2018: The Year of Advocacy!

Greetings, again from the American Nurses Association, California! I am pleased to continue the conversations from the first few months of the year about our role as patient advocates. We continue the theme for 2018 as the Year of Advocacy in nursing. I want to take a moment to recognize all nurse advocates across our profession. Tens of thousands of RNs are staunch advocates for patients at the bedside and have a tremendous impact on patients’ lives in the acute care setting. RNs in outpatient ambulatory settings are also advocates in the same sense, but as we move away from direct patient care, the lines become blurry. Nurse educators are keeping our profession up-to-date with relevant, evidence-based practice. Community health, public policy, nurse consulting, case management and a plethora of other practice settings are all part of the profession that creates our role as advocates for health care consumers.

As 2018 is the Year of Advocacy for nurses, I want to share a perspective on advocacy from a very real, sometimes controversial, and perhaps even taboo subject in some circles. The topic is the End of Life Option Act that became controversial, and perhaps even taboo subject in some circles. The topic is the End of Life Option Act that became controversial, and perhaps even taboo subject in some circles. The topic is the End of Life Option Act that became controversial, and perhaps even taboo subject in some circles. The topic is the End of Life Option Act that became controversial, and perhaps even taboo subject in some circles. The topic is the End of Life Option Act that became controversial, and perhaps even taboo subject in some circles.

Advocacy is the process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” (ANA Code of Ethics – 2015) Nursing advocacy equals human advocacy as much as human rights equal women’s rights. The nursing profession is still comprised of 85% women and enjoys a very special place in our society. Nursing is seen as “the most honest and ethical profession for sixteen consecutive years” (Gallup, Dec 2017) and this public trust abides us to a higher standard for ourselves. Actually, what is “Advocacy?” Advocacy is the process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” (ANA Code of Ethics – 2015) Nursing advocacy equals human advocacy as much as human rights equal women’s rights. The nursing profession is still comprised of 85% women and enjoys a very special place in our society. Nursing is seen as “the most honest and ethical profession for sixteen consecutive years” (Gallup, Dec 2017) and this public trust abides us to a higher standard for ourselves. Actually, what is “Advocacy?” Advocacy is the process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” (ANA Code of Ethics – 2015) Nursing advocacy equals human advocacy as much as human rights equal women’s rights. The nursing profession is still comprised of 85% women and enjoys a very special place in our society. Nursing is seen as “the most honest and ethical profession for sixteen consecutive years” (Gallup, Dec 2017) and this public trust abides us to a higher standard for ourselves. Actually, what is “Advocacy?” Advocacy is the process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” (ANA Code of Ethics – 2015) Nursing advocacy equals human advocacy as much as human rights equal women’s rights. The nursing profession is still comprised of 85% women and enjoys a very special place in our society. Nursing is seen as “the most honest and ethical profession for sixteen consecutive years” (Gallup, Dec 2017) and this public trust abides us to a higher standard for ourselves. Actually, what is “Advocacy?” Advocacy is the process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” (ANA Code of Ethics – 2015) Nursing advocacy equals human advocacy as much as human rights equal women’s rights. The nursing profession is still comprised of 85% women and enjoys a very special place in our society. Nursing is seen as “the most honest and ethical profession for sixteen consecutive years” (Gallup, Dec 2017) and this public trust abides us to a higher standard for ourselves. Actually, what is “Advocacy?” Advocacy is the process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” (ANA Code of Ethics – 2015) Nursing advocacy equals human advocacy as much as human rights equal women’s rights. The nursing profession is still comprised of 85% women and enjoys a very special place in our society. Nursing is seen as “the most honest and ethical profession for sixteen consecutive years” (Gallup, Dec 2017) and this public trust abides us to a higher standard for ourselves. Actually, what is “Advocacy?” Advocacy is the process of pleading for, supporting, or recommending a cause or course of action. Advocacy may be for persons (whether as an individual, group, population, or society) or for an issue, such as potable water or global health.” (ANA Code of Ethics – 2015) Nursing advocacy equals human advocacy as much as human rights equal women’s rights. The nursing profession is still comprised of 85% women and enjoys a very special place in our society. Nursing is seen as “the most honest and ethical profession for sixteen consecutive years” (Gallup, Dec 2017) and this public trust abides us to a higher standard for ourselves. Actually, what is “Advocacy?”

In this edition of THE NURSING VOICE, we are highlighting advocacy efforts across our profession. We are recognizing advocacy work that supports the Year of Advocacy. We are highlighting examples of advocacy in patient care, public policy, education, and community health. We are celebrating the work of nurses who are advocating for healthy nutrition, healthy sleep, emotional resilience and work-life balance.

President’s Perspective continued on page 3
ANACalifornia accepts and encourages manuscripts and editorials to be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA California members will be given first consideration for publication.

We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANA California will accept larger narrative if space permits. For more information please email TheNursingVoice@anacalifornia.org or call 916.346.4590.

ANA California’s official publication, The Nursing Voice editorial guidelines and due dates for article submission is as follows.

1. Letters, Articles and Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@anacalifornia.org.

   a. Letters, Articles and Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

   b. The Nursing Voice reserves one-time publication rights. Letters, Articles and Manuscripts for reprint will be accepted if accompanied with written permission.

   c. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations.

   d. Letters, Articles and Manuscripts may be reviewed by the Editorial Staff.

   e. Letters, Articles and Manuscripts submitted by members of ANA California will be given first consideration when there is an availability of space in the newsletter.

   f. Letters, Articles and Manuscripts submitted to ANA California will be published as space allows unless content is of a timely nature.

   g. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANA California, its membership, the board of directors or its staff.

   2. Photographs should be in jpeg format and emailed with the name of the Letter, Article or Manuscript referenced in the subject line. Email to TheNursingVoice@anacalifornia.org. Photographs should be of clear quality. Write the name of the persons displayed in the photo in the order in which they appear in the body of the email.

   3. E-mail all narrative to TheNursingVoice@anacalifornia.org.

ANA California accepts and encourages manuscripts and editorials to be submitted for publication in the association’s quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA California members will be given first consideration for publication.

We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANA California will accept larger narrative if space permits. For more information please email TheNursingVoice@anacalifornia.org or call 916.346.4590.

ANA California’s official publication, The Nursing Voice editorial guidelines and due dates for article submission is as follows.

1. Letters, Articles and Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor at TheNursingVoice@anacalifornia.org.

   a. Letters, Articles and Manuscripts should include a cover page with the author’s name, credentials, present position, address and telephone number. In case of multiple authors, list the names in order in which they should appear.

   b. The Nursing Voice reserves one-time publication rights. Letters, Articles and Manuscripts for reprint will be accepted if accompanied with written permission.

   c. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations.

   d. Letters, Articles and Manuscripts may be reviewed by the Editorial Staff.

   e. Letters, Articles and Manuscripts submitted by members of ANA California will be given first consideration when there is an availability of space in the newsletter.

   f. Letters, Articles and Manuscripts submitted to ANA California will be published as space allows unless content is of a timely nature.

   g. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANA California, its membership, the board of directors or its staff.

   2. Photographs should be in jpeg format and emailed with the name of the Letter, Article or Manuscript referenced in the subject line. Email to TheNursingVoice@anacalifornia.org. Photographs should be of clear quality. Write the name of the persons displayed in the photo in the order in which they appear in the body of the email.

   3. E-mail all narrative to TheNursingVoice@anacalifornia.org.
example of nurses advocating for our own health, wellbeing and a safe work environment.

Political and/or legislative advocacy is another platform where nurses can and should raise their voices, be present at important discussions, and have our voice heard during important decision-making. This type of policy and topical issue advocacy happens outside medical facilities and occurs in the political arena. Policy/political advocacy includes meeting with elected officials, visiting local district offices, meeting with state or federal agencies, attending nursing lobby days and testifying at committee hearings. I was interviewed for Nurse.org about my work in health policy and the article can be accessed at: https://nurse.org/articles/interviewed-for-nurse.org-about-my-work-in-health-policy/

President's Perspective continued from page 1

Going through cancer is tough. Making it to treatment should not be.

