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ANAMASS/FNAMA AWARDS GALA
FRIDAY, APRIL 8, 2022
Royal Sonesta Hotel
40 Edwin H Land Blvd, Cambridge, MA 02142

We are looking forward to celebrating both the 20th anniversary of the American Nurses Association Massachusetts and introducing the Foundation for Nursing Advancement in Massachusetts, the charitable, professional, and scholarly arm of our organization.

It is the perfect opportunity for members to contribute to advancing the nursing profession, to network and to recognize our colleagues’ achievements.

SAVE THE DATE!!!
Register
https://www.anamass.org/events/register.aspx?id=1308015&amp;itemid=4551a99c-cad7-416e-ae89-0cb31b351a80.

ANAMASS Spring Conference
The Future of Nursing is Here!

March 18, 2022 - 7:30 am – 4:00 pm
Pleasant Valley Country Club, Sutton, MA

The purpose of this conference is to provide participants with opportunities to learn about and discuss the newly-revised, ANA Scope and Standards of Nursing Practice, and 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, and the implications of these documents for professional nursing practice and nursing career development.

Register

Katie Boston-Leary, PhD, MBA, MPH, RN, NEA-BC, CCSNP
Director of Nursing Programs, American Nurses Association

Donna Cardillo MA, RN, GSE, FNAN, nationally and internationally-known speaker on personal and professional nursing career development, and award-winning author

ANAMASS Annual Business Meeting
Friday, March 18, 2022 - (immediately following Spring Conference)
4:30 p.m. - 6:00 p.m.
Pleasant Valley Country Club* Sutton, MA

CALL FOR POSTER ABSTRACTS

current resident or
Rounding the mark: Spring Approaches

Gail B Gall, PhD, RN

We may still be in winter’s grip, there are signs that we are moving towards longer, and eventually, warmer days. By early February, the hours of sunlight will lengthen by an hour from the winter solstice. New Englanders know that even when the arrival of the spring equinox won’t guarantee the end of winter. Spring’s arrival on the calendar often differs from idyllic images of emerging crocuses, daffodils, and tulips.

We are also experiencing our third Covid springtime. There are many questions to ask about how this has changed our daily lives. How many nurses juggle workloads and family obligations? How many have cared for patients who refused vaccination? How many spent hours vaccinating? How many worked longer shifts with shorter staffing? What are the obligations? How many have cared for patients who refused treatments? What are the effects of falling cases? How many have dealt with workplace violence, advanced accessible professional development, and become the guardians of nursing history. This edition features ANAMASS leaders and nursing colleagues from throughout the region who have excelled in practice, research, and education, who have conquered the wallops dealt to nurses and their colleagues over the last few years.

The newsletter’s aim is to inform our readers about ANAMASS activities, bring news about and from nurse leaders, Living Legends, and professional award winners, highlight opportunities for professional development, and share nursing experiences in prose and poetry. Hats off to all of the contributing authors, the ANAMASS working team, and my colleagues on the newsletter team: Inge Corless, Susan LaRocco, Barbara Belanger, and Alex Burton.

February is also filled with hearts and flowers, groundhogs and presidents. Hope you have time to put your feet up, relax, and read. AND send us your 50 WORD STORIES!

editor’s message

Gail B Gall, PhD, RN

The transition from one year to the next is a time of reflection and anticipation. What will 2022 bring? I am optimistic that we will begin to “return to normal.” I want to thank all ANAMASS members for your dedication to the organization. As a volunteer professional organization, ANAMASS’s success relies on the dedication and contributions of its members. ANAMASS’s greatest assets are you, the members. Through your engagement and actions, ANAMASS can fulfill its mission to advance the profession of nursing and quality patient care across the Commonwealth.

In alignment with the organization’s mission, ANAMASS represents all registered nurses in the Commonwealth regardless of race, ethnicity, gender, age, role, practice setting, etc. ANA MASS continuously promotes diversity and inclusion within the Board and membership. Currently, 50% of the Board members are from under-represented minorities in nursing. Diversity brings a variety of ideas and perspectives which assist the organization in better meeting members’ needs. How can we ever do better with additional input and feedback from members?

In 2022 ANAMASS will continue to be an action-oriented and solution-focused organization; to find solutions to professional nursing issues and improve healthcare for Massachusetts citizens. For example, we will continue to advocate and support the following legislation:

- HB2194/SB1345—An Act Establishing a Commission on Quality Patient Outcomes and Professional Nursing Practice
- HB 128/SB163— An Act Relative to Nurse Licensure Compact in Massachusetts
- HB1797/SB1093—An Act requiring Health Care Facilities to Develop and Implement Programs to Prevent Workplace Violence (see article relating to ANAMASS testimony).

ANAMASS will also continue to provide professional development activities to all nurses in the Commonwealth. One upcoming opportunity is the Spring Conference: The Future of Nursing is Now! Friday, March 18, 2022.

In closing, I would like to appeal to members to consider volunteering for one of the six ANAMASS Committees: Awards, Bylaws, Conference Planning, Health Policy, Membership Engagement, and Newsletter. ANAMASS’s committee structure allows members to network, helps develop expertise, taps into a variety of skill sets and interests, allows for coaching and mentoring, strengthens leadership skills, and assists the Board in organizational decision making and strategy.

I wish you all a fabulous 2022 and hope to see you at the upcoming ANAMASS event soon.

president’s message

Lynne Hancock, DNP, RN, NE-BC

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from the executive director

2021 Stink, Stank, Stunk!

Carmela Townsend, DNP, MS/MBA, RN
Executive Director

There. I said it. What we’ve all been thinking. Last year at this time we were hopeful that the COVID-19 Pandemic would be beaten and that by December 2022 we would be back to celebrating together. Instead, many of our colleagues have left our profession citing stress and working conditions and the toll the pandemic has taken on their personal lives. Members have said to me that they want working conditions and the toll the pandemic has taken on our profession, citing stress and beating and that by December COVID-19 Pandemic would be time we were hopeful that the been thinking. Last year at this time? 

ANA Position on Nursing Workforce

Without decisive action, nurses will practice under increased stress. As the health care system is strained by an aging population and broadened access to public health care, it will be nurses that feel the weight of patient responsibility on their shoulders. By 2022, there will be far more registered nurse jobs available than any other profession, at more than 100,000 per year. With more than 500,000 seasoned RNs anticipated to retire by 2022, the U.S. Bureau of Labor Statistics projects the need for 1.1 million new RNs for expansion and replacement of retirees, and to avoid a nursing shortage. Over the past decade, the average age of employed RN’s (6%) compared to the rest of the country. 1 New England as a region has the slowest recent and projected growth of RN’s (6%) compared to the rest of the country.1 Travel nurse opportunities have become available that are more financially rewarding than staff nurse positions, especially for those in sought-after specialties such as ER and critical care. This has reduced the availability of RN staff in acute care institutions as well as increased flow of skilled RN’s from long term care facilities to acute care settings, exacerbating the existing shortage in long term care.

What can you do? Well, the first thing you can do is join ANAMASS. New members can join for just $15/month – that’s about 50 cents a day. This gets you representation on Beacon Hill and in Washington DC – including communication with US HHS director Becerra and Massachusetts legislative leaders Senate President Spilka and Speaker of the House Mariano- on the nursing shortage, funding priorities, and other issues of importance to the nursing community such as violence against nursing, staffing, and nursing regulations. ANAMASS membership also gets you discounted registration at our upcoming events, including the 3/18/22 “The Future is Now” conference featuring Katie Boston-Leary and Donna Cardillo, and the 4/8/22 Awards Gala. Also watch for information on the Foundation for Nursing Advancement in Massachusetts Regional Forums, which will be open to all RNs.

As I am writing this editorial, I will admit to being on Day #8 of quarantine with two teenage boys due to a post-Christmas COVID infection. I am grateful, likely due to completed vaccination and booster status that I am not as sick as so many who have had COVID (including my own brother who spent >100 days in the hospital last spring, including ECMO.

What does it mean to not HAVE to be resilient ALL the time? I ask you to stop for a minute, take a beat, and think about this statement. What does it mean to not HAVE to be resilient ALL the time? Maybe sometimes you just want to have a day when everything goes right. When you have all the resources you need, can spend time with your patients, complete all tasks, connect with your co-workers, and even get out on time. And you may even want this to be the usual, not the exception. It seems like for the past two years nurses have been “heroed” out – given the burden of being a hero – always coming to the rescue, saving the day, carrying the weight of the world on its shoulders. Yes, we have much to be proud of, especially during the COVID pandemic. Our work is exemplary, standards impeccable, ethics profound. But no one nurse can do it all alone. We have to work together to address the complex issues which are causing the nursing shortage – it didn’t just happen overnight, or even just because of COVID. In particular, MA has an older RN population, with 44% of the workforce aged >50, compared to just 35% nationally. New England as a region has the slowest recent and projected growth of RN’s (6%) compared to the rest of the country.1 Travel nurse opportunities have become available that are more financially rewarding than staff nurse positions, especially for those in sought-after specialties such as ER


ANAMASS would like to acknowledge the following

• American Nurse Vol. 17, No.1 My American Nurse. com for “Metric-driven initiative for promoting staff diversity”
• Canticle for Lazarus: essay “The Ghost” See Acanticleforlazarus.com

JOIN OUR TEAM!

