Dear Colleagues,

Your MNA team has been hard at work in the past few months and changes are on the horizon. In this message, I would like to reflect on our mission and discuss ways to engage our membership.

This is a State Association that is the voice of Maryland nursing; we promote excellence in the nursing profession with a culture of camaraderie, mentoring, diversity, and respect for colleagues. I am thankful to the many MNA members that volunteer time to run and attend our districts, our meetings, leadership events, and educational opportunities. I join a great team to work for all nurses and citizens of Maryland, but we need more registered nurses; we need you!

I recently attended an education session with a presentation from an energetic speaker. Her message on leadership and engagement was fairly unconventional. In a very straightforward and somewhat humorous way, she shared that leaders must let people know what is important, what is acceptable and what is not. As I reflected on her words, I found that her message hit home. How often do we let things slide? By not making our priorities known, we risk a slippery slope of disengagement and noncompliance. I decided to make my priorities known to Maryland Nurses in a personal message. MNA needs you! You are important to our mission and you need to be a part of the association in any way possible.

As I attend local nursing meetings and conferences, I find attendance dwindling. Sometimes, if it were not for undergraduate or graduate nursing students in attendance, many of our meetings, conferences, and educational events would probably not happen due to lack of participants. As an educator, I embrace the fact that nursing students are a part of MNA and are eager to learn about advocacy for better patient care and population health, but MNA is an organization for Registered Nurses (RNs). Please know how important this association is to all of nursing. Thank a member for devoting his or her time. Ask someone to join. The MNA Board will continue to investigate ways to serve our members. I look to every RN in Maryland to believe in the importance of our mission and let me know what can be done to improve it.

As you read this edition of the Maryland Nurse, the 115th Annual Convention will be in the history books. I hope you were able to attend, as I find that conferences energize and motivate change. Join me in thanking the Convention Planning Committee for their year round efforts that produce an awesome event. Plans for the 2019 Convention are already underway! We will have an exciting new venue and hope to attract not only many long time attendees but first time participants. I am starting now to share the importance of this annual event. This is our statewide conference, and the networking with leaders and active nurses is amazing.

I am also happy to announce the date for Nurse’s Night in Annapolis 2019. On Monday, February 18th, 2019, MNA will host an afternoon event for first time legislative visitors and experienced nurse leaders. We will have a guest speaker to start the event, followed by scheduled visits with your legislators. I know that the issue of Work Place Safety is important to all nurses, and we will continue to share news on the ways that MNA is addressing this issue. We cannot tolerate an unsafe workplace. Please stay tuned for details on the agenda for Nurse’s Night 2019.

The holiday season is fast approaching. My message this month is strong, but please know it is also caring. I value your efforts for MNA, but recognize the importance of jobs, and even more so, time with family and friends. Take time for yourself and enjoy the gifts of the holidays, however you choose to celebrate.

Best wishes always,

MKD

Mary Kay DeMarco, President
Diversity, Leadership, and Respect

Maryland Nurses Association. It is published quarterly. Annual subscription is $20.00.

MISSON STATEMENT

The MNA Mission Statement and Values adopted October 2014

The Maryland Nurses Association, the voice for nursing, advocates for policies supporting the highest quality healthcare, safe environments, and excellence in nursing.

Our core values: Camaraderie, Mentoring, Diversity, Leadership, and Respect

Preparing the Manuscript:

1. All submissions should be word-processed using a 12 point font and double spaced.
2. A title page should be included and contain a suggested title and the name or names of the author(s), credentials, professional position, and e-mail address, telephone contact, and FAX number, if applicable. Authors must meet the requirements for authorship. Contributors who do not meet the criteria for authorship may be listed in an acknowledgements section in the article. Written permission from each person acknowledged must be submitted with the article.
3. Subheadings are encouraged throughout the article to enhance readability.
4. Article length should not exceed five (5) 8 ½ X 11 pages (1500-2000 words).
5. All statements based on published findings or data should be referenced appropriately. References should be listed in numerical order in the text and at the end of the article following the American Psychological Association (APA). A maximum of 15 references will be printed with the article. All references should be recent-published within the past 5 to 7 years-unless using a seminal text on a given subject.
6. Articles should not mention product and service providers.

Editing:

All submissions are edited for clarity, style and conciseness. Referred articles will be peer reviewed. Comments may be returned to the author if significant clarification, verification or amplification is requested. Original publications may be reprinted in The Maryland Nurse with written permission from the original author and/or publishing company that owns the copyright. The same consideration is requested for authors who may have original articles published first in The Maryland Nurse. Additionally, once the editorial process begins and if a submission is withdrawn, the author may not use The Maryland Nurse editorial board review comments or suggestions to submit the article to another source for publication.

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Four University of Maryland School of Nursing Faculty Members Awarded Nurse Support Program II Grants

UMSON awarded nearly $2 million in NSP II grant funding.

Four University of Maryland School of Nursing (UMSON) faculty members have been awarded Nurse Support Program II (NSP II) grants funded through the Maryland Health Services Cost Review Commission and administered by the Maryland Higher Education Commission (MHEC). UMSON’S grant awards total nearly $2 million.

NSP II grants aid in increasing the capacity of nurses in Maryland by implementing statewide initiatives to grow the number of nurses prepared to serve effectively in faculty roles. MHEC offers a number of educational grant programs, funded by state general funds, special funds, and federal funds, designed to address Maryland’s economic and workforce development needs, campus reform initiatives, student preparation for post-secondary education, faculty and student diversity goals, and teacher professional development objectives.

“We are thrilled that UMSON has received NSP II grant support for four significant and quite varied projects, each of which will help address Maryland’s need for a well-educated and well-prepared nursing workforce. These projects expand opportunities for seamless progression of Maryland high school students into nursing careers, increase the number of highly qualified clinical preceptors, build further expertise in quality improvement and evidence-based practices, and create a Maryland Nursing Workforce Center to ensure appropriate data for future decision-making,” said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN. “We are grateful to the Maryland Health Services Cost Review Commission for its generous support of nursing research and the Maryland Higher Education Commission for its leadership in administering the NSP II initiative. Together we are ensuring that Maryland’s residents have access to excellent health care now and in the years ahead.”

The NSP II grants awarded to UMSON beginning in Fiscal Year 2019 include:

**Debra Bingham, DrPH, RN, FAAN, associate professor – Advancing Implementation Science Education Project ($698,995, 3 years):** The Advancing Implementation Science Education (AdvISE) project will expand statewide capacity in improvement science and quality improvement (QI) expertise. Implementation science expertise is a necessary foundation in expanding the effectiveness and impact of Doctor of Nursing Practice (DNP) students’ quality improvement projects. Implementation science and QI expertise is needed to increase evidence-based practices, which will improve the quality and safety of health care delivery and reduce moral distress and burnout among registered nurses. Through this project, Bingham and the AdvISE Steering Committee seek to advance faculty implementation science and QI knowledge and skills. This project will also aid faculty in effectively guiding and educating DNP students on how to develop, implement, and evaluate QI initiatives.

