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president’s message

Staying The Course

Silda Melo, MSN, RN, CCM

The time of year has come when the air has a chill in it, the leaves start to amber, the sun sets earlier, and schedules get hectic. Between back to school, football season, and the holidays fast approaching, Fall can feel like a runaway train, going much too fast for us to keep up. Yet, we hold on, we draft schedules, and we make magic happen. Nurses make it happen every day. Even with rotating shift schedules, increasingly acute patients, and everchanging workflows and supplies, nurses commit to provide the highest quality patient care and maintain a positive work environment, while also striving to meet their personal needs and the needs of those at home.

Even with all of that going on, ANAMASS members make time to commit to lifelong learning as well as to advocate for the profession, our patients, and our communities. ANAMASS members have been hard at work at the State House! Members of our Health Policy



Committee have written and delivered testimony offering expert opinion regarding several bills related to nursing and healthcare. In late September ANAMASS members got together at the State House to lobby our state legislators. We had the privilege of hearing from state representative Kay Khan, as she gave us tips on how to engage our representatives and senators. Her advice: keep in regular touch with them, your opinion as their constituent matters! We then spent the afternoon visiting our own local legislators. We educated them on the nurses’ points of view and encouraged them to back our cause. It was inspiring to see how nurses from all over the state rallied together to create a future that is more equitable, safe, and inclusive.

While we can’t change how fast-paced life can be, we can choose to cherish the quick cup of coffee in the morning, family dinners in the car, and 5-minute huddle with your team. As the chaos continues and the holidays approach, I encourage you to take a few moments to practice self-care. Whether that be by meditation, practicing a hobby, or even just a few deep breaths and affirmations. Remember to take care of yourself, so you can take care of everyone else who needs you. Wishing you all a joyous holiday season and happy new year.

The New Toolbox: Everything Nurses Need for Building the Next Chapter

ANA Massachusetts announces 2024 Micro sessions
visit www.ANAMASS.org for more information and registration details

Session 1 Health Literacy
Eva Gómez, MSN RN NPD-BC CPN
More Than Words and Numbers: Strategies for Addressing Language Barriers and Low Health Literacy in Clinical Practice
January 10, 2024 6 pm – 7:30 pm

Session 2 Mental Health
Judy L. Sheehan, MSN, RN, NCPD-BC
Ethics of Self-care
March 1, 2024, 6 pm -7:30 pm

Additional sessions to be announced!

current resident or



Food For Thought

*The pessimist complains about the wind.
The optimist expects it to change.
The realist adjusts his sails.*

William Arthur Ward

executive director column

Carmela A. Daniello DNP, MS/MBA, RN



I was happy to participate in ANAMASS Advocacy Day! It was a energized group that visited over 50 legislators and spoke with them about the ANAMASS bills and other related nursing bills. One of my lobbying team members, an ER Nurse, shared that she was finding that there was less teamwork being shown. As she described it, in the past, if you were drowning a colleague would step in and help, taking a patient or doing a dressing change, etc. Now, she finds that her less experienced colleagues are focused only on the number of patients they have, and not on the bigger picture of what is going on with the entire nursing team. As she eloquently put it – having 4 patients with broken fingers/toes is very different than having 3 fresh MVA's and 1 GSW victim. If nurses don't have a say in their practice and the ability to take into account patient acuity and nursing experience, then more nurses will leave the bedside.

This month's newsletter theme, *Staying the Course*, resonates strongly with me, as we continue to advocate for the passage of H2214/S1467 An Act establishing a special commission on quality patient outcomes and professional nursing practice. This legislation is asking for the development of a multi-stakeholder commission to examine the variety of staffing systems in hospitals across

the country and make regulatory, policy, and legislative recommendations as to the best way to care for Massachusetts residents and recruit and retain nursing staff.

For the last several decades, the issue of optimal nurse staffing has been a seemingly unsurmountable challenge. Stakeholders remain divided on how to approach this problem, but the situation will only get worse as our population continues to age and the demand for adequate nursing care increases. Previous efforts to legislate mandatory nurse:patient ratios and the divisive attempt at a voter mandate (2018) have been unsuccessful.

Stakeholders must come together to discuss and develop flexible staffing approaches to meet the needs of the populations served. The divisive atmosphere in many hospitals only exacerbates the problem, rather than developing workable solutions. It is time to admit that we need a collaborative commission of specific organizations comprised of legislators, nurses, hospital executives, and patients who can collaborate to solve this ongoing and complex issue: how best to match patient care needs with the nurses required to care for them.

This is time to examine the variety of staffing systems in hospitals across the country and make regulatory, policy, and legislative recommendations as to the best way to care for Massachusetts residents and recruit and retain nursing staff.

You can read more about ANAMASS Advocacy in Action Day on Page 3 and learn about the other bills and topics we are advocating for on behalf of the nurses in the Commonwealth. If you're not already a joint ANA/ANAMASS member, please consider joining for just \$15/month!

editor's message

Judy L. Sheehan MSN, RN, NCPD-BC



The newsletter editorial team has identified themes for each quarterly Massachusetts Report on Nursing issue.

We welcome submissions specifically targeting these themes, and although the editor will make the final decision, we will review and consider all articles. We request that the word limit be 500 words, Articles should be submitted to jsheehan@anamass.org with the subject line: "Newsletter".

February	deadline 1/1/2024	Self-care
May	deadline 4/1/2024	Coming together.
August	deadline 7/1/2024	New Beginnings: Renewal

The Theme for the current issue is "staying the course." The Merriam-Webster Dictionary defines it as an "idiom: to continue with a process, effort, etc., even though it is difficult."

Used in a sentence: We'll succeed in the end if we just stay the course. Staying the course is a phrase often used in a variety of circumstances, referring to the idea of maintaining a specific direction or path. Other synonyms for staying the course may include perseverance, persistence, determination, resolve, adherence, and commitment. To "stay on course," it's essential to remain focused on one's goals and objectives, no matter the challenges and setbacks faced along the way. (thesaurus.net)

So, the question arises: how can nurses "stay the course" given the diverse nature of the profession? Every nurse comes via a different route, bringing varying aspirations and life experiences. The generational, cultural, and historical context each finds themselves in will influence a personal approach, allowing each nurse to make unique contributions to society. Given the diversity of challenges facing the healthcare system at this point in history, nursing is being called to rise to the challenge and stay the course. Not just for themselves but for the profession, the people who depend upon them, and the society they will influence. Faced with numerous challenges, it is imperative at this time in history that each nurse sets the sails and stays the course.

"Stay the course." Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/stay%20the%20course>. Accessed 16 Oct. 2023.



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AMERICAN NURSES ASSOCIATION MASSACHUSETTS

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Book Review, Fall 2023

Health Promotion Throughout the Lifespan, Tenth Edition, Elsevier, Inc. copyright 2022.
Carol Lium Edelman, MSN, GCNS-BC, CMC and Elizabeth Connelly Kudzma, DNSc, MPH, WHNP-BC, CNL

Gail B. Gall, PhD, RN

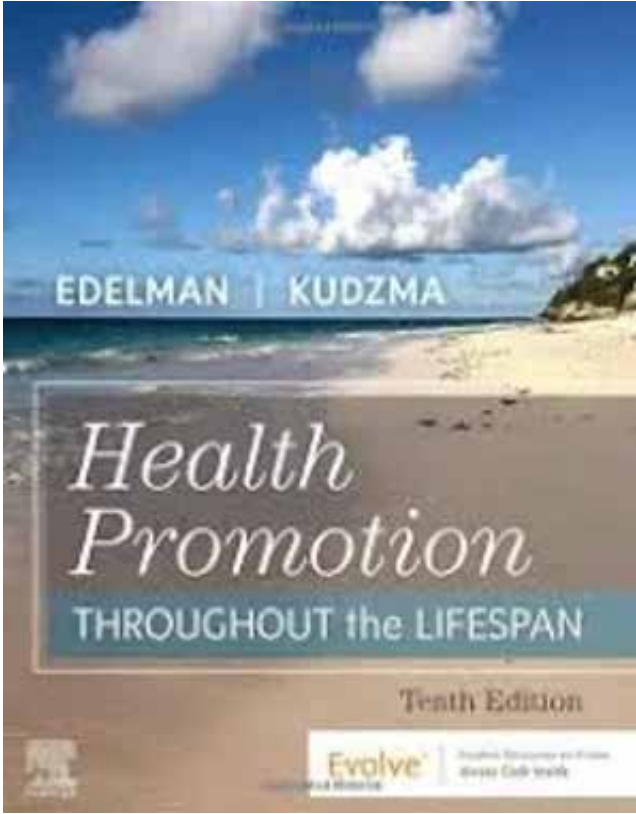
Receiving the four pounds and slightly more than seven hundred pages of this textbook was a bit overwhelming. Having been a nurse practitioner as well as a faculty member, I first thought the depth and breadth of content tremendous. However, on reading the preface I began to understand the authors’ purposes, approaches, and content organization.

