

"Nurses shaping the future of professional nursing for a healthier Georgia."



Georgia Nursing

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Brought to you by the Georgia Nurses Foundation (GNF) and the Georgia Nurses Association (GNA), whose dues-paying members make it possible to advocate for nurses and nursing at the state and federal level.

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GNA President's Message

Be Active Every Voice Counts

Aimee Manion, DNP, RN-BC, NEA-BC
Georgia Nurses Association President



Aimee Manion

Nurses live a life full of advocacy and service. Each day is filled with maximizing knowledge skill and sheer will to ensure optimal care for patients; provision of education for new nurses and aspiring nurses; and ensuring safe practices across the healthcare continuum. Although we give so much of ourselves in daily practice there is still another critical part to our professional role. We are also responsible for active involvement in legislative processes and health policy. Political awareness and involvement in health policy is not the responsibility of a small minority within the nursing profession, instead it must be the expected practice of the entire profession.

In all healthcare settings, there are nurses that are fully aware of the deficiencies in healthcare practices and the limitations in accessibility and diversity of healthcare options. Even though we are often the first to become aware of these needs, we are often absent from the forums where critical healthcare decisions are made. It is time for nurses to take an active role and claim a place within forums at local, state and national levels. As stated in the 2010 IOM report, nurses are in the ideal position to lead transformational change within healthcare. With over 90,000 active registered nurses in Georgia, our united voice can influence change to advance our profession and create positive and sustainable solutions ensuring equitable access and provision of high quality care to all Georgians.

GNF President's Message

When Deeds Speak, Words Are Nothing (Pierre-Joseph Pradhan)

Catherine Futch, MN, RN, FACHE, NEA-BC, CHC
Georgia Nurses Foundation President



Catherine Futch

Happy New Year everyone and best wishes for a safe, happy and prosperous New Year! I look forward to serving you as I begin my term as President of the Georgia Nurses Foundation.

Much has been written and spoken of late about the work environment, about civility in the workplace, about lateral violence, about, in a nutshell, bullying. One would think that within a "caring profession" like nursing there would be no question but that we would each watch out for and care about our peers, coworkers and those who report to us just as fervently and carefully as we care for our patients and their families. But perhaps that isn't true.

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CEO Corner

Saying Goodbye

Debbie Hackman Bartlett CAE

Saying goodbye has never been easy for me but I really am looking forward to my retirement.

Sixteen years ago when the GNA/GNF CEO Search Committee took a BOLD step to hire an Association Professional in this role for the first time, we discovered together that there was much to learn from each other. Trust was at the root of our success. When trust was absent – success was dormant. There is a lesson in



Debbie Bartlett

CEO Corner continued on page 4

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I'd like to share with you what I learned at the 2015 GNA Professional Development Conference and Membership Assembly. To be more specific, I am referring to a presentation done by Dianne M. Jacobs, MSN, RN entitled "Speak Up! Recognizing and Addressing Disruptive Behavior in Healthcare." Jacobs described today's workplace culture and environment with terms like workplace incivility, disruptive behavior by nursing staff, horizontal hostility, horizontal violence, and bullying—targeted to one or more persons.

Jacobs went further by discussing the 10 most frequent forms of lateral violence in nursing practice. Included on this top-ten list were non-verbal innuendo, verbal affront, undermining activities, purposely withholding information, sabotage, infighting, scapegoating, back stabbing, failure to respect privacy and broken confidences. The targets of the above behavior were generally new nurses, new hires, pool and float staff, travelling nurses and student nurses.

So how did we find ourselves in this situation? Jacobs suggests a variety of reasons: cultural differences, generational differences, tolerance of bad behavior at every level of the organization, fear of retaliation and individuals who choose not to report these behaviors when they are the focus of the bullying out of fear that others will learn that they were a victim of any or all of the behaviors described above.

Unfortunately, in today's culture in nursing, we observe these behaviors too frequently but we

don't speak up. As Jacob's noted, "what we tolerate we teach." She further pointed out that when you are able to change your words, you become able to change your world.

It is important to remember the words of Pierre-Joseph Pradhan, "when deeds speak, words are nothing." Put another way, if the deeds associated with bullying are noted but not addressed, it becomes all too clear that, in fact, in many instances we really don't reflect in our actions the words used to describe our organizational vision and mission and expected cultural norms for the work environment of the organization as a whole or for a unit in particular.

It is highly possible that major changes in the nursing work-place, no matter where it is, are beginning to occur. Organizations seeking Magnet status are focusing more clearly and more intently on the value of nurses and nursing. When that happens, leaders at all levels of the organization begin to really look at the work environment...really begin to look at that environment from the perspective of better understanding the true environment and recognizing that which is good (and sustaining it) but also recognizing where problems lie. Once they become aware that they may have a culture, an environment, that is sustaining incivility in the workplace, disruptive behavior, horizontal hostility, horizontal violence and bullying, then they can begin the work of standing up to the offenders each and every time until the behavior stops or the individual/s accept the organizations invitation to work elsewhere.

Included in the many actions that can be taken to stop, perhaps even eliminate the above described behaviors are the following: becoming aware of the problem; zero tolerance for incivility, disruptive behavior, hostile behavior, violence in the workplace or bullying; adapting professional behavior standards that are uniformly enforced; recognizing excellent work; empowering bystanders to speak up and be heard; and teaching all to address behaviors as they occur.

We each can have a hand in taking our professional culture back, one nurse, one action, one recognition of those who have the courage to stand behind their convictions and take the action required to let everyone know that none of the behaviors described here are ok on any shift, at any time by anybody!!

