Membership in the Ohio Nurses Association (ONA) is about nurses speaking up with intention to improve health care and patient outcomes and about making a positive impact on policy as nurses. Caring for our profession through policy efforts improves our ability to care for our patients. It is the essence of health care advocacy and is truly our professional responsibility. Through this work, ONA is impacting health care delivery by infusing the nurses voice where leadership and decision making is in motion. If you have ideas for how your work as a nurse professional could be improved for the best outcome of the patients, have ideas for how your work as a nurse professional could be improved for the best outcome of the patients, then this is the work in which to engage. This issue of the “Ohio Nurse” is dedicated to the political advocacy efforts that members of the Ohio Nurses Association are driving. It is the desire of the ONA Board and the staff that this information will inspire nurse professionals to become active members in ONA and join in this work. There are over 190,000 licensed nurses in the state and our efforts together are very impactful. It might be that you only have a little time to dedicate or maybe you would like to grow professionally through this work and dedicate more time. Where ever you are in life, consider actively engaging these efforts and experience for yourself the sensation of achievement when you see firsthand the impact nurses make every day through health policy work. Finally, don’t be intimidated to engage! We were all new to active membership at one point and your perspective and experience is invaluable. Simply being a nurse makes you an expert! Reach out to the resources on our staff, Barb Nash (bnash@ohnurses.org), Tiffany Bukolfsky (tibukolfsky@ohnurses.org) or Lisa Walker (lwalker@ohnurses.org) as they will assist you in connecting with nurses who have the same professional goals and networking with colleagues who have the same concerns and interests.

Lori Chovanak, MN, APRN-BC
CEO, Ohio Nurses Association

Alarming studies show that only about one quarter of nursing students recognize the value of continuing education. Due to this fact, only a few graduate with the knowledge and skills to be successful in the nursing profession. The Ohio Nurses Association is working to provide free access to nursing knowledge to all nurses. This year, ONA has scheduled free courses in various locations throughout the state. This is just one of the many new ways that ONA is working to improve the health care profession and dispel the myth that nurses are not well educated. The ONA is proud to announce the launch of the Ohio Nurses Association website. This site is designed to serve nurses who are actively engaged in their work and workplace play key roles in connecting organizations, patients and physicians to prevent medical errors and improve health care quality. Nurse engagement also extends to professional organizations. Nurses who are actively engaged in their professional organization achieve tremendous personal satisfaction while strengthening the organization and the nursing profession. The ONA is the core of a powerful network of professional nurses. Our mission is to advance professional nursing in Ohio through evolving evidence-based practice; influencing legislators; making a positive impact on the nursing profession, healthcare industries, and communities within Ohio.

Lori Chovanak, MN, APRN-BC
CEO, Ohio Nurses Association

Please use this book to continue to learn more about ONA. We would like to keep you more informed throughout this issue you will read articles that range from personal stories to achievements. Throughout this issue you will read articles that range from personal stories to achievements.

Sally W. Morgan

Nurses are #1 again! 14 years as the profession with the highest ethical standards in Gallup’s 2015 survey on honesty and ethics.

Enjoy this issue!
Lori Chovanak, MN, APRN-BC
CEO, Ohio Nurses Association

Don’t throw me away!
I want to personally invite you to become engaged in the Million Hearts Initiative. As you may be aware, cardiovascular disease is the number one cause of death for Ohioans and Ohio has the 12th highest death rate from cardiovascular disease in the United States. Sadly, cardiovascular disease is the most common and costly chronic disease and the most preventable. Million Heart® is a national initiative to prevent one million heart attacks and strokes by 2017. Recognizing the potential impact of the Million Hearts® Initiative on Ohio, ONA, The OSU College of Nursing, and The OSU Extension Service are collaborating to educate nurses on the Million Hearts® Initiative and to provide Million Hearts Screenings statewide. We have educational modules, equipment and scheduled events. All we need is your time and commitment.

I hope that you take the initiative to join a committee at your workplace, become involved as a legislative liaison and sign up to be a Million Hearts® fellow. Engage in your work, your profession and in your community! For more information on becoming an engaged nurse, email Barb Nash at bnash@ohnurses.org.

Sally W. Morgan, MS, ANP-BC, GNP-BC

President’s Message continued from page 1

promoting education; improving economic and general welfare; and advocating for quality health care in a cost effective and economically stimulating manner. ONA is a member-driven organization, so it is our members who take an active role in achieving our mission.

Advocacy has always been recognized as the cornerstone of nursing. Nurses constantly advocate for their patients, although they may not use this term to describe their actions. However, nurses may not be comfortable advocating for health care or professional issues. Political engagement requires knowledge of the political process, current issues and how to influence legislators. ONA advocates for nurses, consumers and quality health care and has dedicated staff to monitor legislation, educate members on the legislative process, and facilitate health care change. Nurses may have varying views of politics but can join together on common issues and facilitate health care change. Nurses may have varying views of politics but can join together on common issues and facilitate health care change.

Nurses also need to be engaged in the community – serving on boards and associations, and volunteering.

Ohio Nurse Forum

Nurse Professional Development Conference

Nurse Professional Development conference April 15th at the OCLC, Dublin, OH 8am-4pm

The CE Roadshow was well-received and we expect a similarly enthusiastic reception at this event.

