

MASSACHUSETTS REPORT ON NURSING

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president’s message

Lynne Hancock
DNP, RN, NE-BC



Spring has arrived and with each passing day, daylight is extended, the grass is greener, trees sprout leaves, flowers emerge, and we often experience a sense of hope and renewal. More importantly, it is time to get back out and about, especially after the last two-plus years of restrictions while being alert to the need for precautions.

In March, ANAMASS held its first in-person event in over two years, “The Future of Nursing is Here!” I had the pleasure of attending this educational offering. Guest speaker Katie Boston-Leary, Ph.D., MBA, MHA, RN, NEA-BC, CCTP, from ANA, provided insight into the 2021 revised ANA Scope and Standards of Nursing Practice, and The Future of Nursing 2020 – 2030: Creating a Path to Achieve Health Equity report. In the afternoon, Donna Cardillo, MA, RN, CSP, FAAN, motivational speaker, joined us via Zoom and shared, in a humorous way, how nurses could harness the power of nursing, become better advocates, and learn to be more assertive by working on our own communication styles.

Spring is also marked by Nurses Month. Nurses Make a Difference, is ANA’s theme for 2022 to recognize and

honor the positive impact of nurses. ANAMASS will host two events in May to celebrate nurses. On May 5th held the first Commonwealth Challenges webinar: Conversation Between Public Health and School Nurses which was moderated by Membership Engagement Committee member Kate Duckworth, MSN, RN. The other May event was Red Sox Nurses Night at Fenway on the 18th. Nurses Night at Fenway honors and celebrates nurses during a pre-game ceremony. Last year ANAMASS board member and now president-elect, Silda Melo, BNS, RN, was recognized as one of six nurse honorees.

In closing, I would like to acknowledge the efforts of and thank Gail Gall, Ph.D., APRN-BC for her service and leadership as the ANAMASS newsletter editor as she transitions from this role to pursue new horizons. I am happy to share that Judy Sheehan, MSN, RN-BC, has graciously accepted the role of newsletter editor in addition to her role as ANAMASS’s Accredited Approver Unit Program Director.

I am grateful for the continued support of ANAMASS members, you have all played an important role in the ongoing success of our organization. Truly, you all make a difference to our organization and to the future of Nursing.

Where flowers bloom so does hope.¹

-Lady Bird Johnson

¹<https://www.nps.gov/articles/lady-bird-johnson-beautification-cultural-landscapes.htm>

ANA Massachusetts 2022 Annual Spring Conference: The Future of Nursing is Here

**Cynthia Ann LaSala MS, RN, Chair,
Conference Planning Committee**

ANA Massachusetts hosted its 2022 Annual Spring Conference on Friday, March 18th from 7:30 AM to 4:00 PM at the Pleasant Valley Country Club in Sutton, Massachusetts. The purpose of this program was to provide attendees with information regarding recent changes to the ANA Scope and Standards of Nursing Practice and recommendations contained within The National Academy of Engineering, Sciences, and Medicine’s Consensus Study Report, The Future of Nursing 2020 – 2030: Creating a Path to Achieve Health Equity along with A discussion of the implications of these documents for professional nursing practice and career development.

The morning session opened with a presentation by speaker, Katie Boston-Leary, PhD, MBA, MHA, RN, NEA-BC, CCTP, ANA Director of Nursing Programs that highlighted key changes in the ANA Scope and Standards of Nursing Practice. Throughout its rich history, Nursing has played a pivotal role through individual and collective advocacy, public policy, clinical practice, education, leadership, and research to be catalysts for change that promote quality and equitable healthcare for all. The Standards

of Professional Nursing Practice articulate the actions and behaviors registered nurses across all roles and settings are accountable to perform to the best of their ability. These Standards are meant to be fluid, that is to say, open to review and revision at least every five years as professional practice continues to advance and specific situations or circumstances (i.e. natural disasters, pandemic, etc.) require. The newly-revised document includes a revised definition of Nursing, an updated format with emphasis upon the integration of the art and science of caring, alleviating suffering through compassionate presence, expanded ethics content, and selected competency statements regarding full practice authority for APRNs across all roles and settings.

A second presentation by Dr. Boston-Leary followed lunch and focused on the professional practice implications related to the Consensus Study Report, The Future of Nursing. In this presentation, Dr. Boston-Leary articulated the highlights of the report which identified both nursing capacity and expertise as areas needing strengthening in order to move towards achieving health equity and addressing racism in the US.

Nurses have consistently endeavored to incorporate the Social Determinants of Health when assessing and intervening in meeting the needs of their patients and

ANA Massachusetts 2022 Annual...continued on page 10



current resident or

editor's message

Transitions

Gail B Gall PhD, RN

Please welcome Judy Sheehan as the new editor of the *MA Report on Nursing*. Judy brings a great deal of knowledge and talent to this role and will continue her work as Program Director for the ANAMASS Accredited Approver Unit.

I've greatly enjoyed the experience of editing our quarterly newsletter, particularly in meeting so many nurses who write, learning so much more about what nurses in MA and RI do, and collaborating with a great team including the ANAMASS staff, organizational leaders, and newsletter committee members.

Hoping to continue the "Introduction" column for new members and an occasional piece on our profession.



CORRECTION

Our apologies to Dr. Sheila Davis, Dr. Karen Devereaux Melillo, Dr. R. Gino Chisari and Ms. Eileen Sporing for the misplacement of the ANAMASS Living Legend banners in the February, 2022 MASSACHUSETTS REPORT ON NURSING.

The ANAMASS Living Legends 2021 banner over Drs. Davis and Devereaux should have read 2020. And the ANAMASS Living Legends banner over Dr. Chisari and Ms. Sporing should have read 2021. Our apologies for this error and any issues that might have been created by this oversight. The Newsletter Committee.

Editors' Welcome

Judy L. Sheehan MSN, RN-BC

I believe in the power of words. Words build community, re-ignite compassion, soothe the wounded, and give voice to the silent. Words can also cause discord, change friends to enemies, alienate or victimize. As a psychiatric nurse and clinical educator,



Judy L. Sheehan

I have made a lifelong commitment to use words wisely promoting health and wellbeing whenever possible. Thus, I am happy to accept this role as newsletter editor because I see it as another avenue to ensure words are used well. Gail is a hard act to follow, but I am grateful for the opportunity to give it a try. I invite you to join me to strengthen and build our nursing community. Submit articles about your experience in nursing, the discoveries you are excited about, the goals you set, the achievements you have or hope to attain. I am looking forward to discovering with you and celebrating together.

Warm regards,
Judy L. Sheehan MSN, RN-BC, Editor



Receiving this newsletter does not mean that you are an ANAMASS member. Please join ANA Massachusetts today and help promote the nursing profession.

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executive director

Inge B. Corless, PhD, RN, FAAN

First of all, congratulations on being invited to serve on this important Commission.

1. Tell us about the National Commission to Address Racism in Nursing and what lead to your involvement in this Commission?

Launched on January 25, 2001, the National Commission to Address Racism in Nursing has as its' purpose to:

- 1. "Examine the issue of racism within nursing nationwide:"
- 2. "Describe the impact on nurses, patients, communities, and health care systems"
- 3. "Motivate all nurses to confront systemic racism."

Members of the Commission from Massachusetts include Dr. Karen Daley, former President of ANA representing the American Nurses Foundation and Dr. Carmela Townsend representing the ANA Eastern Region of ANA's Constituent and State Nurses Associations (ESREC) which includes CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, and VT, and as the Executive Director of ANA Massachusetts.

When I learned about the opportunity to represent the ANA Eastern Region of Constituent and State Nurses Associations (ESREC), I volunteered to do so. This work is so important, and it fit perfectly with the body of research I've been working on for ten years with Dr. Gaurdia Banister and Dr. Alyssa Harris. I have been privileged to be present for focus groups as part of that research where nurses felt comfortable enough to share their experiences of racism with me as an investigator. It was a unique experience to be the only Caucasian or white nurse in the group and bear witness to those sharing their experiences. At the same time, it was uplifting and hopeful as I could see these young nurses becoming leaders in our profession. I wanted to facilitate bringing their voices to this Commission and bringing the Commission's work back to the nurses of Massachusetts and ESREC.

2. Have you had any specific responsibilities with the Commission?

I have served on the Policy sub-committee. We have worked on developing strategies to actively address racism within the policy arena, including addressing issues of leadership and the use of power. The incorporation of an antiracism point of view into policy, procedures, and practices that govern decision-making is critical to eliminating the long-standing lag in bringing change to problems of bias, discrimination, and racism in the profession.

3. How did the Commission crystalize its' focus?

The Commissioners worked on creating a new definition of racism after considering existing definitions. Through a series of listening sessions, hearing the Commissioner's own stories, and thorough review of current research and contemporary social media, the Commission defined racism as: *Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently causes moral suffering and physical harm of individuals and perpetuates systemic injustices and inequities.*

4. Why did the Commission use the Strategy of Listening Sessions?

Listening Sessions were used to collect nurses' personal stories of the racism experienced in their careers. The listening session questions were designed to explore the challenges and barriers caused by racism within the profession; workplace culture; equity, and inclusion; sources for support; solutions; and recommendations for allyship. The sessions captured the voices of BIPOC nurses who had experienced racism, and the profound effects it has had on their professional practice and advancement within the profession.

These comments are eerily similar to the comments I heard during focus groups in my previous research, and so distressing to me that our profession is still, in 2022, allowing these behaviors to occur.

5. What other strategies were used by the Commission to capture data on racism?

The Commission also launched a national survey in October 2021 to understand racism in nursing. The results made it clear that racism is a pervasive and acute issue in our profession that we need to address immediately. Three out of four nurses have witnessed racism in the workplace and 63% of respondents personally experienced racism. Although 57% of the nurses who responded to the survey said that they have challenged racism in the workplace, more than half (64%) of those nurses said their efforts resulted in no change. Most Black nurses who responded (72%) say that there is a lot of racism in nursing compared to 29% of White nurse respondents. The majority (92%) of Black respondents have personally experienced racism in the workplace from their leaders (70%), peers (66%) and the patients in their care (68%). For more information on the survey results, please click [here](#).

6. What are the next steps for the Commission?

The Commission was intended to be a time-limited group and charged with examining the issue of racism and describing its impact in nurses, patients, communities, and healthcare systems to motivate all nurses to confront systemic racism. We are in the process of finalizing our foundational report which will cover the historical context of racism in nursing, the contemporary context

of racism in nursing, and how racism shows up in four target areas: Education, Policy, Practice and Research. A draft of this document was widely circulated January-February, and the target publication date is May 6, 2022, in celebration of the anniversary of Mary Eliza Mahoney's Birth.

In the meantime, the Commission is also working on several other ways to disseminate its work, including:

- Developing Quick Video series on Anti-racist Behaviors
- Project ECHO on Racism in Nursing education series
- Virtual Forum on Racism in Nursing
- Navigate Nursing webinar

7. What have you learned that you would like to see implemented in Massachusetts?

If only I had unlimited time and resources!! On a positive note, for many years the ANAMASS BOD has been diverse, and it continues to be so, which I think makes us a stronger organization. A number of our members have gone on to national office in both ANA and other professional associations. We are proud that the first new scholarship established by the FNAMA was the Scholarship to Advance Diversity in Nursing, and that we are partnering with IntelyCare to fund this scholarship in the future, especially as they provide staffing solutions in post-acute skilled nursing facilities where there is currently a significant staffing shortage.

I will continue to bring the findings and best practices from the Commission to not just ANAMASS members, but also the RNs of the Commonwealth via the Massachusetts Report on Nursing and our social media channels. The information from the survey has already been useful in informing the association and legislators on the importance of supporting S.1388 An Act establishing health equity at all levels in government, as that legislation can be utilized as a model, for example, to examine the effect of funding loan repayment programs for nurses or tax credits for preceptors and benefits such programs might have on BIPOC nurses and health equity.

At ANAMASS we have been reaching out to our sister organizations such as the Cape Verdean Nurses Association, New England Regional Black Nurses Association, Philippine Nurses Association of New England, and others to share educational opportunities and invite participation in the upcoming Regional Forums Moving from Surviving to Thriving: Resetting, Recentering, Restoring Ourselves. ANAMASS will be convening a President's Roundtable early this summer to discuss the Commission Report with the professional nursing associations from across the state and how we can collaborate together to address the issue of racism.

- 1. Background, National Commission to Address Racism in Nursing

LISTENING SESSIONS

Five sessions held between February – April, 2021 to collect nurses' personal stories of racism experienced in their careers

Attitudes	Actions	Impact
Implicit Bias Prejudice Stereotypes Microaggression	Discrimination Oppression Exclusion Insistence on Conformity Tokenism	Inequity Self-doubt Demoralization Spirit Murder Invisible Workload Feeling Silenced Feeling Invisible Exhaustion

“Nursing is the most racist profession outside of law enforcement.”

“Many Black girls don’t make it through this nursing education program.”

“I have been told people like me never get anywhere.”

“Nursing has not been safe or particularly uplifting.”



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The Spring Gala 2022

The ANA Massachusetts/Foundation for the Advancement of Nursing in Massachusetts held the Award dinner on April 8 at the Royal Sonesta Hotel in Cambridge, Massachusetts. The sponsors and award recipients deserve a special “Thank you” for making the event special for everyone.