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ANA Presidents' Immersion Course

Thoughts on the 2015 ANA Presidents' Immersion Course Part 1 – An Overview of Boards

Judy Malachowski, PhD, RN, CNE
GNA President-Elect

GNA CEO Debbie Bartlett and I attended an energizing two-day conference in December for new association presidents and presidents-elect hosted by the American Nurses Association (ANA). The overall focus of the sessions was enhancing communication between association boards and their chief executive officers, with an ultimate impact on strengthening nursing. The presenters included ANA staff, state association executive officers, and invited speakers. The topics addressed succession planning, establishing a leadership legacy, fiduciary management, navigating legal issues, working with the media, strategic planning, and understanding board roles and responsibilities. Opportunity for networking was threaded throughout the course.

In this and the next two issues of *Georgia Nursing*, I'll share information about this immersion course, with a focus on boards and board work. Part 1 identifies an overview of boards. Part 2 will look at various frames for governance thinking. Part 3 will address strategic planning.

Are you serving on a board? Have you been invited to participate? Are you wondering how this role may benefit nursing? Many of you do serve on boards. Board work is an opportunity for nursing leadership. These experiences, usually as a volunteer, include community health boards, boards of education, healthcare agency boards, as well as association and other non-profit boards. With rare exception, the entities usually have at least one paid staff who serves as executive director or chief executive officer.

How do you know if you are a good fit for a particular board? Boards hold the key for the organization's success in meeting its mission of service to its constituents. Before assuming this role, you must assess any actual or potential conflicts of interest with the organization's mission and activities as a board member. In your service to a board, it is expected that your actions in that role are in the best interest of the organization as opposed to self-interest. You must affirmatively disclose conflicts of interest. You may be asked to sign a form with this information. In general, you will have to recuse yourself from any board discussion or voting related to areas of conflict.

What is involved? What will be my obligations? As a board member you must understand the full scope of your roles and responsibilities. You and the other board members have individual duties of care to the organization. You are responsible for fiscal oversight, resource development, board orientation and member performance, and outcomes and impact of programs. Initial orientation to your role as well as ongoing board member development will help you to



Judy Malachowski



become familiar with your roles. Your board may have a mentorship program in which you are paired with a seasoned member. You are responsible for knowing the duties, expectations, and scope of your role; and the consequences for not meeting those duties and expectations. Your constituents expect that you take your role seriously!

What is the role of a paid staff person to the organization? The executive staff person manages the day-to-day operations of the organization and oversees the work of other staff members. Boards have a unique relationship with their executive staff person. There is a parallelism between the board president as head of the board and the executive director as head of the staff. Both parties collaborate and communicate regarding their assigned individual and collective responsibilities. For example, recommending policy to the board and assessing organizational strengths and areas needing improvement belong to the board as well as the executive staff person. Both parties share a responsibility for a productive and an engaged board of directors.

The Standards for Excellence Institute, a "national initiative established to promote the highest standards of ethics, effectiveness, and accountability in nonprofit governance, management, and operations, and to help nonprofit organizations meet these high benchmarks" (<http://standardsforexcellence.org/home-2/about-the-institute/>), publishes a Board Excellence Handbook. This resource was shared at the immersion course.

In sum, nurses play an important role on boards. They bring knowledge of the profession and relevant healthcare issues to board tables. The recent (December, 2015) report from the National Academies of Sciences, Engineering, Medicine on "Assessing Progress on the Institute of Medicine Report *The Future of Nursing*" reaffirmed the message of recommendation #7 in the 2010 IOM



The END OF AN ERA - GNA CEO Debbie Bartlett exits her last ANA meeting and passes the torch back to Judy Malachowski (GNA President-Elect) and Dr. Debbie Hatmaker (ANA Executive Director)

report: "Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses."

For the readers of this newsletter, why will YOU be involved? Are you passionate about shaping the future of healthcare? Is advocacy for quality healthcare a part of your desires? Do you see the importance of promoting nursing's agenda? Do you want to make your voice heard on relevant issues?

For all Georgia nurses, your input is sought and valuable. Start locally by contacting a GNA chapter in your geographic area or area of interest. The names of the chapter chairs and their contact information are listed in this publication as well as online at <http://www.georgianurses.org/?ChapterChairs>. Consider accepting that invitation to serve on a board. Investigate resources to make the working of your board more effective and efficient.

Let me know how I can help. I can be reached at judithmalachowski@yahoo.com.

Be a part of the GNA collective voice!

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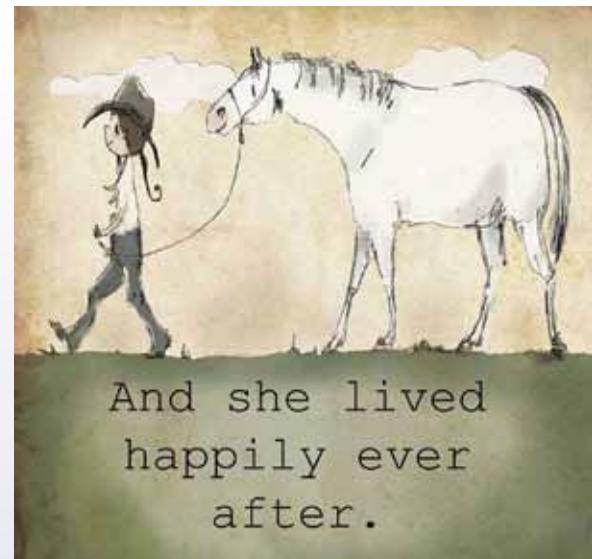
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that. It has been an honor to be entrusted with GNA's past, present and future. My life's journey has been enriched having the privilege to have advocated on your behalf in partnership with some incredible nurse leaders. You know who you are... the list is long.

I am proud of the many GNA/GNF leaders who went on to ultimately hold positions at the national level. This has turned out to be quite the tradition. GNA is a safe proving ground and a fertile developer of leadership talent.

