

LET'S TALK NURSING



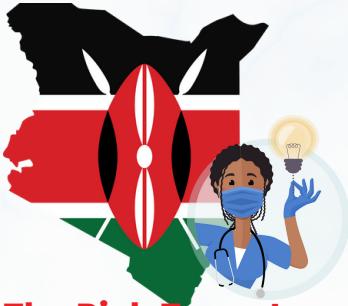
let's talk

Nursing

The Nurses' Approach to Actionable Change

NEWSLETTER

OCTOBER, 2024



The Rich Tapestry of Nursing in Kenya:

A Journey Through Time

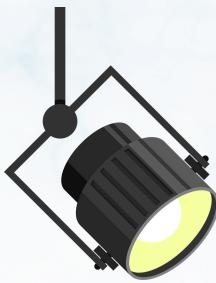


DEPRESSION

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JOYCE WOTHAYA
WANJIRU



Nursing

let's talk

INTRODUCTION:

Founded in January 2016, Let's Talk Nursing is a dynamic forum dedicated to inspiring and empowering nurses to drive actionable change across the profession. Here, we focus on cultivating a strategic form of networking known as Oriented-Based Networking, which is pivotal in reshaping nursing for the better.

MISSION:

- **Inspire Growth:** Support nurses in their personal and professional development.
- **Foster Innovation:** Encourage shared creativity and novel solutions to common challenges.
- **Cultivate Community:** Build an inclusive, diverse, and collaborative network of nursing professionals.

TARGET AUDIENCE:

Our community welcomes nurses of all specialties and experiences who are eager to engage in transformative conversations and

collaborations. Whether you're a seasoned professional or new to the field, Let's Talk Nursing is here to connect you with like-minded peers who will support your journey.

MEMBERSHIP BENEFITS:

- **Engagement Opportunities:** Participate in engaging discussions and events that foster a learning culture.
- **Professional Growth:** Access to a network for mentorship, advice, and career development opportunities.
- **Community Support:** Be part of a supportive, inclusive community that values every voice.

IN ACTION:

Let's Talk Nursing manifests through active engagement with fellow nurses, learning from diverse insights, and growing together as a unified group. Our actions include:

Seek: Discover nurses who align with your purpose and passion.

Engage: Start meaningful conversations and build real connections.

Learn: Gather new insights and perspectives through active listening.

Grow: Embrace opportunities and challenges to expand your skills.

Contribute: Share your experiences, expertise, and support with others.



WHY IT MATTERS:

Connection is crucial for professional growth. Let's Talk Nursing empowers nurses to build an inclusive community, foster creativity, and achieve a new kind of success—one that enriches lives and profession alike.



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“ ”

Florence Nightingale once wisely said, ***“I attribute my success to this: I never gave or took any excuse.”*** Let those words guide us to action and Change.

Spotlight Interview: Halima on Leadership and Legacy in Nursing Management



Caroline Chemoiywo: Welcome to this edition of the "Let's Talk Nursing", where we highlight exceptional leaders shaping the future of healthcare. Today, we're diving into the inspiring career of Halima. With more than a decade in nursing management, she has made remarkable contributions. Halima, thank you for speaking with us. Can you start by introducing yourself and sharing your past role and responsibilities in Machakos County?

Halima: Thank you, Caroline. It's a pleasure to be here. My name is Halima, and I've been passionate about nursing for 24 years. Previously, I served as the Director of Nursing in Machakos County, where I had the privilege of overseeing nursing services across 189 health facilities. My responsibilities included supervising over 1200 nurses, coordinating healthcare delivery, and ensuring we had the necessary resources to provide excellent care. Mentoring the next generation of nurses was also a key part of my role.

Caroline: What initially motivated you to transition into nursing management

and what are some of the key achievements you're proud of from your tenure in Machakos?

Halima: My motivation stemmed from a desire to make a broad impact on patient care and nursing practices. During my tenure, I was proud to lead initiatives that resulted in the hiring of 800 nurses in 2016—a landmark achievement that significantly boosted our healthcare system's capacity. Additionally, I guided the implementation of technological advancements in nursing, which improved efficiency and patient outcomes.

Caroline: That's truly impressive and sounds like a tremendous responsibility. Reflecting on your time there, what challenges did you face, and how did you manage to overcome them?

Halima: One major challenge was balancing the demand for high-quality care with limited resources. To address this, I prioritized strategic resource allocation and innovative problem-solving. For instance, collaborating closely with human resources allowed us to optimize staff deployment and ensure

all facilities were adequately staffed.

Caroline: Your proactive leadership undoubtedly left a mark. How do you feel your work has influenced nursing practices in Machakos, and what legacy do you hope to leave?

Halima: I believe my efforts contributed to creating a more robust and resilient healthcare system. By promoting continuous learning and adapting to new technologies, I helped set a standard for excellence and innovation in patient care. I hope my legacy is one of inspiration and progression—a foundation for nurses to build upon and continue improving healthcare delivery.