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March 31, 2016

OHU Samaritan Medical Center, 663 East Main Street, Ashland, Ohio

April 6, 2016

Adena PACCAR Medical Education Center, 446 Hospital Road, Chillicothe, OH 45601

April 20, 2016

Holiday Inn Boardman, 7410 South Avenue, Boardman, OH 44512

May 4, 2016

The Mandalay Banquet Center, 2700 East River Road, Dayton, OH 45438

National Nurses Week

Nurses week, May 6-12, an array of events throughout Ohio.

Nurse Forum

Nurse Forum June 7th and 8th at ONA.
Ohio Stands out for No. 1 RN to BSN Program

Nurses across the nation are being encouraged to complete their BSN to reach the Institute of Medicine’s recommendation that 80% of nurses be BSN prepared by 2020. This recommendation was introduced in 2010 in The Future of Nursing: Leading Change, Advancing Health report and great strides have been made towards accomplishing this goal. Many schools of nursing are offering RN to BSN programs, but only one program in Ohio – The Ohio State University – stands out across the nation in 16 rankings.

The RN to BSN Program at The Ohio State University College of Nursing has been named No. 1 among the top accredited RN to BSN programs across the nation for 2016, according to TopRNBlogRN.com. Additionally, U.S. News and World Report ranked The Ohio State University No. 7 in the Best Online Bachelor’s Programs.

The Ohio State University RN to BSN program is the only program from Ohio listed in the top 10 with either of these prestigious rankings. The listings are based on criteria that are important to potential students, including: cost, graduation rates (indicating supportive environment), loan repayment (rough measure of secure jobs), and student support services.

Our RN to BSN program is built on high standards through faculty involvement in online learning and evidence-based practice. When students graduate from the program, they have the skills, knowledge, and confidence to make a positive impact in the lives of the patients they serve and the leadership capabilities impacting their organizations. The incorporation of evidence-based practice with focus on wellness distinguishes our graduates. Ohio State also offers individualized guidance within every RN to BSN nursing course from nationally and internationally recognized faculty. Students feel fully integrated and supported within the program and reap the benefits of being engaged within the larger university setting, while attending this program asynchronously online.

These rankings showcase the extraordinary education experienced by graduates of The Ohio State University RN to BSN program.

To learn more about the awards and view the rankings in its entirety, visit toprnblogrn.com/rankings/best-online-rn-bsn and http://www.usnews.com/education/online-education/bachelors/rankings/

For more information about The Ohio State University RN to BSN program, visit http://go.osu.edu/RNtoBSN.
Nurses Rank as Most Honest, Ethical Profession for 14th Straight Year

Ranking Reflects High Regard for Nursing Profession

SILVER SPRING, MD – Nursing continues to be rated the most trusted profession, according to the annual Gallup poll ranking of honesty and ethics in various fields.

For the past 14 years, the public has voted nurses as the most honest and ethical profession in America. This year, 85 percent of Americans rated nurses’ honesty and ethical standards as “very high” or “high,” tying a nurses’ high point on the Gallup poll and 17 percentage points above any other profession.

“It’s essential that we leverage this trust to lead and implement change in the health care system,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association (ANA). “Hospitals, health care systems and other organizations are lacking an important perspective and can’t make fully competent decisions if they don’t have registered nurses at the board table or in the C-Suite. That’s why ANA is a member of the Nurses on Boards Coalition, working to place 10,000 nurses on boards by 2020.”

Ethics is an essential part of nursing practice. This includes an ethical responsibility to ensure the safety of patients and the health and wellness of nurses and other health care providers. In 2015, ANA released a revision of its Code of Ethics for Nurses with Interpretive Statements, a cornerstone document of the nursing profession that reflects many changes and evolutions in health care and considers the most current ethical challenges nurses face in practice. The release was just one component of the “Year of Ethics,” a series of activities emphasizing the importance of ethics in nursing practice.

In 2016, ANA will build on this concept of ethical and shared responsibility by launching a year-long “Culture of Safety” campaign to drive changes leading to a safer health care system. The campaign will also highlight the patients, communities and the nursing profession can benefit from efforts to foster a culture of safety in health care for all.

The American Nurses Association (ANA) is the premier organization representing the interests of the nation’s 3.4 million registered nurses. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA is at the forefront of improving the quality of health care for all.

The Ohio Action Coalition (OAC), co-led by the Ohio League for Nursing and the Ohio Hospital Association, is one of the fifty-one state-based coalitions working to implement the recommendations from the Institute of Medicine’s (IOM) advancing health initiatives in the US. In the IOM 2010 report, The Future of Nursing: Leading Change, Advancing Health, recommendations were made to improve the health of a nation. Nurses, who make up the largest segment of the health care workforce in the United States, are situated at the forefront of making a difference in health care. OAC leads health care workforce in the United States, are situated at the forefront of improving the quality of health care for all.

Ohio Action Coalition Moving Forward with Diversity in Nursing Efforts

The OAC needs your feedback about these initiatives and contributes to the reduction of healthcare disparities. The Ohio Action Coalition (OAC), co-led by the Ohio League for Nursing and the Ohio Hospital Association, is one of the fifty-one state-based coalitions working to implement the recommendations from the Institute of Medicine’s (IOM) advancing health initiatives in the US. In the IOM 2010 report, The Future of Nursing: Leading Change, Advancing Health, recommendations were made to improve the health of a nation. Nurses, who make up the largest segment of the health care workforce in the United States, are situated at the forefront of making a difference in health care. OAC leads efforts in Ohio for meeting these important initiatives set forth by the IOM which includes increasing the percentage of BSN prepared nurses in Ohio through the State Implementation Program (SIP) and recognizing efforts that increase diversity in nursing workforce.

