

LETTERS

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SHIFT WORKERS

As a baccalaureate nursing student in my senior year of studies, I've often wondered how I'll respond to what I consider to be potentially grueling, life-disrupting shift work ("Shift Workers Give Sleep Short Shift," *Health and Safety*, February). Anecdotal evidence has led me to believe that new graduates are often forced to take on what other nurses might consider to be less desirable shifts, out of necessity and lack of seniority. This article validated my concerns regarding the perils of working through the night and left me speculating about the effect this work has on a new nurse's health.

While the authors address the impact of shift work on nurses generally, I was left wondering how the experience of a new nurse graduate compares to that of the general nursing population. Little research has been conducted in the United States, but a recent study of new graduate nurses in Australia reveals that although there are significant positive correlations between psychological and somatic complaints and sleep disturbance attributed to shift work after six months, these adverse affects appear to lessen after 12 months of work.¹

If time and experience have the potential to mitigate problematic health issues associated with shift work, it would behoove nursing schools to offer overnight clinical placements as a means of preparing students for the realities of life as a nurse. Yet, to my knowledge, no nursing

programs currently offer such placements.

Sarah Smigliani
Hingham, MA

REFERENCE

1. West SH, et al. New graduate nurses adaptation to shift work: can we help? *Collegian* 2007;14(1):23-30.

MANDATORY VACCINATIONS

Kudos to Lucy Jones for articulating so well the controversy surrounding mandatory vaccinations (*Letters*, March). I am so tired of the fear mongering and lack of dialogue about how we may care for our immune systems through alternate means.

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CLINICAL NURSE LEADERS

"The Clinical Nurse Leader" (*AJN Reports*, January) made some interesting points regarding the role of clinical nurse leaders (CNLs). But are all these specialties needed? I don't think so.

There doesn't appear to be much difference between CNLs and clinical nurse specialists (CNSs). Both are clinical specialists in their areas of expertise, highly educated, and much needed. It seems like either would be beneficial to any unit.

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As a nursing student interested in pursuing advanced practice nursing, I was encouraged to learn that facilities utilizing CNLs are enthusiastic about this new role and looking to hire more of these nurses. These institutions

have clarified the differences between CNLs and CNSs, resulting in collaboration rather than competition. For example, Ott and colleagues¹ described how the Veteran's Health Administration (VHA) developed a consensus about the definition of the role of the CNL, nurse manager, and CNS before hiring CNLs. As a result, these nurses have become pivotal leaders at the point of care across the VHA system.

Beth Mershon
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REFERENCE

1. Ott KM, et al. The Clinical Nurse Leader: impact on practice outcomes in the Veterans Health Administration. *Nurs Econ* 2009;27(6):363-70, 383.

MANAGING A CHILD'S PAIN

There are several reasons why parents don't medicate their children as instructed ("Postoperative Childhood Pain Undertreated at Home," *In the News*, January). Primarily, they don't want to force their children to take pain medications or drink after surgery, because swallowing hurts. Also, children sometimes don't like the taste of the medicine and refuse to take it.

I was a pediatric medical-surgical nurse for many years and now I'm a school nurse. The standard protocol when I worked in the hospital was to give the child four ounces of water every four hours and to medicate every four hours for pain. That was when patients stayed in the hospital for 23 hours after surgery. Now that parents are the primary caregivers in the days after

surgery, I remind them that their child must be hydrated and free of pain if healing is to occur.

In the 48 hours after my daughter had a tonsillectomy and adenoidectomy, I woke her at midnight and at 4 AM to take her pain medication and drink four ounces of water. She healed beautifully and without complications. The parents of two children who go to my school had a different experience. Both of their children had this surgery, and both refused water and medicine, so the mother simply let them

rest. Soon after, the children were back in the hospital, bleeding and dehydrated.

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OFFENSIVE COMMENTARY

I was highly offended by a remark about the South in “No More Mistaken Identity” (*AJN Reports*, February). I’ve lived in Alabama for my entire life, and I’ve never heard anyone say “fer and agin.” In fact, I had to re-read the sentence to understand what the author was saying. Yes,

Southerners have accents, but so does everybody else.

Furthermore, the comment referring to the “whites only” policy at Atlanta’s Grady Memorial Hospital many years ago serves only to highlight negative stereotypes. Segregation ended when my parents were children. Things have changed since then. Mentioning past racism in an article about nursing uniforms only makes it harder for us to overcome this issue.

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