It’s Not Too Soon to Begin to Think about Nominating a Colleague for an ANA MA Award

You work with or know nurse colleagues whose commitment to nursing and to patient care is exemplary. Yet in the rush of today’s world, there is often little time to acknowledge them and their professional contributions. ANA MA Awards provide you the opportunity to honor their remarkable, but often unrecognized, practice.

Most ANA MA Awards are not restricted to ANA MA members. Nominees can be a member of ANA MA or a non-ANA MA member who is nominated by a member of ANA MA. These awards can be peer- or self-nominated.

For more information on and applications for the various scholarships and awards offered by ANA MA please visit the ANA MA website: www.anamass.org

Mary A. Manning Nurse Mentoring Award
This award was established by Karen Daley to support and encourage mentoring activities. This monetary award in the amount of $500 is given annually to a nurse who exemplifies the ideal image of a mentor and has established a record of consistent outreach to nurses in practice or in the pursuit of advanced education. (ANA MA membership not required)

Excellence in Nursing Practice Award
The ANA MA Excellence in Nursing Practice Award is presented yearly to a registered nurse who demonstrates excellence in clinical practice. (ANA MA membership not required)

Excellence in Nursing Education Award
The ANA MA Excellence in Nursing Education Award is presented yearly to a nurse who demonstrates excellence in nursing education in an academic or clinical setting. (ANA MA membership not required)

Excellence in Nursing Research Award
The ANA MA Excellence in Nursing Research Award is presented yearly to a nurse who has demonstrated excellence in nursing research that has had (or has the potential to have) a positive impact on patient care. (ANA MA membership not required)

Loyal Service Award
This award is presented annually to a member of ANA MA who has demonstrated loyal and dedicated service to the association. (ANA MA membership required)

Community Service Award
This award is presented annually to a nurse whose community service has a positive impact on the citizens of Massachusetts. (ANA MA membership not required)

Friend of Nursing Award
This award is presented annually to a person or persons who have demonstrated strong support for the profession of nursing in Massachusetts. (ANA MA membership not required)

Future Nurse Leader Award
The Future Nurse Leader Award was established to recognize nurses who have demonstrated leadership potential during nursing school or in their first nursing position. It is designed to encourage recent nursing graduates to become active in ANA Massachusetts and to develop their leadership skills. Nominees for this award must be graduating in the year nominated or have graduated from any pre-licensure nursing program within two years of the nomination deadline.

Nomination must be made by an ANA MA member. An additional letter of support from another ANA MA member is required. At least one letter of support must come from the Dean or a faculty member of the nominee’s nursing program.

The nominee selected must plan to live in Massachusetts for one year after receiving the award and serve on one of ANA MA’s committees for one year. The recipient of this award will receive a one year ANA MA membership and will attend the annual ANA MA Awards dinner free of charge.

The nomination process for all awards is easy:
• Access the applications at the ANA MA website: www.anamass.org
• Complete the application and submit electronically or by mail by the deadline of January 12, 2019
• If you have any questions or need help, call ANA MA at 617-990-2856

Professional Scholarships
Ruth Lang Fitzgerald Memorial Scholarship
This scholarship is established by the Fitzgerald family in memory of Ruth Lang Fitzgerald, a long time member of ANA MA. The monetary award of up to $1,000 is given each year to a member of the ANA MA to pursue an area of special interest or a special project that will be...
As I reflect on my New Year’s resolutions and the challenges of the coming year, I think about the ballot question that divided nurses in the Commonwealth. With this election behind us, I want to work towards reunifying nurses to improve care, outcomes and professional practice.

Question 1 initiated some difficult and necessary discussions about the future of health care and the nursing workforce. These discussions will continue as debates in the legislature, boardrooms, newspapers and dinner tables. We need to continue these discussions until all perspectives are heard both for the voters of the commonwealth and most importantly, for our patients.

ANA Massachusetts will continue to be the voice of professional nursing practice in the Commonwealth. ANA Massachusetts will continue to advocate for optimal staffing as an essential component of providing safe care to our patients. ANA nationally introduced the Safe Staffing for Nurse and Patient Safety Act of 2018 (S. 2446, H.R. 5052). This bipartisan legislation requires hospitals to establish a committee, comprised of a minimum of 55 percent direct care nurses, to develop nurse staffing plans specific to each patient care unit. In addition, we will continue to address legislative issues affecting nursing practice, work to ensure that nurses are practicing to the full extent of their education and training, promote an improved nursing educational system for seamless care transition and allow nurses to become full partners in all healthcare decisions in Massachusetts.

ANA Massachusetts will continue to provide nurses with high quality educational programs and events. We are excited to announce a new location for our annual Spring Conference and Awards Dinner. This year the event will take place on March 29th at the Royal Sonesta Boston. The conference planning committee is developing an exciting curriculum for the conference. During the awards dinner, we will celebrate the accomplishments of nurses. Please take a moment to review the awards criteria included in this newsletter and recommend a deserving colleague.

During the upcoming year, please consider joining and being involved in ANA Massachusetts. I wish everyone a Happy New Year and thank you for your support.

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**ANA Massachusetts Fall Conference**

Nancy W. Gaden, DNP, RN, NEA-BC
SVP/Chief Nursing Officer, Boston Medical Center addresses the attendees on the unintended consequences of the Staffing Ratio Bill.

Joanne Timmons, MPH, Domestic Violence Program Manager, Boston Medical Center addresses domestic and sexual violence. Over 100 RNs from across the Commonwealth in attendance representing staff nurses, ambulatory care, advanced practice, and diversity within the profession. Meets DPH requirements for chapter 260 training for RN licensure renewal.

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beneficial to the member and for the association. The scholarship can be used to attend an educational conference or some other educational activity. It may also be used for participation in a humanitarian aid project. (ANA MA membership required)

Arthur L. Davis Publishing Agency Scholarship

Is for an ANA MA Member to pursue a further degree in nursing or for a child or significant other of an ANA MA member who has been accepted into a nursing education program. The $1,000 scholarship can only be applied to tuition and fees.

Application Process for Scholarships

- Access the application for either scholarship at the ANA MA Website: www.anamass.org
- Complete the application and submit electronically or by mail (postmarked by January 12, 2019 for Fitzgerald Scholarship; March 15, 2019 for Davis Scholarship)
- If you have any questions or need help, call ANA MA at (617) 990-2856
- The selected recipients will be notified by January 25, 2019 for Fitzgerald Scholarship and by April 1, 2019 for Davis Scholarship.

Living Legends in Massachusetts Nursing Award

The prestigious Living Legend in Massachusetts Nursing Award recognizes nurses who have made a significant contribution to the profession of nursing on a state (Massachusetts), national or international level.

Living Legends in Massachusetts Nursing Awards are presented each year at the ANA MA Awards dinner ceremony. Candidates for this award should be a current or past member of the American Nurses Association (ANA) or a member of the Massachusetts Nurses Association (MNA) when it served as the state affiliate for the American Nurses Association (ANA) and be nominated by a colleague.

