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president’s message

Lynne Hancock
DNP, RN, NE-BC



The last few months have been very busy for ANAMASS as we began to emerge from conducting business virtually. ANAMASS honored and recognized nurses from across the Commonwealth from various practice settings for their positive impact during the April 8th Annual Gala, which over 200 ANAMASS members and guests attended. Congratulations again to all the award recipients. It was also very memorable to have past-president Julie Cronin, DNP, RN, OCN, NE-BC, present Governor Baker with the ANAMASS’s 2021-2022 Friend of Nursing Award. ANA Massachusetts gave Governor Baker this award for his support of nurses and nursing practice. Over the past few years, he has signed the Act Promoting a Resilient Health Care System that Puts Patients First and granted nurse anesthetists, NPs, and psychiatric nurse mental health clinical specialists Full Practice Authority into law.

Then in May, there was the Red Sox Nurses Night at Fenway Park, a sold-out fundraiser for ANAMASS. Silda Melo, BSN, RN, president-elect, represented ANAMASS in the pre-game field event.

On June 9, Silda Melo, Gabriella Louis, BSN, RN, new graduate board member, Mary Grant, MSN, RN, member Health Policy Committee, Cammie Townsend, DNP, MS/

MBA, RN, and I joined about 300 RNs in Washington, DC for American Nurses Association (ANA) Hill Day to advocate for the following federal legislation:

- Improving Seniors’ Timely Access to Care Act (3018/H.R. 3173)
- Full practice authority for Advanced Practice Registered Nurses (APRNs)
- Valuing the Nursing Workforce – Workplace Violence Prevention for Health Care and Social Service Workers Act (4182/H.R. 1195)

The 2022 Membership Assembly meeting, the governing and voting body of the ANA, followed on June 10th and 11th. During the awards ceremony, Karen Daley, PhD, RN, FAAN, ANAMASS member, and past president, received the 2022 President’s Award for her efforts that led to the creation of the current ANA Enterprise (ANA, ANCC, and ANF) when she was the president of ANA (2010-2014), and for her contributions as a member of the National Commission to Address Racism in Nursing. Also, Anne P. Manton, Ph.D., RN, FAEN, FAANH, was honored as one of the 2022 inductees into the ANA Hall of Fame for her many contributions to the profession. Congratulations to both ANAMASS RNs!

On the evening of June 23, ANAMASS hosted a president’s round table, including a dozen or so presidents from other MA professional nursing organizations. Topics of discussion included: the National Commission to Address Racism in Nursing Report,

President’s Message continued on page 2

editor’s message

Nursing does not exist in a vacuum. Nurses, as part of the healthcare system, have always been influenced by the community. We’re molded by our society, outcomes of a very busy, ever-changing, and sometimes tumultuous environment. The current nursing workforce is not immune to the troubles of the world we live in. Regardless of political leaning, religious anchoring, economic situation, family structure, nurses provide care in an evolving environment much like those who came before. As WWI and II, the Great Depression, and Civil Rights Acts have shaped practice, so too have recent economic downturns, the War in the Ukraine, Supreme Court rulings, social unrest, and the COVID pandemic. It may look different, but nursing will survive.



Judy L. Sheehan

In the early 80s, while preparing for my master’s degree, I reviewed the American Journal of Nursing publications from 1913 to 1982. I noticed the impacts deriving from economic crises, military action and health emergencies and how, under duress, the nursing profession evolved. As a group, we are under tremendous pressure and face many new challenges today. 2022 feels like a year unlike any other. But our core values remain. It is imperative that not only do we identify our stressors and challenges, but we consciously acknowledge our own health and well-being. We must remember we are not in a vacuum. Only then can we begin to chart our future with clear intent and direction. The *Massachusetts Report on Nursing* is a great place to start the discussions, share ideas, and be part of a community.

In this issue you will find a first-person article about providing care to refugees in Moldova as well as a compilation of opinions from nurses around the Commonwealth regarding issues impacting nursing today. You will also see a “Food for Thought” segment, now included in every issue. It is intended to provide a starting point for discussion, sharing of ideas and debate within the nursing community.

Regards, Judy

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A Personal Experience with the ANA's Mentorship Program

Janet Ross, MS, RN, PMHCNS-BC
Janet.ross@verizon.net

Some may recall that I conducted a couple of interviews with nurses who participated in the ANA Mentorship Program and wrote about these interviews in this newsletter. This year I decided to dive in myself and sign up to be a mentor for another nurse. One of the first things that fascinated me is that the questionnaire used to match pairs did not have a question about my specialty area of practice. This was deliberate, as those organizing the program believed that specialty was not an important factor in partnering mentors to mentees. In fact, it could have the potential for decreasing the value of the experience by limiting mentees' opportunities for expanding their vision for possible career growth. In the case of the mentor, it might limit how they could be most helpful, by focusing on their proficiency in the specialty. I was paired with a nurse who worked in medical settings and had some addictions treatment experience as well. My background is in psychiatric/mental health nursing and we discussed nursing as a whole profession without getting very specialized.

I began my journey as a new mentor feeling rather inadequate to the task, which I expect is a common occurrence. My mentee shared in her introductory message that she had been grappling with bullying and racism. As a white person I felt that I had nothing to offer her, since I did not have her experience as a person of color. I endeavored to listen carefully to her experiences as a second career nurse and try to draw upon what I had learned after working in increasingly diverse work environments. When I felt brave enough to

mention it, I learned it wasn't an issue for her at all! My mentee felt undervalued given that she had previously run her own business and had attained an MBA degree prior to entering nursing. She felt that many of her early co-workers had closed their minds to innovation and evidence-based inquiry. She was so discouraged that she was considering leaving the profession. I told her that my goal for our relationship would be to keep her in the nursing profession. No matter what anyone else had told her, I knew that we would be able to find her a niche in this profession which has always provided me with room to grow and change.

One of the things I needed to be open about was the pressure my mentee was under, and how difficult it was for her to work multiple contract jobs and off shifts. She was not always able to meet as we had planned but she was very open to meeting if I could be flexible about rescheduling appointments. She was considering taking a job in addictions nursing and I was able to connect her with a colleague for an informational interview. She learned from the experience that this wasn't the direction she wanted to go in after all. As I got to know her better, I encouraged her to follow her own instincts in order to prevent over-extending herself. She made healthy choices to balance her work, health, and family time. I certainly wasn't as good at doing that earlier in my career, so I told her how impressed I have been by her ability to set limits and go with her gut. I'm happy to report that my mentee has now found a position at a hospital working on a surgical unit where she feels respected and valued and she's looking forward to all the learning and growing that she will be able to do in this practice setting. We have agreed to stay in touch with one another, though not as frequently as we did while we were in the program.

I look forward to continuing my involvement in the ANA Mentorship Program and I encourage anyone who reads this to strongly consider getting involved for the first time, or perhaps try again if your first experience didn't work out as you hoped.

President's Message continued from page 1

the current nursing shortage, an update from Andrea Bresnahan, DNP, RN, executive director of MA Nursing Council on Workforce Sustainability, and how our organizations could better partner to address nursing and healthcare issues in the Commonwealth.

As I reflect on these events over the last few months, I remain optimistic for I have gained a broader perspective of nursing by listening to others and their varied experiences. It has affirmed that nurses possess the power to overcome any challenge as a collective voice. I invite you to become more involved so you may also appreciate the endless possibilities for our profession.



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’s message

Cammie Townsend, DNP, MS/MBA, RN

A Call to Action:
As I look at my personal, ANAMASS, and FNAMA social media feeds lately, what I am seeing is dismay, anger, and grief at what is currently occurring in our communities and across our country. It seems like there are more mass shootings by individuals for whom our mental health system has failed. That young men and women of color have been shot without national media attention; as a nation we continue a 300-year legacy of devaluing individual lives because of the color of their skin. Despite years of advocacy, the clock seems to be running in reverse on women’s rights, gender equalities, and the resolution of health care disparities. And as a profession, we continue to perpetrate and witness violence against our colleagues, whether in the form of verbal, psychological or physical acts.
To anyone who posted on social media in the past three months who say: “I can’t believe it” or “It just makes me sick” or “you just can’t fight it” – I challenge

you to take action. Action is what will make a difference in your life, your patient’s lives, and in our profession.

1. JOIN your professional association. ANA/ANAMASS are working tirelessly on behalf of our membership to advocate on issues of importance to nursing. Together, we represent over four million RN’s. The first step is becoming a member!
2. PARTICIPATE in your professional association. You have an issue you want addressed, you need to be a member and SPEAK UP! We have great resources to assist you in grassroots advocacy and together, we can make a difference on matters of importance to you and to nursing!
3. Become an ADVOCATE for the issues that are of importance to you and to nursing! Research the issue, write/email/call your state and federal legislators your opinion. Tell them why they should take a certain position on a topic, and share your story as a nurse, and any potential ideas or solutions you might have. If you’ve experienced violence at work, share it – and what

was done right and what was done wrong in how it was handled, what could have prevented it. What kind of financial and other supports do you think are necessary to increase the diversity of the healthcare workforce across the spectrum (ie not just at the entry level)? ANA/ANAMASS need MEMBERS to help drive POLICY to MOVE our agenda FORWARD.

So, the next time you feel like posting a response on social media, post a challenge instead. “I’m joining ANA/ANAMASS and taking action on this issue. What are you going to do?”

A shout out to the ANAMASS health policy committee which has worked hard this past legislative session to advocate on many different topics. Copies of our Legislative Agenda and testimony can be found by clicking [here](#).

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Caring for the Ukrainian Refugees in Moldova

A First-Person Account by Trish Bowe, a member of ANA Massachusetts



Trish Bowe and Crina the Interpreter

June 2022 provided the opportunity to satisfy my wanderlust which COVID had stifled. CERT (Christian Emergency Relief Teams), a small not-for-profit in Crossville, TN, put out a plea for those interested in going to Moldova/Ukraine after the invasion of Ukraine to provide health care primarily to those fleeing war-torn areas. As I had been to Ukraine with CERT in Sept 2019, I jumped at the opportunity to return.

We arrived in Bucharest a few days before the group for a brief adventure. Along with a nurse friend, Mary Beth, off we went on a three-legged plane trip (PHL->BOS->AMS->OTP) to begin our 2 ½ week adventure. A day trip to Transylvania allowed exploration of both Bran and Peles Castles, time wandering about Bucharest, and a half day at Therme, an excellent spa, and we were then off to meet the group.