Thank you to our Awards Gala Silver Sponsors

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ANAMASS BOD cutting loose at the Gala (l-r) Nirva Berthold Lafontant, Christina Saraf, Chris Caulfield, ED Cammie Townsend, President Lynne Hancock, Donna Begin, and Janet Monagle



Dr. Sherley Belizaire (2020 Mary A. Manning Mentoring Award)



Living Legend Gloria Cater (in pink in the Center) and her many family and friends!



Amber Smith, Medtronic



Marissa Thomas (2021 Excellence in Nursing Practice)



Governor Charlie Baker with Living Legends
(l-r) Elaine Tagliareni, Gloria Cater, Karen Melillo, Governor Baker, Eileen Sporing, Gino Chisari (not pictured Sheila Davis)



Foundation to Advance Nursing in Massachusetts (FNAMA) Scholarship to Advance Diversity in Nursing Scholarship Recipients:
(l-r) Aubrey Griffin, Governor Baker, Carolina Robertson, Casey Crawford (IntelyCare Sponsored Scholarship)

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- Build up confidence in your ability to speak Spanish in any medical environment.
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- Engage in the language and build up your confidence to speak in class as well as in any other environment related to a medical field.
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CONTINUING EDUCATION

CE corner

Focus on The Nursing Professional Development Criteria

Jeanne Gibbs, Arlene Stoller, Pamela Corey, and Judy Sheehan

Question: The new integrity standards require the nurse planner to determine whether anyone in a position to control content (planners and nurse planners, speakers, authors, content experts) be evaluated for having financial relationships with ineligible organizations. What is an eligible vs an ineligible company?

Answer: The following definitions are included in the new materials recently developed by the ANA Massachusetts Accredited Approver Unit Team. These are referenced from ANCCC and ACCME.

- **Eligible Organizations** - Mission and function are: 1) Providing clinical services directly to patients, 2) the education of healthcare professionals, or 3) serving as fiduciary to patients, the public or population health and other organizations that are not otherwise ineligible.
 - o Examples include providers of healthcare services, blood banks, medical record companies, etc.
- **Ineligible Organizations** - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
 - o Examples include pharmaceutical or medical supply companies, distributors of breast pumps or herbal remedies, manufacturers of nutritional supplements etc.
 - o Owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from all aspects of educational activities

Consultants and Independent Contractors are not considered employees and are allowed to participate in the nursing continuing professional development activities. This relationship must be evaluated, disclosed, and may require mitigation.

Question: What mitigation strategies can be implemented for those who have financial relationships to ineligible organizations but are not employees or owners?

Answer: A financial relationship must first be evaluated: Is it relevant to the content and will there be a potential for bias? If so, then the presentation can be screened ahead of time, an agreement to avoid bias can be signed or the person can recuse themselves from that part of the program. Whatever mitigation strategy is used, the relationship must be provided to the participants in a disclosure prior to the start of the program. The disclosure must include the name of the person, the name of the ineligible organization and the fact that it has been mitigated.

The ANA Massachusetts Accredited Approver Unit distributed new informational packets along with new templates to the Approved Provider Units in March. If you have not received this may contact info@anamass.org. Webinars and trainings are being planned for late May, June and throughout the summer to assist educational providers learn to meet the new criteria.

TOP TEN WAYS TO BE AN ANTIRACIST IN NURSING

1



Become story catchers

Be intentional when hearing about other people's experiences. To hear is to learn and understand, which leads to empathy with the person.

2



Be genuine

Do what you say you will do. Keep your word – if you do not have trust, you cannot be an ally.

3



Manage me

Resist "amygdala hijacking", where generalizations cause you to act out of previous fear and pain, thus letting emotions take control of your reasoning.

4



Maximize curiosity. Minimize certainty.

Ask yourself, "Why am I thinking this about this person?", "Where did this originate from?", and "Do I know what I think I know to be true?"

5



Distribute power

Give voice to, and support with concrete action, those without power. Minimize power plays in promotion, hiring, and patient assignments.

6



Preserve the dignity of others

See the humanity in others. Are you viewing colleagues as a deficit to your team, rather than an asset and why?

7



Stop labeling others

See people as people. Eliminate ideas about superiority, inferiority, and where to place people on a hierarchy.

8



Expose unwritten rules

Examine your systems. Bias cannot be avoided so tweak your systems to overcome it. Pivot to make adjustments based on what is going on in the world.

9



Support authenticity

Allow each person to be their authentic selves. Accept them with their differences. Don't force people to lose their uniqueness.

10



Manage perception

Consider how your decision/policy will impact or affect those not part of the decision process. Don't get caught up in your own intent. The receiver only knows impact of what was done.



National Commission to Address Racism in Nursing



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Introductions

Meet Julika Wocial

Interview by Inge B. Corless, PhD, RN, FNAP, FAAN

Julika Wocial, RN, MS, BSN, Staff Nurse, Cardiac ICU, Tufts Medical Center

Julika, why did you decide to become a nurse and what is your current nursing position?

My journey to nursing is long and complex. I have always been compassionate and empathetic, and I have had a keen interest in the human body and its physiology. I thought about going to medical school when I was in high school, but my other passion, marine biology, steered me towards obtaining my graduate degree in biological oceanography and then spending over 15 years of my life working in the field of marine mammal and sea turtle rescue and research. Even though I considered my career extraordinary and meaningful, I felt like my life wasn't fulfilled. Then, in 2016, I had a unique experience of donating a kidney to a colleague of mine, a whale researcher from Woods Hole Oceanographic Institution (you can read about our story here: https://www.huffpost.com/entry/from-chronic-kidney-disease_b_11866250) This experience gave me the courage to leave my marine biology career and become a Registered Nurse. I now work in a cardiac ICU at Tufts Medical Center, where I did my novice RN orientation. I am absolutely loving my new job and, most importantly, my colleagues.



Julika Wocial

As a relatively new nurse, what do you find most challenging?

I now have two years under my belt as a new grad, and what I found challenging at first is different from what I am finding challenging now. Unfortunately, the COVID pandemic lockdown happened the day after I started my orientation, so my nursing career has been heavily affected by COVID on many fronts. I have worked with more COVID than cardiac patients in those two years, even though I am a cardiac ICU nurse. The first six months were difficult because of the astronomical, and, what appeared to be, limitless, learning curve. I was mastering not only how to be a nurse, but also how to be an ICU nurse, and, on top of that, all the new COVID protocols that were sometimes changing on a daily basis. Right now, I consider myself comfortable with the ICU setting, but I am still learning the cardiac "devices" – Impellas, Intra-Aortic Balloon Pumps, centrimages, CVVH, etc. I have also, just last week, experienced my own patient coding and dying. It is very different from other codes, and it took me a while to recover from this event. I do want to mention that our team, and our manager, charge nurse and educator, are some of the most amazing and supportive people I know, and it is only thanks to them that I can go to work and know that no matter what happens, I will be okay.

I understand you're a writer as well as a nurse. What have you written about?

I have been writing since I was a nursing student. I mostly write about my experiences as a new nurse, and about the feelings and emotions that accompany them. I do have the heart of an empathic person, and seeing so much death, illness and suffering among my patients and their families takes a huge emotional toll on me. Writing helps me process what I see and experience. As I am passionate about pathophysiology, I often incorporate pathophysiological processes occurring in my patients' bodies into my writing, and I sometimes share these journals with my students to help them develop clinical reasoning and clinical judgement skills. I do hope, one day, to publish my journals in some form.

My name (Inge) is not a typical American name and I was born abroad. Is that the case for you and do you have any family abroad as I do?

Yes, I was born and raised in Warsaw, Poland, and only emigrated to the United States in my early 20s after I had graduated from Gdansk University with an oceanography degree. My mom, sisters, and other family members all live in Poland and Sweden. I only have extended family in this country. I always dreamed about working with cetaceans – whales and dolphins – and this is why I decided to leave Poland and come to America, to have more job opportunities. I came here with nothing more than one suitcase and got to where I am today with the help and support from others, for which I will be forever grateful. It hurts me to think how now the Ukrainian refugees are fleeing their country, also with one suitcase, but for reasons so different than mine, and under circumstances that are unfathomable.

Is it challenging to be separated from your family and when did you last see them?

I do miss my family, however, before the COVID pandemic my Swedish family (my uncle and aunt) would usually come and visit me once a year, and I would occasionally go to Poland to see my Mom, sisters, nephews and nieces. My last visit home was in September 2019 after I graduated from nursing school. Additionally, modern technology makes it easy to keep in touch and see everyone virtually and working two jobs and going to school for my MSN degree keeps me busy enough to not have time to miss them too much.

Since the Russian invasion of Ukraine, however, my Polish identity has woken up, and I felt like I should be in Poland, helping, instead of here, in safety. I grew up under a Russian regime as a child, and I still remember taking Russian at school, and books highlighting the "greatness" of Stalin. When my Mom called me the other week and told me about her plans of taking in two Ukrainian refugee families with children and pets, I saw it as an opportunity to help. My Mom is a retired teacher and lives on a modest fixed income. She is fortunate enough to have the space she can offer to these families; however, she does not have the means to support them while they live there indefinitely. This is what inspired me to start a fundraising campaign, so that I could help my Mom, and other people, financially, and provide these and other refugee families with a safe life in Poland.

Is there anything we can do to help?

Yes, anyone can donate to help support the refugee families who will be staying with my Mom, and with other people in Poland. A donation will go towards paying for their utilities, food, personal hygiene items, baby diapers, baby formula, dog food, and anything else that they need.

You can donate in three different ways:

- Online at GoFundMe: <https://gofund.me/0e0ac498>
- Via Venmo @ Julika-Wocial
- Or by mailing a check to:
Julika Wocial
132 W. Meadow Rd., Unit 15
Haverhill, MA 01832

I know the readers of this Newsletter wish you and your mother well. Thank you so much for sharing your journey into nursing and your mother's efforts with Ukrainian refugees.

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On Focus

Academy of Nursing

**Interview by
Inge B. Corless,
PhD, RN, FNAP, FAAN**

Interview with Dr. Gaurdia Banister PhD RN NEA-BC FAAN, Executive Director of the Institute of Patient Care at Massachusetts General Hospital.



Dr. Gaurdia Banister

I.C. Q.1. Dr. Banister (G.B.), I have heard you say we need more Fellows from Massachusetts in the American Academy of Nursing. What is the focus of the Academy and when was the Academy founded?

G.B. To be precise and as the web-site states “The American Academy of Nursing (AAN) was chartered in 1973 to advance knowledge, education, and nursing practice.” Today, the focus of the Academy has expanded to “serve the public and the nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge” (AAN, 2021).

I.C. Q.2. Is the Academy simply an honorific or do the members do something as a group?

G.B. The Academy’s more than 2,900 members are known as Fellows, collaborate as members of Expert Panels to “create evidence-based, policy-related initiatives to advance the provision of health care” (AAN). The 24 Expert Panels include: Acute & Critical Care; Bioethics; Breast Feeding; Cultural Competence and Health Equity; Emerging Infectious Diseases;

Environmental and Public Health to name a few. There are Panels for a range of current issues and interests. And, of course, as a Fellow, if there isn’t an expert Panel which relates to your interest, just gather a few like-minded Fellows and propose a new Expert Panel.

Academy Fellows also collaborate with health care leaders outside the Academy to improve health care systems by:

1. “Enhancing the quality of health and nursing care,
2. Promoting healthy aging and human development across the life continuum,
3. Reducing health disparities and inequalities,
4. Shaping healthy behaviors and environments,
5. Integrating mental and physical health, and

Academy of Nursing continued on page 12

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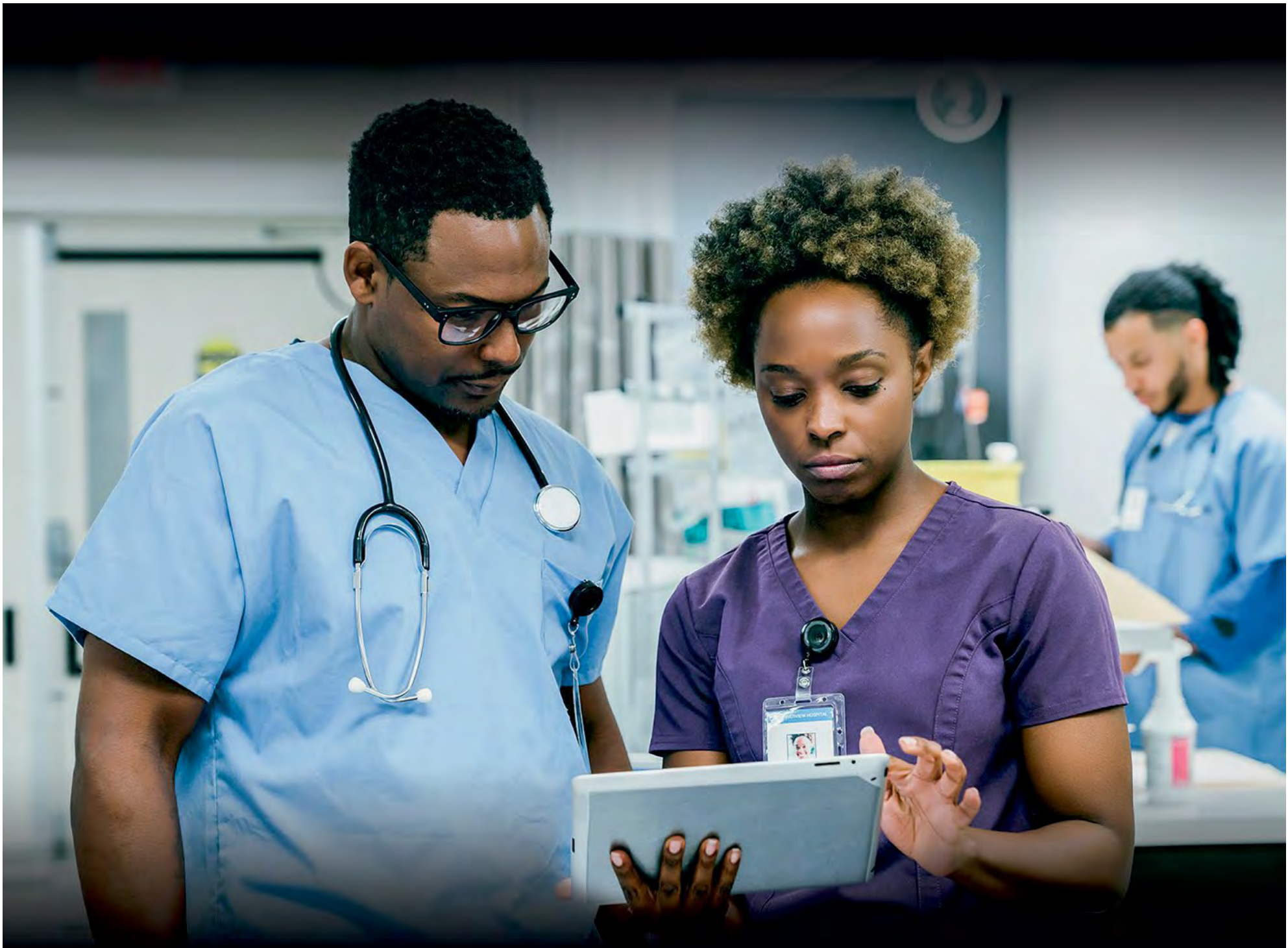
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Does Transition to Practice Need an APP?

