Being part of a profession that is ranked by the American public as having the highest honesty and ethical standards is an honor; however, our profession is not without its challenges. Nurse bullying is one of those challenges and is an alarming issue that our profession must eradicate. While we are known for our compassion and respect for our patients, that same level of compassion and respect is not always evident in our interaction with our colleagues. The American Nurses Association (ANA) reports that between 18 and 31 percent of nurses have experienced bullying behavior at work. We would like to think that bullying is an issue that would never impact the nursing profession, but regrettably the complex issue of bullying exists in many forms. Whether it’s an experienced nurse demeaning a new nurse, one nurse threatening another, or a tech-savvy nurse intimidating a less tech-savvy nurse, these and other forms of bullying are all too common in the workplace. One of the most prevalent instances of bullying that I have witnessed is experienced nurses disparaging new nurses. Instead of providing assistance and serving as a positive influence, the experienced nurse’s belittling comments result in the new nurse feeling anxious and detached from other colleagues. The ANA defines bullying as “repeated, unwanted harmful actions intended to humiliate, offend, and cause distress in the recipient. Bullying actions include those that harm, undermine, and degrade. Actions may include, but are not limited to, hostile remarks, verbal attacks, threats, taunts, intimidation, and withholding of support.”

Nurses who have experienced bullying may feel isolated, depressed, and have decreased job satisfaction. In addition, nurse bullying appears to be predictive of Post-Traumatic Stress Disorder symptomology, a serious mental health outcome. I can’t imagine working under such circumstances and find it no surprise that nurse bullying results in increased turnover as nurses determine that quitting their job is preferable to remaining in a work environment where bullying is allowed. Nurse bullying has no place in a profession that is ranked by the American public as having the highest honesty and ethical standards. We must be willing to address our actions, attitude, and comments are a threat to workplace bullying and post-traumatic stress disorder symptomology: the role of protective psychological resources. Exposition Training; EKG Interpretation; Laschinger H.K.S. & Nosko A. (2015) Journal of Nursing Management 23, 252–262. Exposure to workplace bullying and post-traumatic stress disorder symptomology: the role of protective psychological resources.

Each of us needs to be aware of bullying prevention strategies. We must familiarize ourselves with employer bullying prevention policies, establish an agreed upon code word to seek support when feeling threatened, and practice using responses to prepare to deflect bullying. Being prepared to respond appropriately when we witness an incident of bullying is also important. We need to consider letting the person who is doing the bullying know that his/her actions are not consistent with established policies and provide emotional support to the person being bullied. Instead of the bully being垮amed, the bully may start to realize that their actions are not appropriate.

We must show respect to our colleagues and demand that same level of respect in return if we are to eliminate nurse bullying and protect our patients. Each of us needs to be aware of bullying prevention strategies. We must familiarize ourselves with employer bullying prevention policies, establish an agreed upon code word to seek support when feeling threatened, and practice using responses to prepare to deflect bullying. Being prepared to respond appropriately when we witness an incident of bullying is also important. We need to consider letting the person who is doing the bullying know that his/her actions are not consistent with established policies and provide emotional support to the person being bullied. Instead of the bully being垮amed, the bully may start to realize that their actions are not appropriate.

We must show respect to our colleagues and demand that same level of respect in return if we are to eliminate nurse bullying. Each of us needs to evaluate our actions and communications in the workplace on a day-to-day basis to ensure that our actions, attitude, and comments are a positive force in the workplace!
Mark Your Calendar! 2017 - 2018

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<td>NRCMC/PMCA DOT Medical Examiner Course</td>
<td>MS Center for Nursing – Madison, MS September 29, 2017</td>
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<td>2017 Annual Convention</td>
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More events coming soon! Please check our website: www.msnurses.org

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Published by: Arthur L. Davis
Publishing Agency, Inc.
Executive Director's Column

Join us in Biloxi as the MNA 106th Annual Convention pays tribute to “The Power of Nursing” with an expanded schedule through Saturday, October 21st! Gather with your colleagues to “Explore” all the Convention has to offer, “Ignite” new ideas, and continue to “Excel” in the nursing profession!

