I have wanted to be in the healthcare field for as long as I can remember. When I was six, I received a nursing uniform, blue cape, white hat, and pretend pill bottles for Christmas. I can remember passing out “pills” to my Grandfather who was crippled with rheumatoid arthritis.

I am sure my family was not surprised when I announced that I was applying to nursing school. My Grandmother shared with me that she had wanted to be a nurse, but her Father tore up her application. I could not imagine. She told me that he felt she would loose her innocence and be exposed to situations not appropriate for a young lady. I was amazed. How could you not want your daughter to pursue a career with limitless possibilities and that serves others. In the annual Gallup poll, the public voted nursing as the most honest and ethical profession in America for the thirteenth year in a row. This profession has evolved and is now a competitive field to enter.

I obtained my associate degree in nursing at Jackson State Community College in Jackson, Tennessee and went to work on the night shift in the Medical Intensive Care Unit at Jackson-Madison County General Hospital. The experiences and friendships I made there are still with me today. I learned so much there and owe many for helping me when I needed it. I obtained my Bachelor’s degree while working and continued to Vanderbilt University School of Nursing for my Master’s degree as an adult/geriatric nurse practitioner. I have continued my education to obtain a post-master’s degree as a family nurse practitioner in order to serve more rural populations where healthcare providers are more scarce. I enrolled in the University of Alabama and completed a doctorate in nursing practice degree. Since then, I have

I Am TNA continued on page 6

A Study of Workplace Violence: What Nurses Need to Know to Take Action

Raven Wentworth

Margie N. Gale RN, MSN, CEAP
Nurse Wellness Specialist
Work Life Connections-EAP
Vanderbilt Employee Assistance Program

Christine M. Tomes, MSN, RN, CPAN
Critical Care Unit, Hendersonville Medical Center

An experienced staff nurse shared the following story after viewing our Workplace Violence Prevention poster at the 2013 American Society for Perioperative Anesthesia Nurses (ASPAN) in Chicago, IL.

“Nurse Jane asks Nurse Sue to make a second attempt to start pre-op IV. Sue agrees, starts the IV then comments to the anesthesiologist on her way out of room, “I had to start the IV on this patient because Jane couldn’t do it.” He answers, “Oh, yeah, I understand.”

The commenter was Nurse Jane and she felt betrayed and professionally disappointed with her nurse colleague, someone she works with daily. This type of subtle bullying, incivility known as lateral or horizontal violence is the most common form of workplace violence and negatively impacts nurse job satisfaction and thus overall retention. Yet, lateral violence is not necessarily the most urgent type of workplace violence in nursing and healthcare. Thus the focus of this initial article is to provide a cohesive framework and understanding of the growing concern about the increasing trend of overall workplace violence and disruptive behavior which is or will affect nursing practice.

Beginning in 2007 through 2008 this author began answering surveys for various types of verbal and physical violent behavior which poses a barrier to nurses’ provision of safe care as well as feeling safe at work. As our Nurse Wellness Committee developed and established a research website for our particular staff our police department educated us about the FBI and NIOSH framework to understand all workplace violence.

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any physical assault, threatening behavior, or verbal abuse occurring in the workplace (NIOSH, 1996).

The Four Types of Workplace Violence:

• Type I (Criminal Intent): Results while a criminal activity is being committed and the perpetrator has no legitimate relationship to the workplace. Examples of Type I includes theft or property damage.

Workplace Violence continued on page 8
From the President

There is a Place for YOU

Sandy Murabito, Ed.D, MSN, RN

As summer winds down, and a new school year begins, we have the benefit of a fresh start. This is a good time to consider how you might become more actively involved in your professional organization. The strength of our organization depends on the active engagement of our members. When each of us contribute individually we become stronger. I would like to invite you to try something new in your professional organization. Consider some of the following activities:

Participate in District Meetings Invite a non-member to TNA Serve as a District or State Officer Attend the Annual TNA Conference (October 28-30, 2016)

Mentor a new member Participate on the Committee Nominate a colleague for an award Purchase a license plate to support the efforts of the Tennessee Nurses Foundation Donate to TNPAC Invite a legislator to your place of practice Offer to speak about the nursing profession to community groups

Serve as a liaison to the Student Nurses Association Organize TNA-sponsored service projects Write an article for the Tennessee Nurse Publication Volunteer for a Health-related Board Create your own innovative idea?

The possibilities for participation are endless. Any State or District Board member or TNA staff would be happy to speak with you about how you can be involved. Now is the time. We need everyone!

Choices/Voices

Sharon A. Adkins, MSN, RN

Each day we are faced with hundreds, if not thousands, of choices. From simple decisions like what to wear or what to eat...to tougher ones that deal with ethics and values. We make choices about who to trust or who to love, what to believe or what to doubt, when to speak up or when to stay silent. We live in a world of sound bites, a cacophony of voices telling us what to think, who is wrong and who is right, voices of fear and outrage, voices of truth and voices of falsehood. It is hard to hear the quieter voices of reason, voices that speak of compassion and forgiveness, and voices that speak to us about the sisterhood and brotherhood of all mankind. How do we make the "right" choice amidst this loud chorus?

Every day we see on the 24/7 television news, on Facebook, or on Twitter, another act of gun violence against the innocent. One more border struggle for refugees fleeing oppression, another environmental disaster of fire or floods, or another incidence of bigotry and hate. I don't know what the right choice is in this often overwhelming time, but I do know what the wrong choice is...it is to keep silent, to not let your voice be heard. It would be the wrong choice to be an observer rather than a participant. It would be the wrong choice to stop advocating for the vulnerable and marginalized, and it would be the wrong choice to believe that one person can't make a difference.

Nurses are in the enviable position of being America's most trusted, ethical profession and we shouldn't let that "capital" go to waste! Speaking alone or speaking together, nurses make a difference and can influence change for the good of all. Make a choice to get involved in the life of the community around you, make a choice to use your voice for the right things. Make a choice to fight for what is right, make a choice to participate and make a choice to use your voice. When nurses speak, people listen.

From the Executive Director

Have Your Credentials Changed?

Please let us know if you have registered within TNA's website, you have access to all of the information we have for you in our database at tnanline.org. Please login to the website and make any necessary changes to your profile today! If you have questions, call 615-254-0350. Thanks!

Sandy Murabito

The Foundations of Faith Community Nursing

This course focuses on the core concepts of spiritual formation: professionalism, shalom and community, incorporating culture and diversity. Included are various ways of thinking and knowing such as the application of the nursing process; a discussion on the understandings of the use and application of religion in nursing. The course is limited to 32 contact hours for nurses will be awarded.

RNs/LPNs

12 hour shifts

3 day work week

No Weekends

7am - 7pm

9am - 7pm

Call 901-755-3860, email Bo Maynard TNAinfo@tnarch.com or Michael Lagoen 41milageno@yahoo.com, or fax to 901-755-3895.

Nursing and Rehabilitation Center, LLC

September, October, November 2016

The Tennessee Nurse is the official publication of the Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296.

Phone: 615-254-0300 • Fax: 615-254-0303

Email: tnadent@tnaonline.org

Published exclusively by the Tennessee Nurses Foundation and the Arthur L. Davis Publishing Agency, Inc.

TNF 2015-2016 Board of Trust

Janice Harris, President

Amy Hamlin, Vice President

Sharon Champion, Treasurer

Dara Skipper, Secretary

Sandy Murabito, Ex-Officio

Debra Heine Sullivan, Director – Presidents Council

TNA 2016 District Presidents

Florence Jones, District 1; Robert Cornette, District 2; Chita Farrar, District 3; Vacant, District 4; Diane Chinn, District 5; Leslie Lee, District 6; Amy Holder, District 8; Angel Brewer, District 9; Melissa Savin, District 10; Debra Heine Sullivan, District 15

EDITORIAL TEAM

Editorial Board: Jennie Anderson, Ruth Elliott; Amy Hamlin; Kathleen Jones; Tommie Norris; Michelle Robertson; Gloria Russell; Sandy Murabito, Ex-Officio

Managing Editor: Kathy A. Denton

TNA Staff

Sharon A. Adkins, MSN, RN, Executive Director

Debra Heine Sullivan, Manager of Board Affairs

Wilhelmina Davis, Manager, Government Affairs

Kathryn Denton, Manager, Marketing, Member Services and IT

Debi Deppi, Communications Administrator

The official publication of the Tennessee Nurses Foundation shall be the Tennessee Nurse. The purpose of the publication shall be to support the mission of the Tennessee Nurses Foundation and Tennessee Nurses Association through the communication of nursing issues, continuing education and significant events of interest. The statements and opinions expressed herein are those of the individual authors and do not necessarily represent the views of the association, its staff, its Board of Directors, or editors of the Tennessee Nurse.

Article Submissions: The Tennessee Nurses Foundation encourages submissions of articles and photos for publication in the Tennessee Nurse. Any topic related to nursing will be considered for publication. Although authors are not required to be members of the Tennessee Nurses Foundation, submission of work for publication is limited, preference will be given to TNA members. Articles and photos should be submitted to kdenton@tnaonline.org or mailed to Managing Editor, Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296.