Shannon Idzik, DNP ’10, MS ’03, CRNP, FAANP, FAAN, associate professor and associate dean of the Doctor of Nursing Practice program – Continuation of Statewide Preceptor Modules for APRNs ($359,211, 3 years): Advanced Practice Registered Nurse (APRN) programs across Maryland struggle to identify enough preceptors to meet the growing needs of the program. Additionally, many active preceptors feel challenged in acquiring the skills needed to adequately mentor APRN students in a positive way. During the first cycle of funding, Idzik and colleagues created online learning modules and an in-person simulation to educate preceptors around the state. Through this continuation grant, Idzik seeks to recruit and educate more than 300 preceptors, who receive 11 Continuing Education Units upon completion of the program requirements.

Nina Trocky, DNP, RN, NE-BC, CNE, assistant professor and associate dean for the baccalaureate program – PTECH at Dunbar High School for Health Professions with Baltimore City Community College ($629,919, 3 years): Through the NSP II grant, Trocky and UMSON aim to improve opportunities to develop a diverse and competent professional nursing workforce to care for patients in Maryland’s high school communities. UMSON will build a workforce center that will aid in the development of professional nursing workforce to care for patients in the state. Through the NSP II grant, Trocky and UMSON aim to improve opportunities to develop a diverse and competent professional nursing workforce to care for patients in Maryland’s high school communities. UMSON will build a workforce center that will aid in the development of professional nursing workforce to care for patients in the state.

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University of Maryland School of Nursing's Fahie Awarded Federal Funding for Increasing Diversity Program

**Project will help increase number of CNL students from underrepresented backgrounds.**

Vanessa P. Fahie, PhD ‘94, BSN ’76, RN, assistant professor, University of Maryland School of Nursing (UMSON), was recently awarded a three-year, $2 million U.S. Health Resources and Services Administration grant to fund the project Increasing Diversity in the Clinical Nurse Leader Option.

Through the project, Fahie and UMSON colleagues Lynn Chen, PhD, assistant professor, and Gail Schoen Lemaire, PhD ’96, PMHCNS, BC, CNL, associate professor and associate dean for the Master of Science program, aim to increase the number of master’s-level Clinical Nurse Leader (CNL) graduates from underrepresented backgrounds. Qualified students will receive academic, financial, and social support to aid in their successful completion of the CNL program. In addition, UMSON staff from its Student Success Center will provide academic advising and tutoring, and members from the Association of Nurses in AIDS Care will mentor, serve as role models, and assist with preparing students to present at local and national meetings and to be published in professional journals.

“This important grant is consistent with the School of Nursing’s ongoing efforts to support development of a racially and ethnically diverse nursing workforce that meets the needs of our increasingly diverse society,” said Jane M. Kirschling, PhD, RN, FAAN, dean and professor. “Our Clinical Nurse Leader students will benefit from a new pre-entry immersion program as well as academic support and mentoring. We also look forward to collaborating with the American Association of Colleges of Nursing to expand the use of holistic assessments and cultural diversity training.”

The goal of the project is to retain 85 percent of CNL students enrolled in the program each year; place 85 percent of CNL graduates from underrepresented and disadvantaged backgrounds into practice within underserved communities; and distribute scholarships to eligible students each semester. Scholarships cover tuition and fees for the students’ first two semesters and include a book voucher for their first three semesters. Additionally, project leaders aim to establish an academic environment that supports cultural diversity and inclusion and the development of financial management skills.

“We are using evidence-based strategies to recruit, enroll, retain, empower, and graduate nursing students from disadvantaged backgrounds,” Fahie said. “Through our commitment to include ethnic and racial minority populations who are underrepresented in the nursing workforce, we seek to improve health equity within their communities through professional nursing practice.”

HRSA is an agency of the U.S. Department of Health and Human Services and is the primary federal agency for improving access to health care by strengthening its workforce, building healthy communities, and achieving health equity. Its programs provide health care to people who are geographically isolated or economically or medically vulnerable.

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November, December 2018, January 2019

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Fahie Leading Collaboration Between University of Maryland School of Nursing and Baltimore City Public Schools

UMSON teaming up with Edmondson-Westside and Frederick Douglass high school students and families.

Vanessa P. Fahie, PhD, RN, assistant professor, University of Maryland School of Nursing (UMSON), was recently awarded another College Preparation Intervention Program grant from the Maryland Higher Education Commission. The $125,000 award is in support of the Maryland Gaining Early Awareness and Readiness for Undergraduate Program, a discretionary grant program designed to increase the number of low-income students who are prepared to enter and succeed in postsecondary education.

In collaboration with Baltimore City Public Schools (BCPS), UMSON provides services to Edmondson-Westside and Frederick Douglass high school students and their families; both schools are in West Baltimore. The Exploring Health Profession Careers project fosters career awareness and exploration, college readiness, financial literacy, and increased parental involvement. Students and their families are exposed to diverse options within the health care field, which is designed to help overcome the disparity in educational attainment and awareness of health professions career opportunities among low-income students.

“The Exploring Health Profession Careers Program leverages resources from public K-12, higher education, and nonprofit entities to address a triple threat — achievement gap, opportunity gap, and learning gap — for students attending low-performing high schools,” Fahie said. “It gives students the opportunity to engage in interactive college readiness activities that motivate them to aim higher, study harder, and take the courses required for college admission and success.”

Through the partnership, the various organizations have pooled resources to develop a creative model to reduce the obstacles that might prevent high school students, particularly African-Americans interested in health professions, from graduating from high school and enrolling in college. The partnership will also increase communication among parents, teachers, and administrators to identify career and educational goals.

“We congratulate Dr. Fahie on receiving further support for her important work fostering awareness of health professions careers among high school students,” said UMSON Dean Jane M. Kirschling, PhD, RN, FAAN. “It is essential that we continue to increase the racial, ethnic, and gender diversity of our future health care workforce. Dr. Fahie's efforts to introduce students at an early and impressionable age to the career and educational goals.