Nomination Process

- Access the application at the ANA MA website: www.anamass.org
- Complete the application and submit electronically or by mail by the deadline of January 12, 2019
- If you have questions, need help? Call ANA MA at 617-990-2856

Jean C. Solodiuk, PhD, CPNP, MSN, RN

“There is a superhero in all of us. We just need the courage to put on the cape.” Superman

“I am so glad you use your superpowers for good rather than for evil!” proclaimed a 12-year-old comic book aficionado. A few minutes before, he was writhing from post-surgical pain. He had a cancerous bony tumor removed. His nurse urgently called me to the bedside. As the nurse practitioner in the Pain Center, I gave him a bolus of local anesthetic through his nerve catheter. Within minutes, this 12-year-old with alopecia, and a bloodied knee dressing jetted “If you inflicted pain with the same force that you used to take it away, you would be the worst villain ever.”

I admit, as a nurse, I loved his image of nurse as a superhero fighting against pain and suffering. Hey, we DO have a not-too-distant-past of wearing capes (check out the 1961 Vintage Barbie Nurse uniform with cape).

However, it did make me pause when he spoke of my “superpowers” as having the potential to be used for both good and evil. Immediately, I thought of Louise Fletcher’s fictional Nurse Ratched in the movie One Flew Over the Cuckoo’s Nest (based on the novel by the same name by Ken Kesey). Nurse Ratched used her influence and power to destroy lives in the name of maintaining order. Fortunately, nonfiction evil nurses like this are extremely rare.

Each day, nurses deliver immense good to many people. Nurses communicate empathy and concern. Nurses provide comfort from pain and suffering. Nurses coordinate patient care within a complex health system. Nurses identify medical errors and alert providers with concerns. There are many more examples of this!

And yet, I believe that we have the potential for even greater good. During this time of transition from 2018 to 2019, I hope that you will take time to reflect on your nursing “superpowers” and how to enhance them. What questions do you have about your practice? What topics do you need to read about to strengthen your practice? What questions are unanswered in the literature and require further study? In addition, I hope that you will consider what you can do to improve the gaps in care within the health care system. I will definitely be reflecting on my own practice. Together, we can save the world.

Dear Colleagues,

I want to thank Susan LaRocco for her enthusiasm and efforts as the editor of the ANA Massachusetts Newsletter for the past three years. Before I knew her personally, I was inspired by her words in the ANA newsletter. I wish her well as the Dean of the School of Nursing at Mount Saint Mary College in Newburgh NY where, I am sure Susan will continue to inspire nurses.

In this edition, check out Our Very Own Clio: Mary Ellen Doona Tells Her Story. This article is Susan’s interview with Mary Ellen Doona. Nursing is so lucky to have both of these nurses.

Best Wishes, Susan.
Jean C. Solodiuk

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Our Very Own Clio: Mary Ellen Doona Tells Her Story

Susan LaRocco

Mary Ellen Doona (5) created costumes and portrayed historical nurses from their day's norms, notably, Mary E. Hickey, Clara Barton, Sophia Palmer, Rebecca Nurse and Linda Richards. After a moment of silence as we recounted their history, each joined the President's Reception and mingled with the conventioneers. Photos and text appeared in the next issue of The Massachusetts Nurse in November for nurses who were unable to attend the convention.

Both Davis and Massachusetts' nurses sparked my interest in history, but truth be told, history is the air we breathe in the Commonwealth. In 1975 that air became more invigorating when ANA kicked off the Nation's Bicentennial at Faneuil Hall. As serving the community was central to their history, Richard Tierney, ANA's Executive Director discussed the possibility of a nursing history society. As we met in August 1983 I said, "If MNA does this, then it should be named after Lucy Lincoln Drown, MNA's first historian." That fell MNA's Board of Directors, headed by President Nancy Waldron, created the Lucy Lincoln Drown Nursing History Society, and named me as MNA Historian and Chair of its Executive Committee. Best of all, every MNA member was a member of the Society.

From 1983-2001 MNA's Denise Sullivan, Susan LaRocco, Mary Ellen Doona, Joellen Hawkins, Loretta P. Higgins, and Ursula Van Ryzin, projected themselves from revolutionary America to depict nurses' quest for legal recognition. Some years later when Davis was to be inducted into ANA's Hall of Fame for her part in establishing the American Nurses' Association in 1900, MNA asked me to portray her. I sewed up a period dress, rented a wig and managed to get myself to the convention. As nurses came by the Hall of Fame exhibit, they wanted the new inductees to tell their stories, and then, had their pictures taken with them.

Memories of the excitement of those nurses as they "met" historical figures, shaped MNA's history. I decided to investigate career established nurses' training schools at state hospitals in Worcester, Danvers and Taunton. As they "met" historical figures, shaped MNA's history. I decided to investigate career established nurses' training schools at state hospitals in Worcester, Danvers and Taunton.

I was searching for her story in the Massachusetts Nurses Association (ANA) Collection at the Archives and wrote up my fi ndings "At least as well cared for..." Linda Richards and the Mentally Ill" published by Sigma Theta Tau in the journal Image.

Our immersion in the MNA Collection yielded an unexpected discovery – Mary E. P. Davis. Her quest to gain laws to protect nurses makes her especially significant for Massachusetts. On the 26th of February 1903 she gathered nurses and their supporters from across the Commonwealth at Faneuil Hall but could not proceed until they were formally associated. Immediately, these nurses established the Massachusetts State Nurses Association (now ANA Massachusetts) and then nominated Davis from the floor as its president. Davis acknowledged their recognition of her leadership but declined the nomination so she could focus on the licensure quest. By 1910 nurses from these schools of training were signing RN after their names.

Massachusetts' nurses should know this Founding Mother, but for many, patient care triumphed over research. Denise Sullivan, the editor of The Massachusetts Nurse, provided the solution and published The Cause is Just, the title of the article a phrase that Davis borrowed from revolutionary America to depict nurses' quest for legal recognition. Some years later when Davis was to be inducted into ANA's Hall of Fame for her part in establishing the American Nurses' Association in 1900, MNA asked me to portray her. I sewed up a period dress, rented a wig and managed to get myself to the convention. As nurses came by the Hall of Fame exhibit, they wanted the new inductees to tell their stories, and then, had their pictures taken with them.

Nursing history's devoted servant, Alice Marie (Howell) Friedman (February 17, 1922-January 14, 2014) grew up in a military family. A childhood moving from base to base prepared Friedman for meeting new people and assessing situations that she would come to personify as a public health nurse, first at Henry Street Settlement House in New York and then in Boston with the Visiting Nurses Association. With a diploma from Massachusetts General Hospital School of Nursing and degrees from Teachers College (1947) and Boston University in Boston with the Visiting Nurses Association. With a diploma from Massachusetts General Hospital School of Nursing and degrees from Teachers College (1947) and Boston University in 1951, Friedman was in demand. Even as she taught public health nursing at Boston College and University of Massachusetts at Amherst, Friedman was a member of the Nursing Archives Associates and its president in 1985. She served MNA's Lucy Lincoln Drown Nursing History Program, moments, programs, archival sources, research sources MNA officers remonstrated the 1903 meeting circulated through the convention dressed as a colonial nurse.