All articles should be typed in Word. Please include two to three sentences of information about the author at the end of the article and list all references. Preferred article length is 750-1,000 words. Photos are welcomed as hard copies or digital files at a high resolution of 300 DPI. The Tennessee Nurses Foundation assumes no responsibility for lost or damaged articles or photos. TNF is not responsible for unsolicited manuscripts or photographs. Contact the Managing Editor for additional contribution information.

Reprints: Tennessee Nurse allows reprinting of material. Permission requests should be directed to Tennessee Nurses Foundation at kdenton@tnaonline.org.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@alpub.com. TNF and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from the purchase or use of an advertiser’s product. Articles appearing in this publication express the opinion of the authors; they do not necessarily reflect views of the staff, board or membership of TNA and TNF or those of the national or local associations.

Copyright©2012 by the Tennessee Nurses Foundation.

The Tennessee Nurse is published quarterly in March, June, September, and December. Published free for TNA members and registered nurses in Tennessee. This publication is dedicated to the Tennessee Nurse mailing list by contacting kdenton@tnaonline.org.
THE UNIVERSITY OF NURSING DEGREES, ON A NURSE’S SCHEDULE.

Study for your BSN or MSN wherever you are, whenever your schedule allows. Earn your degree at WGU, named a Center of Excellence™ by The National League for Nursing for visionary leadership in nursing education and professional development.

WGU TENNESSEE
A NEW KIND OF U.™

tennessie.wgu.edu

© 2016 Western Governors University. All Rights Reserved.
Save the Date!

2016 TNA & TASN Joint Conference
Culture of Health: The Nurse, The Patient, The Community—Maximizing Life’s Potential

October 28-30, 2016
Embassy Suites SE-Murfreesboro
1200 Conference Center Blvd.
Murfreesboro, TN 37129


If you are looking for educational sessions to ignite and sustain you in your nursing journey, this is it! Research proves it! Health is good for you! So don’t miss the opportunity to attend this year’s joint conference to learn how you can positively impact the health and well-being of your patients, family, friends and yourself! Our keynote speaker, Barbara Nash will get you moving and laughing as she relates humor to healing and health. Other topics will range from healthy aging, life balance, suicide prevention, and community initiatives to mental health, bullying and financial health. We will get you moving with Zumba sessions on Saturday and Sunday mornings and other fun, health related activities throughout the conference. Membership Assembly will offer you the opportunity to have your voice heard as we debate healthcare issues and make decisions for the direction of the association and nursing. Once again we will have a legislative panel, an interactive poster session and more, yes more, continuing education sessions! On Friday night during the welcome reception and exhibits we will have a costume contest (it is the season) with prizes and games for all. Saturday evening will be the awards gala, a not to be missed event, where we will honor our colleagues and our profession. And of course, your Christmas shopping extravaganza…the TNF Silent Auction. There will be much to do, much to learn and new friends to make and don’t be surprised if TNPAC has something special in store! Come and join students and nurses, old and new, to maximize your life’s potential.

Membership Assembly
All TNA members who attend this Annual Conference will be eligible to vote on all issues, positions, resolutions and policies brought before the assembly. Don’t miss this chance to let YOUR voice be heard!

TNF Silent Auction
The Tennessee Nurses Foundation will hold its Eleventh Annual TNF Silent Auction and will offer a unique assortment of items for sale with proceeds going to support nurses through TNF’s programs. Donations are being accepted through 11:00 a.m. on Saturday, October 29 the last day of the auction. A donation form is available on page 7, or online at tnaonline.org.

Exhibits & Schools of Nursing Luncheon
The Exhibits & Schools of Nursing Luncheon held Saturday, October 29, allows all attendees to visit with the large variety of vendors who exhibit and learn more about new products and services. It also offers a great opportunity for graduates, from the many schools of nursing, to visit with alumni and gives student nurses and seasoned nurses the chance to network and get to know one another.

Student Loan Forgiveness for Nurses
888-850-4819

CHOOSE TO CHANGE LIVES
NOW HIRING!

• Hardeman County Correctional Center
  Clinical Supervisor RNs

• Metro-Davidson County Detention Facility
  RNs
  LPN Full Time and Part Time

• Whiteville Correctional Facility
  RNs

New graduates with their new licensure welcome!

CCA offers a comprehensive benefits package that includes health, dental, vision, life, paid time off (PTO), 401(k) with company match, competitive pay and paid for experience.

Contact Cyndy McClimate
Medical Recruiter, phone 615-283-3148

Join our heroes at jobs.cca.com
Drug Free Workplace & EOE

NURSING FACULTY
Looking for a new challenge from your nursing career?
Come and teach in a new nursing program.
Nashville State Community College now offers an Associate Degree in Nursing. We are looking for experienced nurses who are passionate about the profession and who believe in the values that have been passed down through generations. We are looking for faculty who are interested in teaching, assisting in curriculum development, and willing to serve as mentors to the next generation of nurses.

Requirements:
• Master’s Degree in Nursing (or working toward completion of a Master’s Degree in Nursing) and two years recent nursing clinical experience. Licensure as a registered nurse in Tennessee is required. Experience in teaching preferred, but not required. Excellent benefits include but are not limited to tuition assistance, flexible scheduling, 8-month academic calendar appointment, and paid retirement and health care benefits commensurate with an educational institution governed by the Tennessee Board of Regents. Qualified applicants should apply online at www.nasc.edu

Nashville State Community College
120 White Bridge Road, Nashville, TN 37209.
Review of applications is ongoing and will continue until the positions are filled.
For more information, call (415) 553-1647.

Joint Conference
The purpose of this joint conference is to promote mentoring opportunities between seasoned nurses and nursing students. We ask that you take some time out to get acquainted with the future of nursing while you are with us.

Hotel Information –
Embassy Suites SE-Murfreesboro,
1200 Conference Center Blvd.,
Murfreesboro TN 37129
Event Group Code: TSN
Call 1-800-EMBASSY, the hotel directly at 615-890-4464 or online at www.murfreesboro.embassySuites.com to make reservations. Embassy Suites offers a complimentary full breakfast and happy hour, as well as free parking. The special room rate of $142, (single or double,) or $152, (triple or quad,) per night plus tax is available until group block is filled.

When making reservations online follow the below steps:
• Enter dates on hotel’s homepage
• Select “Check Availability”
• On the left hand side of the screen, under Narrow Your Results, select “Have a Special Code?”
• Enter the three-letter group code (TSN)
• Choose room type
• Proceed with reservation

The cut-off date for receiving the discounted rate is October 9, 2016

TNA Achievement Awards Gala
The TNA Achievement Awards Gala held on Saturday evening, October 29, offers an opportunity to honor nurses and other individuals by acknowledging their exceptional dedication, commitment and professionalism to the profession of nursing.

We ask all TNA members to consider nominating someone today. The deadline for nominations is September 9. Visit www.tnaonline.org for details. We have all crossed paths with outstanding nurses. Don’t put off sending in your nomination.
2016 TNA & TASN Joint Conference

A Culture of Health: The Nurse, The Patient, The Community--Maximizing Life’s Potential

TNA & TASN Joint Conference
October 28-30, 2016
Embassy Suites SE-Murfreesboro
1200 Conference Center Boulevard
Murfreesboro, TN 37129

Registration Form

Please Print
Name: ____________________________  Credential(s): ____________________________
First Name for Badge ____________________________  TNA Member L&D / RN License #: ____________________________
Address: __________________________________________ __________________________________________
City __________________________________________  State __________________________  Zip: __________________________
Email: ____________________________  Nursing Area: __________________________
Home Phone: ____________________________  Cell Phone: ____________________________  Work Phone: ____________________________

I am: □ TNA Member  □ Non-Member  □ Full-time Student  □ Retiree  □ New Member  □ First Time Attendee
Please change my membership record to reflect the above information.
□ Checking here indicates TNA will not provide your contact data to sponsors, exhibitors or attendees of this event.
□ Checking here indicates TNA does not have permission to publish photo(s) or info taken at this event, should one be taken.
□ I require special accommodations to participate in this program, Please specify: __________________________
□ Vegetarian Meals  □ Diabetic Meals  □ Food Allergy: ____________________________  Identify Allergy: ____________________________

CONFERENCE PACKAGE DESCRIPTIONS
• Full Registration – includes both the Friday, October 28, 2016, Welcome Event featuring a reception, concert, exhibits, food, drinks, silent auction opening and networking opportunities, attendance to all educational activities, entrance to Saturday Awards Gala, Golf Tin, Saturday Luncheons, all Breaks and Membership Assembly
• Saturday Only – includes educational activities for the day, entrance to Golf Tin, Luncheon Awards Gala and Breaks
• Sunday Golf – includes educational activities for the day, Breaks, Brunch Luncheons, and Membership Assembly

HOTEL INFORMATION
To make sure you receive the conference rate and availability, please book your hotel accommodations directly with the following hotels:
Embassy Suites Murfreesboro (TNA Joint Conference Room Rate) 1-800-342-2727  www.embassySuitesMurfreesboro.com
Embassy Suites Murfreesboro (10% TNA Discount Rate) 1-866-827-6010  www.embassySuitesMurfreesboro.com

IMPORTANT DEADLINES
Registration Early Bird Deadline Ends: September 7, 2016
Registration Closes: October 20, 2016
Registration Cancellation/Refund Deadline: October 24, 2016
Hotel Reservation Deadline: October 31, 2016

Need More Information? Contact TNA by phone 615-254-0390, by FAX 615-254-0303, by e-mail tna@tnaonline.org, by visiting our website at www.tnaonline.org, or by mail 445 Malcolm Deets Drive, 8th Floor, Nashville, TN 37228-1296.