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3 Surround yourself with like-minded professionals who serve their neighborhoods and communities.

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This article heralds the inaugural column from MA/RI League for Nursing (MARILN) in the MA Report on Nursing. In 2021, MARILN collaborated with ANA MASS to provide timely news affecting nursing education across our regions. MARILN is updating members about ANA MASS’s practice, policy, and regulation issues. It seems fitting to share MARILN’s history with ANA MASS readers.

MARILN is a 250-nurse educator-led 503b non-profit organization. We are the constituent league for the National League for Nursing (NLN). We offer educational conferences, develop scholars, and build leaders for nursing education.

MARILN’s rich history can be traced back to the origin of the NLN in 1893 when nursing leaders were invited to attend the Chicago World’s Fair. In the White City, ablaze under Edison’s newly minted electric lights, organized nursing was first illuminated. As a result, the American Society of Superintendents of Training Schools (ASSTS) was formed and in 1919 became the National League for Nursing Education (NLNE); now the NLN. MARILN was known as the Massachusetts League for Nursing Education (MLNE) in 1912. By 1920, there were 28 constituent leagues. Later MLNE extended its membership to include Rhode Island, becoming MARILN.

Collaboration among the NLN, local constituent leagues, and the ANA also has deep roots. In 1912, ASSTS and the American Nurses Association (ANA) held joint proceedings called to order by Mary Riddle, a graduate of the Boston City Hospital School of Nursing who became the third ANA President. Linda Richards, the first professionally trained nurse graduate of the New England Hospital for Women and Children in Boston, was honored by the ASSTS and ANA at the 1912 convention and was the first ASSTS President. (Munson, 1948). The ASSTS and the ANA were quite concerned about protecting the public from untrained nurses and collaborated to supply a standardized nursing curriculum and registration upon graduation.

Chaos invites opportunity, and turbulent times have crafted our mutual agendas. Early years of the 20th century were a tumultuous and chaotic time for the profession of nursing. The goals of the emerging nursing organizations stressed need for raising nursing school entrance requirements, improving students’ living and working conditions, and increasing opportunities for post-graduate specialized training.

Today, in response to the pandemic, the need to work together has never been more essential. Late Speaker of the House Congressman Tip O’Neil often said, “all politics is local, and local organizations must work together. In the heart of the word, collaboration, is the word ‘labor.’ The Oxford dictionary defines collaboration as “to work together with somebody to produce or achieve something.”

MARILN has collaborated widely with regional nursing organizations. For example, in joining forces with the Organization of Nurse Leaders (ONL), MARILN provided testimony for the MA adoption of The Nurse Licensure Compact. In addition, MARILN and ONL supplied support and resources for new nurse graduates during the pandemic. The workforce collaboration spawned an article detailing our work in the ANA MASS publication.

Today, the NLN has 1200 school members, 44,000 members, and 25 constituent leagues. All levels of education, from LPN to doctoral programs, are welcomed in the NLN and MARILN. We look forward to sharing these tumultuous times with future collaborations in the next year and beyond. MARILN is forever grateful for the relationship with ANA MASS.

This March, we will be holding our Spring Conference. NLN Academy Fellows Dr. Susan Fornier and Dr. Elaine Tagliarini will be presenters. They will be discussing how collaboration, is the word ‘labor.’ The Oxford dictionary defines collaboration as “to work together with somebody to produce or achieve something.”

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A word (or two) about interviewing distinguished colleagues

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

The Editor of the ANAMASS Newsletter, Dr. Gail Gall, invited me to write about why I wanted to do the interviews that you will find in this Newsletter. The short answer is that these are interesting people whom I hoped you would want to learn more about. I know I did. And I hope you will enjoy getting to know these individuals both as nurses of distinction that the interview will help to put their work into perspective; and as colleagues, about whom you now have some additional information should you meet.

In the last Newsletter, you had the opportunity to read about Dr. Susan Gennaro’s thoughts about her storied tenure as the Dean of the William F. Connell School of Nursing at Boston College. I had invited her to write about her experience as Dean, and the words of wisdom she would like to share. For the current Newsletter, I invited the incoming Dean of the MGH Institute of Health Professions School of Nursing to share his aspirations for the program which he now heads, some of which you will learn about. For these two leaders it is a question of goings and comings for each is taking on changes in their roles. As a preview of coming attractions, I hope to interview Dean White about another important role he is concurrently assuming. But more about that in the next Newsletter.

Like Dr. White, I heard the next two interviewees speak and decided that it would be grand for our readers to have a more informal perspective of these talented individuals. General Clara Adams-Enders was such an enchanting speaker that I wanted to share aspects of her story with you. As the cover of her book “My rise to the Stars” (available on Amazon) states about her “How a sharecropper’s daughter became an Army General.” Whatever our backgrounds, I thought we might all like to learn about her story and how she became a General.

And then I heard the President of the ANA, Dr. Earnest Grant speak, and it occurred to me that in Massachusetts, we have the pleasure of getting to know the President of our state ANA organization through meetings and the editions of ANAMASS Newsletter to which she provides a statement for each edition. It seemed to me, and I hope I’m right, it would be interesting to provide an interview of President Grant to our readers.

All three of these individuals were delightful to interview—very professional and very forth-right. My hope is that you will find them as interesting to read about as I did to interview. Each is an exemplar of an accomplished individual who takes time out of a busy schedule to share themselves with their colleagues. I am deeply grateful to Dean Kenneth R. White, General Clara (as she prefers to be called), and President Earnest Grant for the privilege of providing a glimpse of these accomplished individuals for you. My hope is that you will enjoy these interviews as much as I appreciated obtaining and sharing these interviews with you.
Focus on Nursing Professional Development: responding to frequently asked questions.

Judy L. Sheehan MSN, RN-BC, Program Director ANA Massachusetts Accredited Approver Unit.

Why is The ANA Massachusetts Approver Unit so specific when asking for documentation of educational program planning?

The educational activity files are much more than checking off the boxes and filling in a template. The educational design criteria ensure that activities are planned using evidence-based processes that are outcomes driven. Identifying the professional practice gap, underlying educational need, desired learning outcomes and evaluation methods is a strategic process that should occur well before activity content, speakers, engagement strategies, and logistical pieces are determined.

The nurse peer reviewers are tasked with evaluating the planning of each approved program to ensure the ANCC can be confident that the mission of the Commission on Accreditation in NCPD is being met. The mission of the NCPD Accreditation program is to advance excellence in the profession of nursing and healthcare teams through evidence-based, outcomes-driven, continuing professional development.

Can you provide additional information regarding requirements for enduring materials?

Enduring materials are developed by a planning committee and are learner paced. Enduring materials must have an expiration date, after which no contact hours may be awarded. It is necessary to review the content at least once every two years or more frequently if indicated by new development in the field. When you are reviewing content please consider accuracy of content, current application to practice and any new evidence that has been identified. Covid – 19 provides an excellent example: the evidence for practice has changed so rapidly an update of material may even require more than an annual update. Once the review has been completed a new expiration date is assigned to the enduring material, and the activity. The summative evaluation provides excellent information for physicians, occupational therapists, psychologists, and nurses who work in both inpatient psychiatric settings as well as general medical-surgical units. The book is divided into two sections: management of specific behaviors such as anger, anxiety, and non-suicidal self-injury and specific types of interventions such as family interventions, medication administration, relaxation techniques, and therapeutic one to one.

Especially helpful is the focus on behaviors rather than a focus on psychiatric diagnoses. The consistent chapter format contains background and description of a behavior, including cognition, affect and context; potential barriers to being therapeutic; nursing care goals (safety, stabilization, engagement); and preparation for discharge. Assessment, intervention, and goals are emphasized and summarized in a table in each chapter.

Overall, the book is well referenced throughout, and has an excellent level of detail. It is filled with practical information and a focus on staff and patient safety. This book is useful for undergraduate nursing courses and for the practicing nurse who is likely to encounter psychiatric behaviors in patients throughout the facility.

