The Nursing Voice

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PROFESSIONAL ISSUES CONFERENCE

AMERICAN NURSES ASSOCIATION ILLINOIS

ANA-Illinois successfully hosted its second annual Professional Issues Conference and 6th annual membership assembly meeting on November 3, 2018 in Lisle/Naperville at the Hilton. This year's programs focused on nurse advocacy and included current & relevant topics for nurses at all levels. ANA-Illinois members and other nurses from across the state came together to hear about how advocacy can take many forms and why it is important to nurses and the patients we serve.

Janet Haebler MSN, RN, the Senior Associate Director, ANA State Government Affairs at the American Nurses Association began the day. Ms. Haebler lead a discussion on legislative trends impacting the profession at the state and federal level and what drives the agenda. She also shared how to be an effective advocate for the profession.

The next policy issue addressed was *Strategies for Nursing Professionals to Advocate on Their Own Behalf to Protect and Defend Their Nursing License.* Susan Wagener JD, BSN shared with the audience an overview of the licensure disciplinary process as well as the types of actions that can lead to investigation. She shared with attendees the types of actions that can lead to investigation and their legal rights and responsibilities. The presentation also provided insight into the possible outcomes from a licensure investigation, including discipline and alternative to discipline programs, with emphasis on the nurses' role in mitigating any potential discipline to their license.

The next topic focused on the lifeline for a food insecure population. Jennifer Grenier DNP, RN-BC described the mission of *The Surplus Project*. *The Surplus Project* aims to improve the nutritional health of the community through the distribution of surplus food from hospital cafeterias to food insecure families. She emphasized how hunger affects our communities and how others, especially nurses, can get involved.

Mary Foote, RN, MSN, CWCN, AP, CNS, ED. DC presented a session focused on advocacy for long term care, *Advocacy for the Resident: Building a Case for Nurse Advocacy in Long Term Care Settings*. This session discussed alternatives to protect nurses and the facility from litigation via use of terminology and protective documentation in support of circumstances beyond the control of the nurse.

Deborah Ash, RN, MSN, MBA, Legal Nurse Consultant followed with a presentation on *Advocacy for the Nurse/ Patient: Correctional Healthcare Nursing.* Ms. Ash touched on several different issues facing Correctional Nurses today.

The last session of the day was led by Karen Kelly EdD, RN, NEA-BC and was focused around human trafficking. She explored the actions, processes, means and goals related to human trafficking for nursing education and practice.

The 2nd Professional Issues Conference was a great success. Nurses stated they enjoyed the opportunity to come together to discuss topics of relevance, network, share and spend time with the exhibitors. We look forward to repeating the event next year in Springfield, Illinois at the Wyndham. We hope to see you there.

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MESSAGE FROM INF

Celebrating the ILLINOIS NURSES FOUNDATION

OUR VISION

Developing the nursing Profession to transform Healthcare in Illinois

OUR PURPOSE

The purpose of the Foundation is to collaborate with community partners in promoting the health of the public by supporting nurses through charitable, research, and educational initiatives.

Bonnie Salvetti BSN, RN
INF Board of Director

There is much to celebrate within this tireless group of dedicated individuals. Programs for fundraising each year support and finance celebrating the nurse. I'd like to take a grateful moment to share what a difference the INF Foundation makes for nurses in Illinois.

11 scholarships are awarded each year to advance nurses in undergraduate or graduate programs. This year we had over 75 applicants. With the arrival of *Illinois Nurses Save Lives* license plates, we will be able to support additional scholarships and grants for nurse-initiated research projects, patient care quality process innovation, and evidence-based practice (EBP) initiatives.

On September 13th we celebrated the 40 under 40 Emerging Nurse Leader awardees who provide compassionate, patient-centered care every day. You won't want to miss the Holiday Gala event the second Saturday of December. An Honor a Nurse nominee will be selected as "Nurse of the Year," raffles, and the silent auction are just some of the fun-filled events.

Change is always a constant. Our Board of Directors recently appointed new members to the board and elected new leadership. The outgoing leaders have accomplished great service and fortunately we will continue to have access to these great individuals as they continue to serve as board members. Our incoming Board of Directors wear roller skates on the ground and I'm hopeful I can keep up with their action-oriented creativity, and energy.

> The accomplishments of the Foundation are made possible by your support

Fundraising is is our main sustainance as we strive to continue our support of the growing professional needs of nurses. Please take a few moments to reflect, be grateful to have this foundation dedicated to you, for all it can serve. Please donate today.