Lisa Jean Thomas PhD, RN, CNE
President Elect
Massachusetts/Rhode Island League for Nursing
Associate Professor and MSN Coordinator
Framingham State University

The COVID 19 pandemic has presented many challenges across all aspects of nursing. Although we are all hopeful that the worst seems to be behind us there are many issues still at hand. Transition into practice has been difficult for some time, and the pandemic has highlighted this. Furthermore the “great resignation” has impacted nursing, and nurses are leaving the field. How can nurses from practice and academia collaborate and increase retention in our profession?

New Nurse Transition

Nurses who graduated over the past two years and again this year, experienced changes in their education. In the spring of 2020 health care organizations needed to request schools of nursing to leave practice areas. Reduced clinical experiences have continued with limited clinical options and smaller sized clinical groups. These challenges and others in academia directly affected students and may have included: deficiencies in clinical education, skills and simulation labs and alternative delivery of didactic information (Crismon et al., 2021).

It is well known that new nurses experience stressors when transitioning into practice. This was identified as reality shock over 40 years ago (Kramer, 1974). New nurses who transitioned during the pandemic, faced intensified and varied stressors. Issues experienced during transition can have a long-lasting impact on a nurse’s career (Crismon et al., 2021). Throughout the pandemic nurses have been pulled in many directions. Initially orientation sessions were cancelled during the summer of 2020 as organizations stabilized after the first surge. This delayed many new nurses’ entry into practice. When paired with missed clinical opportunities during spring of 2020 this compounded their time away from the bedside. Once new nurses were being oriented again, there was difficulty with having the manpower to precept and give new nurses the support they needed as they entered healthcare during a chaotic time. Education and support for new nurses are foundational to transition into practice (Casey et al., 2021). Cao et al. (2021) found that higher transition shock contributed to more burnout and increased departure from positions or even the profession.

Workforce Issues

In addition to transition issues, our nursing workforce is experiencing tremendous change at incredible speed, contributors to these changes include an increase in retirements, requests for reduced hours, and an increase in the use of temporary or travel nurses (Organization of Nurse Leaders, 2022). These changes have been directly attributed to the pandemic. What strategies can increase permanent replacements for these vacancies? Data from 2021 show that the national average of RN staff turnover was 18.7%, with a rate of 13.2% in the northeast (NSI Nursing Solutions, 2021). Could Academic-Practice Partnerships be part of our solution?

Academic-Practice Partnerships

Academic-Practice Partnerships (APP) are formal relationships between schools of nursing and health care organizations based on mutual goals, respect, and shared knowledge (Paton et al., 2022). These relationships can facilitate smoother transitions from student nurse to practicing nurse. True APP’s serve schools of nursing, healthcare organizations and students. Developing a bridge between a practice facility and nursing students can better prepare new nurses for employment and retention (Fletcher et al., 2021). APP’s are not a new concept but in 2021 the Massachusetts League for Nurses surveyed 45 schools of nursing and 71% reported they were not familiar with APP programs. The American Association of Colleges of Nursing (AACN) has identified seven principles and provide an implementation toolkit (ANCC, 2012). (See <https://www.aacnnursing.org/Academic-Practice-Partnerships/The-Guiding-Principles> for more detailed information.) A partnership to unite practice and academia can address workforce readiness (Beal & Zimmermann, 2019). Preparation, hiring and retention of nurses has never been more critical. Now is the time for schools of nursing and healthcare organizations to forge Academic Practice Partnerships.

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Membership Engagement Committee Update and Save the Dates!

The membership engagement committee is pleased to bring your attention to the three events that were held in May:

- **Commonwealth Challenges** program with our own Kate Duckworth, a school nurse, moderating a panel of nurses she recruited for a **Conversation Between Public Health and School Nurses on May 5th, 2022**
- **FNAMA Regional Forum on Friday, May 6th, 2022**
- **Red Sox Nurses’ Night at Fenway Park on Wednesday, May 18th, 2022.**

The **Membership Engagement Committee** is also excited to announce another virtual program we are planning to sponsor which is especially for ANAMASS members who participated in this year’s ANA Mentorship Program, but is open for all members to attend. On **Tuesday, June 21st, 2022, from 6:30 – 8:30 p.m. Lynne Wagner, EdD, MSN, RN, FACCE, CHMT, and Caritas Coach will be providing a keynote focused on a Nursing Mentorship Model Through the Lens of Caring Science.** Lynne’s address will be followed by an hour of small group discussions as a way to share experiences that illustrate the principles involved in mentoring. Prior to the program, the virtual forum will be opened up for **networking between 6:00 – 6:30 p.m.**, where participants can bring food and/or beverages of their choice. Please save the date and sign up for the program once registration opens.

The Membership Engagement Committee meets monthly using Zoom to discuss the trend of our membership numbers, brainstorm about ways to engage the membership in our organization, and plan to reach out to nurses and nursing students to encourage them to join their professional organization. We are always interested in welcoming new members to the committee, so reach out to Lisa Presutti at lpresutti@anamass.org who will forward your interest to our co-chairs, Debbie Gavin and Janet Ross. If our committee isn’t the right fit for your interests, please consider joining another one that will better suit you. A list of committees can be found at <https://www.anamass.org/page/211>

ANA Massachusetts 2022 Annual...continued from page 1

families. They are a vital link to ensuring quality, equitable, and accessible healthcare and, as such, need the support of policymakers, governmental systems, academic institutions, and the like to orchestrate the changes necessary for nurses to meet the burgeoning health care needs of the general public. This document presents nine specific recommendations for addressing these and additional issues to ensure that the nursing profession stands ready to address these challenges and others that lie ahead.

Both presentations were followed by small group break out sessions, organized by practice area.

The day concluded with an uplifting, inspirational virtual presentation by nationally and internationally known speaker, Donna Cardillo, RN, MA, CSP, FAAN, entitled *Nurse Power: Harnessing the Power, the Passion and the Pride of Nursing*. Donna’s passion for nursing and commitment to helping nurses reach their full potential and be successful in their careers was truly evident.

There were also six poster presentations addressing variety of topics

- Anti-Racism Pedagogy in Nursing Education
- Improving the care of the dyad after fetal loss: A qualitative exploration of patient experiences
- Exploring Relationships Between Health-Promoting Self-Care Behaviors Among Nurses and Their Perceived Incidence of Presenteeism
- New Graduate Nurse Transition to Practice: Investigating the Knowledge Practice Gap in Acute Care Medicine
- Bridging the clinical experience gap: Aligning unfolding simulation scenarios with the timing of didactic content to enhance students’ knowledge and skills
- The Use of Mindfulness Practice to Reduce Stress in Undergraduate Nursing Students: An Integrative Review

I would like to extend my personal thanks to the ongoing commitment and team effort of Conference Planning Committee members, Mary Hanley, Maura Fitzgerald, Terry Przybylowicz, Janet Monagle, Gabrielle Abelard, Jullieanne Burrridge, and Kym Peterson in addition to the unwavering support of Executive Director, Cammie Townsend and Office Administrator, Lisa Presutti. We also wish to thank participants that completed and submitted program evaluations. Your feedback is so important in our efforts to offer educational programs to promote your professional development and enhance your practice. We look forward to networking with you at future programs!

Food for Thought

At the spring meeting, Dr. Boston-Leary provided two comments that the editor would like to suggest are worth further consideration. The editor encourages the readers to contemplate these “Pearls.”

“Is the healthcare industry suffering from what is known as “Titanic Syndrome?”

- She described this Syndrome as a “corporate disease in which organizations facing disruption bring about their own downfall through arrogance, excessive attachment to past success, or an inability to recognize the new and emerging reality.”
- “The challenge before us is that, despite the fact that the United States (US) spends in excess of \$3.5 trillion dollars per year on health care, it underperforms in every metric in comparison to other world nations”

Editor’s Note:

Cynthia Ann LaSala, MS, RN, had identified the following items within the annual meeting article. It seems to be most appropriate for ongoing discussion and has been presented as such by the editor.



**RACISM’S IMPACT
IN NURSING**

A nationwide survey conducted by the National Commission to Address Racism in Nursing demonstrates that racism in the nursing profession is a problem.



**EXPERIENCING
RACISM**



Nearly 1/2
of nurses say there is “a lot” of racism in nursing

63%
Nurses that have personally experienced racism in the workplace

56%
of nurses say racism in the workplace has negatively impacted their professional well-being



**WITNESSING
RACISM**



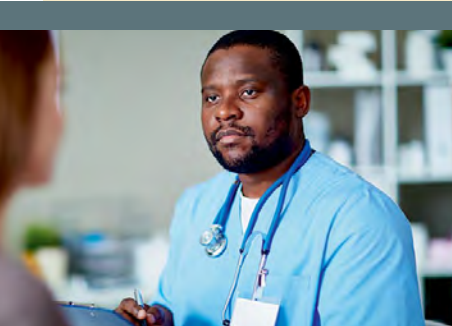
Nurses who have challenged racism in the workplace

57%

Nurses who have challenged racism said their efforts resulted in no change

64%

3 out of 4
nurses have witnessed racism in the workplace



Nurses’ Personal Experience with Racism in the Workplace



92% BLACK NURSES

73% ASIAN NURSES

69% HISPANIC NURSES

28% WHITE NURSES

OVER 3/4 of Black nurses say racism negatively impacts their professional well-being

Black Nurses say they experience racist acts from:

70% LEADERS

68% PATIENTS

66% PEERS

Racism has absolutely no place in the nursing profession.

The work of the National Commission to Address Racism in Nursing is urgent to create safe and liberating environments for all. The Code of Ethics for Nurses obligates nurses to be allies and to advocate for and speak up against racism, discrimination, and injustice.

All nurses must boldly confront individual and systemic racism in the profession.

Data was collected through a survey administered by the National Commission to Address Racism in Nursing Between October 7-31, 2021, 5,623 nurses completed this survey.

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Antimicrobial Stewardship

**Interview by
Inge B. Corless,
PhD, RN, FNAP, FAAN**

*Rita Olans, DNP, CPNP-PC,
APRN-BC FNAP, Associate
Professor MGH Institute of
Health Professions*



1. Dr. Olans, you have been concerned about antimicrobial stewardship for some time. What prompted this interest?
It is a story of serendipity!

I was working in the U.S. Virgin Islands (USVI) in their Department of Health's HIV/STD/TB department and received an urgent message to come to New York City for a meeting regarding a new, extremely resistant type of gonorrhea-related organism. The Centers for Disease Control and Prevention (CDC) was monitoring a worrisome, related development arising in the Middle East and Japan. I was impressed by the level of concern the epidemiologists were voicing about this extremely resistant organism. Owing to a dearth of available antibiotics in the pipeline to address this strain of gonorrhea, their message was to use public health measures to decrease spread and to identify and treat the partners of patients using extensive case finding. Upon my return to the mainland, I entered a DNP program to further investigate how nurses could bend the arc of antimicrobial resistance.

Rita Olans

2. Why is antimicrobial stewardship important to nurses?

First let me clarify the distinction between antibiotic stewardship and antimicrobial stewardship. The latter term may be more familiar to you. Antimicrobial stewardship is a broader term that includes fungi and viruses, whereas antibiotic stewardship is narrowly defined as pertaining only to bacteria. Stewardship is defined as supervising or managing of something entrusted into one's care. As nurses, our patients are entrusted into our care, and we manage their care

from admission, through treatment, to discharge. Antibiotics are a class of drugs that are very commonly prescribed. Unfortunately, there are community health implications for its misuse. Resistant organisms caused by inappropriate use of antibiotics may be transmitted to others. When there is inappropriate antibiotic use, the entire community is at risk for multi-drug resistant infection; case in point, gonorrhea! Nurses need to understand the proper use of antibiotics for 21st century health care as good nursing care is good antibiotic stewardship.