The Provider Unit is to be commended for securing experts providing presentations on practical and clinically oriented evidence-based practice information on contemporary nursing topics. The continuing education sessions reflect MNA's support for and dedication to registered nurses and advanced practice registered nurses across all roles and specialties. The Convention kicks off on Tuesday, October 17th, with a Pre-Convention workshop focusing on one of the most discussed topics in the nursing profession, improving population health. Dr. Paul Kuehnert and Dr. Lisa Campbell will lead this interactive session sponsored by the Future of Nursing: Campaign for Action, Robert Wood Johnson Public Health Nurse Leader Program. We are honored that Dr. Paul Kuehnert will be our luncheon presenter on Wednesday. Back by popular request, Curnis Upkins will engage attendees as he presents “Nurses Leading the Changing Paradigms in Healthcare.” John Dowdy, Director of the Mississippi Bureau of Narcotics, will share information on the ever-growing opioid epidemic, an issue of importance to registered nurses, advanced practice registered nurses, and students, during our Joint Session on Friday morning. Esteemed nurse leader, Dr. Patricia Pearce will discuss “Nursing and Professionalism: The Spectrum of Impact” during the Friday APRN Conference luncheon. Carolyn Buppert, attorney, nurse, and author of The Nurse Practitioner’s Business Practice and Legal Guide and numerous other books on legal issues, will present “5 Things All APRNs Need to Know” during the Saturday luncheon.

Attendees have come to expect the best in fun-filled networking events with exhibitors and colleagues. The Powerful Exhibitors Expo continues that tradition with plenty of time to spend with our numerous exhibitors. On Wednesday evening, the much anticipated University of Mississippi Nursing Alumni Chapter's Nursing Alumni and Friends Reception will be hosted at The Redding House in Biloxi. Don't forget to support the Mississippi Nurses Foundation’s Silent Auction! Place your bid on unique jewelry, pottery, home accessories and much more while enjoying the camaraderie of your colleagues – and a little friendly competition for that winning bid! By popular request, the Mississippi Nurses’ Association Political Action Committee will host a Bringing the 70s Back: PAC Party on Thursday evening featuring your favorite Motown and Disco grooves along with ‘Fab’ food and ‘Hip’ friends. Purchase your tickets early! Come in 70s attire or come as you are – either way you'll definitely want to be part of this ‘Far Out’ event!

We look forward to seeing you at Convention!

To the Provider Unit Committee and the Convention Planning Committee members for their dedication in planning a great 2017 Annual Convention!

Provider Unit Committee

Director, Council on Education:
Deloris Slade, MSN, RN, FNP-BC

Provider Unit Chairperson:
Marilyn Ellis, MSN, ANP-BC

Members:
Sheila Adams
Amber Arnold
Linda Byrd
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Robbie Jones
Wanda Jones
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Ka Russell

Convention Planning Committee

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Mary Crump
Anne Everett
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Alicia Ishee
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Bobbie Loveless
Alice Messer
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Why Bullies Bully

Children bullying other children is a major problem. Over the last ten years, the news has been filled with children who have been involved in violent bullying and many who have killed themselves during the torture of bullying. We have studied many aspects of the victims. We know they are depressed, have low self worth, are often considered different and loners, and sometimes are just the target of a bully.

The responsibility to stop bullying is in the hands of parents, teachers, coaches, staff, school nurses, and bus drivers. Children who bully feel small, need power, and have high rates of delinquency, substance abuse, and psychological problems. The power differential is a crucial component in bullying. Every bullying situation involves a bully, a victim, and bystanders. The bullying is done for the benefit of the audience, the bystanders. Bullying and the accompanying aggression can be physical, name-calling, gossiping, social exclusion, or related to social media. Parents or siblings are mistreating many bullies at home. Nurses should assess for sibling violence. Bullies often have witnessed domestic violence, child abuse, inconsistent parenting, or peer violence. Families of bullies are often described as having a lack of warmth and closeness, as well a focus on power. In these cases nurses are in a prime position to intervene. Nurses in primary care may note symptoms of depression or anger. Questioning children about not only sadness, but also asking about anger, temper tantrums, abuse, or school reports related to bullying behavior, may identify a child experiencing bullying. Nurses should immediately report their suspicions to parents and make a referral to a mental provider. Any suspicions of abuse should be reported to Child Protective Services.