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Meet Dean Kenneth R. White
MGH Institute of Health Professions School of Nursing

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

Kenneth R. White, PhD, MSN, MPH, APRN, ACHPN, FACHE, FAAN, started his position at the MGH/HP School of Nursing on July 1, 2021. Dr. White came to the Institute from the University of Virginia where he held the position of Associate Dean for Strategic Partnerships and Innovation at the School of Nursing. He also held joint appointments at the School of Medicine, the Darden School of Business, and the McIntire School of Commerce.

Dr. White, I understand you also have served as a consultant to entities in multiple countries can you tell us more about that?

Prior to attaining my doctoral degree, I worked as a hospital administrator for Mercy Health Center in Oklahoma City, OK and then transferred to Mercy International Health Services (MIHS) to take a job as Administrator/Consultant for the Guam Memorial Hospital. While working for MIHS, I had the opportunity to improve the operations and clinical care while training local managers and clinicians to achieve higher levels of quality and improved outcomes. As an early career Assistant Professor, I served as a consultant on a grant-funded project with the Republic of Kazakhstan, where I helped design the curriculum for a market-based healthcare system graduate program at the Kazakhstan School of Public Health. Fast Forward a decade, and I served a 6-month assignment on sabbatical to the LUISS Business School in Rome, where I developed an on-line executive master’s program in healthcare management. I returned to teach there for many years as well as teaching at the Swiss School of Public Health in Lugano in their Summer Institute.

What attracted you to accepting the Deanship of the School of Nursing at the MGH Institute of Health Professions?

The MGH Institute School of Nursing has a long and storied history as one of the first nursing schools in North America. I was familiar with the work of several of the faculty. When I interviewed for the position, one person after another commented on the supportive and egalitarian culture of the School of Nursing, and the healthy work environment that had been cultivated. I was also very impressed with the quality of the students and the affiliation with the MGB System.

What is your vision for the School of Nursing?

My vision and goals:
- Maintaining and building a healthy work environment; focusing on justice, equity, diversity and inclusion
- Rating nurses’ visibility
- Growing scholarship potential
- Strengthening infrastructure and resources
- Deepening our connections

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What do you need from your nursing colleagues both at the Institute and in Massachusetts to help you be successful as a dean?

We are all facing many of the same challenges. People are not successful by being a lone ranger. We need each other to learn best practices, strategize for future opportunities to have a seat at the table, navigate the many environmental pressures, and ultimately, to champion and celebrate our successes. As a healthcare executive, I have experience as an administrator, leader, convener, problem-solver, and strategic planner. At one time, I was Vice President of Marketing and business development for a health system (Before I served on Guam). From that lens, I bring communications and marketing experience which I will use to raise the visibility of nurses, nursing, and the IHP School of Nursing. As a palliative care NP, I have honed listening and cultural humility in order to deliver compassionate care. Everyone has a story. My goal is to tell the stories of our faculty and staff and students and alumni. I think the most important thing I bring to my role is a desire to bring out the best in each person and to have a healthy work environment so that each person thrives.

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Meet Brigadier General Clara M. Adams-Ender

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

It was my pleasure to “meet” General Clara Adams-Ender at the American Academy of Nurses fall meeting where she was a panelist on “Elevating Nursing Leadership to Advance Health Equity.” I was so impressed with her that I wanted our readers to meet this remarkable nursing colleague. She kindly accepted my invitation to respond to questions submitted via email.

Tell us about your background—where you were born and where did you grow up?

I was born in a small town in rural North Carolina called Willow Springs. I was the fourth oldest of ten children. During these times, it was normal to have large families. We were mostly an agrarian society and children were needed to work the farms. I grew up and lived on that farm till I was sixteen and went off to college.

Inform us about your nursing education and whether you were focused on a particular area as a new graduate?

My becoming a nurse is different from most nursing students. My oldest sister, Bettie, taught me how to take care of our mother’s health problems. She took me to a hospital to see our father, who was hospitalized there. This was the beginning of my nursing education. I learned about the anatomy and physiology of the body. I was also influenced by my mother, who was very caring and loving. She instilled in me the belief that I could make a difference in people’s lives.

Why did you join the armed forces and what were some memorable experiences?

I joined the Army because of the opportunities it offered. I was interested in helping others and in learning more about the medical field. I also wanted to continue my education, and the Army provided the opportunity to do so. I was chosen to attend officer candidate school and to buy extra food. My dad was a farmer and sharecropper, and he had to borrow the money for me to attend college. The Army had a nursing shortage at the time and was offering two and three-year scholarships to whomsoever would sign up for up to three years. They offered tuition, room & board, books, and a stipend of $525 a month. I was never hungry again! I also partook of the stipend to help my father with his farm debts.

Two memorable experiences still stand out to me. The first was in 1967, when I signed up to qualify for the Expert Field Medical Badge. We were required to complete all procedures from bandaging and splinting wounds through transporting the sick and wounded under enemy gunfire. There were fifty guys and me in the group. We also had to complete a forced road march of twelve miles with weapons and a 22-lb. field pack. We were all grueling tests of skill and ability, and I became the first female in the Army to be awarded the Expert Field Medical Badge.

The second memorable experience was about what patients have taught me over the years. I had been a nurse for about 10 years and was in the process of interviewing a particularly challenging patient about the outcomes of the treatment he had been given. He seemed to be resigned and not give me substantive information. Furthermore, he grew weary of my questions, excused himself and left the room. I must have looked frustrated, because the other patient in the room stopped me as I was leaving. He was a retired army colonel who had terminal bladder cancer. He said, “Major, I want to tell you something about caring for other patients in the room. He was a retired army colonel who had terminal bladder cancer. He said, “Major, I want to tell you something about caring for other patients in the room. The second memorable experience was about what patients have taught me over the years. I had been a nurse for about 10 years and was in the process of interviewing a particularly challenging patient about the outcomes of the treatment he had been given. He seemed to be resigned and not give me substantive information. Furthermore, he grew weary of my questions, excused himself and left the room. I must have looked frustrated, because the other patient in the room stopped me as I was leaving. He was a retired army colonel who had terminal bladder cancer. He said, “Major, I want to tell you something about caring for other patients in the room. The second memorable experience was about what patients have taught me over the years. I had been a nurse for about 10 years and was in the process of interviewing a particularly challenging patient about the outcomes of the treatment he had been given. He seemed to be resigned and not give me substantive information. Furthermore, he grew weary of my questions, excused himself and left the room. I must have looked frustrated, because the other patient in the room stopped me as I was leaving. He was a retired army colonel who had terminal bladder cancer. He said, “Major, I want to tell you something about caring for other patients in the room. The second memorable experience was about what patients have taught me over the years. I had been a nurse for about 10 years and was in the process of interviewing a particularly challenging patient about the outcomes of the treatment he had been given. He seemed to be resigned and not give me substantive information. Furthermore, he grew weary of my questions, excused himself and left the room. I must have looked frustrated, because the other patient in the room stopped me as I was leaving. He was a retired army colonel who had terminal bladder cancer. He said, “Major, I want to tell you something about caring for other patients in the room.

What are your words of wisdom for nurses?

First, I would offer some words that a mentor taught me many years ago. She said, “Clara, nursing—if it’s done right, is difficult work.” I learned that caring for those who are experiencing pain and suffering is not only difficult for the person experiencing them, but also difficult for those who must care for them. They went on to say, “You must decide if you desire to do the difficult work of nursing. If you decide that you don’t desire to do this difficult work, then it is better to leave the profession rather than make yourself and others miserable. However, if you decide that you want to do this difficult work, then get on with doing it without complaining!” I never forgot her words and, after 60 years, I still enjoy the difficult work of nursing.

A second word of wisdom is to be persistent in all that do and advocate for patients. Nursing is the diagnosis and treatment of patient responses to real or imagined health problems. We are obliged to speak up and out for patients to get the care they need, be it from us or another person.

Finally, learn and practice self-care. One must be fit to accomplish difficult work. It is most important to practice sound physiological, psychosocial, and spiritual self-care in order to be able to care for others.

Brigadier General Clara Adams-Ender’s life-story—“My Rise to the Stars” is available on Amazon.
Meet ANA President Ernest Grant, PhD, RN, FAAN

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

On December 21st, President Grant was identified as the 8th most Influential leader in the list of “100 Most Influential People in Health Care- 2021.” Congratulations, President Grant from the members of ANA MASSACHUSETTS!!!

I heard President Grant speak at the American Academy of Nursing meeting in Washington D.C. and wanted to share more about him with the readers of the ANAMASS Newsletter. He kindly agreed to respond to my questions.

There is a former football player named Ernest Jovoa Grant. Is he any relation to you?