Three Hundred Years Young in 1993, the Society marked MNA's 90th Anniversary by returning to Faneuil Hall. Graduate nurses and nursing students, forty-seven of them, in historical gowns of blue or white as nurses of the far off future paraded into the Hall. Then speaking from a script based in primary sources Cheryl Briggs then joined the audience as a nurse. MNA President Peg Barry showed hidden thespian talents in her portrayal of the notorious woman who passed herself off as a trained nurse during the Revolutionary War. On July 17, 1991, President Thompson invited me to join her in the presidency. I committed myself to serve in the role in 1996 when the Society presented "Voices from One Hundred Years Ago" to mark ANA's 100th Anniversary meeting. Joining her were Catherine Tinkham as Linda Richards, Joellen Hawkins as Sophia Palmer, Maureen Tully Lopez as Lavinia L. Dock and Muriel Poulin as Isabel Hampton Robb.

As mandated, the Society associated with other historically minded societies such as the Guild of St. Barbara, America's oldest nursing organization and attended its one-hundredth year ceremonies at Trinity Church in Copley Square on June 26, 1996. I was a member of the Dimock Heritage Committee at Linda Richards and Mary Eliza Mahoney's Alma Mater, the New England Hospital for Women and Children. On July 23, 1995, I addressed the Mary Eliza Mahoney Wing of Youth and Family Services building at Dimock Community Health Center. The Society attended that and the ceremonies there as Edward M. Kennedy presided over the conferral of National Landmark status June 29, 1995. I marked the 1863-1868. I spoke on Linda Richards receiving nursing's first diploma from Susan Dimock during the 1996 National League for Nursing Convention. I presented a panel: "Where are the Diamonds?" at MNA's convention in Springfield that Mary Ann Matzo reported heeling the West." The poster series, “Best of the West,” marked the restoration of the Mary Eliza Mahoney Wing of Youth and Harmony” marking the restoration of the monument over her grave in Forest Hills Cemetery. Then May 23, 1995 the Society attended First Lady Hillary Rodham Clinton's address at the ground-breaking ceremony of the Richard's building extension at Dimock Community Health Center.

In 1987 the Society joined with MNA's District One to create an elegant array of District One's Annual Meeting to mark ANA's 100th year. We elicited a spirited discussion at MNA's meeting in Springfield that Mary Ann Matzo reported led to making nursing history the focus of its meeting. On July 17, 1991, President Thompson, the Society's "Nursing in Massachusetts during the Roaring Twenties" (authors: Mary Ellen Doona, Joellen W. Hawkins, Ursula Van Ryzin, Alice H. Friedman and Loretta P. Higgins) that the Historical Journal of Massachusetts published in 1995; Mary Ellen Doona, Joellen W. Hawkins, Loretta Higgins and Ursula Van Ryzin presented a poster: "Massachusetts Nursing: Formation, Reformation and Transformation" at the 1993 National League for Nursing's Centennial in New York. On June 16, 1996 the Society presented: "Ethics, Nursing and a Century of Revolution: Contributions to Health and Harmony" at the National League for Nursing convention in Washington, DC with Patricia Tyr a Alice Robinson; Joellen Hawkins as a Red Cross Nurse. Loretta Higgins as Lavinia L. Dock; Alice Friedman as Lilian Wald and Mary Ellen Doona as Euryclea from Homer’s Odyssey.

All this was possible because seasoned nurses, recent graduates and nursing students made nursing history a vital part of MNA activities. The Society also recognized nurses who had preserved nursing records and fostered nurses’ research into their history with its Lucylincoln Drown Nursing History Award. Among the honorees were: Mary Ellen Doona, Josephine A. Dolan, Alice Howell Friedman, Joellen Hawkins, Ruth Farrisey, and Debbie Wheeler.

A variety of authors wrote for the Nursing Revisited page that appeared in each issue of The

Who is the Nurse in the Madhead? Alice Friedman

Nursing history's devoted servant, Alice Marie (Howell) Friedman (February 17, 1922-January 14, 2014) grew up in a military family. A childhood moving from base to base prepared Friedman for meeting new people and assessing situations that she would come to personify as a public health nurse, first at Henry Street Settlement House in New York and then in Boston with the Visiting Nurses Association. With a diploma from Massachusetts General Hospital School of Nursing and degrees from Teachers College (1947) and Boston University in Boston with the Visiting Nurses Association. With a diploma from Massachusetts General Hospital School of Nursing and degrees from Teachers College (1947) and Boston University in 1951, Friedman was in demand. Even as she taught public health nursing at Boston College and University of Massachusetts at Amherst, Friedman was a member of the Nursing Archives Associates and its president in 1985. She served MNA's Lucy Lincoln Drown Nursing History
Massachusetts Nurse but that and other activities came to an end when MNA disaffiliated from ANA. Without missing a beat, nurses wishing to remain with ANA created the Massachusetts Association of Registered Nurses on March 12, 2001, incorporating it eleven days later. Thus they kept intact the thread to their origins in Faneuil Hall that distinguished them and their association whether named MSNA (1903), MNA (1959), MARN (2001), or American Nurses Association Massachusetts (ANA MA, 2014).

On July 24, 2003 the Massachusetts Association of Registered Nurses Collection opened at the History of Nursing Archives to preserve precious documents. By 2004 MARN had decided not to create a nursing history society. That year as the United States marked a year in Iraq, the first Clio’s Corner appeared with “Nurses in Service to Soldiers” in the June issue of the Massachusetts Report on Nursing at the request of Editor Myra Cacace. Named for the muse of history who keeps her eyes on the present with a pen in one hand ready to record significant deeds in the Book of Fame she holds in the other, Clio privileges their remembrance as the inspiration for the future. Even as Clio evokes nursing’s roots in Antiquity, she also epitomizes the urgent now of nursing practice with nurses keeping their eyes on their patients, watching for the significant moment to move them toward the future while remembering outcomes that will inspire their next nursing judgment.

Myra Cacace’s wish to collect Clio columns became a reality in 2016 with Susan LaRocco’s editing the articles from 2004-2016 into Clio’s Corner: The History of Nursing in Massachusetts: Articles from the Massachusetts Report on Nursing (ANA Massachusetts, 2016). Proud of their past, nurses have been generous in their praise of Clio. Honoring Ida Jean Orlando as a Living Legend for the history she made emphasizing the nurse-patient relationship completed in 2006 what was in process in 2001 as MNA split from ANA. In awarding nursing archivist, Diane Shugrue Gallagher, with its Friend of Nursing Award in 2015, ANA Massachusetts honored not only her long tenure at the History of Nursing Archives but also all other archivists who are protecting nursing’s fragile documents in archives throughout Massachusetts and beyond. The most fragile of all these archives is the one held in each nurse’s mind. Accordingly, in 2015 ANA MA honored Ann Donovan, Lt. Cmdr. (Retired) at her 99th birthday. One of the Lucy’s, Donovan freely shared the history she had made and that which she had seen over her long nursing career. With her death the next year that archive, as that of so many other nurses before her, was closed forever.