Caroline: Such a legacy is invaluable. What advice would you offer to new or aspiring nursing managers, and what insights can you share about effective leadership?

Halima: Embrace diversity in skill sets and ideas, and foster an environment of trust and collaboration. Effective leadership requires listening, empathy, and decisiveness. It's about supporting your team and being willing to adapt—these qualities are essential in navigating the dynamic landscape of healthcare.

Caroline: Looking to the future, how do you envision the evolution of nursing, particularly in Machakos County, and what should be the areas of focus?

Halima: The future of nursing will be defined by technological integration

and a stronger emphasis on continuous professional development. In Machakos, further focus should be on enhancing infrastructure and access to state-of-the-art tools. This will empower nurses to deliver optimal care and respond effectively to the ever-changing healthcare needs of the community.

Caroline: Finally, do you have any parting thoughts for our readers? How can they connect with you for further insights?

Halima: I encourage all nurses to cultivate passion, curiosity, and resilience. The journey in nursing is ever-evolving, and there's always room for growth and improvement. Readers can connect with me through professional networks or the Machakos County health department. I look forward to exchanging ideas and fostering a vibrant nursing community.

Caroline: Thank you, Halima, for your time and insights. Your journey and leadership are truly motivating and a beacon for all nursing professionals.

Halima: Thank you, Caroline. It has been an honor to share my experiences, and I hope they inspire positive change and excellence in nursing practice.

WHY ARE KENYANS RESISTING THE TRANSITION FROM NHIF TO SHI?



As Kenya continues its journey toward achieving universal health coverage, a proposed shift from the National Hospital Insurance Fund (NHIF) to a broader Social Health Insurance (SHI) system has sparked significant debate and resistance. Understanding the reasons behind this resistance can provide valuable insights into the perceptions and concerns of Kenyans regarding healthcare reforms.

Background: The Evolution from NHIF to SHI

The NHIF has been a critical component of healthcare financing in Kenya since its inception in 1966. It primarily provides health insurance to workers in both the formal and informal sectors. However, the government has proposed transitioning to Social Health Insurance as part of broader health sector reforms aimed at achieving universal health coverage. This transition is intended to address the limitations of NHIF, such as inadequate coverage and financial sustainability issues, by incorporating a more comprehensive and inclusive healthcare insurance model that pools resources across multiple sectors.

Reasons for Resistance

1. Familiarity and Trust in NHIF:

- Many Kenyans have built their trust in NHIF over decades of engagement. Switching to a new system can create uncertainty and concern about losing benefits that they are familiar with. NHIF's extensive network and the perception of reliability make it hard for many to accept a shift to SHI without guarantees of similar or better benefits.

2. Fear of Increased Financial Burden:

- There is a concern that transitioning to SHI might increase the financial burden on households. While SHI aims to provide comprehensive coverage, citizens fear it might come with higher premiums, especially for informal sector workers who already struggle with inconsistent incomes.

3. Lack of Clear Communication:

- Effective communication about what SHI entails, its benefits, and how it differs from NHIF has been insufficient. Many Kenyans are not fully aware of how the new system will operate, which generates skepticism and resistance due to fear of the unknown.

4. Concerns About Implementation and Management:

- NHIF has faced issues such as fraud and administrative inefficiencies, leading to doubts about the government's ability to manage a more complex system like SHI effectively. Concerns about transparency and accountability in implementing SHI add to the resistance.

5. Potential Loss of Benefits:

- Many Kenyans worry that the transition could result in the loss of certain benefits that are currently covered by NHIF. This fear is amplified by previous experiences with policy changes that have not always delivered on promised improvements.

6. Quality and Accessibility of Services:

- There is apprehension that SHI might not substantially improve the quality of healthcare services or accessibility, particularly in rural areas where healthcare infrastructure is already lacking. Without visible improvements in the healthcare delivery system, many see no reason for the change.

7. Distrust in Government Intentions:

- Some citizens are skeptical about the motivation behind the shift to SHI, fearing it is driven more by political or economic interests rather than genuine concern for improving public health.

Addressing the Resistance

To address these concerns, the government and stakeholders need to take several steps:

- Comprehensive Public Engagement: Building widespread understanding and ownership of the transition through workshops, informational campaigns, and community engagement.

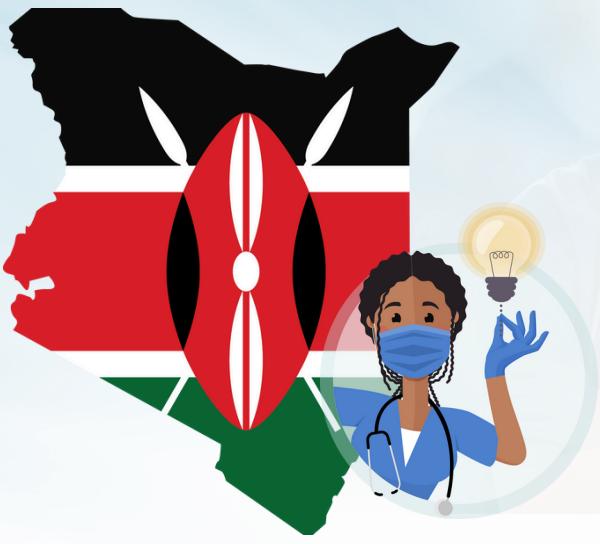
- Transparency in Policy Details: Ensuring that all information regarding SHI, including benefits, costs, and management structures, is clear and accessible to all citizens.

