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The Official Publication of the Arizona Nurses Foundation

Arizona Nurse

Quarterly Publication direct mailed to over 86,000 Registered Nurses in Arizona

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Shawn Harrell, MS, RN • Editor

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NURSING ACROSS GENERATIONS



Nurses from Different Generations Work Together

Marla Weston, PhD, RN, FAAN, former executive director of both the Arizona Nurses Association and ANA Enterprise



Marla Weston, PhD, RN, FAAN

The world around us has undergone dramatic transformations in the past 60 years. In the past few decades, changes have created a more diverse workforce. Although we commonly think of diversity as multi-racial or multi-ethnic, diversification also occurs when nurses from different generations work together. Just as individuals from diverse racial, ethnic, and gender backgrounds need to learn to respect and value differing perspectives and contributions, so do people from various generations.

Although nurses from different generations work closely together, tension may occur as the different generational perspectives result in misinterpretation and misunderstanding. Learning to create collegial relationships with people from different generations is a critical skill for nurses who work in multigenerational teams.

Nurses from Different Generations continued on page 5

Working in a Multigenerational Nursing Profession: A Note from a Millennial RN

Lauren Harrell, BSN, RN Staff Nurse, Phoenix Children's Hospital



Lauren Harrell, BSN, RN

It seems that the broad term "millennial" has become a substantial topic of discussion in America over the past couple years, eliciting a mental picture of a twentysomething with "wanderlust," a whimsical obsession with creating an aesthetically pleasing lifestyle, or perhaps even the need for "safe spaces." According to census.gov, millennials are the generation born 1981-1997, who now account for more than 25% of the American population. A study performed by *Health Affairs* in 2017 found that compared to the baby boomer population, millennials are almost twice as likely to become registered nurses. As the baby boomer population of RNs continues to move into retirement over the next few decades, the millennial generation of RNs becomes vital to the continuity of our extremely trusted and well loved profession.

Multigenerational Nursing continued on page 4

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PRESIDENT'S MESSAGE

The Power of One

No one is too small to make a difference. Great initiatives have been known to start with one person. They usually start with an idea or conviction and an individual who makes a difference.

Take for example Neva Farmer. I had the privilege of hearing Neva and Professor Misty Marshall speak at the Student Nurses Association of Arizona (SNAAz) on the topic of engaging students in leadership development in and outside of the classroom. What I learned was that while a nursing student at Scottsdale Community College, Neva noticed there was not a student nurses association for her to join. Neva contacted her professor Misty Marshall who, along with Neva, inspired faculty and colleagues to begin a student nurses association (SNA). Neva is now a graduate, active in the Arizona Nurses Association (AzNA) while the Scottsdale Community College has an active SNA of 50 plus members. The strength of association begins with one and Nurse Neva has set an excellent example.



**Selina Bliss,
RN, PhD, CNE,
RN-BC**

speaks about ending nurse abuse in healthcare. In response to her story, and the many other stories of nurse abuse we see in the news, the American Nurses Association (ANA) is launching a pledge you can sign to help end abuse in America (found on Twitter at #EndNurseAbuse or on the ANA website at <http://p2a.co/japlwMm>). This campaign that Nurse Alex has started seeks to reduce nurse abuse by promoting the reporting of incidences of violence and abuse within health care, strengthening a "zero tolerance" policy for violence, reduction and security procedures and policies to increase deterrence, support prevention, and increase response to incidences of violence and abuse. Signing the pledge means supporting zero tolerance policies for abuse against nurses, reporting abuse when it's witnessed, and asking others to sign the pledge as well. At the time of this writing, there are more than 6,000 signers who have taken the pledge. And to think, bringing this movement forward to the public was started by one person!

Making a difference in healthcare means being involved in advocacy and public policy. Did you know that among the 60 members of the Arizona House of Representatives and the 30 Arizona Senators, only 2 are healthcare professionals? Of those two healthcare professionals, neither is a nurse. The Arizona Legislature passes laws that directly affect the nursing profession and patient care, yet do they realize what a nurse does?! That is where we come in to help provide the background and knowledge needed for our legislators to craft bills that affect healthcare. We all know that nurses spend each day educating patients and families about disease processes, treatment options, and discharge plans, so why not use our expertise to educate our legislators. With over 86,000 licensed registered nurses in the state of Arizona, we have the unique opportunity to advocate for our profession, patient safety, and the future of healthcare. If nursing is not at the table when decisions are made, the voice of nursing will never be heard.

How can you take advocacy to the next level by involvement at the state level? The AzNA makes it easy by providing the means to be involved in public policy using three different ways in which members can get involved. First, as a nurse you have the opportunity to participate in public policy by joining the AzNA Public Policy Committee. This is an exciting time of year as the 2018 Second Session of the Fifty Third Arizona State Legislature is starting. Denice Gibson is the AzNA Governmental Affairs Officer and is coordinating the AzNA Public Policy Committee. On this committee, she will walk you through reviewing bills in the area of your interest where you can recommend if we should support, monitor, or oppose and why. If you are interested in providing input in the legislative process, contact Denice at denice.gibson@gmail.com and she will get you started.

The second method by which you could participate in public policy across the state is by getting involved in the AzNA Political Action Committee (AzNA-PAC). The purpose of the

President's Message continued on page 3



www.aznurse.org



Neva Farmer with her Professor Misty Marshall, MS, RN at her pinning ceremony at Scottsdale Community College

Another nurse who is making a difference is Alex Wubbel, the nurse from Utah who was a victim of abuse and wrongful arrest last year now



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EXECUTIVE DIRECTOR'S REPORT

Are You Wearing Your Badge of Pride?

Robin Schaeffer, MSN, RN, CAE
Executive Director

I don't know about you, but I couldn't be more passionate or prouder to be a nurse and wear my Badge of Pride every day. It is comforting to know that as we travel through changes in our nursing careers (new grad, new job, advanced degree, etc) that there is a consistent and familiar place that we can call home, our professional home that is. A place where our *Badge of Pride* resides!



Robin Schaeffer,
MSN, RN, CAE

So, what exactly is the *Badge of Pride* and how does one acquire it? It is a cost-effective membership in the largest and most recognized nursing organization in Arizona: The Arizona Nurses Association (AzNA). Joining AzNA automatically makes you a member of the state, your local geographic chapter AND a member of the national American Nurses Association (ANA). That's 3 levels of membership for just \$15/month! Membership shows commitment to your profession and supports state-based work that affects your job and your career. The *Badge of Pride* is something that looks a bit different on each nurse. After all, with over 86,000 RNs in Arizona, diversity is one of

the keys to association engagement and success. Here are some of main reasons why so many of you are already members and why, if you are not a member you will want to join and wear your *Badge of Pride*;

Advance your Career

- As one member stated "I attended the annual AzNA convention and sat next to a nurse leader from a hospital where I wanted to work. She helped me get an interview and I was hired!"
- Attend local and national conferences at a discounted rate
- Sit on local boards and committees
- Attend free webinars
- ANCC certification discounts
- Attend leadership courses

Stay Current with these publications

- Arizona Nurse and American Nurse Today
- OJIN – Online Journal of Nursing Issues (peer-reviewed)
- Foundation of Nursing (Code of Ethics, Social Policy Statement)
- Professional Tools: CINAHL, Drug Name Error Finder Tool, PubMed Citations

Influence decisions that impact nurses at the state and national level

- It's all about using your voice. Meeting with Arizona representatives and senators at our

state Capitol continues to be one of the most powerful experiences that our nurses have year after year. One nurse stated: "This was such an awesome experience; it made me realize there is more to nursing than just 12-hour shifts." February 8th is our RN Advocacy Day. See page 6 and visit www.aznurse.org to sign up. Also, did you know that nurses from ANA are on Capitol Hill regularly where issues like safe nurse staffing are being addressed with members of congress?

Save Money

- Discounts on ANA-published books
- Protect yourself with ANA personal benefits: Professional Liability, Financial Planning, Auto Insurance and more
- Priceless has a price and this one is only \$15 a month! Visit the AzNA (www.aznurse.org) and ANA (www.nursingworld.org) websites to learn about the work of nursing on the local and national level. Membership process is online or printed on page 15.

Thank you for choosing our great profession of nursing. Thank you to our thousands of AZ nurses who are already AzNA/ANA members. To those that are not members, thank you for reading this article; there is nothing I would like more than to see your name on our next new member list.

