In keeping with ANA’s 2017 national initiative, Healthy Nurse, Healthy Nation, ANA Massachusetts committed to this theme as a framework for this year’s educational programs and events. ANA defines the healthy nurse “as someone who actively focuses on creating and maintaining a balance and synergy of physical, intellectual, emotional, social, spiritual, personal and professional well-being.” Nurses often set aside their personal self-care in order to serve the needs of patients, families, and friends. It is essential that we integrate self-care interventions into our own lives that will enable us to be more meaningfully present, engaged, and compassionate toward meeting the needs of others.

ANA Massachusetts hosted its 2017 Annual Spring Conference entitled, Nursing’s Journey Toward Personal and Professional Wellness at the Waltham Westin Hotel on Saturday, April 8th. An accomplished, well-informed conference faculty provided participants with valuable information to assist them in acquiring and maintaining personal wellness. The day opened with a thought-provoking presentation by Dr. Gino Chisari, Director of the Norman Knight Center for Clinical and Professional Development, Institute for Patient Care at Massachusetts General Hospital. In his presentation entitled, Let’s Disrupt Disruptive Behavior, Dr. Chisari heightened our awareness regarding the negative outcomes that can result when nurses engage in bullying and other caustic unproductive behaviors in interacting with one another through the use of visual art, narratives, and references to the literature.

Keynote speaker, Dr. Debbie Hatmaker, ANA Executive Director/Executive Vice President followed with a comprehensive overview of ANA’s 2017 initiative “to transform the health of the nation – starting with the nation’s 3.6 million registered nurses.” Dr. Hatmaker described three “grand challenge initiatives” targeted toward this goal: to communicate explicitly that the health of nurses is critical to an effective, safe, and sustainable health care system; to empower nurses and organizations with a platform that allows them to improve their personal health and create environments that foster good health; and to partner with stakeholders and sponsors committed to improving the health of America’s nurses. She correlated Provision Five of the ANA Code of Ethics which states that “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” with some of the challenges to maintaining personal wellness that nurses face on a daily basis. These include stress and fatigue, workplace violence, incivility, and bullying, and safe patient handling and mobility. Dr. Hatmaker discussed a variety of online resources that ANA...
Greetings! Year after year, the American public has ranked nurses as the professionals with the highest honesty and ethical standards. Nurses are chosen as the most trusted professionals in America. We are unyielding advocates for our patients and for what is right and good in health care. Who better than nurses to advocate for the health security of our patients throughout the Commonwealth? Whether nurses are by the bedside or in the board room, we continue to be a trusted resource. Nurses protect, promote, and optimize the health of their patients by preventing illness and injury, facilitating healing, and alleviating suffering. Nurses are role models, educators, and advocates. Nurses are positioned as the people who know the most about how to provide quality care for all.

Professions have many characteristics; education, societal service, collegial relationships. Professional values and the associated behaviors are fundamental to our nursing practice. As we think about the current debates in healthcare, know that we are guided by our ANA Scope and Standards of Practice, the Code of Ethics and the Social Policy statement. The concepts of trust, fairness, benevolence, respect and the inherent value of individuals demonstrate our contract between society and our profession. You have the foundational documents of your profession – read, learn, write letters and speak out.

Your continued engagement in the national healthcare conversation will impact the quality of care delivered. You provide a constructive voice and positive force for improving health care delivery, coverage, and affordability for the citizens of the Commonwealth and the American people. Through communication, collaboration and participation in your professional organizations, your voice will be heard. When nurses speak – people listen.

Professional nurses are stewards of nursing, responsibility for moving the profession forward. By practicing stewardship, we hold the knowledge, values, and ethics of the nursing profession safe in our hands for the nurses of the future, just as past nurses held the profession safely for us. The goal of professional nursing stewardship is to make improvements in the profession while it is in our hands. As President of the ANA Massachusetts, I could not be more proud of our profession! So, as Faye Abdellah (the first nurse and the first woman to serve as Surgeon General) said – ‘we cannot wait for the world to change’ – as professionals and advocates – ‘we must take a lead and change the world!’ The proposal to repeal and replace the Affordable Care Act was withdrawn without a vote, but that doesn’t mean the discussions around health reform are over. Nurses must be active in the discussions related to the Affordable Care Act and remain at the forefront of improving the quality of health care for all. There is still much to do. As a professional registered nurse, you can make an impact, and joining ANA Massachusetts, the largest and broadest professional nurses association in the Commonwealth, is the best way to do that. Thank you for all you do for our patients and the profession.

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U.S. News and World Report
(January 10, 2017)

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★ 8th Nationally

A Top-Ranked Online RN to BSN Program
The Age of Majority: The age at which a person is recognized by law to be an adult, capable of managing his or her own affairs and responsible for any legal obligations created by his or her actions. Who does one become “capable of managing his or her own affairs”? And just what affairs should he or she be able to manage when? At what age is someone old enough to... marry? Consume alcohol? Join the military? Drive a car? In most states the legal age to marry is 18 for both men and women; Mississippi is 17 for males and 18 for females. To become an enlisted soldier in the US Army, you need to be 17 to 35 years of age. In New Hampshire you can begin learning to drive at 15½ and be licensed at 16. Massachusetts, Bill 1218. An act to protect youth from the health risks of tobacco and nicotine addiction, has made it to the Joint Public Health Committee, with a hearing scheduled in mid May. This bill would raise the minimum age for purchasing tobacco products from 18 to 21. (Follow the progress of this bill at https://legiscan.com/MA/bill/S1218/2017). As of last December, over 140 towns in Massachusetts have already raised the legal age for purchase of tobacco products to 21. See map at http://tobacco21.org/state/massachusetts/ In 2015 Hawaii became the first state to pass a law that prohibited the sale of tobacco products or electronic smoking devices to persons under twenty-one. Many other states have bills under consideration. I’m sure we all can agree that smoking is harmful. We can also agree that it is better to refrain from starting to smoke than it is to try to quit after one has become addicted. But for me, the question remains, do we need to protect our youth with more legal constraints. If a young person is old enough to drive a car (which can cause harm to himself as well as others), assume the responsibility of being married, or fight for his country, should he or she be forbidden to use a legal substance? Is there another approach to decreasing the number of youths who begin to smoke? The legal age to buy tobacco products in Ireland is 18 (raised from 16 in 2000). Yet, Ireland is one country that has seen a tremendous drop in smoking prevalence as well as a decrease in number of cigarettes smoked daily by those who continue to smoke. They have also seen a significant decrease in youth who begin to smoke. To accomplish this, Ireland has used a multipronged approach to smoking cessation and prevention, including increasing taxes, prohibiting smoking in public places, graphic warnings on cigarette packs about the hazards of smoking, and targeting youth with educational programs. In particular, since 2011, youth groups have received funding to make films about the hazards of smoking. These films are showcased in the annual X-HALE Film Festival and have been made available on the internet. The question that I ask is: Do we need more legislation, or do we need more targeted programs? I would love to have you visit my shop! If you have questions or would like to request a custom order, please do not hesitate to contact me.
For five years, the Massachusetts Action Coalition (MAAC) has been part of a nationwide effort to advance nursing to meet current and future healthcare needs. With national partners such as the Robert Wood Johnson Foundation (RWJF) and AARP, MAAC is one of 51 state-based coalitions working to build a “Culture of Health” in every community.

