“Out of My Window, I Can See …”

Judy Malachowski, PhD, RN, CNE Ret

In 1955, Out of My Window was published. It was one of many Little Golden Books available at that time. In the story a young girl is looking out of a second floor window at the street below. She narrates all she can see – “the morning sunshine on the hill,” “the newsboy on his bicycle,” “the milkman,” “the mailman,” and a “black and yellow bumble bee.”

As I am sitting now in the GNA President’s Chair, “I can see” those events and interactions that have led me to this point. I see my colleagues at the GNA conventions and membership assemblies. I see my work on GNA committees. I see time spent at GNA/ANA leadership activities. And I see my one-on-one phone calls and conversations with sister and fellow nurses and nursing students.

All of these experiences will be immeasurably important as I begin my commitment with the new GNA board. In my mind’s eye, I can see the work of the Board, both their individual and collective talents, as the key for the association’s success in meeting its mission of service to its constituents. Our Board of Directors reports and is accountable to the GNA Membership and GNA Membership Assembly. I see the communication and partnership between the Board and Executive Director. I see our sharing our work and activities with our membership.

Perhaps, most importantly, I can see connections and collaborations with other nursing organizations in Georgia. Because “nursing is a team sport” and “there is strength in numbers,” I see our building a shared One Voice on the major issues and challenges in Georgia.

As always, I value YOUR input. As a continuing or potential member of the association, you do and can enhance the visibility and productivity of our work. Your personal skills and energies can make a difference. Please share with me topics you would like for me to address in my quarterly Georgia Nursing article. One of my personal goals is to connect with at least one nurse in each of Georgia’s 159 counties. My purpose is to develop a network of nurses across the state for communication and collaboration on issues important to Georgia nurses and nursing practice.

Please let me know how I can help you to be involved. Be a part of GNA’s collective voice! I can be reached at judithmalachowski@yahoo.com.

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For all of you football fans, you may be a bit disappointed when you realize I am not referring to the game of football. Rather we will be taking a look at some key factors to determine if your organization is in the game or sitting on the bench when it comes to dealing with the nursing shortage.

As the nursing shortage in Georgia continues healthcare employers are facing the obstacles of filling nursing positions. A closer look at the dilemma gives reason to acknowledge the deep rooted challenges of maintaining a well-staffed nursing team.

Georgia has experienced incredible growth since 1970. The population of our state has almost doubled to 10.45 million people as of April 2017. Georgians are also living longer; with 13% of the population over the age of 65, an increase of almost 2.5 percent in less than six years. To compound the situation, a higher percentage of 65, an increase of almost 2.5 percent in less than six years.

So how is your team addressing your nursing shortage? Are you in the game or sitting on the bench when it comes to dealing with the nursing shortage?

By choosing to become a nurse, you became part of a team that will make a difference in the lives of thousands of individuals during your career. Do all you can to be in the game every day, your efforts will make a difference to your team mates and your patients!

For all of you football fans, let’s make sure you’re in the game and continuing to win the battle for professional nursing in the state of Georgia.

In the Game or On the Bench

Jim Williams

GNF President’s Message continued from page 1

programs with CEUs, tools to identify bullying and the like. Our theme: Together We Can Eliminate Bullying. Included in our goals are the following:

• Develop educational programs of various lengths but all with the same purpose: helping individuals understand what bullying is, how it can be stopped, and what their role should be.
• Develop pamphlets and other teaching materials to use as along with lectures and informal presentations.
• Develop guidelines for how to detect bullies and steps that might help bullies become mentors and healthy role models for others.

“There are only so many tomorrows. If you have special talents, gifts, abilities or energies to give, give them now. If there’s a cause in your community worth standing for—or a battle worth fighting for—fight for it now. If you can help make someone else’s dream come true, help it come true now. If there is some kindness you can show to the people around you, show it now.” (How many people does it take to make a difference. One. Dan Zadra and Kobi Yamada.)
Medicaid Expansion is the Right Choice for all Georgians