-Robin

President's Message continued from page 2

AzNA-PAC is to endorse candidates for the Arizona Legislature based upon the principles of the AzNA Public Policy Agenda. The AzNA-PAC encourages nurses to become active and effective in shaping public policy through the electoral process. The AzNA-PAC raises funds to endorse political candidates that support the nursing profession. The AzNA-PAC further evaluates, endorses, and contributes to candidates for the State Legislature in Arizona who have clearly demonstrated responsible awareness of nurses' needs. You can be an ambassador from your legislative district. For more information visit the AzNA website.

Finally, you can participate in public policy by joining AzNA at Nurse Advocacy Day February 8th. During this event you will learn of the crucial role nurses play in health care policy decisions and recognize the ability of individual nurses to apply

their patient advocacy skills to public policy and political action. Our AzNA lobbyists will be there to coach us on advocacy strategies. You will also have an opportunity to hear about current and future legislation that will impact us in our nursing practice as well as the health of Arizonans. After we form groups by legislative districts, we will make plans to follow up with our legislators to speak about current legislation. I remember fondly my first day at the legislature, when we met with our local representative. I was surprised at how much our representatives want to hear and know from us. At the time, my legislator was asking our group several questions about the role of the school nurse and how adult group rehabilitation homes are regulated. We know now several bills were passed in regards to these important issues. Last year AzNA and the Arizona Coalition of Advanced Practice Nurses led efforts to empower advanced practice nurses through an expanded scope of practice thus

improving patient access to safe quality affordable care. It boils down to our Mission statement that is to advance the nursing profession and promote a healthy Arizona. If we don't advocate for our profession, who will?

Think about how you can be involved in shaping nursing practice in Arizona. After all, making a difference starts with one person. It can start with you.

I hope to see you out there –

Selina Bliss
President - AzNA



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To promote inclusion of submitted articles, please review the Article guidelines available on the AzNA website at www.aznurse.org/Guidelines.

An "article for reprint" may be considered if accompanied by written permission from the author and/or publisher as needed. Authors do not need to be AzNA members.

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Meet the New 2017-2018 AzNA Board of Directors

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For bios and more information, please visit aznurse.org/Board.

Multigenerational Nursing continued from page 1

As a millennial RN myself, I have seen articles and heard conversations that portray millennials as fragile, not well invested in their workplaces, or even as “flight risks.” While a geographically flexible lifestyle is attractive to this ultimately diverse and energetic generation, there are several strengths we uniquely bring to the nursing profession.

Tips for Getting the Best from the Millennial Generation:

1. Upon hire, assist us in creating a plan for career growth and milestones within the organization. We are more than willing to pour into an organization that is also contributing to our professional growth. Millennial RNs are very goal oriented and are trying to best plan how to reach their ultimate goal while working their current jobs. From orientation, to continuing education, to specialty certifications, to training for leadership positions, we desire to grow and have a plan in place.
2. When it comes to training new millennial nurses, create a hands-on and open forum environment. While previous generations of nurses may

have learned through lectures and hand-outs, the millennial generation will prefer to learn through innovative hybrid model learning processes and through experiences. As a generation who played video games, we value the instant feedback that simulations and group discussions provide.

3. Delegate new technology projects or education to us and capitalize on our techy savvy tendencies. Millennials are eager to embrace new technology and are proficient multi-taskers, using technology to make us more efficient. Give millennials positions such as “super users” to help in the organization when new technology is introduced, or task us to attend inservices for new technology when the hospital is shopping, or seek opportunities for us to present technology that helps us day-to-day as nurses to administration for formal implementation.
4. Promote awareness to new hire millennial nurses on how leadership and growth processes work within the organization. Whether it is promoting shared governance boards, research, or even leadership positions available while working as bedside RNs, we rely on you as our managers and coworkers to pass the torch to us as we become proficient. Providing millennial RNs with such opportunities provides us a platform to be part of a bigger, more global scale team, which is a huge characteristic of millennial satisfaction.
5. Assign the millennial RN a nurse mentor. One concern I have heard about millennial RNs is that we do not stay at hospitals long enough for the organization to have a decent return on investment from our orientation costs. As a millennial nurse I can confidently say that having a nurse mentor who knows the organizational and unit processes, and can help with unit socialization, makes a difference. Having those coworker and teammate friendships puts down roots that will hold millennial RNs at their facilities and increase longevity of employment.

As millennial RNs continue to join the profession, we will undoubtedly interact with RNs from other generations, such as the baby boomers and generation X nurses. They will be our directors of nursing, our managers, our preceptors, our mentors, and our side-by-side colleagues. As they retire, they will pass the baton to us, but first, we need to learn all we can from them. Their invaluable experience communicating with other disciplines, advocating for practice changes, and knowledge of historical nursing profession events are an absolute wealth of information which we should glean from. So, next time we, as millennial RNs, are working with nurses from a previous generation, let us use that time to learn from them. Even just conversing with RNs from other generations can significantly grow us as nurses, as they have embraced more change in their careers than we can even imagine. From paper charting to computer charting, from paper medication administration recording to electronic medication administration recording/ scanning, from gtt/min calculations to electronic pump programming, they have seen the profession grow in many ways. As a techy savvy generation, let us also be graciously eager to share with them our technological advances in patient safety, and willing to embrace potentially overwhelming changes as a team. Working together as a multigenerational, diverse nursing profession creates a strong and well rounded team – one that is most qualified to serve our patients well.

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Nurses from Different Generations continued from page 1

Baby Boomers, born between 1946 and 1964, no longer represent the majority of the U.S. workforce. Boomers were born into post-World War II economic prosperity and opportunity. The attention and prosperity afforded the Baby Boomer generation, along with changing world and societal values, created an emphasis on freedom to be yourself and the “me” generation. Lack of conformity to the old rules became an established pattern. Societal rules and expectations were examined and altered. Watergate confirmed to Baby Boomers that people in positions of authority were not to be trusted. They desire financial prosperity but long to make a significant contribution with their experience and expertise. Although they continue to be suspicious of people in positions of authority, they equate work with personal fulfillment and self-worth and believe that the status quo can be transformed by working together.

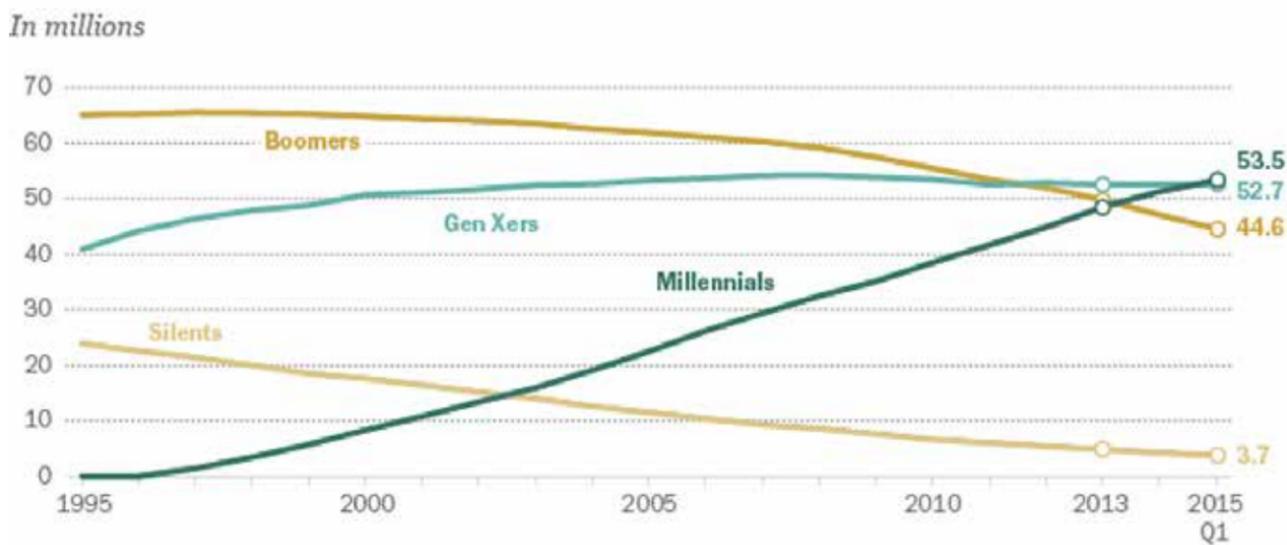
Often described as America’s “neglected middle child,” Generation X children, born between 1965 and 1980, lived in two-career households. Rising divorce rates resulted in 40% of Generation X children being raised in a single parent household. Support for working mothers and single parents remained underdeveloped, resulting in a “latch key” generation. Many Generation Xers grew up as under protected children in overly permissive homes where parents were frequently absent. As a result, they learned to manage on their own, becoming adept, clever, and resourceful. Their friends became increasingly important, as well. Without the support of a large and extended family, teenage members of Generation X developed a reliance on a cadre of long-standing, close friends. Often allowed to be equal participants in family discussions, they learned at an early age to participate in conversations, advocate for their point of view, and expect to have their opinions considered.