Our work in Massachusetts has been led by the MA Department of Higher Education and the Organization of Nurse Leaders, along with a diverse network of healthcare, education, and multi-sector partners from across the state. We have built a solid reputation as an effective, neutral convener, bringing together partners from many sectors – healthcare, academia, business, and government – and are recognized as a leader in this work on the local and national level.

Building a Culture of Health in Massachusetts

The MAAC embraces the RWJF vision of “Building a Culture of Health,” the belief that everyone deserves to live the healthiest life possible, by supporting efforts to:

• make health a shared value
• foster cross-sector collaboration to improve wellbeing
• create healthier, more equitable communities
• strengthen integration of health services and systems

To this end, we have recently expanded the MAAC Leadership Team to include the MA League of Community Health Centers, MA Association of Public Health Nurses, MA School Nurse Organization, and the Allied Health Advisory Group.

Advancing Healthcare Through Nursing

MAAC is committed to continuing its work on academic progression to meet the national goal, set in the Institute of Medicine’s (IOM) landmark report, of 80% of all nurses attaining a BSN or higher degree by 2020, and of meeting the national goal, set in the IOM’s landmark report, of 80% of all nurses attaining a BSN or higher degree by 2020, and of diversifying our nursing workforce and increasing adoption of the MA Nurse of the Future Nursing Core Competencies©.

Some of our significant achievements over our first five years include:

• Built statewide consensus on academic progression through accelerated pathways for LPNs and ADNs to achieve a BSN, with a 187% increase in the number of BSNs who completed a RN-to-BSN program.
• Increased the ease of transferring credits from the 2- and 4-year nursing programs through the Nursing Education Transfer Compact, now implemented in all the public 4-year nursing programs.
• Improved understanding of the complex issues surrounding faculty shortages and developed innovative resources to help onboard new clinical faculty.
• Increased the adoption of the nationally recognized MA Nurse of the Future Nursing Core Competencies© in academic institutions and practice organizations.
• Convened a Diversity Advisory Group representing minority nursing organizations.
• Increased use of available data to establish baseline and outcome measurement particularly as related to academic progression and diversity.

Gayle Peterson Re-elected to the ANA-Board of Directors

Gayle Peterson is an inspiration to staff nurses everywhere. Her commitment to her professional organization is stellar. She was recently re-elected to the national Board of Directors in the staff nurse position. During her time on the Board she has been on many task forces including the Presidential Task Force for the ANA-PAC. She co-chaired the ANA-PAC for four years. Gayle has served on the Committee on Honor Awards and chaired many of the sub committees. She has also been on the Committee on Appointments for the last 4 years and now chairs that committee. Other positions that she has held include member of the Employee Relations Committee and the Committee on Budget and Planning. She has also been inducted into the ANA-PAC Leadership Society in recognition of her extraordinary political talent and skill. Gayle is probably the first staff nurse to be selected for this honor. Prior to her national involvement, Gayle has been active in ANA MA as well, as a Director and member of the Health Policy Committee. Congratulations to Gayle on her re-election and her shining example of professionalism. ANA MA is proud to call you one of our own.
WHY JOIN — ANA MASSACHUSETTS TODAY?

- Great Networking Opportunities
- Hear World Renowned Speakers
- Meet Living Legends of Nursing
- Influence Legislation and Public Policy
- Foster Professional Development
- Promote Excellence in Nursing Practice
- CE Programs and Merchandise Discounts
- Be a Strong Voice for Nursing
- Volunteerism
- Have Fun!

JOIN ANA Massachusetts and ANA TODAY!

- Strengthening nursing’s voice at the State and National Levels
- National and State-Level Lobby Days
- Lobbying on issues important to nursing and health care and advocating for all nurses
- Representing nursing where it matters or representation in the MA State House
- Speaking for U.S. nurses as the only U.S.A. member of the International Council of Nurses
- Protecting and safeguarding your Nursing Practice Act Advocating at the state level
- ANA-PAC demonstrates to policymakers that nurses are actively involved in the issues that impact our profession and patients
- ANA Mass Action Team
- ANA’s Nurses Strategic Action Team (N-STAT)

Personal Benefits

- Professional Liability Insurance offered by Mercer
- Auto Insurance offered by Nationwide
- Long Term Care insurance offered by Anchor Health Administrators
- Term Life Insurance offered by Hartford Life and Accident Insurance Company
- Financial Planning Offered by Edelman Financial Services
- Savory Living Dining – discounted program offerings
- Walden University Tuition Discounts
- Chamberlain College Tuition Discounts
- Scholarships for you and your family members
- Free Research Recruitment Notices placed on ANA Massachusetts Website and sent to the ANA Massachusetts Email Distribution

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A GRADUATION GIFT IDEA

Looking for the perfect gift for a new nurse or one who is graduating with another degree? Or how about a gift for yourself? Consider purchasing Clio’s Corner: The History of Nursing in Massachusetts. This compilation almost 50 of Dr Mary Ellen Donn’s popular Clio’s Corner columns provides the reader with a new appreciation of the influence nurses have had on the health care system. Her reader-friendly style of writing makes you feel as if you have met these famous nurses or witnessed the events described. Clio’s Corner is now available on the ANA MA website at: http://www.anamass.org/?page=412&hh

We hope you enjoyed this edition of the Massachusetts Report on Nursing, sent to every RN in the Commonwealth.