The OAC provided a landmark report in 2013 that analyzed the registered nurse (RN) and advanced practice registered nurse (APRN) workforce data in Ohio. This was a comprehensive report for Ohio based on data collected through 2013 license renewal from the Ohio Board of Nursing. The entire report may be viewed on the OAC website. Data from the report show demographics related to nursing workforce diversity. The OAC workforce report showed that 90% of RN’s in Ohio are Caucasian/White compared to the national RN workforce which is 75% Caucasian/White. The general population in Ohio currently consists of an ethnicity and race breakdown of 83% Caucasian/White, 12.5% African American/Black, and less than 5% other ethnicities in Ohio, while the African American/Black nurses in Ohio constitute only 5% of the nursing workforce and other ethnicities less than 4%.

An overarching goal of the Campaign for Action is to increase the diversity of the nursing workforce so it more accurately reflects the nation’s changing demographics and contributes to the reduction of healthcare disparities. The OAC recognizes that this initiative and developed a diversity work group to further this important endeavor. The diversity work group is comprised of leaders from various organizations representing the minority and gender voices for nursing. Currently, the diversity work group is exploring current initiatives in Ohio to address increasing diversity.

Ohio Action Coalition Moving Forward with Diversity in Nursing Efforts

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The Ohio Board of Nursing (OBN) has passed a new law that changes the licensure renewal dates for LPNs, RNs and APRNs from an ending date of August 31st to November 1st.

The Board wanted this change because they have encountered tremendous challenges with the state’s current system over the last several renewal cycles. These issues caused the Board to ask for an updated eLicensing system, but with an updated system comes the time it takes to implement a new system, train employees, and educate the public on how to use the new system.

Because of the prior issues, anticipated setbacks listed above, and with the implementation taking place during a peak licensing period, the OBN sought to change the current dates in statute and they have been successful. The Ohio Nurses Association Health Policy Council reviewed the language the OBN drafted, as well as their explanation for the licensure renewal date change, and voted to support the Board in their legislative endeavors. The language to change the dates passed and is now current law.

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LPNs/RNs:
Sec. 4723.24 (A)(1) Except otherwise provided in this chapter, all of the following apply with respect to the schedules for renewal of licenses and certificates issued by the board of nursing:
(a) An active license to practice nursing as a registered nurse is subject to renewal in odd-numbered years. An application for renewal of the license is due on the fifteenth day of September of the renewal year. A late application may be submitted before the license lapses. If a license is not renewed or classified as inactive, the license lapses on the first day of November of the renewal year.
(b) An active license to practice nursing as a licensed practical nurse is subject to renewal in even-numbered years. An application for renewal of the license due on the fifteenth day of September of the renewal year. A late application may be submitted before the license lapses. If a license is not renewed or classified as inactive, the license lapses on the first day of November of the renewal year.
(c) All other active licenses and certificates issued under this chapter are subject to renewal according to a schedule established by the board in rules adopted under section 4723.07 of the Revised Code.
Sec. 4723.24 (A)(2) A license or certificate holder seeking renewal of the license or certificate shall complete the renewal application and submit it to the board with the renewal fee established under section 4723.08 of the Revised Code. If a renewal application is submitted after the date the application is due, but before the date the license or certificate lapses, the applicant shall include with the application the fee established under section 4723.08 of the Revised Code for processing a late application.

With the renewal application, the applicant shall report any conviction, plea, or judicial finding regarding a criminal offense; the conviction or finding and the grounds for the board to impose sanctions under section 4723.28 of the Revised Code since the applicant last submitted an application to the board.

APRNs:
Sec. 4723.42 (B) A certificate of authority to practice as a graduate nurse practitioner is subject to the same schedule for renewal that applies under section 4723.24 of the Revised Code with respect to a license to practice nursing as a registered nurse. In providing renewal applications to certificate holders, the board shall follow the procedures that apply under section 4723.24 of the Revised Code for providing renewal applications to license holders. Failure of the certificate holder to receive an application for renewal from the board does not excuse the holder from the requirements of section 4723.44 of the Revised Code. A certificate holder seeking renewal of the certificate shall complete the renewal application and submit it to the board with all of the following:
(1) The renewal fee established under section 4723.08 of the Revised Code and, if the application is submitted after it is due but before the certificate lapses, the fee established under that section for processing a late application for renewal;
(2) An applicant for reinstatement of a certificate that has lapsed shall submit the reinstatement fee, renewal fee, and fee for processing a late application for renewal established under section 4723.08 of the Revised Code.
(3) An individual who holds an active certificate and does not intend to practice in this state may send to the board written notice to that effect on or before the due date of the certificate lapses, and the board shall classify the certificate as inactive.

ONGA will work with the Board of Nursing to educate nurses during the 2017 license renewal period on the new licensure renewal dates as well as the eLicensing system. For more information, visit www.ohio.gov. If you have any questions, please contact Tiffany Bukofsky, BSN, RN, Director of Health Policy & Nursing Practice, Ohio Nurses Association.

QUESTIONS? CONTACT:
Dorothy Crider Fleming, MSN, RN, APRN-BC
614.823.3272
dcriderfleming@otterbein.edu
www.otterbein.edu/graduatenursing
The Ethics of Caring

As defined by the American Heritage Dictionary (2005), ethics is a set of principles of right conduct. Generally presented as a system of value-based beliefs and behaviors, ethics serve to govern the conduct of individuals, or in our case, nurses, to ensure that the rights of our patients/clients are protected (Aiken, 2004).