The three main components of this text are health promotion, specific health protection, and prevention of specific diseases.

Edelman and Kudzma organized their objectives to follow Healthy People 2030 goals regarding health conditions, behaviors, populations, settings, systems, and social determinants of health. They also collaborated with colleagues in health care administration, speech and language, and physical therapy.

The five units address foundations, assessment, interventions, applications for health promotion, and emerging global health issues. In order to get a more comprehensive understanding of content, I focused on the adolescent health section and found it all-inclusive.

The expanded website Evolve Resources links students to study questions and instructors to case studies, curriculum standards, teaching activities, case studies, image collections, power point slides, and test banks.



There is no doubt that this text is encyclopedic and quite useful to both educators and students throughout nursing curricula.

Please note: Dr. Kudzma is a member of ANAMASS
Additional information:
<https://health.gov/healthypeople>
<https://evolveelsevier.com/cs/>

SAVE the DATE

JOIN ANA Massachusetts for Nurses Night with the Red Sox at Fenway Park Thursday, May 16th Boston Red Sox vs Tampa Bay Rays

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1872

The Founding of the MGH School of Nursing

Inge Corless, PhD, MA, BSN, FNAP, FIWGddb, FAAN

My appreciation to Barbara Dunderdale and Ann Collins who responded to these questions in the midst of their preparations for the 150th celebration of the MGH School of Nursing Alumnae Association.

Question: Were the founders of the MGH School of nursing thinking about starting a nursing program prior to the visit of Florence Nightingale, and if so, what motivated them?

Answer: Sarah Cabot, whose brother Samuel was a visiting surgeon on the MGH staff, is credited with the idea of starting a training school for nurses associated with the MGH. She was a member of the Industrial Education Committee of the Woman's Education Association, an organization whose goal was to open new careers for the 66,000 women in Massachusetts destined to remain single following the devastating losses of the Civil War. They first met in 1872 and by November 1,1873, the first four students were admitted to the school. On a trip to England in 1872, Mary E. Parkman, widow of Dr. Samuel Parkman, had met Florence Nightingale at her school at St. Thomas' Hospital in London and sought advice on starting a school in Boston. Miss Cabot had a cousin associated with the school at Bellevue Hospital which opened in May 1873 from whom she received a copy of Nightingale school's book of regulations which Bellevue was following. The committee met regularly from April to November 1873, adapting the Nightingale plan to suit the American need. Nightingale called for the school to be separate from the hospital with its own board of trustees using the hospital only as a school of instruction. The school was to be a separate corporation and there was to be a residence for the nurses.

Question: What were the hurdles these pioneers had to overcome and how did they do it?

Answer: The medical staff was initially not supportive of the school. They relented and allowed it to start on a trial basis. The students were allowed only in "The Brick" which contained the most difficult patients. The staff was reluctant to lecture to the students so they had to recruit doctors from the City Hospital to do so. The first two Superintendents of the school were experienced nurses who served but in the Civil War but who were not administrators and did not last. They finally persuaded Linda Richards who trained with Dr. Dimock at the NE Hospital for Women and Children and had spent a year as a night supervisor at Bellevue to take over the school. Soon the staff physicians were lecturing and conducting bedside clinics for the students and all of the wards were open to them.

Question: What were the factors that led to the hospital claiming the School of Nursing?

Answer: The school's board of trustees gave up the school in 1896 because of the unending burden on the board to raise funds. The expense of running the home for nurses located on McLean was a determining factor as were the salaries of the superintendent and night superintendent, scrubwomen, and supplements to the salaries of head nurses who instructed the students on the wards. The original members of the board who were so invested in its success were no longer there.

Question: What were some of the MGH School of Nursing's greatest challenges?

Answer: The life of the student in the 19th and early 20th century was difficult with long hours and heavy physical labor that had nothing to do with nursing. Students often left due to illness. The early supervisors hired scrubwomen to try to relieve the students of dusting and mopping etc. but the long hours persisted for many decades. The school also tried to offer the students clinical experience in areas other than medicine and surgery. They sent some students to McLean for psychiatric nursing and to BostonLying In for obstetrics, and to Simmons College for science courses but not every student could go and the needs of the hospital took priority.

Question: What were some of their greatest triumphs?

Answer: The school's greatest triumphs are the success of its graduates who became leaders in the administration of hospitals and schools, both diploma and collegiate programs. The school produced leaders who created a profession by being founding mothers of the forerunners of the NLN and ANA, who wrote legislation in states across the nation to register and regulate the profession. Additionally, the school produced nurses who are clinically excellent practitioners. I could go on but you get my drift. I refer you to the luminaries booklet that we produced for this Anniversary celebration. If you give me your mailing address, I will send you one. I also refer you to the video that premiered at the celebration which will be on our website shortly.

Question: How did the Alumnae Association support the MGH School of Nursing?

Answer: The Alumnae Association supported the school by giving scholarships. It also from 1911 on produced a publication known as The Quarterly Record, and more recently The Alumni Record that has kept us in touch with one another with class news etc. It is a wonderful networking tool as well. It continues to put on Homecoming every year to keep us connected.

ce corner

Planning an Educational Program

BUILDING ALIGNMENT



ANALYZE THE GAP

What is the problem? Why is it a problem? What will it look like when the problem is solved?

EXAMPLE OF GAP

New practice guidelines have been developed for community health nurses, in order for these nurses to provide effective care they need to have knowledge of current practice standards.



IDENTIFY THE UNDERLYING NEED

Is the gap a knowledge gap, a skill gap or a practice gap?

CAUTION !!

Most often, the need is for an increase in knowledge. Avoid identifying all three- knowledge, skill, and practice. This must align with the gap as identified.



DESCRIBE THE INTENDED LEARNING OUTCOME

The intended learning outcome must ALIGN with the gap and the underlying need. It must also be measurable.

EXAMPLE OF OUTCOME

After this program, 100% of participants will self-report an increase in knowledge of current practice standards.



EVALUATION

The evaluation must align with the gap, underlying need and outcome desired.

EVALUATION NOTE

Knowledge can be self report or tested
Skill must be observed
Practice must be measured over time



When Nurses Talk, Legislators Listen

by Co-Chairs, Health Policy Committee
Myra Cacace, GNP, RN, MBA
Christine Schrauf, PhD, RN, MBA

On Wednesday, September 27th, nurses converged on the Massachusetts Statehouse for ANAMASS Advocacy in Action Lobby Day...an opportunity to learn more about the importance of meeting with our legislators to tell our important stories on behalf of the citizens of the Commonwealth. It was a beautiful fall morning and really great to be back in the Statehouse in person! The Hall of Flags was a beautiful setting to learn and observe democracy in action right here on Beacon Hill.

ANAMASS staff, Cammie Daniello, Executive Director and Office Administrator Lisa Presutti worked hard to schedule appointments with individual legislators on behalf of the nurses in attendance so we could meet with our individual legislators. Our objective was to show them that constituent nurses in their districts are well informed, passionate about their nursing professions and are voters!

Silda Melo, ANAMASS President, started the action-packed day, spearheaded by a visit from Representative Kay Khan, a nurse and state Representative from Newton, who shared her stories and helped attendees to understand the most effective way to discuss their issues with their legislator. The assembled nurses took home a list of important issues brought forth by Rep Khan during this legislative session.

ANAMASS Health Policy Committee co-chairperson, Christine Schrauf, PhD, RN provided and interactive

session called Advocacy 101 - Navigating the Massachusetts Legislative Website. She lead the group on a virtual tour of the <https://malegislature.gov/> website, despite the sometimes unpredictable WIFI at the Statehouse.