Please join ANA Massachusetts today and become an active member of the world renown and most respected professional nursing organization. Go to: www.ANAMass.org to complete the application.

The ANA Massachusetts Action Team – MAT cordially invites you to join this exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts. Go to www.ANAMass.org for more information

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ADDRESS CHANGE?
NAME CHANGE?

ANA Massachusetts gets mailing labels from the Board of Registration in Nursing. Please notify the BORN with any changes in order to continue to receive the Massachusetts Report on Nursing!

ANA Massachusetts Mission

ANA Massachusetts is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.

Vision

As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.
New Nursing Education Coordinator at the Board of Registration in Nursing

Angela MacDonald, DNP-PHNL, RN, has been appointed to the position of Nursing Education Coordinator at the Board of Registration in Nursing. Dr. MacDonald brings several years of experience as a nurse educator at the Practical Nurse, Associate Degree and Baccalaureate Degree levels, and as a nursing education program administrator, to her new role. Most recently, she served as Director of Nursing, Division of Professional Studies/Nursing Department, Roxbury Community College and as a Clinical Coordinator and Instructor, MGH Institute for Health Professions.

As Nursing Education Coordinator, Dr. MacDonald will work closely with Nursing Education Coordinator Kathleen Ashe. They evaluate compliance with the regulations at 244 CMR 6.00 by the Commonwealth’s 74 Board-approved nursing education programs. In addition, she will provide support for the Board’s practice-related activities in collaboration with Laurie Talarico, Nursing Practice Coordinator.

The American Nurses Credentialing Center (ANCC) has widely distributed content integrity standards in regards to continuing education. These standards can be found on the ANCC website and address commercial interest organization, conflict of interest, bias and exhibits. [http://www.nursecredentialing.org/Accreditation-CE/ContentIntegrity.pdf] Many questions come to the approver unit regarding content integrity standards. They refer some of the most frequently asked questions.

Question: Do I need to report exhibit hall revenue as commercial support?
Answer: Vendor support obtained from exhibit hall is not considered commercial support as it is situated away from the educational event. The concept underlying this requirement is “freedom from advertisement.” A participant attending an educational program should be able to avoid being an involuntary subject of marketing. Exhibits should be placed in a separate room or outside the conference hall, or in an area away from registration.

Question: My speaker works for “company X” which makes orthopedic equipment; the topic is on “Transformational Leadership.” Does the speaker have a conflict of interest?

Answer: In order for a conflict of interest to occur the person must have a potential financial interest in promoting the content, and have a relationship with a commercial interest organization that has relevance to the content. In this case, the topic is unrelated to orthopedic equipment and thus no conflict of interest is present.

Question: A member of the panel for an upcoming program is going to address the role of hospice in the community. Since the hospice is a non-profit organization, does the nurse planner have to be concerned about content integrity?
Answer: In order to prevent bias, the panelist must be advised he/she cannot promote one particular hospice over another. Having a content reviewer take a look at the slides to assess for bias might be a good idea. Having the panelists sign an agreement not to promote one thing over another is also a good practice.

Question: Who is responsible for verifying no conflict of interest is present?
Answer: The nurse planner is responsible for verifying the presence or absence of conflict of interest as well as determining a resolution if a conflict is present. Someone other than the nurse planner must review and verify the nurse planner for potential for conflict of interest as well.

With graduation weeks away, have you found the perfect gift? Consider gifting the new RN license plate. The Organization of Nurse Leaders, Inc. (ONL) is pleased to announce Department of Motor Vehicles (DMV) approval for a new Massachusetts RN license plate. This plate is not yet available at local DMV offices. Prior to the production of the plates, 750 pre-orders and payment must be obtained. Once ONL obtains the 750 applications, they will be delivered to the DMV and manufacturing of the plates will begin. Production of the plates is estimated to take 6 to 8 months.

Proceeds for the license plates will go to the ONL Foundation, a 501(c)(3), for scholarships, continuing nursing education, and research. The RN license plate will make a great holiday, birthday, or graduation gift. License plate keychains have been produced and are available for you to wrap as a gift—simply call the ONL office to request one be sent to you (781-272-3500).

The fee for the plate is $40 and is 100% tax deductible. Upon renewal, every two years, the $20 plate swap fee, and any other registration fees (for example, your registration may be due at the time of plate pick-up) must be obtained. Registrations must be renewed every two years.

Please help ONL reach the 750 pre-orders! As of the beginning of April, we have 340 applications. Many frequent asked questions can be found on the ANCC website and address content integrity. Here are answers to some of the most frequently asked questions.

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Every patient deserves a great nurse, one that is compassionate, caring, and devoted to their profession. However, often times our capacity to engage with our patients in the most profound way can be limited by our inability to maintain a healthy work environment that meets our social, spiritual, and physical needs. Nurses care for patients during times of extreme suffering, disability, and sadness. Providing compassionate care during these times requires great emotional strength. Over time, this intense sharing of the patient’s emotional experiences can lead to compassion fatigue and emotional drain. Therefore, it is important for nurses to develop self-awareness and engage in self-care, by maintaining strong mental, spiritual, and emotional health (Absi, Wilson, Hogan, & O’Brien, 2016). “Self-care is foundational to nursing, and many nurses appreciate that self-care is essential to our practices, but many of us fail to properly care for ourselves” (Hernandez, 2009, p. 129).

After the excitement of moving into the new Skilled Nursing cardiovascular unit at Brigham and Women’s Hospital (BWH), our nurse director, Alice O’Brien, had a vision of creating a healing environment to alleviate the stress and anxiety that nurses were experiencing on the floor. She developed an integrative care committee which consisted of three staff nurses, all who shared her vision. Our committee does introducing a complementary and integrative care program into the work environment of the nurse has a positive impact on decreasing the nurses’ level of stress while improving the quality and care of our patients. We started the process of applying for funding to help support our ideas. We submitted a proposal to the Mary Fay Enrichment award, which is offered yearly at BWH. To our dismay, we were not recipients of this award.