In 1966 Mary Ann Garrigan had staunched the hemorrhage of nursing’s memories when she created the History of Nursing Archive at Boston University. Garrigan knew well that the history that nurses are making at every moment must be saved. As Clio’s Corner reminds them, their predecessors also had such moments. Their present became Clio’s readers’ past, just as our present will become the past of future nurses.

If Davis from long ago provided the spark that lit up Massachusetts nursing history, every day Massachusetts nurses provide the motivation for each Clio’s Corner. I end as I began, concerned about the status of psychiatric nursing.

Past Editor’s Note: I am honored to know Mary Ellen Doona. Her dedication to sharing her research into the nursing history of Massachusetts has inspired us all. We celebrate her countless hours in the Nursing Archives as she probed the original sources that informed her writing. Without fail, every three months, her wonderful articles appeared in my inbox. She never missed a deadline and never runs out of topics. I am in awe of her ability to make history come alive. It is with gratitude that I celebrate our own Clio: Mary Ellen Doona.
Loans paid if they teach nursing full-time for four terms may have up to 85% of their educational support. One incentive is the NFLP funded by the federal government to increase the numbers of qualified nurse faculty. 

The NFLP provides incentives to increase the numbers of qualified nurse faculty, such as loans to pay for the cost of tuition, fees, and other educational expenses. Nursing faculty shortage is a critical issue in MA, with over 1,500 nurse educators expected to retire in 2025. Overall, the shortage of nurse faculty in MA may be larger than other states due to the aging population and the lack of qualified nurse faculty in MA. The future of the nursing workforce in the United States: Data, trends, and implications. Wolters Kluwer Health, 2018. doi:10.1097/01.NEP.0000000000000178

38(4), 171-176.


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In contact: Cheryl Williams

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Cheryl Williams

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- Julie Marralle, BSN
Health Services Director
Brightview Rolling Hills

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Survey Results

The ANA MA, MAAC, and MARILN, teamed up with Salem State University (SSU) graduate nursing student and faculty to determine how many ANA MA members were familiar with the NFLP and would consider graduate school as a result of the NFLP. The 2018 ANA MA membership survey was answered by 196 members (10% response rate). The membership was older, with 72% of the respondents being 50-80 years old. 28% were 49 years or less. The ANA MA nurses were educated with 30% holding a doctoral degree, 46% MSN, 29% BSN, and 4% ADN and Diploma. Most worked for more than 30 years (66%) in hospital-associated practice (69%) and were certified (60%). Only 13% worked in academics. Thirty-five percent considered going back to school for a MSN in nursing education.

The below results describe the responses to survey questions related to NFLP. Ninety nurses (5% of the ANA MA membership) completed the survey. The last 2 questions were only completed by nurses who reported interest in returning to school to become nurse faculty.

• 77% of those surveyed reported that they were not aware of the NFLP program.
• 59% reported that they thought NFLP was a motivating factor to return to school.
• 53% would seek a full-time nursing faculty position after graduation.

Implications

Of the survey respondents, 59% (n=90) reported interest in going back to school with assistance from the NFLP. However, 77% had never heard of the program before taking the survey. Out of 196 survey respondents, 51% reported they would accept the Bureau of Labor Statistics average salary for a MSN nursing faculty member - $69,000/9 months.
• 60% reported they would accept the American Academy or University Professors, MSN program. Specifically, 51% would accept the Bureau of Labor Statistics average salary for a MSN nursing faculty member. Among these, 53% would seek a full-time nursing faculty position after graduation.

Being cognizant that many senior nurse clinicians earn a higher salary than an MSN nurse faculty, we surveyed nurses who had considered going back to school for a MSN in nursing. The survey questions included realistic nurse faculty salaries in comparison.

• 51% reported they would accept the Bureau of Labor Statistics average salary for an MSN nurse educator - $69,000/9 months.
• 53% would seek a full-time nursing faculty position after graduation.

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We do not know what the impact of NFLP would be if more nurses knew about NFLP. We do know that something must be done soon to increase nursing faculty in nursing schools.

References


Suicide is within the top four causes of death for ages 10-54 (Center for Disease Control, 2016). A death by suicide is complicated, tragic AND often preventable. For this reason, clinicians including nurses should be educated in suicide prevention. Unfortunately, there isn’t a standardized system for nurses to receive this vital training. To help address this educational need, Samaritans (a Boston non-profit dedicated to suicide prevention) last year resided to Healthcare institutions and nursing programs requesting their free suicide prevention workshops.

When asked why nurses should know about suicide prevention, Samaritans’ Executive Director Steve Mongeau emphatically responded simply “That suicide is preventable; ask the question.” To further illustrate, Mr. Mongeau imagined a nurse-patient scenario where a patient with self-inflicted wounds is at the moment of inpatient stabilization. The patient voiced their worry that going home means being unsafe and unsupported. The nurse’s response to the ambiguity was to compassionately look them in the eyes, and ask the question “Are you suicidal?” directly. When the answer was yes, the nurse took time to be compassionate and validate the answer. Now, by saying “Thank you for sharing,” before proceeding to a suicide risk assessment. In that moment, you could see Mr. Mongeau’s clear vision of clinicians whose compassion is supported with knowledge.

The Samaritans suicide prevention workshops are coordinated and delivered by the dynamic: Community Education and Outreach team, comprised of Lauren Gablinsk (Director) and Rose Cheyette (Manager), who understand the need for suicide prevention. Ms. Gablinsk notes, “The healthcare field is at the point of bridging the gap between mental health and physical health, but suicide prevention is still falling through that gap.” Clinicians don’t know what to do. They are fixers in that situation. They want to know what to do. They are fixers and can’t be fixers in that situation. They want to know what to do.

While addressing suicide in our society is a complicated public health concern, nurses are in a position to make a difference especially when suicide prevention has institutional priority and support. For more information about free suicide prevention workshops, email the nurses who took the workshop, contact Rose Cheyette at rcheyette@samaritansh.org. 

Feeling hopeless? Samaritans is here to listen. Call or text 877-870-4673 (HOPE)

5 Action Steps for Helping Someone in Emotional Pain

1. Ask: “Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.
2. Keep them safe: Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling lethal means can make a difference.
3. Be there: Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.
4. Help them connect: Save the National Suicide Prevention Lifeline’s number in your phone so it’s there when you need it: 1-800-273-TALK (8255). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.
5. Stay Connected: Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

Sources:
“Never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.” ~Florence Nightingale.

Nurse researchers benefit from partnerships with clinical nurses to identify research that is pertinent to current clinical issues. Similarly, nurses are able to solve problems and contribute to evidence generation through relationships with nurse researchers. Recently, we (acknowledged nurse Michelle Rybicki, district leader, Cathy Riccio, school nurse researcher; Brenna Quinn) formed a research-practice partnership to address pain in schoolchildren with intellectual disability (ID).