Generation Xers understand employment in a very different way than their predecessors. They expect success from short-term employment with less permanent relationships. They have often been maligned as disloyal and uncommitted. However, members of this generation are extremely loyal to their profession and career, but just not to the point of compromising their personal, professional, or family wellbeing. As a result, rather than working for a single employer in a traditional relationship, members of this generation increasingly seek more temporary partnerships, such as “free agent”, float pool, registry, or travel nurse positions where they have more control over their schedules.

Generation Xers are rapidly becoming a mainstay of organizations. Their resourcefulness, independence, strong peer friendships, technical sophistication, and adaptability to change are increasingly valued. More than that, Generation Xers have a pragmatic focus on outcomes, rather than process. As a result, they often can analyze bureaucratic barriers and identify innovative processes which produce better and more cost-effective outcomes.

In 2015 the Millennial Generation, born between 1981 and 1997, became the largest segment of the workforce, barely inching out Gen Xer’s. Once again with a large generational cohort, the spotlight has returned to children. During their youth, “baby on board” signs in automobiles signaled a resurgence of protectiveness and family values. Largely born to older mothers, their births were well attended by both parents with 70% of fathers watching their children’s delivery. Although 60% of Millennials were born into a home where both parents worked, in contrast to the experience of Generation Xers, an established infrastructure supported them and their parents. Childcare, preschool, and after school programs flourished. As a result, the lives of young Millennials were highly structured and scheduled with everything from soccer camp to piano lessons. In addition, with fewer children to attend to, their parents wanted to be active and involved, mentoring, teaching, and serving

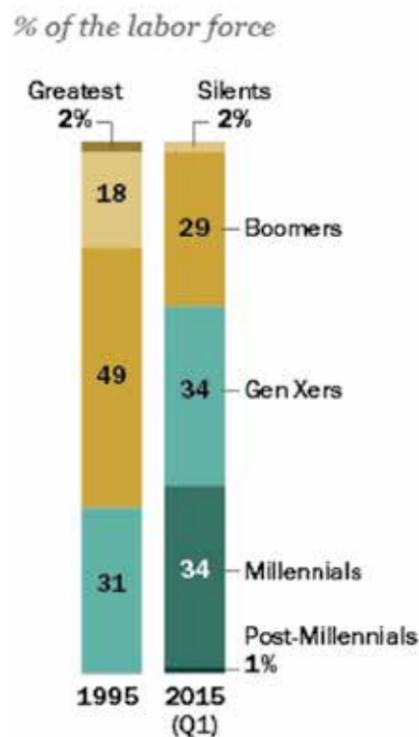
U.S. Labor Force by Generation, 1995-2015



Note: Annual averages plotted 1995-2014. For 2015 the first quarter average of 2015 is shown. Due to data limitations, Silent generation is overestimated from 2008-2015. Source: Pew Research Center tabulations of monthly 1995-2015 Current Population Surveys, Integrated Public Use Microdata Series (IPUMS)

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Labor Force Composition by Generation



Note: Shares are based on the annual average in 1995 and the first quarter average in 2015. Due to data limitations, Greatest generation not identified in 2015 and Silent generation is overestimated in 2015. Source: Pew Research Center tabulations of monthly 1995 and 2015 Current Population Surveys, Integrated Public Use Microdata Series (IPUMS)

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The Generations Defined

The Millennial Generation*

Born: 1981 to 1997
Age of adults in 2015: 18 to 34

Generation X

Born: 1965 to 1980
Age in 2015: 35 to 50

The Baby Boom Generation

Born: 1946 to 1964
Age in 2015: 51 to 69

The Silent Generation

Born: 1928 to 1945
Age in 2015: 70 to 87

The Greatest Generation

Born: before 1928
Age in 2015: 88 to 100

* The youngest Millennials are in their teens. No chronological end point has been set for this group. For the purpose of following a cleanly defined group, Millennials are defined as those age 18 to 34 in 2015.

PEW RESEARCH CENTER

as an ongoing advocate for the Millennial child’s well-being.

Recognizing and appreciating different generational perspectives can both decrease tension and enhance personal and professional growth. For example, in light of each generation’s historical background, recognizing these different perspectives of both long-term and short-term employment, can help members of differing generations understand and appreciate the strategies others use when making career decisions. When older nurses can realize the inherent logic of their younger colleagues’ frequent job changes from the background of Xers’ and Millennials’ experiences, and younger nurses’ understand why their older colleagues

have remained so long at one agency, they can respect each other more fully.

For these processes to work, older nurses need to learn to welcome input from their younger colleagues, even encouraging their younger peers to use their fresh viewpoints to identify where opportunities exist. Long-standing processes should be reevaluated in light of the Information Age, and young nurses can help identify where computerization can streamline or support nursing operations. Simultaneously, younger nurses need to be taught and learn to value the experience and expertise of more senior nurses who have a wealth of lived experiences to share.

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NURSE ADVOCACY DAY
THURSDAY, FEBRUARY 8, 2018

AzNA/AzNF
Calendar of Events

Nurse Advocacy Day

Thursday, February 8, 2018

Registration Now Open!

Scottsdale Healthcare Shea, Brady Conference Center
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- AzNA-PAC
- AzNA Vision: A Nurse for Every Legislator
- Group Planning Strategy for RN Advocacy Week at The Capitol
- Real Time: Nurse Focused Legislation for 2018

Detailed Agenda Available at Aznurse.org

Registration Fees

Lunch is included in the registration fee

AzNA Members : \$35

Non-Members: \$70

Students: \$25

Student MUST be pre-RN license. If you already have an RN license, please select an alternate ticket option.

**Visit AZNURSE.ORG/EVENTS
to register!**



www.aznurse.org/events

Thursday, February 8, 2018

RN Advocacy Day

Location: Scottsdale HealthCare

Friday, April 6, 2018

Nursing Educator Collaborative: Improving Proficiency with Test Item Writing and Exam Creation

Location: Phoenix, AZ

Monday, April 16 – Thursday, April 19, 2018

Arizona Nurse Leader Academy – East Valley

Location: Arizona Golf Resort, Mesa, AZ

Friday, April 27 – Sunday, April 29

Renewal Retreat for Nurses

Location: Scottsdale, AZ

July 28-29, 2018

30th Annual Southwestern Regional Nurse Practitioner Symposium

Location: TBD, Phoenix Metro Area

Thursday, September 27 –

Saturday, September 29, 2018

2018 AzNA Convention

Location: Wild Horse Pass Resort, Phoenix, AZ

Monday, October 22 –

Thursday, October 25, 2018

Arizona Nurse Leader Academy – Phoenix

Location: TBD

Path to Resilience

AzNA 4th Annual Nurse Renewal Retreat – April 27-29, 2018

*Carolyn Bennett RN, BSN
AzNA Chapter 30 Member*

Thank goodness it's that time again. Time to start thinking about the upcoming AzNA Renewal Retreat for Nurses. My mind immediately goes back to the last 2 years when I attended the newly organized retreat. I wouldn't think of missing it! AzNA Chapter 30 leadership is to be commended for its initiative in developing this annual forum for nurses to learn or refine self-help skills, to not only survive, but thrive in today's busy nursing arena.

We've all heard it before: put your own oxygen mask on first, and then help your child or others with their mask. The airline industry recognizes that care-givers must protect and meet their own needs before they can help others. Nurses have struggled in applying this concept into practice. Working too many days, too many hours, too many patients, etc. has been encouraged and applauded for too long. We now recognize the burnout, stress, and poor health of our colleagues and we realize that it's time for a culture change. ANA has



Margaret Williams and Carolyn Bennett enjoying the 2016 Arizona Renewal Retreat for Nurses.

shown the way through their 2017 Healthy Nurse, Healthy Nation campaign. AzNA Chapter 30 and Chapter 1 will be doing their part by hosting the 4th Annual Renewal Retreat for Nurses.