The group consisted of seven Americans and one Romanian partner. Chisinau, Moldova, was to be our base of operation. As Moldova shares a border with Russia, it was designated a no-fly zone, so we would need to travel by van from Bucharest to Chisinau. Google maps inform the curious that this would be a six-hour trip, but they fail to include an algorithm needed to account for the border crossing. After many looks at our passports, looks in the van, taking our passports, and much waiting,



Bunkers and hedgehogs on the road into Odessa

we were finally given the ok to cross – three hours later. Fortunately, we were not the trucks from Ukraine trying to cross the other direction as they had up to two-week waits. Miles and miles of trucks to be seen pulled to the side of the roads awaiting their turns.

Chisinau, the capital of Moldova, is a large, clean city with a population of slightly over 500,000. We held daily clinics in various settings throughout the metro area with a one-night trip to Cahul, a city in southern Moldova with many vineyards. A campsite, complete with pool and zip line, simultaneously had a camp for disabled adults; churches that had given up all available space to house those fleeing the war; and others who were members of different congregations with Ukrainians staying in their homes with them.

While providing basic health care, it quickly became apparent that the genuine need was to be compassionate and present for those in such a traumatic situation. We were meeting mothers and grandmothers and children with fathers and sons left behind fighting while not knowing what the future would bring brought out tears but also showed the strength and resilience of people. It also emphasized the importance of being present—sitting with them, listening to their story, and providing a safe place to cry and process. Many people thanked us for being there and said they felt supported while asking, "why are they invading us? What did we do?"

The opportunity arose to go to Odessa for a day. We went with our van packed with humanitarian and wound care/medical supplies. Again, another border crossing of much passport checking was conducted by military members armed with automatic weapons and surrounded by bunkers. The road to Odessa was



A family- grandmother, mom and sons aged 13 and 11. The mom gave me a big hug for listening to her and came back with a bracelet she made of the Ukrainian flag colors to thank me for being there and being supportive. Her husband remained behind in Nikolaev to fight

a glimpse into how the Ukrainian world had changed. Sandbags and bunkers, hand-built sniper perches, trenches in farmers' fields, and the plethora of "hedgehogs" strategically placed to prevent tanks from being able to get through. While we were fortunate not to experience any actual bombings, somebody informed us that they had occurred earlier in the morning; we did witness the devastation as a mall had been the victim of a previous attack. As it was a beautiful day weather-wise, we ventured to Zanzibar Beach on the Black Sea. The beach had hedgehogs lined up and was closed because of land mines. Death due to a landmine a few days prior did not stop a handful of people sunbathing or even one man from playing in the sand with a small child. Downtown Odessa was a conflicted area – some businesses were open and bustling, but the shop next door may have been boarded up. Despite being one of the Black Sea's busiest shipping ports, all was quiet with no ship in sight. Four points of interest were noticed as we drove through Odessa: no money exchanges were buying or selling rubles; most gas stations had no gas; civilians were visibly working alongside the military- all armed with automatic weapons- the military wore uniforms while the civilians wore shorts and t-shirts. Also, no one was harvesting crops as landmines had been placed in fields.

- Random musings:
- cherries were in season and Moldovan cuisine is very creative in using fruit in many desserts
 - 20 lei (Moldovan) = \$1US. \$1US goes a long way in Moldova
 - our interpreters were a wonderful, caring bunch, predominantly high school students, who spoke Romanian, English, and a few also spoke Russian.
 - Moldovans are concerned the war may spread to their country as they really do not have a military to speak of. Sharing a border with Ukraine is unsettling to them
 - there was an interesting photo display in a large park in downtown Chisinau honoring all those who cared for people with covid
 - Chisinau is a contrast of newer architecture and old, Soviet-style buildings
 - The roses in this area are beautiful and plentiful
 - it is incredible to see the resilience of children- adapting to their situation
 - every restaurant we were in Moldova had a cooking show on their TV
 - being able to experience a culture, not as a tourist, is priceless
 - World Central Kitchen indeed provides quality meals to others- witnessed firsthand
 - visit local grocery stores or markets – provides insight into the area
 - Chisinau is full of honeysuckle trees permeating the air



Following a truck, laden with missiles, on the road into Odessa

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Report on the American Nurses Association Membership Assembly - 2022

The 2022 American Nurses Association (ANA) Membership Assembly (MA) was held on June 10 and 11th in Washington DC. Membership is comprised of 200 representatives from ANA’s constituent member organizations (C/SNAs), Individual Member Division, [affiliated organizations](#) (e.g. Oncology Nurses Association), and the ANA Board of Directors. The Assembly’s responsibility is to determine the policies and positions of ANA, and to engage in critical discussions on nursing practice and policy issues.

ANAMASS (a C/SNA) was represented by Gabriella Louis, BSN, RN, new graduate board member, Lynne Hancock, DNP, RN, NE-BC, President, and Cammie Townsend, DNP, MBA/MS, Executive Director, accompanied by alternate Silda Milo, BSN, RN, President-elect. As MA Representatives, we also participated in the election of the next ANA President, along with the Secretary and several Director positions whose terms start in January 2023.

The policy discussions included ANA’s racial reckoning statement, addressing verbal and physical workplace violence, the impact of climate change on health, and nurse staffing. The vote of the Assembly was unanimous to support ANA’s racial reckoning statement Additional information about this will be released by ANA. The Assembly also voted in support of a zero-tolerance policy for verbal abuse and violence in all practice environments as well as for ANA to update its policy to address the impact of climate change on individual and population health. The most robust discussion involved making changes to ANA’s position on nurse staffing. This was in response to long-standing nurse staffing issues exacerbated by the challenges of COVID-19, the aging workforce, and workplace conditions.

ANAMASS representatives Cammie and Gabby voiced ANAMASS’s opposition to using the term “ratio.” Cammie shared our state’s experience with the 2018 ballot initiative for legislatively mandated nurse patient ratios, which was opposed by 70% of voters. Cammie and Gabby also spoke about the effect the debated policy changes would have on other current ANAMASS supported



Membership Assembly Award Recipient ANA President Ernest Grant with Karen Daley, ANA Massachusetts member and former ANA President

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MA legislation under consideration, including violence against nurses, participation in the Nurse Licensure Compact, and [H.2339, An Act establishing A Commission On Quality Patient Outcomes And Professional Nursing Practice](#). After some additional discussion, Silda and Gabby collaborated and put forth an amendment to the wording of the policy. Gabby made the motion to amend the statement, seconded by Cammie. To support the language change, Gabby shared a clinical situation in which clinical judgment about appropriate assignments for three nurses with varied levels of experience was necessary. Because of Gabby’s advocacy, the ANA Safe Staffing position statement includes the need to take into account the patient’s acuity, practice setting, and nursing assessment. It was a phenomenal moment for us to experience when such a critical amendment put forth by our new graduate director passed and will influence ANA’s policy direction for the next year!

What is next? ANA plans to engage with C/SNAs and nurse specialty professional associations to establish evidence-based standards that will include consideration of acuity, practice setting, and nursing assessment. Staffing standards developed by specialty nurse organizations align with the recommendations put forth by the [National Nurse Staffing Think Tank](#).

Comments by our representatives:

Lynne

As I watch Gabby put forth the amendment to the nurse staffing policy statement and the real-time tally



ANA Massachusetts attendees at ANA Membership Assembly: Cammie Townsend, Lynn Hancock, Silda Melo and Gabriella Louis

of the votes up on the screen show that the amendment passed, it was a very powerful moment – it only takes one brave voice to make a difference.

Cammie

Being a Commissioner on the Commission to End Racism in Nursing has been a personal and professional journey of exploring and acknowledging the effects of racism on our profession and actively taking steps to not only stop it but also remove it from our lexicon. Meeting the other commissioners IRL we felt an immediate human connection and bond from our journey together, and it gave me renewed hope and energy toward the goal of ending racism in nursing.

Gabby

Joining the ANA as a new graduate board member this year, afforded me the opportunity to listen and learn so much about why it is important to be involved in nursing policy. Attending the Membership assembly this year was life-changing. I was given the opportunity to stand up and put forth an amendment with the support of Silda, Cammie, and Lynne. Advocating for the profession of nursing is the priority of each and every one of us and I am so grateful I had the opportunity to do so this year.

Silda

As president-elect of ANAMASS, attending membership assembly gave me the opportunity to meet nurses from all over the country. Nurses who share our passion for effecting excellent patient care and improving the conditions under which we work. It was re-invigorating to see and hear how nurses in all practice settings, professional stages, and with differing points of view can share the same mission and vision for healthcare in the United States.

I joined the ANAMASS Board of Directors as a New Graduate member myself, with the goal of promoting increased organization participation from our younger or novice nurses. As I watched Gabby work up the courage to stand at the microphone in a room with over 250 nursing leaders, I felt proud that a new graduate from our very own Massachusetts felt comfortable and welcome enough to voice her opinion. It felt like I was meeting one of my personal ANAMASS goals.

I look forward to representing the voice of nursing in our Commonwealth, aligning ANAMASS priorities with those of ANA, where applicable, to better meet the needs of our members and patients.

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It Was a Beautiful Day for Nurses

R. Gino Chisari, RN, NPD-BC, DNP
President, Foundation for Nursing Advancement in Massachusetts

Friday, May 6 was a beautiful spring day. The sky was clear with the gentle warming of the sun and that delightful morning coolness that makes the air seem fresh and new. It was perfect weather for the start of Nurses Week and the launch of the Foundation for Nursing Advancement in Massachusetts’ (FNAMA) inaugural forum, *Moving from Surviving to Thriving: Resetting, Recentering, Restoring Ourselves*. Our teacher, facilitator and coach for the day was Dr. Ethan Lester. Dr. Lester is a clinical psychologist at Massachusetts General Hospital, an Assistant Professor at Harvard Medical School, and the assistant director of clinical services for the Center for Health Outcomes and Interdisciplinary Research. We were led to Dr. Lester because of his experience and specialized training in treating and researching neurological illnesses through cognitive-behavioral and behavioral medicine interventions. Dr. Lester sees staff wellness and resilience as the single most important healthcare initiative in the coming year as unprecedented numbers of medical professionals are re-examining their work lives and relationships with their profession.