The Leukemia & Lymphoma Society’s (LLS) Susan Lang Pay-It-Forward Patient Travel Assistance program is available to eligible blood cancer patients who reside in Central and Southern California, to receive financial assistance for travel expenses related to their treatment, which include: ground transportation (gas, to, t), car rental, taxi, bus, train, ambulance services, etc., air travel and lodging.

Susan Lang Pay-It-Forward Patient Travel Assistance for Central & Southern California

President’s Perspective continued from page 1

beliefs. I want to talk to you about how we can use our voices as advocates in uncharted territory. The legislation passed I was signed into law, and now we must have an understanding of how it impacts our profession and the legal rights of patients under our care in California.

I was recently in charge of a patient that had requested information on the End of Life Option Act in California. In order to maintain privacy, I will not go into the specifics or outcome of this case, and will focus on more broader aspects of this situation. Even more important than the face value of the process, is what I learned about nursing and other healthcare professionals throughout this journey. As you may be aware, ANA&C supported this legislation when it was first Senate Bill 128, SB 128 did in fact fail, and after it failed, it was reintroduced as ABX 2-15. There is a backstory about how this happened, and our lobbyist, Roxanne Gould, is able to explain it in much better terms. (If you are interested in how legislation can change and other nuances of the legislative arena, please join Roxanne and I along with others for ANA&C’s RN Day at the Capitol on April 9). As this legislation was reintroduced, it remained hotly contested on one side, and fiercely supported on the other. The legislation was enacted on October 5, 2015 and became active law on June 9, 2016.

As I began to gather the information about this law, I found that there is information quickly available online, and the actual wording for the requests is contained in the context of the bill. The California Department of Public Health has a page dedicated to the End of Life Option Act with links to forms for patients and proxy, as well as additional resources. In an annual report, I found data on the numbers of people who requested the form, those who had ingested and died, had not ingested but died of their underlying illness, and those with undetermined outcomes. Data was collected and reported about patient demographics, even including types of malignant neoplasms. The statute of the law was also provided, and the forms are easy to read, uncomplicated and highly informative. Each form is easily available with links to registration or sign-up process required, and free to distribute to anyone with a need for this information.

What stuck me most from this process is that many providers I spoke with were under the impression that this law had failed and was not even active in California. I know that I have read at least 4-5 articles in the newspaper after it passed and later when it became active law, but maybe my own interest in this bill was the reason that I stayed informed and read these articles and other information.

In any case, there are still many providers who are unaware that this law was even passed! I encountered nurse practitioners, RNs, physicians and pharmacists who were all unaware of this law – even among those who are involved in hospice and end-of-life care. As advocates for our clients, we need to be aware of changes in legislation that affect our clients’ healthcare legal rights.

I know that it may be too much for everyone to follow every legislative proposal, but that is precisely why ANA&C is so vital in advocating for our patients. Advocacy is our core business, and empowering nurses to provide the best care possible is a high priority. Thank you for understanding that advocacy is so critical for quality nursing care, and why we have this duty to our patients. If you have experiences with this new law, or just want to learn more about how you can find resources, I would love to hear from you. I am always open to hearing from members about your thoughts and concerns, or just to say hello! Contact me at: president@anacalifornia.org.

Please enjoy this newsletter and be sure to watch your emails as we begin to transition to a greener online newsletter.

ANA&C The Nursing Voice  •  Page 3

have read at least 4-5 articles in the newspaper after it passed and later when it became active law, but maybe my own interest in this bill was the reason that I stayed informed and read these articles and other information.

In any case, there are still many providers who are unaware that this law was even passed! I encountered nurse practitioners, RNs, physicians and pharmacists who were all unaware of this law – even among those who are involved in hospice and end-of-life care. As advocates for our clients, we need to be aware of changes in legislation that affect our clients’ healthcare legal rights.

I know that it may be too much for everyone to follow every legislative proposal, but that is precisely why ANA&C is so vital in advocating for our patients. Advocacy is our core business, and empowering nurses to provide the best care possible is a high priority. Thank you for understanding that advocacy is so critical for quality nursing care, and why we have this duty to our patients. If you have experiences with this new law, or just want to learn more about how you can find resources, I would love to hear from you. I am always open to hearing from members about your thoughts and concerns, or just to say hello! Contact me at: president@anacalifornia.org.

Please enjoy this newsletter and be sure to watch your emails as we begin to transition to a greener online newsletter.

ANA&C The Nursing Voice  •  Page 3
Dear Florence:

As ANA\C continues our mission to change the long-standing cultural issue of “nurses eating their young,” we have identified a few more stories that shed light on what it’s like to be a new nurse. Welcome back to Dear Florence, an advice column where nurses can submit anonymous stories/complaints/questions.

This platform will accomplish these goals:
1. Give our new graduates a voice and a chance to hear from nurse leaders.
2. Help our top nurse leaders to understand some of the hardships our new nurses experience daily.
3. Help our new nurses realize that they are not alone.

This issue, we have recruited another amazing nurse leader from California who has taken the time to offer her wisdom and advice. Our second “Florence” is Mary Ann McCarthy, EdD, CNS/NE, RN, PHN. Mary Ann has a long history of nursing experience in hospitals, home health, wellness, school nursing and higher education. She has practiced in Ohio, Indiana, Kentucky, Louisiana, New York and California. Mary Ann graduated with a baccalaureate degree in nursing from Mount St. Joseph College in Cincinnati, Ohio. At California State University, Fresno she completed her School Health Credential, Special Teaching Authorization in Health (STAH), masters’ degree in nursing as a clinical nurse specialist/nurse educator, and a doctoral degree in educational leadership. She is a Kaplan NCLEX nursing faculty and her interests include teambuilding, mentoring, student success and transformational leadership.

If you would like to submit an anonymous question, please email me at treasurer@anacalifornia.org.

Dear Florence,

I just started as a new grad nurse and I am totally lost. I have had a few different preceptors and they all do things differently. It’s frustrating for me because I will learn how to do something one way and then my next preceptor will tell me I’m doing it wrong. How do I know which way is right? My hospital is small and our policies are not as helpful as I hoped they would be. I want to make sure I am practicing as safely as possible.

– Frustrated
Palm Springs, CA

Dear Frustrated,

First, I would like to congratulate you on your accomplishment and welcome you as a colleague in our great profession! Next, I want to reassure you that you are not alone and confirm that the transition from student nurse to registered nurse is an adjustment for all. As I am sure you experienced this in nursing school there are many ways to do things. Every patient, nurse and situation is unique, so first we must let go of the absolutes, and adjust based on each client and situation. As long as you are following policy and procedure and what you do is safe for you and the client, you are a safe and competent nurse. The key to the nursing profession is the ability of each nurse to use complex critical thinking and clinical judgement/reasoning. Take in all the information you can from your preceptors and filter what is best practice for you and your clients.

Florence

Dear Florence,

My floor feels like high school. I have been a nurse here for a year and I still don’t know who I can trust. Everyone seemed friendly at first, but then I learned that people were talking about me behind my back. I’ve tried to address it multiple times. Everyone says I’m too sensitive. The acuity on my floor is high and I want to focus on my patients.

– Over the Drama
Temecula, CA

Dear Over the Drama,

I applaud you on completing your first year as an RN. It seems most firsts are the most difficult, so good for you. Next, I want you to know that you are not “too sensitive.” Nurses who bully and gossip are insensitive. Unfortunately, what you describe is not new to the nursing profession. Although we are the most trusted profession, we do not always trust and support each other in our profession. This is not only sad but is part of the “nurses eat their young” problem. You do not say who you addressed this problem with? I would encourage you to follow the chain of command and keep your focus on your patients. You may be in a position to make a change on your unit or you may need to look for a new unit (or place of employment) that is Easing their Young!