3. You are involved on a national level regarding the issues created by a lack of stewardship. What is the focus of this national group?

I was the nurse technical expert to a four-year research project conducted by the Agency for Healthcare Research and Quality. A team of doctors, pharmacists, hospital administrators, insurance companies and I developed a comprehensive unit-based safety program termed CUSPs to address overuse or inappropriate use of antibiotics in acute care hospitals, long-term care facilities, and in ambulatory care. CUSPs have a track record of decreasing healthcare-associated infections. Some readers may be familiar with earlier CUSPs such as catheter-associated urinary tract infection (CAUTI) and central line bloodstream infection (CLABSI). Each of these earlier CUSPs had the profound effect of decreasing indwelling catheter use and central line blood infections.

4. Are you aware of any state-level or professional organization-level activities occurring in Massachusetts?

Yes, the Massachusetts DPH Collaborative on Antimicrobial Resistance of which I am a technical advisory member monitors healthcare-associated infections (HAIs) occurring in our state. I learn as much as I contribute with such an august group of health professionals participating in this Collaborative.

5. What can nurses do to help alleviate the issues created by a lack of stewardship and in particular, nurses working at the bedside?

Great question and one I am passionate about. Nurses are critical frontline providers of healthcare,

and their very numbers demand their participation in antimicrobial stewardship. Nurses take initial histories, collect specimens, administer medications, monitor changes in patients' health, and teach their patients about their health and medications. Nurses are highly respected and are viewed by the public as honest and ethical. Given their proximity to patients and families, and their reputation with the public, nurses are excellent translators of important messages to the public about antibiotic resistance.

6. What is the best approach to educating nursing students about antimicrobial stewardship?

Today's nurses are well-educated in science and communication, and the story of stewardship is a case in point. Microbiology teaches the concepts of the evolutionary pressure and resistance of microbes. Pharmacology builds upon microbiology and the importance of getting the 'right drug for the right bug' again circling back to micro and appropriate testing - getting the culture before giving that antimicrobial medication. Community health courses teach students about the importance of communicability and the importance of vaccination, another tool in stewardship. And clinical education brings all these concepts together and emphasizes the importance of patient education using good communication skills. Although there (currently) is no one place that antimicrobial stewardship is taught, the concepts of stewardship - the 'right drug, for the right bug, for the right duration' - is woven throughout nursing education.

7. Is there anything we haven't covered that you would like to share or emphasize about the topic of antimicrobial stewardship?

I am currently working on a project regarding the ubiquitous penicillin allergy label in the electronic medical record. CDC estimates that 90% of people who claim to have a penicillin allergy, quite simply do not have one. Penicillin is a great narrow spectrum drug that is grossly underutilized. Broad spectrum antibiotics have a propensity to cause *Clostridioides difficile* or *C. difficile*. It is time we re-examine a patient's claim of penicillin allergy through careful history-taking by everyone, especially nurses.

Thank you, Dr. Olans, for sharing your efforts in keeping all of us safe through antimicrobial stewardship.

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6. Strengthening the nursing and health delivery system, nationally and internationally" (AAN website).

I.C. Q.3. Please tell our readers about the most recently inducted Fellows and, in particular, those from Massachusetts.

G.B. The 2021 Class of Fellows are from 38 states, the District of Columbia, and 17 countries. The three fellows from the Commonwealth of Massachusetts include: Virginia Capasso, PhD, CNP, CNS, CWS, FACCWS from Massachusetts General Hospital; Amanda Stefancyk Oberlies, PhD, MBA, RN from the Organization of Nurse Leaders; and Laura J. Wood, DNP, MS, RN, NEA-BC from Boston Children's Hospital. Given the incredible talent and expertise in our state, as exhibited by these Fellows, we should take the opportunity to increase the number of our colleagues for induction into the Academy.

(I.C. The newly inducted Fellows were highlighted in a previous issue of the Newsletter.)

I.C. Q.4 How does one become a member of the American Academy of Nursing?

G.B. If you are interested in being nominated, the following questions will help you in assessing your impact on your practice.

1. What are your most outstanding contributions to nursing/healthcare at the regional, national and/or international levels? You might want to think about one to three contributions
2. What is the impact of your contributions in specific terms at the regional, national and/or international levels?
3. What substantive evidence is there of the impact of each contribution and its sustainability?
4. How does your significant contributions advance the mission of the American Academy of Nursing?

I.C. Q.5. For those who are reading this and are Fellows of the Academy, what are your suggestions regarding sponsoring a colleague?

G.B. To sponsor a colleague, your responsibility includes the following:

1. Only sponsor individuals who have exhibited the requirements for admission to Fellowship and for that do check the Academy website at www.aannet.org.
2. Work with the applicant and other sponsor to ensure the integrity and completeness of all aspects of the submission. Be prepared to write and rewrite until you arrive at the "final" version.
3. Be able to address the candidate's regional, national, (and/or international) contributions so as to enhance the understanding of the candidate's impact on the profession by members of the Academy's Fellow Selection.
4. Be sure that that the sponsor statements support the candidate's statement about their

contribution(s) as this will strengthen the application.

5. Remember that each potential fellow needs statements from two sponsors.

The American Academy of Nursing website has a wealth of resource materials to help with this process. Please go to <https://www.aannet.org/about/fellowship-application>

I.C. Q.6. We started by discussing the call for new candidates for Fellowship which is important. It is also important for us to learn more about you and your activities in the American Academy of Nursing.

G.B. I've been a Fellow since 2013. It was one of the highlights of my professional career. One of my passions has been advancing diversity, equity and inclusion (DEI) in nursing. Currently, I serve as a member of the of American Academy of Nursing's Institute for Nursing Leadership's (INL) National Advisory Council. In June 2021, the Academy released a summary report of the INL Critical Conversation on Health Equity and Racism. We also hosted a signature educational program with a focus on DEI in October 2021. I'm also the co-chair of the Institute's Courageous Careers Sub-group to bring the voices of courageous leaders who are trailblazers to the larger community to learn from their successes and setbacks. (Stay tuned for more information in 2022.)

I.C. Thank you so much Dr. Banister for sharing your thoughts on the Call for Fellows. You can have the last word (or sentence).

G.B. Being a member of the American Academy of Nursing is an opportunity to showcase the incredible contributions of nurses and how we can transform healthcare now and in the future.

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Introductions

Questions for President Kenneth R. White, PhD, APRN, FACHE, FAAN

Inge B. Corless, PhD, RN, FNAP, FAAN

First of all congratulations on becoming President of the American Academy of Nursing (Academy; AAN) and for taking the time to answer a few questions for the readers of the ANAMASS Newsletter.

Q. 1. When were you inducted into the Academy and what accomplishments did your sponsors note about you?
I was inducted in 2012 and my sponsors were Suzi Burns and Patrick Coyne. At the time of the application, I was a student at the University of Virginia pursuing a post-Master’s certificate to be an Adult/Gero Acute Care Nurse Practitioner. Suzi was my program director and she had background knowledge from my application essay and encouraged me to apply. Suzi described my contributions to patient-centered care through my articles, books, clinical practice, teaching, and national service. I developed a “patient-centric” curriculum for students in health administration programs that was widely adopted. She also commented on the executive leadership experience and championing the important role of nurses on governing boards. Patrick Coyne, a nationally-known palliative care provider, described the work that I had done with developing survey instruments to evaluate educational gaps in end-of-life care and its impact on the nursing and palliative care community.

Q. 2. How did you become involved in the activities of the Academy?
On the application I committed myself to serve in a leadership role. I immediately was elected to serve a three-year term on the Academy’s Fellow Selection Committee, followed by election to the Board for four years and now in my fifth year, as President until 2023.

Q. 3. What led you to seek the presidency of AAN?
I have a commitment to health equity and access to care for vulnerable populations. My personal values align with the Academy and it is a vehicle for raising nursing’s visibility and involvement in policy discussions and decisions. You have heard me say “nursing out LOUD” and what I mean by that is having a voice at the table, in the media, on governing boards, and by elected political office.

Q. 4. What are the challenges that AAN is facing?
As an organization with 2,800 Fellows in 39 countries, we are a relatively small organization considering the large number of nurses worldwide. Our biggest challenge is amplifying our reach and impact on the advancement of nursing science, leadership, and innovation, with a special emphasis on improving health policies to achieve our vision of “healthy lives for all people.” We have made great strides because of the incredible contributions of our Fellows and as we know, there is always more to be done. We are also committed to our Equity, Diversity, and Inclusivity Statement and we always seek diversity in our membership including more applicants from nursing practice, executive, and nontraditional roles.

Q. 5. What are your goals for AAN?
1. While I am president, we will celebrate our 50th year anniversary, over a three-year period. Our theme for 2022 is Reflection; 2023 Celebration; and 2024, the Future.
2. Continue the work underway to conduct reviews of the Fellow Selection Committee and governance (bylaws) Committee.
3. Carry out the strategic plan
4. Fundraising, including more President’s Circle members and estate planning
5. Strengthening and deepening connections to the health care community and the public

Q. 6. Some nurses may feel they don’t have time for such activities. How do you manage to accomplish all of your responsibilities?
I would not do this work without the support of Dr. Suzanne Miyamoto and the AAN staff. We have a small but mighty team of experts and they provide enormous support. Back at home at the IHP, I have a team of hardworking and committed professional staff and faculty who manage and lead me to stay on track and it is Lisa O’Brien who partners with me to see that we are managing multiple priorities. I am also pleased that the President of the MGH Institute is a Fellow of the Academy and provides much support for nursing and serves in leadership roles in the Academy. At home, I am supported by my husband, Dr. Carl Outen, a retired ophthalmologist. I couldn’t do it without multitasking and staying focused and having boundaries about work/life balance.

Q. 7. Having said that, what do you do to maintain your physical, socio-emotional, and mental health?
As often as I can, I start my day thinking about what I am grateful for and affirming to myself that I am here to serve and to help others be their best selves. When the weather is nice, I am an avid gardener and that is how I recharge and reconnect. The best thing for my mental health is to cook and enjoy dinners around the table with friends and family.
Thank you President White. I know we all wish you well.



Kenneth R. White

Interview with Sylvia Abbeyquaye, PhD, RN

Gail B Gall, PhD, RN

Dr. Abbeyquaye brings a wealth of experience in long term care (LTC) practice, teaching, and research. I was delighted with her response to be interviewed as a new member of ANAMASS.

“I want to make a difference”
Dr. Abbeyquaye grew up in Ghana and, like many nurses, followed her mother’s footsteps in choosing nursing as a career after completing her BSc in Biochemistry at the University of Science and Technology in Kumasi, Ghana. She earned her MPA at Clark University, her BSN and PhD in nursing at UMASS/Amherst and now teaches at MA College of Pharmacy and Health Sciences. Dr. Abbeyquaye has developed expertise in patient care, research, and education with a goal to improve nursing services in long term care facilities (LTC).
In more than two decades of practice in the Commonwealth, she has emerged as a leader in this field by advocating for patients, developing direct care and management skills based on sound research, knowledge of laws and regulations, financing and budgets, teamwork, and leadership.

“I will be a voice”
LPNs provide most of the care in the state’s LTC facilities. Dr. Abbeyquaye pointed out that LPNs are challenged by lack of stature, are disconnected from management, and do not have a public voice. She suggests, quite strongly, that developing transitional pathways for LPNs to earn higher degrees is crucial to improving the LTC workforce. She calls on ANAMASS to encourage such LTC improvements and to recognize the field as a distinct specialty practice.

“I will do a lot more”
Based on the framework of person, health, and environment, Dr. Abbeyquaye has developed a website dedicated to LTC nursing and released an application for organizing care that is straightforward and comprehensive. Her goal is to create a LTC residency for new BSN graduates and improve nursing leadership within this sector. She is currently writing a book on LTC that addresses nursing roles, administration, HIPPA, and leadership and uses the framework of “Assessment, Diagnosis, Planning, Implementation, and Evaluation.”
Please join me in welcoming Dr. Abbeyquaye to ANAMASS. She has already joined the ANA Innovation interest group. For more information about this group go to: <https://www.nursingworld.org/practice-policy/innovation/team/>.
For more information on the Nurse LTC App go to: <https://www.nsdexpert.com/app/>.
And for a real treat: Check out this film: <https://youtu.be/9T4hMWvGOYk>.



Sylvia Abbeyquaye

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Working around the World

An interview with: Sheila Davis, DNP, ANP-BC, FAAN, Chief Operating Officer, Partners in Health, with Inge B. Corless

1. Dr. Davis, in addition to your educational credentials, you have been a Carl Wilkens Fellow. Would you tell us what that entailed?

The Carl Wilkens Fellowship, currently known as the Pathways for Peace Collaborative, was once part of the Genocide Intervention Network and United to End Genocide. The Fellowship was a selective, 12-month program that provided emerging citizen leaders with the tools and training to shape U.S. policy on genocide. It was a great opportunity to learn from human rights experts and those who have been effective in impacting U.S. policy to prevent mass atrocities.

2. You have a background of working in countries in addition to the U.S. What prompted that interest and where was your first out-of-country visit and what did it involve?