With over 125 nurses in attendance, Dr. Lester escorted us through a series of engaging, interactive, and powerful modules. Each module had a core theme: coping with stress and emotions, adjusting to new roles and responsibilities, interpersonal relationships at work, defining the values of our work, and most important among them, why we became nurses. Using evidence from the literature, data from his own research, creative table-top exercises, and his wonderful sense of authenticity and presence, the atmosphere in the room quickly achieved and sustained a high degree of energy that lasted until end of the forum at 3:00 pm.

The day's success was due to the unique way the attendees and facilitator came into a trusting relationship and shared an intimate space that allowed for an amazing discussion. The sense in the room was that of hope - hope that together we will lift each other up and together as nurses we will overcome any challenge with grit, grace, and dignity.

This forum was designed as a special gift to the nurses of Massachusetts to say thank you for all you do in your professional lives and for the role you often play as a caregiver within your social networks and families. There are so many more of our colleagues across the Commonwealth in need of, and deserving of, this gift as well. Many of our colleagues often find themselves without supplies, resources, sufficient staffing, and operational systems that create barriers to providing safe patient care. Many of our colleagues who tend to the frailest among us in long-term care settings, in mental setting settings, in substance use counseling, schools, and all places where a nurse practices our noble craft also deserve a thank you and our collective gratitude.

The FNAMA board of directors expresses its sincerest appreciation for all you do and asks that you help us be able to continue offering additional forums across the state by making a financial contribution to the FNAMA today. The health of our profession is

up to us to care for, protect, and nurture. Please do your part with a gift of any size by going to www.fnama.org. You may also choose to step forward and join a committee - we would love to have you join us as we advance nursing in Massachusetts.

The day would not have been possible without the generous contributions of our sponsors. Please help me thank Blue Cross Blue Shield of Massachusetts, Massachusetts Association of Health Plans, and the Departments of Nursing at Massachusetts General Hospital and Brigham & Women’s Hospital. To all our sponsors and exhibitors, the FNAMA board of directors is eternally grateful.



Brian French, Ethan Lester, Gino Gino Chisari



It was a beautiful day speaker Ethan Lester

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An interview with: Anne P. Manton PhD, RN, FAEN, FAANH, FAAN

by Inge B. Corless

First of all, Congratulations on your storied career, Dr. Manton. Your focus has been Emergency Nursing and Behavioral Health. Tell us about your career in Emergency Nursing.

Anne P. Manton:

In my role as a clinical staff nurse, I was frequently floated to the emergency department. I came to like it more and more each time I was there, so when a position became available, I applied. I’ve never regretted it! That was in the 1970’s. Since then, I’ve held many roles within emergency nursing and in a variety of facilities. Clinical practice in emergency nursing has been so important to me that even when employed as a full-time faculty member, I happily worked per diem as an emergency nurse. It was in that role in the nineties that I realized that many emergency patients were seeking mental health care. I also realized that my own knowledge was lacking in that area. In order to provide good care to these patients, I began to take courses to increase my knowledge. I became more and more interested in the care of mental health patients and ultimately at the age of 63, became a board-certified psychiatric-mental health nurse practitioner. My last position prior to retirement was as a psychiatric-mental health nurse practitioner (per diem) in the emergency department.



Anne P. Manton
PhD, RN, FAEN,
FAANH, FAAN

Congratulations on pursuing further courses to increase your knowledge in Behavioral Health. Please inform us about your work in this area.

Anne P. Manton:

As I mentioned, for most of my career my work had almost nothing to do with behavioral health patients. Medical-surgical nursing with a focus on emergency care was what I considered to be my area of interest and expertise. After achieving my certification as a Psychiatric Nurse Practitioner-Board Certified (PMHNP-BC), I retired from academia after nearly 30 years. I moved to Cape Cod where I accepted a position as a PMHNP primarily in a “walk-in” psychiatric clinic, but also spent some time working with patients in the “partial hospitalization” program. It is a day program to provide structure, medication management, and therapy to behavioral health patients. I also saw patients by appointment for therapy and medication management one day per week. Eventually the “walk-in” psychiatric clinic was closed, and those services moved officially to the emergency department. I found the role of psychiatric nurse practitioner to be the perfect blending of my previous roles as an emergency clinical nurse, a teacher, a mentor, and as a psychiatric-mental health nurse practitioner.

What were the challenges you confronted as Editor-in-Chief of the Journal of Emergency Nursing?

Anne P. Manton:

I had worked a little as a nurse-editor for Western Schools (a publisher of continuing education for nurses) and knowing this, a member of the Emergency Nurses Association (ENA) Board of Directors asked me to serve as the “interim” Editor-in-Chief for the Journal of Emergency Nursing. There was a very steep learning curve. Probably the most challenging was the entire publishing system from learning the computer system, managing the initial submission of articles, assigning reviewers, addressing timely reviews, and making publication decisions. In addition, the Editorial Board was upset about issues that preceded my appointment and some members were considering resigning. I had a responsibility to address issues outside of the usual publication processes. I was most fortunate that the managing editor was a knowledgeable long-term employee who was incredibly helpful. My “interim” position became a permanent position as Editor-in-Chief of the Journal of Emergency Nursing; a position I held for five years, regretfully resigning due to health issues.

You served as President of the Emergency Nurses Association. What were your goals and achievements in this role?

Anne P. Manton:

It was truly an honor to serve as the national President of the Emergency Nurses Association. When I became President-elect, I had a number of goals but as I assumed the office of President, the Executive Director told me he had accepted another position and would be leaving. My first goal then became to hire a well-qualified Executive Director. My major goal for the Association was to look at ways that future growth and development could meet the needs of current members and attract new members. In addition, an important goal was to increase the power of ENA’s voice on issues of importance to nursing in general and emergency nursing in particular. One of the approaches I took was to create focused member groups called “Vision Councils.” Examples of the work of Vision Councils included future thinking and developing creative approaches to meeting organizational needs in areas such as research, education, membership, and organizational structure. The work of the Vision Councils served as the foundation to a project named “Creating Our Preferred Future.” The outcome of this work became incorporated in ENA’s strategic plan. Another goal I had for my Presidency was to develop collaborative relationships with and between other nursing organizations. I was given this opportunity when I was elected to be the co-chair of an entity that was called the Nursing Organizations Liaison Forum (NOLF).

Among your many honors are: Fellow, Academy of Emergency Nursing; Fellow, American Academy of Nursing; Living Legend Award, ANA, Massachusetts; Emergency Nursing Hall of Fame; 2015 Distinguished Alumni-University of Rhode Island; and ANA Hall of Fame-May 19, 2022. Am I missing anything?

Anne P. Manton:

I have been honored and blessed in many ways over the course of my career by receiving recognition for my work. You’ve captured most of these honors, but

there are a few others that are meaningful to me. For four years I served as the ANA Consultant (liaison) to the National Student Nurses Association (NSNA). I found this role both rewarding and challenging and a unique opportunity to mentor nursing’s future leaders. Most of my time was spent with student nurses who had been elected to the NSNA Board of Directors but did not possess leadership experience. At the conclusion of my four years, I was thrilled to be named an Honorary Lifetime Member of the National Student Nurses Association. Another award I received that has special meaning to me is the Gail P. Lenehan Advocacy Award which is in recognition of my advocacy for nurses’ welfare and well-being. Lastly, an award that is considered the most important award given by the Emergency Nurses Association is the Judith Kelleher Award, named for one of the co-founders of the organization. It is given for significant contributions that have affected the profession in one’s community, region, or country. As I noted at the Hall of Fame induction ceremony, none of these recognitions (nor the work that led to them) would have been possible without the unquestioning support of my husband and three children and the many amazing, excellent colleagues and mentors I’ve been fortunate to have had throughout my career.

What is your favorite memory of being a nurse?

Anne P. Manton:

I’ve had so many wonderful memories of being a nurse it’s impossible to select just one. Those favorite memories mostly have to do with me, Anne Manton the nurse, giving direct patient care. There’s incredible satisfaction in delivering good nursing care to patients and families. While I have loved so many of my other roles in nursing, it’s patient care that has given me the most satisfaction. On my last day as a psychiatric nurse practitioner in the emergency department, even though I had looked forward to retirement, tears rolled down my cheeks as I walked to the car. The idea that I would never again provide nursing care to patients was overwhelming. I miss it still.

What advice do you have for the members of ANA-Massachusetts?

Anne P. Manton:

I realize that there are times that belonging to ANA-Massachusetts and paying your dues is all you can do – so please do at least that! Membership numbers and money from dues are important for ANA-MA and ANA to carry out their missions. But if you can do more by being active in any number of ways, I encourage (urge) you to do that. Nursing as a profession needs your voice. Sometimes that’s easiest through an organization such as ANA-MA where we can join with others to accomplish goals. It’s a win-win for you as well. The sense of accomplishment is amazing and the colleagues you’ll meet will enrich your life. Some of my other advice is to be active in your place of employment. Join committees (or initiate them), look for opportunities to influence practice in your setting. Be a mentor! So many young, or not so young, nurses need mentoring. It doesn’t need to be a formal arrangement, often it just means taking an interest in another nurse (or student) and sharing information, feedback, ideas. etc. Be open to new challenges. Consider what interests you and pursue it. Look for opportunities and seize them when they materialize. A caveat though is if you accept a challenge, an opportunity, a leadership role, a committee appointment, or other responsibility is to do your best to meet all the expectations of the role you’ve accepted. Final words: SHOW UP!

Inge B. Corless

Thank you so much, Dr. Manton. You have touched upon so many roles that our ANAMASS members play and have inspired us all with how, whatever role you have assumed, you have done so with passion and applied imagination and rigor to moving the field of nursing forward. We are In your debt.

15” Ads
OPEN

Nurses have been the backbone for this pandemic.

You are not just living through history; you are making history.

A Presentation sponsored by the Nursing Archives Associates of the Howard Gotlieb Archival Research Center with the Honorable Judith M. Persichilli, RN, BSN, MA

The Nursing Archives Associates (NAA) held their annual meeting and presentation remotely this spring. This year’s guest speaker was Honorable Judith Persichilli, RN, BSN, MA, New Jersey Commissioner of Health who shared her experiences managing the statewide response to the COVID-19 epidemic. Sarah Pasternack, NAA president, introduced the Commissioner and board member Dr. Judith Beal moderated the question-and-answer period.

