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# Georgia Nursing

## GNA PRESIDENT'S MESSAGE

### "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 mailman," "the milkman," 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](mailto:judithmalachowski@yahoo.com).



Judy Malachowski

## GNF PRESIDENT'S MESSAGE

### Together We Can End Bullying...

Catherine Futch, MN, FACHE, NEA-BC, CHC

Colonel Mike Mullane, keynote speaker for the 2017 Georgia Annual Workers' Compensation Conference said "Ethics is the cornerstone of a team's culture...and culture influences all aspects of a team's performance: safety, quality, customer satisfaction, profits...literally everything." Retired Colonel Mullane focused his comments around the Challenger disaster. His comments are as applicable to nursing and nurses as they are to any segment of today's workforces. He focused on risks that were not fully corrected and how important it is to not just have a vision of the culture you want in an organization but to make certain the culture you tout really is in place in every aspect of the work of that organization. He also noted that "one person with courage can form a majority and that leaders can empower their teams." In the end, he noted "we are all accountable" for what happens within our sphere of influence and so it is with bullying. If you have a banner that notes bullying is not tolerated in this organization, then you are accountable for making certain that is the reality within your organization. We all are accountable for making the work environment safe and free from fear of being bullied.

The Georgia Nurses Foundation is in the beginning of its work to develop options that will help us begin to offer guidance and support in our efforts to help stop bullying against nurses across the spectrum from faculty and students to nursing leadership. Our work group includes the following volunteers: Debra Curry, MSN, Susan Thompson, MSN, NP, Carol Mayers, BSN and Edna Smith, MSN, OCN. My thanks to each of them. Ms. Curry will chair this group and we will meet monthly to measure our progress and to make certain we are moving forward with the goals we have set.

In our first meeting, we reviewed a number of options for how to begin our work. Our conversations ranged from conducting our own research to taking advantage of research already done by searching out, finding, and reviewing outcomes of previous research related to bullying within the nursing profession. We chose to focus on research already completed. Our search will focus on research completed from 2012-2017. The purpose being to use those findings and subsequent recommendations as a beginning point and as a way to begin to develop lectures, Bullying Prevention



Catherine Futch

GNF President's Message continued on page 2

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# FINANCE MATTERS

## In the Game or On the Bench

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.



**Jim Williams**

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 Georgia nurses are reaching retirement age. Almost fifty percent of working nurses will soon be exiting the healthcare field. We are also seeing regional hospitals treating more chronically ill patients requiring a higher level of critical care.

So how is your team addressing your nursing shortage? Are you in the game or sitting on the bench waiting for the game to change? I hope your coaches are addressing the issue head on with a solid game plan. A winning team requires a good mix of seasoned veterans and young talent. Well-seasoned

staff can provide critical mentoring for recent grads and the freshman can offer new ideas and technology savvy to the veterans. A team's nursing management staff would be wise to know what the competition is doing in order to minimize loss of talent and to establish a career path for ambitious entry level nurses.



There are several benchmarks that can shape the continued success of professional nursing in the state of Georgia –

- \* A comprehensive and collaborative plan between local nursing schools and healthcare providers to educate and develop future nursing talent
- \* An adequately funded budget for nursing schools to recruit and retain faculty and staff
- \* A rural healthcare initiative with employer education stipends for high school graduates to begin a career path leading to a CNA, LPN or RN
- \* Lend a Hand program to encourage talent sharing between clinicians and educators
- \* Continued technology training for seasoned nursing staff and best practices patient communication for new grads
- \* Career path development/education/designation programs sponsored by employers

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!

Finance Matters is written by Jim Williams, CEO and Founder of Lendwell. Jim worked in the financial services industry for thirty-two years and currently serves as a Trustee and Director for two Georgia based healthcare providers. For more information you can email [jim@gahighlands.net](mailto:jim@gahighlands.net).



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### 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.)



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# 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 unconscionable 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.*



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# Transitions

**Suzanne Staebler, DNP, APRN, NNP-BC, FAANP, FAAN**

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 we were perceived at the capital.

So, in May of 2015, with the blessing of the GNA board, I convened the first "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!

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# Common Ground: End Bullying, Incivility and Workplace Violence

**Debra Griffin Stevens DNP, MSN, RNC-MNN**  
**Southern Performance Assessment Center**  
**(SPAC) 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 nurse confidence. Confidence is central to being a competent 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

American Nursing Association (2015) Incivility, bullying, and workplace Violence: New position paper. Retrieved from [www.nursingworld.org](http://www.nursingworld.org)

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## HISTORY

## ENDURING ECHOES

### Elizabeth Horne, Early Savannah Public Health Nurse

**Dr. Rose B. Cannon**

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 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 weevils. 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 died. 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. . . . 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 not 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. I shall never forget. It was the second Saturday in 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.