Michelle, Cathy, and Brenna met during a continuing education session hosted by the Northeastern University School Health Academy. Brenna was providing a training on pain assessment for school nurses and staff members, and are now in the process of analyzing the survey data to determine if there were any changes in pain knowledge, ease of assessment, and confidence in daily practice. The partnership and project allowed the school nurse researcher to suggest an appropriate study design, data management plan, and study execution. For other nurse academics hoping to conduct studies with practicing nurses, the researcher advises allowing the clinical partners to see the impact that studies have on populations of patients and schoolchildren with ID in a short time. Often, researchers are not able to see the impact of their work; however, as Michelle, Cathy, and Brenna discuss in this partnership, the researcher was able to hear about changes in the school district stemming from this project.

Clinical partners are often concerned that researchers only want to implement projects that do not seem relevant to the problems they face in daily practice. For other nurse academics hoping to conduct studies with practicing nurses, the researcher advises allowing the clinical partners to direct the research question. The researcher can support the project by suggesting study design, data management plan, and overseeing dissemination efforts. For the clinical partners, working with a researcher has afforded them access to current research, new practices, and study planning. These tools have allowed them to teach staff and parents about different pain assessment tools that are available in order to more effectively identify pain for children who are non-verbal or otherwise unable to reliably self-report pain in a way that teachers may easily notice. Working with a researcher has enhanced the nursing practices of the clinical partners. Further, the partnership has brought evidence-based practices to the teachers and students within the school district.

Already, our partnership and work on this “practical beginning” has germinated improvements in care for schoolchildren with ID.

References
http://qsen.org/competencies/

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Brenna Quinn, PhD, RN, Michelle Rybicki, RN, NCSN, Cathy Riccio, MSN, RN

Partnerships between Clinical Nurses and Nurse Researchers

Building Academic Relationships with Nurse Researchers in the Hospital Setting

Susan Belton, MN, RN, CNL, Clare Condon, BSN, RN

As we reflect on our own experiences as nursing students, we remember nurses who made a positive impact on the patient experience and ultimately helped to form our own clinical practice. Last fall, we began an initiative at our organization to enhance the clinical experience for nursing students through improved communication, standardization of documentation, and collecting student surveys at the end of each clinical rotation. Our purpose is to pursue strategies to assure that future nurses develop the Quality and Safety Education for Nurses (QSEN) competencies in all areas including patient-centered care, teamwork, evidence-based practice, quality improvement, safety, and informatics (QSEN Competencies).

To improve communication we established contact information for each School of Nursing and encouraged direct real-time interaction if there should be any concerns throughout the semester. Patient Care directors and educators then met with each clinical group to discuss our organizations’ mission, vision, and values. This helped the nursing students to understand that our organization strives to promote health through five values which are Compassion, Accountability, Respect, Excellence, and Stewardship (CARES) (Steward Health Care System). Effective communication is an essential part of the nursing process as it allows nurses to understand patient needs, promotes the delivery of safe patient care and supports patients to share their experiences and to trust in the healthcare team. Through this interaction the nursing students and their School of Nursing, our nursing staff and our Nursing Leadership developed an open line of communication which established team collaboration that promoted success.

Prior to this established plan, there were questions and concerns regarding the responsibility and requirement of documentation. Both staff and students were unaware of the expectations of Electronic Medical Record documentation, which raised a concern for organized practice. The Nursing Leadership team which includes Patient Care Directors, Nurse Educators, and nursing staff specifically outlined the student electronic medical record documentation expectations so that it is uniform across all units and all levels of students. In addition to streamlining the documentation process, we created a uniform assignment sheet to be utilized daily. This allows nursing students and staff to visualize a clear expectation for patient centered care. Having standardized documentation minimize errors and encourages nursing students to use appropriate technologies to support patient care.

Lastly, our organization continuously pursues ways to improve the experiences of nursing students. We continue to solicit feedback from students regarding their personal interactions within our institution. The Nursing students are requested to complete an exit survey which reviews several aspects of their clinical experiences. From this data, Nursing Leadership is able to gather information about the strengths, and sometimes weaknesses of the organization. The most frequent request from the student survey is the admiration they have for the nursing staff. It is a pleasure to share this positive feedback with the clinical nurses who have been mentors to these nursing students during their rotation. Through improved communication, standardization of documentation, and collection of student surveys we have established a stronger relationship between Schools of Nursing, their nursing students, and our clinical staff. As we continue to strengthen our relationships, we see former nursing students applying for positions within our organization which validates the importance of a positive clinical experience as a nursing student. Feeling valued and welcomed as a member of a team is crucial to the development of the nurses of the future.

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Clare Condon, Jandira Brandao, Twana Niles, Kathy Baker, Robert Preston, Karen Ahearn, Susan Belton, Cal Donnelly-Cott.

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Clare Condon, Jandira Brandao, Twana Niles, Kathy Baker, Robert Preston, Karen Ahearn, Susan Belton, Cal Donnelly-Cott.
A Few Important Points About Diversity in Nursing

Gail B. Gall, PhD, RN

The demographics of nurses being an overwhelmingly white and female majority is ever so slowly changing. A few important points:

• The percent of men in nursing in the United States (US) is rising slowly. There are 9.1% male RNs (1.1% from 2015-2017; 2.5% from 2013-2015) Smiley, 2017.

• The average age of US RNs is 50 years old (Smiley 2017).

• Black/African Americans and Hispanic/Latinos are underrepresented in US nursing.
  o 5% RNs identify as Hispanic/Latino as compared to 17.8% of people in US census (Smiley 2017).
  o 6% RNs identify as Black/African American as compared to 13% of people in the US census (Smiley).

• Nurse demographics will shift to mirror US population trends as older white nurses retire (McMenamin, 2015) and diversity in baccalaureate and master’s level nursing increases (AAGC, 2017).

• Nursing is largely based on human interaction, starting with enrollment in education, through practice, mentoring, teaching, and leadership. Consequently, learning from first-hand accounts of the barriers faced by nurses from diverse backgrounds as well as their determination and successes is a vital to improving diversity in nursing.

• A few recommended first-hand accounts are:

References:

A Book Review: Colored, Of Course
Author Shirley F. B. Carter

Sisters: Audrey and Shirley Brown

Gail B. Gall, PhD, RN

Born on the verge of the Depression, Shirley Carter vividly recalls the tumultuous years of the twentieth century through the eyes of a black girl who inherits the strengths of her parents and grandparents and who grows into a woman who determinedly steers her own course. In her memoir, Colored of Course, Dr. Carter writes that although “race and its ugly aspects” were part of her life, she was equally influenced by a strong work ethic and upbringing in a strong and tightly knit family. Dr. Carter published the memoir so “Children should not live their lives without having a reflection of themselves and their own people in meaningful records.”

Shirley F. Barrow Carter and her sister Audrey E. Barrow Brown were among the first black students to attend Worcester Classical High School and the first black nursing students at Worcester City Hospital. Carter shares stories that would be familiar to most nursing students: making friends in the dormitories, experiencing the explosive anger of a surgeon, and the relief when a patient in danger undergoes a successful delivery because of Carter’s intervention and advocacy. However, in addition, the Carter sisters’ experiences of black nursing alumni at a predominately white institution.