This was disheartening because we felt our voice was not heard; however, we didn’t allow this to halt our journey to becoming an optimal healing environment to alleviate the stress and anxiety that nurses were experiencing on the floor. She developed an integrative care committee which consisted of three staff nurses, all who shared her vision. Our committee does introducing a complementary and integrative care program into the work environment of the nurse has a positive impact on decreasing the nurses’ level of stress while improving the quality and care of our patients. We started the process of applying for funding to help support our ideas. We submitted a proposal to the Mary Fay Enrichment award, which is offered yearly at BWH. To our dismay, we were not recipients of this award.

This began our journey to bring self-care to BWH. Shapiro 8. Change was now within reach. We implemented a program that included meditation, music therapy, pet therapy, massage, reflexology, Reiki, spirituality, yoga, Team building with True Colors®, and positive affirmations. We began to notice a positive shift as staff members began to see the benefits of our program into the work environment of the nurse. We started the process of applying for funding to help support our ideas. We submitted a proposal to the Mary Fay Enrichment award, which is offered yearly at BWH. To our dismay, we were not recipients of this award.

In addition to the staff being happier, patients have also been happier. Meeting patient’s spiritual, physical, and emotional needs has been a top priority. Some ways that we have attained this is by being more attentive to patient’s unique circumstances such as offering Reiki therapy to those interested. Other ways include providing compassionate care during a patient’s last moments. A critically ill gentleman who had been on our unit for approximately two months had a special relationship with his dog. Upon learning what a big part of his life this animal was, arrangements were made for the dog to reunite with his owner. The next day after sharing some wonderful, tender moments with his loyal friend, the patient died. This family was very appreciative and less stressed. Comments from staff included:

- “It’s nice to be fooled over. We all work hard and the break these therapies provide is like a battery recharge.”
- “I am witness to more smiles and conversations that echo caring…”
- “If we are able to achieve balance in our lives through stress reduction strategies, we will be in a positive mind-state to provide better care to our patients.”

A special thanks to our Nurse Director, Alice O’Brien, MS, RN for her vision and continued support. This journey would not be possible without her compassion and dedication to the nursing staff.

References


This holistic program required inspiration, perseverance, and determination. The journey that was once a dream is now a reality.
Inge B. Corless, PhD, RN, FNAP, FAAN
Professor, MGH Institute of Health Professions

Inge B. Corless graduated from the Bellevue School of Nursing in New York City and completed her BSN at the Boston University School of Nursing. Interested in research as well as practice, she received a Master’s degree in Sociology from the University of Rhode Island and a doctorate in sociology from Brown University. A Robert Wood Johnson post-doctoral fellowship was completed at the University of California-San Francisco School of Nursing with an administrative internship at Stanford University Hospital.

Practice included staff nurse positions at Bellevue’s Emergency Ward and Memorial Hospital for Cancer and Allied Diseases (affiliated with Sloan Kettering Cancer Institute). In Boston she worked in the research unit in what is now the Brigham and Women’s Hospital and in the obstetrics and the newborn nursery at Beth Israel Hospital. She also participated in a grant to improve the care provided by the attendants at the Ladd School in Rhode Island. While completing her doctoral degree, Inge worked as a faculty member teaching courses in sociology at Sage College in Troy New York. She has been a faculty member at University of Michigan but left there to develop St. Peter’s Hospice in Albany, New York. After chairing the Department of Secondary Care at the MGH Institute of Health Professions, she accepted a position at the University of Michigan as the Director of Secondary Care at the University of Michigan but left to chair the Department of Medicine at the University of California San Francisco. In 1995, she accepted a position at the Institute for the Practice of Nursing at Massachusetts General Hospital. In 2004, she joined the faculty at the University of California, San Francisco School of Nursing and in 2007, was named Chair of the Department of Health Policy and Management. In 2014 she was appointed as Dean of the School of Nursing and in 2016, was named Interim Dean of the School of Nursing. In 2017, she was named Dean of the School of Nursing and in 2019, was named Director of the MGH Institute of Health Professions.

In her role as Director of the Institute, Inge worked to bridge the practice/academic gap. She is the author of over 150 peer-reviewed manuscripts, chapters, monographs and texts in her areas of expertise: HIV disease and end-of-life care.

Dorothy A. Jones, EdD, RN, ANP, FAAN, FNI

Dorothy A. Jones is a Professor and Chair of the Department of Nursing at Simmons College in Boston, Massachusetts. She is the author of over 70 peer reviewed manuscripts, 29 books, and has extensively published over 70 peer reviewed manuscripts in nursing theory and workforce development, some of which have been translated to other languages and some of which have won awards. Dorothy is a staff nurse for the MGH Institute of Health Professions and a member of the Scholars Program at MGH. She is a visiting scholar at several schools of nursing including New York University and Universidade Navarra, Pamplona, Spain where she has consulted and helped develop both master’s and doctoral programs in nursing. As a faculty member at BC, Dorothy stands out for her strong investment in the integration and advancement of research and education in the nursing profession. At the core, she is focused on how nursing makes a difference in the health and care of people.

Over her accomplished career, Dorothy has influenced countless nursing leaders, students, and practicing nurses on the value and unique contributions nurses make to their community, teaching, research and publications. She has served on numerous dissertation committees and chairs 29 committees. Dorothy has extensively published over 70 peer reviewed manuscripts in nursing theory and workforce development, some of which have been translated to other languages and some of which have won awards. Dorothy is a staff nurse for the MGH Institute of Health Professions and a member of the Scholars Program at MGH. She is a visiting scholar at several schools of nursing including New York University and Universidade Navarra, Pamplona, Spain where she has consulted and helped develop both master’s and doctoral programs in nursing. As a faculty member at BC, Dorothy stands out for her strong investment in the integration and advancement of research and education in the nursing profession.

At the core, she is focused on how nursing makes a difference in the health and care of people.