The meetings with legislators and staff included discussions of ANAMASS legislative priorities including:

[H2214/S1467](#) - An Act establishing a commission on quality patient outcomes and professional nursing practice

[H2213/S1404](#) - An Act Relative to Acute Hospital Governance

[H1211/S747](#) - An Act relative to nurse licensure compact in Massachusetts.

[Workplace Violence](#) - Ensuring that in any workplace violence legislation that the definition of violence aligns with the National Institute for Occupational Safety and Health (NIOSH) and Occupational Safety and Health Administration (OSHA) definitions: Workplace violence

consists of physically and psychologically damaging actions that occur in the workplace or while on duty and includes direct physical assaults (with or without weapons), **written or verbal threats**, physical or verbal **harassment**, and homicide.

Individual meetings with legislators or a member of their staff were held throughout the afternoon by groups of nurse participants, facilitated by a member of the Health Policy Committee, Executive Director Cammie Daniello or President Silda Melo. The targeted bills detailed above were the focus of these meetings with the opportunity for nurses to share their personal professional experiences to demonstrate the operational importance of these pieces of proposed legislation. It was the first time many nurses had been in the Statehouse and met with legislators, but by the end of the day, everyone could add this skill to their advocacy toolbox!

Following Representative Kahn's address to attendees, participants gathered to share this photo with her.



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It is Now the Time for YOU to Both Give Back and to Pay it Forward

Right before Covid hit, ANA Massachusetts leadership created a separate non-for profit structure called the Foundation for Nursing Advancement in Massachusetts that is staffed by volunteer nurses and leaders. The purpose of the Foundation is to expand and generate more scholarship support for those beginning a career in nursing, advancing those in mid-career, and investing in academic scholarship that would benefit all nurses. The expected contributions from the 150,000 RNs and LPNs across Massachusetts state has not yet materialized, so we will be spending the next phase educating and marketing to you. The primary fundraising strategy that the Foundation was initially based upon was the “shared humanity approach” of modest amounts contributed by a large portion of licensed nurses and their grateful patients and families. The last publication profiled some of the spectacular recipients of the scholarships generated from the Foundation, but the reality is that we need to (and most importantly are capable of) much, much more. The Foundation received 172 applications but was only able to award 7 scholarships, which is only a 4% awardee rate! Restated, 96% of the applicants were not funded despite many worthy submissions. **If every RN in the state gave just \$20 to support other nurses and those interested in pursuing a career in nursing, then \$3 million would be raised.** That capital alone would generate 7% on average over time, thus allowing the Foundation to award a minimum of \$210,000 in scholarships annually. In addition, in the world of fundraising a high participation rate is key metric that we will use to inform large private donors who clearly recognize what tremendous value that the nursing brings to this country and to society as a whole and who will contribute more. It is time for ALL of us to step up and make a donation today in whatever amount you can afford. The Foundation Board has and will continue to individually give but we need your help to invest in and advance this wonderful profession so that it is there for both us and our loved ones when we inevitably need it. Humanity is the ultimate community for nursing and everyone including YOU, plays a crucial role in creating it.

You Can Make A Difference For Nurses! HOW???

By responding to the \$25,000 CHALLENGE and donating money to support the activities of the Foundation for Nursing Advancement in Massachusetts.

The Foundation’s purpose is to advance the nursing profession through philanthropic activities that promote scholarship, nursing research and innovation. It supports nurses in their pursuit of nursing education by funding scholarships to strengthen the nursing workforce. This past year \$30,000 in scholarship money was given to across 7 scholarship recipients.

We need your help to build a healthy Commonwealth through the Power of Nursing!

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Contact us by calling 617-990-2856 or emailing info@fnama.org

Editorial Correction: In August 2023 Issue the names and photos of the below inductees were incorrect. Below is corrected content.

ANA Massachusetts Nurses inducted into the American Academy of Nursing



Margie Sipe, DNP, RN, NEA-BC, FNAP, FAONL

Dr. Margie Hamilton Sipe serves as Assistant Dean for Leadership Programs, Director, Doctor of Nursing Practice Program at the School of Nursing, MGH Institute of Health Professions, Boston, MA.

Dr. Sipe leads the redesign and implementation of new programs focusing on leadership development, education, and advocacy. She redesigned the postgraduate DNP program into a first of its kind innovative integrative curriculum that weaves key concerns of justice, equity, diversity, and inclusion as well as climate change advocacy.

She holds an appointment at the Institute of Patient Care at Massachusetts General Hospital, supporting onboarding new staff and integrating evidenced based practice. Active in professional organizations, she serves on the NLN National Policy Committee and other regional/ national organizations, including the American Organization for Nursing Leadership, where she was honored as an inaugural Fellow.



Margaret Sullivan, FNP-BC, DrPH

I have dedicated my career to improving the accessibility of high-quality primary care for immigrants and people experiencing homelessness. As a bilingual family nurse practitioner for 18 years, my practice has consistently been with Spanish-speaking individuals who have precarious immigration status, which frequently impacts their access to housing and healthcare.

The complexity of addressing these issues inspires me to conduct research on the intersection of immigration and homelessness. I conduct clinically relevant research on the impact of undocumented immigration on health, improvement of healthcare delivery at community health centers, and pathways to homelessness among marginalized populations.

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TO APPLY

JENNIFER LEWIS

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I really enjoy spending time with the Veterans, they have very intriguing stories, I love the people I work with, and the benefits here are so great.

Heather Labrie, a Nurse Manager with VA Bedford HCS

“The best thing for me about the VA, besides the benefits, is the upward mobility. There are so many places I can go. We have so many different things you can try out and find your niche, without leaving the facility, and losing seniority or pay. Here you have a support system to guide you, back you and mentor you.”



VA



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interviews

The 51st National Black Nurse Association Annual Conference

By Alex Butler, BSN, RN

The 51st Annual Conference for the National Black Nurse Association (NBNA) was held in Atlanta, Georgia this year during the first week of August. Of the 151 chapters and over 200,000 nurses represented across the country, a select handful from Massachusetts General Brigham (MGB) offered to speak with me about their experience regarding the conference. Josette Auguste, an operating room nurse, and Saphir Jocelyn, a med-surg floor nurse answered a few questions.

1. Firstly, congratulations on being a part of the National Black Nurses Association and representing MGB this year at the annual meeting in Atlanta, Georgia. Please describe your role as a nurse at MGB.

Josette: I am a nurse in the Operating Room at MGH, and work in General Surgery, in oncology and trauma cases. Working in oncology and trauma, one day I may be taking care of patients who have cancer, and another day, I may be caring for patients who have a suffered a trauma, such as a motor vehicle accident, gunshot, stabbing, or any number of situations. My job is a big picture view of the OR but also to ensure that the details for the day’s surgeries are handled. I make sure that everything is coordinated and where it needs to be, from making sure the correct instrument kits are in the room to ensuring the patient is positioned appropriately on the OR bed. The patient is always my number one priority, and even with a patient who is in a tenuous or difficult situation, I am often able to see it resolve in a positive way.

Saphir: I am a Staff Registered Nurse on Bigelow 11, a Medical-Surgical unit. I care for patients with various issues (different specialties). I work closely with patients, family members, doctors, and other members of the multi-disciplinary team to provide the highest quality of care possible to all my patients. I mostly work nights and I think that piece of information is important because in my opinion, the rapport nurse-patient during night shifts may be different from that of day shifts. Indeed, I often notice that patients are more inclined to confide in their nurses at night (when the day commotion is over). I pride myself in encouraging and nurturing this special bond, which in turn, allows me to better advocate for my patients.



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2. Generally, how did it feel to receive the invitation and represent your hospital on a national level?

Josette: I was extremely honored and excited to be selected by MGH. I literally shouted with joy. I am so proud to work at MGH and I was incredibly aware of my role representing this hospital on a national level. When I told other nurses from the conference that I worked at MGH, they were so impressed, and I felt so proud to be one of the faces of MGH at the NBNA. Truly, representing MGH at the NBNA was a dream come true for me. It was my first opportunity to represent MGH at this level, and I plan to attend the conference again when I can. I made so many valuable connections and learned many new skills that I plan to bring back to MGH.