Ha…that’s a great question! I get asked that a lot. To my knowledge, we are not related, but that doesn’t close the door on that question. He grew up in the Atlanta area and my family tree on the Grant side is heavily rooted in SC and Georgia. It is a strong possibility that he could be a distant cousin, but I have yet to see him at any of the family reunions that includes the Grant family. Those reunions are so large (several hundred people) that one could easily miss another person. I am trying to trace my family tree through the national level such as speaking with the Administration, members of Congress or other nursing organizations to confront this pandemic.

What are the accomplishments of your ANA Presidency of which you are most proud?

There are several accomplishments of my presidency that I am proud of. The first is being able to advocate and provide the resources that nurses needed (and still need) during a critical time in the nation’s history. One of the things I have prided myself on is that I continue to talk with nurses at all levels who are on the front lines to get an idea of what they are facing. Upon hearing their concerns, addressing them at the national level such as speaking with the Administration, members of Congress or other nursing organizations to confront this pandemic.

The second thing that I am most proud of is the establishment of the National Commission to Address Racism in nursing. Not only is this the first time that all nursing groups/organizations have come together to address a particular issue, it will ultimately have lasting change on the profession. The Commission’s report which will come out on May 7th will profoundly change nursing education, the profession. The Commission’s report which will come out on May 7th will profoundly change nursing education, the profession. The Commission’s report which will come out on May 7th will profoundly change nursing education, the profession.

The third thing that I am proud of is our initiative to deal with the persistent and prolonged nursing shortage. Calling for the Secretary of HHS to declare the nursing shortage a national crisis and to bring together the government, public and private entities is just the first step in addressing this issue. One thing I would love to see is nursing being taken out of the room and board charge and allow us to bill for our services independently like our physician, pharmacist and other colleagues that are able to bill independently.

Do you think you have increased the relevance of ANA to nurses and if so, how?

Great question! I believe that I have. First of all, prior to the pandemic, I was calling for nursing to be more reflective of the people that we care for…that being more diversity and men being welcomed into the profession. I was beginning to have talks with organizations such as the Boys and Girls club to encourage them in invite BIPOC and men who are nurses into their programs. I strongly feel that if a young BIPOC or male saw someone who resembles them as a nurse, that may encourage them to become a nurse as well. We take the same STEM courses as required to be a pharmacist, scientist, engineer, etc., so why not apply that knowledge, skills, and innovation technology in a nurse.

Next, when the pandemic did hit the American shore, ANA was quick to establish the much-needed educational programs that nurses needed in order to provide care for COVID patients. Our website and the webinars and podcasts did serve as the “go-to” source for nurses. It is still ongoing. We have taken comments from nurses to continue to improve the offerings, so nurses are up to date on the latest information there is about the virus, vaccines, testing, and anything else that has to do with COVID.

I think being seen as the face of nursing during these turbulent times has also increased the relevance. I hope that my appearances on TV News outlets gave nurses the feeling that their leader represented the profession well, spoke of the evidence-based facts and did not come across as a panicked individual, but calm and in charge of the situation.

I also think that we have increased the relevance of the ANA to the consumer as well. Being on TV, social media, print media almost daily reinforced the trust that the nation has for nurses and nursing. The public also accessed our website daily reinforced the trust that the nation has for nurses and nursing. The public also accessed our website to gain information that was evidence-based and factual.

What is your vision for nursing in the next ten years?

Now that nursing has “AWAKED” and is finding its voice, my vision is the following:

Higher pay
Increased autonomy

Nurses are at the table where critical decision regarding nursing, health and healthcare are decisions are being made and that their voice is heard, their ideas implemented, and we are the drivers of change!

The profession is united and seen as a true profession by everyone, including our physician colleagues and that we are a vital member of the healthcare team with something to contribute!

What are your goals for Dr. Grant in the next ten years?

Right now, my goal is to complete my presidency with no more issues piled on my plate. I do plan on writing a book about my experience as the first male president of the ANA and shepherding the profession through the pandemic. I have also been approached about considering a career in politics, particularly running for the state senate. My problem there is that the person I would be running against is a friend and has the same views that I have. The only difference is that he is not a nurse, but an attorney, but he is sympathetic to nurses and nursing issues.

I think, ultimately, I will probably start a consulting company or go back into academics.

Given all the pressures on you, how do you take care of yourself?

I am a firm believer in having a work-life balance. There are several things that I very much enjoy doing that for some people may seem weird, but it helps to relax me. I love going to the movies – haven’t been able to do that in quite some time.

I love planting flowers and watching them grow and bloom. On occasions, I will pull off at an overlook and take some photos.

I love to do yard work…mowing the lawn, but here recently, I’ve notice that pushing the lawn mower is more of an effort. I’m thinking about getting a riding mower.

I love to cook…both baking and cooking are favorites of mine.

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Thank you, Dr. Grant for sharing some of your ideas and yourself with us.
Phanlrophy Highlights the Value of Nursing to the Public
Interview with Dean Nancy Meedzan DNP, RN, CNE, NEA-BC
Endicott College Cummings School of Nursing & Health Sciences

Inge Corless, PhD, RN, FNAP, FAAN

The COVID-19 pandemic has magnified to the public with nurses receiving gratitude from the community for the work they do. Endicott College has received large philanthropic gifts that support innovative programming.

Endicott College
In honor of the donor of the gift from the Cummings Foundation, the School of Nursing & Health Sciences has been renamed the Cummings School of Nursing & Health Sciences. In 2023, the Nursing program will move into a new building representing state-of-the-art technology and incorporating new models for teaching and learning. The focus on interdisciplinary teams will more accurately reflect the practice setting of nurses and other healthcare professionals who will be prepared to work in teams, patients, families and visitors, and code conduct information on its website.

Violence has increased in many settings throughout the country as frustration with the necessary infection prevention protocols and those tasked with enforcing these policies receive the brunt of that anger. Unfortunately, in healthcare settings, the individuals on the receiving end of this may not be on providing care, not fearing their safety. Violent and aggressive behaviors against healthcare workers should never be tolerated. Unfortunately, legislation must compel healthcare employers to develop and implement programs to prevent workplace violence against nurses and other employees.

For this reason, the American Nurses Association (ANA) is submitting testimony to the Joint Committee on Public Safety and Homeland Security regarding two bills submitted in this legislative session - HB 2465, An Act requiring health care employers to develop and implement programs to prevent workplace violence, and HB 2506, An Act requiring health care facilities to develop and implement programs to prevent workplace violence. Although both bills are similar in provisions to the workplace violence policy. Perhaps only then will barriers to reporting violence injuries occur in healthcare, but healthcare providers can overcome some of the obstacles.

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

On October 1, 2021, WBUR in Boston reported that two to three nurses at Massachusetts General Hospital were assaulted every day. By October 15, 2021, the Springfield Republican identified that new signage at Baystate Health facilities and NIOSH reports of “aggressive behavior will not be tolerated.”2 This article also reported that “less than civil behavior” had also prompted Cooley Dickinson Hospital to post signs near monitors to stop bullying, aggression, and workplace violence.

The true benefactors of this gift will be our learners who in turn will become transformational leaders in education, research, and practice to envision new partnerships and creative ways to design and implement programming that will achieve excellence. There is wonderful support from the community to do so.

At the Stakehouse: Testing for Violence Prevention in the Workplace

By Christine Schrauf, PhD, RN, MBA
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Metric-driven initiative for promoting staff diversity

Plan, do, check, and act can serve as a framework.

By Dewi Brown-DeVeaux, DNP, MS, BS, RN-BC, ONC-BC, and Brittany Richards, DNP, FNP-BC, RN-BC, NEA-BC

HEALTHCARE DISPARITIES have long existed for patients from underrepresented populations. Evidence suggests that, in the United States, these patients are more likely to receive subpar quality care. In addition, a lack of diverse representation in healthcare has been tied to adverse outcomes. The diversity gap persists despite reports by various national organizations, including the Institute of Medicine’s landmark report In the Nation’s Compelling Interest: Ensuring Diversity in Health Care Work- force. Diversifying the nursing workforce isn’t moving at the same pace as the minority–majority demographic crossover projected in the United States by 2043. This forecast, reinforced by well-documented reports such as the Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity, shows the emergent need for expediting diversity in nursing.

Diversity symbolizes a healthcare system where the medical team and administrative staff embody various experiences and backgrounds. It embodies self-awareness by accepting and celebrating the richness of each individual. Nurse leaders play a critical role in promoting staff diversity. (See The importance of diversity in nursing.)

How nurse leaders can promote staff diversity

Many local, regional, and national organizations emphasize diversity and employ it as their strategic frameworks. However, more needs to be done to enhance these initiatives. Building an intentional infrastructure will turn diversity from words into action, creating a diverse and inclusive pathway that allows staff to grow and flourish. In addition, diversity, inclusion, and equity (Di&E) can serve as a process to help healthcare organizations implement improvement programs in parallel with other initiatives.