BSN, RN-BSN, DNP and PhD Applications Are Open
Deadline: Jan. 15 (PhD-Feb. 1)

The University of Tennessee Health Science Center College of Nursing
www.uthsc.edu/nursing

Apply Now for Fall 2017
began teaching full-time at Freed-Hardeman University in a traditional baccalaureate program while working as a nurse practitioner at the Walk-In Medical Clinic in Linden. I think most people enter the nursing profession because they feel that their career will be rewarding. You want to help your patients recover, get well, and improve their overall well-being so they can have full lives. This, too, is now my goal as an educator and nurse practitioner. If you are not a member of the Tennessee Nurses Association (TNA), then you are not fulfilling this goal. Only as I have advanced my education have I realized the impact that healthcare policy has on my community. Many times our elected officials are not in the healthcare field and look to associations and lobbyists for information. These individuals are not always aware of the full impact if they enact a law. It is our professional responsibility to join TNA, support TNPAC and become aware of the proposed legislative bills.

Enroll now for one of our many graduate and undergraduate programs at ETSU.edu/nursing. Many opportunities are available for the following positions:

- Bachelor of Science in Nursing
- Accelerated BSN for Second-Degree Students
- RN to BSN
- Associate degree to BSN dual degree
- LPN to BSN
- Master of Science in Nursing
- Clinical Nurse Leader
- Post-Master’s Certificate Program
- PhD in Nursing
- Doctor of Nursing Practice (BSN or MSN to DNP)
- Professional Development Programs

Find Your Future at BlueCross BlueShield of Tennessee. We employ hundreds of nurses and social workers in Chattanooga, Knoxville, Johnson City, Nashville, Jackson and Memphis. Roles include clinical quality and process improvement, case management, transition of care, long-term care, behavioral health and utilization and retrospective review, with clinical leadership and training positions to support our staff. If you’re looking for a steady dayshift schedule and comprehensive benefits, visit our Career Center today at bcbst.com/about/careers/openings.
Tennessee Nurses Association Members Only

Request for Absentee Ballot - 2016

Please send an absentee ballot for the 2016 Tennessee Nurses Association election. “Request for Absentee Ballot” must be received at TNA by September 26, 2016.

I understand that mailing this ballot to me in the manner and form approved discharges TNA’s responsibility to me in the matter of absentee voting. Absentee ballots will be mailed September 27, 2016.

If you are unable to submit this form by email, please print the completed form and fax to 615-254-0565 or mail the form to TNA, 545 Mainstream Drive, Suite 405, Nashville, TN 37228-1296. For questions regarding this event please contact TNA’s Program Director, Kathy Dement at 615-254-0350 or email tfinfo@tnaonline.org.

IMPORTANT NOTE: Submission of this form to the Tennessee Nurses Foundation constitutes a written agreement between TNA and Donor in that Donor agrees to provide TNA with the donated item by: (1) getting the item to the TNA office at 545 Mainstream Dr., Suite 405, Nashville, TN 37228-1296 on or before October 21, 2016; (2) getting the item to their local District President on or before October 21, 2016 (District President contact information can be obtained by calling 615-254-0350 or email tfinfo@tnaonline.org), or (3) taking the item to the TNA Silent Auction room at the Embassy Suites SE, Murfreesboro between Thursday, October 27, 2016 and no later than 11:00 a.m. Saturday, October 29, 2016. The Silent Auction begins Friday, October 28, 2016.

This donation becomes the property of the Tennessee Nurses Foundation and is to be offered for sale at auction, the proceeds of which go to the Tennessee Nurses Foundation. Should donor provide any displays or samples of the donation to coincide with a donated gift certificate, TNA will not be held responsible for these items. It will be the sole responsibility of the donor to either pickup the samples or displays, as stated above, at the hotel or to pay the shipping charges on the return.

Tennessee Nurses Association Members Only
Reinvigorate your passion for Nursing with a new career in Tucson, Arizona.

Tucson is a great place to live, work, and play. With a vibrant art’s community, thriving culinary scene, rich history and cultural opportunities, and plenty of outdoor adventures, there is something for everyone.

Healthy sign on bonuses may be available!

Now Hiring Seasonal 13-week, Full-Time & Per Diem Experienced Nurses

For the second consecutive year, ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, has been named one of Modern Healthcare’s “100 Most Influential People in Healthcare.” This awards and recognition program honors individuals in health care who are deemed by their peers and an expert panel to be the most influential individuals in the field. In addition to her appearance on last year’s “Most Influential” list, Dr. Cipriano has also been recognized as one of Modern Healthcare’s “Top 25 Women in Healthcare.”

In the past year, Dr. Cipriano has spoken about putting more nurses in leadership roles and supporting the Department of Veterans Affairs’ efforts to provide direct care to veterans by allowing APRNs to practice to the full extent of their education and training.

The “100 Most Influential People in Healthcare” honorees come from all sectors of health care, including hospitals, health systems, physician organizations, insurance, government, vendors and suppliers, trade and professional organizations, and patients’ rights groups. Dr. Cipriano and fellow honorees are currently highlighted in the August 22 print edition of Modern Healthcare and online at ModernHealthcare.com.
Workplace Violence Prevention

The Nature of Workplace Violence

In 2011 the Tennessee Emergency Nurses Association declared, “Hospitals are no longer safe havens…” They cited the 2000 Bureau of Labor Statistics data that “Healthcare workers suffer four times more non-fatal assaults than any other segment” as well as NIOSH 2002 findings “Healthcare workers are more likely to be attacked at work than police officers or prison guards.” Healthcare nurses’ families know their loved one works in such a demanding environment? And as this information became known to families, they often urged the nurse to leave the bedside...often the critical care bedside, for the perceived calmer and safer environment of outpatient or community practice. Actually the concern that we might be losing our best and brightest critical care nurses from the bedside became our strongest talking point to introduce, propose and finally shepherd our Workplace Violence Prevention legislation through the Tennessee Legislature. On March 18, 2013. Governor Haslam signed it into law June 4, 2013 and the law became effective July 1, 2013. The journey to passage had been three years escalating patient, visitor and family violence toward nurses and selective leadership in partnership with legislative sponsors and multiple co-sponsors. It certainly takes a village.

In 2008 Vanderbilt Nursing developed and offered a workshop to all nurse residents (mandatory) and later that year voluntarily to nurse managers. One hundred and ninety six, of the two hundred, nurse and patient care managers attended the half day seminar. The goal was to promote Professional Behavior, to extinguish lateral violence or bullying and incivility in nursing. Recognizing the problem we included information from the American Association of Colleges in Nursing: • 80-97% Health Care Workers (HCWs) experience verbal abuse

Vanderbilt 2012 Nursing Survey of Violence in Healthcare Ranking Factors

Vanderbilt Staff reported in this survey they felt the incidents were committed against staff by the following:

1. Anger about a patient's condition/situation – 19.3%
2. Anger about enforcement of hospital policies – 17.7%
3. Cognitive dysfunctions – 14.5%
4. Substance abuse – 12.7%
5. Workplace stress – 10.9%
6. Gender related to healthcare system in general – 10.3%
7. Anger related to wait times – 9.6%
8. Other – 5.5%

Table 1

Over 1,100 nurses answered this 2012 survey. Table 1 reveals Patients/Visitors accounted for the most serious and reportable sources of workplace violence, roughly 40% while staff/faculty toward colleagues equals 16.3% which is surprisingly greater than visitors alone commit against staff. Could we really offend more or support/our own colleagues less than visitors? This was concerning. Surely, the first area within our immediate influence is patients and the healthcare providers who are the perpetrators. The perpetrator usually has a personal relationship with an employee. Examples of Type IV includes domestic violence that spills over into the workplace. Examples: Estranged spouse shows up at hospital to violently confront nurse for filing for divorce.

- Someone disruptive strategies
- Violence frequently
- "Patient" (Customer/Client): The perpetrator is a customer or client at the workplace and becomes violent while being served by the worker. Examples of Type II includes patient, family, or visitor assault toward the healthcare worker.
- Example: Patient hits nurse in the head with a mop.
- Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators. Examples of Type III includes verbal abuse, bullying, or physical assault from a co-worker.
- Example: Nurse threatens to push down stairwell because assignment request denied.
- Type I (Patient-on-Worker): The perpetrator usually has a personal relationship with an employee. Examples of Type I includes domestic violence that spills over into the workplace. Examples: Estranged spouse shows up at hospital to violently confront nurse for filing for divorce.

See Vanderbilt Nurse Wellness Committee website Workplace Violence Prevention tab: https://www.mc.vanderbilt.edu/root/vumc.php?site=nurse-wellness

We learned by documenting, categorizing and analyzing these events by type allowed us to develop resources including employment while education for nurses. Each subsequent year we have deepened our understanding of each type and enriched our staff support and training. Though as you will see below as we have made strides in alleviating incivility and bullying (Type III), we have seen ever increasing and in the past year escalating patient, visitor and family violence toward nursing staff (Type IV).