There are so many memories and stories that I will take with me as I head off into the sunset. And for that I am grateful. One of the most poignant memories I have, and can still feel as if it were yesterday, was delivering the Nightingale Tribute during GNA Past President Linda Easterly's funeral. I was accompanied by GNA Past President Cindy Balkstra and GNA Board Member Wanda Jones. It was such an honor to be asked; yet it was shared with such a heavy heart. Just the year before, I had asked Linda to recite the Nightingale Tribute during the GNA Membership Assembly. It would be her last. Nursing lost one of its most brilliant advocates all too soon when we lost Linda. Then several years later I was thrilled to have the honor of recognizing all of Linda's contributions posthumously when GNA gave her the *Woman of Vision Award* presenting it to her husband Glenn. As a former recipient of this vision award myself – it was extra special to share this platform with someone I admired so much.

Speaking of admiration - for 2/3rds of my tenure at GNA/GNF, I was often referred to as "the other Debbie" and for good reason. Dr. Debbie Hatmaker was President of GNA during the search when I was hired. With the approval of the Board of Directors, Debbie hired me. Our first and last names were so similar we quickly got the nicknames of "Dr. Debbie" and "CEO Debbie" to differentiate who was being referenced. Sometimes we would be referred to as "The Debbies." I was certainly in good company with that. We had a phenomenal partnership. At the end of Dr. Debbie's tenure as President – I convinced her that our work together for GNA was not done and she should let me hire her on staff at GNA. The rest is history. We worked in tandem for over a decade. It was a fruitful ying and yang. She became both my most admired professional colleague and a close personal friend. Our hallway debates were quite legendary and with those debates we always found a way to come up with solutions. As we all know the rest of this story is that ANA ultimately recruited her on staff at ANA and



February, March, April 2016

she now serves as ANA's Executive Director. I taught her everything she knows about being an Association Professional - ☺

Falling into the category of perhaps the most dramatic story during my tenure happened right in the beginning when I had been on the job less than 90 days. GNA/GNF's headquarters building at the time was located in midtown on West Peachtree. We had heard rumor that there was going to be a bridge built over the expressway close by with a big, new mixed use development going in. Well the short of that story is that the entrances to the expressway bridge ended up being smack dab in the center of the GNA building. As we would soon be notified, the Department of Transportation planned to take the building through imminent domain and it would be demolished. We received notice that we had to vacate in three months. I was not too freaked out because I had been responsible for fundraising, purchasing and renovating three headquarter buildings in

my previous jobs. But dealing with the DOT over the value of the building turned out to be the most fun of all. Under the circumstances, I will now reveal - that we made them pay through the nose for it. With those proceeds and the help of the Woodruff Foundation, the Tull Charitable Foundation and lots of generous nurses who made personal donations, GNA/GNF were able to cut the ribbon on the new headquarters on Briarcliff Rd debt free. Key to the success of this big project was courageous nurse leaders. Debbie Hatmaker was President of GNA and Catherine Futch was President of GNF. Midstream of the project Catherine's term as GNF President was followed by Tim Porter O'Grady as GNF President for a smooth hand off in completing the project.

One of my fondest memories in the last sixteen years was celebrating GNA's 100th Anniversary (2007) where attendees were asked to share their stories during dinner. In fact, your stories are what I enjoyed the most about my time with you. Stories form the basis for learning, community building and historical perspective - all of which are vital for GNA & GNF to be relevant mentors for the future of nursing.

Admittedly however, over the years there were some awkward moments during the telling of some of the stories. I discovered pretty quickly that nurses can talk about any and all random bodily functions or conditions over a meal and think nothing of it. That is an acquired skill. As many of you know, I am not a morning person so I have one vivid memory in particular while attending an ANA meeting where the breakfast speaker's topic was about the bacterial contents found in the analysis of glove



juice! Quite honestly, I don't think it would have ever occurred to me that there was such a thing as glove juice. But at 7:30 a.m. in the morning, I can't even handle orange juice let alone contemplating the heretofore never thought it would ever cross my mind - glove juice. But in spite of that and many other unmentionable nooks and crannies found in the workday of a nurse, I always found it amazing how much grit and determination (seasoned with a dash of humor) that goes into a nurse's caregiving. You have my utmost admiration.

Active GNA members will remember Jeremy who was on staff at GNA for many years. Not only was Jeremy not a nurse but being male also put him in the gender minority which made some of these stories doubly awkward for him. I will never forget how beet red in the face he was when he was trying to explain to us in a committee meeting that he had just recruited a new exhibitor for the GNA Conference but he wasn't sure if they were appropriate or not because in short – Jeremy explained: "their product is butt cream." Priceless...

Under some of the toughest of circumstances GNA has had lots of legislative success stories over the years including Prescriptive Authority for APRNs, RN title protection, the RN license plate (a revenue resource), Mandatory Reporting and a \$2 Million dollar additional allocation for the Board of Nursing in the ever-tight state government budget, just to name a few. Advocating for nurses with Legislators, the Governor and nursing's foes during these tough battles was a badge of honor. There are many battles yet to be won on the legislative front. That work is never done. I am proud that GNA has the reputation of being the trusted resource and "go to" organization when legislation affects nursing and the quality delivery of healthcare.

Were all my years at GNA full of laughter and trust building? No. I had to research and study about passive aggressive behavior as I was not at all familiar with it prior to being surrounded by it. There were a few rough patches periodically that were mostly sparked by the personal agendas of small numbers of toxic individuals. They are not the ones who enjoy a lasting impression on me or GNA/GNF's history. They simply pale away in the sunshine of the highly regarded, collaborative and productive leaders in the nursing profession.

When asked what I hoped my legacy would be for GNA/GNF - there is no doubt in my mind that what I am most proud of is the trusting relationships built on professional ethics over the years with an unlikely cast of former external GNA detractors. I won't call out

the unlikely collaborators here but the naysayers would say that any attempt that GNA could have trusting, productive and collaborative relationships with some of them was an impossible task because there was not even a thread of evidence that it would be possible; there evidently was too much history to prove otherwise. The not-so-surprising takeaway storyline here is that the naysayers were wrong. Nothing is impossible.

