As I reflect on this first year as ASNA President, I realize that this year has gone by so quickly. It is so easy to take time for granted and stay so busy that we forget to stop and take time for ourselves, our families, and our friends. As the holiday season approaches, I hope that each of you take time for the things that are important to you. As I have previously mentioned, ASNA accepted the ANA Healthy Nurse Healthy Nation challenge and the themes for the remaining year include: Mental Health Wellness and Healthy Eating/Healthy Holidays. Remember to set up your personal profile to track your progress to a healthier lifestyle at www.healthynursehealthynation.org. You can find additional information on these topics at www.americaneffectivenesswellness.org and www.myplate.gov.

From various nursing specialties across the state assembled at the annual ASNA Convention October 5-7, at the Embassy Suites in Hoover. The convention started with robust topics and discussions during the Mable Lamb Nursing Continuing Education Day. Special greetings were given by Mayor of Hoover, Frank V. Brocato, Dr. Mark Wilson, CEO of the Jefferson County Health Department, Dr. Terri Poe, CNO of UAB Hospital, and Emily Walters, President of the Alabama Association of Nursing Students (AANS). The AANS held their convention concurrently and this allowed collaboration and networking with the future nurses of Alabama. There were two AANS students recognized for their election for the National Student Nurses Association Board; Frederick Richardson, Breaththrough to Nursing Director and Kristina Few, Director. We were excited to have them join ASNA as soon as they graduate. Dr. Nena Sanders, Vice Provost Samford University presented the keynote address providing firsthand experience and education for serving as the Chairperson on professional Boards. ASNA was honored to accept a certificate from Governor Kay Ivey for serving as a mentor to hundreds of nurses over the years. It was quite a challenge keeping this a secret until the Awards Luncheon and we know that she was humbly, but pleasantly surprised. I would like to extend a special note of appreciation to Tyler Sturdivant, Awards Chair and the Awards Committee.

The 2017 ASNA Convention was dedicated to Ms. Betty Chambless for her years of dedicated service as the Bookkeeper of the organization. Ms. Chambless retired from ASNA after 25+ years of service and we wish her the best. The President’s address to the ASNA House of Delegates described the past year’s challenges, successes, and continued vision for the upcoming year. The ASNA Delegates were challenged with continuing to recruit members, increase visibility and collaboration, and stay involved in service. We inducted Dr. Linda Gibson-Young as the new ASNA Vice-President and we look forward to working with her over the next two years. ASNA would like to extend a big “Thank You” to Carthenia Jefferson for her Vice-President candidacy over the past two years. Congratulations to Dr. Lindsey Harris for being re-elected for her second term as ASNA Secretary. ASNA is looking forward to another productive, collaborative, and exciting year. The planning for next year’s events has already started. Mark your calendars for Nurses Day at the Capitol, February 28, 2018 and FACES ’18, April 17, 2018. Thank you to all the nurses in Alabama for your commitment and compassion! If you are not a member of ASNA, I challenge you to join and become a part of an organization that is committed to promoting excellence in nursing.
Attacked by Patients?  Just Part of the Job...REALLY?

John C. Ziegler, MA, D. MIN

Recently, I spoke to a class of experienced RN’s working on advanced degrees. I told them that in 2006, ASNA had been instrumental in passing a law that made it a felony in Alabama to attack a healthcare worker in the clinical setting. (Previously, it had been a misdemeanor) Several people said in unison, “Its just part of the job.” I was shocked! I was well aware that there are clinical settings and situations where nurses may be struck, scratched or worse. Not shocked at that... What shocked me was the tone of helplessness in the nurses’ voices and their acquiescence to the idea that “Its just part of the job.” REALLY? I was also surprised to learn that some had been told “unofficially” by supervisors and/or doctors to, more or less, just toughen up and get used to it! BULL!

Here’s law ASNA helped to get passed: AL Code § 13A-6-21. READ IT. If you believe this is a growing problem, take the anonymous survey below and help slow down violence against nurses.

**ALABAMA LAW ASSAULTING A NURSE**  AL CODE: § 13A-6-21

Assault in the second degree is a

A person commits the crime of assault in the Second Degree if the person:

With intent to cause physical injury to a healthcare worker, including a nurse, physician, technician, or any other person employed by or practicing at the hospital; the county or district health department; any health care facility owned or operated by the State of Alabama; the long-term care facility; or the physician’s office, clinic, or outpatient treatment facility by or on behalf of the healthcare worker or other person employed by or practicing at the hospital; the county or district health department; any health care facility owned or operated by the State of Alabama; the long-term care facility; or the physician’s office, clinic, or outpatient treatment facility; or he or she causes physical injury to any person.

This subdivision shall not apply to assaults by patients who are impaired by medication or to assaults on home health care workers while they are in private residences.

By taking this two-minute survey, YOU CAN HELP RAISE AWARENESS AND SUPPORT STRONGER ENFORCEMENT

**HOW TO HELP WITH THE QUICK ANONYMOUS SURVEY:**

1. On your phone or computer – Go to: alabamanurses.org
2. Hit “NURSE ATTACKS SURVEY” button on home page
3. Take the two-minute, 4-question survey – That’s it!

We will use data from, hopefully THOUSANDS OF NURSES, to REQUIRE THE LAW be displayed in clinical setting waiting areas on a simple poster such as:

---

**We respect our patients... Please respect our staff**

Assault of a healthcare worker is a FELONY

Alabama Code: 13A-6-21

This notice should be posted in patient waiting areas of all licensed clinical settings. Al. Dept. of Public Health 2072-8, Al Code = 007Don-Eddins-A+

If you’ve read this article this far, TAKE THE SURVEY RIGHT NOW! The Alabama Legislature starts early this year and we need to get moving. Please help. We believe if more patients and family members were Warned that violence against a nurse is a big time crime that they would think twice before they hurt you. This will not stop people who are “out of it” but it will tone down anger in ER waiting areas and other settings where people allow their emotions to overflow into violent physical behaviors. And, who knows? It may impact the work culture and remind management that attacks against a nurse is not JUST PART OF THE JOB... IT IS A SERIOUS CRIME!
When a registered nurse asks me about a licensure matter, I attempt to convey to the RN in the strongest of terms that his/her license was hard-earned and forms the basis for the nursing professional’s livelihood. Therefore, we take every complaint, regardless how seemingly trivial, very seriously. I emphasize to the nurse that he/she should do nothing to jeopardize it.

Nurses who have come into contact with the Alabama Board of Nursing sometimes complain that the Board staff takes the position that the nurse is guilty of a practice violation until she can prove herself innocent. Some BON staff members could use refresher courses in diplomacy no doubt. But if you are called before the Board staff, having your facts and figures in order can alleviate a lot of stress.

I’m honored to represent registered nurses here in Alabama as the attorney for ASNA. I have enormous respect for the nursing profession and will fight for nurses with every ounce of energy I can muster. Yet if nurses use common sense and do their jobs as they have been taught, such intervention normally will be unnecessary.

If you do get the dreaded call from the BON, if you are a member of ASNA the ordeal can be considerably less stressful, because the ASNA attorney (myself) will represent you free of charge on any licensure issue that occurs while you are a member. So, if you are not a member, that is a good reason to visit the website and sign up – today—because you cannot wait until a complaint is filed to join ASNA and still enjoy this free representation, no more than you can wait until you have had an accident and expect to be covered.

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Alabama Nurses Foundation Scholarships

The mission of the Alabama Nurses Foundation (ANF) is to increase public knowledge about the nursing profession and helps nurses grow in advancing their education. All proceeds from the Alabama Nurses license tag purchases and renewals benefit the ANF. See www.alabamanurses.org web site for additional information about obtaining a license tag.

The Alabama Nurses Foundation (ANF) awards educational and community grant scholarships throughout the year. Refer to the Foundation web site located at www.alabamanurses.org for applications and any associated deadlines. The scholarships are selected based on academic performance and professional leadership. One of the scholarships is directed to pre-licensure candidates who have completed at least 12 hours of academic study. Scholarships are limited to students enrolled in an Alabama institution and are for $1000 (pre-licensure) and $2000 licensed nurses.

In addition the ANF awards $500 community service grants on an ongoing basis throughout the year. These grants must address a current Alabama health care issue and priority will be given to projects that support the ASNA Strategic Plan and/or resolutions adopted by the ASNA House of Delegates.

ANF Awards Scholarships to Alabama Nursing Students

The Helen Wilson Leadership Scholarship is available to any current Alabama Association Nursing Student (AANS) member who has completed at least 12 nursing credit hours. Applicants must be enrolled in a RN Nursing program. It is awarded to an AANS member who has evidence of leadership and/or community involvement. The 2017 award winners are all enrolled at the University of Alabama in Huntsville.