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Rebecca Wiseman, PhD '93, RN, associate professor and chair of the University of Maryland School of Nursing at the Universities at Shady Grove – Establishing the Maryland Nursing Workforce Center ($265,467, 2 years): The Institute of Medicine’s 2018 Future of Nursing report recommended improving collection methods of workforce data. Currently, data about the nursing workforce in Maryland available to nursing agencies and organizations is lacking. In planning for future workforce needs and to measure the success of programs and initiatives, it is essential to have an accurate and comprehensive data set. Through this project, Wiseman seeks to establish the Maryland Nursing Workforce Center at the University of Maryland, Baltimore, to be responsible for compiling and reporting relevant data.
Managing multiple chronic conditions, studying social determinants of health, and providing community-driven care will be pillars of the new PROMOTE research center to be launched at the Johns Hopkins School of Nursing (JHSON). Funded through a National Institutes of Health P30 grant, the center will advance science in supporting patients with multiple chronic conditions and provide an opportunity for researchers to drive culture change and develop sustainable health care initiatives through innovative research design.

The Center (Promoting Resilience in Persons with Multiple Chronic Conditions) will be founded on leading a unique shift in the current paradigm of disease-specific models of care to person-centered, community-focused methods that address various factors affecting health including functional limitations, family caregivers’ perspectives, poverty, housing, access to food, or traumatic life events.

“With two out of three adults in the U.S. experiencing multiple chronic conditions, the need for relevant research and scalable programs is urgent,” says Sarah L. Szanton, PhD, ANP, FAAN, center director and JHSON endowed professor for health equity and social justice. “Our center takes a holistic view of the person, their environment, and their goals. The center will prepare clinician-researchers to design compelling solutions that are relevant to the home, family, social, and financial ecosystems that people live in. We want to change the question from ‘what is the matter?’ to ‘what matters most’ to the patient.”

PROMOTE will use a framework that places heavy emphasis on health resilience and recovery (rather than treatment of individual diseases) and simultaneously influencing factors that increase one’s ability to overcome a health challenge. Through a partnership with the Center for Social Design at Maryland Institute College of Art (MICA), researchers will use human-centered design, which leverages experience and feedback of patients and caregivers themselves to better develop and test ideas. There will also be key stakeholder engagement with policy groups, foundations and industry, as well as people living with multiple chronic conditions.

Drawing on current JHSON faculty expertise, other center directors will include Hae-Ra Han, PhD, RN, FAAN, Cheryl Dennison Himmelfarb, PhD, RN, ANP, FAAN, FAHA, FPCNA, Patricia Davidson, PhD, Med, RN, FAAN, Jacquelyn Campbell, PhD, RN, FAAN, and Nancy Perrin, PhD, who have made significant contributions to intervention design and research with people with multiple chronic conditions.

“Establishing this center will lead to a tremendous step forward in the way health care professionals respond to and design future interventions to the most pressing health issues,” says Davidson, also dean of JHSON. “It’s not just a leadership opportunity for our school, but a transformational advancement for the whole of health care.”
Johns Hopkins School of Nursing’s Jacquelyn Campbell Named Nursing Edge Runner

Johns Hopkins School of Nursing (JHSON) Professor Jacquelyn Campbell, PhD, RN, FAAN, has been named an American Academy of Nursing Edge Runner for her program, Danger Assessment: An Instrument to Help Abused Women Assess Their Risk of Homicide. The honor recognizes nurse-designed models of care and interventions that improve health care quality, cost, and consumer satisfaction.

“This is an extraordinary honor and another opportunity to shed light on domestic violence, a problem that affects everyone. I am grateful for the Academy’s recognition and for the commitment of so many colleagues and organizations that have prioritized research and funding for this distressing public health problem.”

Across the United States, one in three women has been affected by domestic violence, and when women are murdered, it is most often by a husband, boyfriend, ex-boyfriend, or partner. Through the Danger Assessment, women are provided a tool to help determine the likelihood of being killed by an intimate partner.

Users are guided through 20 questions to prompt awareness of risk factors like death threats and partner’s access to a gun. Based on the level of danger, the Danger Assessment helps with safety planning measures and provides resources for abused women to learn about shelters, family justice centers, and medical advocacy. The tool also provides a calendar to help identify frequency of abuse and when injuries occurred, which can serve as evidence for possible court proceedings.

Campbell developed the Danger Assessment in 1986 by using her research, clinical knowledge, and expertise as a nurse combined with the input of law enforcement and domestic violence survivors. It is free to the public in a variety of languages and available to health care professionals who want to be certified to use the tool within their own practices and organizations. It has served as the framework for a number of other interventions including the Lethality Assessment adopted by police forces across the U.S., and the My Plan relationship-safety app developed by JHSON Professor Nancy Glass, PhD, MPH, RN, FAAN.

“Dr. Campbell has dedicated her nursing career to caring for victims of domestic violence and using her many years of research, study, and experience to help and keep women and families safe and healthy,” says JHSON Dean Patricia Davidson, PhD, MEd, RN, FAAN. “This is a marvelous recognition of her passion, collaboration, and knowledge of nursing and community health.”

Habitat for Humanity to Implement Johns Hopkins School of Nursing Program for Aging-in-Place

More communities nationwide will have an opportunity to improve the lives of low-income, older adults through the Johns Hopkins School of Nursing’s innovative CAPABLE program, which will be implemented by Habitat for Humanity in six new areas across the United States.

Short for Community Aging in Place—Advancing Better Living for Elders, CAPABLE was co-developed by JHSON endowed professor for health equity and social justice Sarah L. Szanton and colleagues to support aging-in-place services for low-income older adults. Through the new partnership, JHSON and Habitat will work together to expand Habitat’s current work of improving the overall condition of homes to include collaborating with health professionals to address the home’s usability and safety and the health of its owner—cornerstones of the CAPABLE program.

“This will help bring even more services to low-income, older adults, who often have reduced access to primary care and little financial means to provide necessary updates that can make their homes safer,” says Szanton, PhD, ANP, FAAN. “It will be of great benefit to Habitat’s vision for housing and stability for individuals and families and another opportunity to expand CAPABLE’s reach.”

Within the six cities selected for CAPABLE, JHSON and Habitat will measure improvement and analyze results of the implementation.

CAPABLE, currently used in 22 cities, 11 states, and Australia, is a research-based intervention that helps increase strength, mobility, and safety of older adults through renovations like installing hand rails or lowering shelves. It has been shown to decrease disability and depression, improve self-care among participants, and provide a tenfold return on investment.