Laura Colbert, Executive Director, Georgians for a Healthy Future

In the fraught health care debates of this year, we have seen people with disabilities, families of children with chronic conditions, seniors, people in recovery from opioid addiction, and others stand together to advocate against Congressional proposals that would have made unacceptably deep cuts to Medicaid and repealed major provisions of the Affordable Care Act. These advocates have been successful because they have resisted efforts to pit one group against another and instead persevered with the shared understanding that all Americans rise or fall together on the strength of our health system. Now that efforts to dismantle Medicaid and the ACA have been set aside, our state has the opportunity to follow this example by working collectively to strengthen the health system for everyone by ensuring all Georgians have health care coverage. There are an estimated 300,000—600,000 Georgians who are stuck in the state’s coverage gap because they do not qualify for Medicaid and are too poor to buy health insurance through the ACA’s Marketplace. Expanding our state’s Medicaid program, as 31 other states have done, would mean that these friends and neighbors would share the same ability to go to the doctor and benefit from the same financial protection from large medical bills as you and I. Studies have shown that people covered by the Medicaid expansion seek more preventive care, visit emergency departments less often, and are more likely to receive regular care for chronic conditions. They also have fewer unpaid medical bills, and see their credit scores improve. Even those with private health insurance coverage benefit from Medicaid expansion. A 2016 analysis found that ACA Marketplace premiums were seven percent lower on average in states with expanded Medicaid programs, resulting in significant savings for consumers purchasing their own coverage. Communities across the state, and especially those in rural areas, would feel the positive impacts of Medicaid expansion as well. An analysis from the Georgia State University Center on State and Local Finance predicts that the influx of Medicaid dollars as a result of covering more Georgians would bring $1.4 billion annually and an increase of 19,000 jobs to the parts of the state outside of metro Atlanta. As hospitals in other states have seen, both rural and urban facilities could expect reduced demand for free care to uninsured patients and rural hospitals would be more likely to turn a profit, an important consideration for the many Georgia towns where the local hospital is the largest employer and the only source of health care. All this without harming the children, people with disabilities, and seniors who make up the large majority of Medicaid enrollees. In states that expanded Medicaid, the availability of doctor’s appointments for those with Medicaid coverage increased to accommodate the influx of new patients defying worries that the existing health care workforce would be insufficient. In 2/3 of the same states, the number of people on waiting lists for Medicaid support services decreased or the state had no waiting list at all, again negating concerns that current Medicaid beneficiaries would be pushed to the back of the line by those newly eligible. To bring these wholly positive benefits to Georgia, our state would pay only 10 percent of the costs of the Medicaid expansion; the federal government picks up the remaining 90 percent. A small levy on the insurers and hospitals that profit from an increasingly insured population or a rise in Georgia’s exceptionally low tobacco tax would be sufficient to cover the state’s share of the costs and bring our federal tax dollars back to the state for all our benefits. The opportunity we face now is clear. We must set aside disparate strategies for negligible gains by some Georgians and instead move forward together to strengthen the health system for everyone by ensuring all Georgians have the health care coverage they need. Medicaid expansion must be the first step in our collective efforts. A version of this column ran in Georgia Health News on August 22, 2017.
It has been my honor to serve as the APRN Director for GNA for the past three years. With the association elections that have just taken place, this position will be transitioning to another individual. At the time of the writing of this article, I do not know who that person will be. Results of the association elections will be revealed at the GNA Member Assembly, held on October 28th at 9:00am at GNA Headquarters 3032 Briarcliff Road NE, Atlanta, GA 30329. I, of course, will be a resource and guide to the new APRN Director, as they get their feet and begin their own journey in this role. Regardless, I wanted to take some time to highlight what has been accomplished over the past three years in the Georgia APRN world.

When I arrived at my first GNA Board meeting in November of 2014, it was apparent that the Board had other priorities needing attention. So, I took it upon myself to spend the time during the 2015 Legislative session to learn all I could regarding the political climate and the community of nursing in GA. I learned so much from Wendi Clifton and Cindy Shepard, the GNA Lobbyists that session. During the GNA Legislative Day, we had approximately 1200 “white coats” descend at the capital. But, only a handful actually took the time to meet with and speak to legislators while there. It didn’t take me long to realize that the community of nursing was anything but an engaged and cohesive community and that impacted the political climate and how were perceived at the capital.

So, in May of 2015, with the blessing of the GNA board, I convened the fist “GA APRN Roundtable” meeting. I invited the leadership of every APRN organization I knew of or could find contact information on. That first meeting, we have 5 leaders attend, and we set about to identify the others who should be at this table of ours, and how to get them to engage. Over the course of the next two years, we worked diligently to build community and trust among each other. We hammered out a “core” legislative agenda, items that we could all agree to support and work towards. We included some APRN graduate students to help us with data mining (Thank you Jess Noggle and Audrey Strauss) to prepare our talking points related to our legislative agendas. We exchanged cell numbers and created email lists so we could all communicate with our members rapidly. Even with the leadership transition in some organizations, the core group of leaders stayed committed to speaking together for all, with one voice. Never were we just representing the organization we belonged to (as many of us belonged to several), but we were speaking as APRNs and as nurses. Our progress as a community of nurses and APRNs was most evident at the recent UAPRN State Conference (held Sept 21–23 in Atlanta). Not only were there great APRN speakers, but Senator Renee Unterman was the keynote, and many of the candidates for Governor, Lt. Governor and Secretary of State came throughout the conference to speak and spend time hearing from us… nurses. When have you seen that happen here in Georgia?