Bullies will usually bully a more vulnerable child in a place where there are other children and no adults. This is very often a school setting such as school bathrooms, stairwells, and when changing classes. The focus of intervention has to be on the bully, not only the victim. School nurses stand in a position to assess and witness bullying behaviors. Primarily nurses in any setting should assess for suicidal ideation and intervene immediately, even if the report comes from a peer. School nurses should assess victims and bullies for signs of depression, high anxiety, and school refusal. These conditions are often intolerable, demonstrating insomnia symptoms and requests to go home early. Nurses can coach bullying victims on being less vulnerable by teaching assertive communication, assessing self worth, referring to mental health resources, and again involving parents. Most victims will divulge information about the bullying once they have developed a private, trusting relationship with a nurse.

The bully should be socially removed from their audience and their victims. The nurse should involve the school team to make a plan to confront the bully. The nurse’s observations of the bully in the student body are essential when intervening. Bullies should be supervised and stay with an adult or older student during the school day, and never be left alone in bathrooms, locker rooms, or lunchrooms.

Bullying starts often very, very young. It is easier to identify and stop bullying in younger children and it is much more difficult with teenagers. Every teacher and parent must be the adult in the room. If bullying is suspected, it must be followed up. We must all teach “the bystanders” to be brave, stand up for the victim, and report all suspicions of bullying to an adult.

References


September, October, November 2017
Given that our primary concern as nurse practitioners is always going to be what’s best for the patient, the concept of productivity in delivering healthcare can sometimes be quite challenging. While quality and value have always been considered an important part of virtually every aspect of the healthcare system, productivity and efficiency are becoming more instrumental in our day to day practice. Certainly, the full implementation of MACRA’s new Quality Payment Program (MIPS and APM) will impact the manner in which data is collected and reported, not to mention how providers are compensated, as CMS moves the industry to a more performance-based structure. It is critical that as providers we work to develop and/or fine tune logical workflow standards that address these new challenges for the services being offered. Recognizing that we are “not building widgets,” and always keeping in mind that we are dealing with people’s lives and livelihoods, we nonetheless must incorporate the concept of standardized work where applicable, and seek ways to reduce waste thus enhancing productivity.

Healthcare providers go into their careers with the desire to serve people, their communities, and humanity in general. For most of us, it is a calling. Unfortunately, much of the business part has often been viewed as a thorn in the side, or even a necessary evil, that served to get in between the caregiver and the patient. Recognizing that there are many players on the healthcare team, including those that are often far removed from the actual site of care, the livelihood of the provider, and indeed the patient, depends on everyone being able to work within the system in a thoughtful and systematic way. This isn’t a new concept. We have all learned how to get things done for the patient, the concept of productivity in delivering healthcare is not only the sole provider in the clinic, but also the sole provider in town. For most of us, it is a calling. We need to be action oriented and goal driven. By embracing productivity, we can better serve our profession and make a difference in the lives of others, adding value in living and dying.

In order to maintain this vital access, best practices built around productivity must be in place. We not only have to treat the patient effectively and efficiently, we have to consider the benefits, risks and costs of every test, every medicine, every aspect every time. We cannot prescribe the latest sample in the closet just because it is new when the old medicine would do just as well for pennies on the dollar. To be successful, we need to establish, measure, and comply with productivity standards, as well as remain aware of changes and adapt to improved processes as they are identified. In the vein of Florence Nightingale, we need to be action oriented and goal driven. By embracing productivity, we can better serve our profession and make a difference in the lives of others, adding value in living and dying.

When we consider productivity, the next concern that comes to mind is how our practice can be impacted from a legal aspect. HIPAA, malpractice issues, requirements for prescribing – all of these impact our productivity; therefore, we must be knowledgeable and protect ourselves. One of the easiest ways you can stay abreast of information that can help you in your practice is to attend the MNA Annual Convention and hear from some of the most respected experts in the country, including Carolyn Buppert, MSN, JD who will be presenting “5 Things All APRNs Need to Know” on Saturday, October 21st. Carolyn, who practiced as a nurse practitioner for 16 years before focusing exclusively on legal matters, is the author of “The Nurse Practitioner’s Business Practice and Legal Guide” and 7 other books on legal issues.