Throughout the years, CAPABLE has been funded by the National Institutes of Health, the Centers for Medicare and Medicaid Services, the Robert Wood Johnson Foundation, and the Rita and Alex Hillman Foundation. This new collaboration with Habitat is being funded by a donation to Habitat from the Harry and Jeanette Weinberg Foundation.
Insubordination, overstepping boundaries, uncertainty, unethical behavior, missed opportunities to advocate for patients and ourselves…all workplace topics that most of us have faced in our careers. Maybe those situations left you feeling unsure of yourself, made you wonder if your nurse leader may have been able to handle the situation differently, or left you baffled about how to “right a wrong.” Do you have the leadership tools to handle these situations? Are great leaders born or made? We suggest that none of us is born with all of the abilities needed to be strong leaders. Leadership skills require cultivation and develop over time. Most often the opportunity for learning leadership happens when confronted with real-life scenarios and we are not offered a positive and safe way to fine-tune our leadership skills.

The Toolkits for Nursing Leadership Development, a Maryland Higher Education Commission Nurse Support (NSP)-II funded project, introduces a series of web-based learning experiences to bridge the gap between nursing education and practice. Using Standardized Patient Experiences (SPEs) featuring trained actors to portray various scenarios where leadership skills are needed, the toolkits are designed to enhance advocacy, collaboration, and conflict management skills in nursing. These learning packages offer a safe environment in which to teach effective and ineffective communications skills for leadership development in nursing students and registered nurses across Maryland. Toolkits include learner objectives, facilitation materials for educators, video vignettes enacted by standardized patients, activities to encourage critique/practice/refinement of new skills and references. Three themes are integrated across the toolkits: preparing for an interprofessional workplace, interacting with diverse populations and dealing with common behaviors that arise in stressful work environments.

How It Started
The concept for the Leadership Toolkits arose from the Institute of Medicine report (2011) calling for nurses to cultivate better skills in leadership and management in conditions of increasing uncertainty. Furthermore, new graduates must increasingly use these skills in the workplace so a solution to promote professional growth in an easy-to-use format was needed.

When will the Toolkits be available?
The toolkits have several parts which will be released over the next two years. The first involves the integration of leadership skills within a behavioral health context. Interprofessional collaboration in the care of patients with PTSD is NOW AVAILABLE to faculty in ALL Maryland nursing programs at: https://webapps.salisbury.edu/nursingtoolkit/. Additional toolkits involving the management of conflict when caring for a patient with addictions and advocacy for individuals with chronic mental illness are being developed.

The second phase is under development in consultation with our practice partners: Atlantic General Hospital (Berlin, MD), Peninsula Regional Medical Center (Salisbury, MD), and University of Maryland Medical Shore Regional Health (Cambridge, Easton, Stevensville, MD) who have provided input on some of the most challenging and stressful situations recently faced amongst their nursing staff. The first toolkit in this series focuses on interprofessional collaboration in the care of a patient and family at end of life and will be available soon to the grant practice partners and faculty in all Maryland nursing programs. For more information contact: Beverly Payne, administrative assistant for the Toolkits for Nursing Leadership Development, at (410) 546-2008 or bpayne@salisbury.edu.

References

Toolkits for Nursing Leadership Development at Salisbury University
INSPIRING THE LEADER WITHIN

Salisbury University students in the photo are actively utilizing the toolkit for nursing leadership by enacting a scenario using an intercollaborative conversation for withdrawal of life support.
Would you like to make a difference? You already are – as a registered nurse! However, there is an urgent need in Maryland and nationwide for more nurse faculty. The results of the most recent NLN (National League for Nursing) Faculty Census Survey of Colleges of Nursing (2016-2017) confirm this and are equally disheartening. We continue to have an aging nurse faculty workforce without abatement, with almost 50 percent of nursing faculty between the ages of 48-60 years, and “22 percent are 62 years or older” (NLN, 2018, p. 266). Even more disheartening are the number of faculty from minority groups. NLN estimates: “the proportion of minority nurse educators remained unchanged compared to 2015” (NLN, 2018, p. 266); only 16.2 percent of faculty were members of minority groups (NLN, 2018, p. 266). Although 24.7% of Maryland’s nurse faculty are from racially and ethnically diverse backgrounds, 39.4% of students are diverse (AACN 2017). Similarly, the representation of males in nursing has remained low at six percent (NLN, 2018, p. 266). These trends have a “trickle down” effect – without adequate faculty, it will be difficult to educate and graduate students, additionally, large numbers of qualified applicants are being turned away from nursing programs. The nurse faculty shortage is central to the overall shortage of registered nurses.

The Maryland Nurse Educator Career Portal: LeadNursingForward.org

What does this mean for you? Salisbury University, in collaboration with the University Of Maryland School Of Nursing, has embarked on an exciting new project specifically designed to address the state’s nursing faculty shortage. This five-year Maryland Higher Education Commission Nurse Support II funded project is creating a website or “one-stop shop” for those interested in becoming nursing faculty. With searchable maps displaying the locations of Maryland’s nursing programs, hospitals, and health care organizations as well as an interactive “Explore Your Own Adventure” Career and Educational Pathways section, the portal is the perfect place for site visitors to learn more about the many varieties of nurse educator positions. The goals of this “one-stop shop” are to:

- Increase awareness of the ongoing nurse faculty shortage;
- Provide strategies and tips on how to become a nurse educator;
- Serve as a resource for accurate information about advancing your education;
- Connect nurse educators to open positions in colleges and health care organizations across the state; and,
- Rebrand and promote the image of the nurse educator career.

In what ways can the LeadNursingForward.org website benefit you? Through this website you can learn more about the nurse faculty shortage and be part of the solution. Any nurse interested in advanced education with an ultimate goal of becoming an educator can find information on valuable resources such as grants, scholarships, and tuition reimbursement to help defray the cost of further education. Additionally, at the touch of a button or click of a mouse, nurses will be able to view the colleges in their geographic area and the educational programs they offer.

For those interested in teaching, this website will provide opportunities to find job postings and connect to employers, while employers (colleges, hospitals and medical centers) will be able to search for multiple candidates to fill vacant educator positions, thereby having access to a broad spectrum of Maryland nurses and educators. Similarly, nurses who are interested in a nurse educator position in a hospital or clinical setting will also be able to discover positions available in their geographic area. All users will be invited to create a secure profile to help them connect with the resources they desire.