The Florence Nightingale Pledge (inserted) is taken by many nurses as they graduate from their respective pre-licensure nursing education programs. The oath symbolizes the embodiment of what all nurses strive to do, serve patients. Remnants of this oath may be found in the ANA Code of Ethics For Nurses (Table 1) and in the Ohio Standards of Practice found in Chapter 4723-4 OAC (Highlights, p. 3). Together, these documents serve to guide the nurse in Ohio through the process of ethical decision-making on a daily basis. For example, the phrase from the Florence Nightingale Pledge, “…will hold in confidence all personal matters committed to my knowledge in the practice of my calling” is reflected in Chapter 4723-4 OAC in that the nurse is to “provide privacy.”

Florence Nightingale Pledge

This modified “Hippocratic Oath” was composed in 1863 by Mrs. Lystra E. Gpreter and a Committee for the Farrand Training School for Nurses, Detroit, Michigan. It was called the Florence Nightingale Pledge as a token of esteem for the founder of modern nursing.

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 will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care. (www.nursingworld.org, 2014)
Nurses care for a variety of individuals often considered to be a part of a vulnerable population. A vulnerable population is generally considered to be anyone who is physically or emotionally limited, or non-English speaking, geographically or culturally isolated, chemically-addicted or dependent, seriously or chronically ill, homebound, elderly, or anyone else, where every part of a vulnerable population is considered to be at a disadvantage in terms of their physical, mental, or social abilities. These individuals are often called for their rights and obligations, which conflict. A potential ethical dilemma exists when a nurse interacts with a patient in a health care setting. It is up to the nurse to reduce an ethical dilemma to its elemental aspects then move on through a problem solving process to accomplish what is in the best interest of the patient/client (Aiken, 2004).

An ethical dilemma is a situation that requires that a choice be made between two different sets of values. Each set of values is considered to be morally right and wrong. The dilemma is understood in the context of different values, religious values, cultural beliefs, etc. which are equally valued. Every day highly qualified nurses are faced with ethical dilemmas and are called upon to make ethical decisions. Ideally, the nurse has access to an internal ethics committee in his/her respective health care facility.

Chapter 4723-4 OAC (Highlights)

Standards of Practice Relative to a Registered Nurse or Licensed Practical Nurse (See Highlights)

• Provide appropriate care: The licensed nurse shall: - Display appropriate title or initials to identify the nurse at all times when providing direct nursing care to a patient; - At all times when a nurse is involved in nursing practice the nurse's title or initials shall be provided in the course of, or in conjunction with, nursing practice; - Provide privacy during examination or treatment of the care of personal or bodily needs; - Treat each client with respect, and with full recognition of dignity and individuality; - Not falsify any client record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice.

• Implement measures to protect a safe environment for each patient; - Delineate, establish, and maintain professional boundaries with each patient; - Provide privacy during examination or treatment of the care of personal or bodily needs; - Treat each client with courtesy, respect, and with full recognition of dignity and individuality; - Do not use sound communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the nurse's assigned job responsibilities.

Chapter 4723-4 OAC (Highlights)

Provision 3 The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Chapter 4723-4 OAC (Highlights)

Provision 4 The nurse has authority, accountability, and responsibility for nursing practice, makes decisions and takes actions consistent with the obligation to promote the health, safety, and welfare of clients (Dictionary).

Chapter 4723-4 OAC (Highlights)

Provision 5 The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Chapter 4723-4 OAC (Highlights)

Table 1. ANA Code of Ethics for Nurses (2015)

<table>
<thead>
<tr>
<th>Provision</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>The nurse, practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.</td>
</tr>
<tr>
<td>2</td>
<td>The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.</td>
</tr>
<tr>
<td>3</td>
<td>The nurse participates in establishing,遵循 and enhancing conditions for optimal human growth and development.</td>
</tr>
<tr>
<td>4</td>
<td>The nurse promotes health, safety, preserves human rights, promotes health diplomacy, and reduces health disparities.</td>
</tr>
<tr>
<td>5</td>
<td>The nurse has authority, accountability, and responsibility for nursing practice, makes decisions and takes actions consistent with the obligation to promote the health, safety, and welfare of clients.</td>
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Chapter 4723-4 OAC (Highlights)

Ethics of Caring continued on page 8

Organizational ethics is a key principle to be observed in any organization. In recent years, say over the past 20 plus years, health care has experienced multiple changes. We have seen increasing costs in the delivery of health care, increasing use of technology, competitive markets, and increased accountability. These forces which have resulted in conflicts that affect the ethical environment of a health care organization (Wody, 2007). The overall quality of health care and the nurse finds that changes which have occurred in the organization may be indicative of the ethical environment. It is important for the nurse to recognize such differences and make acceptable changes that will permit the patient/client to make decisions within an environment that means transferring the patient/client to the care of another nurse (Canadian Nurses Association, 2008).

The nurse and the law

“Laws are rules made by people to guide society and are often referred to as the ‘rules of the road.’” A law that governs nurses in the state of Ohio, Section 4723-4, Revisions of the Revised Code (ORC), is frequently referred to as the Ohio Nurse Practice Act (NPA). These laws were formulated by legislators, people elected by the constituents they serve and who are charged with protecting society. The goal of the NPA is to protect the citizens of the state of Ohio who are consumers of health care. Which means that nurses are bound to the current NPA or the Rules Promulgulated from the Law (aka, OAC) specifically state that nurses are bound by the law to behave ethically, one may imply that nurses are to behave ethically from information contained in both the NPA and the Rules found in Chapter 4723-4 OAC. Standards of Practice Relative to a Registered Nurse or Licensed Practical Nurse (See insert).