Dorothy has served as a leader in many organizations, such as President of the Research Society, President of the North American Nursing Diagnosis Association (NANDA-I), Immediate Past Chair of the American Academy of Nursing, and current President of the Society of Rogerian Scholars Fund. Even if not in a leadership position, Dorothy is not just a member of any organization; she is an advocate for nurses, nurse researchers, and nursing make a difference in the health and care of people.

Dorothy has been recognized as a Fellow in the American Academy of Nursing, received the MARN 2012 Researcher Award, by the Indiana University 100 Years of a Legacy of Leadership Award, and with the Outstanding Mentor Award from NANDA-I. Dorothy has extensive experience as a researcher and principal investigator of numerous nursing research studies over the years. Her funded work on perioperative care, workforce development and advancing scholarship grounded in Margaret Newman’s Theory of Health as Expanding Consciousness primarily conducted at MGH has resulted in numerous significant nursing practice changes. Dorothy’s scholarship is grounded in the value and unique knowledge nurses have that contribute to and improve the health and well being of people.

Dorothy’s enthusiasm for developing staff, post-doctoral nurses, and faculty is a model for bridging the practice/academic gap. She is an educator, mentor, and teacher, and above all, a nurse. Her contributions to the body of nursing knowledge as a researcher, her teaching and mentorship of nurse researchers, her publications and roles within organizations promoting nursing research are exemplary and epitomize a Living Legend.
Celebrating Nursing Excellence – ANA Mass Awards

Excellence in Nursing Education Award
JoAnn Mulready-Shick, EdD, RN, CNE, ANEF
Clinical Professor, University of Massachusetts Boston/College of Nursing and Health Sciences

Promoting the utilization of research and advancing academic educational practices and student success have been Dr. JoAnn Mulready-Shick’s mainstay for over thirty years, as a faculty leader, nursing education administrator and scholar. Whether seeking funding for building the science of nursing education, presenting and consulting internationally, or designing faculty development programs based on the latest research findings, her fervor for advancing evidence-based teaching and learning thrives in her everyday practices. Her primary contributions have resided in carrying out an active program of research, obtaining significant funding for both evaluating pedagogical innovations in Dedicated Education Unit academic-practice partnerships and funding for evaluating interventions to improve outcomes for nursing students with English as an additional language. Dr. Mulready-Shick has practiced and taught in a variety of settings in Massachusetts and Pennsylvania. She was Dean of the Health Sciences Division of Roxbury Community College before she came to UMass Boston in 2006. She earned her EdD in Higher Education Administration from UMass, while she served as Undergraduate Nursing Program Director. She was followed into the Academy of Nursing Education in 2012. She is an active member of the National League for Nursing, a consultant for Quality and Safety for Education in Nursing, a member of the International Council for Nurses’ Nurse Educator Network, member of Sigma Theta Tau International, the MA Action Coalition, and is President-Elect of the MA-RI League for Nursing.

Excellence in Nursing Research Award
Laurel E. Radwin, PhD, RN
Research Health Scientist
Boston VA Health Care System Veterans Administration

Dr. Radwin has made significant contributions to our understanding of patient-centered care from the patient’s point of view. Building on her dissertation, she began by studying patients’ perceptions of knowing the patient. Subsequently, her federally- and foundation-funded studies provided a model of patient-centered nursing care and its associated patient outcomes. The model was operationalized, in part, with surveys that Dr. Radwin developed and psychometrically assessed. At present, these conceptual models and patient surveys are used by clinicians and researchers in the USA, Canada, Latin America, Europe, Southeast Asia, China and the Middle East. Dr. Radwin also was a pioneer in the study of nursing care disparities, and the Emerging Nursing Star in Health Disparities Research Award from the Howard University Division of Nursing. Her studies encompassed methodologies to examine the effects of race and language on patient-centered nursing care, along with a study designed to examine the effects of specialty versus non-specialty nursing care for diverse patient groups. Moreover, throughout her career, Dr. Radwin has partnered with junior investigators and students at all levels. Her expertise has been recognized with appointments to national panels and steering committees for organizations such as the National Quality Forum and the Patient-Centered Outcomes Research Institute.

Ruth Lang Fitzgerald Scholarship
Anne Marie Craman, RN, MSN, PMHCNS-BC, NE-BC

This year’s recipient of the Fitzgerald Scholarship is Anne Marie Craman. Anne Marie is an RN in the VA Health Care System and is active in her Catholic parish in Weymouth. She has started a Faith Community Nursing (FCN) initiative in her parish. The focus of Faith Community Nursing is healing and prevention from the context of integrated health (physical, psychological, social, and spiritual aspects). Anne Marie and seven nurses from two parishes have attended a 40 hour ANA approved Continuing Education Faith Community Nursing certificate training course sponsored by the Roman Catholic Archdiocese of Boston. She and her fellow Parish Nurses have identified the following needs of their parishes: health education, health literacy, and awareness of health care resources. They will start with blood pressure screenings because they feel this will help promote relationship building and provide data that can support the work of the clients’ primary care providers. Anne Marie and her fellow FCNs will use the Fitzgerald Scholarship to purchase equipment and health promotion materials.

Excellence in Nursing Practice Award
Donna Dello Iacono, NP, PhD, CNI, CLC
Nurse Practitioner, Weiner Center for Preoperative Evaluation at Brigham and Women’s Hospital

For a number of years, Dr. Dello Iacono was the Research and Practice Nurse to the Chief of Neurosurgery at Brigham and Women’s Hospital, Children’s Hospital and Dana Farber Cancer Institute. In this position, she directed care for patients undergoing multidisciplinary treatments for brain tumors. She is skilled in the management of brain surgery patients and patients undergoing stereotactic radiosurgery. In caring for these patients she performed physical assessments, monitored clinic visits, and provided preoperative teaching. The individuals whom she currently assesses in the Weiner Center for Preoperative Evaluation are very ill with multiple complicating comorbidities. She assists in admitting patients for transplants, or who are undergoing highly technical surgeries, complicated cancer protocols from Dana Farber and patients readied for neurological and cardiac procedures. Dr. Dello Iacono is a compassionate practitioner who carefully considers each patient’s story.