This year's theme, Path to Resilience, will provide tools to assist nurses to bounce back from adversity with positive change. The 2018 Renewal Retreat for Nurses will focus on ways to build resiliency in your relationships and challenging situations. The weekend is designed to provide time for nurses to rejuvenate and reflect on finding purpose, setting realistic goals, and navigating the environment to find the best you.

Mark your calendar, and save the date: April 27-29, 2018. The 4th Annual AzNA Renewal Retreat for Nurses is taking place in the relaxing environment of The Franciscan Renewal Center located in Scottsdale. Tucked in the mountains, it provides



Attendees at the 2016 Renewal Retreat for Nurses painted their hearts out as a relaxation exercise.

a much more isolated and quiet feeling than one might expect. The extended check in time on Friday from 1-4 allows ample time to get settled into your room, check out the grounds, maybe walk the labyrinth, socialize with other attendees, and morph into a relaxed and slower pace. Classes are geared toward healthy practices with lots of interaction. All nurses are invited; membership in AzNA is not a prerequisite. More information is available on aznurse.org/events!

I'm feeling less stressed and resilient just thinking about the Retreat. Register early, space is limited – see you there!



The Power of Professional Collaboration

Heidi Sanborn MSN, RN, CNE
Dawna Cato PhD., MS.Ned, RN
Karin J. Sherrill MSN, RN, CNE, ANEF, FAADN

The professional nursing footprint in Arizona is strong, resilient and innovative. It is also diverse and complex as we work within and across practice and academic settings to ensure safe quality care delivery for the patient populations we serve. Our profession requires a strong personal and professional commitment to stay current and ahead of dynamic disruptive changes in the healthcare environment. To support our work and stay connected, it is vital that nurses participate in professional organizations, collaboratives, or special interest groups that meet internal and external motivation.

How can you get involved? This article will introduce you to the work of several professional nursing groups that have united to foster individual strengths and collective talents, resulting in stronger professional nursing practice within the state of Arizona. The Nursing Education Collaborative (NEC) formed as a partnership between the Arizona Nurses Association (AzNA) Nurse Educator Special Interest Group (SIG) and the Arizona League for Nursing (AzLN). It has expanded to include the Education-Practice Collaborative and the Arizona chapter of the Organization of Associate Degree Nursing (OADN). NEC strives to discover better solutions and build broader knowledge by providing opportunities for professional development, networking, and partnership of nurses and educators from a variety of settings across Arizona. Through mutual cooperation, these organizations provide a forum for all Arizona nurses to become involved in their professional organizations, give back to the profession, and promote nursing as the most trusted profession.

By joining AzNA and one or more of the NEC partner organizations, you will have opportunities to work together and share knowledge that will directly impact the patients and students we serve.

Professional Organizations Unite for One Common Goal

The Nurse Educator SIG was created as a chapter of AzNA in 2005. AzNA members involved in any aspect of nursing education may join the SIG to build connections and share ideas with colleagues. The SIG mission is to help ensure the delivery of quality care to Arizona's citizens by fostering and advancing the professional and educational development of nurses to the end that all people may have better nursing care (Arizona

Nurses Association, 2017). The group has grown significantly in the past decade, now with nearly 700 nurses across the state practicing in many capacities across hospitals, schools of nursing, and health care organizations.

The AzLN was formed in 2010 as the state's first Constituent League (CL) of the National League for Nursing (NLN). The goal of AzLN is to support the mission of NLN which promotes excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community. The membership ballooned in 2014 with the creation of a joint collaboration with OADN and the Nurse Educator SIG. These three organizations combined efforts to host Diane Billings for a Certified Nurse Educator Conference in the East Valley. It was discovered that by combining professional talents, a high-quality, semi-annual conference could be offered in Arizona at minimal cost to the attendees. With this, NEC was born.

Since 2014, NEC has included collaboration with other professional organizations within the state including the Arizona Simulation Network, the Education-Practice Collaborative, and Healing Communities. Topics for presentation are based on the feedback from each conference and have included topics on clinical education, stimulating critical thinking in students, simulation, bridging the education-practice gap, and public policy in nursing. The NEC has led to an elevated professional practice and a greater opportunity to meet the needs of Arizona's professional workforce.

How will you get involved?

We invite nurses across the state to act by joining their professional organizations. Through active membership, you will benefit from the many opportunities provided by NEC. The united philosophy of NEC recognizes the critical contributions individual nurses provide to emerging trends and issues in Arizona's professional nursing platform. Nurses in our state are facing critical challenges and we must be part of the solution. We challenge *all nurses* to join a professional organization and become a participatory member. A good start would be to join AzNA and a NEC member organization.

AzNA is looking for more nurses to become involved. If you are currently serving in an educator role (across practice and academia) or are considering nursing education, we invite you to add the education special interest group to your AzNA membership – it is free for all AzNA members to join the SIG! As we think of ways to address the looming nursing shortage, nurse educators will be

front and center providing the necessary skills to grow the ranks of new nurses in our state.

The Arizona League for Nursing offers opportunities for nurse educators in leadership and committee involvement in scholarships, mentoring, and NEC conference participation. Members are provided with access to multiple continuing education opportunities a low or no cost. Your school of nursing may have a membership to the National League for Nursing, but there is an additional process to become a member of the Arizona League. Find more information on the website: <http://nln.org/membership/constituent-leagues/arizona>.

The next NEC conference scheduled for April 6th 2018 will feature Ainslie Nibert, PhD, RN, FAAN speaking on *Improving Proficiency with Test Item Writing and Exam Creation*. Whether you are in practice or academic education, cognitive assessment relies on valid and reliable test questions. Whether you are an individual seeking to join an organization to make a difference or you are a professional organization interested in joining our efforts, the NEC can help.

Registration for the April 6th test item writing seminar is available on the AZNA website at www.aznurse.org or through Eventbrite at <https://tinyurl.com/nec-spring2018conference>.

For more information on the NEC partner organizations:

Dawna L. Cato, PhD., RN, President AzNA Nurse Educator SIG <http://www.aznurse.org/?page=ANurseEducSIG>
Karin J. Sherrill, MSN, RN, CNE, ANEF, FAADN, President AzLN <http://nln.org/membership/constituent-leagues/arizona>
Joseph Gaw, EdD, MSN, BSN, RN, President OADN jjgaw@pima.edu

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From the Bedside to the Boardroom: Are You Ready to Serve?

Connie Mullinix, PhD, MBA, MPH, RN; AnnMarie Lee Walton, PhD, MPH, RN, OCN, CHES; and Diana Ruiz, DNP, RN, APHN, CCTM, CWOCN, NE-BC
Reprinted from American Nurse Today

Use the skills you have—and learn new ones—to advance health care and your career.

You're educated and prepared to lead in safety and quality. You're at the bedside caring for patients and working to improve care. However, decisions about the allocation of resources for caregiving are made at the board level, and there's a dearth of nurses in board positions. Why?

A nurse's insights

The late nurse leader Connie Curran told the story of a nurse on a hospital board asking significant questions when financial cuts were needed. The proposed solution was to discontinue pharmacy services in remote parts of the facility during off shifts. The nurse board member asked, "Who would go to the central pharmacy when patients need medications in the middle of the night?" The answer: "The nurses." Her next question: "Who will do the nursing care while the nurse is transporting the medicines?" By the end of the conversation, the board realized that the proposed budget solution would actually increase costs.

Because of her intimate knowledge of bedside care delivery and her understanding of the relevant systems, this nurse board member prevented her hospital from making a costly mistake. Clearly, the nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

What's stopping you?

So why don't nurses serve on hospital boards? Do policymakers not appreciate the value nurses can bring, or are nurses not stepping forward to join? If they're not stepping forward, is it because nursing culture is built on serving in the background? Or do nurses think they don't have the competencies needed for board service?

In *The Atlantic*, authors Kay and Shipman state, "Evidence shows that women are less self-assured than men—and that to succeed, confidence matters as much as competence." Most nurses are women, so Kay and Shipman's conclusions could easily apply to nurses who don't seek board positions.