The Nursing Voice

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- Subject Line: *Nursing Voice* Submission: Name of the article
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Article Submission Dates (submissions by end of the business day)
January 15th, April 15th, July 15th, October 15th

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ANA-Illinois Expert Panel Workplace Safety Survey 5: Staffing

Pamela Brown, Ph.D., RN, ANEF

First, I want to thank all of you who responded to Survey 5: Staffing. The response was very gratifying and made the results more powerful. The Expert Panel on Workplace Safety will convey this report with proposed recommendations to the ANA-Illinois Board of Directors at their next meeting. The panel also invites you to send your staffing related stories to the ANA-Illinois Expert Panel on Workplace Safety, as personal accounts often deliver a greater impact than numbers.

Over 700 nurses responded to Survey 5, with 75% of respondents indicating they provide direct patient care, and 80% indicating they have access to continuing education offerings, specific to patient care, provided by their employer. This group is predominantly female (91%), between 26-39 years of age (49%). Most live (54%) and work (46%) in urban and suburban areas, earn over $50,000 (83%) annually, and have a BSN or higher degree (77%). The majority work 12-hour shifts (66%) on days (55%). Most (56%) work on Medical-Surgical and higher acuity specialty units.

Only 27% of respondents reported working in a facility that has a Staffing Committee, and only 18% report that the staffing plan is being used on their unit. Most (73%) report that they are not sure (37%) or they do not have (36%) a Staffing Committee, and predominantly (81%) report that the staffing plan is not used (36%) or they are not sure (45%) if their unit uses the staffing plan.

Respondents reported being responsible for an average of 10 patients per shift, with an average of 4 additional admissions, transfers, and/or discharges. Other added responsibilities included: being charge nurse or team leader (25%), preceptor/teacher (16%), part of the code or rapid response team (10%) and providing consults or procedures (5%) for other nurses. Most (75%) work through their break time and most (63%) work overtime. The majority (55%) report their workload as higher than they are comfortable with.

Respondents predominantly (79%) report having discussions about staffing at least weekly (78%) with 25% having discussions daily. Over the past month this group reported experiencing "dangerous" staffing levels 33% of the time. When asked if it was safe to report staffing concerns, almost 70% reported feeling safe (69%) to report concerns and 31% feeling unsafe. The majority (57%) reports they have enough qualified staff to handle the number of assigned patients, with 40% indicating they do not have enough qualified staff. Over 60% of nurses feel they rarely (46%) or never (18%) feel unqualified to care for patients with specialized equipment or certain conditions. Solutions during short staffing include nurses taking a heavier load (85%), use of float nurses (55%), nurses volunteering for overtime (51%), managers/supervisors fill in (25%), pulling in agency nurses (20%), and altering routine (19%) of care.

Conclusions

1. It is time to listen carefully to bedside nurses about staffing issues and include them in developing solutions.
2. Illinois has legislation in place that requires staffing committees to create staffing plans based on patient acuity. These committees are mandated to include bedside nurses. According to over 70% of bedside nurses, the plans are not in existence or are not being used.
3. Bedside nurses report working with "dangerous" staffing levels over 30% of the time.
4. Bedside nurses consistently work overtime (63%) and work through their break times (75%).
5. Bedside nurses (55%) report that their workload is consistently higher than they are comfortable with.

AMERICAN NURSES ASSOCIATION ILLINOIS

ANA PRESIDENT'S MESSAGE

Dan Fraczkowski MSN, RN

Greetings,

With the 2018 midterm elections complete, I'd like to thank every nurse and student nurse who participated in the democratic process. We heard from many across Illinois who participated on campaigns by canvassing, phone banking, hosting candidates and meetings to effect change in your communities. Several ANA endorsed candidates were elected to Congress, including Miss Lauren Underwood, a registered nurse from Naperville, IL. We are very proud that one of our own will soon be serving in the 14th Congressional District in the U.S. House of Representatives. Lauren will join two other registered nurses currently serving in Congress.

Thank you to all who participated in our ANA-Illinois Elections by voting online this past October, and congratulations to our newly elected officers, Vice President, Karen Egenes, Treasurer, Pam Brown, Director, Lauren Martin, and Director, Stephanie Yohannan. I also would like to congratulate the newly elected members of the SNAI Board of Directors who took office at their convention this past October 2018. Be sure to visit www.snaillinois.com for more information about their upcoming events, and learn more about the Board of Directors.