Historically, ethics has been an integral part of nursing practice, yet attempts to define ethics have focused on medical ethics (see the American Heritage Dictionary) or on the virtues of the nurses themselves (McHale & Gallagher, 2003). The Ohio Board of Nursing has helped delineate behaviors on the part of the licensed nurse that are expected and behaviors that are never expected to occur between a nurse and client (see insert). Nurses are bound by the law and subsequent rules (OAC) to protect the safety of the client and to avoid behaviors that are considered unacceptable in a professional relationship; i.e., engaging in behavior that constitutes inappropriate involvement in the client's personal relationships. Specifically, the following excerpts from Chapter 4723-4 OAC may be considered components of ethical behavior even though the word "ethics" is not used. The nurse must: - Accurately and timely report to the appropriate practitioner errors in or deviations from the current, valid order; - Not falsify any client record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice; - Implement measures to promote a safe environment for each patient; - Delineate, establish, and maintain professional boundaries with each patient; - Provide privacy during examination or treatment of the care of personal or bodily needs; - Treat each client with courtesy, respect, and with full recognition of dignity and individuality; - Do not use sound communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the nurse's assigned job responsibilities.

The nurse and the law

The nurse shall identify to each patient, or document prepared or utilized in the course of, or in conjunction with, nursing practice; the nurse's title or initials to identify the nurse's responsibilities to the care; - Accurately and timely report to the appropriate practitioner errors in or deviations from the current, valid order; - Not falsify any client record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice; - Implement measures to promote a safe environment for each patient; - Delineate, establish, and maintain professional boundaries with each patient; - Provide privacy during examination or treatment of the care of personal or bodily needs; - Treat each client with courtesy, respect, and with full recognition of dignity and individuality; - Do not use sound communication with, or about a patient, for non- health care purposes or for purposes other than fulfilling the nurse's assigned job responsibilities.

For the full text of Chapter 4723-4, the learner is directed to its Board of Nursing's web site at www.nursing.ohio.gov.

Codes of Ethics

Nurses are educated to care for the physical and emotional issues that may arise from their patients/clients. Codes of ethics are established as general guides to practice. Every day highly qualified nurses are facing ethical dilemmas and are called upon to make ethical decisions. 30% of nurses surveyed in 6 New England states reported facing ethical issues 1-4 times per week. Every day highly qualified nurses are faced with ethical dilemmas and are called upon to make ethical decisions. Ideally, the nurse has access to an internal ethics committee in his/her respective health care facility. Frequently, situations occur that need to be addressed and handled readily by the nurse rather than reviewed by the facility’s ethics committee. In a study reported on the Nursing Ethics Network, currently employed nurses practicing in 6 New England states were asked to identify the ethical issues they face and the frequency with which the nurses face ethical issues. Protection of patient's rights and respecting/ not respecting informed consent were among the most frequently experienced ethical issues faced by nurses. The ethical issue found to be most disturbing to nurses was that staffing patterns limited patient access to nursing care. Of those surveyed, 30% reported facing such ethical issues in their clinical practices 1-4 times per week (Fry, Luce, & Riley, 2000).

One role of the nurse is that of patient advocate. Nurses are expected to advocate for the interests of people for whom the nurse provides nursing care, while exercising respect and kindness for the individual regardless of diagnosis, skin color, ethnic or economic status (Lachman, 2009). To help nurses face ethical dilemmas, the American Nurses Association developed a code of ethics (Table 1). For example, the American Nurses Association has defined ethical behavior as behavior that is consistent with the health, safety, and rights of the patient (ANA, 2015).
Rights remain and are commonly shared by various other renditions adopted by various organizations. These concepts include:

- Right to information;
- Right to be free from harm;
- Right to emergency services;
- Right to be a full partner in health care decisions;
- Right to care without discrimination;
- Right to privacy; and
- Right to speedy complaint resolution (HHS, 1999).

The nurse, as patient advocate, then has an ethical responsibility to uphold the Patient’s Bill of Rights in all settings.

Ethical decision making

Now let’s say that you are an RN working on a Med-Surg Unit in an inner city hospital. When you report for your shift on the unit where you normally work, you find that you are in charge and that the unit will be staffed by one RN and 2 Nurse Aides. An LPN who normally works this same unit 2 shifts per week has failed to come in, leaving you only 2 people short. How will you be able to assure that the patients receive the care they need?

In an emergency, patient care assignments, what ethical issues and principles need to be considered? (Please refer to the ANA Code of Ethics for Nurses in Table 1).

- The primary responsibility is to the patient:
  - How to deliver safe, competent, and ethical nursing care to all patients on the unit.
  - The nurse must practice within their own level of competence, i.e. legal scope of practice and knowledge, skills and abilities of this particular nurse. Nurses must practice within their own level of competence, i.e. legal scope of practice and knowledge, skills and abilities of all staff members on the shift (OAC, 2014).
  - The nurse collaborates with other health professionals (Lachman, 2009):
    - Work to make the best of the situation in which the unit has been placed. Show responsibility and value the knowledge and perspectives of the other health care providers.
  - The nurse, acting through the professional organization, participates in creating, maintaining, and protecting safe, equitable and economic working conditions in nursing: Work to make staff better to avoid such situations in the future on behalf of all patients. Become a part of a committee to research the staffing problem and work to find equitable solutions (ANA, 2015).