- Pilot Programs: Implementing pilot programs to demonstrate the effectiveness and benefits of SHI

could help build trust and confidence.

- **Improving Healthcare Services:** Prioritizing visible improvements in healthcare infrastructure and service delivery to show tangible benefits of the reform.
- **Financial Safeguards:** Ensuring that premium rates are affordable and that financial protections are in place for vulnerable populations.

Generally, while the transition to Social Health Insurance promises to make healthcare more accessible and comprehensive, addressing Kenyans' resistance requires genuine dialogue, transparency, and a demonstrated commitment to improving the healthcare system. Only through concerted efforts can the government and stakeholders overcome apprehensions and successfully navigate this crucial transition.



The Rich Tapestry of Nursing in Kenya: A Journey Through Time

The history of nursing in Kenya is a captivating narrative woven with dedication, transformation, and the tireless spirit of individuals committed to improving healthcare. From its modest beginnings to its pivotal role in contemporary healthcare, the progression of nursing in Kenya reflects broader changes within the nation itself.

The Genesis of Nursing in Kenya

Kenya's journey in nursing began in the early 20th century during the colonial era. The foundation was set by missionary hospitals, the earliest institutions offering medical care to the local population. The initial focus was on

treating tropical diseases and providing basic healthcare services.

Pioneering Nurses and Early Training

The first nurses in Kenya were often trained by European missionaries. Initially, the training was informal, but gradually, systematic curricula were developed. Kenyan women and men were among those who felt called to the service of others in healthcare. Some of the first Kenyan nurses to undergo formal training were enrolled at institutions established by missionary organizations and the government.

Formation of Nursing Schools

One of the key milestones in the development of nursing in Kenya was the establishment of nursing schools. The first formal school for nursing in Kenya, the Kenya Medical Training College (KMTA), was established in Nairobi in 1927. Initially focused on training staff for mission hospitals, it expanded over time to accommodate a wider curriculum and larger student body.

Following KMTA, other notable institutions played a significant role in nurturing nursing talent across the country, including Moi

University School of Nursing, Aga Khan University School of Nursing, and University of Nairobi's Department of Nursing. These institutions have produced thousands of skilled nurses, contributing significantly to the nation's healthcare system.

Hospitals: Foundations and Evolution

Early hospitals in Kenya were often run by missionaries and colonial authorities. Some of the pioneering hospitals include the Nairobi Hospital (then known as the European Hospital), established in 1907, and the Kenyatta National Hospital, initially named the Native Civil Hospital, founded in 1901. These institutions have transformed over the years to become pivotal centers for healthcare excellence, serving diverse communities across Kenya.

Today, in addition to public hospitals, private and faith-based hospitals play a crucial role in healthcare delivery, providing advanced medical services and specialized care.

Modern-day Nursing in Kenya

In the present day, Kenyan nurses play a crucial role within a robust healthcare system. They continue to provide compassionate and



skilled care in various contexts—from remote health centers to cutting-edge urban hospitals. As their roles have evolved, Kenyan nurses are now involved in leadership, policy-making, and advanced practice domains, demonstrating their indispensable contribution to healthcare reform and delivery.

The National Nurses Association of Kenya (NNAK) and other professional bodies remain instrumental in advocating for nurses' rights, professional development, and recognition of their vital role in healthcare.

Conclusion

The history of nursing in Kenya is a testament to resilience, innovation, and commitment. Inspired by the pioneering efforts of early caregivers and the continuous pursuit of education and professionalism, nursing in Kenya stands as a beacon of hope and efficacy in healthcare service delivery. As we move forward, this proud tradition of caring and competence promises even brighter achievements in the years to come.



A MESSAGE TO JOB SEEKERS

I WAS REJECTED! 💔😭

But I'm Not Backing Out! 💪

How many of us are familiar with the "We regret to inform you...." sentence phrase?

A lot of us? 😞

Or just a few? 😊

Well, if it's a few, I'm sure part of them. 😢

But here's what I've come to realize... 🙌

REJECTION IS A PART OF THE SUCCESS STORY!

It's very rare not to find REJECTION showing its face vividly in any Success Story.

You're not to be afraid when you're rejected.

Neither are you to be discouraged.

It is part of the PACKAGE! 😎

It makes the Success Story sweeter! 😊😊

Without rejection, our success story can never be complete!

