular topic in the literature, but it has a significant impact on quality of life, especially among elders living in long-term care settings. According to recent reports from the World Health Organization (WHO), more than 40% of institutionalized elders in the USA are suffering from bladder or bowel incontinence, and treatment is often lacking. Consequently, the incontinence is a major worldwide geriatric syndrome. Many certified nursing assistants and care assistants provide most of the hands-on care in long term care facilities, even though there is paucity of the information on managing incontinence. Phillips et al. [1], examined the knowledge and attitudes of CNS and CAs regarding incontinence care to enhance the quality of treatment, caregiving and education related to incontinence. The authors concentrated on factors such as: communication between shifts about residents' toileting patterns; securing clothing that did not impede toileting; team work when the facility was short of staff to maintain toileting schedules; and notification about the changes in medication which affect toileting patterns. They concluded that such adaptations would help to reduce episodes and would eventually minimize negative symptoms of the condition.

Another study in this issue explores the effect of neonatal intensive care unit design on physical stress among neonatal

nurses. Helseth et al. [2] quantitatively evaluated the distances walked and measured the footsteps during a twelve-hour shift by staff nurses in two different types of NICUs (i.e. OPBY and SFRNICU). The authors reported that there is a significant increase in footsteps per shift in neonatal nurse practitioners in single family room NICUs, when compared with the open bay facility. The authors emphasize the need for non-professional support staff in NICU design models to reduce excess walking and the importance of keeping nurses closer to neonates and parents for whom they care.

Additionally, this issue shines a light on post-traumatic stress disorder (PTSD) among health professionals in the Palestinian territories. Matter et al. [3], hypothesized the effect of trauma due to war on secondary traumatic stress symptoms and anxiety among health professionals those who are working at emergency departments in Gaza Strip hospitals. In addition, they also explored the most common mental health problems associated with trauma and the associations among trauma, secondary traumatization, anxiety and other socioeconomic variables. This study reported that 45% of the health professionals in the study met the criteria for secondary traumatic stress, while 51.7% had moderate to severe anxiety symptoms. The authors found there was a significant relationship between traumatic events and total secondary traumatic stress and anxiety.

Like the diversity of topics addressed in this volume, improving nursing practice, health care delivery, and health promotion requires attention to a broader range of psychosocial and ecological factors. The Future of Nursing Report [4] from the Institute of Medicine marked a turning point for change in nursing practice as well as the spectrum of health professions: We must invest in promoting wellness rather than just treat disease. To view nursing practice as only reparative is reductionist. Let this journal be a lamp to shine a light on the wide range of issues and strategies that address the needs of an aging, increasingly diverse population worldwide and give vital power to patients and populations.

References

 Phillips V, Yarmo-Roberts D (2016) Certified nursing assistant and care assistant views on incontinence care: Insights for the creation of quality improvement programs. J Nurs Health Stud 1: 1.

Vol.1 No.1:3

- 2. Helseth CC, Khan AM, Munson DP (2016) The effect of neonatal intensive care unit design on the distance walked by nurses. Nurs Health Stud 1: 1.
- 3. Matter NA, Mousa Thabet AZ (2016) The relationship between war trauma, secondary traumatic stress, and anxiety among
- health professionals working at emergency departments in Gaza-Strip. J Nurs Health Stud 1: 1.
- 4. Institute of Medicine (2011) The Future of Nursing: Leading change, advancing health. National Academies Press; Washington, DC, USA..