Dr. Dello Iacono is a compendium of knowledge on drug dosages, interactions, experimental drugs, and the usual polypharmacy seen in these very complex patients. She has deep specialized skill in understanding alternative and complementary modes of treatment including most of the herbal preparations that patients are using. Since 1986, Donna has also been a Senior Lecturer at Curry College School of Nursing. She has taught a variety of classes including fundamentals, complex care, pathophysiology, pharmacology, health policy, and master’s leadership classes. In all of these classes she has received outstanding student course evaluations. Dr. Donna Dello Iacono is a stellar example of a nurse practitioner who practices to the fullest scope of practice as the Institute of Medicine Report directs.

Past Presidents Gino Chisari and Cathleen Colleran celebrate at the awards banquet.
Mary Ellen Doona

Nurses are familiar with John Singer Sargent’s art, if not from his many portraits of society’s elite, then from visiting the Museum of Fine Arts and the Boston Public Library. Established in 1870 the museum moved to Huntington Avenue, now the Avenue of the Arts, in 1909 and opened its new building to the public in 1915. The next year the Trustees hired Sargent to decorate the Museum’s grand staircase and rotunda. Taking as his theme the Museum as the Guardian of the Arts, Sargent chose as his central figure Athena and showed the Greek Goddess of Wisdom sheltering the arts under her cloak and protecting them from Time. Completed in 1921 the murals were then unveiled to the public. Additional paintings and reliefs done over the next four years were unveiled in 1925 after the artist’s death by a heart attack in his sixty-ninth year.

The Boston Public Library, founded in 1852, had already moved to its current Dartmouth and Boylston Street location in Copley Square across from H. Richardson’s magnificent Trinity Church. Called “the palace of the people” when it opened in 1895, the Renaissance–style library was free to all. Written in stone on its south facing façade the library declared, the “Commonwealth requires the education of the people as the safeguard of order and liberty.” Further stressing the point, Minerva, the Roman goddess of wisdom, presided in the keystone over the library’s entrance. Here, as later at the museum, Bostonians chose Sargent to decorate an interior space. In 1895 he installed the prophets, the first of 16 panels of his Triumph of Religion. Other panels followed over the next two decades depicting religion’s spiritual and intellectual evolution from its pagan roots and primitive institutions to an individual’s interior spirituality. Those who touted the murals as America’s Sistine Chapel missed Sargent’s Triumph of Religion being educational in focus rather than devotional.

During this time, in sharp contrast to these evocative images of civilization’s rich culture, barbarism raged in Europe. The Great War, as World War I (1914–1918) was then known, unleashed industrialized warfare slaughtering soldiers and civilians alike. It destroyed art, cathedrals and libraries created over centuries. Science was diverted to creating impersonalized death in chemicals. Chlorine gas attacks began on April 22, 1915 with the gas heavier than air falling into the trenches that were countermeasures against machine guns and artillery shells. As soldiers and civilians inhaled the gas once it came in contact with moist membranes and lungs it became hydrochloric acid. The use of the more lethal gas attacks with mustard gas began on July 12, 1917 and continued until the belligerents signed the Armistice early in the morning of November 11, 1918 that went into effect at 11:00 a.m.

Only three months before the Armistice, Sargent saw hundreds of casualties of the mustard gas attack of August 21, 1918 as they were being led towards a dressing station. By March 1919 he had completed his painting, Gassed, measuring 7’7” x 20’1,” that became the central piece of memorial art in the Imperial Museum in England.

Thus Sargent fulfilled his Commission with the British Ministry of Remembrance.

Sargent captures the suffering of individual soldiers that lay behind casualty statistics. With their eyes swathed in gauze the soldiers form a human chain with each soldier depending on the man in front of him and each group dependent on its orderly to reach the dressing station. As if further stressing the blindness of these young men, only the eyes of the orderly who is leading the group of soldiers at the right of the painting are shown. As the blinded men progress along that path, they pass men on either side of them who have preceded them—some resting, others dying and perhaps some already dead. Ironically, the rifles slung over their shoulders had been useless as defense...
against the deadly vapors of the mustard gas as it rolled towards them. They probably smelled its garly smell but only experience taught soldiers that the unseen mustard gas penetrated their uniforms and was absorbed through the skin. Gas masks were useless as the mustard gas burned and blistered their bodies inside and out. Sometimes twelve hours passed before the mustard gas burnt the skin and raised the painful blisters. Other times days and weeks passed before the lesions appeared. Then the mild skin irritation would break out into agonizing blisters. Sore and teary eyes that were sensitive to light would become excruciatingly painful as corneas were eaten away blinding the man. Nasal congestion would progress from hoarseness to acute respiratory distress as blisters closed off airways. Nausea, vomiting and diarrhea indicated the gas’s effect on the digestive tract. Not fully appreciated at the time, mustard gas also attacked DNA and destroyed bone marrow and blood cells.

As pathetic as the soldiers depicted in Sargent’s painting are, they are only in the first stages of mustard gas poisoning. One nurse described the horror of what would ensue:

[The poor things are] burnt and blistered all over with great mustard-colored suppurating blisters, with blind eyes... all sticky and stuck together, and always fighting for breath with voices a whisper, saying that their throats were sore and teary eyes that were sensitive to light would become excruciatingly painful as corneas were eaten away blinding the man. Nasal congestion would progress from hoarseness to acute respiratory distress as blisters closed off airways. Nausea, vomiting and diarrhea indicated the gas’s effect on the digestive tract. Not fully appreciated at the time, mustard gas also attacked DNA and destroyed bone marrow and blood cells.

Nurses cared for men who were in so much pain they could not tolerate being touched. Unlike wounded men who were able to stifle their reactions to pain, stoically gritting their teeth, the poisoned men were unable to endure the pain and unable to squelch their cries. Nurses poured oil over the burnt man’s body and draped bed-linens over cradles to keep them off the soldier. It might take four to five weeks for a poisoned man to die in a painful and slow suffocation.