Saphir: When I received the invitation to represent MGH on a national level, I felt a sense of pride and acknowledgement. It showcased the efforts to support minority staff at MGH by sponsoring four of us to attend an event of such magnitude and so meaningful to Black nurses.

3. During the week-long event, were there any outstanding discussions or speeches that stand out for you? Any people that inspired you?

Josette: There were so many outstanding programs, discussions, and speeches that it is a bit difficult to single out any speaker or program. One discussion, however, has continued to stick with me the most – the discussion entitled “Achieving Health Equity: Principles, Education, Equity, and Pathways (PEEP).” I have often heard the words diversity, equality, equity, and inclusion, but have often only thought about them in the abstract, without considering the practical implications of these words. During the discussion, the speaker talked about the fact that we cannot have equity without equality. This point especially resonated with me when she presented a drawing of three people in front of a fence watching a baseball game in four different panels. In the Reality panel, the first person is shown standing on several boxes, so they have an amazing view of the game. The second person is standing on one box, so they are just able to see over the fence to watch the game. The final person has no box and therefore, cannot see over the fence to see the game at all. In the Equality panel, all three people are standing on the same size box, but the first person is taller than the others, so he can see the game perfectly. The second person is just tall enough to see over the fence to watch the game, while the third person is too short so he still cannot see over the fence to see the game. In the Equity panel, the first person has no box, but he can see the game, because he is tall enough to see over the fence. The other two people are given an appropriate number of boxes so they can each see over the fence to watch the game. In this panel, the third person can see the game, because he was finally given enough support to put him in the same position as the first person. In the final panel, Liberation, the fence is gone, and they have all been given the chance to see the game on their own terms. A picture truly is worth a thousand words because as soon as I saw it, the differences in these terms was crystallized in my mind. I now more thoroughly understand that we all start from different circumstances, and particularly in healthcare, we need to think about our patients through a lens of equity, not just equality.

Saphir: During the event, I had the absolute pleasure and honor to meet with many inspiring panelists. I had the opportunity to learn more about racial justice and inequity in nursing (what it is, its origin, and its impact on patient care). Additionally, I became aware of ways I can, as a nurse, make a difference and influence health policies that impact Black people. I was very impressed by all the speakers, but two women particularly stood out. I found them to be formidable for breaking the glass ceilings and for tirelessly laying out the foundation for future generations of nurses to build on. Dr. Michelle Y. Williams, the Executive Director of Health Equity and Research at Stanford Health Care, and Clinical assistant and section chief of the Nursing Research Section at Stanford University School of Medicine is a champion in advancing research to strengthen health systems, to promoting care delivery excellence and equity to all populations. Dr. Williams, after meeting me at the Conference and upon discussing my plans, graciously accepted the request to become my mentor despite her incredibly busy schedule. She understands that it is one thing to succeed but it is as important to help others achieve success as well (lift as you climb). That mindset alone is impressive. I also had the pleasure to meet and discuss with Dr Airica Steed, who is the President and Chief Executive Officer at the MetroHealth System in Cleveland, Ohio. She is the first Black female and first nurse to serve as MetroHealth’s CEO. Dr Steed was recognized by Modern Healthcare as one of the top Women Leaders for 2023. Her passion about ending racial health disparities was contagious. Representation is important. Talking to these two women really impacted me and empowered me. They made me gain confidence in the possibility of a diverse, equitable, and inclusive nursing profession.

4. Aside from the formal speeches and events, did you and other nurses involved in the event find common themes that you found yourselves discussing? Like, similar experiences/issues that you had while working in healthcare?

Josette: I met several nurses at the event, and the common theme was education. We all agreed that we want to pursue an advanced degree such as a master’s degree, and for some of us, maybe even a DNP. We also discussed racism in healthcare and our own personal experiences with racism in the workplace. We further reviewed ways to make our workplace a racism free environment for our patients, colleagues, and community. We all agreed that if we see racism happening, it is important for not only us, but our colleagues, to say something and support those individuals experiencing the racist incident or behavior. I am happy that MGH, through their DEI program, already has an initiative in place to address racism – United Against Racism. MGH welcomes individuals with diverse backgrounds to come forth and talk about their experiences with racism.

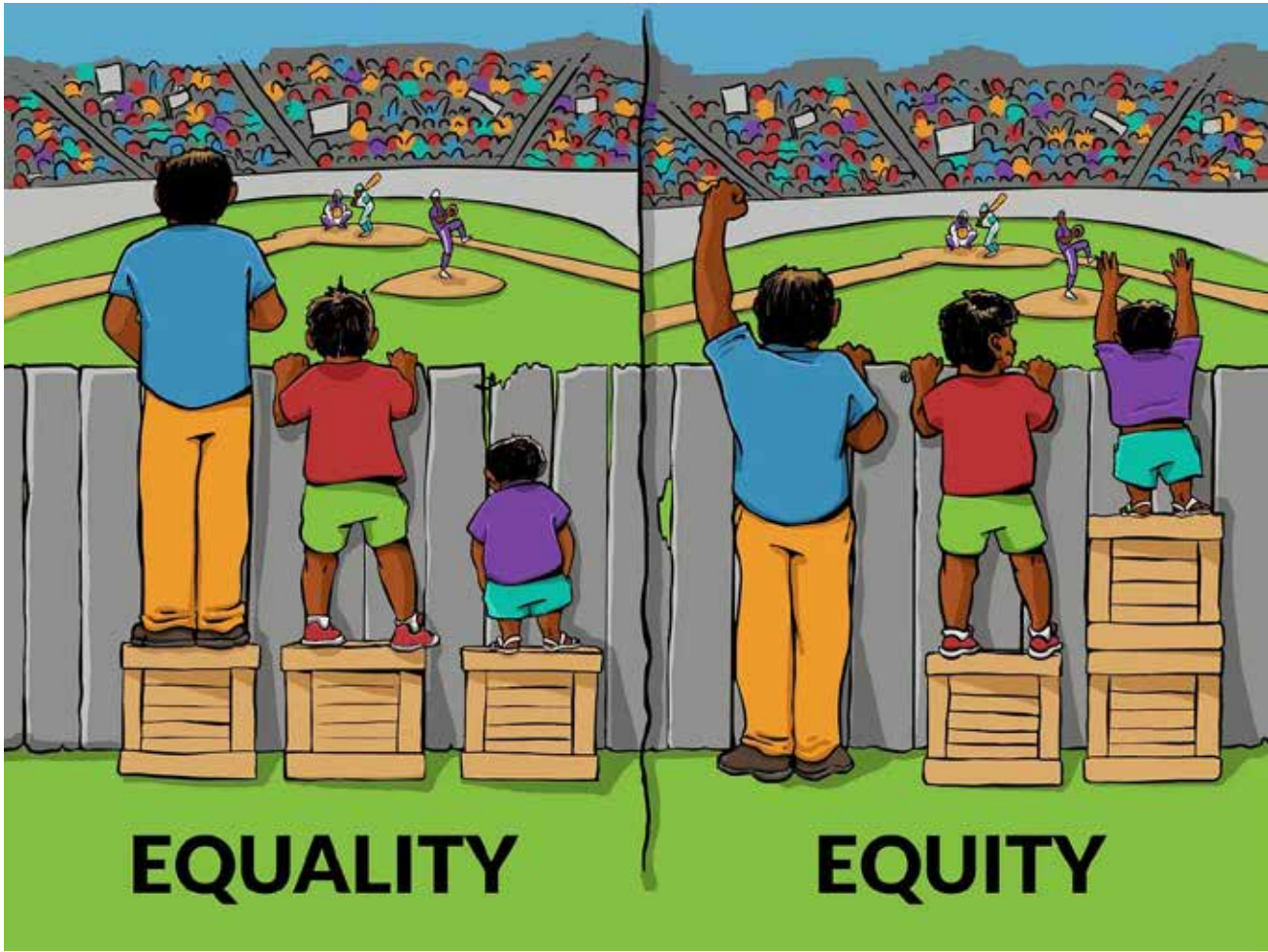
Saphir: I was mesmerized by the stories shared by several nurses. We found ourselves talking about incivility in all strata of the nursing profession. I learned a lot about “surface acting” and its impact on our health and well-being. One crucial element that was discussed at length was diversity mentoring. We talked about how it should

be a priority to provide opportunities for younger diverse nurses to be trained, mentored by people who look like them and share their experiences. We also discussed strategies on how to access available resources to create meaningful changes for our patients, nurses everywhere, and ourselves.