While the midterm elections are over, you may be interested to hear that there is also a registered nurse, Alex Acevedo running for Alderman in the 25th Ward in the City of Chicago. As a registered nurse who has practiced in acute care and community settings Alex has a unique understanding of challenges that individuals in Chicago face in the changing healthcare environment. I encourage you to learn more about Alex by visiting his campaign website www.alexfor25.com. We will be sharing information about canvassing, phone banking, and other opportunities to support Alex. If elected he would be the first registered nurse to serve in the Chicago City Council.

I encourage you to remain politically engaged as we enter 2019 by signing up for our advocacy portal, www.il-nurses.com so that you will be aware of what is going on in Springfield as the legislature returns to session in the spring. Tuesday, April 2, 2019 will be our annual Student Nurse Political Action day and Wednesday, April 3, 2019 will be our Nurse Lobby Day.

As this Year of Advocacy ends, I hope that you have had the chance to make your voice heard as a nurse, by participating in a committee or shared governance at work, evidence based practice projects, research, volunteer activities or the political process. No matter the scope or scale of involvement, the impact of nurses is undeniable, and continues to support our recognition as the "most trusted" profession.

Thank you for all you do for your patients and the profession.
Sincerely,
Dan Fraczkowski MSN, RN-BC
President- ANA-Illinois
@NurseDanF

Illinois Nurses Foundation Celebrates Emerging Nurse Leaders at 4th Annual Event

The 4th Annual 40 under 40 Emerging Nurse Leader event recognized 40 outstanding nurses in Illinois under 40 in order to celebrate and encourage exemplar dedication to the nursing profession, dedicated service within the community and the promise to grow in leadership for the advancement of nursing in Illinois.

Building on the success of previous years, the Emerging Nurse Leaders Advisory committee reconvened to review the nominations of over 100 worthy individuals for the 2018 honors. This award is designed to recognize all levels of Illinois licensed nurses, LPNs, RNs and APNs under the age of 40 years.

Nominations were received from patients, friends, family, coworkers, employers, students, etc. Award recognition recipients reflected leadership success, exemplary leadership qualities, participation in professional associations and community service.

The advisory committee was led by Eli Heicher MSN, RN, CENP who served as emcee for the event. The remaining advisory committee team members included Dan Fraczkowski MSN, RN-BC; Brandon Hauer BSN, RN; Shannon Halloway PhD, BSN, RN; Lauren Martin RN, CEN; Stephanie Mendoza RN, MSN; and Carmen Vergara RN-BSN, MPH. The committee had a difficult time as there were so many worthy candidates for this award.

One of the primary purposes of the 40 Under 40 Award is to engage, support and develop the next generation of Illinois Nurse Leaders. The committee was truly moved to have the honor of acknowledging fellow nurses who are known change agents that help shape policy statewide and beyond. Their efforts have served to expand and grow nursing practice as well as to empower our communities. Award recipients were proudly celebrated by members of their own cohort as well as Illinois nursing leaders, and of course from their family members.

The Lisle Hilton proved to be a perfect venue to host the event. The accomplishments of each award recognition recipient can be readily viewed at the IL Nurses Foundation website.

Next year, this recognition event will again take place in Lisle at the Lisle Hilton. Please watch for further details at http://www.illinoisnurses.foundation/

Advisory Committee Consultants: Susana Gonzalez MHA, MSN, RN, CNML, Associate Dean of Nursing Instituto College; Linda B. Roberts MSN, RN, Manager, Illinois Center for Nursing; Susan Y. Swart EdD, MS, RN, CAE, Executive Director, ANA-Illinois/Illinois Nurses Foundation/ Illinois Society for Advanced Practice Nursing

NBNA's President Visits Chicago

Rev. Evelyn Collier-Dixon, RN, MSN, DIV
Chicago Chapter National Black Nurses Association
Ms. Ellen Durant, President

Dr. Eric Williams, DNP, RN, CNE, President, NBNA

CCNBNA along with other Illinois NBNA Chapters were honored to have Eric J. Williams, DNP, RN, CNE, FAAN, President of the National Black Nurses Association visit us on September 13, 2018. Because of his love for nursing students and sponsorship, Dr. Williams was eager to share with local NBNA chapters of Illinois in supporting Chicago State University, Health Science Department Alumni Fundraiser during his short visit to the Chicagoland area.

On August 2, 2015, Dr. Williams was installed as the first male and 12th President of the National Black Nurses Association. Currently, Dr. Williams, is the Assistant Director/Faculty Leader and Professor of Nursing at Santa Monica College, Santa Monica, CA. He is recognized as being the first African American male faculty member where he began his appointment in 2001.