Less lethal doses of mustard gas might mean survival but made the victim susceptible to respiratory diseases, failing eyesight, leukemia and cancers many of which emerged later in life. Even men who had not been gassed suffered from “gas fright,” a kind of panic of being gassed. Given that the gas was sensed rather than seen it took on the characteristics of ghosts and phantoms further raising the men’s terror. Not to be dismissed was the gas that remained in the soil for weeks so that men might track it on the soles of their boots or on the uniforms if they had come in contact with the poison. If there was no defensive weapon against the poison, neither was there an antidote. Such was the killer that science gave to industrialized warfare, and such was the strategy that directed the weapon against human beings.

And yet for all its horror other causes of death and injury far surpassed those caused by mustard gas. Eight and a half million, and perhaps a million more, were killed. Twenty-one million were wounded. Civilian deaths are estimated at between 12 to 13 million, among them were victims of gassing, genocide and starvation. Then the influenza pandemic swept throughout the world, the massive mobilization of troops facilitating its spread. The devastating flu killed an estimated number between 20 to 40 million people more than the war had. Like the war that wreaked havoc on a generation of young men, the flu, unlike those that had preceded it, killed mostly young people.

Sargent’s Gassed is on tour in the United States during 2017, the centennial of America’s participation in the Great War, having already been exhibited in the Pennsylvania Academy of the Fine Arts from November 2016 and closed on April 9, 2017. The painting will be on display at the New York Historical Society from May 19, 2017 through September 3, 2017. From New York, Gassed travels to Nashville, Tennessee where it will be on view at the First Center for the Visual Arts. Then Gassed will be on display at the National World War One Museum in Kansas City before returning to England’s Imperial War Museum.

Sargent’s more typical war memorial, Death and Victory and Coming of the Americans to Europe hangs in the Widener Library at Harvard honoring the 400 Harvard men who lost their lives during World War I. See http://www.sargentmurals.bpl.org/.


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Who is the Nurse in the Masthead?

Clara Noyes (1869-1936)

Clara Noyes (1869-1936), a native of Maryland, graduated from the Johns Hopkins Hospital School of Nursing in 1896. After a post-graduate year at Hopkins, Noyes accepted the position of superintendent of nursing at the New England Hospital for Women and Children. After four years she accepted the same position at St. Luke’s Hospital in New Bedford, distinguished for being founded by Sophia F. Palmer (later editor of the American Journal of Nursing) and in 1886 graduating Frank Bertram, the first man to earn a nursing diploma from a general hospital training school. From 1910-1916 Noyes led nursing at Bellevue Hospital School of Nursing in 1896. After a post-graduate year at Hopkins, Noyes accepted the position of superintendent of nursing at the New England Hospital for Women and Children. After four years she accepted the same position at St. Luke’s Hospital in New Bedford, distinguished for being founded by Sophia F. Palmer (later editor of the American Journal of Nursing) and in 1886 graduating Frank Bertram, the first man to earn a nursing diploma from a general hospital training school. From 1910-1916 Noyes led nursing at Bellevue Hospital prior to beginning a 20-year-long-career with the Red Cross starting with the deployment of registered nurses to care for the sick and wounded soldiers of World War I (1917-1918).

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Helping Patients Get the Best Possible Care That Honors Their Choices

Ellen M. DiPaola Esq.,
President & CEO Honoring Choices Massachusetts

We wholeheartedly welcome all 120,000 Registered Nurses of the Commonwealth of Massachusetts to the ANA Massachusetts and many more. Their mission is to help...
Honorable Jason Lewis, Senate Chair  
Honorable Paul Brodeur, House Chair  
Joint Committee on Labor and Workforce Development  
State House  
Boston, Massachusetts 02133

Re: HB1007 - An Act requiring health care employers to develop and implement programs to prevent workplace violence.

Dear Senator Lewis, Representative Brodeur and members of the Joint Committee on Labor and Workforce Development:

ANA Massachusetts supports HB 1007, An Act requiring health care employers to develop and implement programs to prevent workplace violence. We hope you will release this bill from committee with a recommendation that it be passed into law.

In 2012 the ANA House of Delegates passed a resolution on Work Place Violence due to the prevalence of this issue affecting nurses. In a 2014 survey published in the Journal of Emergency Nursing, three of four nurses reported experiencing workplace violence on the job – verbal or physical – within the past year, and three of 10 reported physical abuse by patients. A high proportion of the abusive incidents involved patients under the influence of alcohol or drugs. ANA called on the promulgation of language requiring health care and social services employers to develop comprehensive Work Place Violence programs which include management commitment and employee involvement; risk assessment and surveillance; and hazard controls that include environmental, architectural and security control, training and education, post assault programs and record keeping.

The Occupational Safety and Health Administration (OSHA) reports that over 2 million American workers are victims of workplace violence each year. Violence can strike any workplace; no area is immune. But who may be more at risk? Commonly, violence occurs at work and refers to a broad spectrum of behaviors (e.g., violent acts by patients, visitors, and/or coworkers) that result in a concern for personal safety. According to the National Institute for Occupational Safety and Health (NIOSH) Statistics, in health care settings, 13% of days out of work are caused by Work Place Violence and this rate has increased in recent years (U.S. Department of Labor [DOL], Bureau of Labor Statistics, 2014). Examples of workplace violence include direct physical assaults (with or without weapons), written or verbal threats, physical or verbal harassment, and homicide (Occupational Safety and Health Administration OSHA, 2015).

Work Place Violence and bullying can cause fear, increase turnover rates and distrust, dissatisfaction and decreased job performance. “ANA believes that it is a nurse's right to work in a health work environment free from violence, bullying, hostility, lateral abuse, intimidation, misuse of authority and other abusive disruptive behaviors and where a nurse does not fear retaliation for speaking out against these actions” (From article: ANA Panel Aims to Prevent Violence, Bullying in Health Care Facilities 4/6/15 Press Release)

Thank you for your consideration and please feel free to call on ANA Massachusetts if you need further information.