Florence
**Providing Medical Relief in Nepal**

Alicia Mascote, BSN, RN  
Stanford Health Care

Mission trips are life-changing experiences filled with unique challenges both mentally and emotionally. Last summer I traveled to Nepal with an organization called International Medical Relief. This was my third such trip, and my first time being selected for a leadership role on the team. The added responsibility of that role made this journey difficult at times, but ultimately it became my favorite mission trip.

Prior to this trip, I held little to no knowledge about the culture or even the location of Nepal. By the time I left Nepal I had created memories that will last a lifetime, with an immense appreciation for the natural beauty of the country, and the kindness of its people. In order to share my experiences with you, what follows is a partial account of my travels.

Joy and poverty have rarely been words used together. Pain and laughter, grief and hope, faith and hunger. I'm not sure how, but today I witnessed these conflicting ideas meld together like the many colors of the prayer flags that follow the path of the entire trip. The experiences of today reaffirmed what I've always known – laughter is a language everyone knows, and true kindness needs no words.

It's hard for me to explain exactly what today was, but if it were a painting it would be incredibly intricate. This painting is filled with startling contrast. The backdrop is Kathmandu Valley, nestled in the shadows of the giant Himalayas, with blue skies and breathtaking vistas. The foreground consists of shades of brown – dusty, and deeply impoverished as we find ourselves in the “slums” of Kathmandu.

Within this slum is an orphanage. Many of the children, ages 4-13, know no other life than that of blankets on the floor, and a small metal trunk that holds all their worldly treasures. The “bathroom” is a small dark room with concrete walls, a little running water, a place to hover and squat, and a smell that attacks your senses. The children are taken in front of the camera by an older, beggar, or left by mothers who could not care for them.

Yet this day doesn’t begin with pity or sadness. In fact, this painting’s strength begins with blessings, music, costumes, singing and flowers. The children and their teachers have made us all flower necklaces out of carnations varying in color. We are anointed with the bindi on our foreheads and orange on our cheeks. I am led inside a stunningly colored temple...its bright yellows and blues, oranges and pinks are like something out of a box of crayons. My shoes and socks are removed, I walk with the children on a narrow dark room with concrete walls, a little running water, a place to hover and squat, and a smell that attacks your senses. The children are taken in front of the camera by an older, beggar, or left by mothers who could not care for them.

The children, all 5&4, are dressed up today… the “best” clothes they have. Then they dance for us, traditional and Holi dances. It is mesmerizing. Their small feet moving to the music, their arms and shoulders swaying. Some mouth the words using children’s Tylenol making “yummy” noises as I try to encourage them to drink the red sticky liquid. They are brave, strong and possess a warmth that is inspiring. Each one is a flower, blooming, in spite of their surroundings. They are in need of so much love.

The adults have so much pain. In their backs, hips, legs and feet. The years of manual labor, bending, lifting, pulling and dragging. Their only way to live. We show them exercises and stretches. They listen. We give them pain meds, but maybe more importantly we are there for those whose grief cannot be held in any longer. We listen. Once they tell their stories, they are somewhat lifted. Light briefly returns to their eyes – small sparks you once could see there. But, they dim before long. I wish I could do more.

The day must close and the painting must finish. The children follow us out to the bus. They wave and they cry and they ask when we will come again. We drive away – some of us waving, some silently crying. We are very quiet because we know that for this day, we have been part of something so full of joy and so full of pain. Somber yet beautiful. Now the brush is set down, awaiting to paint another day.

I have seen the air thick with dirt, pollution and trash. I have watched cows graze among it and children dance through it. I have seen a child have her head shaved from so much lice, while her new orphan friend holds her hand for support. I have seen elderly walk with their crooked sticks and bowing knees unwavering in their faith. I have been surrounded by men and women, children and priests, the very old and the newly born. The smells and sounds will follow me. In my dreams I will hear them and eventually the smells will dry into the painting I have created.

With joy and pain, grief and laughter, I have celebrated and mourned. The slums are a “City” all their own. With pride and formality, religion and rules. The tents used for their shade, colorful blankets and scarves, sari and silks, symbols of such color and beauty standing in defiance of the din and dirt of the slums. So much love and pride battling against the struggles of poverty.

I know I will not see the little girl with the heart on the outside of her chest. She will not make it until the next Holi or her fifth birthday. I also know that the many elderly will have said their last blessings and in the coming months taken their last breaths. Yet, I got to blow bubbles with this girl and smash coconuts for celebration with the elders of the community. I have left them place bindi color on me and trace my face with their hands as we smiled into each other. I will remember their faces forever. I can only hope they remember the sound of my laughter and the look of my joy.

As our mission trip comes to an end, I reflect on so many people helped. My team provided care with such warmth, exuberance, skill and commitment. This has truly been a transformative trip. I am both proud and humbled, and I implore anyone with a kind heart to extend a helping hand and partake in a mission trip. For more information please visit www.internationalmedicalrelief.org/.

*Follow VA Careers  
951-632-2811 ext. 5809 or maria.siqueiros@phms

**Nurse Practitioners All Specialty RNs**

Looking for a career where you can help our country’s Veterans? We have immediate openings for Nurse Practitioners as well as opportunities for Specialty RNs in multiple areas at our facility.

When you join us, you’ll receive a robust compensation package—competitive salaries, first-rate employment benefits, extensive education support, tuition reimbursement programs, nationwide job transfer opportunities, generous paid leave, and a variety of programs to help guide your professional growth and advancement.

We encourage you to consider employment at the VA Loma Linda Healthcare System located in Loma Linda, CA. Join a team that values a healthy home/work life balance and be rewarded by the role you’ll play in keeping the promise to those who served.

If you would like more information to join our amazing team, please contact: Vernan Crawford at 909-583-6519 or email vernan.crawford@va.gov

**VA Jobs**  
www.usajobs.gov

Follow VA Careers

VA Loma Linda Healthcare System
Your ANA/C was quite busy over the past few months. We returned to California State University, Chico and delivered a presentation about the strength of the nursing voice to the graduating class of BSN students. We also presented ANA/C first year complimentary membership to Seayer Zadran during the CSU, Sacramento Nursing School Pinning Ceremony. In addition to awarding the complimentary membership, ANA/C was invited to deliver a presentation on health policy and nursing advocacy during the ceremony. We were happy to stand alongside Kaiser Permanente, Sutter, the Association of California Nurse Leaders (ACNL) and Men in Nursing to congratulate these new graduates.

What are the criteria for awarding a complimentary membership to a graduate? We ask nursing faculty to choose a student who went above and beyond advocating for a nurse, patient or fellow nursing student. This year, in addition to our certificate and a free membership, we invited Seayer to join Roxanne Gould (ANA/C's lobbyist) and myself at this year's California Women Lead Legislative Reception celebrating the start of the 2018 Legislative Session in early February. As always, it was a fun event and a great opportunity to mingle with elected officials and support a worthy organization. ANA/C and California Women Lead along with ACNL and the CA Action Coalition work together to offer appointment trainings to nurses across California.

Nurses on Boards Coalition

ANA/C is proud to collaborate with the Nurses on Boards Coalition (NOBC), a national campaign to increase the number of nurses on boards, commissions, advisory panels, school boards and/or running for an elected office. NOBC is compiling a state-specific database on nurses serving on boards, commissions or committees. If you would like to be counted, please visit (www.nursesonboardscoalition.org) and be counted. Serving on boards and/or commissions or committees is an important way for nurses to be involved in communities. ANA Enterprise, stressed the importance of this initiative and the fundamental role state nursing associations play in encouraging nurses to set their sights on these positions.