What To Do When Rejected...

Firstly, take it as a pill that you must swallow on your journey to success. 💚💊

Then; Saddle your horse again, and TRY AGAIN!

Never give up because you were rejected!

Always see it as an opportunity to learn something new and REIRE again/Reapply again 🔥🔥

👉👉 REMEMBER 👈👈

Successful people don't give up because of rejection.

What they do is return to reflect and see what they can correct, what they can change, and what they can do better. 💯💯

Every time you're rejected, be sure to come back STRONGER! More Powerful! More Inspired!

Be sure to never lose your passion! 🔥

👉 Dear Distinguished friend, let this kind of mind be in you from this week towards every rejection you've faced or will face. 😊

Dear Hon, have you ever been rejected before?

How many times have you been rejected for a particular thing?

Did you keep trying after being rejected, or didn't you push further? 🤔

I wish you the most Fulfilling Days Ever! ✨💯

Leonard Otieno, RN





DEPRESSION

It is said that there is light at the end of the tunnel. Depression on the other hand is a tunnel with no end in sight, with not even the slightest ray of light ahead. It is a mental health condition that causes a chronic feeling of complete indescribable emptiness, worthlessness, hopelessness and sadness that may appear to happen for no ample reason.

Depression knows no age as it affects adolescents, adults and children, it is gender neutral as it affects males and females although it is nearly twice as common in females than males. Also, it transcends race and ethnicity. It is worthy of note that while depression is a mood disorder, it is different from the jaundiced emotions a person may temporarily experience in response

to an adverse life situation. It is deeper, vague and more intense.

One major effect of depression is that it cripples one both psychologically and physically. It interferes with concentration and zeal and subsequently other areas of daily functioning. It is so intense that it rids one of every atom of energy thus making someone exhibit apathy to life and living. Other effects of it are seen in the body biological functions as it may interfere with the immune system, affect sleep patterns as well as a rapid loss or gain in weight. In furtherance, its symptoms may manifest in oversleeping or inability to sleep, fatigue, irritability, poor concentration, changes in weight or appetite as well as hopelessness about the future.

In conclusion, the importance of self-care in alleviating depression should not be underestimated. These self-care acts include the indulgence of oneself in hobbies and activities that will help ease one's state of mind, regular exercise, maintenance of a regular sleeping and eating routine, avoidance of intake of illicit drugs as they may even worsen the condition also, one should speak out one's feelings to a trusted person.



INTERVIEW WITH JOYCE WOTHAYA WANJIRU



WHO IS JOYCE WOTHAYA WANJIRU AND WHAT DOES SHE DO?

I am an immediate former student at the KMTC Machakos, awaiting to sit for my Nursing council exam to be certified as a qualified nurse.

CAN YOU WALK US THROUGH THE INITIAL ENCOUNTER WHEN YOU BECAME AWARE OF A MAN`S CONDITION?

I learnt about the man's condition through a friend and I was really touched when I learnt that he had suffered from second degree urethral stricture for nine years and had undergone 9 surgeries . I got his number and called him to at least utter some words of encouragement and reassure him that all shall be well.it happened that on that day his urethra had blocked and he could not pass urine and he was burning in pain with urgency to pass urine but he couldn't .He narrated it as the darkest day of his life. I could tell from the way he was talking through the phone that he was actually in pain. That got me thinking of how I would intervene

and help though he was Nairobi and I was in Machakos where I had been placed for my clinical rotation at the Machakos level 5 hospital

WHAT WERE SOME OF THE IMMEDIATE CONCERNS OR CHALLENGES YOU IDENTIFIED IN ASSISTING SOMEONE WITH A LONG STANDING URETHRAL STRICTURE?

the main concerns were the inability to get urgent medical attention, and where there was hope for him to get treated, they asked for a large sum of money for him to have a suprapubic catheter since the normal urethral catheter wasn't an option due to the blockage. Also, the fact I wasn't near him made it impossible to offer a helping hand at that time. Finally, time had elapsed and it was getting late which was impossible for him travel to Machakos level 5 hospital where I was having my clinical rotation.

HOW DID YOU APPROACH PROVIDING SUPPORT AND CARE FOR THIS INDIVIDUAL, CONSIDERING THE DURATION OF HIS CONDITION?

I kept him in touch via phonecalls and kept on reassuaring him that he would get treatment from Machakos level 5hospital since I was confident with the healthcare proffessionals at the hospital

WHAT SPECIFIC NURSING INTERVENTIONS DID YOU IMPLEMENT TO ADDRESS THE MAN'S NEEDS AND ALLEVIATE HIS SYMPTOMS

Mine was mainly to support the patient and encourage him to do what the doctor had told him to do For instance Dr Ohawa had advised the patient to take a lot of water to fill the bladder for easy suprabubic incision and insertion of the catheter. I also ambulated around with the patient to distract his mind from the pain since he was an outpatient

HOW DID YOU ENSURE EFFECTIVE COMMUNICATION AND RAPPORT BUILDING WITH THE PATIENT, GIVEN THE SENSITIVE NATURE OF HIS CONDITION?