The following were awarded their scholarships in August, 2017.

2017 Helen Wilson Leadership Scholarship Awardees

Kristina Faw: Ms. Faw has been an active member of UAH’s Association of Nursing Students (ANS) since attending the college. She has served on the Board as Secretary, Vice President Elect, and President. She has received scholarships and has been inducted into the Honor Society of Nursing, Sigma Theta Tau International – Beta Phi Chapter.

Frederick Richardson: Mr. Richardson has been a member of his local chapter since his Freshman year. He has participated in several volunteer projects in his community. He has received several honors and awards and currently serves as the Communication Director for AANS. Mr. Richardson plans to join ASNA upon graduation.

Marissa Walker: Ms. Walker has been a member of UAH’s local chapter of AANS since her first semester of Nursing School. She volunteers and is active in several community projects. Her future plans include running for a board position in AANS and becoming an ASNA member following graduation.

Scholarships and Grants

In addition to these scholarships, up to four different grants will be awarded each year on an ongoing basis throughout the year. The grants must address a current Alabama health issue and priority will be given for projects that support the ASNA Strategic Plan and/or resolutions adopted by the ASNA House of Delegates. The amount is $500 per grant. Learn more about ANF and funding opportunities.

Through its functions, ANF not only offers scholarships and grants, but also addresses the critical issues facing the nursing profession in Alabama today. These functions are exclusively charitable, educational, scientific and literary and are intended to increase the visibility of nursing in the state. The primary mission of the Alabama Nurses Foundation is to increase public knowledge and understanding of nursing and the nursing profession.

Remember the Alabama Nurses Foundation as a tax deductible donation in your end-of-year giving.
LaQuitta “Shai” Wilkins is a nurse, community leader, and heart health advocate on a mission. From crisscrossing the country as a Travel Nurse to being crowned Miss Black Alabama 2016, Shai’s story is one of passion, ambition, and selfless devotion to her local community.

From a young age, Shai knew she was interested in a career in healthcare. Visiting her mother’s work as a home health aid inspired Shai to explore the field of healthcare. Born in Aliceville, Alabama, and later moving to Huntsville, Shai was a top student throughout high school. Upon her graduation, Shai received both academic and athletic scholarships to Mississippi State University. Later, she transferred to the University of Belmont, where she was awarded with the Academic All-Conference Award in both fall 2009 and Spring 2011, graduating in 2012 with a BS in Nursing.

Wilkins has enjoyed great success as a traveling Pediatric Intensive Care Registered Nurse. “I love traveling and meeting new people. Working in such diverse institutions across the nation has positively impacted both my clinical skills and overall flexibility as a nurse. It’s a privilege to blend my passion for new experiences with my career.”

Shai dedicates herself to the betterment of her community by volunteering her time at local hospitals, clinics, heart health events, and the American Heart Association fundraiser. Recently, the city of Aliceville honored Wilkins with the key to the city to commemorate her years of service. As a stand-out leader in her community, it’s no surprise that Shai went on to represent her home state of Alabama in the Miss Black USA Pageant.

“I’ve made some great connections being involved in the Miss Black Alabama USA Pageant System.” Shai revealed, “I became more aware of myself, the power I have to help others and to also better myself.” The pageant was an opportunity for Wilkins to spread awareness about her platform “The Heart of the Matter,” referencing her dedication to spreading information about heart disease, diabetes, and hypertension. “I know heart disease is a leading cause of death among African American women and I wanted to focus more on that topic. Your heart matters and you should protect anything that flows through it!”

There is no slowing down this devoted pillar of strength in the Huntsville community. The pageant queen has even published a coloring book, Color Me Healthy and Active, with illustrations of healthy food to encourage young people to eat healthy. As a result of her hard work, Shai was awarded with the 2017 Red Dress Award from Woman’s Day Magazine and was the recipient of The President’s Volunteer Service Award in 2016.

Wilkins is already working on her next project, which aims to support teen girls in the community. “My next big goal is to establish a non-profit organization focused on mentoring adolescent females. In fact, I have recently begun some of the foundational work... Stay tuned!”

By sharing her story of overcoming obstacles, Wilkins hopes to impact and inspire others. “I want people to look at my life and the things I’ve overcome to motivate them. Despite where you came from or what you’ve been through, you can and will make it!”

Proclamation
By the Governor of Alabama

WHEREAS, in 1913, Alabama nurses began organizing the first professional nursing association in the state, which eventually became known as the Alabama State Nurses Association; and

WHEREAS, for the past 104 years, Alabama nurses have hereby served the citizens of our state and nation through wars, natural disasters and healthcare crises; and

WHEREAS, the Alabama State Nurses Association’s mission is to Promote Excellence in Nursing, and

WHEREAS, for many years, the Alabama State Nurses Association has advocated for legislation, policies and standards to broaden the scope of practice and provided greater opportunities for nurses of all specialties; and

WHEREAS, through gallop polls, the public has cited nursing as the “Most Trusted Profession” for fifteen successive years; and

WHEREAS, the Nurses Code of Ethics requires respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems; and

WHEREAS, the Alabama State Nurses Association provides members with resources for career advancement, professional development and leadership opportunities; and

WHEREAS, the Alabama State Nurses Association communicates regularly with the state’s more than 95,000 licensed nurses through its publication, "The Alabama Nurse"; and

WHEREAS, proceeds from the Nurses Save Lives car tags provide nursing student scholarships and community service grants;

NOW, THEREFORE, I, Kay Ivey, Governor of Alabama, do hereby proclaim October 2017, as

Nurse Appreciation Month
in the State of Alabama

Gifted Under My Hand and the Great Seal of the Office of the Governor at the State Capitol in the City of Montgomery on the 6th day of September 2017.

Kay Ivey
Governor

Happy Holidays
from the ASNA Staff
John • Don • Charlene • April • Katie
Meet Your ASNA Board of Directors

**President**
Rebecca Huie, DNP, RN, ACNP

**President-Elect**
Sarah Wilkinson, DNP, RN

**Vice-President**
Linda Gibson-Young, PhD, ARNP, FNP-BC, CNE, AE-C, FAANP

**Secretary**
Lindsey Harris, DNP, FNP-BC

**Treasurer**
Wanda Spillers, DNP, CCM, NE-BC

**District 1 President**
Donna Everett, MSN, BS, RN

**District 2 President**
Jackie Williams, DNP, MSN, RN

**District 3 President**
Debbie Litton, DNP, RN, MBA

**District 4 President**
Bridge Moore, RN-CIC, MBA, CNP, NEA-BC

**District 5 President**
Wade Forehand, DNP, MSN, RN-BC

**Parliamentarian**
Sue Morgan, MSN, PhD, RN

**Executive Director**
John C. Ziegler, MA, D.MIN.

**Attorney**
Don Eddins, BS, MS, JD

**Committee Chairs**

**Commission on Professional Issues**
Sarah Owens Watts, PhD, RN

**Ethics & Human Rights (Co-Chair)**
Rosemarie Juergensen, MSN, RN

**Ethics & Human Rights (Co-Chair)**
Bonnie Rausch, BSN, MSN, RN

**Environmental Task Force**
Azita Amiri, PhD, RN

**Convention 2018**
Denise Beadle, BSN, RN

**Membership Committee**
Linda Gibson-Young, PhD, CRNP, FAANP

**Finance Committee**
Wanda Spillers, DNP, RN, CCM

**Awards Committee**
Tyler Sturdivant, SN, RN, AGCNS-BC, SCRN

**Governance Committee**
Lindsey Harris, DNP, FNP-BC

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**ASNA Welcomes Newly Elected Vice President**

**Dr. Linda Gibson-Young**

Dr. Linda Gibson-Young is a nurse practitioner and academic nurse educator with over 20 years experience in nursing. She has a strong background in childhood asthma and seeks to make a difference in the homes of children diagnosed with asthma across the state of Alabama. As the new vice president of the Alabama State Nurses Association, she aims to increase membership across all districts and all levels of nurses, students included. Dr. Gibson-Young plans to reach out to each district to bridge communication gaps and assist in membership drives. Feel free to email her on state initiatives to assist in these endeavors.

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**Concordia Students Go the Extra Mile**

**Concordia Students Go the Extra Mile**

**Home Care Nurse Administrator**

The Home Care Services Nurse Administrator classification is a full-time permanent position with the Alabama Department of Public Health (www.adph.org).