However, findings of a recent study of board effectiveness showed that a greater number of women on a board results in better, more well-rounded decisions. One investment firm tracks the number of women on companies' boards and offers to invest funds in those that have more women and thus greater returns on investments. According to Joy and colleagues, "The correlation between gender diversity on boards and corporate performance can also be found across most industries—from consumer discretionary to information technology."

"In the video *Sentimental Women Need Not Apply: A History of the American Nurse*, producers Garey and Hott suggest that the first trained nurses were chosen because they were hard workers, stayed in the background, didn't call attention to themselves, and were subservient—hardly characteristics for board service. This history may have set the stage for nurses not seeking positions where their insights are needed.

The nursing voice is critical at the board level to help hospitals make effective, financially viable and sustainable healthcare decisions.

Skills, skills, skills

For the benefit of patients and the financial health of hospitals and other healthcare organizations, boards need to harness the safety, quality, and evidence-based practice knowledge of nurses; nurses need to join healthcare agency boards. To achieve this national goal, nurses also need to become more aware of the skills they already possess that translate well into board service. For example, nurses are experts at communication and reading nonverbal cues. They're good at establishing relationships, making others feel comfortable, using data for decision making, and, as we're often reminded by the yearly Gallup Poll, perceived as honest and ethical.

Walton and Mullinix developed a list of board-readiness skills that can help you assess your ability to work successfully on a board. A single individual can't be expected to have all the skills, but you can check yourself against this list of overall competencies.

- Understand the difference between management and governance.
- Comprehend financial statements presented to board members each time they meet.
- Possess social etiquette proficiency for business conducted in social settings.
- Know Robert's Rules of Order so you can contribute to accomplishing the board's work.
- Bring influence and work to gain power.
- Possess negotiating skills.
- Speak comfortably in public.

Where are you strong and where do you need more refinement? If you're deficient in any area, don't let that stop you from serving; take the time to hone your skills. (See *Get ready to serve.*) Patients and healthcare organizations deserve your expertise at the bedside and in the boardroom.

Count and be counted

Ready to be counted as someone who wants to serve? Visit the national Nurses on Boards Coalition website (www.nursesonboardscoalition.org) and let boards know you want to serve. If you're already serving, you can help the Future of Nursing: Campaign for Action reach its goal of 10,000 nurses on boards by 2020 by visiting www.nursesonboardscoalition.org to make sure you're counted.

Ultimately, nurses serving on boards provide a voice for and improve the health of their communities across the country.

Connie Mullinix is an associate professor in the department of nursing at the University of North Carolina–Pembroke. AnnMarie Lee Walton is a postdoctoral fellow at the University of North Carolina Chapel Hill, School of Nursing. Diana Ruiz

is the director of population & community health in the Medical Center Health System in Odessa, Texas.

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**AZ Action Coalition
Leadership Committee: Nurses
on Boards (NOB) Task Force**

Carol Stevens

Task Force (TF) goals:

1. Support NOB goal of 10K nurses on boards nationally by 2020
2. Develop educational resources for AZ nurses to prepare for a NOB position
3. Develop NOB mentoring program
4. Develop program to identify potential placements for NOB in AZ
5. Develop funding stream

Since 2014, the AZ NOB TF has been working to improve the health of Az communities through the service of nurses on boards. A 2014 survey of AZ nurses showed that while less than 1% of Az nurses served on health-related boards, more than 3% were interested in serving on a board. Our goal is to make this a reality by offering education, mentorship and support. By identifying nurses wishing to serve on boards and those wishing to mentor, we will be able to move the needle to achieve the national goal.

The TF prepares educational resources for Az nurses. Interested nurses are encouraged to go to the NOBC website, www.nursesonboardscoalition.org. Here you will find lists of "Board Core Competencies" and "Preparation and Education resources" that will help you to begin, or continue, your service on boards journey. They have many free webinars available to you. Here are a few to check out:

- The History and Mission of NOBC
- Building a Board Ready Resume
- Increasing your Nursing Influence through Leadership Boards
- Nurses at the Table: Training Modules for Board Service

If you are currently serving on a board or desire to serve, please go to www.nursesonboardscoalition.org and add your name to the count. If you have not submitted your name to the national directory, your board service has not been counted in the 10K Nurses on Boards by 2020 numbers!

If you are interested in working with the TF, please contact co-leads:
Sandy Severson (sseverson@azhha.org)
Carol Stevens (carol.stevens@asu.edu)

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MEMBERS ON THE MOVE

Appointment to ANCC Board of Directors

Congratulations to **Anne McNamara, PhD, RN** and **Rhonda Anderson, DNSc(h), MPA, BS, RN, FAAN, FACHE** for their appointments to the ANCC Board of Directors. They will serve on the ANCC board January 1, 2018 – December 31, 2019.



Dr. Anne McNamara, PhD, RN



Rhonda Anderson, DNSc(h), MPA, BS, RN, FAAN, FACHE

If you or an AzNA member you know deserves recognition, please send an email with pertinent information to info@aznurse.org – we love to honor our members for the amazing work they are doing and recognition they are receiving!

Call for Bylaw Changes

May 15, 2018

Bylaw amendments to be considered by the membership at the September 27-29, 2018 membership meeting are now being accepted. The meetings will be held at AzNA's Annual Convention. To review AzNA's current bylaws go to our website page www.aznurse.org and click on AzNA and then AzNA Bylaws. Please submit bylaw amendments to the AzNA Office by May 15, 2018.

July 29, 2018

Call for nominations: If you are planning to run for one of the AzNA Board of Directors positions, you must have your bio consent to serve submitted by July 29, 2018. Forms are available at www.aznurse.org/page/2018Elections.

September 27-29, 2018

**AzNA's Annual Convention
Wild Horse Pass Hotel and Casino
5040 W. Wild Horse Pass Blvd, Chandler**

Please contact AzNA with questions: info@aznurse.org or by calling 480.831.0404

PAC Mentality: Gathering the Nurses of Arizona

Colleen Hallberg, RN, MSN

The older I get, the more political I get. Fortunately, I finally realized that ranting and raving was wearing me out and serving no purpose. So, a few years ago I joined the AZNA PAC, then the PAC Board, and now I find myself the Chair of the PAC Board. I am still very political, but I have learned to be more effective by asking questions in a better way and listening with a more open mind. I believe that my actions do make a difference in electing candidates in AZ who will help advance nursing and health care in our state.

Here are a few things I learned by being in the PAC:

- My vote in the Primary election is critically important to get the right candidate on the ticket
- The actions of our legislators directly impact my work as a nurse leader, the working lives of nurses, and the health of citizens
- When AZNA sends a call for help to send letters, emails and phone calls to legislators, I need to respond because citizen input IS important and does drive opinion and votes by our elected legislators.

The work of your AZNA PAC:

- Stimulates nurses and others to become active and effective in governmental affairs and public policy decisions;
- Assists nurses and others in organizing for effective political action;

- Educates candidates about professional nursing and general health care issues;
- Endorses, raise funds for, and make contributions to candidates for public office in Arizona who have clearly demonstrated responsible awareness of nurses needs and the health of the people
- Educates nurses and others regarding the elective process, the legislative positions of office-holders and candidates, and the important political issues related to nurses, nursing, and the health of Arizonians.

Advocacy is our talent and duty as nurses. We advocate for patients, for our profession, and now it's important to advocate for the right thing for healthcare in our state. I've worked as a Staff Nurse, Nursing Director, Chief Nursing Officer, and Chief Executive Officer. Now retired, I have the time for active leadership in the PAC. For years I didn't have much time, so my \$15 a month membership in AZNA and my annual \$25 membership in the PAC was what I could do.

I invite all Arizona nurses to do what you can do. All AZNA members, join the AZNA PAC. And if you are not a member of AZNA, it's time to join. Together we can influence health policy and make a difference for all Arizona nurses and the citizens of our state!

For information on how to join: AZNA Membership info...go to page 15.

For AzNA-PAC information, please visit aznurse.org/PAC.

Open Positions Available for Leadership – Call for Nominations

We are especially seeking staff nurses to join our board and provide their critical perspective to our leadership.

AzNA's Board members oversee the direction of the association, take responsibility for specific projects and teams, recruit new members, ensure a balanced budget, and represent AzNA members at the American Nurses Association. AzNA's Board of Directors is an active board that makes a difference in our profession.