I listened to the patient empathetically- this gave me a glimpse of how the patient was feeling and it made it easier for me to communicate to the doctor as an advocate to the patient

I also handled the patient with respect- after doctor had advised the patient to take lots of water, he developed urine incontinence (urine was dripping involuntarily) and this led to him soaking his trouser in urine but I ensured he got new clothes to change and I

advised and gave him a sanitary pad to put on his inner garment to trap the urine that was dripping this act developed trust towards me by the patient

I was reassuring the patient all along to alleviate the embarrassment he was feeling

CAN YOU SHARE ANY INSIGHTS OR LESSONS LEARNED FROM YOUR EXPERIENCE IN ASSISTING SOMEONE WITH SUCH A CHRONIC COMPLEX MEDICAL ISSUE?

I learnt that nobody is too small to offer a helping hand. personally , being in an ordinary KMTC uniform did not hinder me from being a caring nurse. I also learnt that being selfless when rendering health services is a noble act without expecting anything in return from the patient

DID YOU ENCOUNTER ANY UNEXPECTED OBSTACLES OR COMPLICATIONS WHILE CARING FOR THIS PATIENT, AND IF SO, HOW DID YOU HANDLE IT

Yes, the main obstacle I faced was the time factor-the patient had to wait for almost 12 hours to walk into theatre since the procedure could not have been at the Emergency department due to the patients inability to fully fill his bladder,he was booked for an open cystotomy and insertion of the suprapubic catheter-I consulted the Medical officer (Dr Ohawa) who was on duty at that time and he helped reassure the patient that he would still be attended to and the theatre was occupied for another major surgery that had taken long than expected

IN WHAT WAYS DID YOU COLLABORATE WITH OTHER HEALTHCARE PROFESSIONALS TO ENSURE COMPREHENSIVE CARE FOR THE PATIENT?

We utilized effective communication techniques, listening attentively to suggestions of other healthcare professionals. We also formulated a collaborative plan of care and documenting it in the client's nursing care plan were it not for the healthcare team (nurses and the doctors at the Emergency department the surgeon, and the theatre team that patient could not have had a successful cystotomy and a suprapubic catheter. I appreciate the team work at Machakos Level 5 hospital in pursuit of better health services to all patient.

HOW DO YOU THINK THIS EXPERIENCE HAS INFLUENCED YOUR PERSPECTIVE ON PATIENT ADVOCACY AND HOLISTIC NURSING CARE?

This experience gave me inner peace and satisfaction that as a nurse that I am trained to be, I will always be there for my patients regardless of their health condition, their social status or how complicated the situation might look like because as a nurse, I am called to be an epitome of humility and service and a source of hope to the patients

LOOKING BACK, IS THERE ANYTHING YOU WOULD HAVE DONE DIFFERENTLY IN PROVIDING SUPPORT TO THIS PATIENT?

Absolutely nothing, I believe I did my best at my level and it was evident

when the patient took it to his social media platform(facebook) to appreciate me for walking him through the whole treatment process and even staying with him in the cold at late night hours after he was discharged

UNEXPECTED KINDNESS IS THE MOST POWERFUL, LEAST COSTLY AND MOST UNDERRATED AGENT OF HUMAN CHANGE

I AM LOOKING FORWARD TO IMPACT MORE LIVES NATIONAL WIDE AND EVEN GLOBALLY AND RENDER SELFLESS SERVICES TO MY PATIENTS



Combating Bullying and Harassment in Nursing: Steps Toward a Safer Workplace

Bullying and harassment are often associated with schoolyard antics, yet these behaviors permeate many professional environments, including nursing. Despite the nurturing essence of their profession, many nurses face unwarranted aggression and intimidation that substantially affect their well-being and career progression.

In the workplace, bullying and harassment are defined as unwanted, aggressive behaviors that undermine individuals. Nurses frequently experience bullying from colleagues, further compounded by instances of verbal abuse from superior hospital administrators and senior staff taking advantage of their juniors.

Particularly acute in regions such as Africa, where nursing ranks lower in the medical hierarchy, this behavior

is often encapsulated by the phrase "nurses eat their young." This culture not only undermines new nurses but also perpetuates a hostile work environment.

Strategies for Change:

1. Speak Up: Silence emboldens bullies. By voicing concerns, nurses can counteract the power dynamic. For those who have faced bullying, strengthening their perceived weaknesses and demonstrating knowledge can be powerful tools. It's about being courageous, yet diplomatic, in confronting bullying behaviors.

2. Foster Unity: Solidarity among nurses is crucial. Whether or not one is directly affected by bullying, standing together helps dismantle oppressive dynamics. This united front can lead to collective advocacy.

for a safer work environment.