- **Salary:** $59,517.60 – $90,724.80
- **State Classification Number:** 40238

**Minimum Requirements:**

- Master’s degree from an accredited college or university in Nursing, Public Health, Public Administration, or Business Administration
- Bachelor’s degree from an accredited college or university in Nursing
- Five years of professional nursing experience including three years of administering, managing, or supervising a home care program or multiple-site home care offices – OR –
- Bachelor’s degree from an accredited college or university in Nursing
- Six years of professional nursing experience including three years of administering, managing, or supervising a home care program or multiple-site home care offices

Possession of a license to practice professional nursing as issued by the Alabama Board of Nursing required. Applicants must include their license number on their application.

- **Overnight travel is required for some positions.**

Contact: Sheila Duncan, Sheila.Duncan@adph.state.al.us or (334) 206-5677

To apply, interested applicants should complete an Application for Examination Form available at http://www.personnel.alabama.gov, or any Alabama Career Center Office.

The Alabama Department of Public Health is an Equal Opportunity Employer.
Why Does Membership Matter?

Wade Forehand, DNP, RN-BC, President, ASNA District 5

First, I would like to start by offering greetings on behalf of ASNA District 5 from all of the officers and myself. I was challenged with the project of writing a piece to appear in this quarter’s Alabama Nurse Publication. The topic that I chose to share with you is about the reasons why that membership does matter and include some of my own personal antidotes.

Within ASNA, I have often heard the phrase that membership matters and the importance of becoming engaged at the state and district level. Additionally, I have been a member of ASNA for the past several years, but more of a non-engaged member. Things always seemed to keep me busy when meetings occurred or during events that prevented me from participating. I finally made the decision to commit to take a more engaged, active role within my district. I thought that running for an officer position would give me the emphasis to step up to the plate and force me to be more active. In saying this, I never imagined that the role I would take on would be that of district president. Nonetheless, opportunities and circumstances have led me to this position. In February of 2017, I received the election results for District 5. I was elected to serve as president for a 2-year term. Coming full circle, I guess this is certainly one way to become more engaged.

Speeding forward to September of 2017, District 5 held one of its four quarterly meetings. I would love to take this opportunity to provide you some information about the meeting. On Thursday, September 21, 2017 the District 5 members assembled from across 19 different Alabama counties to meet, learn, discuss, and enjoy the company of one another. We had a gracious host, Auburn University School of Nursing, which allowed us a meeting space, a wonderful lunch, and tour of their brand new 89,000 square foot School of Nursing building. Not only did the members meet and fellowship about nursing issues, but we also enjoyed a learning activity. District 5 Vice-President, Dr. Linda Gibson-Young, provided a 1-hour CE opportunity on using simulation in the classroom.

You may be wondering what it would cost to attend? The answer to that question is nothing, but time. Members of District 5 were notified via email and by social media several weeks ahead of the upcoming meeting. Members or non-members were all invited and welcomed. In fact, the audience was composed of a variety of individuals from the district and community. We had Auburn educators, student nurses, nursing educators from other schools, and nurses from within the community to attend. We even had the pleasure of having Dr. John Ziegler, ASNA Executive Director, to join in on our event. To say the least, we had a wonderful meeting and enjoyed a free meal provided by Auburn University School of Nursing. For those that made the commitment to attend, the only cost was their time. For a few hours of their day, participants received a free lunch, a 1-hour CE presentation, and an opportunity to meet and fellowship with other nurses. Additionally, several members left with a surprise gift that was provided by way of door prizes.

Reasons Membership Does Matter

I also want to take a few minutes to personally expound on why I think membership matters, especially at the district, state, and national level. ASNA is an organization that is committed to promoting excellence in nursing. The organization was formally founded in 1913 and incorporated in 1914. For well over 100 years, ASNA has served as the professional voice for all registered nurses in the state of Alabama. As a nursing body within Alabama, there are approximately 95,000 nurses strong. Just think if this group was united in effort, what changes could be made. Unfortunately, not enough of Alabama’s nurses are united through membership in the ASNA and ANA. This is something that we all should be concerned with and working hard to change. The profession of nursing is constantly changing and evolving, and we as nurses should be actively involved in helping to shape those changes. You also have a unique opportunity to join not only ASNA, but also ANA. ASNA offers a dual membership opportunity with ANA for as little as $15 monthly. By joining both the ANA and ASNA you become part of a group that is 3.6 million strong. Therefore, why is being an ASNA/ANA member important, here is the answer.

First, Be heard: Advocate for nurses where it matters

• ANA/ASNA lobbies on issues important to nursing and health care; issues such as safe staffing, nursing workforce development, overtime pay and access to care.
• Representing nursing where it matters, including the Environmental Protection Agency, Department of Labor, the U.S. Department of Health and Humans Services and many others, right up to the White House.

Second, ANA/ASNA is guiding the Profession:

• ANA develops and publishes the Scope and Standards of practice for nursing and many of its Indicators, ANA is collecting data that link nurse staffing levels to quality nursing care.
• Maintaining the Code of Ethics for Nurses which is the only U.S.A. member of the International Council of Nurses and attending meetings of the World Health Organization.

Third, Influence Decisions: Become involved

• Join one of the many committees and boards at the local, state, and or national level through ANA/ASNA that are shaping the direction of the association and the profession.

• As a direct member in the ANA, you are represented at ANA through the individual Member Division.
• Participate in member surveys that let you influence the association’s agenda.

That is all great, but you may be asking what are the personal or professional benefits that may directly affect me. Here are a few benefits:

Promote Yourself: Professional development tools and opportunities

• Members save on certification through ANCC.
• Online continuing education available at a discount or free to members.
• Conferences and educational events at the national and local level offered at a discount to members.
• Member discounts on nursesbooks.org - ANA’s publications arm.
• New to the Nurse’s Career Center Stay Informed; publications that keep you current.
• Free subscription to The American Nurse and The Alabama Nurse

Industry discounts to the American Nurse Today

Why Does Membership Matter continued on page 8

At South University, a degree represents more than an education. For over 115 years, we've worked to provide an academic experience that transforms the lives of nursing professionals. Take a step forward with one of our CCNE-accredited* programs today:

- Bachelor of Science in Nursing (BSN)
- RN to Bachelor of Science in Nursing (RN to BSN)
- Master of Science in Nursing with a specialization in Family Nurse Practitioner (MSN)
- RN to Master of Science in Nursing with a specialization in Family Nurse Practitioner (RN to MSN)

*Commission on Collegiate Nursing Education. For accreditation and licensing information, visit https://www.southuniversity.edu/showare/about/accreditation-licensing. Programs, credential levels, technology, and scheduling options vary by school and are subject to change. Not all online programs are available to residents of all U.S. states. South University, Montgomery, 5355 Vaughn Road, Montgomery, AL 36116-1004. ©2020 South University. All rights reserved. Our email address is maintain@studentsouthuniversity.edu. See SUpromos.info for program duration, tuition fees and other costs, median debt, salary data, alumni success, and other important info.

The blueprint of your future. Earn a nursing degree the South Way.
Why Does Membership Matter continued from page 7

- Free online access to ONIN: The Online Journal of Issues in Nursing.
- Free access to ANA's informative online (or email) newsletters including - Capital Update and Members Weekly.
- Access to members only content of NursingWorld.org.

There are also some additional benefits of being a member of ASNA. Maybe you are a new nurse looking to grow and develop your skills. Well, ASNA has a program for you. ASNA is working to establish a new mentorship program that will be a collaborative effort between the Membership Committee and the Leadership Academy. Are you looking for ways to improve your leadership abilities? Then, the Leadership Academy is the program you need. The ASNA Leadership Academy is designed for nurses, by nurses, to help participants develop excellent leadership skills through action-oriented projects related to their specific interests.

Needless to say, there are lots of benefits to becoming a member of ASNA/ANA. I hope you will take the opportunity to investigate them more. Each of five districts across the state of Alabama are active in issues surrounding nursing. This is a great time to take an engaged, active role in the future of the profession. Remember that serving a greater cause and others can be a personal benefit for you too. The primary goal of volunteer work should be to put goodness out into the world by helping others. The nice thing about that research paper isn't going to write itself. That research paper isn't going to write itself. That research paper isn't going to write itself. That research paper isn't going to write itself.

In conclusion, I want to remind you that there are many reasons that ASNA membership matters. I personally challenge you to investigate those reasons for yourself and consider joining your respective district. You can find lots of helpful information along with instructions for how to become a member on the ASNA webpage. alabamanurses.org.