Trusting in her own abilities, identifying and beating back racism, and continuing her education to the doctoral level were the frameworks of Dr. Carter’s meaningful career in psychiatric nursing and higher education. “Hard work, night shifts, routines, and prayer kept the wolf from my door” is Carter’s meaningful career in psychiatric nursing and higher education. Continuing her education to the doctoral level were the frameworks of Dr. Carter’s meaningful career in psychiatric nursing and higher education.

After reading this frank memoir, I believe that Dr. Carter fully accomplished her primary goal of sharing her experiences for future generations. Colored, Of Course makes a compelling argument for expanding workforce diversity, a perennial challenge to the profession. While policies often address institutional barriers, minority students continue to face interpersonal obstacles in both academic and clinical settings. Reflecting on my own experiences, I know that despite good intentions, I’ve often been patently oblivious to a persistent racist environment within nursing and all aspects of health care. It’s relatively easy to feel regret, more challenging to expand one’s awareness, even harder to change behaviors. There is a wide audience for nursing memoirs, especially those that elucidate our shortcomings as well as accomplishments.

Continuing Education Opportunities

Professional Development - College, Weston, MA from 7:30 am to noon

The Healing Power of Caring Communication and Relationships with Self and Others in Nursing Practice and Educational Settings
Thursday, April 4, 2019 from 7:30 am to 12 noon

Inviting nurses to attend the 6th Massachusetts Regional Caring Science Consortium (MRCSC) half-day conference on Thursday, April 4, 2019 at Regis College, Weston, MA from 7:30 am to 12 noon. The theme of the conference will focus on The Healing Power of Caring Communication and Relationships with Self and Others in Nursing Practice and Educational Settings.

SAVE THESE DATES

Friday, March 29, 2019
ANA MA Spring Conference and Awards Dinner
Royal Sonesta Boston, Cambridge, MA

6th Massachusetts Regional Caring Science Consortium Conference
The Healing Power of Caring Communication and Relationships with Self and Others in Nursing Practice and Educational Settings
Thursday, April 4, 2019 from 7:30 am to 12 noon

JOIN ANA Massachusetts and ANA TODAY!

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- JOIN—The Online Journal of Issues in Nursing
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  - Financial Planning Offered by Edelman Financial Services
  - Savory Living Eating – discounted program offerings
  - Emmanuel College – Tuition reduction scholarship
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  - Strengthening nursing’s voice at the State and National Levels

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AGENDA
- Open Sessions
- Plenary Sessions
- Breaks
- Exhibit Hall
- Networking Opportunities

To learn more about the awards and apply, visit www.nursingworld.org/sia.

We hope you enjoyed this edition of the Massachusetts Report on Nursing, sent to every RN in the Commonwealth.

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The ANA Massachusetts Action Team – MAT cordially invites you to join this exciting team, when you join you will be lending your voice and becoming an active participant in those matters affecting all nurses in Massachusetts.

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ADDRESS CHANGE?
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ANA Massachusetts gets mailing labels from the Massachusetts Board of Registration in Nursing. Please notify the BORN with any changes in order to continue to receive the Massachusetts Report on Nursing.

ANA Massachusetts Mission
ANA Massachusetts is committed to the advancement of the profession of nursing and of quality patient care across the Commonwealth.

Vision
As a constituent member of the American Nurses Association, ANA Massachusetts is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.
Many people consider houses of worship to be safe sanctuaries. In the past, the front doors were never locked. Clergy often lived close by and were readily available. Now we know that innocent people have been harmed and even murdered by active shooters within houses of worship. When my church decided to develop a plan to make the First Baptist Church of Tewksbury safer, as church moderator, I was one of the leaders. Although we have had several safety initiatives, this effort was to improve safety in the event of an active shooter. Together with the pastor, the Reverend Simeon Damas, and a team that include the police and church members, we worked through the process of improving church safety.

The church moderator of a Baptist Church chairs the Church’s Executive Board. The Executive Board is made up of Church officers and Committee representatives. Meetings are held to conduct Church business. Recently, we have been discussing safety issues. As a registered nurse, I had experience improving safety. I worked for many years in an acute care hospital. In this role, I was part of the Hospital Safety Committee and helped to implement change to improve patient, visitor and staff safety. For example, protocols and codes were implemented to communicate emergencies and a Security Department was put in place in one of the hospitals that I worked at.

The first step to improve church safety was to consider how we utilized the church building. The Town of Tewksbury was settled in 1677 and now has a population of nearly 30,000. Although the church building is used throughout the week, we gather our largest numbers on a weekly basis each Sunday morning. The building is 176 years old. We have an education building that is separate from the main church. The education building houses a Pre-School/Day Care Monday-Friday 6 a.m. to 5:30 p.m. The parking area is surrounded by a large open space. After this assessment of building utilization, I met with the Church Pastor and together we worked on improvements as described in the table below.

Throughout these improvement efforts, I was reminded of the importance of the team members with different skills to assist us through the complex problem. The knowledge learned as a nurse served me well in this role. In addition, the community is fortunate to be able to work as a team with the Police Department and the community of churches. Safety is our goal.

### Table: Specific Efforts towards improving Church Safety

<table>
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<tr>
<th>Event</th>
<th>Specific Details</th>
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| Meeting with Church Moderator and Pastor | • Discussion of the current trends of violence around our homes and local churches.  
• Concern that we did not have a plan to safeguard the congregation and staff if we had an intruder or true emergency.  
• Plan to meet with the Police Department and representatives from all Tewksbury churches. |
| Meeting with Police and representatives from Tewksbury Churches | • In attendance: Chief of Police, a detective, and representatives from Congregational Church, Lowell Assembly of God, United Methodist Church, St. Williams Catholic Church and First Baptist Church.  
• The Tewksbury Chief of Police described schools’ preparedness with the police involvement and ongoing drills.  
• The police assured the church representatives that they were available to visit separately with each church, to assess vulnerabilities, then follow-up with a report to improve security.  
• All churches were committed to work together towards the goal of safety. |
| Meetings with Police at First Baptist Church | • Recommendations to improve the grounds included changes to outside lighting, alarm system, video cameras, doors.  
• Education was provided for pertinent members of the congregation. |
| Ongoing Efforts | • Discussions regarding safety continue to ensure ongoing safety.  
• Ongoing education of the congregation.  
• The Police Department round frequently with patrol cars. |
Simulation in Nursing Education and Hospital Care

Nanci Haze, MSN, RN, CPNP

Patients should have clinicians that are qualified and proficient in assessment, diagnostic and communication skills. But how do educators and hospital administrators ensure this? It starts with quality education incorporating many teaching methods. Students develop such traits with confidence and ease. Effectively utilized, simulation experiences teach technical skills, compassion, critical thinking, safety and many more essential skills in a safe environment.