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 white nurse supervisors serving black patients. Charity Hospital was established with black doctors and black nurse supervision for black patients, something the black population of Savannah had desired. During this time period most other schools of nursing had moved to three-years of training rather than the two years offered at Charity Hospital. Class instruction was given by the one nurse supervisor, certain doctors and others. Horne recalled, "They were all good," but she remembered by name Dr. Blackman teaching *materia medica* (pharmacology), and

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 she most respected and admired she named "the superintendent of nurses of my school. Her name was Althea W. Salter." In 1910 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 patient care was given by the students and untrained staff. In Horne's interview she reports her 1922 class included 18 students but only 4 that finished the two years. She explained, "Some failed examinations 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 . . . just 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 state board examination, but first she had to have a registered nurse sign her application. She chose her friend, Mrs. Roberta Spencer and added with pride, "When they started registering nurses she was the first black nurse in Savannah that was registered."

After her graduation in 1924 Horne returned to Macon where her mother was then 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 be on call in case of an emergency or anything." She remained in this position for six years from 1924 to 1930. Hewitt (1982) in her study "Black Savannah: Struggle for Social Progress, 1890-1960," compared the new Charity Hospital that opened in 1931 with the previous facilities. "The run-down, frame building was replaced with a modern, brick, well-equipped hospital plant. Additions included space for maternity clients, and isolation areas for treatment of patients with contagious diseases, especially tuberculosis. The staff consisted of three registered nurses, one instructor who supervised nine student nurses, fifteen physicians and one dentist." Also according to Hewitt (1982) Charity Hospital was administrated by an all-black board made up of doctors, businessmen, and ministers with one black nurse supervisor to teach the students. The black community was grateful for the services provided, but the thirty-four beds were completely inadequate to the demand, thus the new building with expanded services was desperately needed. By this time Horne had taken a position with the Chatham County Health Department as county and school nurse where she served from 1930 until



**Elizabeth Horne**

her retirement in 1955. Her starting salary at the Health Department was more than double her salary at Charity Hospital. And she also had the use of a car that she kept at home when not using it for work.

During the first half of the 20th century, the nursing directors in the public health department in Savannah were all white women. After 1950, as the first wave of public health nurses began to retire, a few black nurses were promoted into supervision, lead nurse, or senior staff nurse positions. The level of professional behavior was high. All the nurses were encouraged, and sometimes required, to belong to their professional organizations. The nurses

were kept current on job requirements through continuing education; at the local health department, at various state workshops, and at more lengthy programs ranging from one to six weeks. A library containing books and journals on public health nursing was available at the health department and materials could be checked out. Horne recalled the continuing education in the local Health Department and a course she took at Fisk University in Nashville, TN on tuberculosis. Horne described some of her patients and duties.

I went into the schools and did vaccinations, immunizations, and put out containers for intestinal parasites. Then I did follow-ups in the homes. I checked on the mid-wives that did deliveries then. They couldn't deliver a patient 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 with no care. Then they would send me in there 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 in there three o'clock Monday. The baby and afterbirth was laying between her legs. I took care of the mother and the baby, and when I went back there Wednesday that baby's cord was off and just as smooth and clean . . . I took care of that mother and she didn't run a temperature. The saying is that "the Lord takes care of babies and fools."

Horne also mentioned having to deal with frequent malaria due to the low coastal areas. Patients "would run these very high temperatures . . . and the government would furnish the treatment for malaria, but you had to have a positive test. One day I did nineteen tests and every one of them come back positive. I would take a smear [of blood] and put it on a slide. I'd give them the medicine and their temperature would subside."

It is obvious from this story that Horne was proud of the work she did both in schools and in the homes. Armed with a nurse's bag with the equipment needed for vaccinations, immunizations, a scale for weighing and measuring the school children, and the paper work to keep records, she was assigned a total of fifteen black schools, visiting three a day. "Specimens were collected to identify ringworm, hookworm and what not . . . before treatment could be ordered by the health officer." During the Great 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 . . . The WPA [Works Project Administration] would work hundreds of folks . . . give them jobs, something to do." [The WPA was a work program for the unemployed that was created in 1935 under U.S. President Franklin D. Roosevelt's New Deal.]

Much of Horne's public health work was aimed at prevention; teaching isolation for patients with infectious diseases and other conditions such as diphtheria and protection against mosquitoes. To protect herself from these diseases, Horne would "get the rest I needed and eat a wholesome diet." At times parents followed a faith that did not believe in vaccinations and immunizations, but "there was very few coloreds in that faith. Most of those were whites." There were also superstitions that had to be carefully assessed such as not washing ones hair during the menstrual period, staying in bed for nine days after giving birth, and not cooking for three to four weeks. "They said they weren't fit 'weren't clean enough' to cook under four weeks."