And, so as I transition out of my formal leadership role with GNA, I would like to say a few things to all my nursing colleagues across the state. First, remember, we are strongest when we are together. There are over 161,000 licensed RNs and LPNs in Georgia. If we banded together in a voting bloc, we would be a group to be reckoned with. And, if we all gave just $10 every YEAR to the GA Nursing PAC, we could influence any election in the state. Second, to the wonderful core APRN leaders I am privileged to call colleagues and friends, Thank you for going on this wild ride with me. Thank you for seeing the vision and working so very hard to see its beginning reality. Being with all of you has made all the Saturday events, the miles on the car traipsing all over the state, the late night calls, the last minute runs to Costco or Wal-Mart all worth it. We have come so far and yet we have so far yet to go. And the ONLY way we will get there is together… as NURSES!
Common Ground: End Bullying, Incivility and Workplace Violence

Debra Griffin Stevens DNP, MSN, RNC-MNN
Southern Performance Assessment Center (SPAN) Director

The American Nurses Association (ANA) (2017) reports, “nursing is the most trusted profession!” A national poll concludes, “As a profession, the public views nursing as “the most honest and ethical profession in America.” (Gallup, 2016). The image of the nursing profession is universally one of compassion and caring. Yet, bullying, incivility, and workplace violence exist in nursing practice. Not only do these negative behaviors damage nursing morale and retention; they jeopardize patient safety.

Nursing literature from all specialties include an abundance of scholarly works on bullying, incivility and workplace violence (WPV). ANA (2017) explains “workplace violence consists of physically and psychologically damaging actions that occur in the workplace or while on duty.” Workplace violence is also described as endemic, which means it is commonly found in certain settings, such as emergency rooms, psychiatric hospitals, nursing homes, long term care facilities, and others. *Studies estimate that 44% to 85% of nurses are victims; up to 93% of nurses’ report witnessing lateral violence (LV) in the workplace (Christie & Jones, 2013). The Bureau of Labor Statistics (2014), published an annual report about injuries and illnesses resulting in time away from work in the United States. The report observed “in the health care and social assistance sectors, 13% of days away from work in 2013 were the result of violence and this rate has increased.” Therefore, it is essential nurse administrators, clinicians and educators are on common ground in developing strategies to address disruptive nurse conduct. ANA (2017) recognizes "incivility, bullying, and violence in the workplace are serious issues in nursing." “ANA seeks to protect nurses from all types of workplace violence through various methods including advocacy, policy, and resources.” ANA (2017) asks RNs and employers to jointly create and nurture a healthy, safe, and respectful work environment. Nursing cultures of respect, free of incivility, bullying, and workplace violence, must be maintained to ensure a healthy work environment which enhances recruitment, retention and positive patient outcomes.

Hostile work environments undermines nursing confidence to perform their role as a nurse. Without doubt, bullying, incivility and workplace violence should not exist in a caring profession such as nursing practice. Clark and Springer (2010) summarizes the most important need in nursing practice is to create opportunities for effective engagement and open dialogue to prevent workplace violence.

Resources

References

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Elizabeth Horne, Early Savannah Public Health Nurse

Elizabeth Horne was interviewed on October 4, 1989 in her home in Savannah, Georgia by Dr. Lynda Nauright for the Georgia Nursing History Oral History Project. Horne’s recollections were combined with social and historical context are included here.

Elizabeth Horne was born on March 13, 1903 in the city of Hawkinsville in Pulaski County, Georgia; a rural area in south central Georgia. A “granny midwife” delivered all four of her mother’s children at home, and she remembers her grandfather telling stories of when he was a slave. She also shared how the flu epidemic of 1918 was handled in their home without anyone dying but that it was widespread in the community.

Her father George Horne was a farmer, but he died when Elizabeth was only two years old. Her mother remarried and the family continued to farm until their cotton crops were ruined by the devastating boll weevil. With this economic setback Elizabeth’s hopes and dreams to complete high school at a private school for black students in Macon and then become a teacher. Her reason for not finishing high school and choosing nursing are clear in the story she told.