Board members have been elected annually for two year terms. A recent bylaws change requires that board positions are elected in a staggered fashion. Last year to accommodate the change, the Vice President and Treasurer were elected for one year terms. This year these positions are will be elected to two year terms. Job descriptions and additional information are posted at www.aznurse.org/page/2018Election.

If you wish to run for one of the AzNA Board of Directors, please submit a bio consent to serve form, available at www.aznurse.org/page/2018Election. Deadline for submission is July 29, 2018.

The committee is seeking nominations for the following:

Officer Positions Two Year Term:

Vice President

Supervises event planning committees and serves as ANA Alternate Delegate

Treasurer

Monitors the association's fiscal affairs and long range strategic financial planning and serves as ANA Alternate Delegate

AzNA leadership positions provide opportunities for career advancement as well as being professionally and personally rewarding. Volunteer to take a seat at the table.

Nominations Committee: Jason Bradley, Jane Carrington, Debbie Dyjak, Olivia Holt, & John Risi board liaison, Charlotte Russell.

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Strengthening Nurses' Role in Antibiotic Stewardship

Sharon A. Morgan, MSN, RN, NP-C

The recent worldwide outbreak of *Candida auris*, a multidrug-resistant fungus, underscores the criticality of robust institutional and community-based antibiotic stewardship programs. Improving antibiotic use is a patient safety issue. As frontline healthcare providers, nurses can become more engaged and take a leadership role to enhance a facility's antibiotic stewardship program. The nurse's role with patient and family as the hub of communication among all stakeholders in antibiotic delivery puts nurses in a unique and vital position to optimize antibiotic use. Unfortunately, the nurse's role in stewardship activities often goes unnoticed, even among nurses themselves.

These points are highlighted in a new white paper from the American Nurses Association (ANA) and the Centers for Disease Control and Prevention (CDC), which details recommendations on how nurses can address this patient safety issue.

A call to action

In late 2015, ANA sought members to collaborate with the CDC to better define the role of bedside nurses in acute care hospitals' antibiotic stewardship efforts. About 30 healthcare professionals were selected to serve on an expert advisory committee, which represented a diversity of geographic locations and expertise in acute care hospital settings. The workgroup held a series of virtual meetings, culminating in a 1-day in-person conference in July 2016. Attendees outlined key

priorities: publish a joint position statement, identify and incorporate national nursing standards and metrics, identify educational gaps, and develop resources for nurses to seamlessly engage in hospital antibiotic stewardship programs.

Nurses already engage in stewardship activities, so the workgroup's goal was to help codify and strengthen the role of nurses in antibiotic stewardship. To that end, the ANA/CDC Workgroup proposed that the ANCC Magnet Recognition Program® endorse two clinical indicators specifically related to antibiotic stewardship. As a result, methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* infections will be added as optional unit- or clinic-level nursing-sensitive clinical indicators beginning with the 2019 Magnet Application Manual, as noted in the white paper.

The ANA/CDC white paper

The first comprehensive snapshot of the problem was identified in the CDC report, "Antibiotic resistance threats in the United States, 2013." Using conservative estimates, the CDC determined that each year more than 2 million Americans develop serious infections with bacteria that are resistant to one or more antibiotics, and at least 23,000 people die each year as a direct result of these infections. According to the CDC report, improving antibiotic use is one of the most important needs in reducing antibiotic resistance.

In the white paper, ANA and the CDC note a growing body of evidence that supports formalized stewardship programs as a viable avenue to decrease unnecessary exposure to

antibiotics, improve infection cure rates, reduce adverse drug reactions, and slow the emergence of antibiotic resistance, with resultant significant cost savings for hospitals. To help hospitals implement antibiotic stewardship programs, in 2014 the CDC developed the core elements of hospital antibiotic stewardship programs, outlining seven components that have been linked with other successful programs. Using the tasks or activities identified by the core elements, the workgroup was able to align the tasks with current, common nurse functions, thereby underscoring the unrecognized nurses' role in stewardship functions, the ANA-CDC white paper states.

While the ANA/CDC white paper is an excellent beginning, gaps exist in nurse perceptions of their roles in antibiotic stewardship initiatives. In nurse education, those gaps include microbiology and pharmacology, and in hospitals it's the need to involve nurses in antimicrobial stewardship. More work is underway. That said, the ANA/CDC white paper provides a playbook that illustrates how nurses can incorporate antibiotic stewardship into their daily activities and how nurses can take a leadership role in defining a robust stewardship program.

Sharon A. Morgan is a senior policy advisor in Nursing Practice & Work Environment at ANA.

Below is information on the ANA/CDC white paper on the nurse's role in antibiotic stewardship.

Reprinted with permission from the *American Nurses Association. American Nurse Today, ANA on the Frontline*, October 2017, Vol. 12 No. 10.

ANCC Awards First National Healthcare Disaster Certification™

The new American Nurses Credentialing Center (ANCC) National Healthcare Disaster Certification™ is the first interprofessional certification designed to verify the competence of the individual disaster health care professional. ANCC has awarded its first National Healthcare Disaster Certification to Wesley L. Marsh Jr., MBA, CCHW, FAEM, CHEP, NHDP-BC, system safety/life safety and emergency manager at Brooks Rehabilitation in Jacksonville, FL.

"We recognized the need to develop a customized credential that would validate the expertise of national healthcare disaster professionals," said ANCC Director of Certification Marianne Horahan, MBA, MPH, RN, NEA-BC, CPHQ.

Obtaining the certification was a key next step in Marsh's professional development because according to him, "it validates your mastery of specific skills and demonstrates that you have the knowledge to perform your job effectively, which in turn improves patient and staff satisfaction."

"I was very impressed with its thoroughness," Marsh said of the exam he was required to pass in order to be awarded his credential (NHDP-BC). "It covered a broad base of topics, especially in terms of healthcare disaster decision making."

Before his current position, Marsh worked for the Florida Department of Health as a Strategic National Stockpile, Cities Readiness Initiative, and Medical Reserve Corps coordinator. Additionally, he currently serves as vice president of the First Coast Disaster Council and is Medical Service Corps Officer in the U.S. Air Force Reserve.

"The ANCC National Healthcare Disaster Certification immediately communicates competence," Horahan noted. "It assures employers and the public that health care disaster professionals have mastered an interprofessional body of knowledge and skills related to all phases of the disaster cycle."

Actively licensed individuals, including RNs, APRNs, emergency management professionals, public and behavioral health specialists, social workers, and other health care workers are candidates for ANCC National Healthcare Disaster Certification. Candidates must have experience in an actual disaster or disaster exercise and a certificate of completion for at least one FEMA emergency management course.

"This certification will support the mission and vision of the hospital," which was recognized as an ANCC Magnet® Hospital last year, said Joanne S. Hoertz, MSN, RN, CRRN, senior vice president of nursing at Brooks Rehabilitation.

ANA and CDC Release White Paper on Nurses' Role in Antibiotic Stewardship

The American Nurses Association (ANA) collaborated with the Centers for Disease Control and Prevention (CDC) to release a white paper detailing how nurses can significantly impact patient safety through improved antibiotic use. The paper outlines four key areas in which nurses can play a critical role in antibiotic stewardship: improving antibiotic use at bedside, improving nurses' participation in antibiotic use activities, education and training, and engaging nursing leaders in stewardship efforts.

The paper, "Redefining the Antibiotic Stewardship Team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the Role of Registered Nurses in Hospital Antibiotic Stewardship Practices," is the culmination of a series of online meetings and a live, one-day conference where an ANA/CDC nursing workgroup identified ways for nurses to get more engaged and become leaders of antibiotic stewardship efforts in the United States. Download the white paper at <http://www.nursingworld.org/ANA-CDC-AntibioticStewardship-WhitePaper>.

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Expanding the Global Footprint of Safe Quality Care

Dawna L. Cato PhD., RN
Vice President Clinical Care Services
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As a professional nurse of 20 years, my passion has not diminished over time, but grown from an individual silo perspective to a global perspective with a moral imperative to share my knowledge to improve safety and quality at local, national, and global levels. It is widely recognized that China has embarked on the largest health system reform the world has seen (WHO, 2016). Global health leaders have ignited initiatives and conversations to breakdown geographical boundaries and “improve health and healthcare worldwide” (IHI, 2016). Thus, when approached with the opportunity to work in China, I did not hesitate.