The Nature of Workplace Violence

When Nurses Clash

Martha Griffin’s work, at Mass General Hospital emergency nurses, forms the basis for neutralizing bullying and incivility in nursing. This buffering allows a specific nurse to escape the ill effects of lateral violence; though we have not witnessed an overall decrease or change in the bully’s general ongoing incivility from assertiveness alone. We consider this a very good skill to develop as one tool in your coping tool box (Griffin, “Teaching Cognitive Rehearsal,” The Journal of CE in Nursing; November/December 2004; Vol 35, No 6, p 260). An example from one of the ten uncivil offenses above is: Verbal afford (covert or overt, snide remarks, lack of openness, abrupt responses) [Bullying behavior] The individual learns that the most fears are clearer in their directions and feedback; this makes it easier way we can structure this type of situation? [Bully target’s response to neutralize]

- Identify and use or create a system to document and report all types and workplace violence events such as the Veritas system as well as a Tennessee First Injury Report any every time any person physically touches you without your consent. You do not have to be injured. Example:员工 spits on you or co-worker grabs you by the shoulder.

Workplace Violence of Patients/Visitors Toward Nurses (Type II)

- The belief Workplace Violence is Not My Job: Prevention is. WPV is unacceptable and preventable...
- Provide all nurses with training in verbal de-escalation skills and all staff needing physical management and restraint through certified training such as the national Handle with Care or other effective education frameworks.
- Consider establishing a Psychiatric Mental Health Clinical Nurse Specialist to create a behavioral nursing consultation for staff nurses to assist them with clinically focused patient behavior plans (beyond medication prescribed by providers including psychologists and therapists.)
- Determine the potential need to add Psychiatric Mental Health Nurse Practitioner care to augment medical care provision in general hospital units that are admitting and caring for actual psychiatric patients due to psychiatric bed shortage. This has been very urgent, though rare, and devastation since the fall of 2015 and has also been reported throughout the country both in Texas and California. (Personal Communication CNO, Dallas Children’s Hospital September 2015.)

Lateral Violence Including Bullying and Incivility (Type III)

- Partner with your nursing shared governance unit to establish a task force to address lateral violence.
- Embrace Building the Civilized Workplace: It Starts with ME! Be civil with every person in every situation every day
- Review at least one resource on http://www.tnaonline.org/pages/86.-nursing-practice/stop-workplace-violence
- http://www.nursingworld.org/Bullying-Workplace-Violence
- Treat communication errors as seriously as you do medication errors
- Learn assertive skill-sets
- Hold self and others accountable for unacceptable behavior
- Be prepared to neutralize moments When Nurses Clash

Table 2

Non-verbal incivility
• Verbal afford
• Undermining activities
• Withholding information
• Sabotage

September, October, November 2016

determine when greater environmental measures are needed
Lateral violence will end only when the work environment changes to promote positive bystander action to fully address bullying. The focus moves from one on one bully-victim interaction to proactive trained bystanders working as a group using three forms of action to greatly reduce or eliminate bullying altogether.

Here are Solutions with examples:
- Direct: Go to the (bully) staff person and ask her/him what he is doing.
- Indirect: Go to the (target) care partner and tell her/him you want to talk to her/him in private.
- Distract: Go to the (bully) staff person and tell her/him you have a personal phone call at the front desk.
- Delegate: Tell the charge nurse s/he to intervene with her/him (bully) or (target).


A decrease in lateral violence has been shown to improve morale, teamwork, satisfaction, and an increase in reporting of incidents. A 2016 VUMC PACU Survey found staff felt more comfortable in distracting the victim or the bully. Staff continue to look to leadership to address these issues when they are occurring. (Tomes, 2016)

When Domestic Violence Spills Over Into the Workplace (Tomes, 2016)

Nurses likely experience domestic violence at least as frequently as all people- 25% over her lifetime; 14% over her lifetime. However nurses often find it difficult to address this problem. It is important for nurses to not only be concerned about their own safety but the safety of the patients they care for. It is also important for nurses to be aware of how to recognize behaviors that may indicate an underlying personal problem. When nurses are aware of these problems they also need to be able to intervene on their own behalf or on behalf of the patients they care for.

- When Violence Hits Home: Booklet Education and Resources for nurses include Employee Assistance Programs (EAP) and counseling. The National Coalition Against Domestic Violence (NCADV) offers information online about state hotlines and other resources. The website of the National Domestic Violence Hotline offers state-specific phone numbers and information on shelters and other resources. The hotlines are available 24/7 and are confidential.

Resources for nurses include Employee Assistance Programs as well as their community based Domestic Violence Program to develop a safety plan as well as follow up.

When Violence Hits Home: Booklet Education and Resources for nurses include Employee Assistance Programs (EAP) and counseling. The National Coalition Against Domestic Violence (NCADV) offers information online about state hotlines and other resources. The website of the National Domestic Violence Hotline offers state-specific phone numbers and information on shelters and other resources. The hotlines are available 24/7 and are confidential.

- When Violence Hits Home: Booklet Education and Resources for nurses include Employee Assistance Programs (EAP) and counseling. The National Coalition Against Domestic Violence (NCADV) offers information online about state hotlines and other resources. The website of the National Domestic Violence Hotline offers state-specific phone numbers and information on shelters and other resources. The hotlines are available 24/7 and are confidential.

When Violence Hits Home: Booklet Education and Resources for nurses include Employee Assistance Programs (EAP) and counseling. The National Coalition Against Domestic Violence (NCADV) offers information online about state hotlines and other resources. The website of the National Domestic Violence Hotline offers state-specific phone numbers and information on shelters and other resources. The hotlines are available 24/7 and are confidential.

When Violence Hits Home: Booklet Education and Resources for nurses include Employee Assistance Programs (EAP) and counseling. The National Coalition Against Domestic Violence (NCADV) offers information online about state hotlines and other resources. The website of the National Domestic Violence Hotline offers state-specific phone numbers and information on shelters and other resources. The hotlines are available 24/7 and are confidential.
December 1978 the office of Family Systems Therapy opened for a client in crisis, a month earlier than planned. The practice is now 37 years old.

**History**

The practice was opened during the era when the Tennessee Nurses Association and the Tennessee Medical Association agreed to a joint practice agreement between a physician and a nurse with additional clinical education, usually a Master's degree in nursing. Typically, a nurse was employed by a physician in practice. However, the first person in Hamilton County to open a solo practice as a Clinical Nurse Specialist under the guidelines of TNA/TMA joint practice arrangement and with the approval of the Tennessee Board of Nursing was Jean B Blackburn, RN, MSN. The agreement between the physician, Mary Stroud, Psychiatrist and the Clinical Nurse Specialist, Jean B Blackburn was approved by the Hamilton County Medical Society.

Advanced Registered Nurses were not covered by health insurance. So fees were kept low. The era of scale and the opportunities that arose from being a family emotional unit. It is a biologically based theory, developed by Murray Bowen, MD, a native of Tennessee and a graduate of UT Medical School. It is the only theory of family functioning that was researched over a period of five years at the National Institute of Mental Health in the 1950's. It offers a different explanation for emotional illness that includes an approach for treatment which focuses on the underlying process and over time leads to sustainable change and improvement in one's life.

**Non-Profit**

I am equally motivated to teach others the same approach I utilize in my professional practice. In 2008, a graduate level program for advanced practice nurses was established in Chattanooga, Tennessee. It is a dyadic and experiential training program for professionals and lay persons interested in learning Bowen Theory.

- [www.bowentheoryeducationcenter.org](http://www.bowentheoryeducationcenter.org)
- [www.familysystemstherapy.com](http://www.familysystemstherapy.com)

**The author graduated from Vanderbilt University, School of Nursing in 1973 with a Masters in Psychiatric-Mental Health Nursing.**

**Spotlight on Practice**

In 1978 Advanced Practice Nurses were not licensed and the profession’s development and as the number of Advanced Practice Registered Nurses increased, APRN’s became an integral part of care provided to the Citizens of Tennessee. Thus, the APRN was recognized with an additional license. The Clinical Nurse Specialist in Mental Health evolved to Psychiatric Mental Health Nurse Practitioner as they, too, were needed for more providers in Psychiatric-Mental Health field occurred. Preparation of the clinical nurse specialist fадed from the educational institutions.

**Practice**

After 37 years of practice and watching the evolution of a profession, I am keenly aware of my part in history. I demonstrated that the advanced practice registered nurse is important in the life of the profession and a leader in the role of an advanced practitioner. My office was established in my home with a separate private entrance and has a staff member who manages the office in addition to me, the owner and therapist. Over three thousand families have been touched by the work I do.