CDC-ANA NICE Network

We recently enjoyed a fourth free webinar on infection prevention and control from the CDC/ANA NICE Network national project. If you remember, ANA/C participated in Webinar 1 where our Task Force developed peer-reviewed educational material and presented it in July 2017 to more than 2,000 participants. We just learned that Webinar 1 enjoyed the largest live audience of any of the webinars so far. Furthermore, during our January 2018 quarterly calls of the NICE Network, we were notified that the webinar recording from ANA/C et al was also the most watched and generated the most continuing education certificates so far! Visit the ANA/C website to access the webinar recording. Congratulations to the ANA/C CDCANA Task Force for their hard work and dedication to this important project! The Task Force was invited to present their work and lead a 2-hour infection control panel discussion at the Healthcare Research and Education Conference in late March at Stanford.

Be A Leader: Get Your DNP from the UCLA School of Nursing

With a Doctor of Nursing Practice you can:

- Translate nursing science into clinical practice.
- Ensure clinical care meets the highest standards of quality.
- Improve health outcomes.
- Advance your career in Nursing Leadership

The UCLA DNP program is designed for working professionals. Finish in seven quarters. Clinical hours can be obtained in your work environment.

Learn more at nursing.ucla.edu

I would like to thank Dr. Anita Girard, ANA/C Vice President, for extending Stanford’s invitation to the ANA/C Task Force.

Other Important News

Another ANA/C milestone was achieved by ANA/C’s presence on the California Hospital Association’s Chief Nursing Officers Advisory Council where ANA/C, along with ACNL, and HealthInsight, holds an ex-officio position, currently represented by Dr. Anita Girard and myself. This is an important platform that allows ANA/C to share the work we do in advancing nursing practice. I am waiting to share the updated Safe Staffing White Paper with the Staffing Caucus. In 2017, I already shared ANA/C’s Center for Medicare/ Medicaid Services (CMS) Appeal to include two nurse staffing measures for Medicare reimbursement. While ANA/C was not successful in 2017 with the 2018 Appeal, the ANA Government Affairs team is already at work arguing for the inclusion of safe staffing measures in 2019.

We also participated in the QUAD Council discussion on the emerging issue of clinical displacement of nursing students. This is a hot topic that was discussed at the RN Committee meetings and at the full BRN meeting. Clinical displacement of ADN vs. BSN nursing students in Southern California is an issue to be solved within the nursing profession. As those providing care, we are in the best position to offer sustainable solutions and productive policies through nursing collaboration, operational transparency and clear communication.

For ANA/C, there were two recent inaugural events: First was the inaugural call of the ANA/C Public Policy Committee. This committee looks at future ANA/C positions, reassesses current policies and offers suggested updates, and develops ANA/C leadership in important policy areas, such as tele-health in nursing, lack of school nurses and the effect on students’ health, or the new e-Compact. This Committee differs from ANA’s Legislative Committee in that it is comprised of nurses from all ANA/C groups. The Public Policy Committee looks into new positions or into upcoming issues such as clinical displacement of nursing students. ANA/C’s Legislative Committee discusses current legislation, analyses amended bill language and discusses the effects of proposed bills on California nursing practice.

The second inaugural event was the in-person meeting in Sacramento of all four lobbyists representing ANA/C groups. Based on the critical work of the APRN Coalition, we believe it was important to keep the lines of communication open and the spirit of fresh collaboration alive. We are very happy to work with all ANA/C groups and their lobbyists and are happy to support nursing presence and our common legislative advocacy.

On the logistics front, ANA/C moved away from mail-list and started to use Google group mailing lists. You can easily identify them as the new group mails end with “@acnl.org” such as ANA/C’s Legislative Policy Committee mailing list acnllegpolicy. We also reconstituted the Endorsement Committee and started interviewing candidates for federal and state office. We work closely with Californians Allied for Patient Protection (CAPPL) attending their Board and Political Action Committee (PAC) meetings and have an opportunity to interview candidates. ANA/C certainly entered 2018 with a bang! We are not planning on slowing down – we are ‘UCRN nursing association’!

This is our last newspaper edition of The Nursing Voice, and we look forward to connecting with you in our new bi-monthly e-newsletters. Interested in serving on an E-Newsletter Task Force? We want to hear from you at anac@anacalifornia.org

For questions please email Dr. Kathy Chiu kchiu@csudh.edu

Direct, School of Nursing
CSU, Dominguez Hills | 1000 East Victoria Street
Carson, CA 90747
Christine Tarver, DNP, RN, CNS, NEA-BC
ANA/C Nursing Practice Director

Merrimier-Webster (2018) defines advocacy as "the act or process of supporting a cause or proposal." In the mentoring of new nurses and nursing students, it is always a goal to encourage development of their role as patient advocates. Why is this imperative? At least in the acute care setting, the nurse is the healthcare team member who is physically present and caring for patients day and night. Nurses are responsible for translating patient symptoms, self-reports, family-reports and assessment findings into a succinct picture to inform a physician who has the scope of practice to order interventions that can improve the status of the patient. This role of advocacy is so embedded into public opinion, that the American people, for the 16th year in a row, have voted nursing the #1 Most Ethical Profession (Sarasohn-Kahn, 2017). We must never beter this tradition.

The challenge then becomes learning to be an advocate. For me, it is through the benefit of role models - literally watching amazing nurses in action. It is now that I must pay tribute to one of the greatest nurse advocates in modern care: Margo McCaffery, MS, RN, FAAN. Margo McCaffery is a name that should be synonymous with pain management for every nurse. In January, Mc Caffery died peacefully, leaving a legacy of improving patient care that is an inspiration to us all.

Let us go back for a moment to 1968. It was 50 years ago that Margo McCaffery wrote: “Pain is whatever the patient says it is, whenever they are experiencing it” (McCaffery, 1968). In examining the journey of McCaffery’s advocacy for improving pain management, it took 18 years from that first 1968 article to be disseminated at an international level. This occurred when the World Health Organization adopted the concept of “pain is what the patient says it is” into their pain management guidelines in 1986. In the early 1990s, McCaffery was the editor of the landmark “Pain: A Clinical Manual,” a comprehensive guide to pain management for the healthcare team.

Let’s examine the definition of advocacy one more time: “the process of supporting a cause.” For fifty years, since about the age of 30, Margo dedicated her life’s work to the cause of improving the management of pain by nurses, physicians and the healthcare team. I had the supreme honor to hear Margo speak about 25 years ago. Confident and clear, Margo McCaffery inspired an auditorium full of nurses to go back to the bedside and listen to our patients. She explained the landmark “Andy/Bob” study conducted with Dr. Betty Ferrell if a patient laughs or is asleep, nurses would be less likely to bring them pain medication (McCaffery & Ferrell, 1991). Without blaming, but with evidence-based research, Margo explained the uniqueness of the pain experience and the pathophysiology of pain, pain receptors and pain medication. Most important, Margo explained our role as nurses in relieving our patient’s pain.

I know we are not all Margo McCaffery, and dedicating decades to a single cause may not be in every nurse’s grasp. However this I do know: dedicating one moment to advocate for a single patient is in every nurse’s grasp. Be an advocate. Find your cause. Improve patient care!

References

Christine Tarver, DNP, RN, CNS, NEA-BC
ANA/C Nursing Practice Director

Lindsay Sandberg, BSN, MS, RN
ANA/C Legislative Director

The American Nurses Association has declared 2018 the Year of Advocacy! This is an exciting time for nurses to flex their policy muscles and influence change. But what does this mean for everyday nurses? How do you get started? Here are a few ideas for health policy novices to get started in advocacy:

• Learn about what legislation is active in California that could influence nursing or healthcare. Talk about this legislation with your coworkers and friends and why it is important to you and your profession.
• Contact your local representative to discuss important legislation and how it could impact nursing, your patients and/or community. Although this idea can be scary, it is extremely impactful. Your representatives want to hear from their constituents – especially nurses who have a very unique view of health care.
• Become involved in your local or city politics and attend city council meetings to give a local voice to the nursing opinion.
• Join the ANA/C Legislative Committee or become more involved in your professional organization. Being the Legislative Director for ANA/C has been one of the most rewarding experiences in my professional career!
• Most importantly…Vote!