I packed my bags, obtained a visa and passport, and headed to the other side of the world! My journey has provided me the opportunity to expand my world view and be a change agent to improve global health. My experiences in China healthcare facilities has been nothing less than extraordinary. Through thoughtful collaboration we work *with* the China healthcare system to introduce U.S. best practices proven to improve patient care outcomes.

The relationship and recommendations have resulted in a dramatic shift in care delivery processes, roles and responsibilities in the privately-owned China hospitals where I have been working. It has been impressive to watch the China healthcare workforce embrace disruptive change and demonstrate a commitment to a fundamental goal, “to provide safe quality care to the patients they serve.”

As a PhD prepared nurse expert, my China nurse colleagues were eager and ready to accept any suggestions and recommendations I could offer. However, I viewed my role as transformative. It was important to provide them the knowledge, skills, and attitudes to discover and change their own professional practice environment. Respecting the Chinese culture, we began with leadership. The sphere of influence to change longstanding cultural norms comes primarily from the institutional leaders. When working with other cultures it is imperative to understand the local values and norms while demonstrating how working in new ways brings about the outcomes they seek. The executive leadership and staff of Gou Long Hospital have made effective sustainable changes with documented improved patient care outcomes. Although some of the changes may be considered small from a U.S. perspective, they are significant in China considering that some of the cultural norms in clinical practice have been in place for decades. For example, interdisciplinary collaboration is a new concept and challenges the traditional hierarchical structure. In fact, a very prominent sign posted in the nurses training center states: “Physicians serve the patients, nurses serve the physicians.”

One basic change immediately recognized was the need for standardized effective communication between nurses and physicians. Education was provided on how effective communication significantly decreases preventable errors. I introduced the Situation, Background, Assessment, Recommendation (SBAR) template. The “R” was a new concept. The idea of making a recommendation to the physician was novel and challenging for the nursing staff. However, the tool actually provided an acceptable format that legitimized the nurse’s insight. I worked with them to revise the “assessment” domain for their patient population. Role-played using SBAR during physician rounding, garnered physician buy-in to give nurses the opportunity to provide an SBAR report. We collected data on effective communication with a pre- and post survey.

We launched the SBAR communication during morning rounds on one unit as a pilot. The results were phenomenal, with full implementation across two hospitals within



Left to right: Fuyang Liu, CNO, Dawna Cato, Anne McNamara, and Dr. Jing at the 7th Annual Arizona Simulation Network Conference

the system by the second week. The speed of this sweeping change would not be likely in our system. This prompted me to seek out the strengths in the Chinese system to improve their practice. By using SBAR the nurses began to contribute to care delivery decisions. There was significant improvement in the pre- and post-surveys and both the nurses and physicians reported increased confidence and competence in interdisciplinary communication.

In October 2017 through January 2018 a nurse and physician team were sent from Gou Long Hospital in Yinchuan China to Arizona for a Healthcare Immersion Program. CNO, Fuyang Liu worked with leadership and staff at Banner University Medical Center, Yuma Regional Medical Center and St. Luke’s Medical Center. Dr. Jing worked with Dr. Chambliss at Dignity St. Joseph’s Hospital and Medical Center. The purpose of US Healthcare Immersion is to promote safe quality care by providing an experiential learning environment that builds on existing knowledge, skills, and attitudes. The China providers spent time with their Arizona counterparts in and across acute care departments to observe interdisciplinary collaboration, leadership, best-practices for quality and safety, patient-centered care, effective communication, and professionalism. They reported that the American staff were welcoming and that the visit was a great learning experience. They were impressed with the ease

of interdisciplinary communication and the dedication of the staff to center the healthcare environment and experience around the patient.

Healthy China 2030 parallels the US Healthy People 2020 initiative to improve the health and well-being of the population by ensuring healthier, sustainable environments where people live, work, study, and play. In addition, the National Academies of Sciences, Engineering and Medicine (2017) report: *Global Health and the Future role of the United States* advocates for a commitment to global health “to secure protection against global health threats, and to promote productivity and economic growth in other countries” (pg. S-1). Considering *Healthy China 2030* and the future role of the U.S. in global health, our work has just begun.

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- World Health Organization. (2016). Healthy China: Healthy China 2030 (from vision to action). Retrieved from: <http://www.who.int/healthpromotion/conferences/9gchp/healthy-china/en/>

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AzNA Chapter Highlight: Yuma Rio Colorado Chapter 7

Jason Bradley, MSN-Ed, RN, CCRN-K, LPC

Rio Colorado Yuma Chapter 7 of the Arizona Nurses Association (AZNA) is an extremely active, local chapter that hosts a variety of regular and annual events to support the profession of nursing throughout the communities of Yuma County and north along the Colorado River. During 2017, the chapter held six in-person chapter meetings.

The last semester for student nurses is busy and filled with questions, so in March we hosted the 6th Annual New Graduate Forum. Participants say the Forum is very helpful as they transition to the workplace. Soon-to-be nurses were given tips on interviewing skills and resume writing and other information to support new graduates with transition to the workforce and obtaining advanced nursing degrees.

In May 2017, in collaboration with the Angeles del Desierto Chapter of the National Association of Hispanic Nurses, we hosted the 9th Annual Yuma County Nursing Celebration. Each year, during Nurses Week, this event highlights the accomplishments of nurses throughout Yuma County with five awards and dozens of impressive nominees.

The 2017 Nursing Celebration award winners were: Excellence in Nursing Leadership: Sylvia Pelroy, RN; Excellence in Nursing Mentorship:

Carolyn Hull, APRN; Excellence in Clinical Nursing: Danielle Miller, APRN and the Christi Brito, Light of Nursing Award: Amber Ortega, RN. The 2017 Yuma County Nurse of the Year is Danielle Miller, APRN.

With a nod to Healthy Nurse, Healthy Nation, the chapter hosted the 2nd Annual Nurses Promoting Wellness and Self-Care Symposium. Open to all healthcare professionals, speakers focused on wellness and positive self-care. One lucky raffle supporter, Karen Watts, FNP-C, won registration for the state-wide Nurse Renewal Retreat scheduled April 27-29, 2018 in Scottsdale.

We invite all nurses in southwest Arizona to join ANA, AZNA and Chapter 7, for \$15 a month. Visit www.aznurse.org/Join. Rio Colorado Yuma Chapter 7 is open to new ideas to engage nurses throughout our community in continual building of our organization and the profession of nursing. Meetings start at 6:00pm and are held in the banquet room of Brewer's Restaurant and Sports Bar, located at 2331 S. Avenue B, Yuma AZ. Winter & Spring meetings for 2018 are scheduled for Tuesday, January 23rd, Tuesday, February 20th and Tuesday, April 17th.

Please feel free to contact Chapter President, Jason Bradley to inquire about chapter events or to get involved. I can be reached via JBradleyAZ17@aol.com or 928-246-3355.



Thank You for Your Donation to the AzNA Building Fund

Time with friends and family is so valuable during the holiday season, AzNA decided to host a "holiday non-party." Attendees to the event were asked to make a non-reservation for the event that would not take place in order to support the AzNA Building Fund. No membership dues are used for building maintenance.