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# HISTORY

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 gee. What happened? Who did it?' He patted himself on the chest. He said, 'I did' . . . and I said, 'Accidentally? He said, 'No ma'am intentionally.' 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 me. 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/white relationships within the health department were congenial 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.

Well 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. Didn't have a voice. It wasn't resolved 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 consent to be a member of any 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 NAACP in the afternoon. So it got so she couldn't do both. She'd go to one this Sunday and the other one the next Sunday.

Horne also mentioned the boycott of downtown Savannah when Kresge'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 early in the 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 lacked two days of being in there four weeks. The nursing service they give now – 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 asked 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 who 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 'Miss 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."

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The Elizabeth Horne interview is housed in the Manuscript, Archives, and Rare Book Library (MARBL) in the Woodruff Library of Emory University, Atlanta, GA.

## 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 the imperfect behavior that we 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 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 speak; it is the way we listen, and the way we treat others. Reflecting on my 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 your environment and the role you play in whether it 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 GNA website ([www.georgianurses.org](http://www.georgianurses.org)). Stay tuned, and plan on joining other nurses for an enjoyable and enlightening two days of learning and sharing, that will also include 14.5 nursing contact hours.



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## AARP Georgia Helping to Make Communities Livable for People of All Ages

**Melissa Sinden**

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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

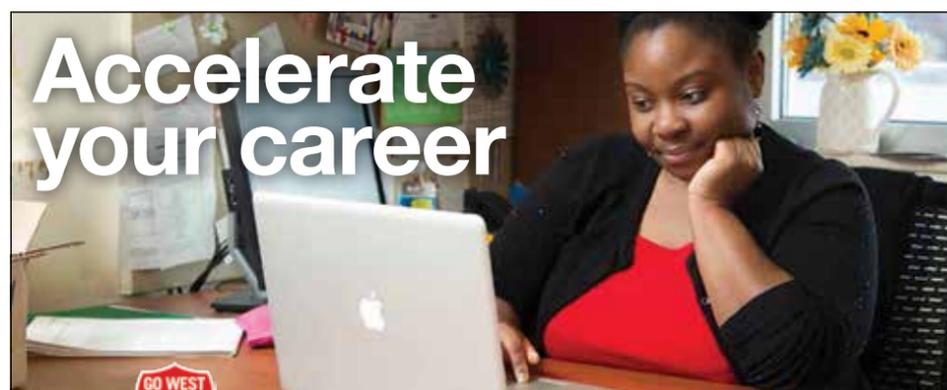
officials, community partners, and volunteers to ensure that people can live easily and comfortably in their homes and communities as they age. Conducting activities such as walk audits can help identify necessary improvements like better pedestrian walkways and signage, replacing old buses with those 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.<sup>1</sup>

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.<sup>1</sup>

*Melissa Sinden is Manager of Advocacy for AARP Georgia*

1 Hardie, Ann. "Cities Becoming Age Friendly." AARP Bulletin September 2017



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## In Remembrance A Piece of History

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.



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# MEMBERSHIP

## Honor a Nurse

September 5, 2017

Rochell Lei Stogin  
214 W. Park Avenue  
Valdosta, GA 31602

Dear Ms. Lei Stogin,

Congratulations! You have been honored by Ms. Suzanne L. North through the Georgia Nurses Foundation's **Honor a Nurse** Program. As an honoree, you will be recognized in an upcoming issue of *Georgia Nursing*.

The Foundation's **Honor a Nurse** Program provides a way to let individuals recognize nursing professionals who have made a difference in the lives of others as a friend, mentor, caregiver or teacher. Proceeds from this program go to the Foundation's scholarship programs and provide funding for nursing activities.

The Georgia Nurses Foundation salutes you as a member of the profession who richly deserves this recognition.

Kindest regards,

*Catherine Futch*

Catherine Futch  
President, Board of Trustees

*GNF Mission Statement: Through philanthropy, the Georgia Nurses Foundation fosters nursing's role in the improvement of the health, well being and quality of life for Georgia's citizens. The Foundation's mission is fulfilled through Service, Education, and Research.*

**Tell us what you'd like to see!** E-mail blast, social media, etc.

Please give us your feedback by emailing [gna@georgianurses.org](mailto:gna@georgianurses.org) or calling (404) 325-5536.



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The PruittHealth Organization complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



## 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:

Georgia Nurses Foundation  
3032 Briarcliff Road, NE | Atlanta, GA 30329  
FAX: (404) 325-0407 | [gna@georgianurses.org](mailto:gna@georgianurses.org)  
(Please make checks payable to Georgia Nurses Foundation.)