5. You are a nurse practicing in the Northeast, in a city hospital. Were there any stark differences between your healthcare experiences and those of nurses from another part of the country?

Josette: I did not notice any stark differences between the experiences of the nurses I spoke with who were from other parts of the country. In fact, we were all in agreement that we need to increase diversity, equity & equality, and inclusion for black nurses across the country. The current number of black nurses in the US is not adequate in terms of representation of the black population. It is important for our black patients to feel that they are not only adequately represented but also to feel that they have healthcare providers with whom they can have a cultural or other connection. It is important for all of us to understand that diversity is our strength. For example, look at your hand. Your fingers are all different lengths. The dorsal part of your hand has a different color compared to the ventral part of your hand. Each finger has a function. Together they are strong and can do amazing things, such as construct amazing buildings, write beautiful poems, or reassure a patient with a comforting touch, just to name a few. Ultimately, however, it is our minds that control our hands and bodies, so if we educate those minds about race and racism, we will be unstoppable.

Saphir: Talking to nurses practicing all over the country, made me realize that racism in nursing is real and thriving. In certain parts of the country, racism and incivility are outright blatant. For example, a nurse from Alabama stated that upon entering a patient’s room to introduce herself, the patient yelled: “You can leave. I want a White nurse.” Here in the Northeast, racism tends to be less overt (micro aggressions, overall



feelings that the victims cannot objectively report). I have personally been told by a patient as soon as I entered her room: “I am sure that you are an excellent nurse, but may I have someone else?” The two patients meant the same exact thing but the delivery in the Northeast was more subtle hence arguably more difficult to deal with since the patient could deny any racist intent in her

request. Although we have policies, training in place, and individuals trying to do the work, we need everyone to speak up, adhere to the code of conduct, mission, and vision statement of their organization when they witness someone being subjected to racism or incivility. This is how we will be successful in creating a healthy work environment to promote staff satisfaction, decrease staff turnover while also improving patient outcomes.

Why Notetaking for Nursing Students Matters

Lisa Cross PhD RN CNE CRRN CHPN, Assistant Professor, MCPHS, Boston
Amy Kendrick PhD RN ANP-BC, Assistant Professor, Fitchburg State University, Fitchburg

Taking notes is a skill integral to the learning process and has been studied in relation to college students. Notetaking is the act of recording key information from lectures, presentations, or reading material and many individuals, especially students, use this strategy for effective learning (Nordquist, 2019). Notetaking is traditionally handwritten, however, evolving technologies have impacted the way students record information. Nurses by profession take notes throughout their shifts, and thus, nursing students prepare to take notes during clinical experiences as well as during lectures.

Notetaking among nursing students has not been extensively studied. The demand for nurses is expected to rise 6% by 2031 (U. S. Bureau of Labor Statistics, 2022). With this expected workforce need, there is an increased importance for promoting long-term success in nursing students as they prepare for their nursing careers. This includes learning strategies such as notetaking, that carry into their careers as life-long learners, however, insight into nursing students’ notetaking skills remains low. A literature review between 2017 and 2022 yielded only 12 articles on the topic of notetaking for nursing students, identifying a literature gap on the topic.

Nursing students struggle with medical vocabulary and find difficulty relaying observed experiences or having adequate time to describe thoughts in few words (Tavener-Smith, 2021). Learning how to effectively take notes can contribute to better learning fundamental concepts as well as improve accuracy and medical vocabulary (Tavener-Smith, 2021). Patidar (2019) also found that nursing students who successfully took notes could gain success in their nursing program.

In addition to serving as a source for learning acquisition and recall, notetaking provides a frame of reference for material (Seid & Teklay, 2018). Students may struggle with the ability to use minimal words while they are notetaking and may not benefit from listening

and learning the information while they are recording notes (Seid & Teklay, 2018). Additionally, many students like to take their notes electronically, often verbatim, alongside the advance content. Emory et al. (2021) found that 69.3% of students preferred to have the slide content to take electronic notes in class. Nursing students favor use of laptops over handwritten notes as they can gather information at a quicker pace (Emory et al., 2021). These students also acknowledged their tendency to become distracted when using technology for notetaking. However, they felt that this risk was worth the benefit of gathering information at a quicker pace (Emory et al., 2021). Current students may feel more comfortable and connected to an online learning environment. While it is important to acknowledge this preference, faculty should also be aware that distractions are likely to occur when students have access to other online websites or platforms while in class (Emory et al., 2021). Faculty may wish to discuss this risk with students ahead of time in an effort to minimize the likelihood of distraction during the lecture. In the few articles identified, there were no significant differences between the preferred methods of notetaking, and there were no significant differences found between method of notetaking and student GPA. However, more research is warranted.

While current research is limited, nursing faculty must be aware of current findings to promote optimum learning among their students. Faculty need to identify barriers to nursing students’ notetaking abilities as well as preferences for taking notes. Current literature suggests that nursing students struggle with notetaking in the classroom as well as in the clinical setting (Emory et al., 2021; Patidar, 2019; Seid & Teklay, 2018; Tavener-Smith, 2021). This has implications not only for classroom content organization and mastery, but for the care and outcomes of patients. Requiring students to participate in a notetaking course, revise notes as part of course assignments, or allowing students to view lecture slides ahead of class may lead to better notetaking skills over time (Emory et al., 2021; Patidar, 2019).

Currently nurses are needed to fulfil rigorous workforce demands, baccalaureate program content and

strategies learned in nursing school supports nursing students as they enter the nursing workforce (American Association of Colleges of Nursing, 2023). To support nursing student learning, nurse educators can continue to improve the environment that enhances notetaking activity. Considering the types of methods for notetaking preference may pose challenges for faculty when creating learning environments for successful notetaking, whether traditional or technologically supported; time, space, and if necessary, internet considerations may need to be taken into consideration. Future research identifying the use of newer notetaking technologies in the classroom and strategies for optimizing student notetaking are warranted.

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Fostering Belonging in Nursing through Words

Rachael Salguero, MSN, RN-BC, CNEcl

We all share a fundamental desire for a sense of belonging. Maslow (1943) identified the importance of belonging while describing the Hierarchy of Needs, a framework that offers valuable insights into our comprehension of human behavior. The longing to be a part of something is an innate and universal human need that transcends cultural boundaries. When nursing students experience a sense of belonging in both the clinical and classroom settings, their learning is enhanced, and they develop a stronger sense of being integral members of the team. Patients are more likely to experience inclusion, respect, and a sense of belonging when inclusivity is prioritized. Fostering a sense of belonging among nursing students and patients may be achieved when nurses adopt the use of inclusive language.

Non-inclusive language is woven into our everyday language (Salguero & Wocial, 2023). In most cases, we use language that is non-inclusive without even realizing it. For instance, expressions such as “long time no see,” and “no can do” are common phrases used, however, they can be harmful to Indigenous people and Asians, as these are stereotypes making fun of individuals where English is not their first language (American Psychological Association, 2021). Other common phrases such as “white paper” and “blacklist,” prioritize white privilege and show disapproval for individuals who are Black (American Medical Association, 2021). “Pipeline” is a commonly used word to describe a pathway for increased access, however, individuals should acknowledge that this term may be distressing to Indigenous communities because of the historical context of contaminated water due to oil companies disrupting the lands of American Indians and Native Alaskans (American Medical Association, 2021).

In the classroom and clinical setting, nurses may use embedded terminologies such as “COPD’er,” “chief complaint,” “noncompliant,” and “frequent flyer.” For patients and family members, these terms may be offensive and harmful to hear. Inclusive terminologies such as a patient with diabetes, a patient with COPD, chief report, difficulty managing diabetes, and a patient at an increased risk for admission are better choices that demonstrate respect and support belonging. As nurses, we make a commitment to lifelong learning. Although we may make mistakes, we should strive to normalize holding ourselves and colleagues accountable for using inclusive language.