The site will also feature photos and video vignettes showcasing the real life stories and pathways of a wide diversity of nurse educators from universities, community colleges, and health care organizations across the state of Maryland. Our Lead Nursing Forward team also envisions this site as a Maryland resource for early explorers such as students in middle and high school, guidance counselors, and parents. Visit the site today or scan our QR code to join the LeadNursingForward.org Mailing List and receive updates about the official site launch! Be a part of the Lead Nursing Forward community and help us address the Maryland nurse educator shortage. To contact the authors: Send Correspondence to the attention of: Abigail Johnson at AJJOHNSON@salisbury.edu. CHHS Grants Phone: 410-548-2079; Mailing Address: Salisbury University, 1101 Camden Avenue, Salisbury, MD 21801

References

Nursing Leadership Opportunities with Hospice of the Chesapeake

Make a difference. Inspire others. Love your job!
Hospice of the Chesapeake is a leader in advanced illness care. Our work impacts the quality of life of people who are seriously ill and those who love them, therefore we seek special employees who are technically skilled, possess superior interpersonal skills and wish to enthusiastically contribute to our culture of caring. Join us.

Director, Clinical Services – Inpatient Care Centers & Home Care
Director, Compliance
Director – Access Services (Admissions & Intake)
Clinical Manager – Southern Anne Arundel County

Please visit www.hospicechesapeake.org to view a complete list of nursing opportunities or to submit an application.

For questions, email our recruitment team at recruitment@hospicechesapeake.org
On Thursday, September 20, 2018 MNA District 2 (D2) celebrated their full annual dinner meeting and seminar. The focus of the evening was on legislative issues for Maryland nurse advocacy. The event was held at Martin’s West on Dogwood Road in Baltimore County. Both nurses and nursing students were in attendance. The event was sold out with approximately 125 attendees that learned about the potentially new and upcoming proposed legislation for healthcare in Maryland and its impact on nursing. Jylla Artis, 1st Vice President for D2, presided over the event, while Dr. Charlotte M. Wood, 2nd Vice President of D2, provided the moderation for the panel discussion.

The room was buzzing with excitement and enthusiasm as the full dinner buffet began at 6:30 p.m. However, we were pleasantly surprised with a special drop-in visit from U.S. Senator Ben Cardin. He spoke to the audience about the Harford County shooting, basic values, and the many devastating disasters that have occurred across the country. Senator Cardin provided insight on several national level issues and wished us a wonderful dinner and evening.

D2 plans a fall dinner and seminar meeting annually and all proceeds provide funding for our first generation scholarship fund. The scholarships are awarded to selected Maryland student nurses who are the first in their family to attend college and who are in their last year of studies. This year we awarded a one thousand dollar scholarship to support the education of Cuiyun Yu, a first generation nursing student at Johns Hopkins University. (Donations large and small are accepted, throughout the year to support growing the nursing workforce).

At 7:30 p.m. a moderated panel discussion commenced with Senator Shirley Nathan-Pulliam, RN, of District 44; Delegate Clarence Lam, MD, of District 12, and MNA Lobbyist, Robyn Elliott of Public Policy Partners as primary presenters. The panel responded to questions related to the key issues in Maryland that could impact the upcoming legislative session, the key bills the MNA facilitated getting passed in the last General Assembly, what nurses need to do to help support changes in healthcare legislation, and the link between legislation passed and its relationship to evidence based practice (EBP) and nursing research. Other audience solicited questions inspired discussions about

(L-R) MNA Lobbyist, Robyn Elliott; Senator Shirley Nathan-Pulliam, RN, District 44; and Delegate Clarence Lam, MD, of District 12

(L-R) Senator Shirley Nathan-Pulliam, RN, of District 44; Dr. Charlotte M. Wood, RN, D2, 2nd V. Pres.; Cuiyun Yu, SN, 2018 Scholarship Winner; Jylla Artis, RN, D2 1st V. Pres.; Delegate Clarence Lam, MD, of District 12; and MNA Lobbyist, Robyn Elliott

U.S. Senator Ben Cardin U.S. Senator Ben Cardin & Dr. Charlotte M. Wood 2nd V. President, D2, MNA
legalizing marijuana, access to healthcare, and the cost of pharmaceuticals. The entire audience was engaged and delighted with the responses of the panel. The President of the Maryland Nurses Association announced and reminded the audience to plan for the upcoming “Nurses Night in Annapolis” event scheduled for February 18, 2019. D2 would like to extend our sincerest appreciation and thanks to all participants for a successful Fall Seminar. We hope to see everyone in our upcoming events. Please don’t miss an event that you are qualified to attend!! For questions about the Fall Seminar, please contact the author: Dr. Charlotte M. Wood at charlottewood58@gmail.com.

Cuiyun Yu, SN JHU 2018 D2-1st Generation Scholarship Winner

D2 Board Members

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Our Mission at GRMC is to treat every patient like a member of our own family. Graduate of an accredited school of Nursing with current registration with the Maryland State Board of Nursing or the ability to obtain before hire. For a brief description of open positions and to apply on-line visit us at www.medicine.wvu.edu/jobs, or submit your resume to humanresources@gcmh.com, or apply in person at: Garrett Regional Medical Center | Human Resources Department 251 North Fourth Street | Oakland, MD 21550

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Nursing students from CCBC, JHU, & BCCC

Nursing students from CSU and CCBC

Holiday Greetings from the Editor of the Maryland Nurse News and Journal

Charlotte M. Wood, PhD, MSN, MBA, RN Editor

November, December 2018, January 2019

LPN - Charge Nurse - Memory Care

Vantage House, recently named “THE BEST” by Howard County magazine is a senior living community in Columbia, MD.

We are excited to announce we are opening our new MEMORY CARE services.

We seek F/T & P/T LPNs for ALL shifts that have compassion and understanding for individuals that suffer with memory loss.

The ideal candidate should have previous experience working with seniors with Alzheimer’s/Memory impairment.

Successful candidate must be licensed as a Licensed Practical Nurse in MD, dependable & display excellent hospitality skills.

We offer a competitive hourly rate with excellent benefits for both full or part time employed (i.e. PTO, sick, health, dental, vision, 403B, etc.)

If interested, EMAIL resume to shb@vantagehouse.org or FAX to 410-995-1304, or apply in person at 5400 Vantage Point Road, Columbia MD 21044.

www.VantageHouse.org EOE

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STROKE SURVIVOR?
TROUBLE SPEAKING?

410-323-1777
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LPN - Charge Nurse - Memory Care

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www.VantageHouse.org EOE

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Next session begins February 6
Early bird price ends 1/17

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- Reactivate your inactive license
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Dr. Melani Bell, DNP, RN

On September 11, 2018 District 9 (D9) of the Maryland Nurses Association (MNA) held their annual business meeting and dinner at Charlotte Hall Veteran’s Home. Hosting the event at Charlotte Hall allowed district members to pay homage to those who lost their lives on September 11, 2001. Distinguished guest speaker Craig DeAtley, PA-C, Director of the Institute for Public Health Emergency Readiness at MedStar Washington Hospital Center was welcomed and presented a scholarly discussion on Emergency Preparedness.