New Jersey is the most densely populated state. Commissioner Persichilli described how statewide initiatives met pandemic challenges such as the impact of the epidemic on nurses, nursing leadership and inclusivity in serving diverse populations. Persichilli recalled previous virulent diseases including the epidemics of influenza in 1918, polio in 1952, and the 2014 Ebola scourge in Africa.

The NJ Department of Health promptly responded to COVID-19’s rapid and forceful impact. Temporary ICUs and testing tents were set up. The Army Corps of Engineers assembled three medical centers. Unused hospital wings and cafeterias opened for direct care. Call centers were organized. Retired nurses and physicians promptly volunteered. Personal protective equipment was scarce. Advanced Practice Nurses were able to work to the full extent of their licenses.

People throughout the state continued to have babies, experience common, but often serious health care



**Honorable
Judith M. Persichilli,
RN, BSN, MA**

challenges, enter hospice, and dwell in long term care facilities. All this needed to be managed in spite of the pandemic.

Persichilli applied the nursing process (assessment, diagnosis, outcome/plan, implementation, and evaluation) to manage the Health Department’s response to the pandemic.

In communities, school nurses, emergency managers, and local police were all part of response teams. Methods to reach everyone included contact tracing, call centers, and mobile units. Two areas of concentrated action were the development of the COVID Community Corps to address needs of communities of color and supporting long term care facilities where more than seven thousand people had died within the first two months of the epidemic. Data science and vigilance, dynamic reporting, partnerships, surge planning and capacity were integral components in containing the pandemic.

Health department actions:

- Teams formed to address technology, registration, appointments, and scheduling follow up vaccinations.
- Specific population plans for vulnerable populations including the homeless, migrant workers, group homes, and tribal members.
- Community teams reached out to those without transportation, low English language proficiency, and/or lack trust in government authorities.

Key Lessons in NJ: Bring Out the Best

- Collaboration with police, local health departments, and emergency management
- Necessity of setting goals
- Data science and vigilance to know where to focus
- Testing ability

- Vaccination sites
- Dynamic reporting: best known info at any time.
- Value of community and stakeholders in creating partnerships, surge planning and clinical capacity.
- Value of call centers and retail pharmacy participation.
- Impact of ambassador program to provide those with elevated risks access to vaccinations

The new normal is the need to be able to adjust and pivot

Nursing leadership:

Persichilli stayed close to NJ nurses and devised professional advisory committees with MDs and RNs meeting twice weekly over two years to make recommendations based on how the epidemic effected the nursing workforce, to create policies for allocating scant resources and to ensure that the voices of nurses were heard at the table.

Political action:

When asked how to encourage more nurses to enter politics, Persichilli advocated that 150,000 RNs in NJ stand up and be counted. She has been a mentor to many nurses, encouraging them to be passionate about their careers.

Referring to her career, the Commissioner said,“ I went from one patient at a time, then helped hospitals, then systems over hospitals, then to the 9.3 million in NJ, and am very passionate about it.”

Reported by Gail B Gall, PhD, RN



ANA Mass Hosts Successful Webinar about the Role and Challenges of Public Health and School Health Nursing

Kate Duckworth

On May 5th, 2022, the ANA Massachusetts Membership Engagement Committee hosted an informative webinar titled *"Commonwealth Challenges: Conversations Between Public Health and School Nurses."* The well-attended event, offered 1.5 contact hours, featured Ruth Mori, MSN, RN, Public Health Nurse and School Nurse Leader for the Town of Wayland and President of the Massachusetts Association of Public Health Nurses; Maria Antonuccio, MSN, RN, Director of Health Services, Dedham Public Schools; and Jessica Tracy, MSN, RN, Public Health Nurse, Town of Dedham. ANA Mass member Kate Duckworth, MSN, RN, a School Nurse in the Town of Dedham, moderated the panel discussion.

The webinar's goal was to educate all nurses on the critical role of Public Health (PH) and School Health (SH) Nurses. The program highlighted the complex nature of the job, the value they bring to the nursing profession, and the population they serve. It identified how the Covid-19 pandemic impacted their work and communities.

The panelists shared that Public Health Nursing differs from inpatient and ambulatory nursing. PH and SH nurses assess not just a patient but an entire community, identifying needs and developing smart interventions to improve the health of a population. They expanded upon the multifaceted nature of the role related to working within a non-health structure and managing many programs such as disease surveillance, health screenings, vaccinations, and emergency response with limited time and resources. In the school setting, many students with complex health needs such as diabetes, asthma, cardiac disease, and seizure disorders require school nurses to stay abreast of pediatric updates and hone their skills while managing busy health offices and screening programs.

The Covid-19 pandemic stressed these roles immensely and required long-term resilience and collaboration to continue routine operations while managing the explosion of cases that required contact tracing, case management, social support, and staying abreast of frequent policy changes. The panelists described how their town Public Health Departments incorporated School Health Nurses and the Medical Reserve Corps into their contact tracing and large-scale vaccination efforts with remarkable success. Regarding barriers to optimal PH practice, the panelists lamented the priority of pandemic relief funds going to private entities over town public health departments, arguing town public health nurses could have reached their populations more effectively. When asked about a priority of effort as the pandemic wanes, all panelists emphasized the need for major support, funding, and interventions to treat the increase in mental health issues among all ages.

ANA Mass hosts several webinars per year for our members. Do you have a topic you would like to hear more about? Please let us know at info@anamass.org.

Save the date: October 20, 2022

Virtual Zoom Fall Program

Presented by

Massachusetts Regional Caring Science Consortium (MRCSC)
(a Regional Consortium of the Watson Caring Science Institute)

Date: Thursday, October 20, 2022, from 12:00 Noon to 2:00 PM ET.

The MRCSC will offer a free virtual **two-hour Zoom Fall Program** to explore the Theory of Human Caring, transformative Caring Moments, and Micropractices that sustain caring-healing relationships with self and others in health care settings.

The featured speaker will be **Jean Watson, PhD, RN, AHN-BC, FAAN, LL (AAN)**, famed nursing theorist and transformative leader, who will present, ***What's Underneath the Theory of Human Caring and Transpersonal Moments/Micropractices.***

Dr. Watson, Founder/Director of Watson Caring Science Institute, is Distinguished Professor and Dean Emerita, University of Colorado Denver, College of Nursing, Anschutz Medical Center; recipient of 16 Honorary Doctorates worldwide; and awarded the prestigious American Academy of Nursing *Living Legend* in 2013. Dr. Watson has authored/co-authored over 30 books and many journal articles on the philosophy, theory, science and practice of caring, caring research and measurement, and transformative models of healing-caring practice.

Dr. Watson's presentation includes time for discussion and interaction with attendees. The program will also offer self-care mindfulness centering activities.

Nurses and nursing students from every setting and role, as well as other health care providers, are invited to attend.

Nursing Contact Hours will be awarded.

Registration: www.mrcsc.org

Date: Thursday, October 20, 2022

Time: 12:00 Noon to 2:00 pm ET

Fee: None

Please visit the MRCSC (Consortium) website at www.mrcsc.org for the unfolding program details and for registration, which will open on July 18, 2022. **The program has no fee, but registration via the website is required.** Please email Lynne Wagner directly at alynne@mrcsc.org if you have questions.

Regis College

President’s Lecture Series on Health for Fall, 2022

Co-Sponsored with Harvard Pilgrim Health Care, a Point32Health company

Registration begins September 6, 2022

Date: Thursday, October 6, 2022
Title: ***What’s New in 2022? Technology and YOU***
It’s not just the advance of telehealth and wearable devices about which you should know more, but the use of biosensors, electronic medical records, and the use of technology in delivering care. While these advances can better promote well-being, diagnose and treat disease, and manage chronic illness, the potential for abuse and risks exists. Explore positive advances, but listen to experts present both sides of the story.

Contact Hours: 2
Location: Virtual Webinar via Zoom
Time: 6:15 – 8:30 pm
Fee: None
Registration Information: You MUST preregister by noon on October 6, 2022
regiscollege.edu/technologyandyou

4” Ads
OPEN

Date: Wednesday, November 9, 2022
Title: ***“Where Health Care Meets the Humanities”***
As a health care provider, are you able to deliver human-centered care, or is it a distant memory? As a patient, do you feel you receive the kind of care that sees you as a person first, and then a patient? Is a trusting, empathetic, and caring patient-provider relationship even possible in today’s technologically advanced, rapidly changing health care system? In this webinar, you’ll hear what is being done—and what more can be done—to keep the human front and center in healthcare.

Contact Hours: 2
Location: Virtual Webinar via Zoom
Time: 6:15 – 8:30 pm
Fee: None
Registration Information: You MUST preregister by noon on November 9th, 2022

Regiscollege.edu/healthandhumanities

Each activity has been submitted to American Nurses Association Massachusetts for approval to award contact hours. American Nurses Association Massachusetts is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation. For more information regarding contact hours, please [email: presidents.lectureseries@regiscollege.edu](mailto:presidents.lectureseries@regiscollege.edu)

45” Ads
SPECTRUM HEALTH SYSTEMS
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Poetry Corner

- Nurses

Frontline workers

Facing the uncertainty of a changing world

Each day with only a morning cup of something.
- Commuting

Emotional fatigue

Searching for joy amidst the pain that comes in

Knowing what lies ahead in the number crunching.
- Working

Evidence-based practice

Increasing demands, varying resources, new faces

Grounded as caring, a core tenet unites all outlier

bunching.
- Dreaming

Facing uncertainty

Against all odds with a spirit of collaboration and unity

Out of chaos, with love creating a new way of thriving.
- Hearing

My compassion, knowledge

I teach, remind, engage bright minds to open doors

Restructure the Future of Nursing, we are reviving.
- Barbara Belanger

Food for Thought

A former Tennessee nurse convicted in the 2017 death of a patient due to an inadvertent medication swap was sentenced Friday to serve three years probation and will serve no jail time.