Growing up in Maine, I visited Canada many times, but other than that I did not start traveling outside of the U.S. until after I graduated from college. I lived in Europe a few years after graduating from nursing school and my first trip to a low resourced country was to Haiti in 1999 where I visited Cange, the first ever Partners In Health (PIH) site. I never could have known that 11 years later I would join PIH and now be CEO. As HIV medications began to, belatedly, be available in the early 2000's on the continent of Africa, I began working in South Africa as part of my work as a Nurse Practitioner at the Massachusetts General Hospital. The HIV/AIDS activist community in the U.S. and globally, was an extraordinary training ground emphasizing healthcare as a human right, now the focus of my career at PIH.

3. What advice would you give to nurses interested in working in other countries?

The need for expatriate nurses in resource-limited countries is very different than it was when I started working globally. I brought infectious disease expertise, which was needed at the time, but now, the needs are in critical care, high technology-supported care and other emerging clinical areas. An approach of bidirectionality and humility is essential, and we go as learners just as much as educators.

4. You were sent by Partners in Health (PIH) to Liberia to confront the challenge of the Ebola epidemic. How did you proceed?

Partners In Health leaders asked me to lead the Ebola response in Sierra Leone and Liberia in 2014, a big challenge. I knew it was critical that we had local partners on the ground so I partnered with community-based NGOs (Non Governmental Agencies) in each country. During a humanitarian crisis, it is essential that there is collaboration and coordination

amongst all responding organizations and those efforts are best led by each country's Ministry of Health, so I spent a lot of time working with each country's leadership. We had to set up operations very quickly, manage infection control and create all systems needed to respond to the crisis in both countries. Simultaneously, we built local teams and supplemented these resources with clinicians and operations staff from the U.S. It was critical that we remain nimble to respond to the changing epidemic in each country and had to raise funds to support our efforts. Knowing Ebola was a symptom of a fractured health system, PIH committed to staying in Sierra Leone and Liberia long term to help strengthen the health care systems and we remain there today. I am very proud of the comprehensive programs that we have built in both countries.

5. What are the greatest challenges you have faced in your nursing career to date and how did you address them?

Balancing being a single mother, furthering my education and working in resource-limited settings around the world has been challenging, but very rewarding. I have never regretted taking chances and being bold in my actions professionally, but it often required taking risks and being willing to fail. Nurse leaders are very underrepresented in global health and in the NGO world and it can be lonely to run a large organization of over 19,000 people in 12 countries but I am very fortunate to have dedicated, visionary people to work with every day.

I didn't aspire to be the CEO of PIH, but the mission to bring quality care to very underserved communities globally has continued to inspire me to push myself to be a better nurse and a better leader.

6. You are now the CEO of Partners in Health. What experiences do you consider to be essential to your attainment of this position?

Over 30 years as a nurse prepared me to think comprehensively, focus on systems, be nimble, and constantly iterate and evolve. As a nurse I have worked at the bedside, in the classroom, in the community in rural South Africa. And as an advanced practice nurse I delivered care at one of the top hospitals in the U.S. and held office in one of our national nursing associations. Working as part of a team, as a member, and a leader, is an essential component of nursing. Being a nurse has enabled me to have a fulfilling, exciting, difficult, and challenging career and I am very thankful that I chose this path over three decades ago. I am a good CEO, because I am a nurse.

7. What are your favorite memories in your career?

I was privileged to work with patients with HIV for many years. One very ill young woman with young children I cared for at Massachusetts General Hospital asked me to promise she would be able to see her child get through elementary school. That amazing woman saw her children grow up, graduate from college and now is a grandmother. Traveling to PIH sites in 12 countries, I have met amazing nurses who are leaders in their communities providing care with very few resources. There are several nurses I work with closely who have overcome very challenging personal and professional circumstances to become leaders who have built and lead complex health care systems. I continue to learn from so many.

8. How will you remember Dr. Farmer?

Dr. Paul Farmer, one of the co-founders and the visionary for PIH, died unexpectedly in Rwanda in February of this year. I met Paul in the 1980's working in the Boston HIV community, and we started working together in 2010 when I joined Partners In Health (PIH) a social justice global health organization. During the PIH Ebola response in West Africa in 2014, I was able to work more closely with Paul on the clinical strategy and organizational response, and once I became CEO in 2019, we became close friends. I will remember his sense of humor, his compassion, unparalleled commitment to serving the poor and the audacious vision he had that we needed to work tirelessly to make the world a better place for all.

9. How can the readers of this article support the work of PIH and remember Dr. Farmer?

PIH is committed to finishing what Paul started as a young medical student, fighting for global health equity. We will honor Paul's legacy by continuing our work in 12 countries to bring the benefits of modern medicine to the most vulnerable globally and challenging the idea that some lives are worth more than others. Please check out our work at www.pih.org.

10. Given all of your responsibilities, what do you do to take care of yourself?

I moved to be close to the ocean on the South Shore in 2017. The water has always been a healing place for me, and I take walks on the beach year-round to rejuvenate myself. I became a grandmother this year to an amazing 3 and ½ year old and I spend as much time as I can with my daughter and her family.

Editors' Note:

Partners in Health (PIH) is a nonprofit global social justice organization www.pih.org

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Not That Kind of a Nurse

Alissa Kim

One of the few pleasures I look forward to after work each week is when I take an Uber instead of my normal MBTA commute back home. I save it for certain days - those days when my legs are close to giving out from scrubbing all day, days when I make a rookie mistake that I find unforgiving this far into my orientation, or just bad days in general. Lately though, I find myself dreading these Ubers.

I have never shied away from small talk, but there is always a pattern to the conversations that I have with my drivers. They ask if I work at the hospital, and I reply that I am a nurse. Then, the conversation steers off to the drivers asking about my experience as a nurse working during the pandemic and soon after, the barrage of gratitude starts. I really appreciate these chats; except I am always left with the feeling of guilt because I do not feel deserving of this gratitude that comes my way.

I say this because I have not been here as a nurse from the start of the pandemic. I was like most of the general public in awe of the pictures of the healthcare workers during the peak of COVID. I was at home watching the news during lockdown when my college sent us

home after closing campus as everything unfolded. I stayed home when hospitals were actively recruiting nursing students to “answer the call” as the pandemic raged on because I was afraid. I never knew that the immense amount of guilt I felt then would trickle into my experience now as an actual nurse.

My experience as a new graduate nurse has been very interesting. I chose to skip the bedside and pursue perioperative nursing. I knew early on in school that I did not enjoy bedside care, and I was fortunate enough to secure a new graduate residency in the operating room. Because I never had floor experience, I struggled to relate to many of my peers who graduated with me. I hear stories from my friends who are so overwhelmed with the lack of support due to their accelerated orientations and constant staffing shortages. I know people who are already leaving their positions only after a few months into their residencies, and even thinking about leaving the profession.

As grateful as I am to be in the operating room, I feel guilty when others say that “perioperative nursing is not real nursing,” or when experienced nurses seem displeased that I did not “pay my dues” at the bedside. I feel guilty when I do not share the same sentiments as

many of my peers who dread their shifts, or who already fell victim to the infamous burnout among healthcare workers. Someone once told me that suffering is not a competition, but I find myself constantly invalidating my own feelings as a new nurse and comparing my experiences to others. I feel shame acknowledging when I have rough shifts, or when I doubt myself if I made the right choice in choosing this field.

I wanted to take this space to be honest with myself and give voice to my personal challenges as a new nurse. It has been a tough eight months, and I wish I would have been more prepared for the reality check of the transition from a student nurse to a registered nurse. There are plenty of days when I do not love nursing, or when I feel so lost still that I feel like I am moving backwards in my orientation. Four years of nursing school, and I do not think any of my lectures taught me how to navigate through the struggles as a new nurse trying to stay afloat during it all, especially during a pandemic.

My dilemma here goes back to the beginning of this story. How can I explain all this in a matter of a ten-minute Uber drive home? My go-to answer to the question I get asked about what I do here at the hospital is short, sweet, and simple.

“I am a nurse, but not that kind of a nurse.”

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Coping with Patient Assault

Marilyn Lewis Lanza
DNSc, ARNP, CS, FAAN

The problem of assault is worldwide. There are many definitions of assault but the one used here, violence-both verbal and non-verbal, including threat, and withholding information.

Background

Workplace violence or assault is recognized as a serious problem in healthcare settings in the United States and worldwide. Moreover, nurses are reported to experience more nonfatal violence than virtually any other occupational group. Such nonfatal violence is more prominent in certain nursing specialties such as emergency, psychiatric, and geriatric nursing and it is reported across healthcare settings, countries, and cultures. For example, in an epidemiological study of all nursing specialties, reported annual prevalence rates of 13.2%, 34.0%, and 7.0% for Physical Violence, Verbal or Emotional Violence, and Sexual Harassment.

Nurses are not only exposed to recurrent verbal and physical threat but may work in settings where such violence is accepted as “just the way it is” and where nurses are urged by others and themselves to view concern for their own well-being as incompatible with altruistic concern for patient care.

Role Conflict

Nurses who are assaulted report conflict between their role as a professional and a victim. Nurses are not socialized to expect to be assault victims and most do not receive any academic education to prepare them for such a fate. Any formal training usually comes through employment in a psychiatric facility. There is intense conflict between opposing realities when a nurse is assaulted. He or she generally believes that staff are not assaulted and yet it has occurred. There is also divided loyalty between allegiance to one’s professional functioning (putting the patient’s needs first) and attention to their own needs as a victim. For example, the staff member is hit by a patient and is required to continue working because staffing is inadequate to permit him or her to go home. Family members question why their mother or father, etc. works in “such a place.” The victim often defends the institution to family members and denies his or her own feelings



Marilyn Lewis Lanza

of victimization. Nurses are somewhat in the unique position of needing to provide extensive care for a person who assaulted them.

Coping Strategies

Three assumptions (Buhlman, 1997) that are shared by most people are affected by any victimization, regardless of the cause. After victimization, the belief in personal invulnerability is severely damaged and the person is preoccupied with fear of recurrence. The perception of the world as meaningful and comprehensible is no longer applicable. One way for us to make sense of our world is that it is controllable (e.g., we can prevent misfortune by engaging in sufficiently cautious behavior and are good people).

The problem of loss of meaning focuses not on the question “Why did this event happen?” but rather on the question “Why did this event happen to me?” It is the selective incidence of victimization that appears to warrant explanation.

Lastly, the view of ourselves in a positive light is affected. The trauma activates negative self images. Victims see themselves as weak, helpless, needy, frightened, and out of control. They also experience a sense of deviance. They were “singled out for misfortune,” and this sets them off as different from other people.

Victims May Redefine the Victimization

Victims may selectively evaluate their victimization by comparing with others less fortunate, comparing on a basis of favorable attitude, creating hypothetical worse worlds, construing benefits from the experience, manufacturing normative standards of adjustment – for example, walking four steps rather than the usual amount of ten steps if one has a broken leg. How one evaluates the victimization affects the extent to which the victimization functions as a stressor and threat.

Making Sense of the Event

One way of making sense of an event is to find some purpose in it. If the victimization can be viewed as serving a purpose, the victim is able to reestablish a belief in an orderly, comprehensible world.

Blaming one’s-self (Wortman, 1977) is one way of explaining why the event occurred to that victim. Self-blame can be functional, particularly if it involves attributions to one’s behavior rather than enduring personality characteristics. Behavioral self blame allows attributions to a controllable and modifiable source. Victims can alter their behavior. Thus, the victim believes he or she can avoid being victimized in the future.

Characterological attributions are associated with depression. Behavioral responses are not helpful for victims who believe they engaged in safe or in cautious practices before their victimization. Rules that had provided them with a personal sense of invulnerability did not work, and their perception of safety and security was changed. Those who feel most invulnerable before victimization may have the most difficulty coping after victimization.

Your Relationship with Co-workers

It is important to know and communicate your own strengths and weaknesses to co-workers before an assault situation. Your coworkers need to know each other very well. There should not be any “surprises” in the middle of an emergency such as “I cannot restrain him. I have a bad back.” You do not have to give all the details of how you acquired a “bad back” but you do need to let everyone know that they can and cannot count on you in certain ways. There is no one who does not have a useful role. The point is when an emergency is called everyone knows what they should do. Identify any physical limitations and how they affect your ability to intervene in assaultive situations.

Well-Being

Job stress and burnout are common among healthcare professionals, and nurses in particular. In addition to the heavy work-load and lack of resources, nurses are also confronted with emotionally intense situations associated with illness and suffering, which require empathic abilities. Compassion, on the other hand, has been shown to be a protective factor for a wide range of well-being indicators and has been associated with compassion for others. Self-compassion has been defined as extending compassion to one’s-self in instances of perceived inadequacy, failure, or general suffering.

This in turn helps buffer the negative impact of stress, increases job enjoyment, improves staff productivity, and promotes greater retention of employees. The solution is sustainable self-care.

Development of routines and rhythm that support the commitment of self-loving practices create opportunities to benefit from a balanced mind and body.

Take Home Lesson

These are important implications for all nurses and suggests that the attitude of nurses toward self-care needs to be urgently addressed, both through education within the tertiary setting and open discussion in the workplace.

For more information on measuring patient assault in both hospital and community settings using the ARS-R instrument, contact Dr. Lanza at: marilyn.lanza@va.gov.



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Nurses Culture of Health Alliance: Building a Culture of Health

Join AND Participate

Eleanor Vanetzian, PhD, RN, CS

Purpose
The Nurses Culture of Health Alliance is strongly influenced by a national culture of health movement by the Robert Wood Johnson Foundation. We are engaged in changing the healthcare environment to one where people want to be healthy.