On September 11, 2001, DeAtley, located in the Twin Towers in NYC at the time of the attack, successfully escaped the tragedy. DeAtley used his personal experience and expertise as a platform to educate others, while stressing the impact of an organized family plan in the event of such an incident. DeAtley, addressed a mixed professional audience and provided valuable information on preparing for an array of emergent events that included: active shooters, natural disasters, and chemical and terrorist attacks. DeAtley concluded with a discussion on internal hazards found in hospitals that may cause unintentional exposure to radiation on Oncology units and Radiology Departments, such as, radioactive seed implants. He noted the importance of using personal protective equipment (PPE) coupled with education for employees, patients, and visitors.

Outside of D9 Nurses, three members of Charles County’s District 28 Democratic party were present. Members included: Healthcare Advocate and Prominent Community Leader, Delegate Edith Patterson, EdD, who supports nurses and has sponsored numerous bills to improve healthcare in the state of Maryland. Influential healthcare constituent Arthur Ellis, Nominee for the Maryland State Senate, son and brother of a Registered Nurse (RN), and recently endorsed by Nurses and Caregivers of 1199 SEIU. Educational visionary, Dottery Butler-Washington, 2018 candidate for Charles County Board of Education. Butler-Washington goals are to develop teaching tools on Emergency Preparedness for all school aged children.

The D9 leadership would like to express the sincerest gratitude to Charlotte Hall, D9 Nurses, and Members of Charles County’s Democratic Party for understanding the impact of nursing in the community. A “Special Thank You” is extended to Craig DeAtley for providing valuable information for professional and personal use. The author, Dr. Melani Bell recommends for more information regarding D9 events, contact D9 via email at MNADnine@gmail.com.
A recent issue of Consumer Report provided some startling statistics about medical billing. Their survey of more than 1,000 insured adults who had medical expenses totaling at least $500 in the past two years revealed that 67% had at least one medical billing issue. Examples included, the bill being higher than expected or an unclear statement. Even more startling is that 35% paid medical bills that they weren’t sure they owed. And, for those who did not pay their medical bills on time, 29% had their unpaid medical bills sent to collection, and 18% had their credit score negatively impacted.

Here’s some advice on what you can do to reduce the financial toxicity of medical bills.

1. Know your health plan. Plans can change every year.
2. Try to stay in your provider’s network. Out-of-network health care visits may lead to higher cost.
3. Scout prices in advance. This is easier said than done. In the South, prices for services are more readily available than in Maryland.
4. Wait for the real bill. Do not pay based on an invoice.
5. Determine if the medical coding on the bill match the services provided. One wrong digit in a medical billing code can make a great difference.
6. Address problems quickly. Resist the urge to put it aside. Unfortunately, it won’t go away on its own.
7. Consider negotiating. Be persistent to speak with the right person who can help, like the head of the billing department.

If you are too ill or just cannot handle taking care of your medical bill matters, consider enlisting your health care advocate’s help. Don’t have a health care advocate? A health care advocate is an adult (could be a family member, friend, etc.) who knows about your health care wishes and can speak for you regarding health care matters.

In Maryland, but not applicable in all states, your health care agent can speak for you whenever you allow them to. You do not need to be incompetent for your health care agent to represent you in Maryland. Here is the link for the Maryland Advance Directive: Planning for Future Health Care Decisions. A Guide to Maryland Law on Health Care Decisions. http://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/advancedirective.pdf. There are two main parts of this document: Part I-Selection of your health care agent; and, Part 2-Treatment Preference.
The Immune Deficiency Foundation

Did you know? In the state of Maryland there are a large number of medical facilities and resources of national importance and prominence. These include:

National Institutes of Health (NIH)
Food and Drug Administration
Walter Reed National Military Medical Center
National Library of Medicine (part of NIH)
National Library of Agriculture
Centers for Medicare and Medicaid Services (former Health Care Financing Administration)
Federal Health Information Centers and Clearinghouses
Health Resources and Services Administration (includes the HIV/AIDS Bureau)
United States Public Health Service Commissioned Corps
United States Pharmacopeia
University of Maryland Medical Center
Johns Hopkins University Medical Center
Uniformed Services University of the Health Sciences
National Museum of Health and Medicine
National Museum of Civil War Medicine
Genetic and Rare Diseases Information Center (GARD)

And one more, the Immune Deficiency Foundation (IDF).

Founded in 1980, the IDF is the national nonprofit patient organization for people with primary immunodeficiency diseases (PI). IDF is dedicated to improving the diagnosis, treatment and quality of life of people with inborn errors of the immune system.

IDF has a wealth of resources for patients, their families and also for clinicians. On IDF’s website, www.primaryimmune.org, you can find information on many types of PI, how these diseases are diagnosed and treated, as well as learn the basics of the immune system.

Patients and families can get assistance locating a physician who specializes in PI in their area, connecting with others for peer support and learning how to manage their health. The site also includes helpful information about dealing with insurance issues. Parents can discover ways of dealing with their child’s school and how to help their teen transition to adult care and take responsibility for their health as an adult. IDF hosts many local and national educational events, which are featured on the event calendar where people can easily register.

The best way to stay informed is to sign up for a monthly email newsletter, the Primary Immune Tribune. To sign up, simply create an account: www.primaryimmune.org/my-account.

Resources for Clinicians:

IDF has active Medical and Nurse Advisory Committees who work to prepare policy statements and educational materials for physicians, nurses and patients. Members from these two teams are frequent speakers at the many IDF conferences and educational events throughout the year.

The Foundation participates in and conducts research through the IDF Survey Research Center. The findings from confidential surveys provide quantitative data that has been useful to physicians, industry, and patients.

IDF sponsors a Research Grant Program to award grants to support and encourage clinical research related to PI. This money is raised by participants in the IDF Walk for PI, held around the country each fall.

IDF also administers the national patient registry for PI, USIDNET, the United States Immunodeficiency Network. Paid for by a federal grant from the National Institutes of Health, this registry is a repository of longitudinal data on hundreds of PI diagnoses. It is anonymized and encrypted for patient confidentiality. There are 43 enrolling sites in 25 states. USIDNET sponsors mentoring programs, Visiting Professor and Visiting Scholar programs, and travel and research grants for scientists studying PI.
Nurse Resources:
The IDF Nurse Advisory Committee began in 1999 and works to increase awareness of PI through professional education and outreach on a national and international level. The Committee is also instrumental in increasing educational and peer support opportunities for individuals and families. The members collaborate with IDF to develop patient educational programs in their own communities and throughout the country.