3. Report Bullying: While reporting incidents may not always yield immediate action, documenting these occurrences is essential. This can eventually guide hospital authorities to recognize patterns and take preventative measures. Moreover, comprehensive reporting helps validate young nurses' experiences and supports calls for systemic changes.

4. Protective Leadership: Nurse managers and senior staff play pivotal roles in safeguarding younger colleagues. By identifying potential bullies and setting up preventive measures, they can foster a professional atmosphere. Creating policies that facilitate easy and safe reporting channels is crucial to ensure swift action can be taken.

Four Simple Solutions to Combat Nurse Bullying:

Model Positivity: Encourage good behavior by setting examples of respectful interactions.

Enhanced Reporting Systems: Simplify and secure the reporting process for bullying incidents.

Distinction Between Criticism and Bullying: Constructive feedback should be nurturing, not destructive.



Support Victims: Show unequivocal support to those affected, reinforcing that they are not alone.

These strategic steps are not just theoretical but ground practical changes to empower those in nursing. By embracing these solutions, the nursing profession can move towards an environment where respect and collaboration are paramount, ensuring the focus remains on caregiving, not combatting internal strife.



Case Overview: Postpartum Hemorrhage Complications

A 38-year-old married woman, who scored 14/15 on the Glasgow Coma Scale, was referred from a private hospital after experiencing postpartum hemorrhage following a normal vaginal delivery. She is a mother of three and has not had any abortions.

During her transfer, it was noted that the patient underwent a subtotal hysterectomy due to concerns about a uterine rupture, although no rupture was found during the surgery. Her estimated blood loss was reported at 3,500 ml at the previous facility, where she received 4 units of blood (1 unit of whole blood and 3 units of packed red blood cells).

According to the Mother/Father Child Booklet, she has a blood type of O+, with her last recorded hemoglobin level being 10.3 g/dL at 34 weeks of gestation.

Upon arriving at the emergency department of the referral hospital, the patient was given 500 ml of normal saline, 500 ml of Haemacel, 500 mg of Tranexamic acid, and Vitamin K. Her blood pressure was critically low, leading to her transfer to the intensive care unit (ICU) for inotropic support and other necessary interventions.

In the ICU, the patient was immediately started on

Noradrenaline at a rate of 0.5 mcg/kg/min. A blood group and crossmatch indicated her blood type as AB+. She began receiving massive transfusions, which included 3 units of packed red blood cells, 2 units of fresh frozen plasma, and 1 unit of cryoprecipitate. The medical team planned to administer additional packed red blood cells, fresh frozen plasma, and platelets after 12 hours. Despite experiencing rib pain and a productive cough, the consulting physician advised proceeding with the planned transfusions and not to administer Lasix.

During the transfusion of the third unit of packed red blood cells, the patient's physiological monitor detected sinus tachycardia, with her heart rate exceeding 160 beats per minute while her blood pressure remained stable due to inotropic support. An immediate 12-lead electrocardiogram showed ST elevation, and arterial blood gas analysis indicated metabolic acidosis with a potassium level of 7.3 mmol/L and a random blood sugar level of 3.3 mmol/L. The patient was treated with insulin, calcium gluconate, and 50% dextrose in 50 ml.

Continuous cardiorespiratory monitoring showed a heart rate between 135 and 155 beats per minute, stable blood pressure on inotropic support, and a respiratory

rate of 26 to 36 breaths per minute. Eight hours after her admission to the referral facility, the patient developed abdominal distention and a productive cough with traces of blood in her sputum. At this point, her hemoglobin level dropped to 7.5 g/dL, and her potassium level was 5.4 mmol/L.

While changing positions in bed, the patient began to bleed profusely from her incision site. A needle aspiration revealed blood in the abdomen, leading to cardiac arrest. Despite resuscitation efforts, she was pronounced dead.

Discussion Questions:

1. Were there any aspects of this case that you found particularly beneficial and could potentially help reduce maternal mortality rates in your healthcare setting?
2. In your opinion, were there any deficiencies or gaps in the care provided to this patient that might have contributed to the negative outcome?
3. As a nurse, what recommendations would you offer based on this case scenario to improve the quality of care and prevent similar incidents in the future?

Please discuss your responses with your colleagues and send them to us via email.



MAINTAINING A HEALTHY WORK ENVIRONMENT



Yes, it is.

Feeling trapped in a toxic work environment can be overwhelming, but there are steps you can take to regain control of your well-being and create a healthier workplace atmosphere.

📌 Recognize the Signs:

Identify behaviours and attitudes that contribute to toxicity, such as micromanagement, lack of transparency, or constant negativity.

📌 Set Boundaries:

Establish clear boundaries to protect your mental and emotional space. Learn to say no to tasks that exceed your capacity or compromise your values.

📌 Seek Support:

Build a support network of trusted colleagues, mentors, or friends who can provide guidance and empathy during challenging times.

📌 Practice Self-Care:

Prioritize activities that promote

mental and physical health, such as exercise, mindfulness, and taking regular breaks.