Technology and ethics

People everywhere are “connected” to one another electronically. Fewer and fewer of us use land lines, opting instead for the ever present and extremely convenient smart phone, of which a newer and better version is released in an almost continuous stream. Our phones have connected us to everything at all times. People are now connected to the internet, Facebook, Instagram, YouTube, etc., via their personal phone. The constant availability of communication, or with, about the best care that is possible and most patient needs by setting priorities reflective of the resources available (Lachman, 2009).

- The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks:
  - The LPN has a defined scope of practice and working with this LPN previously, you are familiar with the knowledge, skills and abilities of this particular nurse. Nurses must practice within their own level of competence, i.e. legal scope of practice and knowledge, skills and abilities of all staff members on the shift (OAC, 2014).
  - The nurse collaborates with other health professionals (Lachman, 2009):
    - Work to make the best of the situation in which the unit has been placed. Show responsibility and value the knowledge and perspectives of the other health care providers.
  - The nurse, acting through the professional organization, participates in creating, maintaining, and protecting safe, equitable and economic working conditions in nursing: Work to make staff better to avoid such situations in the future on behalf of all patients. Become a part of a committee to research the staffing problem and work to find equitable solutions (ANA, 2015).

The Ohio Board of Nursing recently revised their rules to include that nurses are to notify the board that they are using social media, texting, emailing, or other forms of communication with, or about, a patient, for non-health care purposes or for purposes other than fulfilling the nurse’s assigned job responsibilities (OAC, 2014). Nurses are duty bound to protect the privacy and confidentiality of all patients.

That is not to suggest that the use of such devices and media are to never be used in healthcare. In fact, many work situations require nurses to use technology such as email, text messaging, etc., in the course of their work. Nurses can use their cell phones in the community in which they live and work, so she asked a co-worker to become her “friend” via Facebook. The co-worker, a native of the community, obliged, but was also friendly and casual in her responses.

Following a particularly busy week at work, the nurse posted the following to her co-worker via Facebook:

“Hey! Just a short note to tell you that I am going to be out of the office all day this Friday. I am probably going to be in for the weekend this week. Not sure about this move, if every week at work is going to be this bad. The nurse manager is a real bear. She must be going through “the change.” I just don’t understand her sometimes. Can you believe it! She gave me 3 new admits! Which means I had to go through the whole business of doing the MDS thing as well- for each one of them! I think she forgets I am new to this type of nursing. I must have made a mistake or I think she is not feeling well. She won’t talk about it at all!"

The co-worker chose to not respond on Facebook. Instead the co-worker called the nurse using her personal cell phone and informed the nurse that she should be more careful with her Facebook postings because they were living and working in a very small community. The co-worker also informed the nurse...
that she was friends with the nurse manager and that the patient was a well-respected member of the community. The co-worker chose to remain friends with the nurse at work, but decided to block her on Facebook.

Common Myths about Social Media
- A mistaken belief that the communication or post is private and accessible only to the intended recipient.
- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed by the intended recipient.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition.

How to Avoid Social Media Issues
Because the use of social media is a growing concern, the National Council of State Boards of Nursing (NCSBN) has developed the following guidelines to help nurses reduce the risk potential when using social media.

1. First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
2. Nurses are strictly prohibited from transmitting any health information reasonably expected to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
3. Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
4. Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
5. Do not refer to patients in a disparaging manner, even if the patient is not identified.
6. Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
7. Maintain professional boundaries with patients in the online environment. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
8. Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
9. Promptly report any identified breach of confidentiality or privacy.
10. Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the workplace.
11. Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
12. Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer (NCSBN, 2011).

Advance directives
Many states have in place laws that govern the use of advance directives. Advance directives are prepared documents that contain a person’s verbal and written instructions about future medical care, in the event the person becomes unable to speak for him or herself. For our purposes, we will focus on the laws established for Ohio. Ohio recognizes two main types of advance directives: the Living Will, Health Care Power of Attorney; Do-Not-Resuscitate; and Tissue and Organ Donation. All of these advance directives are prepared documents that contain a person’s verbal and written instructions that must be completed in the presence of two witnesses. The Living Will allows an individual to appoint another individual to make health care decisions for him/her should the individual be unable to communicate their wishes, even if temporary. This individual is not tied to the individual’s being declared in a permanently unconscious state and/or terminally ill and unable to communicate. The Do-Not-Resuscitate: This advance directive allows a person the right to die without heroic measures, such as cardiac or respiratory resuscitation. The DNR advance directive gives health care providers a legal means by which to respect those wishes. For a DNR order to be carried out, a physician must write a medical order in the person’s medical record. It is necessary to be enrolled in this program by a medical practitioner and have acceptable forms of DNR identification, such as a walled identification card that bears the Ohio State DNR logo (Ohio Hospital Association, 2010).

Tissue and Organ Donation: This is an advance directive that allows an individual to decide well in advance if he/she wishes to donate organs or tissues in the event of his/her death. It relieves loved ones of the burden of making this decision. In Ohio this information is frequently found on the driver’s license, but may also be found on the Living Will if one has been executed (Ohio Hospital Association, 2010).

For copies of current forms and complete information on advance directives in Ohio, the learner is directed to http://ohiohospitals.org/OHA/media/Images/Member%20Services/Energy/Choices-Advance-Directives-FactSheet.pdf.