I utilize a theory that has broad application to human problems. Bowen Theory, commonly known as family systems theory, is an approach to assist persons change their lives within the context of the family. I am equally motivated to teach others the same approach I utilize in my professional practice.
Ethical leaders, leadership ethics, ethics of leadership; there are so many ways to describe how ethics and leadership work together. Ethical questions exist for every nurse in every setting and at every level of the organization they work in. Nurses, their colleagues and leaders, patients and families have to deal with ethical questions every day as well as leadership decisions. What is ethical leadership and why is it important? Let’s start with ethics. If you ask a 100 people about what ethics or morality is, you will get 100 different answers that differ based on culture, religion, profession, and education—any number of factors. Ethics or ethical behavior also reflects our morality, the set of norms shared by a group of people. Some examples include: do not kill, do not cause pain or suffering in others, prevent harm, tell the truth, care for the young and dependent, obey just laws. Some people also describe these ideas as values or a value system that also defines their obligations to self, others, society, the planet, etc. We learn or know our values, our morality, what is right as we form our view of the world. By no means perfect, but a simple definition of ethics might be knowing and doing what is right. Leadership, like ethics, means different things to different people, different around the world, and in different situations. Leadership could relate to community leadership, religious leadership, political leadership, or health system leadership. There are lots of definitions of leadership as well. Peter Drucker, the world famous business educator once said, “management is doing things right, leadership is doing the right things.” (2) Leaders inspire a vision and then motivate and inspire people to make that vision a reality. Leaders coach and build teams, and bring together the skills needed to achieve the vision. Leaders are certainly individuals with that title or a specific job that puts them in a leadership role. Leaders are also people without the title who inspire and motivate and team build and make it work. Ethical leadership then, has two main parts. First, leaders have to make decisions ethically and second, they have to lead ethically. Visible ethical leadership is seen in how leaders treat people, statements they make in public, everyday interactions, in the directions they steer their people and organizations. Invisible, ethical leadership is found in the person’s character, their values and how they draw on their internal morality to make decisions. Truly ethical leaders are ethical all the time. Over and over each decision, each word. Leah Curtin, a nursing leader in ethics, says that, “…ethical behavior—walking your talk—establishes long-term relations of trust and cooperation, which in turn promote consistency and stability in an unstable world. Predictability in this realm is essential: it provides security where certainty is not possible.” (3) Ethics and leadership are intertwined in all that nurses do as well. The Code of Ethics for Nurses(4) establishes the ethical standard for the profession and serves as a guide to use in decision making and practice. Nursing practice leads with ethics. The principle of the primacy of the patient is threaded through the code and is reflected in nursing actions to protect, promote and restore health and well being of those they care for, themselves, and their profession. Nurses also lead in changing social structures that do not promote health and wellbeing. Recent efforts in the Veterans Administration (VA) to permit full practice authority and their profession. Nurses also lead in changing social structures that do not promote health and wellbeing. Recent efforts in the Veterans Administration (VA) to permit full practice authority of all VA advance practice register nurses(5) exemplify the role of health and wellbeing. Leaders with ethics improve the work environment. Every standard of practice, policy, and chart note shows everyday leadership. Nurse leaders are ethical all the time at the bedside or in the boardroom, and not just when people are watching. Every nurse has obligations big and small, to themselves, their patients, their colleagues, their organization, and their community. Consistent ethical leadership is seen at every level. It builds trust and brings credibility and respect. More trust leads to more collaboration and improved work climate. Self-respect is improved and integrity is maintained. Leading with ethics in all things is simply the right way to go. It is not always easy, but it is always right.

References
Mentoring a Bond of Trust

Nursing is a profession that portrays many faces to the public it serves. Nurses may be young, aged, male, or female, and reflect multiple ethnic groups. Nurses may be academically prepared at a variety of levels ranging from diplomas to doctorally prepared. The setting in which nurses practice varies from acute, primary, and tertiary care. Regardless of age, gender, ethnic background, or place of practice, every nurse needs, and can benefit from, a structured mentoring program. New graduate nurses are excited about completing their academic requirements, passing NCLEX exams, and being hired; however, many cannot comprehend the depth of responsibility the nursing profession entails. The purpose of this paper is to emphasize how important a mentoring program is to the development of the fundamental practice standards for professional nurses.

The word “mentor” can be a noun or a verb. As a noun, a mentor is a wise and trusted counselor or teacher. The verb definition of mentor is to act as an adviser, master, guide, or preceptor (“Mentoring,” n.d., p. 1). Mentoring is a reciprocal and collaborative learning relationship between two individuals with mutual goals and shared accountability for the success of the relationship (“Mentoring nurses toward success,” 2016, p. 1). Nurses that have a mentor in the work place reap the benefit since the mentor often acts as a career coach. However, the process of pairing a mentor with a mentee is not always smooth, and/or shift work involved and abilities of the nurses that can serve as mentors.

One could reason that a new graduate nurse would need guidance and preceptorship to learn the roles and responsibilities of the profession. New graduate nurses need mentors that help have safe haven of academia and enter into a mine field of nursing reality. New nurses come into a hospital setting full of energy, ideas, and often times overconfidence and/or immaturity. These young nurses want to make a difference in the lives that are entrusted to them; but often struggle with the complex issues of their patients. Questions like “Who should I go to get a periphenal catheter set up?” or “Where is the blood bank?” or “How do I contact the physician?” are daily barriers new nurses face. Often times, assistance is not requested by new nurses because they do not want to come across as “new” or inexperienced. At other times, the scenario resembles a college hazing if the older, experienced nurses want to see if these new graduates can make decisions. Over time, discouragement and dissatisfaction occurs resulting in resignations. Providing a solid support base to new nurses is imperative. Making a commitment for mentorship is critical. These nurses are trained, but they are hired will promote job satisfaction, build lasting relationships, and assist with decreasing job turnover (Greene & Puetzer, 2002, p. 64). One would need to ask what characteristics a successful mentor possesses. Defining the critical attributes of a successful mentor is a helpful tool to organizational leaders. Mentoring is a style or position new nurses with the proper mentor. The first characteristic of a mentor or preceptor must involve a willingness to invest time or himself or herself to the life of another nurse. Experienced nurses are critical to making oneself available for the various shifts the mentor is scheduled. Alternatively, the mentor may coordinate with the nurse manager to have the new nurse scheduled to work with the mentor. The mentor must care for the mentee and make a commitment to the mentorship process. Another characteristic of a mentor is trustworthiness. Being a mentor is scary and creating feelings of vulnerability for the mentee. The mentor needs to exist for the mentee to grow and feel safe under the guidance of the mentor. Constructive criticism given in a kind and gentle manner is more acceptable than harsh criticism spoken in a threatening or intimidating manner. The final characteristics of a successful mentor are knowledge or competence, respect, and availability. A mentor is like a breath of fresh air. Mentors who are capable of critical thinking, and social networking. The common goal is to provide an atmosphere of learning and professional growth while exposing new nurses to research and evidence based practice. However, new graduate nurses are not the only nurses that require mentoring. Seasoned nurses for example, that transfer from medical-surgical units to intensive care units require reorientation to the intensive care area and the understanding of equipment use. The complexity of intensive care patients requires the nurse to learn the integration of technology and a stressful environment. Even an experienced nurse must return to a skills lab to learn or relearn skills to perform in a different nursing environment. If this has not been used overtime can become obsolete or the nurse trying to practice them may be incompetent in the technique. The experienced nurse in a new environment for example may have difficulty seeing a subtle change in the patient’s condition, or may not be able to pick up on the cues that might be indicative of inadequacy as new nurses when it comes to learning new skills in a new environment. For experienced nurses, mentoring is a process of finding oneself or shortening due to the assumption that they have been practicing for years. Seasoned nurses are less likely to seek help. This can be dangerous to their patients and to the profession by not seeking clarification or admitting their lack of competency in areas of practice.

Nurses that seek leadership positions, such as a Director of Nursing or Nurse Executive, need mentoring either from the person they are replacing or from another nurse at an equivalent level. A new director may lack the skills needed to serve as a mentor, and a mentor may lack collaboration with other departments. The presence of a mentor provides insight and wisdom as the mentor watches over the mentee focusing on inherent strengths while providing guidance and encouragement. Developing a relationship with someone that can be trusted and will truthfully critique, allows for transparency and early intervention. A mentor’s key role is to allow the mentee to executive include “balancing evolving financial and regulatory constraints, creating a culture of effective communication and collaborative practice, and expanding knowledge and understanding of the importance of these skills” (Thompson, Wolf, & Sabatine, 2012, p. 537). Within healthcare organizations there are some nurses that seek the role of mentor. While few nurses serve as mentors, thus; having a successful practice may not be successful but, often times, individuals are placed in these roles due to seniority rather than ability or desire. As nurses, we must recognize learning is a continuum and have a strong mentor is an asset.

In summary, having a nurse mentoring program is a valuable tool to nurses, institutions, and most importantly the patients. Experience nurses that serve as mentors are able to take their knowledge and skills and entrust them to new nurses to help them achieve their goals in making a difference in the life of another nurse. Research has shown that nurses that have been involved in a mentoring program are less likely to resign, have better adaptation to new environments, and that increased retention and professional satisfaction (Greene & Puetzer, 2002, p. 68). Understandably, nurses that have a mentor look forward to the opportunity to serve as a mentor, thus; having a successful practice may not be successful but, often times, individuals are placed in these roles due to seniority rather than ability or desire. As nurses, we must recognize learning is a continuum and have a strong mentor is an asset.

References
Mentoring In.d.i. in Mentoring. Retrieved from https://www.career智库.com
Mentorship is a long-term relationship that develops through at least 4 stages over the life of another nurse.

Mentor- or executive relationship programs ease transition for new grad. Retrieved from https://www.nursezone.com recent-graduates
The Upper Cumberland Region

The Upper Cumberland region (UCR) as designated and served by the Tennessee Department of Health includes a 14 county region in the northern and middle section of the State. These counties are: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren and White. This region covers over 5,000 miles of primarily rural Tennessee countryside. Cookeville, centrally located in the heart of the Upper Cumberland, is the largest town and is home to the only State University in the Region, Tennessee Technological University (TTU).