ASNA/ANA Membership Activation Form

Essential Information

First Name/Mi/Last Name
Mailing Address Line 1
Mailing Address Line 2
City/State/Zip
County
Professional Information
Employer
Type of Work Setting: (eg: hospital)
Practice Area: (eg: pediatrics)

Ways to Pay
Monthly Payment $15.00
Checking Account
I authorize monthly recurring electronic payments to the American Nurses Association (ANA) from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.
Credit Card
I authorize monthly recurring electronic payments to the American Nurses Association (ANA) from my credit card on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.

Membership Dues (Price just reduced $15 monthly/ $174 annually)
Dues: $49
ANA-PAC Contribution (optional): $20
American Nurses Foundation Contribution$50 (optional)
Total Dues and Contributions $174

Credit Card Information
Credit Card Number
Expiration Date (MM/YY)

Additional Information

Name of Organization (required): Ball HealthCare Services
Address of Organization: 1801 Avenue of the Stars
City/State/Zip: St. Louis, MO 63150-4345
Website: www.ballhealth.com
Phone: 1 (800) 923-7709
Fax: 314-868-5335

For assistance with your membership activation form, contact ANA’s Membership Billing Department at (800) 923-7709 or e-mail us at memberinfo@ana.org.
Mental Health Services for Veterans at the Birmingham Veteran Affairs Medical Center

Amanda Davis MSN, MPHNP-BC
Georgie Burkett MSN, MPHNP-BC and
Joshua Hart MSN, MPHNP-BC
The University of Alabama at Birmingham School of Nursing
Birmingham VA Medical Center

Alabama is home to over 400,000 Veterans, who live within the city limits and more than 700,000 veterans reside in Montgomery, Mobile and Birmingham. Often people believe that all veterans receive all their health care within the Veterans Affairs Medical Centers (VAMC). However, many of Alabama’s veterans receive their care outside of the VAMC. They provide outpatient mental health services to help veterans who desire to quit using substances.

The BVAMC provides video telehealth services to help maintain stability for this population. In addition, on-duty service members and veterans who are homeless and seeking permanent housing. Underemployed, unemployed and homeless. To bridge this gap, the Housing and Urban Development Veteran’s Affairs Supportive Housing (HUD-VASH) Program provides a collaborative program between HUD and the VA. HUD housing financial assistance combined with VA supportive services assists veterans and their families.

Additional Services Veterans with mental illness are underemployed, unemployed and homeless. To bridge this gap, the Housing and Urban Development Veteran’s Affairs Supportive Housing (HUD-VASH) is developed to provide a collaborative program between HUD and the VA. HUD housing financial assistance combined with VA supportive services assists veterans and their families.

Psychotherapy services are offered for veterans who desire to quit using substances. Additional, OSAC partners with surrounding community agencies when residential treatment is needed. Residential treatment facilities available to veterans include: Fellowship House, Pearson Hall, Anniston, Childersburg, Gadsden, and Bessemer. Inpatient rounds are also offered for veterans who desire to quit using substances.

One of the main goals of the BVAMC is to create a cohesive understanding of resources available for comprehensive mental health care. The BVAMC serves as a pioneer for innovative programs to serve Alabama’s veterans with a wide variety of mental health needs. The BVAMC serves as a pioneer for innovative programs to serve Alabama’s veterans with a wide variety of mental health needs. The BVAMC serves as a pioneer for innovative programs to serve Alabama’s veterans with a wide variety of mental health needs.
A Look Into the National Nursing Market

Introduction
According to the 2016 America's Health Rankings Annual Report, the United States (U.S.) ranks 26th of 35 Organization for Economic Co-operation and Development countries for life expectancy (“Comparison With Other Nations | 2016 Annual Report | AHR,” 2016). This is reflective of the current state of healthcare, which allows a holistic view of the health of each individual state and the entire nation at large. Based on the nation’s health ranking alone, it is evident that there is a health crisis in the U.S. that needs to be improved upon.

One reason for the poor health outcomes may be attributed to the nursing shortage issue (Keenan & Kennedy, 2003). Many states are projected to operate within a persistent and sustaining nursing shortage (ANA, 2014; Kaiser Family Foundation, 2016). Additionally, many majority rural states rank with the lowest amount of nurses (HRSA, 2015). By 2020, there will be 1.6 million nursing job openings, 700,000 of which will be newly created jobs (Carnevale, Smith, & Gulish, 2015).

To fill the shortage gap, nursing schools and qualified nursing faculty within those schools are needed. According to the American Association of Colleges of Nursing, “Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this emerging crisis” (Rosseter, n.d.).

In the nation, there are currently 2,043 nursing schools (“Schools | Discover Nursing,” 2017). Out of those schools, 1,554 have data stored with the National League of Nursing’s Biennial Survey of Schools of Nursing. Based on the survey, 2,350 qualified applications to nursing programs were turned away for two primary reasons: lack of clinical placements and lack of faculty (National League of Nursing, 2015). Therefore, this information suggests that many individuals want to earn a career in nursing; however, there is an issue with the amount of nursing faculty to meet the demand.

Based on the above information, the future of the nation’s nursing market is dim if appropriate new supplies are not discovered specifically for this state. The issue is complex and has many factors associated with it. Understanding these multiple variables is critical when formulating solutions to the problem. Furthermore, “outside” factors such as legislation and technology advancements must be considered. There is a deep relationship between all of these aspects which contributes to the complexity of a perfect solution (“American Association of Colleges of Nursing | Strategies to Reverse the New Nursing Shortage,” n.d.). It is important to know and understand how the healthcare system in the U.S. is far different than it used to be and it is continually changing. To find healthcare solutions, solutions to the nursing market issue is one facet that will need to be correct.

Possible Solutions
Although there is no simple solution to the nursing shortage problem, many efforts being made to rectify the issue. Despite the conglomeration of factors facing the nurse shortage solution, some possible solutions to repairing the nursing market. Solutions range from recruitment activities, reducing turnover rates, and even implementing laws and regulations. The following are some key examples of solutions that are being tested and tried across the U.S.

Nursing Student Recruitment Initiatives
Many solutions are being aimed at the recruitment of more nursing students and faculty throughout the nation. One solution is allowing the aging practicing nurses to educate new nurses. By combining the practice of nursing and the education behind that practice, both the primary groups could come up with solutions of their own for the crisis. However, for this to even work there must be some recruitment of students. Efforts are already taking place to recruit high school students that are interested in nursing. To aid in this effort, some hospital systems in the U.S. are creating “support programs” to add more faculty and student slots to colleges. Texas A&M offers another approach. At this hospital, the School of Nursing has created a local scholarship. In recent years, there has been an estimate of $425,000 in scholarships given from a local hospital for local students to complete a nurse degree (“2016 National Healthcare Retention; RN Staffing Report,” 2016). Collaborative efforts, such as the examples above, are a glimpse at the various solutions to the nursing shortage problem.

Nursing Faculty Recruitment Initiatives
As mentioned, nursing school faculty may be in a shortage and efforts are being made to recruit more nurses into the field. The ANA is developing campaigns (along with others) to encourage students in nursing schools into the field and encourage those who are already in the field to remain in the profession. To retain nurses, it takes a combination of efforts from orientation to preceptor programs. The research also reports the higher the percentage of nurses that will be needed over the next 10 years (“American Association of Colleges of Nursing | Strategies to Reverse the New Nursing Shortage,” n.d.). Recruitment costs go far beyond getting a supply of nurses into the field. “A study commissioned by the American Hospital Association, the Association of American Medical Colleges, the Federation of American Hospitals and the National Association of Public Hospitals and Health Systems found that the share of all hospitals paying sign-on bonuses as part of recruitment efforts more than doubled, from 19 percent in 1999 to 41 percent just two years later” (“The Cost of Failure,” n.d.). Also, recruitment time takes approximately 54 to 109 days (“2016 National Healthcare Retention; RN Staffing Report,” 2016). However, this is not the same in all regions of the country (“2016 National Healthcare Retention; RN Staffing Report,” 2016).