My goal for the Year of Advocacy is to make every nurse realize the importance of the nursing voice in the current and frequently changing health care arena. During my first year as the Legislative Director for ANA/C, I have seen nurses influence change in policy, in major ways.

Together we can make a difference for our fellow nurses as well as our patients!
The National Association of Clinical Nurse Specialists (NACNS) has presented ANA\C member Elissa Brown, MSN, RN, PMHCNS-BC, with its prestigious Sue B. Davidson Service Award, in recognition of extraordinary service to NACNS. Brown, a founding member and past president of ANA\C, is a retired Mental Health Clinical Nurse Specialist with the Veterans’ Administration Greater Los Angeles Healthcare System. Brown has been a member of NACNS since 2010 and served in several roles with the association, including as a member of the NACNS Practice Committee from 2010 to 2012 and again from 2012 to 2015, this time as the group’s Chair. During her time as Chair of the Practice Committee, the group prepared a document addressing the clinical nurse specialist-focused responses to the recommendations for nursing outlined in the Institute of Medicine’s Future of Nursing Report (2010). Brown is also a current member of the NACNS Affiliate Advisory Committee. Brown was previously awarded NACNS CNS of the Year Award in 2010. “Elissa has dedicated her professional life to bettering those who have served our country and in turn we are so pleased to honor her for her years of service to NACNS,” said 2017 Board President Vince Holly, MSN, RN, CNRN, CNS, KNS-BC. “For nearly 40 years, she worked with the VA to improve the mental health and wellness of our nation’s veterans and pushed forward CNS practice and nursing ethics. NACNS has greatly benefited from her contributions to the CNS and nursing community.”

Shelia Allen, PhD, RN, long time ANA\C member and Golden State Nursing Foundation Treasurer, received Congressman John Garamendi’s Woman of the Year Award. Allen is Executive Director of the Yolo Healthy Aging Alliance. She has been instrumental in building an organization that serves as a vital voice for older adults in Yolo County, and many elected officials and community leaders consider her the expert in addressing senior issues. She also currently volunteers her time with ten different community services and commissions. Allen’s leadership has enhanced the lives of countless older adults in Yolo County through educational programs, collaboration with over 80 providers of older adult services and is a faithful advocate for needed programs and services at every level of government.

Congressman Garamendi (D-Fairfield, Yuba City, Davis, CA) honored 38 women from his district, who are leaders and visionaries in their communities. The women have all made significant contributions to their communities through community service, business, education, local government and the military. The awards were presented in late 2017 at Congressman Garamendi’s 4th Annual Women of the Year event. "Nominated by their peers, these women and the leadership they have provided are being recognized for playing an integral and crucial role in improving the lives of everyone in their communities," said Congressman Garamendi. Congratulations Elissa and Sheila!
Evidence-Based Practical Tools for Nurses to Sustain Themselves and Those in Their Care

Jill E. Bormann, PhD, RN, FAAN
Jim Kane, MN, RN, CNS, NEA-BC

Can you always REALLY listen? Can you do so without distraction and full attention? Were you present in that moment, without thoughts of what you were going to do next? Could you do so and still have remained calm and collected? Could you finish the other person’s sentence? Have you ever asked a question and not really listened? Ever reflected on your day at work and wondered what you did that was meaningful? If you struggle with these questions, you are a prime candidate to explore the power of “mantram repetition” in your life. A mantra is a phrase or incantation that is repeated over and over. Isn’t it called a mantra? Before answering these questions, we acknowledge that there are many ways to calm the mind, manage stress, and be mindful and present with others. Each person must find the method that works best for them. However, for those who have never tried any meditative practices, mantra repetition is a great place to start.

A mantra, or mantra, (either spelling has the same meaning in Sanskrit) is a phrase or incantation that is repeated over and over. It can be defined as a “short, powerful, spiritual formula...used to call up or focus the energies of the unconscious” (Easwaran, 2008a, p.12). The phrase mantra repetition may come from Sanskrit, Pali, or Hindi. The Sanskrit root word man means “to think, reflect” and tra means “to repeat.” When repeating a mantra, the repetition itself is the “meditation.” The phrase mantra repetition is used to describe techniques that are used to call up or focus the energies of the unconscious. It has been used for thousands of years with great success by millions of people. A mantra can be repeated at any time, any place. It does not preclude managing numerous things rapidly, but in the seconds of doing one act, you become laser focused. Repeating a mantra is an instant reminder to BE HERE NOW. For example, repeat a mantra just few times before making a decision. A mantra can serve to remind you of something you want to remember; it can help block out events that happened yesterday and those that might happen in the future. Use mantra repetition to calm yourself before presenting some sad or distressing news to a patient or family. Ultimately, it gives us power to cherish the interactions that nourish our souls and is an antidote to compassion fatigue.

The Evidence and Research on Mantram Repetition
Research evidence has shown that mantram repetition is a valuable tool in the workplace (Richards, Oman, Hedberg, Thoresen & Bowden, 2006). Healthcare workers have reported reduced levels of perceived stress, anxiety, anger (Bormann, Becker et al., 2006; Bormann, Oman et al., 2008), improved mental health, and well-being (Leary, Fennelly & Bowden, 2012; Yong, Kim, Park, Seo & Swinton, 2011). They also have reported improved spiritual wellbeing, mindfulness, and quality of life (Bormann, Leary, S & Glaser, 2015; Leary et al., 2017; Yong et al., 2011). Anecdotally we have heard countless stories from nurses and patients, who have gained a profound and impactful mantram repetition on their life and work.

In conclusion, let mantram repetition become a habit in your life and let it serve as a steady friend. It can improve your availability to be present, engaged, and intentional with others. It is one of the few things that can be done simultaneously -- you can repeat a mantram at the same time, you are doing the mundane (doing dishes) to the sublime (including being intimate with a partner). Unlike a motto or pep-talk, inspirational passage or personal affirmation, a mantra embodies presence. Repeated or repeated “itself,” it goes into our greatest inner Spirit. Mantram repetition is profound and elegant in its simplicity. It is powerful.

Benefits of Practicing Mantram Repetition

Repeating a mantra requires intention and focus. When practicing correctly, your mind should have no room for thinking of anything else. So, you know when you are doing it and when you are not. In addition, while practicing

References


About our Authors

Jill E. Bormann, PhD, RN, FAAN is a Clinical Professor at the Hahn School of Nursing and Health Science/Bayer Institute of Nursing Research at the University of San Diego. She was recognized by the American Academy of Nursing as an Edgellurer for nursing innovation and received the 2017 Research Excellence Award from the American Psychiatric Nurses Association and the International Society of Psychiatric Nurses.
Jim Kane, MN, RN, CNS, NEA-BC is Senior Director and on Faculty with the Advisory Board’s Talent Development division. His clinical background is in Critical Care and as an Advanced Practice Psychiatric Nurse. He received the American Academy of Nursing as an EdgeRunner for nursing innovation and received the 2017 Research Excellence Award from the American Psychiatric Nurses Association and the International Society of Psychiatric Nurses.
How Do You Transfer Years of Patient Care into Self-Care Now and After You Retire?

Are you planning to retire in the next few years? Do you have fantasies about all the things you'll do and don't have to do once you no longer work? Does the future look like nirvana?

As a nurse, you've devoted yourself to helping patients heal and renew their lives. Retirement is a time to revive yours. And, you don't have to wait. You can start now before you retire. By implementing the anchors of retirement life early, you will be setting the stage for your next 30, 40 or more years. In addition to enjoying yourself now, you will be preparing yourself to ease into your future.

Gloria Dunn-Violin

Why should you be concerned to start now? Retirement is a major change that we often expect will just fall into place after our final days at work. But, it's not that easy. Thousands of nurses struggle with what to do with their lives after they no longer have patients and all of the other tasks that fill their job descriptions.