When the boll weevils came and ate up all the cotton we didn’t have any other produce for market... and that meant we had no financial income. We were handicapped because we had nothing else for market... I was not able to stay in school... and I had in mind I wanted to teach, but I resorted to nurse training. I could work my way... When the minister of our church found I wasn’t going back to school he asked me and I told him I wasn’t going back. He wanted to know why and I told him it was for financial reasons. Then he said, “Young lady I see great potentials for you in life, but if you stay here and don’t do anything you’re going to get married.” I said, “What else is there for me to do?” and that was when he told me about the training school for nurses. I graduated from that school in November, 1919. That Monday I wrote a letter to the school and I got a reply. They sent me some blanks. I had to get three recommendations and a physical. I got them and sent them back and then they wrote and told me I was eligible to enter November 4, 1922.

In addition to the three personal recommendations and a physical students were also required to have at least eight grades of education, and be at least nineteen years of age. Within less than a month Elizabeth had been accepted into the nursing school at Charity Hospital in Savannah, GA, an all-black hospital with a two-year training school for black students. Charity Hospital was established in 1900 as an alternative to The Georgia Infirmary that was run by white doctors and while nurses supervising black patients. Charity Hospital was established with black doctors and black nurse supervision for black patients, some of the black population of Savannah had difficulty getting health care. Time period most other schools of nursing had moved three-years of training rather than the two years offered at Charity Hospital. After her graduation in 1924 Horne returned to Macon where her mother was still living. She began her career in private duty nursing in the homes of both white and black patients. Within six months Charity Hospital called to offer this apparently stellar student the position of assistant head nurse. Horne lived in the dormitory at the hospital in a private room and besides working her shifts, “I would do any housework that was necessary. We didn’t have any other produce for market... and it wasn’t easy.” To compensate for the shortage of nurses “They had to get somebody to help with the other work... I got paid by the week but they paid the first folks who were not trained.” The students, as in other schools of nursing paid no tuition. She explained, “You worked your way and there were no charges, but each student received one dollar a month, they said that was stamp money, and the patients would tip you... I’d save my tips.” Uniforms were furnished, and the dormitory “was a two-story building and had separate rooms. Usually there would be two nurses in a room. We worked at seven and off at seven with one hour off during the day.” In 1924 at the close of her two years of training Horne took the National Board Exams and passed with distinction. She graduated on October, 1922. That Monday I wrote a letter to the school and I got a reply. They sent me some blanks. I had to get three recommendations and a physical. I got them and sent them back and then they wrote and told me I was eligible to enter November 4, 1922.

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The WPAs [Works Project Administration] would work with the farmers and jobs were created for people to combat some of the Depression [1930s] there was widespread malnutrition... and jobs were created for people to combat some of the poverty. She pointed to a tree that had Spanish moss hanging on it and said, “See that moss on trees? Gathering that moss and drying it out to make mattresses... horne also mentioned having to deal with frequent malaria due to the low coastal areas. Patients “would run fever, fatigue, and they wouldn’t go to the clinic, and stayed home to deliver patients unless she had gone to the clinic and had an okay from the clinic. But some of them wouldn’t go to the clinic, and stayed home to deliver patients without care. Then I would send them in to take care of them. I remember one particular case that the woman said she had the baby three o’clock on Sunday and I got there in three o’clock Monday. The baby and afterbirth... she was not able to get the other work done. The woman was stamp money, and the patients would tip you... I’d save my tips.” Uniforms were furnished, and the dormitory “was a two-story building and had separate rooms. Usually there would be two nurses in a room. We worked at seven and off at seven with one hour off during the day.” In 1924 at the close of her two years of training Horne took the National Board Exams and passed with distinction. She graduated on October, 1922.