Data from the department of health shows that the total population of the UCR at the time of the 2010 U.S census was 338,158. The total state population at the same time was 6,346,105. These numbers indicate that approximately 5.32% of the state’s population live in the UCR (2).

The story of a true Nurse Practitioner Pioneer

In 1972 there was a severe shortage of professional nurses and health services in the rural UCR. At the time, Macon County had only five registered nurses to serve a population of 16,000, one hospital, one health department and two nursing homes. The small town of Red Boiling Springs lacked transportation to get to a health care provider because most families had only one automobile that was used for work and it was frequently out of the county during the day.

The first nurse practitioner run clinic in Tennessee was started in 1972 in Red Boiling Springs by Carolyn Whitaker. Carolyn graduated in 1972 from Vanderbilt University and was among the first class of 6 master’s prepared nurse practitioners to graduate from the first program in the state. At that time the city of Red Boiling Springs had no home health, no ambulance service, no EMTs and most workers already in the practicing world.

Starting in 1982 with the first class of nursing students per year doubling the number of annual graduates. In 2004, the School began offering the Tennessee Board of Nursing’s Master’s degree curriculum. Today the School has grown to 55 faculty in addition to staff. As of August of 2015, there had been 1,720 BSN graduates, and 102 MSN graduates.

The School of Nursing has helped supply nurses in all of the counties of the UCR over the past 35 years. Today there continues to be a demand for educating highly trained baccalaureate nurses in the region. Challenges to the availability of high quality healthcare in the region include the shortage of physicians, the increasing technological advances of healthcare, and the limited number of nurses utilized in any area. The shortage of healthcare providers to serve the population. These challenges to the nursing workforce are causing critical healthcare disparities to expand their programs to prepare additional new health care workers as well as retain the skills that workers already in the practicing world.

More stories from around the region

Anne Hensley has been in the nursing profession since 1979 when she graduated from MTSU. She continued on at TTU and earned her BSN in 1996. In 1997 Anne began her studies at Vanderbilt University for her Master’s Degree in nursing. Upon graduation, she began practicing in Carthage, Tennessee, where she was the first Nurse Practitioner to practice associated with Smith County Hospital. In 2002 she opened her own practice, and continued to run that practice until its closing in 2014. She has now transitioned into working full time in an area emergency department. She feels that due to the shortage of physicians, nurse practitioners could be utilized more efficiently, but are not. Anne states that “due to the medical arena today, this is not occurring within this state. If nurse practitioners were given autonomy within this state, so many more patients could have access to quality care.”

Anne goes on to share that she has been asked numerous times why she did not obtain her medical “doctor’s” degree. Her answer has always been “I love being a nurse. Nurses provide compassionate care that approaches the patient from a holistic view. I feel we as nurse practitioners look at the patient as a whole, try to provide care to the whole patient, and educate the patient at the same time, going beyond just trying to take care of the one problem at the time.”

Gordonville native Heather Potts always knew from a young age she wanted to be a nurse. She graduated from Cookeville High School in 1994, and continued on to TTU in 1998, where she obtained her Bachelor of Science in Nursing. She then attended TTU for her Master’s degree where she graduated in 2002 and became a Certified Nurse Midwife. After working in a rural community and seeing things that were not able to treat every patient in the Family, Heather went back to school again to get a post-master’s certificate as a Family Nurse Practitioner in 2008 from the George Washington University in Washington, D.C.

Heather started working at Carthage Family Practice as an Advanced Practiced Nurse and delivering babies as Carthage General’s first ever Certified Nurse Midwife. She had been employed at Carthage General since she was 16, first as a Certified Nurses’ Technician in high school, then as a Licensed Practical Nurse. It was also where she was born, where her son was born, and where she “caught” her very first baby, so Carthage General and Dr. Richard Rutherford will always be very near and dear to her heart she states. Heather also traveled weekly to the Red Boiling Springs Rural Health Clinic in Macon County. In January of 2014, she opened a unique primary care clinic, within the health department, that is funded by a federal grant. She serves many uninsured patients of all ages whom could not afford their medications, much less any health care. For Heather, going on to reflect, “I could work somewhere else and probably have a higher income, but it’s not about money anymore. My house is nothing if you don’t enjoy what you are doing. I want to know that I have made a positive impact in including childhood obesity and obesity-related health problems, access to affordable insurance and healthcare. She has seen some of her working poor patients be able to get health insurance coverage through the Affordable Care Act, however the “poorest” working poor have no options for obtaining affordable care currently in the state of Tennessee.

Additionally, Karen has worked in the areas of substance abuse of opiates in the UCR. “Providers and professionals are working daily to combat the effects of rampant drug abuse in the area. We play a significant role in reducing the use of opiates in our state and exemplifying evidence-based care for patients who experience chronic pain.”

Karen states, “I am hopeful that the state will work towards allowing nurse practitioners to practice to the full extent of their training and education. I know that the resources I put forth, to meet outdated rules and regulations, prevents me from caring for more patients and contributes to my bottom line significantly. Tennesseans deserve to be able to choose the health care provider who not only understands their needs and should not have barriers to affordable, cost-effective and evidence-based care.”

Nursing in the Upper Cumberland continued on page 15
Wings of Hope

Debra Rose Wilson
PhD MSN RN IBCLC AHN-BC CHT

Hello. I am Dr. Debra Rose Wilson, and I want to tell you about the importance of nurses to be involved in community service. As a nurse, a researcher, and a health psychologist, I know that grief is more than a psychological response. The experience of grief, in any form, holistically influences the emotions, the stress/cortisol response, immune function, sleep patterns, and health. There is something unique and vulnerable about the family grieving the loss of a pregnancy or a child.

Part of my community service, as faculty in the Division of Nursing at Tennessee State University, is working with Sharing of Middle Tennessee (website: http://sharingmiddletn.org/). I serve on their board of directors and help facilitate the free support group for parents who have experienced miscarriage, stillbirth, or early infant loss. Our meetings are designed to help a parent sort through the grief process in a safe environment among others who have experienced similar losses. Families from all over Middle Tennessee are served. Each meeting is facilitated by a parent who has experienced loss and a professional (nurse, doctor, social worker, or chaplain). I am a parent and have experienced the loss, an old L&D nurse, and now a grief psychologist. Therefore, I see the value of this organization and the work they do.

Nursing students have attended this support group and annual events with me. They have come to understand how nurses have a responsibility to take up leadership in community organizations to benefit vulnerable populations.

Sharing of Middle Tennessee has been working on securing a sacred space for our bereaved families to gather, remember, and grieve, for infants lost to miscarriage, stillbirth, or neonatal death. This space, ideally a local park, will be available for use by grieving families and be part of annual memorial events. There is no such space in Middle Tennessee. I applied for and was awarded the leadership award as part of a leadership development project at TSU for senior BSN and AAS RN nursing students at the Tennessee State University School of Nursing. Student nurses learn to fundraise, promote, construct media releases, and be involved with grassroots movements. This project involves over 200 BSN, MSN, and AAS nursing students from at least 2 nursing schools, who will be the future leaders of nursing. MTSU School of Nursing’s Student Nurses’ Association has adopted the project. TSU and AAS nursing students from at least 2 nursing schools, who will be the future leaders of nursing. MTSU School of Nursing. Student nurses learn to fundraise, promote, construct media releases, and be involved with grassroots movements. This project involves over 200 BSN, MSN, and AAS students. This project’s aim is to promote understanding that a registered nurse has a responsibility in caring for the community. Nursing education is a privilege and giving back to the community in this way is one way to promote the expectation of social responsibility and to develop leadership skills, confidence, and a caring persona in nursing students. The younger generations are more involved in community service and joining organizations (Weston, 2006) than you may think, and it is up to us, as practicing nurses and faculty, to model and encourage these roles. Students are standing up to the challenges and learning skills to take with them in future practice. I hope to show students how nurses have a responsibility for community service while concurrently supporting this organization and its Wings of Hope statue initiative. I am humbled and grateful for the leadership scholarship from Tennessee Nurses Foundation to help with this project. Thank you. Nurses in Tennessee care.

Peace, Debra

As a Registered Nurse, licensed in the state of Tennessee, you receive a free subscription to the Tennessee Nurse, provided by the Tennessee Nurses Foundation, but that does not include membership in TNA. Support the association that supports you. Join Today. To page 19 for application. Questions? Call 615-254-0350. We can’t wait until we welcome you into TNA!
Recipients of TNF funding for grants or research who wish to publish findings may contact TNF for assistance with manuscript preparation at tnf@tnaonline.org, or mail to the Tennessee Nurses Foundation, 545 Mainstream Drive, Suite 405, Nashville, TN 37228.