Retention Strategies
Diminishing the high nursing turnover rate is another facet to a solution. Although retaining a nurse may go beyond how the organization values its staff, this is foundational to understanding the nurse turnover issue. This paradigm shift could be including leadership in efforts to learn new skills on how to value employees. Attracting and retaining staff is vital to health care facilities success with the current economic climate (Nevidjon & Erickson, 2001). Although this will be different based on personal nurse’s ideas and attitudes in the workplace, some common themes have been identified when it comes to why there is such high nurse turnover. These include “autonomy, salaries, schedules, credibility gap, and professional respect” (Nevidjon & Erickson, 2001). This goes hand-in-hand with overall job dissatisfaction. Leaders in healthcare need to learn what exacts what it means to feel satisfied for their nurses which, in turn, is leading to turnover. After finding these issues that are particular to a specific facility, not just the active working nurses, it is important to know what are the actions, that are being taken, that are playing a vital role in the nursing shortage dilemma. It is thought that this political environment may be making the shortage even worse. Nurses are leaving the profession, and hospitals are barriers to recruitment of new nurses for a variety of reasons. This is caused by a culmination of “state and federal law, regulation that is being tested and tried across the U.S.” (Nevidjon & Erickson, 2001).

Possible Challenges to Solutions
Despite the policies, regulations, and rules that have been placed at multiple levels, the U.S. still suffers from a shortage within the nursing profession (Staiger, Auerbach, & Buerhaus, 2012). It is evident that there are still gaps in the solutions (HRSA, 2002). The depth of the issue goes far beyond the costs associated with it and, because of this, it is necessary to improve nursing staffing. The political environment surrounding nursing
is vast, but it has not reaped the appropriate outcomes needed. If there is still a shortage, there is still a problem. It is clear that policies, up to this point, have not made a significant difference in reducing the costs of the nursing shortage. In fact, there are millions of dollars poured into the issue with not much return on the investments. Also, as mentioned, there are already several ongoing initiatives taking place. Some actions have been through political incentives (e.g. laws and regulation), and others are more on an organizational/private level. For solutions to be created and implemented, it requires a mix of research that gives a reason why to do something and then policy to mandate the appropriate solutions found to work. Future research objectives could evaluate the extent to which these policies are making a difference and which ones are of waste. Currently, there are an array of policies being implemented at the state and national level. These are convoluted, and it is unclear which are working and which are not. Although some of these are great ideas to boost the nursing workforce, there is still a shortage present in a significant amount of states (Carnevale et al., 2015).

References


Congratulations to our 2017 Award Winners

Lillian B. Smith Award - Dr. Bobbie Holt-Ragler
Lillian Holland Harvey Award - Deborah Andrews
Outstanding Advocate Award - Gladys Amerson
Outstanding Retired Nurse Award - Etta Felton
Cindajo Overton Outstanding Nurse Educator Award - Drs. Bridget Moore & Jennifer Coleman
Louise Barksdale Outstanding Nursing Practice Award - Brenda Woodmansee
Outstanding New Member Award - Tyler Sturdivant & Deborah Thedford-Zimmerman
Health Policy Award - Dr. Kathleen Ladner
Charlene Roberson Mentorship Award - Charlene Roberson

Dr. Bobbie Holt-Ragler
Ms. Deborah Andrews
Ms. Gladys Amerson
Ms. Etta Felton
Ms. Brenda Woodmansee
Ms. Deborah Thedford-Zimmerman

Betty Key
ASNA Convention Volunteers working hard to stuff participant bags

Judge Sue Bell
Members of the AANS Elite Stepped in to Visit and Ask Questions

Congratulations Drs Linda Gibson-Young (New ASNA Vice President) and Lindsey Harris (2nd term ASNA Secretary)
Haley Walker Receives an ASNA District 2 Scholarship Presented by District 2 Member Betty Key
District 2 Scholarship Winner Monica Hill

ASNA Convention Volunteers working hard to stuff participant bags
2017 ANNUAL CONVENTION | NURSES: CRITICAL TO THE FUTURE OF HEALTHCARE

AANS President Emily Walter and ASNA President Dr. Rebecca Huie

L-R Denise Beadle, Marilyn Johnson and Judge Sue Bell Cobb

Delegates from ASNA District 1

ASNA Convention Attendees

ABN Executive Officer Peggy Benson presents the 2017 ABN Update

ASNA President Dr. Rebecca Huie attends to Board Matters

Convention Highlights continued on page 14
Thank You Exhibitors!

Convention Highlights continued from page 13
The Magic of Humor

Diane Sears, RN, MS, ONC
Oklahoma Nurse Association

After my 98½ year old alert and oriented mother, Cecilia, fell and broke her (R) shoulder and (R) hip this January, I once again counted my blessings that I was a R.N. and knew how to help her and our family. Of course, I learned a thing or two as well and appreciated once again how magical and important humor is in the healing process. The Doctor’s name assigned to her was DeLaughter. Truth is also once again, stranger than fiction. The best compliment that I received from a student nurse was, “I knew that you were a nurse by the way you moved.”

Cecliaisims:
How old are you? Cecilia: “98, that’s a big number.”
You don’t look your age and you have such lovely skin. What did you put on it? She reflected a few seconds and then said, “diet.”
How did you get your panties on? “I lassoed them with my reacher.”

There’s always sweet to go along with the sour in life. Physical Therapy is my dancing. It was like ‘Night of the Zombie Nurses’ last night. After a 3,000 cc response from IV laxis, “I don’t look like the Michelin girl today.” After an 1,100 cc thoracentesis when asked how she felt, she responded, “lighter.”

I asked her if she wanted to see the fluid and she said, “no.” Then promptly asked me, “What does it look like?” After carefully reviewing the status on an old pair of shoes, she reluctantly agreed to allow them to be thrown away. “I don’t think that I’ll be hanging clothes out on the line anymore, do you?”

“I’ve been meaning to thank you, Opal. Oh, for what? That was so sweet of you to bring that homemade prune cake for my husband, when he was sick. Oh, I hope he liked it. Oh, he did, he did. In fact, it was the last thing he ate before he died. I’m sure that it was just a coincidence.” (“Pickles,” cartoon, Brian Crane, 06/14/16)

“Dr. just because you’re an old man doesn’t mean you don’t need to take care of your hair anymore. I mean, you want to look good for mom, don’t you? Dad: With her bad eyesight, I doubt that she cares.” Mom: He’s right, Sylvia. As long as he smells okay, I’m fine.” (“Pickles,” cartoon, Brian Crane, 05/21/17)

“Doctor listening to the heart of a ‘Blues Brothers’ patient, who is clutching his guitar, while sitting on the exam table: ‘Just as I suspected—it’s arrhythmia and blues.” (“Speedbump,” cartoon, Dave Coverly, 1/24/17)

“Fred: I drink a pint of water before going to bed every night. Ed: Why’s that? Fred: It gives me a reason to get up in the morning.” (You Gotta Laugh)


G.O. & Neva, Married 72 years
“We’re both 94, but we wouldn’t recommend it.”

Neva: “My SCDs are anacondas.”

Neva upon graduating from Home Health services, “It’s weird to think that you can graduate from anything at 94.”
M.D. to G.O., “I can’t explain why you continue to do so well.” G.O.: “I’m dead and I don’t know it.”

Games for when we are older
“Say, you’re lit. Hide and go pee.”
“20 questions shouted into your good ear.
Kick the bucket.
Red Rover, Red Rover, the nurse says Bend Over.
Musical Recliners.
Simon says something incoherent.
“When attacked by a mob of clowns, go for the Jester.” (“email, 7/2017)

Mom is back home now & is rated in the top 5% for her age group. She’s been above average her entire life. We have ‘Spa Days’ every Friday, when I wash and set her hair, since she can’t get her arm over her head... yet. She says, “It is what it is. All I can do is be my best. You gotta try and then, that’s it!”

She doesn’t know why she is still here in this world as her status has long been DNR under threat of haunting us. She was “resuscitated” following four liters of fluid. “Well,” she says, “I suppose they had to do SOMETHING!” We agree that it’s kind of like in “Little Big Man.” [Grandfather, who has laid himself down to die, wakes up] Old Lodge Skins: “Am I still in this world?” Jack Crabb: “Yes, Grandfather.” Old Lodge Skins[Groom] “I was afraid of that. Well, sometimes the magic works. Sometimes, it doesn’t.”

The magic of humor thankfully goes on and on within and without us.

#WeAreSouth
The problem of domestic violence is a growing concern. It is often overlooked, excused or denied and unreported. Many victims of domestic violence remain silent out of fear. In addition, the victim may be denial. Perhaps more information from the victim’s view point should be publicized to generate more open discussion. When the victim tells their story and the recovery process, it provides a different view of the magnitude of the problem. Whatever the case, one fact is clear, we all need to be constantly educated on the subject matter because domestic violence is definitely not going away nor are the numbers of incidents decreasing. Another fact is that domestic violence impacts the family, physically, mentally and emotionally. It impacts our economy as well, because the cost of providing services to victims and children who have been exposed to domestic and family violence can be very costly.