Nursing leaders and staff must be prepared to nurture an environment that embraces and celebrates differences and ensures all levels of nursing have the skillsets to integrate equitable care for diverse populations. Nurse leaders must support diversity by quickly confronting unintentional and intentional bias that acts as a barrier to diversity. They can help promote a diverse workplace with the Plan, Do, Check, and Act (PDCA) process.

Roadmap to promoting diversity in nursing

Di&E is complex, elusive, and messy. PDCA provides a structure for defining strategic goals, developing interventions, using data to assess whether interventions are working, and implementing the plan on a broader scale or continuing to monitor for improvements. The PDCA cycle allows organizations to start small, measure often, and tweak frequently for sustained change.

Plan
Create a robust Di&E committee that reports to the organization’s board of directors. The committee will serve as a meaningful access point that offers a distinct perspective and determines whether a problem exists within the organization. The board of directors will use the Di&E committee to establish goals and implement strategies.

• Goal 1: Ensure nursing leadership commitment.
• Goal 2: Enhance and cultivate an inclusive nursing culture.
• Goal 3: Develop and sustain a diverse, inclusive, and equitable nursing workforce.

Do
Leadership buy-in and commitment are critical to enhancing Di&E in nursing. Nursing leader- ship engagement demonstrates a concrete pledge to leverage and supply assets for success.

• Goal 1: Ensure nursing leadership commitment.
  - Provide resources for Di&E activities and intervention.
  - Demonstrate commitment and model the importance of Di&E in daily behavior by developing an institutional action plan, including educational initiatives and monitoring progress.
  - Enhance supervisory and administrative accountability by ensuring that all levels of nursing have access to Di&E learning material.
  - Incorporate measurable Di&E elements in organizational leaders’ department performance plans.

• Goal 2: Enhance and cultivate an inclusive nursing culture.
  - Nurture a fair, supportive, and convivial work environment that takes advantage of diverse individuals’ abilities and skills.
  - Enhance or incorporate diversity as a vital component of the nursing onboarding initiative for all new employees, leaders, and staff.
  - Incorporate bi-annual and annual inter-views and surveys of nurses and nurse leaders to determine Di&E strengths and target opportunities for improvement.
  - Institutionalize Di&E by implementing learning sessions for nursing staff to voice their concerns. Encourage open and respectful dialogue about diversity.
  - Through continuous learning and discussion, enhance mindfulness and advocate Di&E competency.
  - Ensure that qualified internal nursing candidates have an opportunity to compete for career enhancement and develop a nursing mentorship program for both nurses and nurse leaders to assist with career growth.
  - Use a diverse and inclusive panel during the hiring process.

• Goal 3: Grow and sustain a diverse, inclusive, and equitable workforce.
  - Collaborate with human resources to de- fine outreach and recruitment initiatives to broaden the diversity pool.
  - Leverage various geographic regions, academic sources, and diverse professional organizations to attract underrepresented groups.
  - Establish and maintain a partnership with underrepresented organizations and invite them as guest speakers to organizational town halls and executive meetings to create alliances and bridge gaps.
  - Promote internships to diverse groups to create pipelines through targeted outreach.

Check
The Di&E committee should rely on data to understand the organization’s current diversity status, make recommendations, and measure results.

• Evaluate Di&E processes with data and metrics to identify gaps.
• Periodically review and analyze nursing workforce demographics to assess if they match those of the population served.
• Generate nursing diversity reports and present or display them for all to access.
• Maintain diversity as a quality measure.

Act
Based on the data, the Di&E committee can determine the initiative’s success and then take steps to promote it throughout the organization or continue to monitor it and make improvements.

• Di&E sustainability doesn’t always materialize at the conclusion of the intervention. Assimilation must be continuous through-out the intervention, implementation, and beyond.
• To maintain Di&E long-term sustainability, nurses and nurse leaders must adapt and modify interventions according to changing circumstances. The quality improvement roadmap to enhancing Di&E isn’t static; it should continue to evolve.

Make a commitment
The general health of the nation requires delivering equitable care to a racially and ethnically diverse population. Nursing, nursing organizations, and nursing affiliates must make a commitment to enhance Di&E by ensuring that the workforce reflects the population it serves. Quality improvement initiatives aimed at increasing Di&E can help us keep that promise.

The importance of diversity in nursing

Nurses’ standards reflect an ethical code of conduct that respects the intrinsic dignity and value of individuals. However, those standards don’t eliminate the fear of difference, which may translate into implicit and explicit bias. Lack of diversity in healthcare affects the care that members of underrepresented groups receive and results in patients forgoing medical treatment. Patients may hesitate to be vulnerable in a healthcare facility where no one looks like them or understands their needs. Likewise, healthcare providers caring for these patients may hinder communication because of stereotypes.

Nurses need a deep-rooted and comprehensive sense of their responsibility to provide care for patients from diverse cultures with varied values. Individuals must step beyond their limitations regarding the knowledge of diversity. Without nurse introspection and cultivation of essential competencies to work with diverse people, implicit biases are likely to ensue.
February 2022

2021 American Academy of Nursing Induction Ceremony

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

On October 9, 2021, in addition to the inductees from the United States, nurses were inducted as Fellows of the American Academy of Nursing (AAN) from: Australia, Belgium, Brazil, Canada, China, Germany, Hong Kong, Ireland, Israel, Italy, Japan, Korea, Lebanon, Mexico, Nigeria, Saudi Arabia, Singapore, South Africa, Spain, Sweden, Taiwan, and the United Kingdom. We congratulated all of these new members but take special pride in the three new members from Massachusetts. Heartiest Congratulations to Dr. Virginia Capasso, Dr. Amanda Stefnacyk-Oberlies, and Dr. Laura J. Wood, whose statements below introduced them at the Academy.

Virginia Capasso, PhD, CNP, CNS, CWS, FACCWS, FAAN

Adjunct Practice Nurse / Nurse Scientist, Massachusetts General Hospital
Virginia Capasso earned her BSN from Northeastern University, MSN from Yale University, PhD from Boston College, and CAS from the MGHI Institute of Health Professions.

EW ALL FELLOWS

Dr. Capasso is an Advanced Practice Nurse for wound healing at the Massachusetts General Hospital (MGH), leading an initiative to advance favorable outcomes related to the Nurse Sensitive Indicator of hospital-acquired pressure ulcer (HAPU) at the Patient Care Services Office of Quality, Safety, & Practice, and is a Nurse Scientist in the MGH Munn Center for Nursing Research. She holds a joint appointment as an Instructor in Surgery at Harvard Medical School. Dr. Capasso was the Co-Founder, Co-Director, and Nurse Practitioner (NP) of the MGH Wound Care Center for 15 years prior to her current role. Her research interests include quality improvement for HAPU, patient safety, infection prevention and treatment and avoidance of particular pressure injuries. She is a Fellow of the American College of Certified Wound Specialists and a Diplomate of the American Board of Wound Management. Since receiving an inaugural scholarship from the National Pressure Injury Advisory Panel (NPJAP) in 2014, she has been a member of the Support Surfaces Standard Initiative (S3I). She is serving her second 3-year term on the NPJAP Board of Directors and was elected secretary of NPJAP for 2021-2023. Dr. Capasso also was selected as a member of a new international Prophylactic Dressing Standards initiative and of an international wound infection definition consensus group.

Laura J. Wood, DNP, RN, NEA-BC, FAAN

Executive Vice-President, Patient Care Operations and System Chief Nursing Officer at Boston Children’s Hospital where she holds the Sporing Carpenter Chair for Nursing.

Laura J. Wood received her BSN degree from West Virginia University, MS degree from the University of Maryland - Baltimore, and PhD from Johns Hopkins University, and completed a post-doctoral Robert Wood Johnson Foundation Executive Nurse Fellowship.

Dr. Wood sets nursing and strategic direction within the world’s foremost pediatric academic health system and research organization—Boston Children’s Hospital. As the leader of the discipline of nursing in this three-time American Nurses Credentialing Center Magnet-designated organization, she directs nurse-led quality and safety practices contributing to reducing health care acquired infection rates, building a nursing culture, disseminating quality, safety, and experience innovations, nurse-designed models of care, and improves practice environments nationally and internationally through her publications, presentations, and consultations. By invitation of the leaders of the American Academy of Nursing, she was awarded an Edge-Rubin/Ono study team investigatory studies, and disseminate commonalities of nurse-led care redesign to improve health equity of diverse populations. Through advisory board service to the Beryl Institute, Boston Children’s Hospital, Johns Hopkins Nursing Advisory Board, The Joint Commission, Friends of the Institute of Nursing Research, and the CRICO risk management and patient safety organization, Dr. Wood shapes pediatric practice to improve health outcomes.