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Miss Camellia Magdower who taught nutrition. When asked if there was one subject more difficult for her than others she replied, “All of them were hard. You had to study.” When asked what leaders in nursing education had influenced her, she named “the superintendent of nurses of my school. Her name was Althea W. Salter.” In 1919, Charity’s two-year program recorded ten students to care for the patients occupying the twenty-four beds in the hospital (Nutting 1912, 64). By 1918 bed capacity had increased to thirty-two with an average daily patient census of twenty-three. Five nursing students were enrolled in the two-year course, and twelve hours of duty per day were required (U.S. Department of Interior 1919, 604). In keeping with the dominant model of care during this era, there were no graduate nurses working on the wards at Charity; only the supervisor was a graduate nurse. This meant that direct afternoon supervision of the untrained staff. In Horne’s interview she reports her 1922 class included 18 students but only 4 that finished the course in two years. She reported that the untrained staff with leading positions and others fell by the wayside... it was a lot of hard work and it wasn’t easy.” To compensate for the shortage of nurses “They had to get somebody to help with the other work... I got paid by the week but they paid the first folks who were not trained.” The students, as in other schools of nursing paid no tuition. She explained, “You worked your way and there were no charges, but each student received one dollar a month, they said that was stamp money, and the patients would tip you... I’d save my tips.” Uniforms were furnished, and the dormitory “was a two-story building and had separate rooms. Usually there would be two nurses in a room. We worked at seven and off at seven with one hour off during the day.” In 1924 at the close of her two years of training Horne took the National Board Exams and passed with distinction. She graduated on October, 1922.
Effective Communication: The Foundation of a Healthy Culture

Georgia W. Barkers, EdD, MBA, MHA, BSN, RN-BC, NEA-BC

The public perception of nurses is that we care greatly for the mind, body and spirit of those entrusted into our care. Most nurses would agree that we are patient advocates and focus on the well-being of vulnerable populations. Less well known is our role in creating a positive environment that often demonstrate towards each other. Discussions in many nursing circles, and nursing research, suggest that bullying, incivility, horizontal hostility and lateral violence, are wide-spread in the nursing culture. Research also suggests that these are learned behaviors that can be changed.

Acknowledging that a negative behavior pattern is pervasive in nursing, and desiring a healthier, team-oriented environment, are the starting points for positive change. As nurses, we must take personal responsibility for the faulty communication that is both the symptom and the cause of an unhealthy, and unsafe behavior. Whether you believe you are the recipient, or the dispenser of abuse, change to more productive behavior is possible. First you must learn, then you must teach; role model the best of nursing and as Mahatma Gandhi said, “be the change you wish to see in the world”.

Intended, or not, our communication reflects our attitudes, and is more than the words we use. It is the observed behavior, and the hidden messages. As a nurse for 46 years in nursing, I must confess, I have been on both sides of the behavior I would like to believe is not part of nursing culture (but, that is a story for another time). Regardless of your status, years in nursing, clinical/leadership experience or demographics, be aware of the role you play. Neither is healthy or toxic. Even being a silent witness to abuse will lessen your self-worth on reflection. Considering the importance of effective communication, isn’t it worth the time and effort to learn more about your current patterns, and improve your dialogue skills.

I invite you to join me, as I facilitate Crucial Conversations, for the Georgia Nurses Association, in the Spring of 2018. Information relating to dates and cost will be posted on the Georgia Nurses Association website. If you are interested in this topic, or have ideas about what you would like to see in the world.

HORNEY

Never knowing what might be encountered in a home visit, Horne recalled one harrowing experience.

“I got this call and when I got there the lady was sitting in a rocking chair and had a sheet around her. There was a tall man there and I told him who I was and everything. This woman was sitting there and then they pulled this sheet back and all of her intestines was laying out. He had cut her. And I looked and I said, ‘Oh gaw, what happened? Who did it?’ He patted himself on the chest. He said, ‘I did’ and I said, ‘Accidentally’,” Horne said. “No mam’s intentionaly.” I didn’t say anymore. Then I had to get an ambulance to get her to the hospital. But I had never had anybody to confess to anything like that . . . He went to prison and she lived for a good while, but was never able to do any work or anything.

Black/white relationships in and out of the workplace.

At this time the black public health nurses were assigned only black patients and the white nurses only white. But Horne admitted that sometimes, “I went with the white nurse to her school to help out. And sometimes they would come with me to help. In emergencies such as a shortage of white nurses Horne would go to care for white patients. She said, “I never had a white patient to refuse. They always accepted me.” Black nurses, however, were not accepted within the health department as they were according to Horne. When there were social activities within the department everybody was invited; nurses, physicians, and other staff members. But outside of work the black and white nurses did not socialize together. And Horne gave her personal recollections of how integrating the Georgia Nurses Association transpired.

You know for a long, long time the white and colored nurses had their different organizations. We were not accepted in the white organization. I remember we met at St. Joseph’s [a hospital in Savannah] and I told Dana Hudson [President of GNA] I was not interested in becoming a member of any organization where I didn’t have representation. Determined to change, she went to Dana and said, “Until the ANA [American Nurses Association] took it over. The black nurses went to the ANA. We went separately and we met in Atlantic City. The state white nurses [from Georgia] saw that they were going to lose out and they came to me and talked. I again told them I was not going to join that organization where I didn’t have representation. This was in Atlantic City. The ANA met every two years. The next time they met in Miami Beach and [ANA] gave the state [Georgia] until then to accept the black nurse. They told the state that they either had to accept the black nurses or they couldn’t be a member of ANA. That happened in Miami, but they were warned about it in Atlantic City.