Ethical issue #3
Mr. Smyth is a 73 year old African American male in renal failure as a result of chronic uncontrolled malignant hypertension. Mr. Smyth was non-compliant with the medication regimen on which he was placed 15 years ago by his primary care physician. At this time Mr. Smyth is in need of a kidney transplant following receipt of hemodialysis for the past 4 years. He has been placed on a cadaver list for receipt of a kidney. Mr. Smyth has 3 adult children, all with children of their own. All 3 adult children have undergone testing to see if anyone is a match as a possible kidney donor. The youngest of Mr. Smyth’s children, a 38 year old female, is the only one to match Mr. Smyth. She has agreed to consider kidney donation to her father.

Mr. Smyth’s 38 year old daughter has 2 school-aged children for whom she is the primary wage earner and care giver. She has not completed her decision making process, needing to consult with the father of her children in making her final decision. While driving to her ex-husband’s house to discuss the issue with him, the daughter is involved in a rollover car accident. She was not wearing a seat belt and upon admission to the ED where you, the nurse, encounter her, it is found that she has sustained major head trauma incompatible with life. The family members arrive in the ED and inform you of Mr. Smyth’s situation and what has transpired to date.

Nurses are often in a position to ask the family members of a deceased individual if the deceased is an organ donor. Luckily, Mr. Smyth’s daughter has tagged her driver’s license stating her wishes to be an organ/tissue donor. This is a situation in which the nurse and other health care professionals are protected from any legal action on the part of the next of kin by the advance directive found on the driver’s license of the injured daughter (OHA, 2010).

However, Mr. Smyth is not the only person on the cadaver list awaiting a kidney. What are the elemental aspects in this case?
- Mr. Smyth needs a kidney.
- We know that the injured daughter would like to donate any useable organs and tissues as evidenced by the advance directive on her driver’s license.
- Mr. Smyth’s daughter has 2 useable kidneys.

Ethics of Caring continued on page 10
the family if they would like a spiritual advisor present, to which they respond by giving you the phone number for a preferred member of the clergy. You consult the clergy member, as requested, and the medical director, both of whom are willing to participate. In essence, this could be considered to meet the elements of an ethical decision making group.

In accordance with the National Organ Transplant Act of 1984, the list for organ donors is maintained by the Organ Procurement and Transplantation Network, administered by the United Network for Organ Sharing (UNOS). As such, donated organs are distributed by UNOS (OPTN, 2014). Hospital staff must notify the local organ procurement office when there is an organ donor. The organ recipient and Mr. Smyth's daughter will be distributed according to policies established by UNOS (OPTN, 2014). You and the other persons making up the ethical decision making group will need to assist the family in understanding how organs are distributed and that Mr. Smyth may or may not receive one of his daughter's kidneys.

Since Mr. Smyth's daughter is an organ donor, and a match for Mr. Smyth, who is already on the waiting list for a kidney, a decision is made by UNOS that Mr. Smyth is to receive one of his daughter's kidneys. The remaining viable organs and tissues are used to benefit other individuals.

Conclusion

The very characteristics of an ethical problem make such examination and analysis crucial to appropriate resolution. Those characteristics include: 1) the right thing to do is not clear (that is, good arguments can be made on both sides of the issue); 2) the issue involves values rather than facts per se (although facts are essential to the argument); 3) Whatever answer is reached, precisely because it does involve values, has profound and multiple ramifications. Clearly, each of these characteristics demands that the issue(s) involved be openly and carefully analyzed...An ethical problem-solving attitude is to do what is right to do, (Curtin, 2004).

Ethical dilemmas are faced by nurses in all healthcare settings. Nurses need to consult with the patient/client and families often look for answers to their ethical questions. As a care giver, nurses are to provide safe and effective nursing care to all patients in his/her care and to protect the patient’s privacy. As the patient advocate, it is the nurse’s duty to carry out the wishes of the patient/client and to assist the patient/client in navigating through this veritable sea of endless questions. Use of tools such as the Public Health Code of Ethics will assist the nurse to help the patient ferret out the right questions to ask and serve as a guide for the nurse as he/she encounters ethical situations in his/her nursing practice.

APPENDIX A

The Patient’s Bill of Rights

The following points became a part of the Patient Bill of Rights in 1998.

Information Disclosure. You have the right to accurately and easily understand information about your health plans, health care, and health care facilities. If you speak another language, have a physical or mental disability for which you don’t understand written materials, assistance will be provided so you can make informed health care decisions.

Choice of Providers and Plans. You have the right to a choice of health care providers that is sufficient to provide you with access to appropriate high-quality health care. Access to Emergency Services. If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization for services generally.

Participation in Treatment Decisions. You have the right to know your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.

Respect and Nondiscrimination. You have the right to considerate, respectful and nondiscriminatory care from your doctors, health plan representatives, and other health care providers.

Confidentiality of Health Information. You have the right to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician change your record if it is not accurate, relevant, or complete.

Complaints and Appeals. You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.

Added in 2010

• Annual and lifetime dollar limits to coverage of benefits
• People will be able to get health insurance in spite of pre-existing medical conditions
• You will have an easy-to-understand summary of benefits and coverage
• Young adults are able to stay on a parent’s policy until age 26 if they need certain requirements
• You’re entitled to certain preventive screening without paying extra fees or co-pays.
• If your plan denies payment for a medical treatment or service, you must be told why it was refused, and how to appeal (right) that decision.
• You have the right to appeal the decisions of private health plans (called an “internal appeal”).

• Young adults are able to stay on a parent’s policy until age 26 if they need certain requirements
• You’re entitled to certain preventive screening without paying extra fees or co-pays.
• If your plan denies payment for a medical treatment or service, you must be told why it was refused, and how to appeal (right) that decision.
• You have the right to appeal the decisions of private health plans (called an “internal appeal”).