Utilizing inclusive language communicates respect and acceptance, nurturing a feeling of belonging among individuals. Nurses and nurse educators serve as role models within the nursing community. Actively promoting inclusive language is powerful tool that supports the profound impact that words have, while fostering the well-being of patients and nurturing the development of nursing students.

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Board of Registration in Nursing Announcement: Executive Director

It's with a heavy heart that we share that Dr. Claire MacDonald, Executive Director of the Board of Registration in Nursing passed away on 6/6/23 following a brief illness.

Claire began with the Board as Deputy Executive Director in 2016, eventually being promoted to Executive Director in 2021. Claire came to us with extensive leadership and academic experience, being widely published and owning her own consulting business. Claire was a champion for patient safety and passionate about furthering the future of nursing. Claire was involved at the state and national level and sat on multiple committees charged with patient safety, nursing education, and licensure.

Claire will be remembered as a strong and compassionate leader. She prided herself on the connections she made with each and every staff member, always going the extra mile to make everyone feel included and valued. Her goal was to build a team around her that reflected the qualities that she held dear: openness, honesty, and transparency. She will be sorely missed as will her infectious laugh and her innate ability to be funny without even trying!



A Resource to Share

**Donna Pineau PhD, RN, CNE
Adjunct Faculty, Emmanuel College**

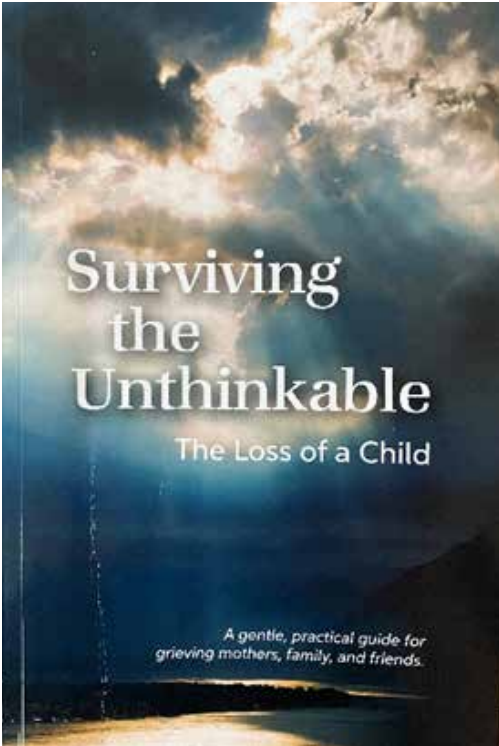
Surviving the unthinkable: The loss of a child by Janice Bell Meisenhelder (2017) is an account of Dr. Meisenhelder’s experience of grief and survival following the loss of her daughter. According to Meisenhelder "One of the most heartrending situations in life is the loss of a child and finding the courage to go on" (copy cover).

Although written as a guide to comfort mothers, *Surviving the unthinkable: The loss of a child* is a significant resource for family, friends, and healthcare professionals who wish to comfort a grieving mother. Part one of the book focuses on the bereaved mother by addressing the physical, psychological, emotional, and spiritual reactions to loss, such as fatigue, anxiety, susceptibility to common infections, forgetfulness, and longing for the child. Substantiation for the commonality of these experiences is included. Each chapter includes "messages for moms", suggestions for survival. Part two of the book is written for those who wish to comfort a grieving mother and identifies critical aspects of support. Dr. Meisenhelder describes what it means to listen and reach out to a bereaved mother, avoiding pitfalls such as trying to cheer up a bereaved mother, finding meaning in the loss, or encouraging closure and moving on.

More specific to the healthcare professional, Meisenhelder (2021) is a self-analysis of maternal grief that incorporates experiences from other mothers experiencing the loss of a child. The article provides rich detail related to the experience of catastrophic loss: shock, anger, envy, guilt, loneliness, and the impact of loss on self-image. Meisenhelder offers the healthcare professional evidence-based therapeutic goals, responses, and self-care interventions for the comfort and support of the bereaved.

The outcomes of sharing the book have been positive. A grieving mother said the book helped her know she was not “going crazy.” Another stated returning to the chapter for surviving the first-year anniversary as she struggled with her daughter’s absence at a birthday party. A faculty member placed the book on her reading list in an end-of-life course. The book and article are shared as resources in a facility for end-of-life care. According to the director of the facility, the resources have significant impact for clinical practice in comforting the bereaved. The book is available on Amazon.

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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 January 1, 2024
- 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 2024

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 January 1, 2024**
- 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 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 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

FNAMA Scholarship to Advance Diversity in Nursing is for candidates pursuing a Baccalaureate or higher degree in nursing. The **\$2,500 scholarship** can only be applied to tuition and fees.

IntelyCare™/Foundation for Nursing Advancement in Massachusetts Advance Diversity in Nursing scholarship is for a student who has matriculated as a degree candidate and is enrolled either part-time or full-time in a nursing program. The \$5,000 scholarship can only be applied to tuition and fees.

Joyce L. Wolf Scholarship is for candidates pursuing a 16-18 month Accelerated Baccalaureate of Science degree in Nursing. The **\$5,000 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 January 1, 2024**
- The selected recipients will be notified by January 2024.
- If you have questions, need help? Call FNAMA at 617-990-2856



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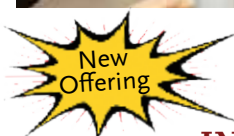
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A Guide to Your Nurse Practice Act



Nursing professionals have a wide range of valuable resources to help them in their jobs, such as organizational policies and procedures and databases of clinical practice guidelines. Many nursing professionals use these on a regular basis to help them deliver quality care. But they tend to overlook one essential practice resource — the nurse practice act (NPA). As the name implies, a state's or jurisdiction's NPA provides guidance for practice; adhering to the provisions of the act makes the nurse less vulnerable to legal action. Here's what you need to know about NPAs.

NPA basics

Each state and territory of the United States has an NPA, which is a law passed by a legislative body. An NPA outlines what is required to practice as a nurse and the types of activities various nursing professionals can engage in. NPAs generally have [several common components](#):

- **Definitions.** Terminology needs to be clear so the information in an NPA is interpreted correctly. An example of a definition is unencumbered license — a license that doesn't have any restrictions or current discipline issues.
- **Authority, power, and composition of a BON.** The Board of Nursing (BON) is responsible for enforcing the NPA and protecting the public (see sidebar).
- **Educational program standards.** These standards, which include items such as faculty qualifications, are for schools of nursing.
- **Standards and scope of nursing practice.** This is a vital section of the NPA for practicing nursing professionals. It outlines expectations for practice and includes information about proper delegation.
- **Titles and licenses.** This section details requirements (such as graduation from an approved education program and passing an examination) needed to use a particular title such as RN.
- **Grounds for disciplinary action, other violations, and possible remedies.** The BON is responsible for investigating issues such as misuse of controlled substances and significant errors in care, and for taking appropriate action, based on what is permitted under the NPA.

Following the NPA

You are responsible for following the NPA in the states and jurisdictions where you are licensed. Failure to do so leaves you open to legal action. For example, if you delegate incorrectly and the patient suffers harm, you could be named in a lawsuit. You would have little defense if you did not follow the NPA's guidelines for delegation.

About Boards of Nursing

A Nurse Practice Act (NPA) includes the creation of a Board of Nursing (BON) for enforcement. The BON's main purpose is to protect the public, although another consideration is the rights of nursing professionals. According to the National Council of State Boards of Nursing (NCSBN), the BON can create rules and regulations that clarify what's in the act but are consistent with it and do not go beyond it.

BON members are elected or appointed to their position. Members typically include registered nurses, licensed practical/vocational nurses, advanced practice registered nurses, and consumers.

Consider the NPA as a helpful resource. For instance, if your organization asks you to take on a task that is outside the scope of practice defined in the NPA, you have a valid reason for declining to perform the task. If you are unsure whether a task is covered, consult the BON for the relevant state or jurisdiction. You can easily access BON contact information via the National Council of State Boards of Nursing (NCSBN): <https://www.ncsbn.org/sites/ncsbn/membership/us-members/contact-bon.page>.