As the Director of the Advanced Practice Council, I can assure you that MNA is dedicated to providing you opportunities to expand your knowledge on the issues most concerning to APRNs today. I encourage you to join with us and become a member of MNA, take advantage of the many continuing education sessions offered, and help us protect you and your patients.
2017 Annual Convention

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IF YOUR HEART IS IN HEALTHCARE. WE GET YOU.
The Mississippi Nurses Foundation recently awarded $110,000 in stipends. Stipend funds were raised through the State of Mississippi Nurses Car Tag Program—Nurses Touch Lives, and made available to registered nurses and nursing students enrolled in an accredited Associate, Baccalaureate, Masters or Doctoral Nursing Program in Mississippi.

After a thorough review of applications, 22 recipients were chosen. As full-time students, the recipients will be awarded a total of $5,000 to be received in increments of $500 each month for 10 months beginning in August, 2017 through May, 2018. Recipients are required to sign a contract with the Mississippi Nurses Foundation to work as a full-time Nurse in Mississippi for two years following completion of the program.

The 2017-2018 Stipend Recipients are as follows:

**Associate Program**
- Mason Caldwell
  - Itawamba Community College
- Emma Dabbs
  - Itawamba Community College
- Austin Griffin
  - Jones County Junior College
- Antonio McBeth
  - Hinds Community College
- Amanda McKenzie
  - Jones County Junior College

**Baccalaureate Program**
- LaRissa Arbuckle
  - University of Mississippi Medical Center
- Skylar Brodie
  - Mississippi University for Women
- Darius Carter
  - University of Southern Mississippi
- Minnie Duke
  - Mississippi University for Women
- Brittany Earls
  - Mississippi University for Women
- Courtney Lucas
  - Hinds Community College
- Mallory Moore
  - Mississippi College
- London Prather
  - Mississippi University for Women
- LaTesha Smith
  - Mississippi University for Women
- Ashley Williamson
  - University of Mississippi Medical Center
- Mandy Wilson
  - Mississippi University for Women

**Masters Program**
- Jennifer Lynn Berryhill
  - University of Mississippi Medical Center
- Ashley Fitzhugh
  - University of Mississippi Medical Center
- Hayden Kilgore
  - Mississippi University for Women
- Ebonique Martin
  - University of Mississippi Medical Center
- Kathryn Smith
  - University of Southern Mississippi

**Doctoral Program**
- Holley Kaye Harris
  - Mississippi University for Women

Congratulations to our 2017-2018 Car Tag stipend recipients!

The Mississippi Nurses Foundation’s mission is to raise, accept and disperse charitable donations to promote professional nursing and better health in Mississippi.
The Mississippi Nurses Foundation’s Coffee Club was started in April 2009 with the support of Dr. Kim Hoover, Dean of the University of MS School of Nursing, with her donation for nursing daily operations. The coffee club recognizes individuals who donate between $200- $5,000 or more to the Foundation. You can join today with a monthly donation of $25.00 to the Nurses Foundation. Please select your level of support for your tax-deductible donation to support the MS Nurses Foundation.

**SCHOLARSHIPS**

**EXPRESSO LEVEL**

$4,000.00 to $5,000.00 — Two packages of MNF signature coffee and two coffee mugs, four tickets to all upcoming events sponsored by the Foundation, recognition at MNF’s Philanthropy Day, recognition on MNF’s website, newsletter, and recognition at the Mississippi Nurses Association Annual Convention.

**CAPPUCCINO LEVEL**

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**COFFEE LEVEL**

$300.00 to $499.00 — One package of MNF signature coffee and coffee mug, a ticket to one of MNF’s sponsored events, recognition at MNF’s Philanthropy Day, recognition on MNF’s website, newsletter, and recognition at the Mississippi Nurses Association Annual Convention.