Amanda Stefancyk Oberlies, PhD, MBA, RN, FAAN

Chief Executive Officer of the Organization of Nurse Leaders (ONL) for Massachusetts, Rhode Island, New Hampshire, Connecticut, and Vermont.

Amanda Stefancyk Oberlies received her BSN from St. Joseph’s College, her MSN from Johns Hopkins University School of Nursing, her MBA from Johns Hopkins University Carey School of Business, and her PhD in Health Services Research from Vanderbilt University.

Dr. Oberlies has led several initiatives with broad policy impact elevating nurses’ ability to maintain and expand autonomy over practice and preserving and strengthening nurse decision making. Most recently, Dr. Oberlies co-led a coalition to oppose a statewide referendum that sought to impose mandatory, rigid nurse staffing ratios. The coalition’s successful defeat of the referendum preserved patient access to affordable, local care and nurse decision-making autonomy throughout Massachusetts with national implications. As CEO for ONL, she supports and cultivates the development of nurse leaders, and advances healthcare policy throughout the region.

Prior to her work at ONL, she promoted clinical nurse autonomy, decision making, and leadership through her work with Transforming Care at the Bedside (TCAB). She cultivated TCAB practice spread throughout one hospital, then nationally with peer-reviewed articles and podcasts, engagements, culminating in a national leadership position with the American Organization for Nursing Leadership (AONL). Observing nurses, examining their work and its value for patients throughout the TCAB process shaped the basis for her doctoral research, which resulted in seminal work exploring nurse manager work processes.

Using a guided escape room to reinforce infection prevention concepts for nursing assistants

Professional Development Boston Medical Center

Astrid Barnard MSN RN, Michelle Betances, RN MPH, Pamela Corey MSN EdD RN CHSE, and Sherine Henry MSN RB-BC

Education for large groups can be challenging. We wanted to engage everyone in the activity. We decided to use the active learning strategy of simulation in the form of an escape room. Working together as a team to provide care and solve a puzzle allowed the learner to share concepts for nursing assistants.

Professional development staff in hospital settings assess staff skills, including competency assessment of the certified nursing assistants (CNA). Active learning strategies encourage staff to engage and can lead to better retention and comprehension. Several infection prevention measures completed by the CNAs include protective clothing for patients with a Foley to prevent CAUTIs and chlorhexidine (CHG) baths to reduce CLABSI. We wanted to engage the CNAs in validation of infection prevention within their role.

For the annual nurses’ and骨干 nursing assessment, we developed an escape room module that took place in our simulation center. We had up to 12 CNAs in each session and divided them into two teams, each up to six participants. The escape room required the CNAs to work as a team to solve a puzzle. The patient (manniquin) had a C-Diff, a Foley, and a PICC line. The CNA was tasked to provide daily care such as feeding, Foley care, oral care, and documentation of care given. Entrance into the escape room was allowed when two members of the team appropriately dressed in proper PPE (CNA) and protective equipment needed to care for the C-Diff patient. The escape room was set up with all the equipment needed to provide the care and with a few poor practices. The poor practices were the Foley drainage bag hanging at improper height, with the catheter not secured in the stat lock and the patient lying in the bed on a plastic backed incontinence pad and plastic sheets (our best practice for incontinent patients on bedrest is cloth pads). As the group was able to solve the best practices, they would find wooden puzzle pieces hidden around the supplies. For example, one piece would be in the basin liner required for bathing patients with central lines, or on top of the gloves for when they changed gloves due to contamination from their own matter. The teams needed to collect all nine pieces to obtain clues that gave them the combination for the lock box. Each room had a lock box, similar to those used by real estate agents to hold keys. The puzzle had three clues that gave the team the numbers for combination. We used questions where the answer was a number, for example, what was the contact time for bleach wipes. Once they entered the combination and opened the box, they received their last task that needed to occur to escape the room - to properly remove the PPE in the correct order after caring for a patient with C-Diff.

The facilitator of the room, in the simulation observation booth, was the voice of the patient and also discussed with guided the team throughout the experience. If the CNA were forgetting a key concept or using the wrong inappropriate for example, the facilitator would ask the team about their choice and guide the conversation in real time towards best practice. Reinforcement of best practices were discussed as well. We included small smiling face stickers in each lock box. The participant placed them on their CNA ID Badge as proof of attendance and successful escape. Those completing were also sworn to secrecy as part of the “escape club” to add some fun and keep the event secret as we needed to reach over 500 CNAs through repeating the sessions forty times. When we polled the attendees at start of the session if they knew what was going to happen, no one knew. Some participants said that they were told to wait and see.

The attendees completed evaluations at the conclusion and responses demonstrated that they enjoyed the escape room, competing the puzzle and working together to provide care as a team. The CNAs were actively involved in the activity, and many stated that they felt pride in being able to demonstrate the care that they give their patients. We will be watching our quality data the next three quarter to see if the activity affected CAUTI, CLABSI and C-Diff rates within the institution.
R. Gino Chisari, RN, NPD-BC, DNP
Nominated by Debra Burke
It is an honor and pleasure to nominate my colleague and dear friend, Gino Chisari, RN, NPD-BC, DNP, to be recognized as a Living Legend by the ANA-MASS. Gino has spent his entire nursing career advancing nursing practice and advocating for and educating nurses locally, nationally, and internationally. He is committed to nursing excellence and is a role model and mentor for all nurses. He epitomizes what it takes to be a Living Legend.

Gino started his nursing career as a licensed practical nurse. Today, we all know Gino as a highly accomplished, doctorally-prepared nurse and the consummate educator. I first met Gino when he was in graduate school. He had a passion and a knack for teaching and joined MGH as a Clinical Nurse Specialist on Bigelow 11 where he was responsible for educating, mentoring, and growing an all-RN nursing team.

In 2001, Gino became Deputy Executive Director and Nursing Practice Coordinator for the Massachusetts Board of Registration in Nursing. In 2008, he returned to MGH as Director of the Norman Knight Nursing Center for Clinical & Professional Development — the role he holds today. Through his visionary leadership he has transformed the Center into an internationally known educational resource that offers innovative lifelong professional development solutions through state-of-the-art technology, clinician engagement and interprofessional collaborative partnerships. Gino led efforts to become the first hospital accredited with distinction under the new Practice Transition Accreditation Program (PTAP) standards for evidence-driven Oncology and Critical Care Residency Programs. Exceptional leadership, knowledge of competency models and educational pedagogy, led to his appointment as an ANCC PTAP appraiser.

Talent and expertise led to becoming the inaugural incumbent of the MGH Dorothy Ann Heathwood Endowed Chair in Nursing Education.

Gino cochaired the Nurse of the Future Nursing Care Competencies Committee and was Vice President of the Foundation of Nursing Advancement in Massachusetts. In his role as President of the Massachusetts Association of Registered Nurses (2013-2014) he made significant contributions to enhance infrastructure, advocated for the ANA Massachusetts name change and engaged lobbyists to advance their mission. He has held faculty appointments at the MGH Institute of Health Professions, Northeastern University and Mass Bay Community College.

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In Qatar, Singapore, and Shanghai Gino has led international teams to elevate nurse manager skills, strengthen practice environments, and prepare nursing staff and students to open a new hospital. He was a wonderful role model and greatly respected among the Shanghai nurses.

In Gino’s words: “Nursing gives us the opportunity to develop a more exquisite understanding of the human condition by being present in the moment. As nurses, we have the power to change the future for the better.”

Eileen Sporing, MSN, RN, NEA-BC, FAAN
Nominated by Sarah Pasternack
Eileen Sporing has influenced countless practicing nurses and nursing leaders over more than four decades by her clinical practice, example, and leadership in nursing. Her passion and advocacy for the care of children and families throughout her nursing career have no doubt influenced the clinical course of untold numbers of patients and families. A strong advocate of the autonomy and authority of the professional nurse, Eileen Sporing’s focus as Senior Vice President, Patient Care Operations and Chief Nursing Officer Boston Children’s Hospital (BCH) was centered on supporting and empowering nurses in the practice setting. Before shared governance was operational in most nursing departments, she introduced elements to build effective shared governance in Nursing at BCH. Under her leadership, BCH achieved Magnet Designation for Excellence in Nursing in 2008.