Of course, to follow the NPA, you must know what is in it. You can easily find the NPA(s) for where you practice through the "Find Your Nurse Practice Act" page on the NCSBN's website (<https://www.ncsbn.org/policy-gov/npa-toolkit/npa.page>). Simply use the drop-down menu to select your location.

It can be challenging to read a legislative act, so many states have created self-study education programs on their NPAs. You can find a list at the International Center for Regulatory Scholarship (ICRS) Connections Catalog: <https://catalog.icrsncsbn.org/browse/public/continuing-ed/npa/>.

A valuable resource

Following the NPA helps reduce your risk of legal action. Be sure to read newsletters and other correspondence from the BONs where you practice for any clarifications related to the NPA. It's also a good idea to revisit the NPA on an annual basis to ensure you are practicing according to the law.

By: Cynthia Saver, MS, RN, is president of CLS Development, Inc., in Columbia, Md.

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When the Going Gets Tough...What Keeps You Going?

When the going gets tough, I'm reminded of how far I've come when I look at my nursing degree. When I look at it I realize why I've wanted to join the profession in the first place and why I love what I do. I'm reminded of my family and friends who have supported me through the tough times and how difficult nursing school was for me. I have not looked back.
Cam, Psychiatric nurse for a year and a half.

As a busy career woman, wife, and mother of three, I enjoy attending my children's sporting events and spending time with friends and family. I actively engage in daily practice of self-care and most appreciate date nights with my husband of 20 years, mindfulness, and regular massages.
G.A., educator for over 23 years. Currently serves as the CEO of a Community Mental Health Clinic and Graduate Program Director of Nursing.

I am not a nurse, and thus you may not want to use my reply, but my work as a health care communications consultant brings me in contact with many of them. Two things keep me going when the going gets rough: The expression attributed to King Solomon that "this, too, shall pass" – meaning that both good times and bad times are transient, better days ahead; and I have a cube on my desk with pictures of my daughter when she was a toddler, and pottery on my office windowsill with pottery from my son when he was a toddler, and that gets me through difficult times. Both are adults now.
-David B.

When I feel like life is getting tough, I focus on my senses:

- I go outside, sit under a tree, and breathe long, deep breaths.
- I swim at the gym, allowing the water to soothe me.
- I listen to music, and I dance.

J.S

As a woman juggling many responsibilities, the 'going gets tough' often. Whether it is needing to be in 2 places at once, looming deadlines, or important meetings, it often feels like there aren't enough hours in a day. One thing that helps me keep going is reminding myself that these are good problems to have. I remind myself that deadlines and meetings mean that I have a job, and that needing to be in 2 places at once means that I have people who love and depend on me. I find motivation in gratitude. Reminding myself that many people in this world don't have the privilege of having a family, a career, or the means to attain either of the two, helps me push forward. It also helps to get a bear hug from my son, who is always ready to tell me how amazing I am and how proud he is of me!
S.M., Administration

Large glasses of Chardonnay.

bulletin board



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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 Studios and Fitness Centers in their new Premium network (including brands like Club Pilates, Pure Barre, Cyclebar and YogaSix), where ANA/ANAMASS members can save 10-30% on membership.

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

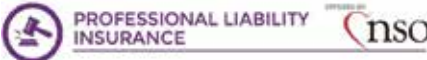
[Click here to learn more about the Active & Fit Direct program.](#)

[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.

[Click here](#) to apply now or find out more information on Term Life and AD&D insurance.



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.

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1) Savings vary based on rate and term of your existing and refinanced loan(s). Refinancing to a longer term may lower your monthly payments, but may also increase the total interest paid over the life of the loan. Refinancing to a shorter term may increase your monthly payments, but may lower the total interest paid over the life of the loan. Review your loan documentation for total cost of your refinanced loan.
2) A 0.25% interest rate discount offered on new student loan refinance applications from active ANA members. The ANA discount is applied to your monthly payment and will be reflected in your billing statement. The discount will end if the ANA notifies Laurel Road that the borrower is no longer a member. This offer cannot be combined with other member or employee discounts.
3) A \$300 cash bonus offered on new student loan refinance applications from active ANA members. The loan application must close in order to qualify for the bonus which will be paid within 45 days of closing. Existing customers are not eligible. This offer cannot be combined with other member or employee discounts nor the Student Loan Refer-a-Friend Program.
4) Checking your rate with Laurel Road only requires a soft credit pull, which will not affect your credit score. To proceed with an application, a hard credit pull will be required, which may affect your credit score.
5) AutoPay/EFT Discount: if the borrower chooses to make monthly payments automatically by electronic fund transfer (EFT) from a bank account, the interest rate will decrease by 0.25% and will increase back if the borrower stops making (or we stop accepting) monthly payments automatically by EFT from the borrower's bank account. The AutoPay/EFT Discount will not reduce the monthly payment; instead, the discount is applied to the principal to help pay the loan down faster.

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Nursing is so Unique it Needs Two Unique Identifiers

Katheren Koehn MA, RN, FAAN, Executive Director, MNORN

There is an age-old problem when it comes to finding the cost of nursing services in a hospital bill, because nursing is buried in the room charge. We talked about this issue in the 1970’s when I became a nurse, and we are talking about it today.

This is not a subject that just a few of us are talking about. This is a subject nurses at every level are talking about. You can see some of the discussion by doing a quick google search. Enter “where is nursing in the hospital bill?” and out pops myriad articles. Among the articles I found were:

- [allnurses.com](#) - Should nursing charges be separate from the room charges? (2003)
- [beckershospitalreview.com](#): Want to Fix the Nursing Shortage? Change this 100-year-old policy (2023)
- [thefreelibrary.com](#) - Nursing is the room rate (2012)

HISTORY

“Want to Fix the Nursing Shortage?” explained how nursing got into the room charge in the first place. In the 1920-30’s, medical science expanded. More people were admitted to hospitals and the need for 24-hour nursing care also expanded. Rather than billing patients separately for nursing care, as they had done when patients paid for their own private duty nurses, hospitals rolled the cost of nursing services into the hospital bill - where nursing has stayed for nearly 100 years. Nursing has changed greatly in the past 100 years, but billing has remained the same.

History is important to know how we got where we are. Now it is time to change.

CURRENT DEBATE

Discussions about the need for a unique nurse identifier have turned into a debate about where the unique identifier should be located. The two options are within CMS as the Unique Provider Identifier (NPI) or within NCSBN within Nursys. Notice the word “debate.” There are those who think that CMS is the best place, others who think NCSBN is the best place. It turns out that this isn’t an “either or” - this is an “and!”

Currently most APRNs are registered in the CMS NPI Registry; they have to be in order to bill for Medicare and Medicaid services. Most registered nurses have not registered, but they can. There is no charge. All nurses who hold licenses are automatically assigned an unique identifier by the NCSBN for their Nursys data base. One way to think about it is that the NPI via CMS is for billing; the NCSBN ID is for the use of aggregate data on nurses for research on nursing.

The ANA Position is that all nurses should enroll into the NPI Registry, so that registered nurse payment could be extracted from the room charge.

ANA - NURSE PROVIDER IDENTIFIER

“Registered nurses (RNs) are integral parts of the health care team and spend significant time with patients providing clinical services. In the current health care financing system, this work is generally not

accounted for, other than in the physician’s practice expense (PE) relative value unit (RVU). The lack of NPIs for nurses makes it extremely difficult to record, measure, and value the services they provide and their impact on patient outcomes.....Obtaining and recording NPIs in appropriate healthcare data systems would allow health systems, payers, and enterprise resource planning systems to extract nursing services from other providers. This then allows for a quantitative analysis and substantive demonstration of the nurse’s role and value as an integral member of a patient’s health care team.”

The NCSBN Position is that all nurses have a NCSBN identifier that uniquely identifies all nurses, which could provide aggregate data to research nursings contributions through the care continuum.