Sincerely,
Cathleen Colleran, DNP, RN

American Nurses Association Massachusetts  
PO Box 285  ~  Milton, MA 02186  ~  617-990-2856  
www.ANAMASS.org

SAVE THE DATE
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Keynote Speakers:
Atul Gawande, MD, MPH  
Surgeon, writer, and public health researcher. He practices general and endocrine surgery at Brigham and Women’s Hospital. He is Professor in the Department of Health Policy and Management at the Harvard T.H. Chan School of Public Health and the Samuel O. Thier Professor of Surgery at Harvard Medical School

Donald M. Berwick, MD, MPP, FRCP  
President Emeritus and Senior Fellow, Institute for Healthcare Improvement, is also former Administrator of the Centers for Medicare & Medicaid Services
ANA Massachusetts and TrainerMD Team Up to Develop Intelligent Health Management System for Nurses and Patients

Jonathan Creekmore
TrainerMD Chief Technology Officer

Beginning this Spring, TrainerMD, a Boston-based Health Technology company, will begin a study on how to better empower and educate nurses using their Intelligent Health Management System (iHMS). The program and platform is comprised of both on-site and online solutions to better manage a consumer’s health, fitness, nutrition, and wellness well. It is also designed to support both consumer and medical devices. Despite the benefits of interoperability, mobile data, artificial intelligence, and other technology used by TrainerMD for consumers, CEO Joe Howley is most excited to “Better enable those who take health seriously.”

Howley and team have managed to develop a product that leverages all non-invasive technology for collecting large amounts of performance and potential data to “Reclaim Our Health and Fitness” through a HIPAA compliant cloud-based means for consumers to better work with their providers. The teams in real-time, 365 days a year, and anywhere in the world in both medical facilities and public places from work places to fitness centers.

According to the U.S. Occupational Safety and Health Administration (OSHA), a hospital is one of the most hazardous places to work in the U.S. over 5,000 workers suffer injuries each year, of which about half are due to over-exertion. Even more concerning, reports show over 71,000 registered nurses suffer back injuries which contribute to the over $22 billion dollars spent in worker compensation benefits, medical treatment, lost work days, reduced duty, and ‘employee time off’ support. “With the vital importance of the nursing profession and what it provides to patients, administrators, and the health care system,” says Howley, “nurses and the health profession as a whole, we had identified and selected by the Expert Advisory Board at TrainerMD which consists of healthcare professionals such as physicians, nurses, physical therapists, and others, accompanied by fitness experts such as master personal trainers, nutritionists, and sports coaches, and other experts in health and fitness.

3-D body scanning, muscle/balance testing, vital assessments, space-age nutrition support, and big data for personalized health management device sales expected to break 110 million devices in 2018 alone, individuals and organizations should consider seeking expert help in managing both Personal Health Management Systems (PHMS) and Consumer Health Management Systems (CHMS) for best results.

Those interested in participating in the Massachusetts and TrainerMD pilot study may contact TrainerMD for more information and enrollment starting April 1, 2017. Additional information located at www.TrainerMD.com.

ANA Massachusetts members receive a 10% discount as well as access to trainers and medical advisors in a group support setting as part of the program.

Sources


The Integrative Nursing Council is “born” at Boston Medical Center

Charlotte Cuneo, MSN, RN, CCAP
Clinical Nurse Educator

The Boston Medical Center (BMC) nurses initiated an Integrative Nursing Council in November 2016. The Integrative Nursing Council’s purpose is to identify, establish and support evidence based integrative nursing practice within the BMC Nursing Department, including education of the nursing staff regarding integrative practices for patient and self care. Nurses who are attuned to recognizing and meeting their own self-care needs optimize their ability to care for others. Thus, the Integrative Nursing Council will support both quality patient care as well as the ANA goal of 2017 being the Year of the Healthy Nurse.

“Holistic” or “integrative” nursing is something we all do in day-to-day practice although we may not even realize it. We care for our patients’ physical needs constantly, which is a core part of nurses’ jobs. In addition, how many times have you let your patient talk about their feelings of anxiety, provided emotional support when they express fear, called the chaplain if they need spiritual assistance, or the patient advocate when they want to air their frustrations or have a visit from the pet therapy dogs? In essence, you are caring for the ‘whole person, mind-body-spirit.’

Integrative nursing is a very similar term that has come into vogue. According to Dr. Mary Jo Kreitzer, noted expert on integrative nursing, “Integrative nursing is a way of being-knowing-doing that advances the health and wellbeing of persons, families, and communities through caring/healing relationships. Integrative nurses use evidence to inform traditional and emerging interventions that support whole person/whole systems healing.” In establishing our BMC Integrative Nursing Council, we use the terms integrative and holistic interchangeably.

The Massachusetts Nurse Advisory Ruling for Complementary Integrative Therapies cites that nurses perform “… integrative nursing interventions including, but not limited to, practices which provide increased comfort, relief of pain, relaxation, improved coping mechanisms, reduction of stress, an increased sense of well-being, comprehensive health promotion and health risk reduction.” Other integrative nursing interventions may be basic such as telling our patients to take a deep breath and pause, or listen to music. Other integrative interventions may require additional training and education, such as Reiki, aromatherapy, guided imagery, therapeutic touch, etc.

As integrative/holistic nurses, we must also be aware of the importance of SELF-care, which is often forgotten! In a 2003 ANA publication, the “American Nurse” mentions that “Holistic nursing encourages nurses to integrate self-care, self-responsibility, spirituality, and reflection in their lives.” Nurses who care for themselves are better equipped to provide care to their patients. As they instruct us when starting an airplane flight-put your oxygen mask on first before you attempt to help others!

Why is holistic/integrative care important? There is documentation in the literature that integrative nursing practices improve both patient and nursing satisfaction and the quality of patient care. Kreitzer states further: “Integrative nursing practice, as defined by the principles of person-centered and relationship based care, informed by evidence and using the full range of therapeutic modalities from least intensive/invasive to more, is an opportunity for hospitals to fully realize their quality and patient satisfaction outcomes, leading to optimal reimbursement. Additionally, it is believed that hospitals will see improved nurse retention and the associated financial gains when nurses are trained in integrative principles and interventions.”

The BMC Integrative Nursing Council is excited to create opportunities for integrative care initiatives to benefit both patients and staff. Supporting these efforts, the Seventh Annual Integrative Nursing Conference, Weaving Integrative Care into Our Tapestry of Caring, was held this year at Lombardo’s in Randolph, MA in May.

Sources:
https://www.americannursetoday.com/holistic-nursing-focusing-on-the-whole-person/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6808685/

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