Dr. Williams earned a BSN degree in 1986 from William Carey University, Hattiesburg, MS. He worked as a staff nurse and charge nurse in a variety of settings such as medical – surgical, emergency room, and the intensive care unit. While teaching in a practical nursing program, at the age of 24, Dr. Williams pursued a Master's of Science Degree in Nursing with a focus in Adult Health from the University of South Alabama, Mobile, Alabama and graduated in 1991. Upon completion of the MSN degree, Dr. Williams was appointed as an Assistant Professor of Nursing at Dillard University, New Orleans, LA, where he worked for ten years. He was the first male faculty member to be hired as a nursing faculty member since the inception of the nursing program in 1942. In 2007, Dr. Williams earned a Doctorate of Nursing Practice Degree from the Frances Payne Bolton School of Nursing at Case Western Reserve University, Cleveland, OH.

Dr. Williams has presented locally and nationally on a variety of health relate topics. He was featured in a CNN segment on health Care Reform entitled "A Nursing Professor Rejoices." Also, he was featured in Minority Nurse regarding NBNA 40th Anniversary. Dr. Williams'' research interest is centered on levels of cultural competence among nursing students. He was listed as a pioneer in nursing by St. Louis University.

He served in the NBNA Board of Directors on two occasions and held the position as first and second vice president. Dr. Williams is a past board member of the American Assembly for Men in Nursing. He is current member of the Technical Expert Panel for Education for the Agency on Healthcare Research and Quality. Currently, He serves as a board member of the Haiti Nursing Foundation. Also, Dr. Williams was inducted into the William Carey University Hall of Fame on March 28. 2015. Dr. Williams received several awards including the Great 100 Nurses of New Orleans (1992); Outstanding Young Men of America (1987), and Who's Who in American Colleges and Universities (1986). He was featured as a local leader by Working Nurse Magazine in 2015. Also, Dr. Williams received the 2011 National Black Nurses Association Trailblazer Award.

Kudos to Dr. Eric J. Williams for a job well done as the 1st African American Male Nurse President of the National Black Nurses Association.

IBHE Recognizes 2018 Nurse Educator Fellows

SPRINGFIELD – The Illinois Board of Higher Education (IBHE) and the Illinois Nursing Workforce Center (INWC) Advisory Board are proud to acknowledge the 2018 Nurse Educator Fellow recipients, each of whom is awarded $10,000 to help promote excellence in nursing education. "It is an honor to actively support the Nurse Educator Fellows program," said Dr. Al Bowman, executive director of IBHE. "These nurse educators are highly qualified, and Illinois is fortunate to have them in teaching roles in our state as we work toward reversing our nursing shortage."

The recipients are using the funding to conduct research, attend and/or present study findings at a conference or for continuing education. Illinois Department of Financial and Professional Regulation, Division of Professional Regulation Director Jessica Baer said, "I would like to thank and congratulate these outstanding professionals for their dedication to educating and supporting the next generation of nurses. Their qualifications are impressive, and the specialties and projects that they are pursuing are remarkable."

Some of those projects include collaborating with a colleague in Japan on acute coronary syndrome symptoms, research into teaching strategies, evaluating federally qualified health centers, pursuing simulation education, and researching culturally sensitive care to vulnerable populations.

The awards were given at recognition ceremonies in Chicago and Springfield. Those attending in Chicago, left to right:

Jie Chen, PhD, RN,
Northern Illinois University, DeKalb

Georgine Maisch, MSN, RN, CHSE,
Aurora University

Carol Kostovich, PhD, RN CHSE,
Loyola University of Chicago

Tisha Goad, MSN, RN,
Lake Land College, Mattoon

Kelli Nickols, DNP, APRN, FNP-BC,
Morraine Valley Community College, Palos Hills

Maripat King, DNP, ACNP, RN,
University of Illinois at Chicago

Marcia Bulthuis, MS, RN, CNOR,
Prairie State College, Chicago Heights

Nanci Reiland, MSN, DNP (c), RN, PHNA-BC,
Lewis University, Romeoville

Toula Kelikian, MS, PhD (c), MS, RN,
Morton College, Cicero

Those recipients attending in Springfield, left to right:

Kelly Tisdale, MSN, DNP (c), RN,
Joliet Junior College

Denise Caldwell, MSN, RN,
Lewis & Clark Community College, Godfrey

Ann Eckhardt, PhD, RN,
Illinois Wesleyan University, Bloomington

Anne Yates Hustad, MSN, RN, CNE, PEL-CSN,
Illinois Eastern-Olney Central College, Olney