The continual fight against segregation became an ongoing issue during Horne’s lifetime. Her mother was involved with the NAACP [National Association for the Advancement of Colored People]. My mother was a staunch worker in the NAACP. She didn’t miss the meetings and whatnot. She was very religious and she’d go to church in the mornings and ANAACP in the afternoon. So I got to see if she couldn’t do both. She’d go to one this Sunday and the other the next one Sunday.

Horne also mentioned the boycott of downtown Savannah when Kregers’s “wouldn’t serve you a drink or anything. So the blacks boycotted all of Broad Street. And Broad Street has never been the same. They suffer from it today.”

Horne’s greatest ambition, and a form of protest against the low wages of domestics, “was to stop her mother from doing laundry for other people.” She was especially proud that with her salary she could provide for her mother and save her from the domestic work that had been her means of survival for herself and her children. “My mother had a struggle with us and she did her best and I know it. She educated my younger sister. When I got myself prepared and bought a home and paid for it I told my mother no more laundry.” Horne felt strongly that as a nurse one should belong to professional organizations. She had been a delegate to the two conventions mentioned above and kept her membership active in the black organization for nurses in Georgia and in ANA. The Georgia Nurses Association did not integrate until the mid-1960s, after Horne had retired. By then she admitted she had let her memberships expire for economic reasons.

Sadly, the bedside nursing that Horne valued throughout her career was not consistent during her recent hospitalization. Her experience is instructive to all nurses to the type of care that patients need and want.

I just came out of the hospital. I just had two days of being in there four weeks.

The nursing service they gave me – Oh law! I’m in the hospital with the blood clot of the lungs. In the morning they’d take a wash cloth and wet it and hand it to me. Then later on a nurse’s aide would bring a basin and sit it there. And later on she’d come back and ask you if you’ve finished. I’m sick unto death, couldn’t wash under my armpit and I couldn’t wash my privates . . . I was so sick and everything. So I called a friend and told her to come out there – there was something I wanted her to do. I wanted her to wash under my arms and my privates. But before she got there a friend of mine came and her daughter was a practical nurse and she gave me a gentle bath. Now I was in a semi-private [room] and they moved me in a private room and I had another nurse’s aide. That nurse’s aide bathed me from the crown of my head to the bottom of my feet. She was colored. A white one came on, a young one, and did the same thing. Bathed me all the way. I was in the hospital and I was sick and I had to accept whatever.

Horne’s love of nursing and the people she served during her long career as a public health nurse in Georgia is summed up well in this narrative.

I have men and women who has grandchildren that I nursed and took care of. They come to my rescue. They found out I was sick and they come. So I would still cling to nursing. Public Health is what I loved. At my church one particular man – he was one of my elementary boys – went in the service and he retired and he came back. He had a family and one of his daughters was baptized and president of the Deaconess Board. One of the other deacons who was one of my school boys was standing in the hall talking to him and he called me. He said ‘Mrs Horne, this was one of your boys.’ I said, ‘Yes, sir. What school did you go to?’ He told me, and then we started walking away and he said, ‘I’m going to tell you something . . . my mother said you cut my navel cord.’ So one day we were in the educational building and he came and kissed me. Another man looked at him and he said to that man, ‘Don’t look at me. This lady’s responsible for my being in the world.’ And yes, he has been here several times to visit me . . . he’s one of my boys.”

References:

The Elizabeth Horne interview is housed in the Manuscript, Archives, and Rare Book Library (MARBL) in the Woodruff Library of Emory University, Atlanta, GA.
AARP Georgia Helping to Make Communities Livable for People of All Ages

Melissa Sinden

As the U.S. population ages and people stay healthy and active longer, communities must adapt. Well-designed, livable communities promote health and sustain economic growth, and they make for happier, healthier residents — of all ages.

The AARP Network of Age-Friendly Communities is an affiliate of the World Health Organization’s Age-Friendly Cities and Communities Program, an international effort launched in 2006 to help cities prepare for rapid population aging and the parallel trend of urbanization. The program has participating communities in more than 20 nations, as well as 10 affiliates representing more than 1,000 communities. Communities in the AARP age-friendly network are not retirement villages, gated developments, nursing homes or assisted living facilities. Membership simply means that a community’s elected leadership has made the commitment to actively work toward making their town, city or county a great place for people of all ages.