- Key goals:**
- Improve health equity and population health
 - Improve quality of life
 - Reduce the cost and incidence of illness and therefore, illness care
 - Begin developing nursing knowledge of primary, preventive care, health promotion, illness prevention. Begin the process of replacing medical model primary care with nursing models.
 - Reduce silos of nursing knowledge in specialty associations
 - Advocate both interprofessional-group and independent nursing practices utilizing the Generic Blueprint for Establishing Nursing Practices, accessible on the website

- The website will:
- provide access to and communication between professionals, citizens, and communities in areas of mutual interest.
 - encourage the exchange of study findings and knowledge, experiences, ideas, and interventions

- designed to reduce health disparities and improve health equity.
- encourage interdisciplinary and cross sector collaboration among healthcare providers.
 - strengthen, enhance, and reward people’s natural tendencies to be self-sufficient, resilient, respected and treated with dignity.

Who are the principal founders?
An Interest Group of accomplished nursing professionals came together to strengthen primary prevention in populations with an interest in primary prevention from the nursing perspective. This resonated with each person who became a founder of the Nurses Culture of Health Initiative, which became the Nurses Culture of Health Alliance (NCHA).

How will the Alliance implement strategies to be successful and who will be recruited as participants?
To successfully fulfill the critical need to define, initiate, and promote foundational ideas related to the responsibility of nurses for health promotion, illness prevention in all settings, a methodology known as Communities of Practice will be utilized by **entry level and advanced practice registered nurses recruited as members of NCHA**. Communities of Practice were originally used in apprenticeship models of learning similar to early nursing education. **Domain, Community, and Practice** are essential components of Communities of Practice. Combination of these three elements constitutes a community of practice. Developing these

three elements in parallel cultivates such a community and is the **Methodology** for building a culture of health.

How will the Alliance measure success?

Ideally, success will be evidenced by Return on Investment of primary preventive nursing care that **inspires, educates, engages, and empowers** people to live their healthiest lives. Examples include:

- all aspects of high-quality life and health equity.
- reduced utilization of hospital emergency room resources by populations educated and empowered to prevent accidents and promote healthy lifestyles.
- reduced insurance premium payments
- improved workplace performance
- healthy environments for children to develop into healthy adolescents, and adults aging into older adulthood

Go to www.nchalliance.org for more information and to leave an email or phone call for Eleanor (Ellie) Vanetzian. Calls and emails will be answered. Allow a few days for a Reply.



Statehouse Update: Effort to Join the Nurse Licensure Compact Continues

By Christine Schrauf, PhD, RN, MBA
Co-Chair, Health Policy Committee

As we enter the second year of the current Massachusetts legislative session, all bills supported by ANAMASS are still being considered for enactment by various legislative committees as of the time of this writing in late March. These include bills addressing nurse staffing, violence prevention, mental health access, safe patient handling and the addition of Massachusetts to the multi-state Nurse Licensure Compact. Many of these bills have been referred to the Joint Committee on Health Care Financing which considers matters related to the direct funding of healthcare programs and other state health policy initiatives requiring fiscal support. The ANAMASS Health Policy Committee (HPC) will continue to track the progression of these bills affecting nursing and report on them in future newsletter issues.

As with other policy initiatives, the pandemic has highlighted some needed changes in Massachusetts policy affecting healthcare workers such as the state’s entry into the nation’s Nurse Licensure Compact. As explained in a previous ANA Massachusetts Newsletter, this Compact would enable registered nurses in Massachusetts to apply for a multi-state license and move easily among member states to practice our profession. Currently, 39 states and jurisdictions are members of the Compact with pending legislation in seven other states, Massachusetts among these. Nurses may view current state membership in the Compact at <https://www.ncsbn.org/nurse-licensure-compact.htm>.

The HPC had submitted testimony supporting Massachusetts’ entry into the Compact through a bill devoted to that initiative in 2021. However, at the same time, Governor Baker had introduced his own bill advocating for Massachusetts to join multi-state compacts not only for nurses, but also for other compacts serving the interests of psychologists and physical therapists. This proposal, Senate Bill 2542, is titled An Act to support military families and provides another frame to encourage Massachusetts to join multi-state compacts for healthcare professions.

One news source describes the impetus for this bill to be the desire for Massachusetts military bases to continue to be of value to the Department of Defense¹. Massachusetts has six military installations – Hanscom Air Force Base (Bedford), Natick Soldier Systems Center, Joint Base Cape Cod (Buzzards Bay), Fort Devens (Ayer, Shirley and Harvard), Westover Air Force Reserve Base (Chicopee) and Barnes Air National Base (Westfield).

Together, these military installations are responsible for about \$13 billion in annual economic activity and about 57,000 jobs, a substantial boost to these cities and towns.

The value of existing US military bases is partly assessed by the degree of accommodation for military family members on public education and professional licensure, as one effort to retain military members to continue their careers. This is thought to have influenced the development of Senate Bill 2542 which was originally sent to the Joint Veterans and Federal Affairs Committee in the legislature for consideration. Its support by legislators who represent the cities and towns where these bases exist was influenced by the recognition that in order to retain these installations, Massachusetts must be seen as supportive of all measures to retain military families. Hence, the bill seeks to join multi-state compacts not only for nurses, but also for psychologists and physical therapists. The bill is currently before the Joint Committee on Health Care Financing to be considered for movement to the House and Senate chambers. It can be viewed at <https://malegislature.gov/Bills/192/S2542>. This sequence of events may not have been that envisioned by nursing advocates for Massachusetts’ inclusion in the Compact, but as they say “whatever works!”

ANAMASS also supports another bill, Senate Bill 1388, An Act establishing health equity at all levels in government, that advances the goal of ANAMASS members to address the structural inequities in our society that fuel persistent health inequities. This bill was

proposed by Senator Jo Comerford, Co-Chair of the Joint Committee on Public Health who has described what this bill can accomplish in another piece in this newsletter. Be sure to read it – it describes what so many of us want for ourselves and our patients. And if this is a topic of particular interest to you, see the National Academy of Medicine report – *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* at <https://nam.edu/publications/the-future-of-nursing-2020-2030/>.

1 Young, C. A. December 1, 2021. Licensing bill framed as lure for military investments. 22 News WWLP.com. <https://www.wwlp.com/news/local-news/licensing-bill-framed-as-lure-for-military-investments/#>



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Medicine for Earth

Barbara Belanger

The impact of climate change exemplified by flooding, extreme weather conditions and temperatures, and changing ecosystems has been well-documented. Nurses have observed the impact of climate change on the health of their patients including dehydration, heat stress, respiratory and cardiac issues, cancers, and vector-borne infections. The greatest impact is observed in vulnerable communities. Nurses are stepping up as leaders and advocates in programs focused on education and engagement for better health outcomes.

One program based in Boston, MA [Medicine for Earth](#) (click for more information) was founded by Elizabeth Chung RN. An introduction to climate change in nursing school may have influenced her observation, while in clinical practice, of the connection between the volume of waste generated by hospitals and human health and climate change. Ms. Chung’s interest in climate change increased during the COVID-19 pandemic in response to an increase in use of single-use-only plastic items disposed of as waste. Medicine for Earth was conceptualized following several personal events and conversations with colleagues.

In November 2020, Ms. Chung became ill and during an evaluation for autoimmune disorder, her provider started treatment for a differential diagnosis of Lyme disease, despite the fact that ticks were considered dormant during winter. Ms. Chung was fully recovered after two weeks. At that time, she learned about an increase in the number of ticks and Lyme disease due to the warmer winter months.

During the Summer of 2021, a record heat wave in the Pacific Northwest impacted the health of many residents with the concomitant occurrence of heat-related deaths. Power surges left residents without power. Ms. Chung’s mother, a Type II diabetic living in Washington state, had challenges keeping her insulin cool due to intermittent power outages and had difficulty managing her blood sugar levels due to the effects of the heat. These personal events shed light for Ms. Chung on the gravity of the current climate crisis. She and colleagues discussed their shared concern about the impact of healthcare waste on the environment and the lack of processes in healthcare workplaces to alleviate the negative impact of waste on the environment during the pandemic. Ms. Chung with co-founder Matt Harzman organized Medicine for Earth with a vision to bolster a transition from waste that is detrimental to the environment to sustainable health care. They also proposed promoting self-care activities to prevent provider burnout by creating a network of healthcare employees/providers from different healthcare organizations across Boston. The goal is to enhance knowledge about the detrimental effects of healthcare waste and facilitate collaboration so that providers are inspired to start institutional or local initiatives, create innovative solutions, and/or participate in advocacy efforts.

Communication is maintained through a web page and social media with access to future events through a listserv. A positive response has been noted from event attendees. Ms. Chung states that through developing Medicine for Earth, she is more aware of the interconnected nature of life and human health on planetary health.

“The negative impact hospital operations have on the environment is within the realm of our control. Culture change is tough. That’s why it is important to collaborate with different clinical providers to learn the nuances of each clinical area, the barriers to change, and what is required to make an initiative successful. The community we are building at hospitals throughout the city of clinical providers in different specialties really allows us to cast a wide net and weave together a unified mission to green our hospitals.”

Medicine for Earth was just an idea in the minds of two nurses a little over a year ago. Planting trees to mitigate the impact of urban heat in a vulnerable area of the city is only one part of their advocacy efforts. The positive impact these two nurses have had today and their plans for the future is an inspiration.

The Foundation for Nursing Advancement in Massachusetts Prepares to Celebrate its Second Anniversary

R. Gino Chisari, RN, DNP – President,
Foundation for Nursing Advancement in Massachusetts

The Foundation for Nursing Advancement in Massachusetts (FNAMA) is the 501C3, philanthropic arm of the ANA Massachusetts that unofficially launched in July 2020. Under the leadership of Dr. Julie Cronin, past president of ANA Massachusetts, the FNAMA board was comprised of past presidents of the ANA Massachusetts organization who agreed to volunteer their time in launching the FNAMA. The idea for creating a foundation originated among several long-standing and forward-thinking members of ANA Massachusetts that firmly took hold when Dr. Cronin agreed to lead the effort.

Since July 2020, the FNAMA board has grown from its original five members to 11, all with an unwavering passion for the profession, and in full support of the thousands of nurses across the Commonwealth (for a full listing of the board of directors, please see <https://www.fnama.org/board>.) Among its first duties was to pass a set of governing bylaws, formally incorporate the foundation with the Secretary of the Commonwealth and set a strategic agenda that included forming a mission statement and developing its values that would guide its direction. Put simply, the mission of the FNAMA is:

...to advance the nursing profession through philanthropic activities that promote scholarship, nursing research, and innovation...

The FNAMA was officially introduced at the 2021 business meeting of the ANA Massachusetts. Since that time, the FNAMA has successfully launched the **Scholarship to Advance Diversity in Nursing** and is in its second cycle for a call for applications. This scholarship is designed to support a nursing student who has matriculated as a degree candidate and enrolled either part-time or full-time in a baccalaureate, masters or doctoral degree program in nursing accredited by NLN-AC or CCNE. The scholarship award is currently \$2500 and the FNAMA is committed to growing both the amount and number of scholarships that will support our current and future nursing colleagues with diverse backgrounds.

In addition, the FNAMA collaborated with Dr. Ethan Lester, a clinical psychologist at the Massachusetts General Hospital to offer a full-day workshop, **Moving from Surviving to Thriving: Resetting, Recentering, Restoring Ourselves**. The workshop is the FNAMA’s gift to our nursing colleagues who shouldered the burden of the pandemic in many unimaginable ways. Through this workshop, the FNAMA hopes to provide 300 nurses from across Massachusetts the opportunity to continue healing from the trauma of the past two years. During the workshop, Dr. Lester led discussions and reviewed evidence-based techniques we can all use towards improving self-care. The workshop is made possible through the sponsorship of the FNAMA, Blue Cross Blue Shield of Massachusetts, Massachusetts General Hospital Department of Nursing, Brigham and Women’s Hospital Department of Nursing, Massachusetts Association of Health Plans, and the generous contributions of the ANA Massachusetts membership.

The full day workshop held May 6 at the Boston Marriott Hotel in Newton, provided meals, parking and four nursing contact hours at no cost to the participants. The FNAMA board hopes to be able to offer additional workshops in other areas of the Commonwealth in late summer-early fall. For more information, please visit <https://www.fnama.org>

With no shortage of things to be done to care for our fellow nurses and ourselves, the FNAMA seeks your help. If you have one or two hours per month to give, please consider joining one of the FNAMA committees. We are seeking colleagues with an interest in fundraising, outreach, finance, and serving on the annual scholarship committee. If you are unable to give time, perhaps you will consider a donation that will be used to continue promoting the FNAMA mission in tangible ways. No donation is too small, so please consider a gift by visiting <https://www.fnama.org/support-us>. As we begin Nurse Recognition Week and plan to celebrate the phenomenal contributions nurses make to society, please consider a gift to say, “Thank You” to a special nurse or nurses.

On behalf of the board of directors of the Foundation for Nursing Advancement in Massachusetts, thank you for all you do to care for the patients and families entrusted to you, and thank you for all you do to care and support each other.

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FNAMA Board of Directors

UMass Amherst Elaine Marieb College of Nursing Hosts PhD Student Nursing Symposium

Christine Schrauf, PhD, RN, MBA

A planning committee of PhD students from the College of Nursing enabled both in-person and virtual attendees to attend its third annual symposium titled *From Gaslighting to growth: Moving past resilience to support nurses as they heal* on February 22, 2022. Eighty-two attendees participated in the symposium with much audience participation as audience members both validated speaker experiences and added their own observations. The symposium sought to recognize the experiences of nurses, especially during the pandemic, and identify ways in which nurses can support themselves and each other toward places of renewal and growth. As noted by Dr. Rachel Walker, PhD Program Director, “the very title of the symposium. talking about moving beyond gaslighting and discussions of ‘resilience’ towards institutional accountability and transformation, was both a call-in and a call to action. I’m so proud of the PhD students for their leadership and courage in tackling these challenges.”