**MOCHA LEVEL**

$500.00 to $1,999.00 — One package of MNF signature coffee and coffee mug, a ticket to one of MNF’s sponsored events, recognition at MNF’s Philanthropy Day, recognition on MNF’s website, newsletter, and recognition at the Mississippi Nurses Association Annual Convention.

**CAPPuccino LEVEL**

$300.00 to $499.00 — One package of MNF signature coffee and coffee mug, two tickets to all upcoming events sponsored by the Foundation, recognition at MNF’s Philanthropy Day, Recognition on MNF’s website, newsletter and recognition at the Mississippi Nurses Association Annual Convention.

**Mocha LEVEL**

$500 to $1,999.00 — One package of MNF signature coffee and coffee mug, two tickets to one of MNF’s sponsored events, recognition at MNF’s Philanthropy Day, Recognition on MNF’s website, newsletter, and recognition at the Mississippi Nurses Association Annual Convention.

**We love spending time and laughing with great nurses!**

Pictured: Gaye Ragland & Rosalyn Howard

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EXPLORE, IGNITE, EXCEL: the Power of Nursing

Amber Arnold, DNP, RN
Director, Council on Organizational Affairs

It would be hard to imagine a Convention theme that resonates with the heart of nursing more than this year’s! “EXPLORE” our many continuing education sessions, networking events and Expo. As nurses, we are always curious and seek to enhance our knowledge and skill sets to better serve our patients. The Convention always offers a distinguished slate of presenters, colleagues from Mississippi and our surrounding states at the MNA Annual Convention! A distinguished slate of presenters, unique networking events providing you time to become acquainted with your colleagues, and a Powerful Exhibitors Expo, all hosted on the beautiful Mississippi Coast!

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Amber Arnold, DNP, RN
Director, Council on Organizational Affairs

Every year, the American Association of Nurse Practitioners (AANP) recognizes outstanding achievements by nurse practitioners (NPs) and NP advocates. The State Award for Nurse Practitioner Excellence recognizes a nurse practitioner in a state who demonstrates excellence in practice. The State Award for Nurse Practitioner Advocate recognizes the efforts of individuals who have made a significant contribution toward increasing the awareness and acceptance of Nurse Practitioners.

Congratulations to Dr. Shonda Ricks Phelon and Dr. Kristi Henderson!

Shonda Ricks Phelon, DNP, APRN, GNP, FNP, PNP
was presented the AANP 2017 State Award for Nurse Practitioner Excellence. Dr. Phelon has served passionately in the field of nursing for the past 29 years. Her nursing experience includes veteran’s affairs, nursing home, rural health, corrections, public health, and community mental health. Dr. Phelon is currently an Assistant Professor of Nursing at Mississippi University for Women, and practices as a FNP/Psychiatric NP. Dr. Phelon is widely respected by students, nurse practitioners, and medical colleagues as one who values the strong underpinnings of nursing assessment, research, and theory; combining those with advanced nursing practice knowledge and skill to deliver holistic care to patients. She has presented extensively on geriatric and psychiatric issues at the local, state, and national levels. Dr. Phelon has served as MNA District 32 President, and currently serves on the MNA Board of Directors as the Director of the Council on Nursing Practice.

Kristi Henderson, DNP, NP-C, FAEN, FAAN
received the AANP 2017 State Award for Nurse Practitioner Advocate. Dr. Henderson envisioned providing care in various rural emergency departments via a telemedicine system, and this vision became a reality when she established a program using the Diffusion of Innovation Theory. Dr. Henderson served as the chief telehealth and innovation officer at the University of Mississippi Medical Center. Dr. Henderson changed many lives in Mississippi and now has moved on to a system of 129 hospitals and 30 senior care facilities in 24 states and the District of Columbia. Although she has moved to Austin, Texas, Dr. Henderson continues to serve as a consultant to the University of Mississippi Medical Center.

Pictured above: Deloris Slade (MNA Director of Council on Education); Dr. Shonda Phelon, DNP, APRN, GNP, FNP, PNP (recipient of AANP 2017 State Award for Nurse Practitioner Excellence); and Teresa Malone (MNA Executive Director); and Dr. Linda Watkins (AANP State Representative)
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