The International Nursing Association for Clinical Simulation and Learning (INACSL), publishes standards for best practice in simulation education. The latest version was updated in 2016 and ongoing resources are available on https://www.inacsl.org. Guidance can be found on creating, implementing and debriefing which are essential elements to well-developed simulations. Proper faculty training is necessary to ensure proper use of the simulation. A mindset should be placed on debriefing, which occurs after scenarios are completed, as this is the time for self-reflection and active learning. Depending on the licensing state, up to 50 percent of student’s clinical time can be replaced with simulation experiences. However, states are at various stages of acceptance and implementing simulation into their curriculum (INACSL).

In various healthcare settings, human and system errors continue to be contributing factors in high morbidity and mortality rates. Multidisciplinary teams can simulate clinical scenarios using high fidelity simulators. Clinicians have the ability to assess and “treat” said complications together prior to an actual occurrence. Over the past 18 years, many healthcare systems have increased quality and safety education for nursing professionals. QSEN (Quality and Safety Education in Nursing) was formed in 2005 to address these issues. Today, many of the competencies outlined in this initiative can be demonstrated using simulation modalities. Healthcare simulation is a valuable tool to improve patient safety as clinician’s skills are practiced and perfected in a patient-safe environment (Naik, Brien, Can 2013).

There are many ways to simulate. Health care providers have taken CPR training for years using manikins to demonstrate proper cardiopulmonary resuscitation skills. This is a form of skills based simulation. High fidelity human simulators are sophisticated and look, feel and sound like human beings. Audible breath and heart sounds, palpable pulses, infusing intravenous lines, and speakers for speech on full sized manikins, create believable clinical situations. For example, there are manikins that birth and infant manikins that cry with adjustable fontanelles. With skillfully designed objectives, scenarios and settings, participants feel like they are caring for an actual human patient. The scenario possibilities and learning objectives are endless. Critical thinking can be assessed in this environment unlike most real clinical situations.

Many things in health care can have poor outcomes if clinicians don’t keep up on the early clinical warning signs. In hospital care, simulators can be used to practice clinical situations that have a potential of poor outcomes if not assessed and treated quickly. For those high stress and low volume situations, simulation is extremely beneficial.

Simulation used to stimulate, educate and teach is an exciting way to learn. And equally important, a great way to insure competencies in licensed clinicians to ensure patient safety.

References

INACSL International Nursing Association for Clinical Simulation and Learning. Retrieved 10/1/2018 from https://www.inacsl.org


Bridging the Gap of Healthcare Disparities

Linda Harkess, MSN, RN

For years, the nursing profession has researched and educated regarding the importance of cultural sensitivity in reducing healthcare disparities. While it is true that nurse educators have made significant headway in raising cultural awareness, healthcare disparities still exist.

Disparities affect both the groups experiencing the disparities and the general quality of care, which often results in unnecessary expenditures (O’Grady & Artiga, 2016). The Urban Institute reported that the Medicare program would save 15.6 billion per year if healthcare disparities were eliminated. The Center for Disease Control and Prevention, in their 2013 Health Disparities and Inequalities Report advocated for greater understanding of the most vulnerable disparities groups. The Institute of Medicine (IOM) reported that health care disparities occur at several levels, one of which is at the healthcare provider level.

Culturally sensitive care is individualized care that incorporates patient needs and preferences into practice with a goal of safe and effective patient-centered care. Some patients have specific needs that may require a minor change in practice. Ignoring these needs may result in noncompliance, patient dissatisfaction and the potential for frequent re-hospitalization, all of which combine to result in a larger disparity gap. In my experience, the best way to improve cultural sensitivity is to work with patients with different backgrounds and experiences and to listen. Listening to others has provided me the opportunity to examine my own culture and style of nursing. Identifying my gaps in knowledge has improved my nursing practice. I am committed to bridging the gap: Are you?

Frequently Asked Questions about ANA Massachusetts Approver Unit

Judy L. Sheehan MSN, RN-BC, Nurse Peer Review Leader

I heard there were new planning templates available from the ANA Massachusetts Provider Unit. Are these available for approved provider units to use as well as individual activity planners?

Yes, new templates have been adopted to make evaluating conflict of interest easier and more efficient. A grid is now available where each person in a position to influence content may be listed with related information. Only those with conflict of interest will need to have Conflict of Interest forms submitted. In addition, biographical information has been abbreviated. Approved Provider units will be able to access these templates for use by their provider units at ANAMass-ahu.org. Activity applicants will find them on line within the application or on the above mentioned website. Activity applicants will be happy to hear the on line continuing education application has been reduced in size in an effort to increase ease of application.

We are having a poster session at our conference; do we have to assess conflict of interest for each poster presenter?

It is the responsibility of the nurse planner to determine the presence or absence of conflict of interest. The standards have moved contact hours to 60 minutes and now require an intended overall learning outcome be provided. In many cases this outcome statement is a compilation of the objectives we used to so carefully articulate. Currently you are more likely to find the outcomes as part of the content outline or a sub section within the outcome statement. The ANCC criteria have evolved in response to national standards, the Institute of Medicine report on medical education and ongoing quality initiatives. The standards have moved contact hours to 60 minutes and now require an intended overall learning outcome be provided. In many cases this outcome statement is a compilation of the objectives we used to so carefully articulate. Currently you are more likely to find the outcomes as part of the content outline or a sub section within the outcome statement. Please note: it is the responsibility of the licensed nurse to maintain proof of contact hours, please maintain the certificates in a place which is accessible in case you are selected for an audit.

The information in the last issue of the newsletter included material from the Massachusetts Board of Nursing (BON) which is different from the ANCC criteria. Is this a problem?

The ANCC criteria have evolved in response to national standards, the Institute of Medicine report on medical education and ongoing quality initiatives. The standards have moved contact hours to 60 minutes and now require an intended overall learning outcome be provided. In many cases this outcome statement is a compilation of the objectives we used to so carefully articulate. Currently you are more likely to find the outcomes as part of the content outline or a sub section within the outcome statement. Please note: it is the responsibility of the licensed nurse to maintain proof of contact hours, please maintain the certificates in a place which is accessible in case you are selected for an audit.

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Celebrating the 75th Anniversary of the United States Cadet Nurse Corps: Elizabeth “Betty” Damon Beecher

Barbara Poremba

Elizabeth “Betty” Damon Beecher had just completed her “probationary period” as a student nurse at Massachusetts Memorial Hospital when she transferred to enlist in the United States Cadet Nurse Corps (USCNC) in July 1943. “Everyone wanted to do their share” she recounted, and seeing this as an opportunity to help with my nursing education and to be a part of the war effort.”

Betty’s time in the Cadet Nurse Corps was very stressful due to the intensity and long hours of the training program. Cadet Nurses were also responsible for providing 85% of the nursing care in hospitals during a time when there were many contagious diseases. Betty recalled taking care of patients during a polio outbreak years before a vaccine was developed. She, herself, was hospitalized with scarlet fever. She, herself, was hospitalized with scarlet fever. She, herself, was hospitalized with scarlet fever. Betty’s time in the Cadet Nurse Corps was very stressful due to the intensity and long hours of the training program. Betty recalled, “I left early in the morning. I was all by myself and dressed in my full Cadet Nurse uniform.” She described in detail the course of her journey, “First I walked to the bus stop that took me to the subway that brought me to South Station. I boarded the train there for NYC. I had a ticket for first class in the Pullman section.”