The Racism in Nursing Reports: An Overview

Susan LaRocco PhD MBA RN FNAP



Racism in Nursing is a comprehensive series of reports published by the National Commission to Address Racism in Nursing ([National Commission to Address Racism in Nursing](#)). The

Commission, launched in January 2021, was led by the American Nurses Association, the National Black Nurses Association, the National Coalition of Ethnic Minority Nurse Associations, and the National Association of Hispanic Nurses. They began their work by holding listening sessions to collect nurses’ stories. This was followed by a survey of nurses about their experiences and perceptions of racism in their workplace. Findings included: three out of four nurses have witnessed racism in the workplace and 92% of black nurses have personal experience with racism in the workplace. Seventy three percent of Asian nurses and 69% of Hispanic nurses also report experiencing racism in the workplace.

In May 2022, the six reports were published. They are the *History of Racism in Nursing*, *Systemic Racism in a Contemporary Society*, plus one each devoted to racism in education, policy, practice, and research. All the reports, except for the historical perspective, are the result of work groups and supported by content experts. Each report contains an extensive reference list. Two well-known historians (Dominique Tobbell and Patricia D’Antonio) authored the historical report. Collectively, these reports provide the only comprehensive view of racism in nursing that has ever been published. In announcing the publication of the reports, ANA President Ernest Grant encouraged nurses to read them with an open mind and an open heart and with empathy.

Of particular interest is the first and longest report, *The History of Racism in Nursing: A Review of Existing Scholarship*. Topics covered include Nursing’s Origin Story, Racism and War, Nursing and the Era of Enslavement, Nursing and Colonialism in the Indigenous United States, Nursing and American Imperialism Beyond the Continental U.S., Intersections of Imperialism and Racism in Latino Nursing, Imperialist Legacy, and The Limits of Integration and the Need for Activism. In *Nursing’s Origin Story*, the authors provide a more complex description than the oft repeated Nightingale legacy. Mary Seacole, a British-Jamaican woman who went to the Crimea despite her service to soldiers being refused by both Nightingale and the British government, is one of the many Black nurses whose story is rarely told. Mary Elizabeth Carnegie’s book *The Path We Tread: Blacks in Nursing 1854-1984* and Darline Clark Hine’s *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* are both books that tell a more nuanced story of nursing in the US but are one that is little known and seldom presented in the brief history of nursing that students are exposed to in school. Tobbell and D’Antonio do not limit their exploration of racism to the treatment of Black nurses. They include historical information on Native American nurses, focusing on the discrimination that included barring them from many of the first nursing schools, and how colonialism in the Philippines influenced the development of professional nursing in the Philippines.

The second report, *Systemic Racism in a Contemporary Society*, provides a broad context of the intersectionality of social justice and racism and explores the various types of oppression including ideological, institutional, interpersonal, and internalized oppression. Importantly, the report does not stop at identification of the problem but continues with suggestions for change.

The third report, focused on racism in nursing education is designed around five themes, including historical, pedagogy, access, climate and culture, and progression. A table of recommendations completes this report. Report Four considered questions related to how policies impact the ability of someone to enter nursing and how they either promote or prevent a person from thriving within the nursing profession. The fifth report focuses on racism in nursing practice with topics such as work environment, dual harm, recruitment, retention and career progression, burnout, and breach of ethical obligations. Report Six focuses on racism in nursing research. This encompasses four themes: lack of funding and access for minoritized nurse researchers, systemic and institutional roadblocks, lack of diversity among nurse scientists and researchers which impacts the pipeline, and minoritized researchers feel devalued experiencing hostility and microaggressions. As with the other reports, strategies for change are enumerated.

Having read the six reports, I strongly encourage all nurses to download the reports and to read them following Dr. Grant’s suggestion of doing so with an open heart and an open mind. There is much to consider here. Discussing these reports with our colleagues should help us all to have a better understanding of each other’s concerns and can help to make nursing a more equitable profession.

10” Ads
OPEN

The Massachusetts Report on Nursing - The Official Publication of the American Nurses Association Massachusetts Submission Guidelines

Distribution: All registered nurses in MA.
Published February, May, August, November by Arthur L. Davis Publishing
Submissions Deadlines: Manuscripts are due on the first Monday of January, April, July, and October for consideration of publication in the following issue.
Submission process: Email a word-processed document to newsletter@anamass.org
File extensions should be *.doc, *.txt, or *.rtf.

- Include: Suggested title, authors, author affiliation, ANA membership status, and appropriate references pertaining to the content of the article.
- "Running Headers" are not required.
- Sub-headings are expected where indicated and tables/illustrations are encouraged to summarize key points as appropriate.
- Photographs should be of clear quality and in a digital format with an appropriate resolution for printing. Original source must be cited and photographer (if available).
 - o Black & white photographs are preferred but not required.
 - o Email images with the correct name(s), place/event, date, and descriptions.
 - o Images are not guaranteed to be run even if submitted.
 - o Images must be in .jpg format

Space limits: Due to space limitations, the following lengths are strongly recommended. While ANAMASS will make every effort to publish articles in their entirety, ANAMASS reserves all editing rights prior to publication.

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

ANAMASS thanks you in advance for your contributions to our official quarterly publication. As per our agreement with Arthur L Davis Publishing Agency, Inc. **ANAMASS retains the copyright to original articles and images.** If you have any questions, please contact us via email newsletter@anamass.org.

22.5” Ads
BAY PATH U
413079

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Background

The program in the first question addresses Nursing Grand Rounds, which are planned for over 12 months and may have different presenters each time. The nurse planner may not know the presenters ahead of time when the series is being developed. The gap is that nurses need the most current information regarding practice to provide the most effective patient care. The overall intended learning outcome is that participants will be able to identify one new piece of information that they will be able to apply in their practice by the end of each session. There will be two facilitators and a presenter for each session with a group case discussion as a plan for participant engagement. The nurse planner wants to make awarding contact hours contingent upon attending a complete session and submitting an evaluation. The plan includes giving a contact hour certificate at the conclusion of each session.

Question:

The nurse planner intends on reviewing relevant financial relationship due to the clinical nature of the sessions. It is the nurse planners’ intention to change the disclosure, if necessary, prior to each session and maintain appropriate documentation in the file. Can the nurse planner develop the sessions as part of one set of planning tools, or must each session be developed as a free-standing program?

ANSWER

Approved Provider Unit

If they are treating this as one activity with multiple dates offered and they are addressing the same gap, target audience, and using the same outcome for all sessions, it is appropriate to use one planning tool and to update the relevant financial relationships and disclosures for each session. It would be important to keep track of the documentation because if one of the activities was chosen for review during reapproval, the process can be demonstrated with identification of relevant financial relationships prior to offering the session. Nurse planners should keep a synopsis of the summative evaluation for each session, review if the outcome was met, and use the evaluation to make changes for upcoming sessions.

Individual Activity Applicants (IAA)

Individual activity applicants need to establish the speakers ahead of time as the program will be reviewed ahead of time. If a speaker bows out and it is necessary to change speakers, the nurse planner must notify the ANA Mass Approver Unit with the change in planning. An addendum with the speaker change, financial relationship review and disclosure must be sent to ANA Mass for filing. All relevant financial relationships need to be reviewed, disclosed, and mitigated as required per guidelines. If the gap, intended learning outcome, number of contact hours, or evaluation methods change a new application would need to be submitted.

Question:

How do Schwartz Rounds fit into this framework?

ANSWER

Schwartz Rounds are non-clinical and thus do not require a review of financial relationships. This is true, because even if the Schwartz Rounds discuss clinical cases, the gap is focused on emotional wellbeing or impact on staff, not patients.

Nurses Service Organization (NSO) wants to provide to the American Nurses Association Massachusetts the following information

How nurses can counter health misinformation. Although recent issues involving health misinformation have emerged related to the COVID-19 pandemic, misinformation has been a problem in many other areas related to wellness and healthcare. Misinformation isn’t a new issue, but the internet and social media have supercharged the ability for it to spread. This article helps explain the nature of the problem, why persons may be inclined to believe information that is not grounded in science, and what nurses and nurse practitioners can do to counteract misinformation.



The article can be accessed via the QR code or on the NSO website.

"Misinformation. The public needs to be able to believe in science."
-MT, retired RN with 45 years' experience (Emergency Room)

"Staffing and pay. I've seen outrageous staff to patient ratios, with higher and higher acuity in our patients."
-KL, 11 years' experience (4.5 years MedSurg, 6.5 Operating Room)

A serious issue impacting nurses today is the staffing crisis. Nurses face serious staffing shortages across the nation. Shortages in which the hiring of travel nurses is only a temporary fix; like placing a steri-strip on a gaping wound. Nurses are now expected to care for upwards of twelve patients per shift. We know patient mortality significantly increases the higher the nurse patient ratio is. Ratios this high are not conducive of what our profession represents. The outcome? Serious risks to our patients' and disintegration of our profession.

14 years' experience
Practice area: Emergency Department/Nurse Researcher and Educator
-Sarah F. MS, RN, CNL, PhD Candidate

Social justice
18 years of practice
Practice area: Psychiatry
- Khadija Tuitt

Rowe vs. Wade current ruling by the U.S. Supreme Court Justices
Burnout
Nurse: Practice Area: Perioperative Services.
Time in practice – several years.

Nursing staffing concerns
Nurse-to-patient ratios
Medication error reporting

Currently enrolled in an advanced nursing program. 9 years ICU practice

- from the nurse leader perspective
The Nursing Shortage - turnover and retention
Self Care and Wellness to combat fatigue
Prepared Nurse Faculty
Diversity in Nursing
I have been a nurse for 35 years.

"Roe v. Wade. Also, a lot of nurses leaving bedside care."
- SC, 5 years' experience (MedSurg inpatient RN)

"Staffing. Plain and simple. Our country knew about how staffing in healthcare was going to be an issue ten, fifteen years ago, with the baby boomer generation retiring. And we've done nothing. COVID has only compounded this."
- DS, 41 years' experience (Operating Room RN)

"Treating healthcare like a business... It feels like we prioritize profits over patients."
- KS, 2 years' experience (Operating Room RN)

In your opinion...
what is the national issue most important to nurses today?

15" Ads
NIH NURSES HEALTH STUDY
412878

15" Ads
LOWELL COMMUNITY HC
421463

OPPORTUNITY TO HONOR YOUR COLLEAGUES:

American Nurses Association Massachusetts Awards open to All Nurses

You work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today’s world, there is often little time to acknowledge them and their professional contributions. ANAMASS Awards provide you the opportunity to honor their remarkable, but often unrecognized practice.