📌 Communicate Effectively:

Express concerns constructively and assertively. Use "I" statements to convey how certain behaviours impact you without blaming others.

📌 Document Incidents:

Keep a record of toxic behaviours or incidents for future reference. Documentation can be helpful if you decide to address issues formally.

By taking proactive steps to recognize, address, and mitigate toxicity in your workplace, you can create a more positive and supportive environment for yourself and others.

Share your tips for maintaining a healthy workplace in our email for future newsletters.

Leonard Otieno, RN
Let's Talk Nursing



HOW TO EFFECTIVELY WRITE SCHOLARSHIP APPLICATION

Step 1

Search for nursing scholarships offered by organizations, foundations, and hospitals

- Review eligibility criteria, application deadlines, and award amounts
- Create a list of scholarships that align with your goals and qualifications

Step 2:

Understand the Scholarship Criteria

- Study the scholarship's purpose, goals, and values
- Identify the key qualities and skills the scholarship committee seeks in a nurse (e.g., leadership, compassion, community service)
- Tailor your application to highlight your relevant experiences and skills

Step 3:

Prepare Your Application Materials

- Update your resume to highlight nursing experience, skills, and certifications
- Write a strong personal statement or essay that showcases your:
 - Nursing goals and aspirations
 - Passion for patient care and the nursing profession
 - Leadership and teamwork experiences
 - Community service and volunteer work
- Gather letters of recommendation from nursing mentors or supervisors
- Collect transcripts and other required documents

Step 4:

Craft a Compelling Personal Statement

- Introduce yourself, sharing your nursing background and experiences
- Explain how the scholarship will help you achieve your nursing goals
- Highlight your achievements, skills, and experiences relevant to the scholarship
- Showcase your passion, motivation, and commitment to the nursing profession

- Edit and proofread your statement to ensure clarity and impact.

Step 5: Showcase Your Nursing Achievements and Skills

- Emphasize your nursing experience, including patient care, leadership, and teamwork
- Highlight your nursing skills, such as medication management, wound care, or critical thinking
- Showcase your certifications, such as CNA, RN, or specialty certifications

Step 6: Demonstrate Financial Need (If Applicable)

- Explain your financial situation, including income, expenses, and financial obligations
- Highlight any financial challenges or barriers you face in pursuing your nursing education
- Show how the scholarship will help alleviate financial stress and support your nursing goals

Step 7: Submit a Strong Application

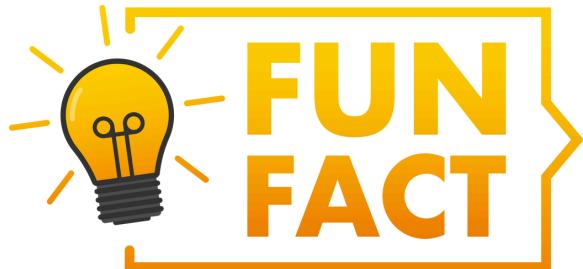
- Ensure your application is complete, accurate, and submitted on time
- Follow the application instructions carefully, including formatting and word count guidelines

- Proofread and edit your application to ensure clarity, grammar, and spelling

Step 8: Follow Up

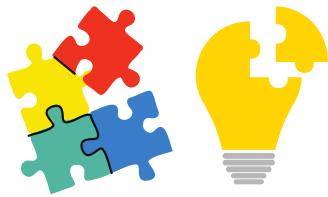
- Confirm receipt of your application with the scholarship committee
- Address any additional questions or requests from the committee
- Show enthusiasm and gratitude for the opportunity to apply
- Remember to tailor your application to the specific scholarship and highlight your unique experiences and skills as a nurse.

Good luck with your scholarship applications!



NURSING FUN FACTS

1. Nursing is the largest healthcare profession, with over 20 million nurses worldwide.
2. Nurses were originally called "sisters" because many were nuns or monks who cared for the sick.
3. Florence Nightingale, the founder of modern nursing, was nicknamed the "Lady with the Lamp" because she made nighttime rounds to check on patients during the Crimean War.
4. The tradition of the nursing cap can be traced back to the early Christian deaconesses.
5. Agnodice, a Greek woman not Florence Nightingale was actually the first Nurse in history.
6. On average, nurses walk about 5k miles during a 12-hour shift



PUZZLES

Puzzle 1

N	C	B	F	U	R	O	S	E	M	I	D	E	T	K	L
O	T	E	F	Q	B	A	N	D	A	G	E	T	I	O	I
R	U	D	S	Y	R	I	N	G	E	L	I	O	L	K	I
L	H	P	V	A	C	C	I	N	E	A	T	Y	L	P	O
T	Y	A	S	P	I	R	I	N	J	K	H	P	O	R	E
K	D	N	A	C	E	T	A	M	I	N	O	P	H	E	N