People who don't know how to retire often find themselves at a loss. Statistics show that those who leave their careers and retire to nothingness die, get sick or get depressed. Among the factors that deter this new beginning are lost identity, lack of schedule, limited socialization and the absence of meaning. As you build a new life, you need to learn how to re-engage these vital parts of your life in new ways.

How do you turn a long nursing career into retirement after years of saying “I'm a nurse” when someone asks you what you do, and when you no longer work purposefully caring for patients?

Let's start by reframing how we understand retirement. In fact, let’s call it revivement, a word I coined to replace the old word of thinking about what happens after you retire. I’ve taken the tredi out and replaced it with “vive” for life, because this is a time to take all that you are forward with energy, exuberance and verve. In other words, “vive!” Instead of lying in a hammock day in and day out and letting the world go by, you’ll be having the great life you deserve.

You will also have time to realize the wealth of who you are as a person. Throughout your years you have acquired skills, experience, wisdom and personal growth by engaging in life. Now, you’ll have time to enjoy this more mature you while exploring more of your undiscovered gifts and talents.

Now meaningful, fulfillment and living with purpose will become paramount goals. As a nurse, you have been purposeful. Now you want to take what you achieved in your nursing career and redirect it to fulfilling your lifetime mission. Here are a few ways to improve your life now and after retirement:

- Decide that life begins now. You don’t have to wait until you're a certain age and retired to put life-giving activity into your days.
- Discover your life purpose and mission. Enjoy the direction and satisfaction you gain when you let it guide you.
- If you need people and purpose, join volunteer groups. It's a give and get scene. You contribute your time and abilities. You get friends, and, sometimes an extended family. You also keep your mind and body active, which is great for your health and psyche.
- Decide if you still want to work. Yes, it is okay to still work, and you might need the income. But, do your work for a reduced schedule or make other flexible arrangements that suit you.
- Make a list of activities you enjoy and prioritize them. Some might give you a social outlet to spend time with others. Also, decide what activities you want to do alone. Integrate them all into your life slowly so you aren't overwhelmed.
- Be well. Find a lifestyle that includes healthy foods, exercise and the right weight for your height and bone structure. Feed your brain the mental activity it requires to stay vibrant. Living healthy keeps you healthy.
- Take classes to keep your mind active and interested.
- Universities, community colleges and workshops offer a plethora of educational and how-to classes that will help you grow your mind and spirit as well as give you new skills to enjoy.

Yes, this is the best time of life if you choose to make it that way. So, start now. Think about what you want your life to be like. Develop a flexible plan. Then begin to integrate your plan into your days and make it a reality. Turn retirement into revivement! If you begin now, you'll give yourself the lifelong gift of “vive.”

You are ready to move ahead? Choose your path to success. We offer in-seat classes or a unique online option.

California State University
DOMINGUEZ HILLS
310-243-3646
mbaonline.csudh.edu
mpaonline.csudh.edu

Gloria Dunn-Violin is a speaker, writer, and consultant through her company Having a Life, and the author of A Life After Making a Living.

Health Facilities Evaluator Nurse (HFEN) Positions

The Health Facilities Evaluator Nurse conducts inspections, investigations, surveys, and evaluations of health care facilities.

Offering Comprehensive Benefits:
- Industry Leading Benefits Package
- Part-Time Positions Considered
- Medical/Dental/Vision
- Flex Elect Medical & Dependent Care Account
- Annual Salary Ranges From $66,552 - $86,652
- Flexible Schedule
- Paid Holidays and Sick/Vacation Time
- Extensive State and Federal Training
- Two Professional Development Days
- 457/401 (k) Savings Plan
- Generous Retirement Plan
- Professional Career Opportunities

District Office Locations:
- Bakersfield
- Chico
- San Francisco
- East Bay (Richmond)
- Fresno
- Orange
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Jose
- Santa Rosa
- Ventura

State Employment Requires Passing an Eligibility Examination. Applications can be accessed anytime at: www.cdph.ca.gov/nursingjobs.
It’s time to recognize our amazing colleagues and their commitment to our profession of nursing, their advocacy in legislation and public policy, and/or their dedication to our larger healthcare community. As we prepare for our 2018 ANA\C General Assembly, November 9 – 10 in Newport Beach, I am pleased to announce that we will be presenting five awards recognizing outstanding contributions of individuals to nursing and public service.

The nominations come from you, our members. Please nominate a colleague for one of the following awards:

**ANA\C Public Service Award**
Recognizes an individual for dedication to nursing and public service.

**Florence Nightingale Award**
Recognizes the delivery of outstanding direct patient care by a registered nurse.

**Ray Cox Award**
Recognizes the lifelong commitment of an individual registered nurse in the field of nursing and their impact and dedication to the advancement of nursing as a profession in the state of California. Ray Cox was an active member of ANA\C, involved in nursing policy, legislation, education and professional development. He dedicated more than 45 years of service to patients and staff—giving much of his life to the nursing profession and the care of persons with mental illness.

**Elizabeth “Betty” Curtis Award**
Awarded to a registered nurse who is an advocate on behalf of nursing and health care in the legislature, regulatory boards and/or other public policy arenas. Elizabeth “Betty” Curtis was on the first ANA\C Board of Directors. She had served as a Government Relations Commissioner from San Bernardino for many years and was an extraordinary public health nurse. Betty supported the association and was a wonderful nurse who educated, mentored and helped others further their professional careers.

**JoAnne Powell Award**
Presented to an emerging nurse leader who has been in practice as a professional nurse for less than 5 years. JoAnne Powell was a leader in the Golden Gate Nurses Association and served as executive director. She was a key leader in passing the California Nurse Practice Act. JoAnne staffed the California State Nursing Students Association and often served as parliamentarian for associations. In the early days of ANA\C, no task was too large or too small for JoAnne who worked tirelessly to get the new organization up and running.

Download the ANA\C awards application at www.anacalifornia.org/awards-recognition

Please send nominations to:
anac@anacalifornia.org – Subject line: “Award Nomination”
Building Your Interprofessional Team for Successful APRN Practice

Laura L. Van Auker, DNP, APRN, FNP-BC, SN-C
Assistant Clinical Professor, Family Nurse Practitioner and Physician Assistant Programs
Betty Irene Moore School of Nursing, UC Davis

Most APRNs have some prior experience working in acute care hospital settings. Working and collaborating with other professions is the norm in hospital patient care. Without active communication with pharmacy, PT, OT, Radiology, physicians, social workers and others, patient care coordination would be nearly impossible.

The importance of nursing participation in cooperative interprofessional teams for optimal patient care outcomes was addressed by the seminal Institute of Medicine (IOM) report, Crossing the Quality Chasm: A New Approach to Health Care. Nursing was expected to be an active participant in defining the roles and functions of effective patient care teams. Protocols for “warm patient handoffs” in the form of shift reports provide for continuity of patient care multiple times a day. For the hospital-based patient care team, this is easily recognized, utilized and provide formal and informal mentoring opportunities for nursing role support within an interprofessional setting.

For the APRN in an ambulatory setting, identifying and developing an equivalent interprofessional support team comparable to the hospital setting may be more challenging. It requires proactive development by the APRN. The new graduate APRN may face significant challenges even finding nursing mentorship and support. It is not uncommon that the APRN may look side to side with no other nurse to be seen within their clinical setting. Often colleagues will be physicians or physician assistants, medical assistants and reception support. Finding where one fits into the ambulatory clinical team and what support resources are available may be daunting even for experienced APRNs.

Farrell et al (2015) suggest that this requires an interprofessional “mindset” by all health care providers to participate effectively as a clinical team in the ambulatory setting. They further suggest that the traditional APRN role socialization from didactic through clinical training may fail APRN students in a way that limits interprofessional team development.