- NCSBN - UNIQUE NURSE IDENTIFIER**
- UNI (nurse’s NCSBN ID) allows to uniquely identify a U.S. nurse regardless of how many states in which the nurse is licensed. It is an eight-digit public identifier assigned to a nurse for life upon getting their first U.S. nurse license (LPN/VN or RN) and will never expire or be recycled, just like SSN is to an individual.
 - Federal, State, Non-profit, For profit, Hospital systems, Educational institutions – ALL have nurse data sets for nurses in their systems and databases. With UNI embedded in their data sets, protected nurse personally identifiable information (PII) such as SSN, DOB, etc. will no longer be needed for nurse identification and will facilitate data sharing and exchange for research, operational and important public protection work. UNI is publicly available; however, it is the responsibility of each organization to securely protect their nurse data sets.
 - Information systems can relatively easily record nurse’s patient care contributions throughout the care continuum by simply using the UNI. Aggregate data analysis can help with meaningful evidence-based decisions. Searching for a nurse in databases can be made easy using ONLY the UNI.

NEXT STEPS

It is time to end the debate on either or - ANA’s position on NPI or NCSBN’s position on UNI and begin the process of ensuring that all nurses have both. Since nurses are automatically enrolled in the NSCNB database, this means that we need to be encouraging all nurses to enroll in the NPI at [https://nppes.cms.hhs.gov/#/](#). It is free and easy to do. It’s the first step in making sure our history does not become our future. It is time to bring nursing out of the room charge.

REFERENCES:

An Overview and Policy Implications of national nurse identifier systems: A Call for unity and integration [https://www.nursingoutlook.org/article/S0029-6554\(22\)00180-4/fulltext](#)

A Unique Identifier: Frequently Asked Questions (FAQ) [https://www.allianceni.org/sites/allianceni/files/wysiwyg/inline-documents/Unique_Nurse_ID_FAQ_Final.pdf](#)

NPI: What You Need to Know [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf](#)

Position Statement: National Patient Identifier (NPI) as the Unique Nurse Identifier [https://www.nursingworld.org/~493c6b/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/nursing-practice/npi-position-statement.pdf](#)

Want to fix the nursing shortage? Change this 100-year-old policy [https://www.beckershospitalreview.com/want-to-fix-the-nursing-shortage-change-this-100-year-old-policy.html](#)

[wysiwyg/inline-documents/Unique_Nurse_ID_FAQ_Final.pdf](#)

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Want to fix the nursing shortage? Change this 100-year-old policy [https://www.beckershospitalreview.com/want-to-fix-the-nursing-shortage-change-this-100-year-old-policy.html](#)

ANA FREQUENTLY ASKED QUESTIONS ABOUT THE NPI

What is an NPI? NPIs are unique identifiers used by providers to bill Medicare and Medicaid for services they provide. They are currently the only identifiers allowed by the Centers for Medicaid and Medicare Services (CMS).

Why should I obtain an NPI? NPI numbers are the only numbering system currently approved for providers like APRNs to bill Medicare and Medicaid.

St. Paul, Minn., <i>Mrs. Anne Corrigan</i>			
<i>February 28 to April 27, 1938</i>			
To St. Joseph's Hospital , Dr. ⁴⁴⁷ 329			
Private Room	<i>1 week @ 28⁰⁰</i>	224	-
Double Room	"		
Ward	<i>2/7 " @ 24⁰⁰</i>	7	-
Anesthetic		6	60
Supplies for Operation		12	-
Medicine		13	25
Dressings		4	40
Special House Nurse	"		
Graduate Nurse Board Days	"		
Graduate Nurse Board Nights	"		
X-Ray	<i>(4)</i>	27	-
Metabolism Test			
Laboratory Exams.		11	-
Blood		30	515
Urine	<i>Paid</i>	7	50
Sputum		22	965
Smears	<i>Specs 1 day</i>	4	00
Aspirated Fluid	<i>Specs -</i>	2	28765
Feces			
Tissues	<i>Paid April 28, 1938</i>		
Cultures	<i>Sister Alicia</i>		





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How do I obtain an NPI? Applications for NPIs can be found through CMS’ website: <https://nppes.cms.hhs.gov/#/>.

Why is it important to have an NPI to track the care that nurses provide? As nurses, we know that our care is a crucial component of healthcare quality and health outcomes. Yet an RN’s time and expertise are now completely invisible to the systems that pay for patient care. As a result, the value of RN care to the system is not quantified. Nursing care should be counted! Tracking that care with an NPI is an essential first step in changing how health systems and other practitioners view nurses and the work that they do. The ultimate goal is changing healthcare reimbursement to account for the role of RN care.

What is the cost for an NPI? There is no cost to obtain and maintain an NPI.

How long do I keep my NPI? The NPI lasts throughout your professional career and travels with you from position to position. Make sure to update the NPI system when you change employers.

How do I obtain more information from ANA on NPI? To obtain more information please contact ANA’s policy team at gova@ana.org.

Who administers the NPI process and why? The process is administered by CMS. Congress passed legislation requiring CMS to create a unique identifier for providers and the result of this was the NPI. CMS requires NPIs to process Medicare payments, and to support data analysis for the Medicare program.

Do private payers require NPI numbers? Most private payers require NPI numbers for billing, but it is not a legal requirement.

Does the NPI cross state lines? Yes. NPIs are nationwide and cross state lines.

I am an APRN and bill under my practice/hospital NPI, why should I get an NPI?

Unless one has an NPI, it is impossible to track the work you do versus the work done by other clinicians in the practice. Additionally, if one chooses to start their own practice, they would need an NPI to bill Medicare and Medicaid for reimbursement.

I am an RN and I don’t bill separately, why should I get an NPI?

It is true that RNs do not currently bill, but we believe that nurses are not paid appropriately for the work they perform. There is currently no way to track

all the work that nurses do to show their full value, but by registering for an NPI we can start building the data to show the impact of nurses.

Other organizations are requesting that I use my NCSBN ID. Does this conflict with an NPI? This does not conflict with ANA’s recommendation of obtaining an NPI. Key organizations using NCSBN IDs are doing important research that can also help show the value of nursing. They are using this ID as all nurses are automatically given an NCSBN ID. The NPI was developed specifically for billing and reimbursement purposes, which is an area of priority focus for ANA advocacy. Both identifiers are important to changing how systems value and reimburse nurses.

When Nursing became part of the room charge.
Look at this hospital bill from St Paul MN in 1938.
The patient was in the hospital for 8 weeks.
Note that the categories “special house nurse; graduate nurse board days; and graduate nurse board nights are blank.
This bill suggests the hospital had at one time billed for nursing services, then stopped.
It is time to remove nursing from the room charge!

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BMC Based Direct Care RNs - Direct Hire Options

At Baystate Health, RN means more. It stands for our deep respect for nursing professional practice that is essential to our mission. It also stands for Baystate's many opportunities for growth and learning in the region's only academic medical center and within our community hospitals, and it stands for our commitment to taking care of all those in the community who need us.

Full Time (36 hours per week)

- Up to 12k Sign on bonus
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- Competitive benefit program with health, dental, vision, retirement, and much more
- Wellbeing programs including mental, physical and financial health

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- Competitive Salary with opportunity to receive shift and weekend differential
- Part time benefit option including health, dental, vision and much more

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- Unit specific per diem position
- Competitive salary and shift differential available
- Premium pay eligible after 1 shift per week (If available on unit)

CSO (Central Staffing Office) Per Diem

- Float position aligned with your competencies
- Competitive Salary plus:
 - Tier I Per Diem: 3 shifts in 6 weeks = \$10.50/hour additional flex pay

- Tier II Per Diem: 5 shifts in 6 weeks = \$12.50/hour additional flex pay
- Tier III Per Diem: 15 shifts in 6 weeks - \$16.50/hour additional flex pay

CSO (Central Staffing Office) Flex Team

- Float position aligned with your competencies - available full or part time – Sign on bonus prorated to FTE
- Competitive Salary with opportunity to receive shift differential and additional allowance plan
- Standard \$6.00/hour additional flex pay

Weekend Only Positions

- Friday night, Saturday day or night, Sunday day or night
- 24 hour position (Two 12 hour shifts minimum per week)
- Competitive Salary with additional pay of \$6 per hour days and \$8 per hour nights

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HEALTHALLIANCE-CLINTON HOSPITAL

We hire you. Sarah became a nurse just last year, but already has a thriving career — and a five-minute commute — that lets her be there for her young daughter and spend time enjoying nearby parks. Here, we treat nurses like people, not positions. And we offer a supportive culture, career growth opportunities, and excellent compensation and benefits. Come join the team!

Find out everything we offer your career and life at **WeHireYou.org**.

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