What is domestic violence? According to the National Domestic Violence Hotline, domestic violence is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. It is also known as intimate partner violence (IPV), domestic abuse or relationship abuse. It can be in the form of physical, sexual, emotional, economical or psychological actions or threats of actions. The behaviors can be in the form of intimidation, manipulation, humiliation, isolation, frighten, terror, coerce, threaten, blame or hurt.

It does not discriminate and can happen to married, living together or individuals that are dating. It can affect anyone of any race, age, sexual orientation, religion or gender, all socioeconomic background and education levels. It is a systematic pattern of power and control perpetrated by one intimate partner against another. It may include physical violence, sexual violence, threat and emotional/psychological abuse even death. The different forms of abuse can be occurring at any one time within the same intimate relationship.

The 2015 National Coalition Against Domestic Violence statistical report revealed:

• In the United States an average of 20 people are physically abused by intimate partners every minute that equates to more than 10 million victims annually.

• 1 in 3 women and 1 in 4 men have been physically abused by an intimate partner.
• 1 in 5 women and 1 in 7 men have been severely physically abused by an intimate partner.
• 1 in 7 women and 1 in 18 men have been stalked.
94% of women in the United States have been raped by an intimate partner.
• Intimate partner violence is most common among women between the ages of 18-24 and accounts for 15% of all violent crime.
• 1 in 3 female murder victims and 1 in 20 male murder victims are killed by intimate partners.
• 72% of all murder-suicides are perpetrated by intimate partners.

With the statistical data being so alarming, it is not difficult for health professionals to see how victims of domestic violence can be victimized to the level of emotional trauma, stress, depression and suicidal tendencies.

Relationships are different for each individual. It is important for each individual to evaluate their relationship for warning signs. The first question one should ask is “Am I being abused?” Some of the warning signs are:

Do you:
• see evidence of power and control or possessiveness.
• Has it intensified?
• feel afraid of your partner much of the time?
• avoid certain topics out of fear of angering your partner?
• feel emotionally numb or helpless?
• feel that you deserve to be hurt or mistreated?

Have your partner:
• displayed jealousy of your friends and control who you see, where you go or what you do?
• humiliated or yelled at you?
• criticized you or put you down?
• embarrassed you in the presence of family and friends?
• threatened to harm you or harm you or kill you?
• threatened to take your children away or harm them?
• blamed you for their abusive behavior?

• destroyed your property?
• intimidated you with a guns, knives or other weapons?
• Forced you to have sex when you don’t want to or do things sexually you’re not comfortable with?
• Forced you to use drugs or alcohol?

Experiencing one or more of these behaviors in a relationship is an indication that abuse may be present and immediate action must be taken to get out of the relationship. The first step in getting out of the situation and breaking free is to recognize that the situation is an abusive relationship. Then seek out and verbal abuse will eventually escalate to violence. The pain of abuse takes a toll on the victim’s self-worth, mental status make one feel helpless and alone. Each individual deserves to live a healthy life free of fear. Start by reaching out to trusted individuals and community resources. Help is available.

In an abusive relationship, there exist a common pattern or a cycle of violence. The cycle of domestic violence can be broken. However, the choice is up to the victim because the abusive partner will not change. The victim must take action to make the situation better and to protect themselves. If you know someone in an abusive relationship, show and convey concern about their safety. Encourage them to seek professional help from local resources because it requires a safety plan. If you are in an abusive relationship and is faced with the decision to leave, tap into the local and national network of supports. There are resources available in the form of shelters, legal services, child care and job training. Contact the national hotline @ 1-800-799-Safe and describe what you are experiencing and immediate assistance will be provided. If you are in a crisis, contact your local 911 immediate help. Reach out now and break the silence and take action! You deserve a healthy life free of fear.

References:

Technology can have a major impact on survivors of abuse. It can be used by a victim to access help, to strategically maintain safety and privacy, and to remain connected to family and friends. Technology is often used to prove guilt and hold offenders accountable. Yet, in its various forms, technology is also misused by abusers and perpetrators in crimes of domestic violence, sexual assault, stalking, and trafficking.

1. Put a passcode on your phone. This will make it harder for someone to pick up your phone to scroll through, access accounts, or install something malicious.
2. Turn off location sharing. Most phones have a GPS that can pinpoint your general or exact location. Many smartphones give you the option of managing your location sharing under the “settings.”
3. Turn off Bluetooth when not in use. Bluetooth allows your phone to communicate with other devices, such as the hands-free option in your car or printer. Turn off the Bluetooth on your phone and turn it on only when needed to prevent someone from accessing your information or intercepting your calls.
4. Review the apps you download. If you have an unfamiliar app, delete it. Depending on the app, it could be accessing private information or could be a monitoring program.
5. Put a password on your wireless carrier account to keep others from accessing your account. Your wireless carrier can put additional security on your account, so that only someone with a password can make changes to your account.
6. Lock down your online phone account. Online accounts can include your wireless carrier account, call logs, your email or social media accounts, your Google Play/App Store, or iCloud account. Update the passwords and security questions regularly.
7. Use virtual phone numbers to keep your number private. Google Voice or a throwaway number are options so you don't have to give out your actual phone number.
8. Try not to store sensitive information on your phone. The less sensitive information you have, the less likely someone else can access it.
9. Use anti-virus and anti-spyware software on your phone. This software should be on our smartphones as well as our computers. Search for programs in the app store; some phones come with built-in software that you don't want to override.
10. Take care when using safety apps. There are many “personal safety apps” available for download that offer to increase the users’ personal safety immediately connecting them with 911 or select trusted individuals. Several of these apps are marketed toward survivors of violence. Before relying on a safety app, be sure to test it out with friends and family. Always know the quickest way to access 911 on your phone.

References:
10 Tips on Cell Phone Safety & Privacy (Autumn 2017). LINKS:
Vol. 32, No. 3, pg. 1.
* Family Sunshine Center Newsletter

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10 Tips on Cell Phone Safety & Privacy

December 2017, January, February 2018
Domestic Violence

There is NO “Typical Victim”

- Still love their abuser
- Withdraw emotionally
- Distance themselves from family or friends
- Be impulsive or aggressive
- Feel financially dependent on their abuser
- Feel guilt related to the relationship
- Feel shame
- Have anxiety
- Have suicidal thoughts
- Abuse alcohol or drugs
- Be hopeful that their abuser will change and/or stop the abuse
- Have power, control, or other beliefs that reinforce staying in the relationship
- Have no support from family, friends, cultural, community, or societal backlash that may hinder escape or support
- Feel like they have nowhere to go or no ability to get away
- Fear they will not be able to support themselves after they escape the abuser

- Have children in common with their abuser and fear for their safety if the victim leaves
- Have pets or other animals they don’t want to leave
- Be distrustful of local law enforcement, courts, or other systems if the abuse is revealed
- Have had un-supportive experiences with friends, family, employers, law enforcement, courts, child protective services, etc. and believe they won’t get help if they leave or fear retribution if they do (e.g. they fear losing custody of their children to the abuser)

These are among the many reasons victims of domestic violence either choose to stay in abusive relationships or feel they are unable to leave.

For anonymous, confidential help available 24/7, call the National Domestic Violence Hotline at 1-800-799-7233 (SAFE) or 1-800-650-6522 (a 24/7 crisis line).

Article obtained from: http://ncadv.org/learn-more/what-is-domestic-violence/dynamics-of-abuse

POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that make others aware of the problem. However, regular use of other abusive behaviors by the abuser, when reinforced by one or more acts of physical violence, make up a larger scope of abuse. Although physical assaults may occur only occasionally, they instill fear of future violent attacks and allow the abuser to control the victim’s life and circumstances.

Illustrations of the power and control wheel and the post-separation power and control wheel are particularly helpful tools in understanding the overall pattern of abusive and violence behaviors used by abusers to establish and maintain control over their partners both within and following a relationship. Very often, one or more violence incidents are accompanied by an array of other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.

As the wheels illustrate, abuse is cyclical. There are periods of time where things may be calmer, but those times are followed by a buildup of tension and abuse, which usually results in the abuser peaking with intensified abuse. The cycle then often starts to repeat, commonly becoming more and more intense as time goes on. Each relationship is different and not every relationship follows the exact pattern. Some abusers may cycle rapidly, others over longer stretches of time. Regardless, abusers purposefully use numerous tactics of abuse to instill fear in the victim and maintain control over them.

Domestic violence affects all aspects of a victim’s life. When abuse victims are able to safely escape and remain free from the abuser, they often survive with long-lasting and sometimes permanent effects to their mental and physical health; relationships with friends, family, and children; their career; and their economic well-being.