ANAMASS Awards are not restricted to ANAMASS members. Nominees can be a member of ANAMASS or a non-ANAMASS member who is nominated by a member of MARN. These awards can be peer or self- nominated.

For more information on and applications for the various scholarships and awards offered by ANAMASS please visit the ANAMASS web site: www.anamass.org

Mary A. Manning Nurse Mentoring Award

This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of \$500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. **(ANAMASS membership not required).**

Excellence in Nursing Practice Award

The ANAMASS Excellence in Nursing Practice is presented yearly to a registered nurse who demonstrates excellence in clinical practice. **(ANAMASS membership not required)**

Excellence in Nursing Education Award

The ANAMASS Excellence in Nursing Education Award is presented yearly to a nurse who demonstrates excellence in nursing education in an academic or clinical setting. **(ANAMASS membership not required)**

Excellence in Nursing Research Award

The ANAMASS Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care. **(ANAMASS membership not required)**

Loyal Service Award

This award is presented annually to a member of MARN who has demonstrated loyal and dedicated service to the association. **(ANAMASS membership required)**

Community Service Award

This award is presented annually to a nurse who’s community service has a positive impact on the citizens of Massachusetts. **(ANAMASS membership not required)**

Friend of Nursing Award

This award is presented annually to a person or persons who have demonstrated strong support for the profession of nursing in Massachusetts. **(ANAMASS membership not required)**

Future Nurse Leader Award

This award is presented yearly to a recent (within two years of graduation) nursing school (AD, BSN, Diploma) graduate who demonstrates great potential for leadership in the profession. **(ANAMASS membership not required)**

The nomination process is easy:

- Access the applications at the ANAMASS website: www.anamass.org
- Complete the application and submit electronically or by mail by the deadline of November 13, 2022
- If you have any questions, need help? Call ANAMASS at 617-990-2856

Application Process

- Access the application for either scholarship at the ANAMASS Website: www.anamass.org
- Complete the application and submit application and submit electronically or postmarked by mail
- If you have any questions, need help? Call ANA Massachusetts at (617) 990-2856
- The selected recipients will be notified by January 2023

Living Legends in Massachusetts Nursing Award

The prestigious Living Legend in Massachusetts Nursing Award recognizes nurses who have made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level.

Living legends in Massachusetts Nursing Awards are presented each year at the ANAMASS Awards dinner ceremony. **Candidates for this award should be a current or past member of the American Nurses Association Massachusetts (ANAMASS) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.**

Nomination Process

- Access the application at the ANAMASS website: www.anamass.org
- Complete the application and submit electronically or by mail by the **deadline of November 13, 2022**
- If you have questions, need help? Call ANA Massachusetts at 617-990-2856

Professional Scholarships

Ruth Lang Fitzgerald Memorial Scholarship

This scholarship was established by the Fitzgerald family in memory of Ruth Lang Fitzgerald a long-time member of ANAMASS. The monetary award of up to \$1,000 is given each year to a member of the ANAMASS to pursue an area of interest or special interest or special project that will be beneficial to the member and/or the association. The scholarship can be used to attend an educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project. **(ANAMASS membership required)**

Arthur L. Davis Publishing Agency Scholarship

This scholarship is for a **ANAMASS Member** to pursue a Further degree in nursing or for a **child or significant other** of a ANAMASS member who has been accepted into a nursing education program. The \$1,000 scholarship can only be applied to Nursing tuition and fees.

Sandra M. Reissour Memorial Scholarship

This scholarship is for Nurses practicing in Professional Development is awarded yearly to an ANA Massachusetts member to further pursue their work in nursing professional development.

Amount of Award: up to \$500.00

FNAMA Scholarship to Advance Diversity in Nursing

This scholarship is for candidates pursuing a Baccalaureate or higher degree in nursing. The \$2,500 scholarship can only be applied to tuition and fees.

Nomination Process

- Access the application at the FNAMA website: www.fnama.org
- Complete the application and submit electronically or by mail by the **deadline of November 13, 2022**
- The selected recipients will be notified by January 2023.
- If you have questions, need help? Call FNAMA at 617-990-2856

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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.



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 Studiosv 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!

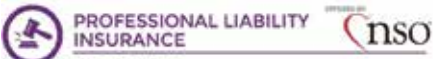
[Click here to learn more about the Active & Fit Direct program.](#)

[Watch this video to get tips about navigating the Active & Fit Direct website.](#)



Everyone needs Auto and Home insurance – let ANA/ANAMASS take the hassle out of finding the best provider and best rate. We are partnering with Liberty Mutual to offer auto and home insurance to members with a quick and convenient application process and great rates. Members can potentially save \$947 with customized auto and home insurance.*

[Click here to apply now or find out more information on Auto and Home insurance or call 855-948-6267.](#)



Nurses need to protect themselves and their career by maintaining Professional Liability Insurance, a.k.a. Medical Malpractice Insurance. Do not assume your employer's liability insurance will cover you when a lawsuit or complaint is filed. Nurses Service Organization (NSO) has a 45+ year history of defending nursing professionals from allegations of medical malpractice and licensing complaints. With over 500,000 nursing professionals insured and 60+ professional nursing association partners, they are the premier administrator of nurses' malpractice insurance in the U.S.

We encourage you to explore NSO's website, receive 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 [4th Nurses Claim Report](#). It provides statistical data and an 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.](#)



ANA's collaboration with Prudential provides exclusive insurance plans 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 1-minute video explaining Term Life Insurance.

[Click here](#) to register to watch a 30-minute webinar on the ANA Life Insurance Program.

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Laurel Road specializes in helping nurses, with special rates available to nurses that allow them to save thousands of dollars. Refinancing might help you consolidate your loans into one, manageable amount with one, potentially lower rate. ANA members also receive a special 0.25% rate discount or \$300 cash bonus when using the link below.

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](#).



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.

Active&Fit Direct:
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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.
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Certification in Nursing Education

**Deekshya S Pokharel, MSN, BSN, RN,
Lisa Cross PhD RN CNE CRRN CHPN,
Carol Femia DNP RNC, IBCLC, CNE, CHSE BSN,
& Cheryl Williams PhD RN CNE NP-C
MARILN President**

Nursing needs competent nursing educators to prepare the future workforce. Certification demonstrates that a nurse has surmounted the knowledge to teach. The National League for Nursing (NLN) offers three certifications for advanced specialty excellence: academic nurse educator (CNE), clinical nurse educator (CNEcl), and novice academic nurse educator (CNEen). Certification benefits include professional and personal accomplishment, satisfaction, and empowerment. Barriers to seeking certification include cost, time, academic workloads, lack of promotion, tenure, reward, and certification in another specialty. Faculty are motivated to pursue certification if provided ample time, financial reimbursement, and recognition from the institution. Future policies and processes should include time, reimbursement, and institutional recognition. The research by Lindell (2020) has shown that certification improves faculty teaching and amplifies roles. There is little research linking certification with improvement in nursing student outcomes.

Academic nurse educators facilitate learning through curriculum design, teaching, advising, and faculty evaluation. Clinical educators assist nursing students throughout their clinical and laboratory components. Novice academic nurse educators have less than three years of faculty experience or no graduate degree (NLN, 2021).

Educator core competencies are distinguished and tiered by depth and breadth for each certification. Certifications include facilitation of learning, learner development and socialization, assessment and evaluation strategies, participation in curriculum design, and evaluation of program outcomes. Since CNE inception in 2005, more than 5,300 nurses have attained certification (Simmons, 2017), with recent passing rates of 69% (CNE) and 74% (CNEcl) (NLN, 2022a). The NLN is the national and international voice for nurse educators and competencies that include functioning as a change agent


or, leader, pursuing continuous quality improvement, and engaging in educational scholarship support this.

A preliminary study by Barbe (2015) showed positive perceptions of certification among educators. Similarly, Poindexter (2019) found certified educators and administrators value certification more than uncertified educators. This study indicated that certification was valued more for personal satisfaction than professional recognition. Less experienced faculty were more likely to consider taking the CNE exam but were less likely to become CNEs (Barbe, 2015; Barbe & Kimble, 2018b).

A survey among 250 members of the Massachusetts Rhode Island League for Nurses (MARILN) was conducted with 68 (27%) responses: the highest degrees held were MSN (40%), Nursing PhD (23%), and DNP (25%). Further, respondents (55%) did not seem to value certification as they did not hold either CNE or CNEcl certification. This result is contrary to findings by Barbe & Kimble (2018a); nursing faculty have positive perceptions of the CNE. However, 93% of certified faculty thought certification relayed their specialty in teaching nursing. Conversely, Poindexter (2019) revealed that certification was valued more for personal satisfaction than professional recognition. The current study found that faculty (54%) did not intend to get the CNE certification in the next years.

Cost and time for preparation are perceived as significant barriers to nursing certification, and faculty (54%) indicated lack of institutional support for CNE certification. These findings are consistent with past research (Barbe & Kimble, 2018a; Poindexter et al., 2019). Support and validation from schools of nursing were perceived as neutral barriers to nursing certification. Almost 80% of faculty will consider certification if their school provides release time and compensation for the initial attempt. Additionally, almost 86% would consider certification was mandated by the nursing schools.

Limitations of this study included a low response rate; this may be attributed to certification not being valued. This study’s important implications are indicated nursing faculty, nursing schools, and administrators. Faculty are motivated to pursue certification if provided time, financial compensation, and institutional recognition. Institutions should strongly consider ways to support



Massachusetts/Rhode Island League
for Nursing

and recognize nursing faculty efforts to certify. Further research and analysis are necessary to determine how nursing education certification impacts student outcomes and learning. These outcomes can be used to determine the educational quality and promote the NLN’s mission of nursing excellence.

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Where Do I Go From Here?

Sharon Broschious, PhD, RN
Program Director South University RN-BSN
Online Program

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As the COVID-19 pandemic winds down, you may be asking yourself questions about your professional future. What’s my next career step? What does my professional future hold for me? The stress of the COVID-19 pandemic may have created these nagging questions for you, and you might be unsure what steps you should take to answer them. The physical, emotional, psychological, and financial impact of the pandemic on nurses has been well documented. A plethora of publications in professional journals and on websites as well as newspaper and television reports have discussed the impact of the COVID-19 pandemic on nurses. Terms such as burnout, compassion fatigue, moral injury, PTSD, and healthcare worker exhaustion are used to describe the physical and mental effects of COVID-19 on healthcare providers (Chan, 2021; ICN, 2021). In an interview on NPR, the phrase “crushing stress” of the COVID-19 pandemic was used (Fortier, 2020).