The first program panel began with reflections from four current PhD nursing students, most participating virtually in a session moderated by PhD student, Jane Matuli. Emily Lugdon, a nurse practitioner who is in active military duty stationed in Alaska, shared the importance of using nursing research and proven models to inform nurse leaders as they support practicing nurses during the pandemic. Linda Young, working in maternal and child nursing, described the healthy work environment in which she practices as nurses co-support each other, do frequent gratitude checks, and sometimes practice “respectful persistence” in urging their leaders to create sustainable supportive environments.

Participating virtually from Turkey, international PhD student Sabriye Abban described the struggles of international students during the pandemic, especially those living far from their home countries. Emotional distress experienced as travel stopped and financial difficulties when financial transfers became impossible

added to the stresses of also living in a foreign country. Fortunately, Sabriye did not experience these problems since she remained in Turkey during her studies thus far and was complimentary of the many ways of support she received from the College of Nursing. Finally, PhD student JD DaSilva practices in the area of mental health and shared her personal story of experiencing psychological distress and the eventual success of acquiring her nursing degrees because of the encouragement and support of others. The need to combat psychological illness among nurses, including suicide, require much more attention and resources, especially now with the additional stresses that the pandemic brings.

Sheri Herron, moderator for the second panel, introduced five nurse guest speakers with different areas of expertise and nursing experience who added their perspectives to the event. Patrick MacMurray, RN is a pre-surgical care nurse at the University of North Carolina Medical Center enrolled in a master’s program in nursing, and plans to progress to a PhD program. His comments focused on the value of all nurses, from LPNs to those with PhDs and feels that access to associate degree education to become a RN enables many to join the profession to fill needed nursing roles. However, their value is often not appreciated unless they achieve BSN education, creating a hierarchical system and unnecessary friction within the profession.

Ellen Smithline, a PhD nursing graduate of UMass/Amherst shared her experience in her role as Director of Nursing for Clinical and Support Options, most recently working with the staff at Healthcare for the Homeless in Springfield to care for homeless individuals during the pandemic. Having developed a perseverance model for nurses working in difficult situations, Ellen emphasized the need to “staff the needs of the nurse” as nurses strive to meet the needs of their patients. The importance of connecting with each patient beyond the necessary tasks in caring for others allows the nurse to provide care not only quickly and efficiently, but also reinforces the essence of nursing through reflection on these connections.

Felicia Cramer, a certified nurse midwife in Springfield and member of the Political Action Committee within the American College of Nurse-Midwives, emphasized the disparity between the heroic comments about nurses during the pandemic and the lack of protection experienced by nurses while caring for patients with a highly infectious disease. Future efforts need to focus on pro-active and concrete ways to protect nurses in these situations going forward.

Nellipher (Nellie) Lewis Mchenga, PhD, RN is Assistant Professor in Nursing at Fitchburg State University and co-founder of Youthline, a non-profit that provides food, clothing, and education assistance to high school and college students in Malawi, a country in southeastern Africa. Nellie recognizes the need to attract more students into nursing, but feels it is especially important to grow a more diverse nursing population that more appropriately represents the population it serves. As more students with diverse backgrounds are recruited into the nursing field, Nellie believes it is also especially important to put resources in place to support these future nurses as they progress through their nursing programs. This will assist students in building resilience and achieve their dreams of becoming nurses.

Christine Schrauf, PhD, RN, MBA, a double graduate of the College of Nursing at UMass/Amherst described the important role professional nursing organizations play in advocating for nurses as government health policy is proposed and enacted into law. As co-chair of the Health Policy Committee of the American Nurses Association Massachusetts, she briefed participants on three current state bills the association is supporting concerning nurse staffing, violence prevention for health care professionals, and addition of Massachusetts to the Nurse Licensure Compact. An electronic handout was produced and sent to nurses attending the symposium to brief them further on these initiatives. A lively question and answer period following each panel enabled the audience to add their perspectives to this symposium.

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Memorial Day: Remembering is Honoring

The following has been extracted from a speech given on Veterans Day by Barbara Poremba November 2021. Thank you Carol L. Betty L.P.N for assisting with this article.

Did you know there are about 19 million American Veterans and 1.9 million of them are women? In total, 124,000 young women enlisted in the US Cadet Nurse Corps. They served in the military, VA and in private and public hospitals. During WWII, they saved our health care system from complete collapse. Yet, despite their service in WWII, the Cadet Nurses are the only uniformed corps who have not been formally recognized as veterans. Here are some of their stories:

1st Lt Army Nurse Dorothy Taft (Barre) Berry from Charlton, MA trained at Fort Devens and served with the 16th General Hospital in Europe. They set up MASH (Mobile Army Surgical Hospital) tents in the fields of Normandy and then Belgium close to the front lines of the Battle of the Bulge, the largest and bloodiest battle of WWII. The unit was hit three times by pilotless planes dropping “buzz” bombs in the night including the Christmas Eve bombing of 1944.

Dorothy has said, “The scariest part was when they stopped buzzing, that meant the bomb was dropped. Many patients were killed but they didn’t tell us about the nurses who died because they didn’t want us to know.”

Dorothy is now 103 and is one of very few surviving Army WWII nurses. Lt Berry had the honor of laying the wreath at the tomb of the Unknown Soldier about 10 years ago.

2nd Lt Army Nurse Anne Montgomery Hargreaves proudly served in the 135th Evacuation Hospital. Her first brush with death was on a voyage to Europe when her ship sunk after being struck by another ship in the convoy. Luckily, she was able to get in a rescue boat that transferred her safely to another ship.

In France, her MASH unit was close to the battlefield, there was always shooting around the unit and they had to be extremely careful when leaving the tent as snipers could “easily pick them off.”

WWII Cadet Nurse Mary Schofield Maione of Hamilton, MA served at McGuire Military Hospital in Richmond, VA. She cared for returning soldiers who were badly injured, many with traumatic amputations and “shellshock” from what they experienced.

The late Cadet Nurses Evelyn Cahill of Lynnfield and Jean Capobianco of Framingham cared for soldiers at Cushing Army Hospital in Framingham, MA. Critically injured, Robert Mitchell, 3rd Infantry Division, spent two years at Cushing. He said, “It is hard to think what care would have been like if it hadn’t been for the Cadet Nurses, who cared for me and other retuning wounded soldiers.”

1st Lt Helen Berman Abrahams, enlisted in the Army Air Corps and was sent to Maxwell Field in Montgomery, AL, a training base for Cadet pilots. Because there was such a shortage of trained nurses, there were only 35 nurses at Maxwell Field for 400,000 men. That is less than one nurse for every 10,000 soldiers.

“There were many training accidents at the base,” she said,” most due to planes crashing on landing.” One in which all the soldiers died on impact.

“It was wartime,” she said, “we all did our part and there were many tragedies.”

1st Lt Catherine Marie Larkin of Salem, MA, was one such war tragedy.

“Kay” was born in Salem in 1921, the second of five children to Nora Kelleher Larkin and Edward Larkin, an Irish Catholic family with deep Salem roots.

Her father was a butcher who owned Larkin Market at 132 Boston St., the family residing above the store.

“Kay” attended Salem Schools and went on for further training in Home Economics at Essex Aggie. It was there that she discovered her passion for taking care of people and enrolled in the Salem Hospital Training School for Nurses. Upon her graduation in 1938, she did further training in hospitals in Salem and Providence, RI. When war broke out, she wanted to join the Army Nurse Corps. Her parents were understandably not supportive of her idea. Her older brother, Edward, Jr., and her two younger brothers, John and Robert had all enlisted in the military. Catherine was persistent and she enlisted in the Army Nurse Corps in 1941, leaving only her younger sister, Margaret, home to care for her older parents.

Catherine first served stateside at Harding Field in Baton Rouge, LA, where she enjoyed the camaraderie of other military nurses, writing letters home with sketches of people and places. She wrote about how excited she was to be promoted to 1st lieutenant in the rank of Chief Nurse.

The war ramped up in December 1944, she was assigned to the 803rd Medical Air Evacuation Squadron in the Persian and Indian Theatres.

While establishing a MASH unit in Calcutta, she wrote home about how moved she was by the poverty she witnessed. Sadly, just a few months later, Catherine was tragically killed along with other military nurses when the C-47 Transport crashed into a mountain in bad weather near Ledo, India. After some time to recover her remains, Lt Catherine Larkin was returned home to Salem and buried in St. Mary’s Cemetery.

In memory of Lt Catherine Larkin, the Larkin family and Friends of the United States Cadet Nurses Corps of WWII have established:

The Lt Catherine M. Larkin, RN Memorial at Larkin Square, Salem, MA, was dedicated to her service to our country in wartime and serves as an inspiration to others.

The Catherine M. Larkin Memorial Practice Cottage at Essex County Homemaking School in 1950 and is currently being rebuilt as a multi-use facility, museum and learning lab.

The Larkin Room for Homeless Women Veterans at Montachusett Veterans Outreach Center in Gardner, MA, was named in her honor.

A Note about Cadet Nurses

In 2019, Massachusetts passed legislation designating every July 1 as “**Cadet Nurse Day**” and installing a permanent plaque in the state house commemorating the service of the 9,000 Mass Cadet Nurses.

But for Cadet Nurses like Mary Maione, being recognized as a WWII Veteran is most important to preserving the legacy of the US Cadet Nurse Corps.

Currently, there is federal legislation to fix this. The US Cadet Corps Service Recognition Act s1200 is sponsored by Sen. Elizabeth Warren and HR 2568 sponsored by Rep. Seth Moulton and have 100% support from the VFW.

The bill will grant **Honorary Veteran Status to all WWII Cadet Nurses** and provide a grave marker to mark their service to our country in wartime.

It does not provide burial rights at Arlington National Cemetery or additional VA benefits.

It simply but importantly pays our nation’s respects to the incredible service these women of the Greatest Generation provided in wartime nearly 80 years ago.

The Pandemic has shown us the impact of nurses and nursing shortages have on our communities.

Need a hero? Look to nurses!

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Recent data finds 84% of registered nurses are experiencing burnout, and only 42% feel their employer values their mental health. That is why **ANA/ANAMASS are partnering with SE Healthcare to provide our members with up to four months of free access to the Burnout Prevention Program starting next week on May 1st through August 31, 2022 if you register by June 30th. And ANA/ANAMASS members can earn 22 free CNE through this important program!**

What is the SE Healthcare Burnout Prevention Program?



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A call for health equity at all levels of government

Senator Jo Comerford, Co-chair, Joint Committee on Public Health, General Court of the Commonwealth of Massachusetts



Senator Jo Comerford

Massachusetts is often celebrated nationally as a leader in health care. But if we look closely, we see another painful reality — deep chasms of racial and ethnic health inequities in the Commonwealth — created by generations of structural racism and socioeconomic inequality.

From a study reported by GBH, “Black women in Massachusetts are 2.5 times more likely to die from pregnancy-related causes than other women.” The latest Department of Public Health (DPH) data show that the rate of COVID-19 infections in Massachusetts is almost three times higher for people identifying as Latinx as compared to white people. And the stark and ugly list could go on and on from here.

What if we could ensure that a governor’s administration and the state legislature had to prioritize racial and ethnic health equity — in all levels of state government — when making budgeting and policy decisions? This would mean that all major spending choices, all consequential policies, would be evaluated as to whether they increased or hurt health equity.

This very question propelled Representative Liz Miranda (D-Boston) and me to file [S.1388/H2373, An Act](#)

[Establishing Health Equity at All Levels In Government](#), also known as The HEALING Act.

The COVID-19 pandemic demonstrated how brutal inequities can mean the difference between life and death. That’s why this legislation tackles structural racism head-on by centering health equity throughout government, in every agency, with leadership in the governor’s office and sharp, community-led accountability measures.

This is a racial justice imperative. It is also a matter of urgent health policy. And the related issues are so massive that we can’t reform. We must transform.

The HEALING Act initiates three concrete steps to (1) build a culture of health equity throughout the Commonwealth’s government; (2) provide government agencies and the Legislature with tools and structures to engage; and (3) ensure accountability through community oversight.

The bill starts from the understanding that our individual and community health is only partially based on our medical care system. Government also has a significant impact on our health through what it does around education, housing, transportation, environmental policy, and more — and through how it responds in a pandemic. Where we build a road, or whether school meals are available to children, or which toxic chemicals are permitted in our water all have an enormous impact on health equity.

Why go about it like this? We spoke with experts from other states that have created similar initiatives with success. The key, we learned, is to build a culture throughout state government which recognizes that advancing health equity is the role of the entire government.

Our legislation proposes a HEALING Initiative within DPH, a new hub which would advise other state agencies and track decisions across state government. The initiative would provide training and technical assistance, assisting with self-audits and policy review. It would also bring public voices into these decisions to provide feedback and accountability.

Because the best time to consider how a policy will affect health equity is before it becomes law, the HEALING Act also gives DPH and the Legislature a new tool — the Health Equity Assessment — to evaluate the potential impact of pending legislation and spending decisions.