Victims of domestic violence experience an array of emotions and feelings from the abuse inflicted upon them by their abuser, both within and following the relationship. They may also resort to extremes in an effort to cope with the abuse. Victims of domestic violence may:

- Want the abuse to end, but not the relationship
  - Feel isolated
  - Feel depressed
  - Feel helpless
  - Be unaware of what services are available to help them
  - Be embarrassed of their situation
  - Fear judgement or stigmatization if their reveal the abuse
  - Deny or minimize the abuse or make excuses for the abuser

- Have children in common with their abuser and fear for their safety if the victim leaves
- Have pets or other animals they don’t want to leave
- Be distrustful of local law enforcement, courts, or other systems if the abuse is revealed
- Have had un-supportive experiences with friends, family, employers, law enforcement, courts, child protective services, etc. and believe they won’t get help if they leave or fear retribution if they do (e.g. they fear losing custody of their children to the abuser)

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NATIONAL CENTER ON ENDING VIOLENCE AGAINST WOMEN

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December 2017, January, February 2018

The Alabama Nurse • Page 17
Domestic Violence: What Can Nurses Do?

Charmaine Power, RN, Ph.D.

“Safety and security don’t just happen: they are the result of collective consensus and public investment. We owe our children—the most vulnerable citizens in any society—a life free from violence and fear. In order to ensure this, we must become tireless in our efforts not only to attain peace, justice and prosperity for countries, but also for communities and members of the same family. We must address the roots of violence.” —Nelson Mandela

Introduction

It is now 30 years since domestic violence first began to emerge as a significant issue. Initially efforts focused on ensuring safety for women and children fleeing violent partners. Over the years, this focus has broadened to include the serious effects of domestic violence on children, what can be done to assist perpetrators of abuse, and the needs of those affected by abuse in all areas including social services, housing, legal and most recently, health services.

While an enormous amount of work has been done to improve the safety of women and children in our community, there is now a heightened concern about the many aspects of interpersonal violence that have an impact on the basic human right to live a life free of violence and abuse, with recent data indicating violence against women remains a substantial problem within our community.

A role for nurses

Nurses are a large group of service providers who have a central ethic of caring and an agenda of early intervention and health promotion in their work to improve the health status of communities.

As a group of health workers, nurses traditionally have been reluctant to consider domestic violence as a health issue, preferring instead to consider it to be the domain of social workers, psychologists and psychiatrists. Nurses have also been reluctant to embrace this issue in hospital settings.

Despite this, nurses have an important role to play in their work in hospital and community settings, to assist women (and their children) who are victims of abuse/violence in a domestic situation.

Evidence shows the effects of abuse/violence have a profound impact on women’s and children’s health, and that women regularly seek services from health care workers, including nurses, for health concerns related to this abuse/violence.

While domestic violence remains a serious and frequent aspect of women’s intimate relationships, and women and children suffer health consequences as a result, nurses have a significant role to play in working toward the prevention and early intervention of domestic violence.

Imagine what could be achieved if all nurses were as informed about domestic violence as they are about wound care, or diabetes management, for example?

What would it mean to nurses who are themselves living in abusive/violent relationships, or other women living with abuse/violence whom nurses meet in the course of their work, if this topic could be discussed in informed and supportive ways?

It is imperative that nurses are prepared to educate themselves, and confront their fears, values and beliefs, while working towards creating an environments for this to occur.

Definitions of domestic violence

These days it is common for the term ‘intimate partner violence’ to be used. Others include ‘family violence’ (particularly in the context of violence in Aboriginal and Torres Strait Islander communities) or ‘relationship violence’.

All of these terms refer to violence that occurs between people who are, or were formerly, in an intimate relationship.

This violence can occur on a continuum of economic, psychological and emotional abuse, through to physical and sexual violence.

Men can also be victims of this violence, but evidence indicates the majority of victims are women, and it is women who are more likely to suffer health consequences.

It is also known that such violence occurs across all cultural and socio-economic groups.

But as well as understanding what domestic violence is, nurses require some insight into the nature of these relationships. Such relationships are not about isolated incidents of physical violence followed by long periods of harmony. Rather, they are extremely stressful, with women investing significant energy in preventing violent episodes, maintaining peace and harmony, caring for children while protecting them from the impact of the abuse/violence, as well as living with the fear of precarious personal safety.

Very often women do not share this aspect of their relationship with others, or if they do, are often not believed and therefore unable to get the help and support they need. Significantly, many women do not want the relationship to end; but they do however want the violence to stop.

Occurrence

It is important for nurses to appreciate the scope of this problem. A national survey conducted by the Australian Bureau of Statistics found the prevalence of domestic violence in Australia is alarmingly high, with one in five women reporting being subjected to violence at some time in their adult life.

Health impact of violence

A recent review of international literature on abuse/violence identified a wide range of associated physical, neurological, psychological and psychogenic health problems. Women who have been assaulted by their partner generally have worse health than other women. Health issues include chronic problems with digestion, stomach,
kidney and bladder function and headaches, poorer pregnancy outcomes and lower birthweight babies.

Recognition by nurses about the extent of these health consequences is central to their commitment to working with women to address the underlying cause of poor health.

Strategies and skills for nurses
Research suggests women who have been subjected to violence tend not to ask professionals directly for help. In a recent women's safety survey, 79% of women who had experienced physical assault and 81.25% who had experienced sexual assault had not sought any professional help.

The range of barriers to disclosing domestic violence include:
• Fear for own safety, or safety of children or other family;
• Denial or disbelief;
• Emotional attachment to, or love for partner;
• Commitment to relationship;
• Hope the behaviour would change;
• Shame and embarrassment;
• Staying for the sake of the children;
• Depression and stress;
• Isolation;
• Lack of faith in other people’s ability to help; and
• Belief in the value of self-reliance and independence.

When women do tell someone about the violence, few approach domestic violence services of the police. They are more likely to approach friends, family or the helping professions, and the response to disclosure is significant in determining the woman’s subsequent help seeking behaviour.

Assessment
When assessing women, nurses should be aware that some of the following physical signs of injuries might be related to domestic violence:
• Bruising in the chest and abdomen;
• Multiple injuries;
• Minor lacerations;
• Ruptured eardrums;
• Delay in seeking medical attention; and
• Patterns of repeated injury.

However it is unlikely women will present with a physical injury. They will more likely present with issues such as:
• A stress-related illness;
• Anxiety, panic attacks, stress and/or depression;
• Drug abuse including tranquilisers and alcohol;
• Chronic headaches, asthma, vague aches and pains;
• Abdominal pain, chronic diarrhoea;
• Sexual dysfunction, vaginal discharge;
• Joint pain, muscle pain;
• Sleeping and eating disorders;
• Suicide attempts, psychiatric illness; or
• Gynecological problems, miscarriages, chronic pelvic pain.

The woman may also:
• Appear nervous, ashamed or evasive;
• Describe her partner as controlling or prone to anger;
• Seem uncomfortable or anxious in the presence of her partner;
• Be accompanied by her partner, who does most of the talking;
• Give an unconvincing explanation of the injuries;
• Be recently separated or divorced;
• Be reluctant to follow advice.

If nurses think a woman in their care may be experiencing domestic violence, the detail of questioning will depend on how well they know the woman and what indicators they have observed. Nurses should begin with broad questions, such as:
• ‘How are things at home?’
• ‘How are you and your partner relating?’
• ‘Is there anything else happening that may be affecting your health?’

Specific questions linked to clinical observations could include:
• ‘You seem very anxious and nervous. Is everything all right at home?’
• ‘When I see injuries like this, I wonder if someone could have hurt you?’
• ‘Is there anything else happening that may be affecting your health?’

More direct questions could include:
• ‘Are there ever times when you are frightened of your partner?’

How to respond
The response of nurses to women in these circumstances can have a profound effect on their willingness to open up or to seek help. Some responses to assist successful communication in these circumstances could include:
• ‘Are you concerned about your safety or the safety of your children?’
• ‘Does the way your partner treats you ever make you feel unhappy or depressed?’
• ‘I think there may be a link between your illness and the way your partner treats you. What do you think?’

What Can Nurses Do continued on page 20
What Can Nurses Do continued from page 19

- **Listening:** Being listened to can be an empowering experience for a woman who has been abused.
- **Communicating belief:** “That must have been very frightening for you.”
- **Validating the decision to disclose:** “It must have been difficult for you to talk about this.” “I’m glad you were able to tell me about this today.”
- **Emphasising the unacceptability of violence:** “You do not deserve to be treated this way.”