KEYWORDS
BANDAGE
SYRINGE
VACCINE
ACETAMINOPHEN
BEDPAN
ASPIRIN
PORE

Puzzle 2

A	E	L	M	O	R	T	C	A	E	H	L	P	O	I	N	T	R
R	T	I	C	U	B	E	E	P	A	I	N	M	E	D	S	U	N
P	L	E	G	I	A	C	C	U	T	I	V	E	C	A	R	E	B
E	H	C	L	I	N	I	C	A	N	U	R	S	E	I	T	U	
T	R	I	A	G	E	L	V	I	T	A	S	I	G	N	S	P	
M	E	D	I	C	A	L	R	E	C	O	R	D	S	H	E	A	I
L	A	B	R	E	S	U	T	S	P	A	T	I	E	N	T	S	
E	K	G	M	O													

KEYWORDS

PAIN
MEDS
TRIAGE
VITALS
NURSE
CARE
PATIENT
RECORD
LAB
EKG
ICU
SEPSIS



SPOTLIGHT ON EXCELLENCE: **LUTON HOSPITAL**

Luton Hospital stands as a beacon of healthcare excellence, dedicated to providing comprehensive and compassionate care to our community. With state-of-the-art facilities and a team of skilled professionals, Luton Hospital ensures that each patient receives personalized and efficient treatment.

Our Services:

Emergency and Critical Care:

- Emergency Services
- Ambulance Services
- Medical ICU
- Surgical ICU
- NICU (Neonatal Intensive Care Unit)

Primary Care:

- Consultation
- Laboratory Services
- Dental Care
- Pharmacy
- Optical Services
- Wellness Programs

Specialty Clinics:

- Obstetrics
- Family Physician Services
- Pediatrics
- Gynecology
- Neurosurgery
- Endoscopy
- Orthopedics
- Colonoscopy
- E.N.T (Ear, Nose, and Throat)
- General Surgery

- Nutrition
- Ophthalmology
- Dialysis
- Physiotherapy
- Laparoscopy

Imaging Services:

- Dental Imaging
- MRI
- Echocardiogram
- CT Scan
- ECG
- X-Ray

Outpatient and Inpatient Services:

- Outpatient Care
- Inpatient Care

At Luton Hospital, our commitment is to provide "Confidence in Care," ensuring that every patient receives the highest quality of service from admission to discharge. Whether it's routine check-ups, specialized treatments, or emergency interventions, our comprehensive services cater to all your medical needs.

Contact Information:

Phone: +254 746 510 000

Location: China Centre, Ngong Road

For more information and to explore our services, visit our website: <https://lutonhospital.com/>

NURSING JOKES



Q: What's the difference between an oral thermometer and a rectal thermometer?

A: The taste.

Q: Why didn't one nurse find the other nurse's joke funny?

A: She had an irony deficiency.

Q: What did Dracula say to the nurse?

A: Please call the doctor. I can't stop coffin

Q: What did the balloon say to the nurse during a routine check-up?

A: "I feel light-headed."

Q: What do you tell a nurse when she administers an injection painlessly?

A: Good jab

Q: What did the nurse say to the patient who couldn't stop complaining?

A: "I'm all ears... and a few other body parts too!"

Q: Why did the nurse become a detective?

A: Because she was great at solving mysteries and IV puzzles!

Q: Why did the nurse bring a ladder to work?

A: Because she wanted to take her patient care to the next level!



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Leonard Otieno, RN
Moderator, Let's Talk Nursing


Prof. Joseph Njau
Nursing Scholar


Margret Mulyuro
MPH, BSN, KRCNN, KRN
Ag DNS The Nairobi Hospital,
President NNAK-TNH Chapter


Linda Kagendo, BScN, RN
Nurse Lecturer


Ngalula Donald, BScN, RN
Chairperson, KESNNUR

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LET'S TALK NURSING
Presented
Understanding, Advocating And Protecting your
NURSING LICENSE & IMAGE OF NURSING

DATE : 18th February 2023
TIME : 7:30pm
VENUE : WebEx (virtual)


Eugene Ayub
Advocate of the High Court
Nursing Council of Kenya - Legal Team


Duncan Arego Odhiambo,
BScN, MSc Critical Care


Leonard Otieno, RN
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Presenter: GRIFFIN ANASI
Nicu Nurse - KUTRRH

Moderator: FAITH NYIKULI
Nurse - Samburu County

Objectives:

- Understanding Medical Negligence
- Identifying Key Elements
- Defending Against Claims
- Learning from Past Cases

Date: 03/08/2024
Time: 8PM - 10PM(EAT)

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NAVIGATING MEDICAL NEGLIGENCE: EMPOWERING HEALTHCARE HEROES

Presenter: DICKSON OTIENO, RN
Lawyer

Moderator: JEPHTERS OLWERO, RN
Let's Talk Nursing

Date: 03/08/2024
Time: 8PM - 10PM(EAT)

Objectives:

- Understanding Medical Negligence
- Identifying Key Elements
- Defending Against Claims
- Learning from Past Cases

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