Health equity requires genuine buy-in from all sectors that contribute to the social determinants of health. So, the HEALING Act asks each agency to take charge of its own health equity work. The legislation proposes that agencies develop health equity strategic plans, working with DPH’s HEALING Initiative and a well-constructed Community Oversight Board.

As nurses, you experience firsthand the role social factors play in determining who is sick and who is well. You can see the aching disparities across race and ethnicity. You also have substantial political power, with the voice of nursing reflecting the need for compassionate care for the whole patient. I respectfully ask the nurses of Massachusetts to review this legislation, and determine if they can put their full weight behind it, as a call for equity and justice for everyone in our Commonwealth. I remain deeply grateful for your tireless service.

Jo Comerford represents the Hampshire, Franklin, Worcester district in the Massachusetts State Senate



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Chronic Pain Experiences in Lupus: Implications for Healthcare

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Chronic pain lasts longer than 3-6 months and fulfills no protective physiologic function, has physical, psychosocial, and economic ramifications, and negatively impacts functioning. According to Zelaya et al. (2020) approximately 20.4% of individuals in the US, aged 18 years and older report chronic pain, and approximately one-third of those reported “high impact chronic pain” that restricts life activities and/or occupation. Approximately 65% of those with Lupus report chronic pain as the most burdensome symptom (Lupus Foundation of America (LFA), 2022a). Causes associated with pain include arthralgias, myalgias, arthritis, tendonitis, fibromyalgia, bursitis, depression, and anxiety. Chronic pain negatively impacts quality of life, and disrupts familial and social relationships (Howard, 2017).



Pamela Coombs



Emmitt Henderson III

Lived experiences of pain in Lupus
“Chronic pain is so wearisome. It’s with me every minute of every day, with some days worse than others. I’ve learned that my pain increases with fatigue, anxiety, and depression, or if I do too much. The balance between managing pain and staying active is hard. The worst time for me is bedtime. It is so hard to get comfortable enough to go to sleep, despite exhaustion. My shoulders and hip joints are pierced by the pain of bursitis, and my legs tingle in pain due to peripheral neuropathy. My muscles hurt all over. My feet and wrists ache. I meditate before bed, sit with a heating pad, go for walks daily, use topical analgesics on my back, neck, shoulders, hips, legs, and feet. Steroid injections and nerve ablations help. My pain is not controlled well, but I don’t want to be labeled a ‘drug seeker.’ Others see you looking just fine on the outside and discredit your pain. Before I was diagnosed with lupus, physicians told my husband that it was all in my head. I think it’s because of the “hysterical woman” myth. Now, I just keeping living my life day-by-day, trying to stay positive.” (Lupus patient, female, age 61).
“As a kid, I experienced pain from the cuts and bruises that almost all kids endure, but chronic pain, now that’s something else. In 1995, when I got diagnosed with Lupus and stage 3 kidney failure, I thought I was strong enough physically to be able to get through the pain but didn’t realize that this pain was at a whole different level. As a young man, I wouldn’t dare show that I was in pain especially from something that people couldn’t visibly see me suffering from, so I did a good job of hiding it.
At times the pain from Lupus flares were so unbearable that medications didn’t always bring relief. I still worked but didn’t show my pain. Being in management made hiding my pain a lot easier.
Due to my Lupus medications, I had developed avascular necrosis in all my joints. My knees, hips and shoulders were the worst. Raising my arms, lifting, or grabbing anything was a challenge. Even with my arms down to the side, my shoulders were in so much pain from every movement that my doctor knew I needed joint replacements. I ended up having a shoulder replacement and knee replacement with both hips and opposite joints on the verge of possible replacements soon. The chronic pain from my joints is an everyday problem.
I also suffer from encephalopathy with chronic migraines on a daily that on a scale from 1-10, I feel a 6 and up every single day. Symptoms like these make it hard

to function daily. Alternative is to rest but who wants to do that all day, every day? The drugs that do work for pain, cause drowsiness and makes it hard to function. I’ve been involved with pain management doctors but not much was achieved in relieving my pain.
Chronic pain can break down a person mentally. It can trigger anxieties, depression if we’re not careful. I’ve learned mental health practices because of my chronic pain.” (Lupus patient, male, age 52).

Healthcare and Chronic Pain
Healthcare providers’ actions can add to the burden carried by Lupus patients with chronic pain. A non-supportive healthcare environment negatively impacts the experience of those with chronic pain and may elevate levels of psychological stress. Individuals may find themselves walking the fine line between advocating for oneself and being viewed as drug-seeking or difficult to manage. The negative and stereotypical image of the hysterical woman can create additional barriers to care. Empowering the patient may lessen feelings of helplessness through engendering self-management (LFA, 2022b).

- Best practice guidelines include, but are not limited to:**
1. Use a patient-centered approach and develop a therapeutic relationship.
 2. Apply multimodal approaches to include physical therapy, nerve blocks, and other modalities.
 3. Base care on the biopsychosocial model.
 4. Improve access to care.
 5. Engage in compassionate and empathetic care to address chronic pain stigma.
 6. Improve education regarding chronic pain for both clinicians and patients.
 7. Engage in research and development. (Health and Human Services (HHS), 2019)

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It is critical for nurses to be active and fit, both for their physical and mental well-being. ANA members now have access to the Active & Fit Direct Fitness Membership program to help. For only \$25 a month (plus enrollment fees and applicable taxes), ANA/ANAMASS members can join one of 11,000+ fitness centers in Active & Fit Direct's Standard network (including brands like Gold's Gym, LA Fitness, YMCA, SNAP Fitness, and Curves). In addition, the Active & Fit Direct program includes access to over 4,000+ digital workout videos for those who prefer to exercise at home, requires no long-term contracts, and offers healthy lifestyle one-on-one coaching. Plus, the Active&Fit Direct program just added over 5,000+ Exercise Studios and Fitness Centers in their new Premium network (including brands like Club Pilates, Pure Barre, Cyclebar and YogaSix), where ANA/ANAMASS members can save 10-30% on membership.

This offer is not open to the general public, but ANA/ANAMASS members can enroll their spouse (or Domestic Partner). The Active&Fit Direct program allows you to see the participating centers in your area before you join. Also, all ANA members can view 200 online workout videos for free just by registering on the website. Find out why the Active&Fit Direct program has 96% overall satisfaction!

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Laurel Road's quick and easy online application allows you to get preliminary rates in minutes – without impacting your credit score and with no obligation to accept. Laurel Road has no fees to apply. You'll also have the option to set up automatic payments to receive an additional 0.25% rate discount.

To watch "Student Debt 101 and ANA Resources" webinar, [click here](#).

[Click here](#) to learn more and check your rates now.



Travel discounts are the #1 requested benefit program from ANA/ANAMASS members. We have partnered with BookingCommunity to offer members hotel room rates that are discounted up to 70% -- lower rates than you will find at any online travel or hotel website. ANA/ANAMASS members get access to amazing deals that are not available to the public, at over 800,000 participating Hotels and Resorts Worldwide. Plan a trip and watch the savings grow – it pays to be an ANA member!

[Click here](#) to access these great, member-exclusive rates and book travel today.



Long Term Care Insurance is increasingly the choice of ANA/ANAMASS Members seeking to protect their hardearned assets from the high cost of long-term services along with the resulting financial spend-down and potential loss of self-reliance.

Final Expense Insurance, also known as Burial or Funeral Insurance, is a type of whole life insurance designed for those over 40 years of age, to cover funeral expenses and existing bills when you pass.

Through ANA's partnership with Anchor Health Administrators (AHA), members receive specialized advocate services for these much-needed protections. AHA is a company that, for almost 30 years, has specialized in working with Nurses/Spouses to provide the best personal solutions for their planning needs.

[Click here](#) for more information on Long Term Care, or Final Expense coverage and to receive a free, no obligation consultation with a licensed advocate.

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Laurel Road:
All credit products are subject to credit approval. Laurel Road is a brand of KeyBank National Association. All products offered by KeyBank N.A. Member FDIC.

If you are refinancing any federal student loans with Laurel Road, you will no longer be able to take advantage of any federal benefits, including but not limited to: COVID-19 payment relief, Income Based Repayment (IBR), Pay As You Earn (PAYE), or Revised Pay As You Earn (REPAYE), and Public Service Loan Forgiveness (PSLF). For more information about the benefits of these federal programs and other federal student loan programs, please visit [https://studentaid.gov](#).

1) Savings vary based on rate and term of your existing and refinanced loan(s). Refinancing to a longer term may lower your monthly payments, but may also increase the total interest paid over the life of the loan. Refinancing to a shorter term may increase your monthly payments, but may lower the total interest paid over the life of the loan. Review your loan documentation for total cost of your refinanced loan.

2) A 0.25% interest rate discount offered on new student loan refinance applications from active ANA members. The ANA discount is applied to your monthly payment and will be reflected in your billing statement. The discount will end if the ANA notifies Laurel Road that the borrower is no longer a member. This offer cannot be combined with other member or employee discounts.

3) A \$300 cash bonus offered on new student loan refinance applications from active ANA members. The loan application must close in order to qualify for the bonus which will be paid within 45 days of closing. Existing customers are not eligible. This offer cannot be combined with other member or employee discounts nor the Student Loan Refer-a-Friend Program.

4) Checking your rate with Laurel Road only requires a soft credit pull, which will not affect your credit score. To proceed with an application, a hard credit pull will be required, which may affect your credit score.

5) AutoPay/EFT Discount: if the borrower chooses to make monthly payments automatically by electronic fund transfer (EFT) from a bank account, the interest rate will decrease by 0.25% and will increase back if the borrower stops making (or we stop accepting) monthly payments automatically by EFT from the borrower's bank account. The AutoPay/EFT Discount will not reduce the monthly payment; instead, the discount is applied to the principal to help pay the loan down faster.

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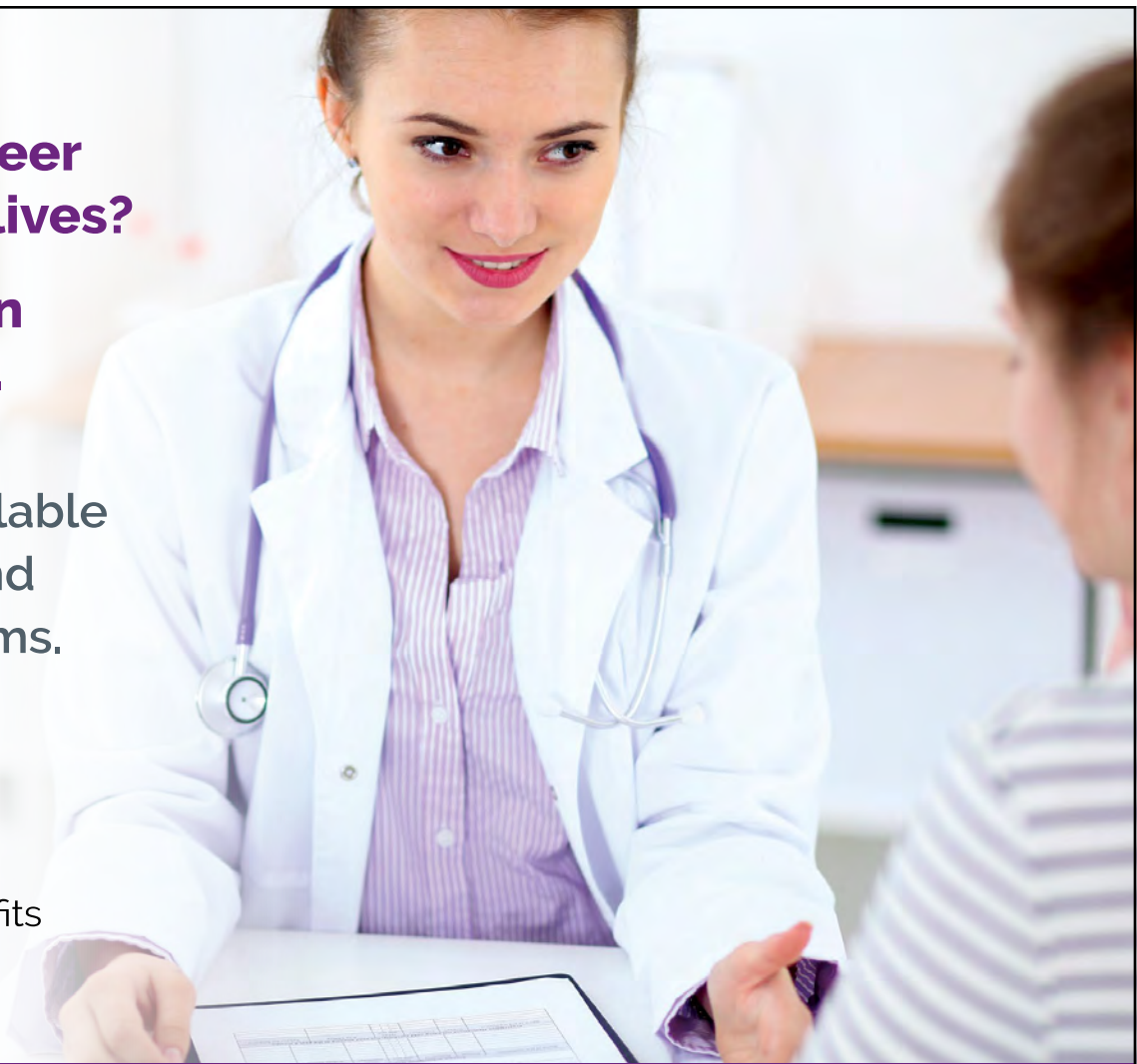
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