The NAC created a video series on immunoglobulin administration. The Committee has authored and contributed to multiple IDF publications including developing the IDF Guide for Nurses on Immunoglobulin Therapy which is now in its fourth edition and can be ordered and/or downloaded from the IDF website.

Physician Resources:
Physicians can submit a request to the IDF Consulting Immunologist Program. Often, because these are rare diseases, doctors do not quickly recognize symptoms, so patients have access to molecular diagnostic testing labs to confirm suspicions. The consultation program:

• Offers free physician-to-physician consults regarding patients with PI
• Gives second opinions or consults on issues of diagnosis, treatment and disease management
• Provides physicians access to a faculty of recognized leaders in clinical immunology to discuss patient issues

Teaching hospital faculties can participate in the USIDNET LeBien Visiting Professor Program. IDF can provide an expert immunologist to lead grand rounds and other educational activities. This can increase knowledge of the diagnosis and treatment of PI at no cost to the participating hospital.

Around the World:
People around the world facing a PI diagnosis can also benefit from IDF resources translated into many foreign languages, which are available for download. IDF cooperates with immune deficiency organizations around the world including:

- African Society for Immunodeficiencies (ASID): www.asid-africa.org a network of patients, doctors, researchers and other experts, created for the care and advocacy of primary immunodeficiencies in Africa.
- Asia Pacific Society for Immunodeficiencies (APSID): http://apsd.khu.ac.kr/APSID/APSID2016/ Pediatricians and scientists from Asia interested in the care and treatment of primary immunodeficiencies.
- Clinical Immunology Society: www.clinimm soc.org. The society facilitates professional education, research and novel approaches to clinical immunology to promote excellence in the care of patients with immunologic/inflammatory disorders.
- European Society for Immunodeficiencies (ESID): www.esid.org. ESID is a nonprofit medical organization whose purpose is to foster excellence in research and medical practice and to promote interaction with nurses and patient associations, so as to increase exchange of information among patients, parents of patients, nurses, doctors and researchers.
- Federation of Clinical Immunology Societies (FOCIS): www.focusnet.org

International Nursing Group for Immunodeficiencies.
- International Patient Organization for Primary Immunodeficiencies (IPOPI) www.ipopi.org. Since 1992, the association of national patient organizations dedicated to improving awareness, access to early diagnosis and optimal treatments for primary immunodeficiency (PID) patients worldwide.
- The Jeffrey Modell Foundation: www.jmfd.org. This patient advocacy group is devoted to early and precise diagnosis of primary immunodeficiency diseases, meaningful treatments and ultimately, cures through clinical and basic research, physician education, patient support, advocacy, public awareness and newborn screening.

- Latin American Society for Primary Immunodeficiencies (LASID): www.lasid.org. LASID is a professional organization comprised of physicians from various Latino countries who are dedicated to promoting the awareness, diagnosis and treatment of primary immunodeficiency diseases in these countries.
- UKPIN-United Kingdom Primary Immunodeficiency Network: www.ukpin.org.uk. Nurses, if you have questions about the IDF resources for you or your patients, contact IDF: www.primaryimmune.org/

This research was supported [in part] by the Intramural Research Program of the National Human Genome Research Institute, National Institutes of Health."

Nurses Needed
Nurses would be responsible for all aspects of care related to the following:
- Insuring and Monitoring patient throughout his/her blood transfusion
- Managing any complications that may arise per AP-PI protocol
- Qualifications and Education Requirements:
  - 2 years of recent experience including blood products
  - Associates/Bachelors Degree in Nursing from an accredited School of Nursing
  - Excellent Customer Service Skills
  - Proficient in Peripheral IV Placement
  - Must be able to work independently
For more info contact
Dillon Merson at dmerson@advancedpicc.com
Attention Amazon Shoppers!!

The Nursing Foundation of Maryland is very excited to announce our new fundraising collaboration with AmazonSmile. Please log in at: https://smile.amazon.com/ch/53-1216733 to begin donating (at no extra expense to you) 0.5% of the total amount of your Amazon purchases to the Nursing Foundation of Maryland.

When you are on the AmazonSmile platform through the link above, you will see in the upper left corner that you have selected The Maryland Nursing Foundation as your charity. Please note that the donations from AmazonSmile are only made when you are on this web-based platform.

Once you have “enrolled” on your computer for your donations to be made to The Maryland Nurses Foundation of Maryland, the specific site can be accessed through smile.amazon.com or amazonsmile.com. Your charity choice will be remembered. Please do not use Amazon.com only because The Nursing Foundation of Maryland will not receive 0.5% of your total eligible purchases. Thank you for supporting the Nursing Foundation of Maryland. For more information, please contact the author: Barbara Biedrzycki, PhD, CRNP, AOCNP amazonsmile coordinator at npsbiedrzycki@aol.com.

NPAM’s 2018 Fall Conference Held on October 13th

The Nurse Practitioner Association of Maryland (NPAM) held the 2018 Fall Conference at Howard Community College (HCC) in RCF 400 on Saturday, October 13th, 2018. More than 150 nurse practitioners and nurse practitioner students gathered to learn and engage in clinically relevant learning sessions with an emphasis on pharmacology, to network with colleagues from around the state, and to interact with industry exhibitors to learn about new products and services.

Expert speakers presented on a wide variety of topics. Beverly Lang MSN, ANP-BC, Executive Director for NPAM, and Julia Worcester JD, Legislative Consultant for NPAM, presented Legislation, Policy, Regulation and Practice – Updates for Maryland NPs; Eileen Erskine CRNP, NPAM member and a nurse practitioner working at Capital Digestive Care, spoke about the management of IBD and effective collaboration; JoAnn Coleman DNP, NPAM member and an expert in care of the aged population, addressed the issue of marijuana use among seniors; Roseanne Velce DNP, current President of NPAM presented the updates for clinical practice guidelines for the treatment of community acquired MRSA; Elaine Bundy DNP, NPAM member and faculty member at University of Maryland School of Nursing, reviewed the current updates in anaphylaxis management; Dale Jafari DNP, Past-President of NPAM and co-chair of the NPAM PAC, presented her research findings related to the reduction of HPV in rural Maryland; and, Laura Simpkins, FNP-BC, NPAM member, shared her expertise on the care of patients with sexually transmitted infections. NPAM offered seven continuing education units for this learning activity with six of those CEs in pharmacology content.

NPAM wishes to thank HCC for welcoming NPAM once again, and to the numerous exhibitors, especially the American Association of Nurse Practitioners (AANP), for attending and supporting NPAM and the continuing education of Nurse Practitioners in Maryland, and to M&T Financial for providing folders and pens to all attendees. And, we thank all of our attendees and hope to see you again next year! If you missed this event, make sure you check out the NPAM web site frequently for additional CE opportunities and plan to join us in October, 2019 for yet another successful CE event! If you are not a NPAM member, go to www.NPAMOnline.org and see what NPAM has accomplished for you as a NP in Maryland. Join us today!