The second IOM report (2003) promotes interprofessional collaboration and coordination through interprofessional education (IPE) to reduce communication errors and care fragmentation. Interactive educational experiences between health professions can develop the healthcare team mindset essential to quality patient care coordination. APRN programs are working to integrate interprofessional learning experiences that promote mutual professional role understanding. In the 2010 IOM report, The Future of Nursing, nursing leadership and full utilization of APRN skills are seen as essential for meeting the needs of healthcare teams of the 21st century. Farrell et al (2015) suggest that despite PE training, upon graduation APRNs struggle to integrate the concepts of effective teamwork and team-based care into their workplace. The culture of team-based care in the ambulatory setting has yet to parallel the hospital-based care teams. Cresia & Fribeg (2011) report a reality shock for the new APRN when conflicts arise from gaps in knowledge and skills at a time when confidence is required to establish as a professional healthcare team member.

Proactive development of an interprofessional support team is one means to enhance a sense of clinical practice support. The ambulatory APRN resource team may include dentists, pharmacists, public health, school and occupational health nurses as well as all medical specialists including radiology.

Keeping these resources in your “back pocket” for off-the-record sidebar calls provides a great source for mentoring and interprofessional team support. While this requires proactive outreach by the APRN, the benefits for the APRN as well as improved patient care outcomes align with the IOM (2010) goal of reducing fragmentation of healthcare in the 21st century.

APRN leadership in developing team-based care in the ambulatory setting is essential and puts APRNs at the forefront of meeting our national healthcare goals for improved patient care. As APRNs we have this leadership opportunity – we need the confidence to make those collegial outreach calls.

References


This is perfect time to earn your advanced Nursing degree at Concordia University Irvine.

Our RN to BSN program gives you the flexibility to choose online or hybrid (online and on-campus) courses, and the program can be completed in as little as 12 months to two years.

The MSN program will prepare you for the next phase of your career as a nursing leader or educator. Classes are offered in a blended format of online and classroom instruction so you can complete your master’s degree in 15-20 months.

For more about our nursing programs, contact MJ Caterinichio at 949-214-3614 or mj.caterinichio@cui.edu.
ANA\C Helps You Take Charge of Your Nursing Career

ANA\C’s Career Center is a valuable resource to connect you with potential employers. Features of ANA\C’s Career Center include:

- **Access to high quality, relevant job postings** – don’t waste time wading through postings that are not applicable to your expertise. Instead, apply for nursing jobs at facilities that value your credentials.
- **Personalized job alerts** – receive an alert each time a job becomes available that matches your personal profile, skills, interests and preferred locations. This allows you to focus more time on other career-building activities, such as networking.
- **Career management** – you have complete control over your passive or active job search. Upload multiple resumes and cover letters, add notes on employers and communicate anonymously with employers.
- **Anonymous resume bank** – protects your confidential information. Your resume will be displayed for employers to view, except that your identity and contact information will remain confidential until you are ready to reveal it. When a potential employer is interested in speaking to you about an open position, they will complete a contact request form that provides their information and the description of the position. At that point, you will be notified to either accept the request or reject it. If accepted, your contact information will be provided to the employer. If rejected, your anonymity remains.

- **Value-added benefits** – including career coaching, resume services, education/training, articles and advice, resume critique, resume writing, and tips for effectively using social media in your job search.

ANA\C Career Center is an Excellent Resource for Employers

If you’re a potential employer recruiting for open positions, ANA\C’s Career Center allows you to get your job postings in front of highly qualified and dedicated nursing professionals. You can:

- **Post jobs where the most qualified nurses will find and apply for them.**
- **Email your jobs directly to ANA\C’s nearly 6000 members via a periodic Job Flash email.**
- **Search the resume database and contact qualified candidates proactively.**

Whether you’re an RN seeking a new job opportunity, or an employer with vacant positions, ANA\C’s Career Center is an excellent resource. Access ANA\C’s Career Center and set up an account today!

**careers.anacalifornia.org**

**San Gorgonio Memorial Hospital is Hiring!**

WE ARE SEEKING QUALIFIED REGISTERED NURSES WITH AT LEAST TWO YEARS OF EXPERIENCE FOR THE FOLLOWING POSITIONS:

- **RN** – Emergency Department, **Full time/Per Diem, Nights/Mid Shift**
- **RN** – Labor and Delivery, **Full time/Part time/Per Diem, Days or Nights**
- **RN** – **ICU, Full Time, Nights/Days**
- **RN** – **PACU, Full Time, Days**
- **RN** – **PICC, Per Diem, varied shifts**
- **RN** – Surgery, **Full time/Part time, Days**

“Real team atmosphere. I feel like I am part of a winning team.”
– RN, Luke

**We Care About Our Community!**

Please call Bynda Drennan: (909) 769-2187 or apply online: www.sgmh.org

**Head into Year with a New Job!**

CalVet is hiring NURSES at all of our eight Veterans Homes

- **Positions Available**
  - Nurse Practitioners ★ SRNs ★ RNs ★ LVNs ★ CNAs
  - Therapist ★ OTs ★ OTAs ★ RTs ★ PTs

- **State of California Employment includes State BENEFITS**
  - Generous Vacation & Sick Leave • Health Insurance
  - Dental Insurance • Eye Care Insurance
  - Paid Holidays • Retirement

- **Levels of Care**
  - Independent Living (Domiciliary) • Assisted Living (RCFE)
  - Intermediate Care • Skilled Nursing (SNF) • Memory Care

For information call:

- Barstow (760) 252-6284
- Fresno (559) 493-4201
- Redding (530) 224-2820
- West Los Angeles (424) 832-8375
- Chula Vista (619) 482-6027
- Lancaster (661) 974-8188
- Ventura (805) 659-7517
- Yountville (707) 944-4550

In the last issue of *The Nursing Voice*, my column talked about understanding conflict. This one will focus on resolving conflict. There are two ways to deal with conflict. One way is to utilize conflict resolution. There are different types of conflict resolution techniques, including team building, sharing perspectives non-defensively, attempting to focus on cooperative goals, transforming management, education and communication. Conflicts resolve a solution that completely satisfies all parties involved in the conflict. Rarely is it possible to satisfy all the needs of everyone involved. Some compromises are usually made by all parties to reach agreement. Legal arbitration is a type of conflict resolution.

The more common way to deal with conflict is through conflict management, which implies a conscious effort to deal with the conflict as well as the issue and control the problem. It does not guarantee to satisfy all involved, but attempts to meet as many needs as possible in determining a solution. (Bernard and Walsh, 1996)

There are numerous issues that enter into a conflict situation. The values, goals, resources, and beliefs of the people involved are the willingness to compromise and resolve the issues. Past relationships between conflicting parties are also important. If you have no respect for or do not trust your adversary, chances are you will not be comfortable with the ideas that conflict is a valuable process and creative dissonance is beneficial to addressing changing issues. Instead of dealing with conflict up front, nurses groups tend to “take sides” according to special interests. No formal confrontation takes place, and as a result, the profession is perceived as divisive and splintered in its beliefs and goals. Although there has been some unity on dealing with nursing shortage challenges, many other nursing issues are still splintered in their resolution.

Physically, nurses usually more comfortable dealing with conflict than nurses. They certainly have just as many issues to disagree on, but physicians are able to “duke it out” behind closed doors and come out with a united stance for their profession. Nurses could learn from that approach. We could be so much more powerful in dealing with nursing and healthcare social policy issues if the profession was willing to “get down and dirty” to resolve its differences before airing its dirty laundry and splintered decisions in public. As a profession, we tend to look like the right hand doesn’t know what the left hand is doing when it comes to important intra-professional issues like educational entry into practice, instead of arbitration our conflicts about resolution and drawing a unified stance to share with patients and the public.

The formation of the Federal Nursing Commission for the Institute of Medicine’s study on nursing staff in hospitals and nursing homes in 1996 is a classic example of not dealing with conflict and going public with the issues before discussion. Changes are no commission would have been needed and almost $1 million in federal funds could have been saved if nursing representatives could have dealt with the perceptions and conflicts over staffing, patient care outcomes and nursing injuries beforehand. I had the privilege of providing testimony at the hearings on this topic, and heard the chairman share a similar perspective about the formation of the commission.