Not only did the nursing workload change – increased number of patients per assignment, increased number of shifts, increased length of workday due to insufficient staff – but also other factors compounded the stress on staff. Lack of equipment such as PPE, the unknowns about the disease itself with policies changing almost daily, and perceived lack of support from leadership have also contributed to the COVID effect (ICN, 2021) on nurses. Some facilities attempted to prepare and support staff for the pandemic surges, to varying levels of successful impact. While providing meals to nurses who could not take time for a meal break was helpful, as the pandemic persisted, nurses needed more support from their leadership teams.

The recent COVID-19 report released by the International Council of Nurses (ICN) (2021) describes the exacerbation of burnout and exhaustion of nurses during 2020. National nursing associations reported approximately 80% of their members identified as feeling stressed. In a survey of healthcare workers conducted by Mental Health America (Lagasse, 2020), 93% indicated feeling stressed, and 76% reported feeling burned out with 55% questioning their career focus. Similar results were found in a survey from Brexi (2020) with 84% of responding healthcare workers identifying some burnout and 18% reporting total burnout. In addition, almost half had considered quitting their job, retiring, or changing their career focus. The top five stressors that respondents identified, in order, were “fear of getting COVID-19, long hours/shifts, general state of the world, fear of spreading COVID-19, and family responsibilities/issues” (Berxi, 2020,

para 2). Additional stressors identified by Shun (2021) include physical, emotional and moral distress related to ethical issues faced by nurses such as dealing with patient deaths, scarce resources, and forced changes in practice.

The 2021 Frontline Nurse Mental Health and Well Being Survey (Trusted Health, 2021) revealed for nurses under age 40, 22% indicated they were less committed to nursing. Ninety-five percent of the nurses responding indicated their physical and mental health were not a priority in their workplace or the support received from leadership was inadequate. Finally, 66% of respondents indicated they were experiencing depression and a decline in their physical health. A poll by the Washington Post-Kaiser Family Foundation (2021) indicated 62% of healthcare workers felt mentally stressed from the pandemic with their greatest fears of them getting infected, infecting their families, or other patients. Another challenge identified was working while wearing PPE (Kirzinger et al., 2021).

Prior to the pandemic, Shah, et al. (2021) reported burnout was the third leading cause of nurses leaving their jobs. However, the pandemic intensified levels of stress and burnout. From the perspective of Maslow’s hierarchy, Virkstis (2021) described the need for leadership to focus on basic needs of staff, not high level self-actualization. The basic needs were identified as: a safe working environment, clear mission, time to reflect on what was happening, and time to connect with peers.

Considering the factors identified here, it is no surprise that you may be asking what is the next step for you in handling stress, burnout, and career questions.

Step 1 – Do I stay where I am?

You may be asking the following: Do I leave my job as other nurses have? Do I want to, or can I continue working where I am? Do I just need some time off?

The first step to take is self-reflection or self-evaluation. If you are unsure about a change, pause and take some time to think about it. Consider staying where you are to determine how your workday has changed after COVID-19 and whether factors such as workload, staffing, and equipment, for example, have improved. Remember wherever you go, everyone will be rebuilding after the pandemic and trying to return to a previous level of normalcy, or an improved level based on lessons learned from the pandemic.

Before making a decision, reflect on your job prior to the pandemic. Was this job a good fit for you? Were you happy with your job? Answers to these questions can guide you to remain in your current job to see if those same positive feelings come back after the pandemic. The area you work in may not be exactly the same as it was, but it could be even better. Other reasons leading you to consider a change may include the work environment, the leadership of your current unit, or lack of potential for growth in your current position. This introspective evaluation provides time to think about

other opportunities or make plans for change if that is your final decision.

Step 2 – Do I change my career path?

There are numerous websites that provide steps to take when changing your specialty or your role, but the first step should be:

1. Identify your passion. What makes you happy? Self-reflection and serious thought can help provide this answer.

Additional steps to consider include:

2. Complete a SWOT analysis. Guidelines for completing a SWOT analysis can be found on the internet.
 - Identify your strengths: skills, experiences, education, support from peers/family.
 - Identify weaknesses: communication skills, leadership skills, skills needed for a new path.
 - Identify opportunities: What specialty areas might be of interest? Do you want to be in a hospital or in the community? Do you want to move to administration or education and have less direct patient contact? What works for your family? The Johnson & Johnson Campaign for Nursing’s Future, provides information about 96 nursing specialties; this might be a good place to start looking for new opportunities as it may present some potential employment ideas you had not previously considered. A list of more than 100 nursing organizations is available at <https://nurse.org/orgs.shtml> In addition, the Illinois Nursing Workforce Center web page includes a list of professional nursing organizations (<http://nursing.illinois.gov/nursingspeciality.asp>).
 - Identify threats. What barriers exist that might keep you from making this change – family responsibilities, work hours desired, access to a new role in your geographic area, skills or specific educational background needed. A threat such as educational level may turn into an opportunity to return to school.

3. What are your goals in five or ten years?
4. When you have decided on a new role – develop an action plan or timeline to establish your transition to the new role. What steps do you need to take to make this change?
5. Refresh your resume. While you may consider that a move from pediatrics to geriatrics would not provide you with appropriate skills, there are many skills you have that are transferable – your assessment skills for example, understanding lab results, providing care to someone who may be unable to describe how they feel, or organization skills.
6. Network. Talk to someone who currently works in the specialty you are considering. If the specialty has a professional organization, peruse their website, attend a local meeting, or read their journals and social media networks to help you connect with nurses in the specialty you are considering.
7. Draw on your support system and mentors to overcome any barriers/challenges that may be keeping you from making a change.
8. Resources on the VNA/ANA websites provide information about available jobs, resume writing, and interviewing. Scheduling a live meeting with a career coach is also available.
9. After you have made a specialty change, give yourself a chance to get acclimated to the new path you have chosen.
10. Consider staying on good terms with your current employer. A reference will be needed when applying for a new position. Staying on good terms may also be beneficial if the new specialty or organization change does not work out.

Step 3 – Do I leave nursing and change my profession? Your reflection may lead you to leaving the nursing profession. Many of the steps in this process are the same or similar to the steps above in changing your career path.

1. Begin again with self-reflection/evaluation. What makes you feel fulfilled? What would you like to do? What are your interests?
2. Identify areas of interest. There are a number of free aptitude tests available on the internet that can guide you in identifying a new career

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- or attend a career fair. New careers could be with pharmaceutical companies, insurance companies, the government, or in education for example.
3. Complete a SWOT analysis
 4. What are your goals?
 5. Identify the skills/education needed for the new career
 6. Develop action plan
 7. Network
 8. Career counseling – obtain a career coach, see the VNA/ANA websites
 9. Connect with your support system
 10. Keep your license current, you may decide at some point in time you want to return to nursing.

The COVID-19 pandemic has likely changed you personally and professionally, has certainly changed healthcare, and has without a doubt changed the world. What you do to fulfill your life is a priority, so take time to carefully consider what you want to do and where you want to be.

As Steve Jobs (2005) said, “Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you haven’t found it yet, keep looking. Don’t settle. As with all matters of the heart, you’ll know when you find it.”

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ANA Reacts to Sentencing of Nurse RaDonda Vaught: We are Grateful to the Judge for Leniency

SILVER SPRING, MD - Former Vanderbilt University Medical Center nurse RaDonda Vaught has been sentenced to three years of probation after a jury convicted her of criminally negligent homicide and impaired adult abuse for mistakenly administering the wrong medication that resulted in the death of a patient in 2017. The following statement is attributable to both the [American Nurses Association \(ANA\)](#) and the [Tennessee Nurses Association \(TNA\)](#):

“We are grateful to the judge for demonstrating leniency in the sentencing of Nurse Vaught. Unfortunately, medical errors can and do happen, even among skilled, well-meaning, and vigilant nurses and health care professionals.

After speaking with Vaught and her attorney, [ANA sent a letter to the judge which would be submitted into evidence on Vaught’s behalf](#). In fact, leading up to the sentencing hearing, ANA was in communication with Vaught and her attorney to discuss the best ways for ANA to provide support to Vaught in the specific context of sentencing. Per those communications, we drafted a letter for submission to the court as evidence through her counsel. The letter expresses, from a professional and nursing perspective, legal reasons why we would humbly request leniency. We were compelled to take this action because we all see ourselves in Vaught. Nurses see themselves in Vaught; our peers and colleagues and health care professionals beyond nursing see themselves in Vaught.

Nurses at all levels and across all settings provide care in demanding work environments with challenges that predate the COVID-19 pandemic. Consider this: a typical nurse's shift is fast-paced and high stakes, with constant patient turnover, inadequate staffing levels, varying patient acuity, exposure to infectious disease, and risk of work-related injury and violence. All of these factors impede the delivery of safe patient care, and nurses too often find themselves working under conditions that increase the likelihood of adverse outcomes from tragic mistakes.

Our hearts continue to go out to the loved ones of both Ms. Murphey and Nurse Vaught, all of whom are deeply affected by this tragedy and face a long road of healing. Leaders, regulators and administrators have a responsibility to nurses and patients to put in place and sustain organizational structures that support a just culture, which includes recognizing that mistakes happen and systems fail. Structures should include full and confidential peer review processes to examine errors, deploy system improvements and establish corrective action plans. The criminalization of medical errors will not preserve safe patient care environments.”

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The [American Nurses Association](#) (ANA) is the premier organization representing the interests of the nation's 4.3 million registered nurses. ANA advances the profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all. For more information, visit www.nursingworld.org. For high-resolution images of the ANA logo or photos of ANA leadership, please [click here](#)

Getting Clear on Bullying Versus Incivility

Renee Thompson, DNP, RN, CSP

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Numerous studies show the prevalence and devastating impact disruptive behaviors have on nurse retention and satisfaction, patient safety and the financial health of an organization. Today, more than ever, the unpredictable, life-and-death nature of the pandemic has created an environment that is ripe for an increase in workplace bullying and incivility. Research at the [Healthy Workforce Institute](#) shows an uptick in bad behavior and nurses are experiencing greater workplace incivility now more than ever before. Additional studies show:

- 45.7% of nurses said they witnessed more incivility than before the pandemic (El Ghaziri et al., 2021).
- 14.3% of surgery patients had higher complications with surgeons who had one to three reports of unprofessional behaviors compared to those surgeons who had no reports of disruptive behaviors (Cooper et al., 2019).
- 94% of individuals have worked with a toxic person in the last five years; 51% of the targets stated they are likely to quit as a result (Kusy, 2017).