Here in Georgia, Age-Friendly Communities include: Macon-Bibb, Augusta, and Atlanta, with plans to expand to other areas. AARP Georgia has spearheaded the efforts surrounding the successes of these cities by guiding representatives through the network’s implementation and assessment process. We work with elected officials, community partners, and volunteers to ensure that people can live easily and comfortably in their homes and communities as they age. Conducting activities such as walk audits can help identify necessary improvements like better pedestrian walkways and signage, replacing old buses with those that comply with the Americans with Disabilities Act, reconfiguring streets so they are safer for pedestrians, and developing guidelines to make parks accessible to people of all ages. Augusta is a more inviting place to live than it was when it received the age-friendly designation three years ago, said Bill Lockett, 78, a former county commissioner who heads the initiative there. “We are making considerable progress,” he said.1

The number of people aged 65 and over in Georgia is projected to rise 61% over the next 15 years. Research suggests that over 95 percent of people 75 and older wish to stay in their homes and live independently as they age. Adequate infrastructure created through the AARP Network of Age-Friendly Communities will guarantee older residents the opportunity to live rewarding, productive and safe lives. With an eye on the globe’s rapidly aging population, the World Health Organization developed the designation and a blueprint for communities to follow to improve quality of life for all ages. AARP joined the WHO effort, and in 2012, Macon-Bibb became the first U.S. community to sign on. Today, more than 170 jurisdictions nationwide belong to the AARP Network of Age-Friendly Communities.1

Melissa Sinden is Manager of Advocacy for AARP Georgia

1 Hardie, Ann. “Cities Becoming Age Friendly.” AARP Bulletin September 2017
A piece of history came to the Georgia Nurses Association (GNA). The GNA and the Atlanta Chapter of the National Conclave of Grady Graduated Nurses added a piece of Georgia history to the GNA Nursing Cap Tribute Cabinet.

Grady Memorial Hospital has a history of two schools of nursing. A school of nursing for the colored students and a school of nursing for the white students. In 1914, Mrs. Ludie Andrews, a Spelman College graduate, was the founder of the Municipal Training School of Colored Nurses. In 1915 Mrs. Andrews designed the student uniform including the pin and cap. The pin and cap were worn by students and graduates of the Municipal Training School. The school received its charter in 1917 and Mrs. Andrews was the superintendent until 1922.

In 1946 Grady Memorial Hospital became a part of the Fulton-DeKalb Hospital Authority and the Municipal Training School for Colored Nurses became known as the Grady Memorial Hospital School of Nursing. The nurses continued to wear the four (4) pleat cap designed by Mrs. Andrews until 1964 until the two schools merged and the cap was redesigned with thirteen (13) pleats representing both schools of nursing.

Mrs. Joyce Beeks, MS, RN, president of the Atlanta Chapter of the National Conclave presided, stating we are grateful to the GNA staff for making the placement of the nursing cap into the Nursing Cap Tribute Cabinet possible, and to Ms. Janice Willis, RN, Class of 1964 for providing her treasured nursing cap, and Ms. Juliette Johnson, BSN, RN, Class of 1964 and Ms. E. J. Powell, MSHA, BSN, RN, for their communications with the GNA staff to ensure the historical placement of this cap from a bygone era took its rightful place in the GNA Nursing Cap Tribute Cabinet.

Special thank you were extended to Mr. Marcus Downs, CEO, GNA, and Mr. Tim Davis, Director of Communications and Marketing, GNA.

In attendance were fifteen registered nurses that attended the Grady Memorial School of Nursing. Ms. Willis was in splendid attire wearing the original nursing uniform as designed by Mrs. Andrews.
GEORGIA NURSES FOUNDATION
HONOR A NURSE

We all know a special nurse who makes a difference! Honor a nurse who has touched your life as a friend, a caregiver, a mentor, an exemplary clinician, or an outstanding teacher. Now is your opportunity to tell them “thank you.”

The Georgia Nurses Foundation (GNF) has the perfect thank you with its “Honor a Nurse” program which tells the honorees that they are appreciated for their quality of care, knowledge, and contributions to the profession.

Your contribution of at least $35.00 will honor your special nurse through the support of programs and services of the Georgia Nurses Foundation. Your honoree will receive a special acknowledgement letter in addition to a public acknowledgement through our quarterly publication, Georgia Nursing, which is distributed to more than 100,000 registered nurses and nursing students throughout Georgia. The acknowledgement will state the name of the donor and the honoree's accomplishment, but will not include the amount of the donation.