The author, Beverly Lang MSN, RN, ANP-BC, FAANP, is the Executive Director of NPAM and can be reached at NPAMExDir@npedu.com.
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Spirituality: Improving Health Behaviors Among African Americans

Lori Harvin DNP, MSN, RN, CNE
Darlene Hinds-Jackson DNP, FNP, CNE, and
Charlote M. Wood, PhD, MSN, MBA, RN

Spirituality is a complex term with varied definitions among individuals and cultures. It is a process of discovering meaning, hope and purpose in life, and interconnections with self and others (Patton, 2013). Spirituality is the belief in a higher power that may inspire hope, seek resolution, and transcend physical and conscious constraints” (Canfield et al, 2016, p. 211). Spirituality is also referring to “the inner self that empowers people to manage difficult situations, an avenue that fosters one to find meaning in life situations, and to connect with other people and the universal whole” ( Parsian & Dunning, 2009, p.100). Because of the broad definition applied to spirituality, it is difficult for individuals to identify ways to integrate spirituality in the delivery of health care.

The Joint Commission has acknowledged the importance of spirituality and its role in health promotion, suggesting improvements be made in the assessment and care of one’s spirituality (Joint Commission, 2011). Although The Joint Commission supports the benefits of spirituality, it is often devalued and not integrated into health care. In an attempt to provide clarity to spirituality and how it can be used in health care, Newlin, Knafl, and Melkus (2002), completed a concept analysis of African American spirituality. This concept analysis suggests that spirituality is a significant aspect of African American culture and can influence health care practices and outcomes among this ethnic group.

African Americans have been identified as a vulnerable population due to the susceptibility to disease, such as hypertension. In addition, barriers to healthy behaviors among African Americans include lack of trust of health care providers and perceived prejudice when receiving health care services (Luksoshe, 2003 & Murray, 2015). Consequently, many African Americans have poor blood pressure control and suffer from high rates of associated complications and premature mortalities (Grant et al., 2016). It would be beneficial to identify innovative interventions that can improve health outcomes among African Americans.

African Americans are among individuals with the highest mortality rates related to chronic diseases and poor health behaviors. The prevalence of hypertension among African Americans is the highest in the world with more than 40% of Non-Hispanic African Americans being diagnosed with hypertension (American Heart Association, 2016). The associated chronic diseases such as, kidney disease, heart disease, and stroke contributes to the high mortality rates of African Americans with high blood pressure. “Nearly 44% of African American men and 48% of African American women have some form of cardiovascular disease that includes heart disease and stroke” (CDC, 2016). High prevalence of hypertension among African Americans continues to be reported and is one of the main causes for cardiovascular disease (Fuchs, 2011). Biological differences, environment, and habits of daily living have been identified as significant causative factors for the disproportionately high rates of hypertension among African Americans (CDC, 2016). Consequently, African Americans have poor blood pressure control and suffer from high rates of associated complications and premature mortalities (Grant et al., 2016). Research supports a correlation between religious beliefs and behavior among African Americans. Lewis’ (2011) study of African American older women and their perspective of spirituality, adds to the body of literature that suggest spirituality is a constructive resource for African Americans. This qualitative study of older African American women diagnosed with hypertension, revealed how their beliefs and practices associated with God fostered positive attitudes and behaviors resulted in positive healthcare outcomes. Lancaster et al. (2014) implemented a cluster-randomized control study of the effectiveness of faith-based therapy life change (TLC) intervention as compared to health education (HE) which proved to be an effective strategy to control blood pressures in African Americans. Dodani et al. (2014) noted an increase with adherence to a health diet when reading of scriptures are integrated in the education sessions. Hence, spirituality has been identified as an essential part of health promotion and healing among African Americans, however, it is not integrated into health care delivery (Melhem, Zeilani, Zaggoout, Aiwad, Shawagfeh, & Al-Rahem, 2016).

The inclusion of spirituality proves beneficial in improving health outcomes for African Americans, thus, it may be beneficial to include spirituality when providing care to other ethnic groups as well. Providing healthcare that includes the integration of spirituality substantiates improved physical function, promotes comfort, and improves health care outcomes. “Spiritual care interventions can include the use of religious materials, such as scriptural reading, the opportunity for meditation, music and singing, attendance at spiritual services, and referral to clergy, support groups, or parish nurse programs sponsored by local churches” (Treloar, 2016). The limited body of knowledge regarding spirituality and health practices contributes to the lack of the provision of spiritual care in the clinical setting. The nursing profession emphasizes caring and the need to provide patient centered care. This positions nurses as suitable leaders in the integration of spirituality. “Nurses can promote expressions of spirituality in the patient/family through creation of a climate that communicates love, value, and worth, and that respects others’ cultures, beliefs, and practice” (Canfield et al, 2016, p. 215). Nurses also reported the need for education as it relates to meeting the spiritual needs of patients. To ensure effective integration of a patient’s spiritual needs in nursing practice, research and concept development continues, nurses will need to promote a spiritual model of health and teach a different approach to care (Treloar, 2000).

The combination of spiritual care and patient-centered care promotes a trusting relationship between provider and patient leading to improved patient outcomes (Vincens, 2018). It is the mind, body, and spirit that must be cared for to foster wellness and health (Treloar, 2000). Nurses have the unique opportunity to lead the initiative of ensuring that patient centered care is provided, including identifying and addressing spiritual needs. Improving the incorporation of spirituality in health care delivery within the nursing curriculum will assist in eliminating the lack of knowledge concerning spirituality and healthcare delivery.

Additional training, to include annual competencies, would prepare nurses to be able to meet all the needs of their patients. Having a standardized assessment tool along with strategies focused on spiritual care would foster improved care and confidence among nurses. The significant role of spirituality in improving health care behaviors and outcomes, prompts the need for further research and the exploration of ways to integrate spirituality into health care delivery. To contact the lead author please e-mail lharvin@coppin.edu.

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References

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Date of Birth

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Credentials

Phone Number

Check preference: ☐ Home □ Work

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Employer

Email address

Type of Work Setting: (eg. hospital)

County

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It would be great if health care was truly affordable for all, but until it is, we can try to keep our medical bills from turning into a financial toxicity that impact our health. If you have comments about this article or would like additional detail or financial-related topics in The Maryland Nurse, email the Editor, Dr. Charlotte Wood at TheMarylandNurse@gmail.com

References:

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