It does however take a village. We could not consistently maintain excellence in all that we do without a dedicated team of professional staff like Courtney Stancil, Shan Haugabrook, Marcia Noble, our Accountant Nelson and our Lobbyists Wendi Clifton and Cindy Shepherd. Their work is the wind beneath our wings. My parting request is that you are ever mindful to treat the professional staff as you want to be treated with respect and shown appreciation at every possible turn. They deserve it.

I am now ready to open my arms wide to welcome my successor with a big hug and a smooth handoff. I extend my best wishes to the current Presidents Aimee & Catherine and to the Board of Directors of GNA and GNF to find wisdom and solace in your choice of the new CEO. The stage is set and GNA & GNF will go on in infamy creating stories that inspire and motivate.

To the members of GNA and the donors of GNF: "Thanks for the memories!"



Legislative/Public Policy



Georgia Nurses Association 2016 Legislative Priorities

Nursing Practice & Regulation Removing the Barriers that limit access to quality health care

The Institutes of Medicine's landmark 2010 Future of Nursing report offers a thorough examination of the U.S. nursing workforce. The IOM Report recommends stemming the tide of inadequate access to primary health care services by allowing nurses to "practice to the full extent of their education and training." This could significantly improve access to care in Georgia, especially in rural areas of the state. **GNA continues to support efforts to remove regulatory barriers to APRN and all Registered Nurses scope of practice in Georgia.**

Autonomy for the Board of Nursing's Utilization of Nurse License Fees Nursing is the largest licensed profession in Georgia

Georgia's Board of Nursing has improved its processes of RN licensure and discipline in recent

years. As a result of GNA's advocacy efforts, \$1.6 million was allocated in FY 2015 state budget to implement mandatory reporting and hire 9 new GBON staff positions. **GNA seeks autonomy for the Board of Nursing over the licensure fees paid by nurses to improve levels of responsiveness, constituent services and adequate technology resources.**

Ensuring Nursing Workforce Safety Registered nurses are on the front lines of the health care delivery system

There are many risks to nurses and all health care workers involved in the delivery of quality patient care. Nurses must have access to adequate personal protective equipment, and hospitals must have adequate protocols in place to handle cases of infectious disease and/or violence against nurses while caring for patients. **GNA supports initiatives to strengthen protection for Georgia's nursing workforce in every practice setting.**

Addressing the Nursing & Primary Care Shortage A shortage of registered nurses and other primary care providers is looming in the state of Georgia

Recent studies by the Kaiser Foundation and the Georgia Health Policy Center suggest that Georgia has a significant shortage of registered nurses, which will worsen as demand continues to increase. In 2014 Senate Bill 391 passed creating tax incentives for physicians who train/precept physicians, physician assistants and nurse practitioners through the Georgia AHEC. **GNA supports extending a similar tax credit to APRNs who precept, as well as new incentives to attract students to the nurse faculty career path.**

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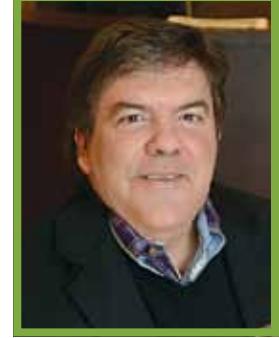
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The Importance of Messaging

**Richard Lamphier, RN
Director of Legislation & Public Policy**

"Vision without action is a daydream; action without vision is a nightmare."
~ Japanese proverb



As the Legislative session begins, it is important to remember the "One Voice of Nursing" when presenting opportunities to increase public and patient safety to elected representatives.

Our passions, or specific concerns, will be greatly enhanced when presenting a consistent message. Now, more than ever, the dynamic state of healthcare demands that nurses are represented as a cohesive profession that the public has grown to trust.

As the recently elected Director of Legislation and Public Policy for the Georgia Nurses Association (GNA), I ask that you join in establishing the message, through the GNA Legislative Committee, that will be presented to the Board of GNA for consistency. Our well established and connected Registered Lobbyist will then convey the message to the elected members of the Senate and House of Representatives.

Please join us for GNA Legislative Day February 4, 2016. For more information on joining the Legislative Committee please visit the GNA website www.georgianurses.org or contact me at richardlamphier@gmail.com for more information.

Richard Lamphier



Legislative/Public Policy

Georgia Nurses Association 2016 Legislative Platform

GNA ADVOCACY AGENDA

CONSUMER ADVOCACY

We endorse programs and funding which promote and enable all individuals to achieve optimal quality of life across the continuum. This includes comprehensive health care, education and a safe environment, as well as the basic needs of nutrition and shelter.

- Appropriateness of nurse staffing as provided in the American Nurses Association's Principles for Safe Nurse Staffing.
- The ability of all patients to select a health care provider of their choice.
- Continued funding for services provided by the state of Georgia to patients, families and vulnerable populations
- An appropriately prepared public health system for response to disasters, pandemics and other statewide emergencies
- Initiatives that support family caregivers.
- Improving access to health care and improving health outcomes

WORKFORCE ADVOCACY

We believe that workplace safety of nurses warrants attention and support of programs designed to prevent job-related injuries, bullying, harassment, violence, illnesses and deaths. GNA promotes health and safety programs in the workplace.

- Awareness and prevention of workplace violence
- Safe levels of staffing as provided in the American Nurses Association's Principles for Safe Nurse Staffing, no-fault error reporting, protection from retribution for nurses reporting unsafe patient and work conditions.
- Includes Fatigue guidelines just published by ANA



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- Substance abuse awareness and prevention programs, and monitoring for nurses with substance use disorder.