Ms. Sporing led several hospital-wide inter-professional patient safety and quality initiatives such as empowerment of nurses as the leaders in implementation and ongoing management of the Operating Room pre-procedure team verification procedures. In support of the nursing profession, Eileen Sporing instituted the Nursing Career Lattice Program, to provide hospital employees of diverse backgrounds from any department with the support to pursue a nursing career through mentoring, educational counseling, and financial aid. Eileen was a founding member and Chairperson of the Consortium of Harvard Affiliated Nursing Services. She served as President of the Massachusetts Organization of Nurse Executives (MONE) and on numerous health care organizations’ boards of trustees and advisory boards. She has taught others through her publications and professional presentations for numerous nursing and healthcare audiences about nursing leadership, family-centered care, health policy and patient safety and quality. Her contributions to the profession have been recognized by her induction into the American Academy of Nursing and by several awards. Eileen Sporing’s leadership as a pediatric nursing clinician, mentor and strong nurse executive is exemplary and epitomizes a Living Legend in Nursing.

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THE REGION’S LEADER IN HEALING IS HIRING.
Shelia Davis, DNP, NP-BC, FAAN
Nominated by Stephanie Ahrens
It is both an honor and a privilege to nominate Shelia Davis, DNP, NP-BC, for her contributions to humanity and the nursing profession.

A graduate from Northeastern University with a Bachelor of Science in Nursing and the MgIH Institute of Health Professions with a Master of Science degree in Nursing, Shelia is a Massachusetts licensed RN board certified as an Adult Nurse Practitioner. To broaden her leadership skills to advance a global health agenda, she returned to the MgIH in 2010, attaining a DNP with a concentration in Global Health. Thereafter, Dr. Davis completed the Carl Wilkins Fellowship for Human Rights with a focus on genocide and the prestigious RWJ Nurse Executive Fellowship.

From her early contributions as a direct care provider during the HIV crisis, human values have underpinned Shelia’s practice. At a time when clinical knowledge relative to HIV transmission-imposed fear amongst healthcare personnel, but was insufficient to save lives, Sheila’s compassionate response brought focus to the human dignity of the individual. Well recognized as an HIV expert, Shelia and she became a leader in the Association of Nurses in AIDS Care.

Seeking to affect the clinical, psychological, and socio-economic consequences of HIV, Shelia left Massachusetts and Sibusiso Incorporated. This nurse-led NGO addressed unmet needs of refugees and people with HIV from Boston to Mbizana, an area on the eastern cape of South Africa hard-hit with both HIV and TB. She led educational and community activities contributed to transforming HIV infection from certain death to a manageable chronic disease. Sheila was and is a leader for the profession and the discipline.

In 2010, Sheila joined Partners in Health (PIH) committing to social justice and vision for a world where health is a human right slipped with PIH’s founding President Philippe Legil and Sibusiso Incorporated. This nurse-led NGO addressed unmet needs of refugees and people with HIV from Boston to Mbizana, an area on the eastern cape of South Africa hard-hit with both HIV and TB. She led educational and community activities contributed to transforming HIV infection from certain death to a manageable chronic disease. Sheila was and is a leader for the profession and the discipline.

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Nursing Archives Associates Honors Florence Nightingale with International Webinar Symposium

Sarah Pasternack, MA RN
President, Nursing Archives Associates

The Nursing Archives Associates, History of Nursing Archives at Boston University Libraries, made a bit of their own history on last November 5th when the organization presented the Nightingale 2020-2021 Symposium in the form of a webinar that reached 351 viewers located in 13 countries and 36 states in the USA. The event attracted attendees from Australia, Bailiwick of Jersey, Brazil, Canada, Costa Rica, Ireland, Israel, Italy, Nigeria, Spain, United Arab Emirates, United Kingdom in addition to the US.

The emergence of the COVID-19 necessitated postponement of the originally planned 2020 in-person event as Florence Nightingale’s bicentennial year and the Year of the Nurse and Midwife unfolded worldwide in a manner never imagined. The Nursing Archives Associates Board determined it important to commemorate this far-reaching founder of modern nursing, health care reformer, writer, and statistician with a virtual symposium webinar before the end of the Year of the Nurse in 2021.

The November 5th symposium focused on historical and contemporary perspectives of Nightingale’s influence on the evolution of the nursing profession presented by six nursing historians and scholars who were located in two countries, five states and four different time zones. Presentations described how Nightingale’s principles guiding nursing care of the military in the Crimean War inform modern combat trauma nursing practice, her “calling to care for the ill,” and her role in “district nursing,” the forerunner of community health nursing. Nightingale’s influence on nursing theory, education for the practice of nursing and how her foundation pertains to nurses and the 17 United Nations Sustainable Development Goals were presented.

ANA Massachusetts members had key roles in the webinar. Two of the keynote speakers were Dr. Mary Ellen Doona and Dr. Jacqueline Fawcett. Dr. Judy Beal conducted the question-and-answer portions of the speakers and additional resources will remain available at nursingarchivesassociates.org.

The NURSING ARCHIVES ASSOCIATES are located at the Boston University Libraries Howard Gotlieb Archival Research Center 771 Commonwealth Avenue - Boston, Massachusetts 02215 617-353-3696 - nursingarchivesassociates.org

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Florence Nightingale Sculpture. The Boston University School of Medicine building houses sculpture on the first floor, between the L and Evans buildings at 72 E. Concord Street, Boston, MA 02118.

Massachusetts Report on Nursing - Official Publication of ANAMASS 2022

Submission Guidelines

The Massachusetts Report on Nursing is a quarterly newsletter published by Arthur L. Davis Publishing and distributed to all registered nurses in the Commonwealth.

Submission Dates for remainder of 2022 are: April 1, July 1, and October 1

Submission process: Email a word-processed document to newsletter@anamass.org. File extensions should be “.doc”, “.docx”, “.pdf”, “.rtf”, or “.txt”.

- Include: Submitted title, authors, author affiliation, and contact information.
- References and acknowledgment of funding or support if applicable.
- Include a brief abstract of no more than 200 words.
- Submit as single space, 12-point Times New Roman (or other similar, readable font). Long quotations should be double spaced.
- Include author affiliation where possible.
- Email images with correct name(s), place/event, date, and descriptions.
- Use suggested title, authors, affiliations, and abstracts as your guide.

Space limits: Following lengths are strongly recommended. ANAMASS reserves all editing rights prior to publication.

- Feature articles: 500 to 750 words preferred; exceptions may be granted to 1,000 words.
- Research articles: 1,000 to 1,500 words; exceptions may be granted to 2,000 words.
- Regular reports: 500 words (Chief Executive Officer, President, and others).
- Other submissions: 250 to 500 words, content dependent, please include a clarification statement if you are submitting an article exceeding these guidelines.

Standards: Manuscripts must conform to APA 7th edition guidelines, especially authors’ names, and titles. Use suggested headings and spacing. Use 11–12-point fonts in Calibri, Arial, or Times New Roman.

Author Resources:

- ALD Publishing: Elizabeth Miller NursingALD.com - A Free Online Resource for Nurses
- Oklahoma Nurses Association: https://ona.nursingnetwork.com/page/72191-the-oklahoma-nurse-publication
- Purdue Writing Laboratory: https://owl.purdue.edu/owl/research and citation/apastyle/apastyle formatting_and_style_guide/general format.html.

References


The Ghost

Martha Phillips, BSN, RN, SANE, CEN

We are losing her faster than we ever imagined. Day by day, she disappears a little bit more. My mother is becoming a ghost.

The metaphor extends in a multitude of directions. She is just a shadow of her former self now. She is terribly thin, much weaker than she's ever been. When she is awake, she is driven, somehow, internally, to putter about the house all day. She shuffles from room to room, anywhere from twelve to fourteen hours a day.

She is BUSY. She burns calories. She moves things from room to room. She pulls the kitchen towels from where they hang, folds them into knots, stuffs them into shoes. She rinses the dirty dishes in cold water, stacking them soaking wet on the counter, then wanders away, leaving the faucet running. She pulls trouses and vests from her closet, carries them to the pantry, and tucks them amongst the Cheerios and the extra bag of potato chips.

She cannot rest.

She cannot relax. But she also cannot eat. She forgets to eat, and even if she remembered, she would have no way of figuring out how to feed herself. We try to feed her four small, high-calorie meals a day, but we never really can tell what she wants to eat that day. A PB&J might have been her favorite on a Tuesday, but we never really can tell what she’s willing to eat that day.

Interestingly – having temporarily divorced oneself from the emotion of it – we have to feed her to get her to eat. We try to feed her four small, high-calorie meals a day, but we never really can tell what she wants to eat that day. A PB&J might have been her favorite on a Tuesday, but we never really can tell what she’s willing to eat that day.

It’s the same with words. “Here’s some yogurt, mom,” I say. “No, no more yogurt.” But she also cannot eat. She forgets to eat, and even if she remembered, she would have no way of figuring out how to feed herself. We try to feed her four small, high-calorie meals a day, but we never really can tell what she wants to eat that day. A PB&J might have been her favorite on a Tuesday, but we never really can tell what she’s willing to eat that day.