AzNA extends heartfelt thanks to the following members who could not attend for the following reasons:

Would Rather be in the Snow
Mary Herring

Still Had Shopping to Do
LoAnn Bell
Laura Blank
Nancy Claflin
Jeannine Dahl
Denise Link
Sue Roe
Jodie Williams

Loves a Desert Winter
Joyce Benjamin
Holly Carlson
Mary Griffith
Carol Hougard
David Hrabe
Pat Mews
Nathalie Rennell
Carol Stevens

Was Wishing for a White Christmas
Rhonda Anderson
Selina Bliss
Scarlette Kronenbitter
Kathleen Malloch
Anne McNamara
Barbara Miller
Carol Moffet
Shannon Perry
Cheryl Schmidt
Linda Tinker
Shawn Harrell

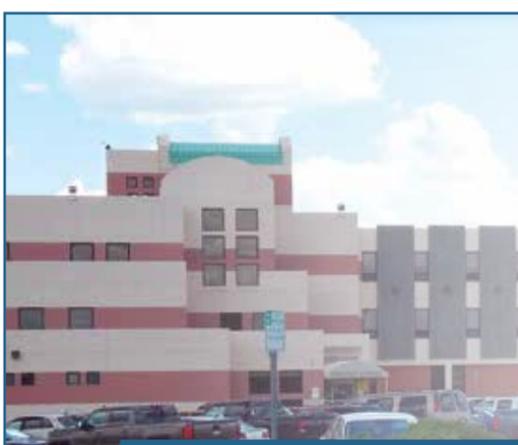


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Lane Griswold
Latif Mustapha

Benson
Debra Haber

Casa Grande
Brandi Garcia
Corrine Jacobs
Anne Jane Ndegwa

Chandler
Kim Berger
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Samantha Lines
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Loretta Craig

Chino Valley
Rebecca Risaliti

Cottonwood
Shelley Gosnell
Jessie Peters

Dewey
Phillip Sonnier

Douglas
Martha Van Driel

Flagstaff
Holly Blankenship
Moriah Kirkman
Dawn Rivas
Donna Venters

Florence
Tress Goff

Gilbert
Denise Atwood
Lori Best
Koryn Boehm

Wendy Cameron
Laura Crouch
Deanna Foster-Mate
Colleen Gavigan
Moses Kamuri
Jena Lomasney
Abigail Marley
Keyoundra Maxey
Brent Shepardson
Eva-Bettina Tovstiga

Glendale
Regina Beachler
David Behrendt
Heather Belcher
Diamond Chavez
Tess Davis
Eliza Grigsby
Virginia Hay
Amanda Holle
Janet O'Brien
Allison Stokes
Caryn Unterschuetz
Sharon Voss

Gold Canyon
Maureen Mortensen

Goodyear
Corinn Herrell
Dan Lingle
Ruth Longenecker
Heather Morales
Paula Piccoli

Kingman
Laurie Hall

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Kaisu Fiskien
Shannon Plane

Lakeside
Kim Taylor

Litchfield Park
Phillip Hinkel

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Verlyncia Dempsey

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Ruth Brooks

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Susan Dziegielewski
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Leanne Aragon
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Austin Moore
Dawn Olson
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Michelle Taylor

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Piedad Blake
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Anh Vuong
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Edith Evelyn
Galen Richmond

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Rimrock
Diane McCoy

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Yulianna Inzunza

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Shannan Bridgewater
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Jim Muhlenfeld
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Katie Rambo
Joanne Ruiz
Sajitha Shanavas
Emilia Speer
Bobbi Winter
Lorryn Zephier
Jeannine Ziomek

Sierra Vista
Arleene Djordjevic
Claudia Garcia
Marybeth Harper

Snowflake
Kendra Brimhall

Somerton
Zamira Hernandez

Sun City
Holly Lusk
Mary Walsh

Sun City West
Tanya Carroccio

Surprise
Francisca Abah
Bose Anifowose
Martha Carson
Jessica Coats
Kyle Colburn
Stephanie Cooper
Sheila Dougal
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Casa Grande
Florence Oladokun
Bettijane Twiss

Chandler
Tammi Ankrah
Janet Boston
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Happy Anniversary to our dedicated AzNA members celebrating these special milestones for this past quarter:
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Karen Holder
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Susan Motta
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Peter Peil
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Type of Work Setting: (eg: hospital) _____ **Required:** What is your primary role in nursing (position description)?

Practice Area: (eg: pediatrics) _____ Clinical Nurse/Staff Nurse

Nurse Manager/Nurse Executive (including Director/CNO)

Nurse Educator or Professor

Not currently working in nursing

Advanced Practice Registered Nurse (NP, CNS, CRNA)

Other nursing position

Ways to Pay

Monthly Payment \$15.00

Checking Account Attach check for first month's payment.

Checking: 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

Credit Card: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") be charged to my credit or debit card on or after the first of each month according to the terms and conditions below.

Membership Dues (Price just reduced \$15 monthly/ \$174 annually)

Dues:\$ _____

ANA-PAC Contribution (optional)\$ _____

American Nurses Foundation Contribution (optional)\$ _____

Total Dues and Contributions.....\$ _____

Credit Card Information Visa Mastercard AMEX Discover

Monthly Electronic Deduction | Payment Authorization Signature

I understand that I may cancel this authorization by providing ANA written notice twenty (20) days prior to deduction. I understand that ANA will provide thirty (30) days written notice of any dues rate changes. I understand that my dues deductions will continue and my membership will auto-renew annually unless I cancel.

Annual Payment \$174.00

Check Credit Card

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

Authorization Signature _____

Printed Name _____

Please note: \$49 of your membership dues is for a subscription to *American Nurse Today*. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, the percentage of dues used for lobbying by the ANA is not deductible as a business expense and changes each year. Please check with your State Nurses Association for the correct amount.

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

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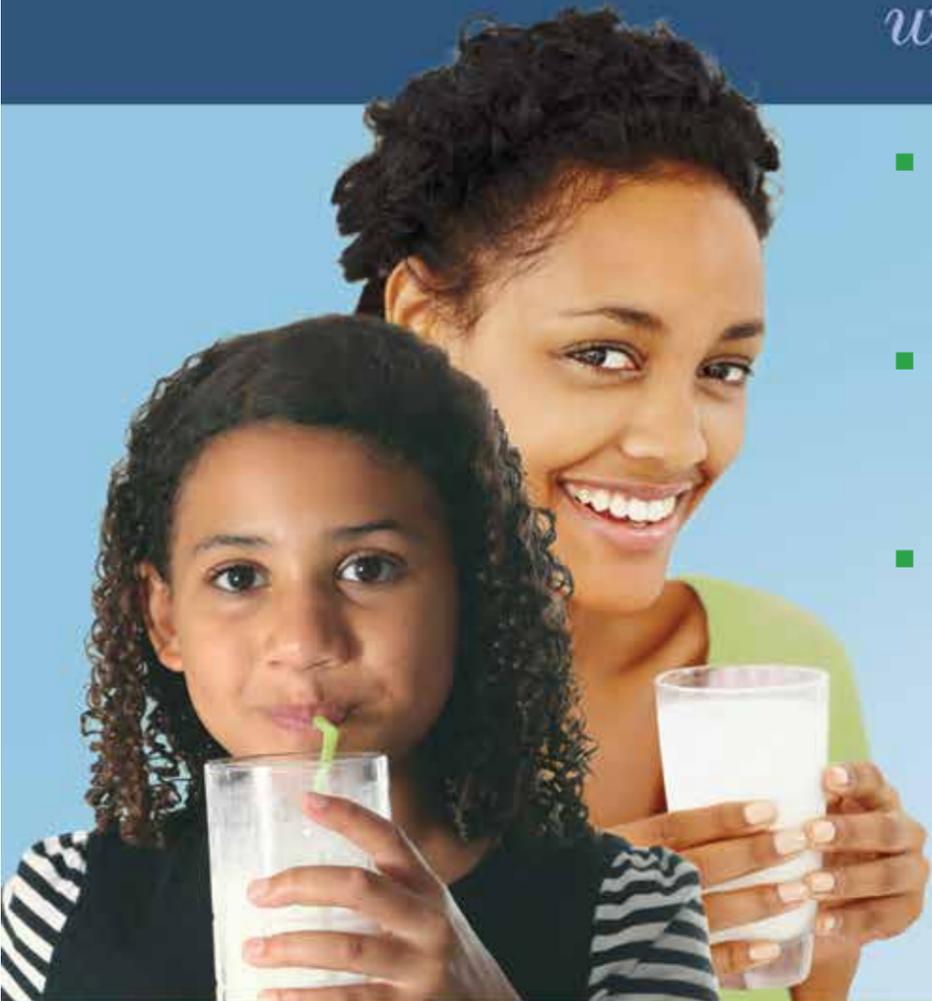
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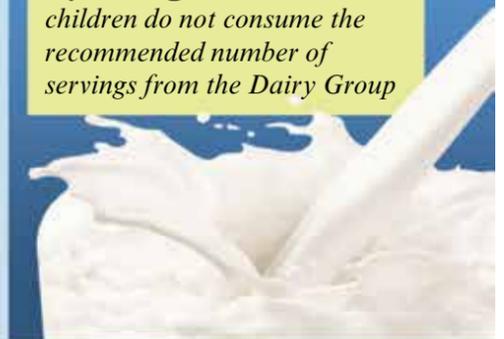


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