Dr. Renee Thompson

Developing successful, targeted interventions to reduce bullying and incivility among nurses will require that leaders develop awareness and understanding of nurses’ unique experiences with disruptive behavior. One of the biggest areas of confusion that makes it difficult to address and eliminate bad behavior is a misunderstanding about the differences between bullying and incivility.

An important first step to educating yourself and your employees is to get clear on those differences. This will help you raise awareness, set expectations, and develop appropriate strategies to eliminate each type of disruptive behavior. Bullying should be a NEVER event, but not everything is bullying and when we call everything bullying, we lessen our chances of identifying and addressing true bullying behavior.

BULLYING

For a behavior to be considered bullying, it must include three things:

A Target-This target can be a single person or group of people. Group targets can include the opposite shift, new nurses, or nurses who have a particular ethnic background.

Harmful-The behavior must be harmful in some way. This harm can be to the target or harmful to a patient.

Repeated-The most important element of bullying. The behavior can’t be just a one-time event, it must be repeated over time.

INCIVILITY

Incivility is different from bullying but tends to be much more pervasive. While the behaviors can be similar, they tend to be lower level. Incivility shows up as your typical rude, unprofessional, inconsiderate behaviors: eye-rolling, condescension, favoritism, alienation, gossiping, mocking,

cursing. Make no mistake about it, incivility is a healthy and professional workplace killer, and needs to be addressed.

The Bottom Line

Bullying and incivility can destroy work environments and impact patients in a negative way. The key is to get very clear on the behavior – is it bullying (target, harmful, repeated) or incivility (low level, rude, and unprofessional). We are hemorrhaging nurses due to bad behavior and it’s time we get educated on how to recognize and address bullying and incivility so that we can cultivate a more respectful and professional work culture.

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Bio:

As an international speaker and consultant, Dr. Renee Thompson tackles the challenges facing healthcare leaders today. With 30 years as a nurse, Renee is an expert on creating healthy workforces by eradicating bullying & incivility. She is in demand as a keynote speaker and has authored several books on bullying.

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Sleep and Your Health

Cynthia Meyer, MSN, RN, CHSE
Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT

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To sleep, perchance to dream. – Shakespeare

One in three adults do not get the uninterrupted sleep that is recommended, and inadequate sleep has a direct effect on the functioning of the immune system. Nurses and other health care workers are part of the 18 to 20% of Americans who work alternating shift schedules. Sleep is essential, not only as restorative but because of its role in the regulation of immune response. There has been some interesting research in the last 20 years that explored the connections between sleep, inflammation, and immune function. With this information at hand, a nurse can improve self-care and appreciate the importance of teaching sleep hygiene as part of holistic patient health care system.

The sleep-wake cycle balances biological health, mental well-being, and helps the immune system adapt as needed. The sleep-wake is based on the 24-hour circadian clock that regulates complex bodily functions, including the cardiovascular system, inflammation, and immune response. Cytokines are messenger proteins that can be pro-inflammatory or anti-inflammatory, triggering a response to infection or injury. People with chronic inflammatory disease, sleep problems, and depression have higher levels of circulating pro-inflammatory cytokines.

While the body is awake, the immune system is protecting the body against foreign pathogens. Anti-inflammatory cytokines (IL-4, IL-10, IL-13, and TGF-β) are active. Natural killer (NK) cells act by stopping the growth of mutating cells such as cancer, and increase production during the wakeful state. These immune cells are very responsive to stress and lower or discontinue production when the sympathetic nervous system spills the stress hormones. The longer you are stressed during wakeful periods, the less opportunity NK cells have to increase in numbers and the greater the chance that rogue cells will continue to mutate. The body can’t do maintenance work on immune function when the resources are being transferred to first aid and alarm response systems when stressed. For those who experience a great deal of stress, sleep is even more important. Once asleep, the body is put back into balance as CD4+ T cells and Th1 and Th2 respond, and production is higher. Natural killer cells, melatonin, and stress hormones can replenish themselves.

Sleep Deprivation

Both short-term and long-term sleep deprivation disrupts the 24-hour circadian clock and immunological functions. Sleep deprivation increases inflammation, so those with a pre-existing inflammatory disease (such as RA, depression, or bowel disease) need consistent sleep even more than others. With increased inflammation and decreased melatonin risk for CVD, breast cancer, and other inflammatory diseases rise. Thermoregulation, insulin levels, vaccine response, and cognitive flexibility are impaired with inadequate sleep. Those with sleep apnea are at higher risk for diabetes, hypertension, coronary issues related to the increased inflammation. For those who are significantly stressed, quality sleep is difficult to achieve. The sleep-wake cycle is disrupted when pro-inflammatory cytokines and stress hormones (e.g., cortisol, epinephrine, and norepinephrine) are released.

Shift work

Current estimates are that about 20% or one-fifth of the workforce currently participate in shift work. Of those working in the healthcare sector, 52% report short sleep duration. Studies also showed that those working the night shift reported poorer quality sleep and sleep deprivation. The general recommendation is for individuals to get between seven to nine hours of sleep, but shift workers get less than six hours daily or one to four hours less per week. Those working the night shift may not be able to make up for lost sleep which is needed for relaxation and physical restoration.

Shift work is essential for healthcare. Nurses must work hours that may not be conducive to sleep to provide round-the-clock care for patients. These hours may cause a disruption in sleep. Circadian rhythms are what regulate the sleep-wake cycle, and these cycles rely on light to direct the cycle. Daylight causes us to become more alert and awake, while darkness leads to melatonin production,

which prepares the body for sleep. Shift work disrupts the natural sleep-wake cycle, and research has shown that over time the physical and mental health of those who participate in shift work may be impacted by the disruption in sleep.

Shift work has been shown to have a negative impact on the psychological and social health of the individuals working those hours. Shift work sleep disorder (SWSD) occurs when work schedules disrupt the natural circadian rhythms, and the disruptions cause excessive sleepiness, fatigue, or insomnia. Eventually, these symptoms may result in distress or impairment in mental, physical, and social functioning. Furthermore, sleep deprivation can lead to increased stress which in turn can lead to decreased job satisfaction for nurses. Studies showed that health professionals who worked night shifts had higher levels of psychological and mental health problems than their day shift counterparts. This included higher levels of depression, irritability, stress, OCD, and mood disorders. Shift workers also exhibited negative feelings, isolation, and difficulty in relationships.

Sleep allows the body to heal itself, and it helps boost immune function. Nurses who do shift work are not exempt from the negative effects of inadequate sleep. Obesity is more common in shift workers, and there is an increased risk of metabolic syndrome and diabetes. Shift work compromises immune function and places individuals at an increased risk for breast and colorectal cancer. When compared to day shift workers, those doing shift work have an increased risk of cardiovascular disease. Continued alterations in the circadian rhythms have also been linked to gastrointestinal issues such as gastritis, indigestion, appetite disorders, irregular bowel movements, constipation, heartburn, and pain. Since nursing is predominantly a female profession, it is worth noting the correlation between shift work and reproductive issues such as decreased fertility, altered menstrual cycles, and other reproductive issues.

Tips

Shift work can have negative effects on health; however, these crazy hours are necessary for the nursing profession. There are things workers can do to improve sleep and maintain adequate rest. The following tips are included for surviving shift work:

- Maintain a consistent sleep schedule
 - o Keep the same sleep-wake cycle on days off
 - o Sleep directly after a shift or adopt a split-nap schedule
 - o Take a short nap prior to shift on workdays but avoid naps longer than 30 minutes
- Maintain an ideal sleep environment
 - o Cool environment between 68-72 degrees Fahrenheit
 - o Limit noise using white noise or earplugs
 - o Limit light using an eye mask or blackout curtains
 - o Stay away from electronic devices such as

a computer screen or cell phone in the two hours prior to sleep.

- Promote sleep
 - o Take a hot shower, go for a walk, or use meditation for relaxation
 - o Limit strenuous exercise
 - o Limit caffeine, alcohol, nicotine three to four hours before bed
 - o Maintain a healthy diet and avoid fatty, spicy foods before bed
 - o If you tend to be cold, wear socks to bed
- Things to do at work
 - o Eat healthy
 - o Use caffeine in moderation and avoid 4 to 6 hours before sleep
 - o Take short, frequent breaks
 - o Keep the work environment well lit
 - o Schedule wisely with no more than three consecutive 12-hour shifts and have 11 hours off to ensure adequate rest time
 - o Nap before driving home if needed
 - o Get out into the sunshine on your breaks when possible
 - o Give yourself stress management breaks where you rest, meditate, or practice breath work.

Conclusion

Shift work is part of our profession, but changes in sleep rhythms have a negative impact. Lack of sleep in nurses not only increases the chance of error but leads to health issues. This is a global issue for nurses. Assess your own sleep. The National Sleep Foundation (NSF; sleepfoundation.org) has a Sleepiness Test that examines sleep patterns over the past 2 weeks. There is the Epworth Sleepiness Scale that assesses daytime sleepiness and STOP BANG screening questions for sleep apnea. If you aren’t sure about your sleeping habits, try a sleep diary. The NSF can guide you through keeping a week of journaling with quality of sleep, caffeine intake, bedroom environment, and sleep hygiene. What are you going to do to improve your quality of sleep?

References Available Upon Request

Cynthia Meyer, MSN, RN, CHSE – *Cindy is an Assistant Professor and the Simulation Lab Coordinator at Austin Peay State University, currently working on her PhD at East Tennessee State University.*

Debra Rose Wilson, PhD, MSN, RN, IBCLC, AHN-BC, CHT – *Dr. Wilson is a Health Psychologist and a Professor of Nursing at Austin Peay State University and was the 2017-18 American Holistic Nurse of the year. She has been educating nurses in Tennessee for over 20 years, and has a private hypnosis practice in the Nashville area, and teaches hypnosis to nurses and psychologists.*

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