Conflict will always have to co-exist with nursing. Nursing professionals will continue to disagree on important issues and other professional issues like educational entry into practice, instead of arbitrating our conflicts about resolution and drawing a unified stance to share with patients and the public.

The nursing profession has yet to be comfortable with the ideas that conflict is a valuable process and creative dissonance is beneficial to addressing changing issues. Instead of dealing with conflict up front, nurses groups tend to “take sides” according to special interests. No formal confrontation takes place, and as a result, the profession is perceived as divisive and splintered in its beliefs and goals. Although there has been some unity on dealing with nursing shortage challenges, many other nursing issues are still splintered in their resolution.

Physically, nurses usually more comfortable dealing with conflict than nurses. They certainly have just as many issues to disagree on, but physicians are able to “duke it out” behind closed doors and come out with a united stance for their profession. Nurses could learn from that approach. We could be so much more powerful in dealing with nursing and healthcare social policy issues if the profession was willing to “get down and dirty” to resolve its differences before airing its dirty laundry and splintered decisions in public. As a profession, we tend to look like the right hand doesn’t know what the left hand is doing when it comes to important intra-professional issues like educational entry into practice, instead of arbitrating our conflicts about resolution and drawing a unified stance to share with patients and the public.

The formation of the Federal Nursing Commission for the Institute of Medicine’s study on nursing staff in hospitals and nursing homes in 1996 is a classic example of not dealing with conflict and going public with the issues before discussion. Changes are no commission would have been needed and almost $1 million in federal funds could have been saved if nursing representatives could have dealt with the perceptions and conflicts over staffing, patient care outcomes and nursing injuries beforehand. I had the privilege of providing testimony at the hearings on this topic, and heard the chairman share a similar perspective about the formation of the commission.

Conflict will always have to co-exist with nursing. Nursing professionals will continue to disagree on issues fundamental to the profession and critical to patient advocacy. Resolving conflict takes a strong stomach and the willingness to be uncomfortable. Nurses can learn that differing opinions are not unusual or bad and that dissonance fosters creativity, innovation and collaborative outcomes. Nurses need to stop being afraid of conflict and start learning to use it.

Wherever your nursing career path takes you…

ANA and ANA gives you what you need to provide top-quality patient care!
Membership

As an organization we take care of nearly 90,000 patients a year. centers providing primary care medical services and plan to expand this business as well.

A little about us, with over 600 employees and in a growth mode, Oak Valley Hospital District is a full service, non-profit public hospital created to provide residents of Oakdale, and the surrounding rural communities, with access to superior quality medical care. We also operate four community health service, non-profit public hospital created to provide residents of Oakdale, and the surrounding rural

Our full-time RN position offers a competitive salary and excellent benefits. We also offer a pension plan of 15.9% and no cost life insurance at five times annual salary to a maximum of $500,000. Sign on bonuses are also offered.

In 2017, Yolo Hospice was voted one of the best places to work in the Sacramento

If you’re interested in learning more about what we have to offer and the incredible opportunity to join our team, please email your resume to Brian Beck, Vice President of Human Resources, bbeck@ovhd.com.

ER RN

Oak Valley Hospital District is searching for full-time ER Registered Nurses in Oakdale California. OVHD offers a culture that is focused more on that one on one patient and caregiver experience. If you’re looking for an organization that truly believes in honoring and taking care of its team members which in turn offers excellent patient care outcomes, Oak Valley Hospital District is your employer of choice.

Our full-time RN position offers a competitive salary and excellent benefits. We also offer a pension plan of 15.9% and no cost life insurance at five times annual salary to a maximum of $500,000. Sign on bonuses are also offered.

A little about us, with over 600 employees and in a growth mode, Oak Valley Hospital District is a full service, non-profit public hospital created to provide residents of Oakdale, and the surrounding rural communities, with access to superior quality medical care. We also operate four community health centers providing primary care medical services and plan to expand this business as well. As an organization we take care of nearly 90,000 patients a year.

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

24th Annual Meeting of the Minds Mental Health Conference

Wednesday, May 30, 2018, Anaheim Marriott, Anaheim, CA

Topics include: Opioid Addiction – Prevention and Treatment, Eating Disorders, Borderline Personality, Disorder, Depression, Trauma and Grief Recovery, Human Trafficking, Hoarding Disorder, Street Drug Trends, Transgender & Nonbinary Clients

For CEU Credits for Bio | For more info: www.mhasc.org/events

ER RN

Oak Valley Hospital District is searching for full-time ER Registered Nurses in Oakdale California. OVHD offers a culture that is focused more on that one on one patient and caregiver experience. If you’re looking for an organization that truly believes in honoring and taking care of its team members which in turn offers excellent patient care outcomes, Oak Valley Hospital District is your employer of choice.

Our full-time RN position offers a competitive salary and excellent benefits. We also offer a pension plan of 15.9% and no cost life insurance at five times annual salary to a maximum of $500,000. Sign on bonuses are also offered.

A little about us, with over 600 employees and in a growth mode, Oak Valley Hospital District is a full service, non-profit public hospital created to provide residents of Oakdale, and the surrounding rural communities, with access to superior quality medical care. We also operate four community health centers providing primary care medical services and plan to expand this business as well. As an organization we take care of nearly 90,000 patients a year.

You’ve earned your dream job. We’ll help you find it at nursingALD.com

You’re just looking for a job, you can stop reading now.

But if you’re looking for the experience of a lifetime, read on.

Yolo Hospice is a community-founded nonprofit with a nearly 40-year track record in caring for people with a life-limiting illness.

In 2017, Yolo Hospice was voted one of the best places to work in the Sacramento region by the Sacramento Business Journal.

We have a variety of nurse and clinical positions available to join our team.

Visit www.YoloHospice.org to learn about current employment opportunities under “Join Our Team.”
MASTER OF SCIENCE IN NURSING

The MSN Program offers the following specialty tracks:
- Adult-Gerontology CNS
- Nurse Educator
- Leadership and Administration
- Post-MSN Adult-Gerontology Clinical Nurse Specialist Certificate

Our graduate nursing classes combine face-to-face meeting with online learning. Classes meet Saturdays, for a total of six Saturday class sessions each semester, at our beautiful and historic Doheny campus in downtown Los Angeles. Students have the opportunity to join our MSN program in the fall, spring or summer semesters.

LEARN MORE AT
msmu.edu/msn
CONTACT US AT 213.677.2800

Sign up for an information session by going to msmu.edu/visitus

Serve the patients who need you most as an RN Case Manager.

As the nation’s largest community health network, AltaMed relies on the skills, experience and innovative thinking of RN Case Managers to develop plans, coordinate care, and provide case management to hospital or Skilled Nursing Facility patients. This care-team role works with Physicians, Social Workers, Nursing Staff and Hospitalists. Requires 3 years experience as an acute care, public health, case management or home care RN. Two years of case management, and English/Spanish bilingual skills are preferred.

We offer an excellent benefits package that includes medical/dental/vision, a generous paid time-off program, 403(b) retirement plan, education reimbursement and a wellness program. Go more with your career. To apply, please forward your resume to Careers@AltaMed.org or visit our website at WorkatAltaMed.org/NV, EOE

THE (UNSTOPPABLE) NURSING PROGRAM

SCHOOL OF NURSING

AZUSA PACIFIC UNIVERSITY
God First Since 1899

BECOME A LEADER IN HEALTH CARE

Advance your nursing career with Azusa Pacific’s MSN in Healthcare Administration and Leadership or MSN in Nursing Education, available online or at various Southern California locations, and graduate ready to make a difference in nursing.

Apply today! apu.edu/nursing

Also offered: LVN to BSN, Bridge to BSN, RN to BSN, Entry-Level Master’s, MPH, PhD, DNP