Nursing in the Upper Cumberland continued from page 13

From today to the future

According to current Health Resource Service Administration data, 12 of the 14 counties in the Upper Cumberland Region are considered Health Professional Shortage Areas in Primary care. That means that there is a shortage of Primary Care Providers to serve the population’s needs (5). Primary care Nurse Practitioners are more likely than primary care physicians to practice in urban and rural areas, provide care in a wider range of community settings, and serve a high proportion of uninsured patients and other vulnerable populations (6). Studies have shown that nurse practitioners can manage 80-90% of patient care needs provided by a physician. In addition, many studies also indicate that patient outcomes and satisfaction are similar between care provided by nurse practitioners and physicians (7). Nationally, almost one-half of nurse practitioners providing care are doing so in a primary care setting (8). Increasing the number of nurse practitioners, educated and providing care in health provider shortage areas of the Upper Cumberland Region, could help ease the current and projected primary care shortage.

The patient to primary care physician ratio for the various counties of the UCR ranges from 1,408 residents for each physician in Putnam County to 7,840 residents for each physician in Clay County. All the counties in the region fall below the State-wide average of 1,388 residents to each physician (9). This means that access to seeing a physician in the Upper Cumberland may be more difficult than in other areas of the State. APRNs have been providing health care services in outpatient clinic settings, where most health care services are delivered, for over 30 years. They will continue to be the group of health care providers that will carry the responsibility of care as the demand continues to increase in the near future.

References:
4. tnmap.tn.gov/health/nursing

TNA Visa Rewards

Get the card that rewards you and supports TNA with every purchase. Learn more at tnaonline.org/Visa

Springleaf Financial

Springleaf Financial provides a wide variety of personal loans to meet TNA members’ needs, from auto loan refinancing, debt consolidation, and home improvement projects to travel excursion and more! Springleaf personal loan specialists will work with TNA members and nurses across the state to find a loan that fits your individual needs. Get a steady fixed payment plan and quality service. Springleaf provides personal and auto loans and has 29 convenient branches throughout Tennessee. Be on the lookout for an upcoming email communication. Springleaf lending made personal.

Snazzy Traveler

A private travel reservation site that provides TNA members with free access to exclusive wholesale pricing on hotels, resorts, cruises, car rentals and travel activities. Save up to 75% on more than 400,000 hotels and resorts worldwide! TNA members will receive an email with your login information. Visit: http://www.SnazzyTraveler.com/TNA or call 615-254-0350 for details.

Stay up-to-date and find your dream job!

Job Board: Search job listings in all 50 states.
Publications: New publications and articles added weekly!
Events: Find events for nursing professionals in your area.

www.nursingALD.com
Member News

Angela Anthamatten, RN, DNP, TNA District 3, Assistant Professor at Vanderbilt School of Nursing, received the Dean’s 2016 Award for Recognition of Faculty Achievement in Informatics. This award recognizes faculty who make major contributions in informatics.

JoAnn Evans was recently recognized as one of the 2016 Methodist Le Bonheur Healthcare Nursing Stars. JoAnn demonstrates the following in her daily practice: professionalism, patient and family-centered care, the science of nursing, teamwork, innovation in practice and community involvement. Evans is also a 2016 Nurse.com GEM Awards finalist in the Excellence in Management category, one of five (5) categories that include: Excellence in Clinical Nursing; Excellence in Community Care; Excellence in Education and Mentorship; Excellence in Executive Leadership; and Excellence in Management. Sincere Congratulations on both of these special honors!

Michelle Collins has been appointed to serve as American College of Nurse-Midwives (ACNM)’s representative to the HRSA funded Women’s Preventive Services Initiative, an American College of Obstetricians & Gynecologists (ACOG) led coalition of health professional organizations responsible for reviewing and updating the Women’s Preventative Services Guidelines.

Congratulations Dr. Tommy Cooper, TNA District 3, for achieving a perfect score in his comprehensive board exam. Cooper is a Nurse Practitioner Candidate for TN House District 94-Fayette, Hardeman, and McNairy Counties on receiving the prestigious American Association of Nurse Practitioners (AANP) 2016 Award for Excellence.

Amy Hamlin was a finalist for the 2016 Excellence in Educational Research Award, at the Sigma Theta Tau International Nursing Research Congress in Cape Town, South Africa. The event involved more than 800 nurses from 33 countries. Hamlin’s research study titled “Nursing Educator Retention: The Relationship Between Job Embeddedness and Intent to Stay Among Nursing Educators,” was presented at the research congress. The purpose of the study was to determine factors influencing nursing educators’ intentions to stay employed in academic educator positions. Specifically, the study explored the relationship between job embeddedness and intent to stay.

Karen Hande was given the Dean’s 2016 Award for Faculty Achievement in Informatics from Vanderbilt School of Nursing. This award recognizes faculty who have made major contributions in informatics.

Dr. Patty Orr, Chair of Excellence for Austin Peay State University, and Dr. Shondell Hickson, nurse practitioner and lab coordinator for Austin Peay State University, presented an oral research project entitled ‘Creating a Healthier Population by Achieving the Triple Aim in a Community Based Diabetic Clinic.’ at the 27th Nursing Research Congress in Cape Town South Africa on Thursday July 21. Their research focused on population health and their research question was ‘Can primary care provided by faculty nurse practitioners utilizing telehealth and disease management provided by BSN students improve HbA1c levels and achieve weight loss for an underserved diabetes patient population as compared to the population’s baseline prior to participation in the program of care? Statistical results showed improvement in aggregate HbA1c, weight loss, and blood pressure results in accordance with JNC 8 guidelines.

Betsy Kennedy, Associate Professor of Nursing at Vanderbilt School of Nursing, was recently inducted as a Fellow into the American College of Nurse-Midwives (ACNM). The induction ceremony took place during the annual meeting of the ACNM in Albuquerque, NM. Holley also has received the Dean’s 2016 Award for Recognition of Faculty Achievement in Clinical Practice from Vanderbilt School of Nursing. This award recognizes faculty who make clinical practice.

Sharon Holley, Associate Professor at Vanderbilt University School of Nursing, was recently inducted as a Fellow into the American College of Nurse-Midwives (ACNM). The induction ceremony took place during the annual meeting of the ACNM in Albuquerque, NM. Holley also has received the Dean’s 2016 Award for Recognition of Faculty Achievement in Clinical Practice from Vanderbilt School of Nursing. This award recognizes faculty who make clinical practice.

Melissa Humfleet, Instructor of Nursing at Caylor School of Nursing/Lincoln Memorial University, has received a Doctorate of Nursing Practice in Nursing Administration from the University of Tennessee at Chattanooga.

On May 20, Dr. Florence Jones, District 1 President, spoke to the 2016 nursing graduates at the University of Tennessee Health Science Center (UTHSC) College of Nursing. On behalf of Tennessee Nurses Association she congratulated the graduates on their career advancements and encouraged them to join TNA.

On June 29, American Nurses Credentialing Center (ANCC) selected Dr. Florence Jones as a Content Expert for evidence-based practice. She will participate in test development activities of the national nursing certification exam for evidence-based practice. Dr. Jones’ name was added to the official ANCC Content Expert Registry.

Sharon Holley, DNP, CNM, FACNM TNA District 2

Amy Hamlin, PhD, MSN, FNP-BC, APN TNA District 3

Karen Hande, DNP, ANP-BC TNA District 3

JoAnn Evans, MSN, RN TNA District 1

Michelle Collins, PhD, CNM, FACNM TNA District 3

Tommy Cooper, DNP, FNP-C, ACNP-BC TNA District 1

Debra Coplon, MSN, RN, NE-BC TNA District 3

Melissa Humfleet, DNP, RN TNA District 2

Florence Jones, DNP, RNA, BC, FACHE TNA District 1

Betsy Kennedy, PhD, RN, CN CNA District 3

Nancy LaBine, PhD, MSN, RN TNA District 4

Dr. Nancy LaBine, completed her PhD in Nursing, December 12, 2015 at East Tennessee State University. LaBine’s dissertation title is: Teaching the Spiritual Dimension of Nursing Care: A Survey of Associate Degree Nursing Programs in the Southeast United States.

On May 26, Nancy LaBine, Director of Nursing at Cleveland State Community College, was awarded the TN Head Start 2015-2016 Community Volunteer of the Year Award, by the Family Resource Agency, Inc. Tennessee
**Member News**

Early Head Start/Head Start Policy Council. The Award was presented by Ms. Laura Boyd, Head Start Special Projects Specialist at a Policy Council meeting.

Assistant Professor, Susie Leming-Lee, received the 2016 Vanderbilt University School of Nursing’s “Tradition Meets Innovation” award for faculty and staff. This award recognizes faculty and staff members whose work has benefited the standing and operational effectiveness of the institution and its members.

Dr. Wendy Likes, Dean, UTHealth School of Nursing, has been inducted into the Fellows of the American Association of Nurse Practitioners.

Marliatou Mohammad was recently recognized as one of the 2016 Methodist Le Bonheur Healthcare Nursing Stars. Marliatou demonstrates the following in her daily practice: professionalism, patient and family-centered care, the science of nursing, teamwork, innovation in practice and community involvement. Sincere Congratulations on this special honor!

Tonia Moore-Davis, nurse-midwifery faculty at Vanderbilt University School of Nursing, was recently inducted as a Fellow into the American Association of Nurse-Midwives (ACNM). The induction ceremony took place during the annual meeting of the ACNM in Albuquerque, NM.

Kimberly Patterson, nurse-midwifery faculty at Vanderbilt University School of Nursing, has been appointed to serve as ACNM’s representative to the American Congress of Obstetricians & Gynecologists (ACOG) OB Practice Bulletin Committee.