She has to tilt her head up to eat, to drink, and it gives her posture. When I want to look her in the eye, I have to crouch down and look up. She is profoundly kyphotic, her shoulders hunched forward, her head now looking perpetually down at the floor.

There is a terrible bruise on her shoulder. And yet her body is so exhausted, so taxed, she slept right through it.

She cannot relax.

She cannot rest.

But most of the time she doesn’t remember me. I don’t seem to bother her, this strange woman who hovers around, trying to encourage her to eat. But I’m not her daughter.

I live with the terror that she will die in her sleep one of these nights, and then I live with the nauseating guilt of wondering if that might be the most merciful outcome of all.

And, of course, what is a ghost but the memory of someone we have loved and lost? My mother is gone. But my mother is here.

She is smaller than I have ever known her to be in my life. In the most literal sense, my mother is becoming a ghost because she is dying in front of us.

Every once in a while she calls out, “Martha?” And I call back, immediately, “I’m here, Mom.” But she can’t process the words she hears, and within a moment the thought that called to me is gone, and the wandering continues.

She frets over my brothers – but not my brothers as they are now, adults with lives and families long separated from her. She worries over her babies, her little boys.

She knows my dad. But her memory of him is different. She knows his name is Robert. But I don’t know if she equates “Robert” with “husband.”

Instead, she knows him. He sits in his recliner in the corner of the living room, reading a book. She wanders over to him, and we reach out her hand. And he puts the book down and she sits, and she sits across his lap in the big, overstuffed chair.

And then she sighs, and rests her head on his shoulder, and he rubs her back. And she closes her eyes.

And finally, finally, for however long it lasts, my poor ghost of a mother feels safe enough to rest in peace.

Women At A Window,” Caspar David Friedrich, 1822.

Published with consent by author. Original post at: https://acanticleforlazarus.com/2021/12/01/the-ghost/
To Face Storms on the Horizon

A sestina for healthcare providers by Alex Butler

The courage swells in a corporal tide to
Breathe the brunt of another crushing wave, to face
The dark mountainous clouds that swirl in the storms
Of the mutations. In every cough, on
Every labored breath, we are reminded of the
Duties we uphold as providers, even as the horizon
Seems far and unreal. But we push for it, this horizon,
Because we know its warmth will bring comfort to
Those we’ve been fighting for; the sick, the
Troubled, the ones who are in need. Our faces
With indents from the grips of our masks, some verging on
Permanency. Still, we shoulder tools for whatever storm
comes next. Internal, external, or raging storms
That carve our culture will all succumb to a horizon
Which promises hope. Whether to look back on
The mistakes we’ve tripped over or to
Come together, pool our hearts and face
A future as one, we remain steadfast. The
Methods we employ may be different, the
Specific tools used may vary from storm
To storm, but to nurture a safety net in the face
Of confusion – that’s our compass for the horizon
Which lies ahead. Like an orbiting moon to
The surface, it is a constant ebb and flow on
Our minds, using our rituals and routines to push on
And provide the gifts that we pass down. The
Likening of seeds to the earth or bones to
A broth, our fortitude will outlast any storm
And beckon others to follow in our footsteps to the horizon
Even if we must first stumble to recognize our face
As it has been molded, our faces
With indents of the masks verging on permanency. On
The cusp of another wave, on the verge of an evolving horizon,
We soldier on with our vow unbroken, the
Vow that we will never succumb to any storm,
Any tempest, anything we set our minds to.

Photo: Gail B Gall : Thunderstorms over Penobscot Bay
As a nurse and ANA/ANAMASS member, you are committed to providing superior care to your patients. It is your passion, and you invest all of your energy in your work. But who is taking care of you while you take care of others? Through ANA’s Personal Benefits, we are here to help with six important programs that every nurse must consider. ANA has carefully screened partners committed to providing ANA/ANAMASS member nurses with great value, and we make it easy to cover yourself in these critical areas.

Life Insurance

Nurses need to protect themselves and their career by maintaining Professional Liability Insurance. A Quick Medical Malpractice Insurance. Do not assume your employer’s liability insurance will cover you when a lawsuit or claim is filed. Nurses Service Organization (NSO) has a 45+ year history of defending nurses professionals from allegations of medical malpractice and licensing complaints. With over 500,000 nursing professionals insured and 80+ professional nursing association partners, they are the premier administrator of nurse-specific malpractice insurance in the U.S.

We encourage you to explore NSO’s website, review a quick rate quote, and browse the case studies and articles in NSO’s Learning Center. In the Learning Center, you will find NSO’s Video Claim Library. It provides statistical data and in-depth analysis of malpractice and licensing claims, as well as recommendations on how you can avoid potential problems in your practice.

Click here to learn more about NSO Professional Liability Insurance for ANA/ANAMASS Members.

Long Term Life and AD&D Insurance

ANA’s collaboration with Prudential provides exclusive life insurance for ANA/ANAMASS Members. Term Life Insurance can help protect your loved ones in the event you pass away – and your coverage stays in place even if your health or employer changes. AD&D protects you from an accident that results in death or dismemberment. Both products offer competitive and affordable rates for ANA/ANAMASS members with quick and simple access – applying takes about 10 minutes and you can get coverage in as little as 30 days! Products may not be available in all states.

Click here for a 3-minute video explaining Term Life Insurance.

Click here to register and watch a 3-minute webinar on the ANA Life Insurance program.

Long Term Care Insurance

Long Term Care Insurance is increasingly the choice of ANA/ANAMASS Members wanting to protect their hard-earned 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 people 50 years of age and older. It is available to those over 40 years of age, to cover funeral expenses and existing burial costs when you pass.

Through ANA’s partnership with Anchor Health Advisors (AHA), members receive specialized advocate services for these much-needed protections. AHA is a company that, for almost 30 years, has advocated for members, providing, rights advocacy, and claims on behalf of nurses. Our advocates seek the best possible outcomes for claims. They are experts in nursing and product knowledge and can help nurses navigate the claims process. AHA provides claims management, support, and assistance to members who need help with licensing claims, as well as recommendations on how you can avoid potential problems in your practice.

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

Active&Fit Direct

Active&Fit Direct is an exciting new benefit program for ANA/ANAMASS Members and other health care professionals. This program provides an active lifestyle and has over 6,000+ affiliations. Members can take advantage of a variety of programs including clubs, hotels, spas, and studios. The program has 96% overall satisfaction!

For more information about this exciting new program, please visit https://www.activeandfitdirect.com.

Click here to access this great, member-exclusive program.

Travel Discounts

Travel discounts are the #1 requested benefit program from ANA/ANAMASS Members. We have partnered with BookingCommunity to offer members a room-rate discount that are up to 70% – lower rates than you will find at any online travel or hotel website. ANA/ANAMASS members get access to deals that are only available to the public, at over 80,000 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.

Student Loans

Through ANA’s partnership with Anchor Health Advisors (AHA), members receive specialized advocate services for these much-needed protections. AHA is a company that, for almost 30 years, has advocated for members, providing, rights advocacy, and claims on behalf of nurses. Our advocates seek the best possible outcomes for claims. They are experts in nursing and product knowledge and can help nurses navigate the claims process.

About Prudential Financial

Prudential Financial, Inc. (NYSE: PRU), a financial services company with operations in the businesses of insurance, investment management, and individual and institutional capital markets. Founded in 1875, Prudential has been a leader in financial services for more than a century. For more information, please visit news.prudential.com.

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 loan and the program may change (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.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.

Click here to watch "Student Debt 101 and ANA Resources." prudential.com

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Clinical Care Coordinator Nurse (full-time)
This nurse works closely with all departments to prevent the spread of infectious disease and is responsible for leading wound care and prevention programs. This is a leadership role which develops, coordinates, and monitors the wound care program, and monitors and works to improve clinical outcomes.

Must be licensed RN or LPN in Massachusetts and have Wound Care and Infection Control certification or be willing to get certified.

Weekend Nurse Supervisor
As a member of the nursing leadership team, the weekend nurse supervisor provides day-to-day supervision of department-wide activities on the assigned shifts in order to maintain a uniform standard of care and performance throughout all shifts and to assure the safety of residents and staff. This is a weekend baylor position (9a–7p on Saturday and Sunday).

Nurse Manager (full–time)
We seek a seasoned dynamic Nursing leader to manage a 48 bed skilled nursing long term care unit. This position is part of the nursing leadership team which collectively is responsible for all operational and clinical aspects of nursing care for totally disabled adults with progressive neurological conditions. Requirements include three to five years of progressively responsible management roles with demonstrated leadership and communication skills within an interdisciplinary team environment.

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