THEME

Increasing access to care and improving health outcomes for all Georgians

- Removal of practice barriers, thereby allowing the professional nurse to practice to the full extent of their education and training
 - Modernization of the Nurse Practice Act and APRN regulation

- Promote Mandated Medical Emergency Practice Drills in Georgia Schools
 - With approximately 20 percent of Georgians in schools, on school days, medical emergencies will happen. A practiced emergency response plan will improve outcomes.
- Verification and standardization of safe staffing in Skilled Nursing facilities and assisted living centers.
 - With Georgia's aging population base, we want to ensure safe staffing to promote public safety.

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History

ENDURING ECHOES Discovering Southern Nurses in the Fiction of Southern Women Writers 1892-1945

Part II

Dr. Rose B. Cannon

Part I of this series was published in *Georgia Nursing*, Vol. 75, No. 1 (February, March, April 2015). In that column I discussed the book *Iola Leroy* by Frances E. W. Harper, a black author. Written in 1892 Harper placed her black nurse heroine within a civil war hospital to show that black women were also able to care with compassion for the wounded troops as lay nurses. After the war Harper has Iola Leroy move out of nursing, seeking higher education in the North, and at the end of the novel having Iola working in social activism in her North Carolina church community. This change in roles also paralleled the lives of aristocratic white women after the civil war when they also moved out of nursing in hospitals back into their private spheres. Harper who had fought for black women's rights envisioned an expanded role for her heroine that included a right for women to work, to gain an education, and to participate in intellectual discussions. Therefore, this early work of fiction by a black woman author and social activist clearly aimed at a white audience achieved its goal; to show that black women had the desire and ability to move beyond the boundaries that had hampered them in southern society.

Fifty three years after Harper's *Iola Leroy*, another change in social convention for black women would appear in *Quality* (1945) by Cid Ricketts Sumner, a white woman novelist. Her heroine was a black trained nurse personified as the perfect woman to bring about social change in the South.

Historical records during the years between these two novels shows many changes in nursing. In the decades after 1920 nursing in the South faced many dilemmas including periods of shortages and oversupply, limited resources to solve problems of public health (Parsons, 1985), concerns with standardized quality education (Schissel, 1979), and the great economic crisis of the Depression. As Tindall (1967, 666) noted, most southern authors yearned for an anchor to the past to stem the rootlessness of a changing world, and nowhere were the certainties of the past more disrupted than in the relationships between the races (565). Segregation persisted, and lynching all too often erupted to mar the social landscape of the South. While the Depression halted the 1910-1930 out-migration of blacks from the Southeast, the result was a deepening black poverty as fewer and fewer jobs were available to those at the lowest economic rung (148, 570).

World War II brought increased opportunities to both black and white nurses. Through the Cadet Nurse Corps federal funds were allocated for nursing education and black nurses fought for and received increased quotas in the Armed forces. Media depictions of nurses serving in the war no doubt caught the attention of writers, as professional nurses now were accorded major roles in fiction by southern writers where previously they had been minor characters at best. To understand the change over time for southern black women in nursing, Sumner's main character in *Quality*, Pinkey, would be a prime example.

Even though Sumner also chose a mulatto as the ideal for her nurse protagonist there were major differences between her novel, *Quality*, and Harper's *Iola*

Leroy, fifty-three years earlier. In *Quality*, for example, nursing is represented as an acceptable profession for black women; one that required education and not just being "born" to nursing, and one that could bring needed change to health care for blacks in rural Mississippi. Unlike Harper's *Iola Leroy*, *Quality* was a book read by whites and also by a wide audience of newly-literate blacks. Current *Biography 1954* for instance, lists *Quality* as a Negro Book Club choice for that year (Candee, 1954, 591,592), indicating its popularity to blacks of that period.

In *Quality*, Sumner dramatizes the need for better health care for blacks in the South, and casts a black nurse and physician as reformers and organizers of separate but equal facilities for their race. Pinkey, the heroine, is born of mixed parentages. Sent at a young age to the North, she passes for white, and is educated from elementary school through nursing school. Small increments of money that her grandmother sends to her, earned from washing white people's clothes, remind her of her Granny's hope that someday she will return and work for her own people in Mississippi.

Pinkey's decision-making follows a convoluted path in her search for her regional place (North or South), and self-identity (black or white). Selfish motives are overcome by a sense of duty as she agonizes over her personal responsibility. Slowed by a host of mistakes, she finally works within the structure of her rural Mississippi town, and with help from both blacks and whites, to accomplish social change.

Sumner's life experiences suggest personal knowledge of both northern and southern health care, education, and racial issues. Born in 1890 in Brookhaven, Mississippi, her father was a college professor and her mother a music school teacher. She was tutored at home and later educated at Millsaps College, Columbia University, and Cornell Medical School. While at Cornell she met and married Dr. James Batcheller in 1915 bringing an end to her own medical school education. After four children and fifteen years of marriage she divorced in 1930. She wrote her first novel in 1938. Even though most of her thirteen novels were set in the South, she chose to remain in the North to pursue her love of writing and other interests (Harte & Riley 1969, 1118). Sumner died at the age of eighty in 1979 at her home in Duxbury, Massachusetts (*Time*, 1970).

Since Sumner received her higher education in the North, she may have had a bias toward education being best there. In *Quality* she has her heroine, Pinkey, and Dr. Frank Canady, both black and from Mississippi, go north for schooling even though there were nursing and medical schools for blacks in the south at the time (Thoms, 1929). Furthermore, Sumner's upbringing by educated parents, and her own education, may have caused her to envision societal reform emanating from formally-educated professionals down to those with less formal education. And lastly, writing a book with a theme of increased rights for blacks may have been much more comfortable for her from outside rather than inside the South in 1946.