Sheila Ridner, the Martha Rivers Ingram Professor of Nursing, received the Dean’s 2016 Award for Recognition of Faculty Achievement in Research Endeavors from the Vanderbilt School of Nursing. This award recognizes faculty who make major contributions in research.

Dawn Vanderhoef, was recently inducted as a Fellow into the American Association of Nurse Practitioners (AANP).

Teris Webb, RN, MSN, TNA District 1, presented an abstract entitled, Improving Patient Care with Unit Based Governance, at the AONE Conference. The abstract was done in collaboration with Dr. Teresa Richardson, of the University of Memphis, and presented by Teris Webb, of VA Memphis, and Judy Brown, also with the VA.

Colleen Conway Welch, former dean of the Vanderbilt University School of Nursing, was recently inducted into the 2016 Health Care Hall of Fame created by Belmont University and the McWhorter Society and is supported by the Nashville Health Care Council, a Hall of Fame Founding Partner.

Ashley York recently attended a national course, in Atlanta, GA, entitled Integrating Palliative Oncology Care into Doctor of Nursing Practice (DNP) Education and Clinical Practice. York was one of forty-one nurses competitively selected from across the United States to attend. This program is designed for DNP faculty teaching in DNP programs in schools of nursing, along with DNP community partners who provide oncology palliative care across the life span and across clinical settings.

2016 FAAN Inductees Announced

The American Academy of Nursing has announced the following Tennessee nurses, (and members of TNA), to be inducted as fellows at the Academy’s upcoming conference on October 20-22, 2016. Congratulations to all!

- Michelle Renee Collins, PhD, RN-CEFM, CNM, FACNM – Vanderbilt University
- Jie Deng, PhD, RN, OCN – Vanderbilt University
- Nan Gaylord, PhD, RN, APRN, FAANP – University of Tennessee
- Lynda Hardy, PhD, RN – University of Tennessee, Knoxville
- Elizabeth Moore, PhD, RN, IBCLC – Vanderbilt University

Yoga scrub pants by MC² are so comfortable you’ll need a pair for home and for work. They have the same EZ-FLEX fabric you’ve come to love from the rest of Med Couture’s line, with the added comfort of a knit waistband. Front side pockets, double cargo pockets and an extra accessory pocket mean these pants aren’t just stylish, they’re highly functional.

Try a pair today!

Available now at ShopNurse.com
District 1
President: Florence Jones, DNP, RN, NEA-BC, FACHE

This summer District 1 nurses have been very busy representing our members. District 1 nurses have been recognized by peers, asked to speak at community events and selected to serve on national organizations. Christina Wallace is the 2016 recipient of the TNA District 1 Education Scholarship. She was awarded $2,000. Ms. Wallace is an outstanding student who has worked full-time at St. Jude Children’s Research Hospital while completing her Doctorate in Nursing Practice (DNP) at University of Tennessee Health Science Center College of Nursing’s PNP-DNP program. Christina’s contribution to nursing and her commitment to pediatrics is evidenced by her interaction with patients and colleagues.

Carla Kirkland, MSN, APRN represented District 1 at the 2016 Healthcare Policy Luncheon. On June 30th Tennessee General Assembly, Senate Democratic Caucus sponsored the luncheon. Other presenters included Senator Lee Harris, Senator Jeff Yarbro, Senator Sara Kyle, Greg Duckett Senior VP Baptist Memorial Healthcare, and George Woodberry, M.D.

Florence Jones


District 2
President: Deb Chyka, DNP, MSN, RN

In an effort to promote communication and networking between District 1 members, the following modes for communication have been established:
1. District P.O. Box – TNA District 1
   P.O. Box 17629
   Memphis, TN 38187
2. Facebook – Tennessee Nurses Association District 1
3. District 1 email address – tna.tnaddistrict1@gmail.com

As an educator I find that the beginning of August is bittersweet. Days spent away from the office will soon be filled with meetings, deadlines and then eventually, students. Chances are that you have not quite completed all the tasks on your summer to do list and know those tasks will soon be demoted to the end of the list. Creating clinical schedules, syllabi, lectures and exams will top the list. Among the tasks that will occupy our coming months in District 2 are some new presentations from experts in their field that affect population health. These are not new topics, but they are issues that some Tennesseans face every day.

As nurse leaders, in our respective districts, we must identify pertinent issues that affect the people we serve and minister to, so as nurses we can provide the physical, mental and emotional care that is needed. Over the next 6 months, members of District 2 will hear from speakers about human trafficking, the addiction crisis and child abuse. Although there may be many who have never encountered any of these life changing events personally or through friends and family, the impact can be shared and better understood when we talk about them.

I encourage all members in District 2 to make plans now to join us at LMU on Cedar Bluff on the selected dates. You will also have the opportunity to use a computer and join us from a distance using Zoom. Look for more information about how to use Zoom for this purpose.

The calendar of events for District 2 is as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. 18</td>
<td>LMU</td>
<td>1800</td>
</tr>
<tr>
<td>Sep. 15</td>
<td>LMU</td>
<td>1800</td>
</tr>
<tr>
<td>Oct. 28-30</td>
<td>TNA/TASN</td>
<td>Murfreesboro</td>
</tr>
<tr>
<td>Nov. 17</td>
<td>LMU</td>
<td>1800</td>
</tr>
<tr>
<td>Dec. 5</td>
<td>TBA</td>
<td>1800</td>
</tr>
<tr>
<td>Jan. 19</td>
<td>LMU</td>
<td>1800</td>
</tr>
<tr>
<td>Feb. 18</td>
<td>LMU</td>
<td>1000</td>
</tr>
<tr>
<td>Mar. 9</td>
<td>LMU</td>
<td>1800</td>
</tr>
<tr>
<td>Apr. 20</td>
<td>LMU</td>
<td>1800</td>
</tr>
<tr>
<td>June 15</td>
<td>LMU</td>
<td>1800</td>
</tr>
</tbody>
</table>

District 3
President: Chita Farrar, Ed.D, MSN, RN

Kudos to Aurea Cuevas, secretary for District 3, for balancing work on a project for the district and working night shifts at the busy Vanderbilt Medical Center adult emergency department. Aurea is project manager for increasing communication and activity for District 3 members using zoom meeting technology. A pilot test of recording the June meeting presented by Dr. Chita Farrar, President of District 3, on compassion fatigue allowed trouble shooting for problems. After she consulted with a zoom technician, Aurea is now ready to be the administrator to send members an email with a link to the meeting to call in or have online access. The recorded zoom meetings will be uploaded to the District 3 Tennessee Nurses Association website for all TNA members, nonmembers, and students to have access to all educational programs presented at District 3 meetings.

District 3 Board and Director Members are excited to be able to offer technological access to meetings to all members that can’t attend a live meeting. District 3 consists of a large geographical area that includes several counties. Zoom meetings will empower communication with all our members. We encourage attending our live meetings because they provide a social interaction time, networking with colleagues, professional updates, educational event with a continuing education unit, and an opportunity to have fun.

Our next meeting is September 15 at 6:00 pm at Maggiano Restaurant on West End. Sharon Atkins, executive director for TNA, and Wilhelmina Davis, TNA lobbyist, will present a motivational speech about current legislation issues and how nurses can have a voice and be involved with policy formation. We invite all members, guests, and students to join our for a night of learning and fun.
Help us put a little more faith in the future of nursing.

Accepting applications for an Executive Associate Dean for our School of Nursing.

We’re looking for a visionary leader who will move our school to the next level of effectiveness and accomplishment, while preparing the next generation of nurses to impact our community and beyond.

For more information on this position and to apply, go to lipscomb.peopleadmin.com/postings/443.

Nashville, Tennessee

Put Your Passion to Work at CHI Memorial

CHI Memorial in Chattanooga has open positions for full time, part time and PRN registered nurses in the following areas: Clinical Resource Team/Float Pool, Med-Surg, CV Surgery. Qualified applicants will have 1+ years of recent nursing experience. BLS required. BSN preferred.

Apply online at memorial.org. For more information, contact Jamie Elliott, clinical recruiter, at BestRNs@memorial.org or (423) 495-2769.

EOE/DFW/Title VII/Section 504

2525 de Sales Avenue
Chattanooga, TN 37404

BECAUSE

NURSING IS YOUR LIFE’S CALLING

It has never been easier to advance your nursing career. The Baptist College of Health Sciences values your individual achievement and education. Now offering our RN to BSN degree program entirely online, students can tailor their learning to fit their lifestyle. At Baptist College, design an individualized plan to complete the degree requirements at a pace best for you. The path you choose is entirely your own.

BAPTIST COLLEGE
OF HEALTH SCIENCES

A Nursing Education That MAKES A DIFFERENCE

Experience the KING Difference

Get the credential you need for the next step in your nursing career with an online degree from CCNE accredited King University. Whether you are an RN looking to earn your BSN or want to earn your Master of Science in Nursing, King is here to help.

THE KING DIFFERENCE INCLUDES:

- ACCELERATED PROGRAMS
- AFFORDABLE TUITION
- CREDIT TRANSFERS
- YEAR-ROUND COURSES

Advance your nursing career without sacrificing your practice. Learn more by visiting us at online.KING.edu/TNNurse

King University | 1350 King College Road | Bristol, TN 37620 | 888.391.8252