Let someone know they make a difference by completing the form below and returning it to the following address:

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3032 Briarcliff Road, NE | Atlanta, GA 30329
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(Please make checks payable to Georgia Nurses Foundation.)

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The Georgia Nurses Foundation (GNF) is the charitable and philanthropic arm of GNA supporting GNA and its work to foster the welfare and well being of nurses, promote and advance the nursing profession, thereby enhancing the health of the public.

MEMBERSHIP

Tell us what you’d like to see! E-mail blast, social media, etc.
Please give us your feedback by emailing gna@georgianurses.org or calling (404) 325-5536.

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- GNA Professional Development Conference & Membership Assembly
- GNA web site – www.georgianurses.org
- New GNA leadership opportunities
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- Free Subscription to American Nurse Today
- Free access to the Online Journal of Issues in Nursing (OJIN)
- Free Navigate Nursing Webinars
- Members-only access to ANA NurseSpace
- Members-only access to ANA's web site
- Members-only access to GNA special events
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- Shared-interest and local chapters
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- HotelStorm - up to 55% off hotel reservations
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- LA Fitness - $25 initiation and $31.99/mo
- Avis Car Rental - 30% Discount
- Allstate Insurance Roadside Assistance
- Jon Ric Spa - 20% discount on all services
- Discounts at Peach Valley Dental
- Participation in your local GNA chapter as well as several shared interest chapters.
- Discounted Insurance via Mutual of Omaha
- Domino's Pizza
- GNA Bank of America credit card program

Georgia Nurses Association Political Action Committee (GN-PAC)

About GN-PAC:
The Georgia Nurses Association Political Action Committee (GN-PAC) actively and carefully reviews candidates for local, state and federal office. This consideration includes the candidate’s record on nursing issues and value as an advocate for the nursing profession. Your contribution to GN-PAC today will help GNA continue to protect your ability to practice and earn a living in Georgia. Your contribution will also support candidates for office who are strong advocates on behalf of nursing. By contributing $25 or more, you’ll become a supporting member of GN-PAC. By contributing $50 or more, you’ll become a full member of GN-PAC.

GN-PAC Purpose:
The purpose of the GN-PAC shall be to promote the improvement of the health care of the citizens of Georgia by raising funds from within the nursing community and friends of nursing and contributing to the support of worthy candidates for State office who believe, and have demonstrated their belief, in the legislative objectives of the Georgia Nurses Association.

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

Are you interested in Palliative Care? Nurse Navigation? Informatics?
Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has made it easy for you to become involved according to your own preferences. Through GNA’s new member-driven chapter structure, you can join multiple chapters and also create your own chapter based on shared interests where you can reaps the benefits of energizing experiences, empowering insight and essential resources.
Visit http://www.georgianurses.org/?page=ChapterChairs to view a list of current GNA Chapters and Chapters Chair contact information. Connect with Chapter Chairs to find out when they will hold their next Chapter meeting!
The steps you should follow to create a NEW GNA chapter are below. If you have any questions, contact the membership development committee or GNA headquarters; specific contact information and more details may be found at www.georgianurses.org.
1. Obtain a copy of GNA bylaws, policies and procedures from www.georgianurses.org.
2. Gather together a minimum of 10 GNA members who share similar interests.
3. Select a chapter chair.
4. Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
5. Identify and agree upon chapter purpose.
6. Decide on chapter name.
7. Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:
   - Chapter chair name and chapter contact information including an email, Chapter name, Chapter purpose, and Chapter roster.
8. The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.

To become a member of GNA please review and submit our membership application located on the homepage of our website at www.georgianurses.org.

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The College of Coastal Georgia’s Nursing and Health Sciences programs are making headlines! The BSN program is currently ranked “1 out of 2,086 similar programs nationwide” by the National Council of State Boards of Nursing. Coastal Georgia also has a 100% first-attempt pass rate with the American Registry of Radiologic Technologists (ARRT) as well as a 100% first-attempt pass rate on the national licensure exam among Associate of Science in Nursing (ASN) graduates for the second consecutive year. In addition, the College’s highly educated and dedicated core faculty have been recognized for their creative teaching techniques.

The College of Coastal Georgia offers a variety of programs including a fully online RN-BSN program. With simulation, service-learning, and applied-learning methodologies, students receive varied and valuable experiences in the classroom, in clinical settings, and in the community. Learn more by visiting www.CCGA.edu today.

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