### I would like to Honor a Nurse:

Honoree: Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

State/City: \_\_\_\_\_ Zip: \_\_\_\_\_

From: Donor: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

State/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_

MasterCard/Visa #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

My company will match my gift?  YES (Please list employer and address below.)  NO

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

**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.**

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<http://gordonstate.edu/bsn/home>

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# MEMBERSHIP

## What Do I Get With My Membership?

When you join GNA, you'll immediately gain access to the largest network of registered nurses in the state of Georgia.

### Professional Benefits

- GNA Members Only E-News Subscription
- GNA Legislative Updates
- GNA Professional Development Conference & Membership Assembly
- GNA web site – [www.georgianurses.org](http://www.georgianurses.org)
- New GNA leadership opportunities
- Free Subscription to *The American Nurse*
- 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
- Great programs & CE opportunities
- Connect with leaders in your profession
- Shared-interest and local chapters
- Annual GNA Legislative Day event
- Dedicated professional staff & lobbyists

### Member Services & Discounts

- LARGEST discount on initial ANCC certification (\$120/full members only)
- LARGEST available discount on ANCC re-certification (\$150/full members only)
- ONLY discount on ANCC Review/Resource Manuals (full members only)
- Marsh Liability Insurance
- Discounts at [www.nursebooks.org](http://www.nursebooks.org)

### Members-Only Discounts:

- AT&T: Just head into any Authorized AT&T Retailer and present your membership card to receive an **8% discount** on all services.
- Verizon Wireless
- Snazzy Traveler - Up to 75% off hotels rental cars and cruises
- HotelStorm - up to 55% off hotel reservations
- Spa Sydell - 20% discount on all services
- 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 Insurance
- 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 \$65 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.

TO DONATE VISIT  
[WWW.GEORGIANURSES.ORG/GNPAC](http://WWW.GEORGIANURSES.ORG/GNPAC)

## 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 reap 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](http://www.georgianurses.org).

1. Obtain a copy of GNA bylaws, policies and procedures from [www.georgianurses.org](http://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.

## GNA MEMBERSHIP APPLICATION

To become a member of GNA please review and submit our membership application located on the homepage of our website at [www.georgianurses.org](http://www.georgianurses.org)

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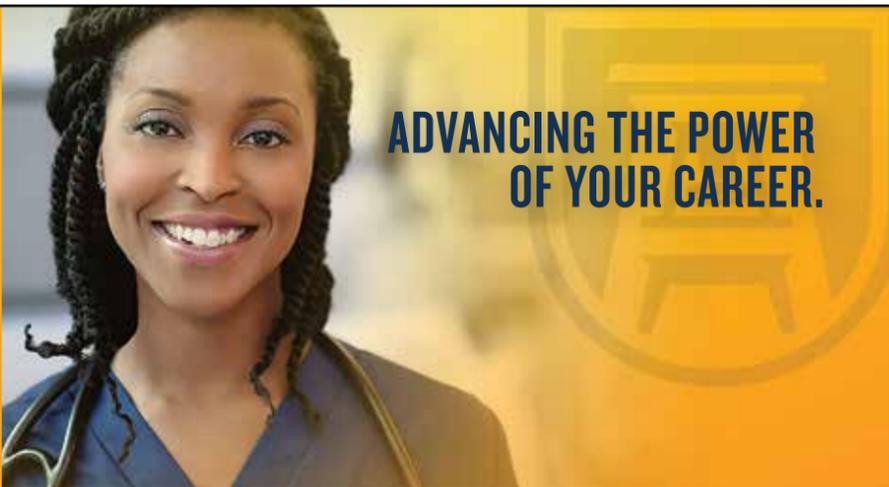
Join the exceptional team at Southeast Georgia Health System. Contact our Nurse Recruitment & Retention Specialist at 912-466-3115 or email [nurserecruiter@sghs.org](mailto:nurserecruiter@sghs.org).



SOUTHEAST GEORGIA HEALTH SYSTEM

[sghs.org/careers](http://sghs.org/careers)





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Great nurses have helped make Augusta University Health one of the nation's premiere academic health centers. And we're looking for experienced bachelor-prepared nurses who strive to practice in a personally enriching environment that blends the best of leading-edge clinical research with the highest level of patient care. We offer remarkable career opportunities, competitive salaries and outstanding benefits. Advance the power of your nursing career at Augusta University Health.

Search our nursing opportunities and apply online at [augustahealth.org/nursing](http://augustahealth.org/nursing).



## **Ranked #1 Nationally** *Bachelor of Science in Nursing Program*

*National Council of State Boards of Nursing*

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](http://www.CCGA.edu) today.



Sabrina C., Graduate Student  
Nurse Practitioner. Wife. Mom.

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BSN to Doctor of Nursing Practice (DNP)  
MSN to Doctor of Nursing Practice (DNP)



Feel it at [troy.edu/nursingspirit](http://troy.edu/nursingspirit)  
or call 1-800-586-9771.