• You also have the right to a second medical opinion by an independent organization (called an “outside review”). If the company still doesn’t want to pay.

• Larger insurance companies must spend 80% to 85% of their premiums on health care and improvement of care rather than on salaries, overhead, and marketing.

• If you made an honest mistake on your insurance application, health insurance companies will no longer be able to rescind (take back) your health coverage after you get sick.

• If a company denies your coverage, they must give you 30 days notice.

• Premium increases of more than 10% must be explained and clearly justified.

Revised: 2010

Complete Online Go to www.CEDNurses.org/ohnurse and follow the instructions.

References will be sent upon request.

Questions

Contact Sandy Swearingen (614-448-1030, sjswearingen@ohnurses.org), or Joe Hauser, Director, Provider Unit (614-448-1020, jhauser@ohnurses.org).

Disclaimer: The information in the studies published in this issue is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing education by the American Nurses Credentialing Commission’s Commission on Accreditation.
Friedrich’s and How it May Affect the Nursing Profession, Healthcare Industries, and Communities Within Ohio

Nurses across Ohio, whether covered by a collective bargaining agreement or not, may be wondering about the potential impact of the Friedrichs v. California Teachers Association Supreme Court case or other “Right to Work” efforts. Over the last couple of years, there has been increased attention to the topic, often the subject of political campaigns, legislative hearings, and in many cases at our worksites. A precursor to the current debate was the fight over Senate Bill 5 in 2011, which threatened to greatly curtail collective bargaining power amongst public sector employees. Threats to collective bargaining have a great impact on nursing and the healthcare profession, going well beyond the traditional wage and working condition concerns focused on by the media and union opponents.

So-called “right to work” has an obvious negative impact on healthcare professionals whose workplaces are covered by collective bargaining agreements; nurses could individually choose not to become members and pay dues to their association, even though unions such as ONA are required by law to represent all employees at union hospitals and provide all of the benefits associated with bargaining over wages and benefits. By depriving the union of resources and members, the union’s bargaining power is greatly reduced. This is why, according to the AFL-CIO, the average worker in states with “right to work” laws makes $5,971 (12.2 percent) less annually than workers in states without these laws (when accounting for all other factors). In addition, workers in “right to work” states have less access to healthcare, higher poverty rates, and even higher workplace fatality rates.

But what does this mean for our professional association members who do not work in a workplace covered by a union contract? The reality is that “right to work” has an impact far beyond the bargaining table. It has an impact on our communities all across the state.

When we take away the voice of nurses, teachers, firefighters, police officers and other public employees, the communities they serve also have their voices silenced. As healthcare professionals, our mission is first and foremost to meet the healthcare needs of our community. Since the establishment of the Instructive Nurses District Association in 1898, creation of the Society for the Prevention and Cure of Tuberculosis in 1906, opening of the Nightingale Cottage in 1931 to today’s free Mobile Medical Unit; The Breathing Association has been instrumental in meeting the healthcare needs of our community for the Prevention and Cure of Tuberculosis in 1906, opening of the Nightingale Cottage in 1931 to today’s free Mobile Medical Unit; The Breathing Association has been instrumental in meeting the healthcare needs of our community for 110 years. This event is co-hosted by the MHC Friends of Nursing History Steering Committee and the Ohio Nurses Association.

Thursday, April 21, 2016
Reception at 4pm; Lecture at 4:30pm
OSU Health Sciences Library Medical Heritage Center (5th Floor)
376 West 15th Avenue
Columbus, OH
The Ohio State University Medical Center
Campus FREE and open to the public
Parking: We suggest parking in SAFEAUTO Garages Hospital, conveniently located next to the Ross Heart Hospital. Please visit go.osu.edu/mhparking for maps and parking information. Visit http://hsli.osu.edu/mhc or call (614) 292-9965 for event information.

Crossword Key

**Across**
1. responsibility
2. morals
3. laws
4. code
5. autonomy
6. delegation
7. collaborators

**Down**
1. dilemmas
2. legal
3. autonomy
4. values
5. ethics
6. hippocratic
7. vulnerable
8. dvr

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**Celebrate You With Us!**

You're a nurse.
And that means there's a whole week dedicated to celebrating your greatness!

At ONA, we're plotting & planning ways to celebrate you during Nurses Week.

What's in store? For starters, the American Nurse made shown across Ohio. And free CE, of course.

Check Facebook for more on this year's celebrations!

**Nurses Week May 8-12, 2016**

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**生涯机会在护理**

Kings's Daughters Health System has career opportunities throughout eastern Kentucky and southern Ohio. We care for a wide range of patients, from newborns to elderly, and have a number of nursing specialties.

Multidisciplinary teams provide holistic, integrated care to patients in all settings while continually seeking ways to improve patient outcomes, all working toward a single mission: To Care. To Serve. To Heal.

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- Collaborative care model that enhances patients’ safety, satisfaction and outcomes
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- Epic electronic medical records system that provides a single story of care for patients
- Continued expansion, including a $25 million investment in Parkview’s community hospital in near-central Fort Wayne, as well as construction of a $50 million medical complex in picturesque Kosciusko County and the $80 million Parkview Cancer Institute on the campus of Parkview Regional Medical Center
- MyWell-being, an internal program for co-workers focused on the mind, body, spirit and community aspects of personal health
- Sign-on bonus and relocation packages available

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See our programs.info for program duration, tuition, fees and other costs, median debt, salary data, alumni success, and other important info.