The unusual title of Sumner's novel led me to speculate on where "quality" was best assigned in this novel. Granny, a black washerwoman, arranges for Pinkey to have a quality education. Miss Em, early employer of Granny, and receiver of Pinkey's private-duty nursing care, comes to appreciate the quality of that care to the extent of secretly willing her home, possessions, and land so that a hospital and nursing school can be built for blacks in the region. Frank Canady is portrayed as a black doctor who never wavers (unlike Pinkey who almost chooses to stay in the North where she has passed for white and is promised an easier life), from his desire to return to the South and help his race. Pinkey, too, may be the bearer of the title for the qualities that allow her to become the prototype for all

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History

black women in her southern community who will become nurses.

In analyzing how nursing is portrayed in *Quality*, several themes emerge. Superimposed on the main theme of social change are evolving doctor/nurse and master/servant relationships, North/South differences, and black/white issues. Nurse/doctor relationships include romance dilemmas complicated by racial issues. Gender prescriptions for a black nurse in the South, and class issues related to developing nursing schools and nursing practice in the South are all part of the story.

Pinkie's effectiveness as a professional nurse is based on her coming to terms with her racial identity and with the acceptance of those with whom she is to work. She comes to learn to value her illiterate Granny, who has both access to all the important white people of the town as their washerwoman, and possesses a folk wisdom valued by many. Yet as a nurse Pinkie has a unique relationship to the men in the story. In her desire to provide health care for her race and because of her professional identity with Dr. Joe and Dr. Frank, she can be quite straightforward in her approach to the townspeople. Other women in the story have to be more deceptive. Miss Em shrouds in secrecy her intent to will her home and belongings to Pinky, and accomplishes this in the privacy of her bedroom. Granny makes her points unobtrusively on the back porches of prominent citizens as she delivers their clean clothes. The men in the community are untroubled with these traditional womanly and servant ways and initially are threatened by the unaccustomed straightforward approach of Pinky. She is shown in public places usually reserved for men such as the crowded courtroom, and in the private offices of the white mayor and doctor. She wins acceptance because her education enables her to speak well as in a courtroom scene, and gain Dr. Joe's seal of approval for the care provided Miss Em. In addition, by marrying within her own race she not only solidifies the team that will build and run the

hospital and school of nursing for blacks, but also remains within societal boundaries.

Prescribed behavior for blacks within the health care system in the South in 1946 is portrayed. Pinky Johnson, for instance, cannot work in the white hospital. Rural southern blacks are not allowed as patients in private white hospitals and are reluctant to use the county charity hospital. But more acceptably, Pinky is allowed to nurse a white patient, Miss Em, inside her home, a traditional southern practice. The black radical, Jake, reveals his own traditional view in discussing his aged and ill Aunt Minnie. "It would have hurt my pride to see her took off to the charity," and Granny dreads hospitals because "seem like everybody go there die" (93). Even though past and present experiences with segregation have built reluctance in the black community to this existing health care facility, it is assumed that blacks will embrace upgraded medical services when provided in a separate but equal manner. Furthermore, it is implied that Pinky Johnson and Dr. Frank Canady are bringing something to the community that the black people not only need but want. Both Pinky Johnson and Frank Canady soon come to understand that a northern model with well-developed hospitals and training schools for nurses can best be adapted to the rural South by first learning what the local black community will utilize, and the white supremacists will allow. In her role as a "white" nurse in the North, Pinky was allowed a good deal of autonomy, whereas, in the South, her autonomy is limited until she is measured by the community's yardstick for a woman, and for her as a black nurse. Access to power is largely through the white male power structure in the town, and she must conform to what they see as proper behavior. They accept her capabilities as a reformer but she must use moderate methods and move slowly in accomplishing only the progress they approve.

Sumner strongly suggested that the nursing profession offered opportunity to all regardless

of race, and in fact, was a vehicle for changing discriminatory patterns in the small towns of the South during the late 1940s. By comparison, Harper could not conceive such significance for nursing in 1892. More surprisingly however, neither could white southern women writing in the period between Harper and Sumner. White authors Mary Johnston, Ellen Glasgow and Frances Newman will be discussed in future columns. Examples from their fictions will implicitly portray a phenomena that answers the question, Why the silences about southern white nurses?

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Amy.Wilson2@emoryhealthcare.org
(404) 712-2687

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Membership

GNA/ANA Benefit Brief

Some of the many great services, discounts and opportunities you'll access as a member of GNA/ANA:

The LARGEST Discount on initial ANCC Certification – GNA/ANA members save \$120 on initial certification.

The LARGEST available discount on ANCC re-certification – \$150 for GNA/ANA members.

The ONLY discount on ANCC Review/Resource Manuals – GNA/ANA members only.

GNA Members-Only E-News and Legislative Updates – Members gain access to informative GNA and ANA E-news messages, including timely updates during the legislative session, national news & policy updates and vital information for all nurses.

Member Discounts on GNA Conference Registration – GNA members receive special discounts on all GNA events.

Journals & publications – Free subscription to *The American Nurse* – a \$20 value – and free subscription to *The American Nurse Today*, an \$18.95 value. **Free online access to OJIN: The Online Journal of Issues in Nursing**. Members also have the first opportunity to access OJIN & TAN content online! Free quarterly GNA newsletter – *Georgia Nursing*.

Access to ANA's www.nursingworld.org – Become a member, you'll gain immediate access to

the members-only areas of ANA's web site www.nursingworld.org! NursingWorld features a plethora of resources for nurses, including position statements, press releases, white papers and more. This includes **ANA NurseSpace**, the online networking site for nursing professionals.

Free Webinars & CE opportunities – GNA/ANA members can now access frequent educational webinar offerings from ANA at no cost to the member. This includes ANA's Navigate Nursing Webinars and other free and low-cost CE opportunities being offered both virtually and face-to-face.