What not to say
Nurses should avoid responses that undermine the woman’s actions, such as:
- “Why do you stay with a person like that?”
- “What could you have done to avoid the situation?”
- “Why did he hit you?”

Assisting safety
It is also imperative to assist the woman by assessing her safety and the safety of her children. To do so, speak to the woman alone and ask her:
- Does she feel safe going home after the appointment?
- Are her children safe?
- Does she need an immediate place of safety?
- Does she need to consider an alternative exit from your building?
- If immediate safety is not an issue, what about her future safety? Does she have a plan of action if she is at risk?
- Does she have emergency telephone numbers (i.e. police, women’s refuges)?
- Help make an emergency plan: Where would she go if she had to leave? How would she get there? What would she take with her? Who are the people she could contact for support?
- Document these plans for future reference.

Act now
Nurses can play an important role in working toward the creation of a violence free community but they must first become informed. They must then insist the organisations in which they work accept this responsibility and work together to create environments that support people experiencing domestic violence.

There is a growing awareness and commitment at health department level to address the personal, social and economic costs of abuse/violence, so the time is ripe for nurses to act and ensure serious inroads are made in improving the health of all communities.

Charmaine Power, RN, Ph.D. is a senior lecturer in the school of nursing and midwifery at Flinders University, South Australia.
WHAT IS DOMESTIC VIOLENCE?
Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, and emotional abuse. The frequency and severity of domestic violence can vary dramatically.

DOMESTIC VIOLENCE IN ALABAMA
• 16 percent of violent offenses in Alabama in 2013 were domestic violence incidents.\(^i\)
• A firearm was used in 15 percent of these offenses.\(^i\)
• 24 domestic violence victims were killed in Alabama in 2013.\(^i\)
• In 2013, there were 2,872 domestic violence aggravated assaults and 32,587 domestic violence simple assaults in Alabama.\(^iv\)
• A firearm was used in half of Alabama domestic violence homicides.\(^v\)

DID YOU KNOW?
• 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner.\(^vi\)
• On a typical day, domestic violence hotlines receive approximately 21,000 calls, approximately 15 calls every minute.\(^vii\)
• Intimate partner violence accounts for 15% of all violent crime.\(^viii\)
• Having a gun in the home increases the risk of homicide by at least 500%.\(^ix\)
• 72% of all murder-suicides involved an intimate partner; 94% of the victims of these crimes are female.\(^x\)

DOMESTIC VIOLENCE PROGRAMS IN ALABAMA
1st Congressional District:  
Lighthouse, Robertsdale (251) 947-6197  
Penelope House, Mobile (251) 342-2809

2nd Congressional District:  
Family Sunshine Center, Montgomery (334) 206-2100  
House of Ruth, Dothan (334) 793-3214

3rd Congressional District:  
Crisis Center of Russell County, Phenix City (334) 297-4435  
Domestic Violence Intervention Center, Auburn (334) 749-1515  
2nd Chance, Anniston (256) 236-7381

4th Congressional District:  
Habor Haus Crisis Services, Cullman (256) 734-6100  
Daybreak Jasper, (250) 387-1157  
Kelley’s Rainbow, Albertville (256) 891-9864

5th Congressional District:  
Safeplace, Florence (256) 767-3076  
Crisis Services of North Alabama, Huntsville (256) 716-4052

6th Congressional District:  
Safehouse of Shelby County, Pelham (205) 669-1877

7th Congressional District:  
SABRA Sanctuary, Selma (334) 877-4645

Sources  

\(^i\) Ibid.

\(^ii\) Ibid.

\(^iii\) Ibid.

\(^iv\) Ibid.


Delirium
A joint and interdisciplinary collaboration between the American Nurses Association and the American Delirium Society

Delirium is an acute, serious, and often preventable, medical condition characterized by confusion and a disturbed thought process, often following assault to the body such as surgery, infection, dehydration, or certain medications. Delirium affects large numbers of patients across all healthcare settings, including children, by negatively impacting patient outcomes, causing family caregiver distress and increasing financial costs.

Did you know delirium is common, serious, and often preventable?

Common
• Delirium occurs in up to 25% hospitalized patients, 50% of surgical patients, 20% of nursing home patients, 77% of burn patients and 75% of ICU patients.1, 2
• An estimated 37% of surgical patients experience postoperative delirium.3
• Delirium may be higher in patients 70 years of age or older.3
• Delirium occurs in up to 50% of patients with dementia that require hospitalization.4

Serious
• Delirium is associated with many adverse outcomes which include: increased mortality, falls, functional decline, cognitive impairment and decline and significant costs.5
• Delirium superimposed on dementia may accelerate the trajectory of decline and often results in long lengths of stay, readmissions, premature nursing home placement or death.4
• Delirium is a major financial burden to medical services and costs range from $38 to $152 billion per year.3

Preventable
• Since frontline nurses are in direct contact with patients 24 hours per day and seven days a week, RNs need to drive delirium prevention. The best prevention protocol simply consists of high-level nursing care.6

Reference:
http://nursingworld.org/MainMenuCategories/ ThePracticeofProfessionalNursing/Delirium

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As Written, the Enhanced Nurse Licensure Compact Presents Problems for Licensees

Peggy Sellers Benson, RN, MSHA, MSN, NE-BC
Executive Officer, Alabama Board of Nursing

As many of you know, the Enhanced Nurse Licensure Compact (eNLC) has been a hot topic of conversation among nurses throughout the country. While I appreciate the seeming attractiveness of interstate licensure to nurses, I feel that the discussion surrounding the eNLC has largely neglected a number of issues with negative implications for Alabama nurses. I appreciate this opportunity to bring the following issues to light:

Questionable Benefit to Alabama Nurses:
The Board is widely recognized as a model of expediency among boards of nursing and Alabama regulatory boards. Nurses filing complete applications for licensure by endorsement are licensed within an average of 1.2 days, provided that the nurse has not been subject to discipline in another jurisdiction. So, there is virtually no evidence that joining the eNLC would allow nurses to move into and out of Alabama any more rapidly than they currently do.

Significant Increases in Expense for Nurses:
There are currently more than 97,000 nurses licensed to practice in Alabama. According to the National Council of State Boards of Nursing (NCSBN), which is the sponsor and administrator of the eNLC, 2,500 residents of Alabama licenses are likely to forego licensure while more than 8,500 non-Alabama residents currently of Alabama are likely to participate in the compact, sponsor and administrator of the eNLC, 2,500 residents of the state. Because Board operations are entirely funded through licensing fees, this reduction in funds from out-of-state nurses would inevitably have to be made up through increases in fees for Alabama nurses. Other issues that would increase costs to licensees include:

- **eNLC Fee Assessment to Alabama** – The NCSBN plans to assess a fee to each participating state to open a new agency (the Commission) that would administer the compact. NCSBN has declined to estimate the size of the assessment, but plans to place the Commission in either Chicago, IL, or Washington, DC. The ABN’s share is sure to have a major impact on our present operating budget, which would have to be offset with increases in license fees.

- **Criminal Background Checks and Licensee Fingerprinting** – Each jurisdiction participating in the compact will be required to obtain fingerprint records and conduct criminal background checks on every applicant for licensure. Board staff presently conducts a review of each applicant’s history prior to issuing a license. These two related issues also represent a substantial increase in expense, both out-of-pocket for the nurse and as a pass-through cost from the Board, which would be required to hire additional dedicated staff to oversee both fingerprinting and background checks for applicants.

- **Loss of Current Board Revenue** - To participate in the compact, the Board would have to give up $1.2-1.5 million in current revenues ($400,000.00+ from verifications of out-of-state licenses; about $800,000.00 represented by lost revenues from out-of-state licensees and additional staff required to administer the Board’s obligations under the eNLC). These losses would ultimately be made up through increased license fees.

To clarify, the Board is not opposed in principle to an interstate licensure compact. In fact, we continue to make every effort to work with NCSBN to obtain more favorable terms for our state and our nurses. We believe that a well-designed compact could offer considerable benefit to Alabama patients and nurses. Unfortunately, the current version of the eNLC doesn’t measure up, but the Board will remain engaged with other states, as we work toward solutions to all of the issues we have identified.
HONORING OUR CAREGIVERS

Every day, thousands of Alabamians perform a great labor of love: caring for an older parent or loved one. These caregivers provide an invaluable resource, helping seniors stay at home—where they want to be. That’s why AARP Alabama is committed to supporting caregivers and their loved ones. Together, we’re helping to make living at home and staying in their communities a reality for Alabama’s seniors.

Learn more about our efforts at aarp.org/caregiving.

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