When I arrived in Grand Central Station, I was so excited and fearful. I had never been out of Massachusetts before. I had to ask how to find a taxicab. I had a fare card with me and my taxi. I had a ticket for first class in the Pullman section.” Betty’s face beamed as she spoke, “I looked at it and I was so proud. It was very emotional. I wondered what would happen.”

When the ferry docked, she took yet another taxi to the hospital. It was dusk and the other new Senior Cadet Nurses had all already arrived. She was met by a “Senior Officer” who brought her straight to the Brooklyn Hospital, NYC. She was assigned to the Staten Island Marine Hospital, Betty recalled, “I left early in the morning. I was all by myself and dressed in my full Cadet Nurse uniform.” She described in detail the course of her journey, “First I walked to the bus stop that took me to the subway that brought me to South Station. I boarded the train there for NYC. I had a ticket for first class in the Pullman section.”

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The new Cadet Nurses spent two days in orientation and on the third day, they were assigned to their wards. All of the patients were servicemen from the Navy, Coast Guard and Merchant Marine. Some had returned on ships and had various levels of injuries, some more traumatized than others. They were anxious to go home to their families. Betty recalled that some were seriously injured. “I cared for quadriplegics and paraplegics. Our job was to get them stable enough to go to a special hospital in the Bronx for long-term care. Many came with bedsores. There was little we could do in those days. We gave good nursing care. We had to debride the wounds and change the dressing four to six times a day.”

It was the first time Betty had ever seen a Strayer Frame, which she emphasized “really helped in healing”. She described it as being like putting a patient between two ironing boards with holes cut out, one for the face and another for a bedpan. Positions were changed by strapping the boards together and then turning the patient from a supine to a prone position to relieve pressure. “It was quite a coordinated effort,” she explained. “We had medics who supervised who helped with this.”

Betty recalled that penicillin was still very new and was used to help not only with wound infection but in treating complications of immobility such as respiratory and urinary tract infections. Prior to penicillin, she noted that the average life-expectancy for patients with paraplegia was only three to six months.

During this time in the military hospital, Betty also took care of patients with head injuries and amputations, many of whom required reconstructive surgery for proper prosthetic fitting. There were also many burn injuries that required frequent debridement and dressing changes to prevent infection. “It was hard,” Betty recalled. “We gave them good nursing care that included emotional care, where we would sit down and talk to them about their feelings and families. We got to know them as people.”

While in the rank of Senior Cadet Nurse at Staten Island Marine Hospital, Betty worked 12 hour shifts, 6 days a week and a half-day every other Sunday. She received $30 per month which was used to buy stockings, shoes and personal hygiene items. They were not allowed time to go home for visits and were basically limited to the hospital grounds.

Betty recalled taking great pride in the “Grand Rounds” of Saturday morning inspections.

Barbara Poremba

Betty Beecher proudly wears her nurse’s cape from Mass Memorial Hospital...I had my own room with a sink!”
Preserving the Legacy of the United States Cadet Nurse Corps WWII

For over twenty years, Betty and other Cadet Nurses have been working to preserve the legacy of the members of USCNC who answered their country’s call for service in wartime during the worst nursing shortage in history. She has received many awards and proclamations for her service and has spoken on many occasions about the contributions of these women to nursing practice, education and education.

Unknown to many, the USCNC is the pioneer of modern nursing. “We upgraded nursing to a profession.” Betty proudly stated. Hospitals had to upgrade their facilities, curriculum and educational practices to meet the standards to qualify as a government sponsored program.

Since 1998, Betty and other Cadet Nurses have been advocating for veteran status. HR 1168 The Cadet Nurse Corps Equity Act is currently locked in committee in the House of Representatives. The USCNC is the only uniformed service to be denied veteran status which was rightfully earned through service to our country during and after World War II.

However, there is precedent for granting veteran status retroactively. The Women Airforce Service Pilots (WASP) was a civilian women pilot’s organization, whose members were United States federal civil service employees. The WASP and its members had no military standing. They neither took an oath nor had military uniforms like the USCNC. In 1977, for their World War II service, the members were granted veteran status. More recently in 2015, the Merchant Marines, civilian cargo shipping workers, were granted veteran status for their efforts in World War II.

Friends of the United States Cadet Nurse Corps WWII

Recently the Friends of the United States Cadet Nurse Corps WWII was formed to further the efforts to award veteran status to the women who served in the USCNC. The purpose of the Friends of the United States Cadet Nurse Corps WWII is to advocate for federal legislation to award veteran status for these women. Many of the Greatest Generation who were recruited, enlisted, and served in the uniformed USCNC for the duration and after WWII. They enlisted for a 3-year term and took an oath to remain in service for the “duration of the war”, not knowing when it would end. Their first 2 1/2 years were spent in accelerated hospital training programs. However, in their last 6 months in the rank of Senior Cadet Nurse, they were deployed for active duty service in military, government or essential nursing service under the United States Public Health Service which had been militarized for the war.

Currently Friends of the USCNC are seeking a new bipartisan Bill in the House and Senate that can pass with urgency given that the Cadet Nurses are now well into their nineties. The purpose of the new bill will be to honor and recognize the USCNC as WWII veterans. There is no financial or Veterans Administration benefits, only recognition as veterans so that their honor and recognize the USCNC as WWII veterans. There is no financial or Veterans Administration benefits, only recognition as veterans so that their honor and recognize the USCNC as WWII veterans. There is no financial or Veterans Administration benefits, only recognition as veterans so that their honor and recognize the USCNC as WWII veterans.

Betty pleaded, “If we are not granted veteran status then the history of the USCNC will not be documented and the 124,000 young women who contributed to the success of WWII will be forgotten. I meet other nurses of all ages and they have never heard of the USCNC. Even our own profession has not recognized us. That is sad. My hope is that my voice does reach all ages and they have never heard of the USCNC. Even our own profession has not recognized us. That is sad. My hope is that my voice does reach

How can you help?

In the next months the Friends of the United States Cadet Nurse Corps WWII will continue to advocate for these members of our profession and welcome efforts to participate in this process.

1. Please help in locating surviving members of the USCNC WWII. All are well into their 90’s and are not on the internet. They live in every state and we need help in find them. If you know of any woman who was in nursing training in 1943-1948, they may have enlisted in this wartime program. Kindly contact FriendsofUSCNC@gmail.com with their birth name and we look up their government issued membership card.

2. Please support legislative actions to finally grant veteran status. Stay tuned for NEW bipartisan bill coming soon.

3. Follow us for updates on Facebook: Friends of the United States Cadet Nurse Corps WWII.

"I was overwhelmed by the size of the US Statten Island Marine Hospital when I arrived for my six months of service" as a Senior Cadet
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