New leadership opportunities – Get involved with GNA! Statewide recognition and professional development. Become a chapter chair, participate in a task force or committee or run for elected office.

Bank of America Card – Get your GNA-branded BankAmericard Cash Rewards Visa Signature® and earn 1% cash back on all purchases, 2% cash back at grocery stores and 3% cash back on gas for the first \$1,500 in combined gas and grocery store purchases each quarter, while supporting GNA and GNF in the process!

GNA Career Center – Find a new opportunity on GNA's online career center, www.georgianurses.org.

ANA SmartBrief – GNA/ANA members receive ANA's SmartBrief electronic newsletter via email on a weekly basis. SmartBrief provides members with up-to-date nursing news and information in a convenient format.

Connect with Leaders in the nursing profession – GNA/ANA members will find numerous opportunities to connect with peers through special events, chapter involvement, the GNA web site and other services.

Annual Legislative Day event at the State Capitol – Our successful annual event with legislators at the State Capitol is **FREE** for members and students.

Shared-interest and local chapters – Get involved with GNA at the chapter level and you'll have the opportunity to connect with nursing professionals who have the same interests/specialty as you!

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Georgia State Capitol hosts memorial service for Georgia Southern University nursing students on January 11, 2016.

GNA President-Elect Judy Malachowski delivers Nightingale Pledge



Emily Clark



Morgan Bass



Abbie Deloach



Caitlyn Baggett



Catherine (McKay) Pittman

Georgia Southern Nursing Students Memorial Ceremony Program:

- Welcome by Georgia State Senator Renee Unterman
- An opening prayer by Reverend Senator Greg Kirk
- Remarks by the Honorable Governor Nathan Deal and The First Lady Sandra Deal
- Remarks by the Honorable Lieutenant Governor Casey Cagle
- A reciting of the Nightingale Pledge by Dr. Judy Malachowski, GNA President-elect
- Remarks by Dr. Sharon Radzynski, Professor and Chair, School of Nursing, GA Southern University
- Unveiling of memorial gifts
- Remarks by Emily McGuire, President of Georgia Southern
- A reception provided for the Families, Deans, Speakers, and the Women's Legislative Caucus in Room 230 CAP

Nightingale Pledge

1935 revised version with changes from the original

"I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully."

I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling.

With loyalty and as a missioner of health, I will dedicate myself to devoted service for human welfare."

Gratitude for Ceremony:

- Georgia General Assembly Women's Caucus
- GA Power for sponsoring lunch
- Brenda B. Rowe, President, Georgia Board of Nursing
- Georgia Association of Nursing Deans and Directors
- Georgia Nurses Association
- Georgia Hospital Association

With special acknowledgement and tremendous respect we recognize Brittany McDaniel and Megan Richards who continue in their nursing journey with our love and support.

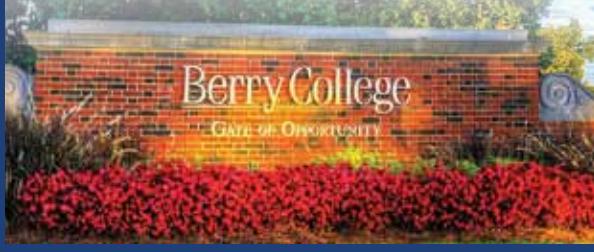
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<http://www.berry.edu/employment/>
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Division of Nursing (706) 368-6397



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Membership

GANSG15_02

MEMBERSHIP APPLICATION

MEMBER DATA

NAME _____	RN LICENSE # _____	BIRTHDATE _____
HOME ADDRESS _____	CITY, STATE, ZIP _____	
COUNTY _____	HOME PHONE _____	ALT. PHONE _____
EMAIL _____	DESIRED GNA CHAPTER _____	
EMPLOYER _____	SCHOOL OF NURSING _____	
Please circle ONE of the following options for each question.		
Gender: Male	Female	Age Group: 20-29 30-39 40-49 50-59 60-69 70 and older
Job Function: Staff Nurse New Graduate	Manager/ Administration Educator/ Research	APRN Licensed RN Student Other _____

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<input type="checkbox"/> •Licensed RN Student (\$85 annual/\$7.59 monthly EDPP*) Currently enrolled, actively pursuing RN-BSN, Masters or Doctorate, initial year of membership	<input type="checkbox"/> •62 or over, retired (\$81.25 annual/\$7.27 monthly EDPP*)



MAIL APPLICATION AND PAYMENT TO:
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3032 Briarcliff Road NE, Atlanta, GA 30329
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FOR INQUIRIES:
P: 404-325-5536
E: gna@georgianurses.org
www.georgianurses.org



PAYMENT OPTION (Check the box or circle for the desired payment option.)

<input type="checkbox"/> Annual payment by check: Please enclose check in the amount of annual membership total with application.						
<input type="checkbox"/> Monthly Electronic Dues Payment Plan (EDPP) through checking account: Please read, sign the authorization below and enclose a check for the 1st month EDPP payment. Subsequent payments will be debited from your account.						
AUTHORIZATION to provide monthly electronic payments to ANA: I hereby authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month's payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination 20 days prior to the deduction date as designated above. ANA charges an annual fee for members paying by EDPP. ANA charges a \$5.00 fee for any return drafts.						
Signature for EDPP Authorization						
<input type="checkbox"/> Payment by Credit Card: (MC or Visa)	<input type="radio"/> Monthly Charge to Card	<input type="radio"/> Annual Charge to Card				
Card number & expiration date		Signature				
TO BE COMPLETED BY GNA/ANA						
State _____	Approved By _____	Date _____	Exp. Month/ Year _____	Amt. Enclosed \$ _____	Check # _____	Chapter _____

I Want to Get Involved: Joining and Creating a GNA Chapter

Are you interested in Palliative Care? Nurse Navigation? Informatics?

Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has made it easy for you to become involved according to your own preferences.

Through GNA's new member-driven chapter structure, you can join multiple chapters and also create your own chapter based on shared interests where you can reap the benefits of **energizing experiences, empowering insight and essential resources**.

Visit <http://www.georgianurses.org/?page=ChapterChairs> to view a list of current GNA Chapters and Chapters Chair contact information. Connect with Chapter Chairs to find out when they will hold their next Chapter meeting!

The steps you should follow to create a NEW GNA chapter are below. If you have any questions, contact the membership development committee or GNA headquarters; specific contact information and more details may be found at www.georgianurses.org.

1. Obtain a copy of GNA bylaws, policies and procedures from www.georgianurses.org.
 2. Gather together a minimum of 10 GNA members who share similar interests.
 3. Select a chapter chair.
 4. Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
 5. Identify and agree upon chapter purpose.
 6. Decide on chapter name.
 7. Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:
- Chapter chair name and chapter contact information including an email, Chapter name, Chapter purpose, and Chapter roster.
8. The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.

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Chris McNiff '14, BSN

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Onboard or Overboard?

Jim Williams
President, Team Lendwell



Have you made a job change in the past few years? If the answer is yes, your employer introduced you to their corporate culture through an "Onboarding" experience. For some new hires the process consists of completing a couple hours of paper work through the human resources department. As a result, after the first few days of work a new hire can easily feel they have been thrown "Overboard" and left alone to fend for themselves. Other employers are leaning toward extensive orientation programs which may last a few days or 2-3 weeks. In the last decade more healthcare providers have taken measures to seriously evaluate the value of human capital including the impact on the bottom line and patient care.

In Georgia, Registered Nurse positions are still in high demand. A significant number of nurses will reach retirement age by 2025 creating demand that will not be able to keep up with employer needs. A healthcare provider's hard cost of hiring a registered nurse is just shy of \$3,000. This figure does not include costs associated with a mentoring or shadow program for recent graduates nor a fee for utilizing a staffing agency. Industry experts estimate the overall cost of replacing a seasoned registered nurse between \$20,000-\$60,000 based on the market area, specialty and level of clinical expertise. A vacancy rate of just over 16% and a turnover rate of almost 14% is creating a significant drain on current personnel and a financial burden for many healthcare organizations.



Jim Williams

As an employer what does this mean? First of all evaluate your employee turnover rates and determine how your organization stacks up against industry standards. Secondly, it is good business to retain valued talent rather than consistently replacing nurses because they are unhappy. First impressions make a huge impact. Take the time to interview team members hired within the past six months as well as long term employees. Ask them what they like in their work setting and suggestions for improvement. It is amazing what people will share if we just ask the questions.

The onboarding experience can be an incredible next step in a career. Many employers need to wise up if they expect to remain competitive by hiring and keeping top talent. To learn how your organization can make a difference to your relocating new hires, please contact Jim Williams at jim.williams@teamlendwell.com.



Nurses should take advantage of GNA's BankAmericard Cash Rewards Visa Signature® program, because not only will you reap great benefits – like 1% cash back on all purchases, 2% cash back at grocery stores and 3% cash back on gas for the first \$1,500 in combined gas and grocery store purchases each quarter – but you'll also be supporting GNA and the Georgia Nurses Foundation in the process! You can also open a GNA Bank of America checking account to really show your support. Visit GNA's web site for more information on the GNA BankAmericard Cash Rewards Visa Signature® credit card at www.georgianurses.org. From our home page, just scroll down and click on the card logo.

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Brenda Fitzgerald, MD, Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
dph.ga.gov

Dear Colleague,

On May 12, 2015, the Georgia Legislature passed HB 436, a new Georgia law that requires pregnant women to be tested for HIV and syphilis in their third trimester. This letter serves to brief you on the key points of the new law. For the full text of the law, please visit: <http://www.legis.ga.gov/legislation/en-US/Display/20152016/HB/436>.

The key updates and points include:

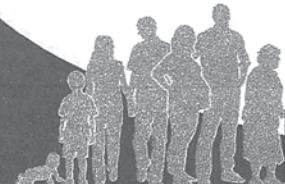
- Every physician and health care provider who provides prenatal care of a pregnant woman during the third trimester of gestation shall offer to test the woman for HIV and syphilis at the time of first examination during that trimester or as soon as possible thereafter (regardless of whether such testing was performed during the first two trimesters of her pregnancy).
- If at time of delivery there is no written evidence an HIV or syphilis test has been performed, the health care provider must order a test for both to be administered at the time of delivery. The exception is when the woman refuses testing (provided that she was tested in her third trimester and does not disclose, when questioned, any activities that would pose a risk for infection since prior testing).
- All Congenital Syphilis cases must be reported within 24 hours to your local District health office or entered into SendSS. This includes babies without congenital syphilis symptoms, but who were born to mothers with untreated syphilis at time of delivery.

The new testing requirement aims to help decrease the number of congenital syphilis cases. In 2013, there were 20 reported congenital syphilis cases in the state of Georgia, all of which were completely preventable. Per CDC's 2013 STD Surveillance report, Georgia ranked 6th (among the 25 states that reported any congenital syphilis cases), with a rate of 14.9 cases per 100,000 live births (compared to the U.S. rate of 8.7). Early treatment (at least 30 days prior to birth) has proven to be effective at decreasing the odds that a baby is born with congenital syphilis. By testing mothers in their third trimester, we can ensure mothers who are infected with syphilis are successfully treated prior to giving birth.

Thank you for helping to reduce the number of congenital syphilis cases in Georgia. By increasing testing during the third trimester, we can eliminate transmission in our state.

If you have any questions or concerns, please contact your local district health office or call the Georgia Department of Public Health at 1-866-PUB-HLTH (1-866-782-4584).

Michelle L. Allen, State STD Director



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