Amanda Hopkins, PhD., RN,
Illinois Wesleyan University, Bloomington

Orin Reitz, PhD, MBA, RN, NEA-BC,
Illinois State University, Normal

Jamie Nickell, MSN, RN,
Millikin University, Decatur

Pam Laskowski, MSN, PhD (c), RN, CNE,
Millikin University, Decatur

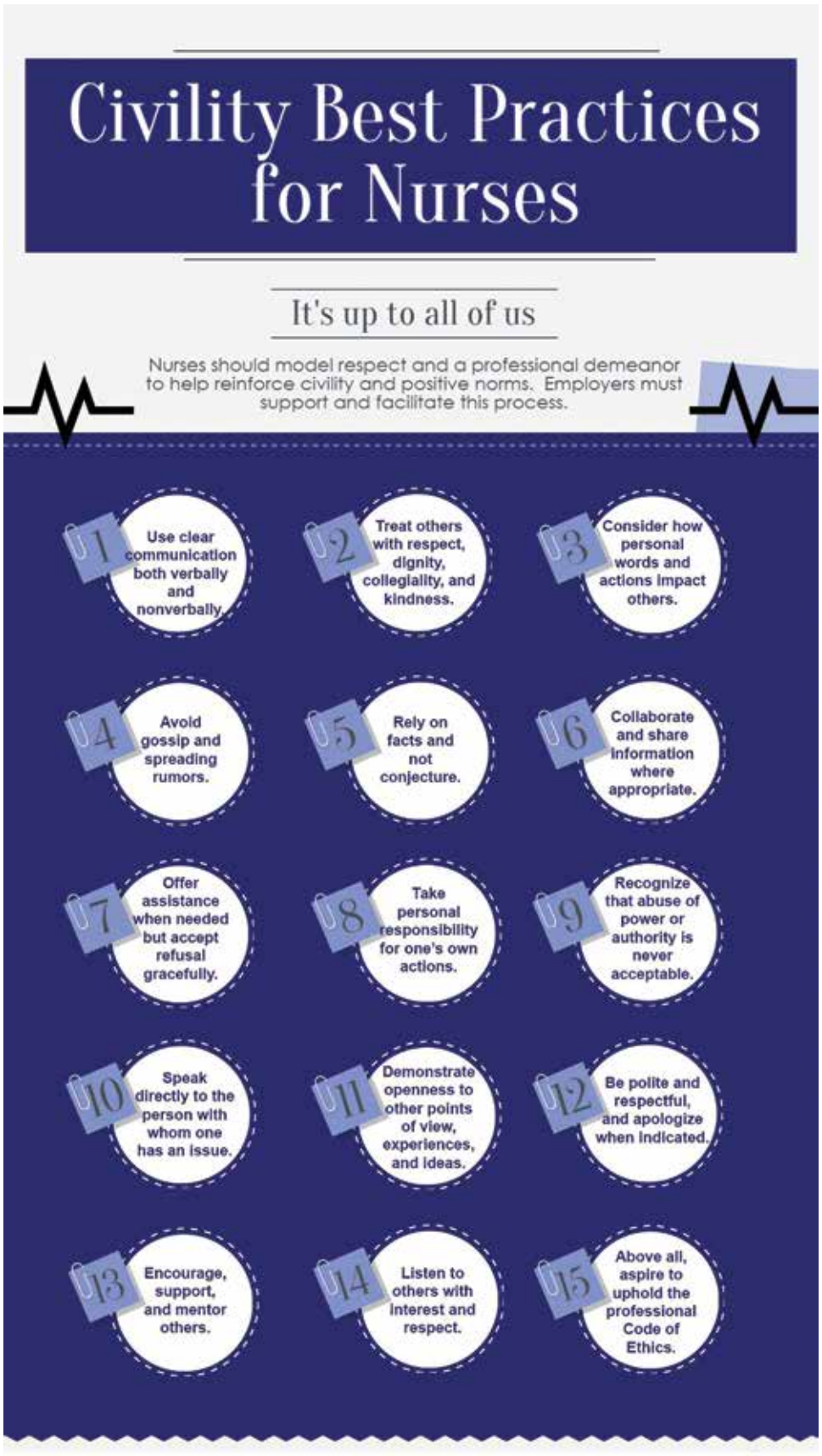
Not photographed:

Jennifer Smith, MSN, MBA, RN,
William Rainey Harper College, Palatine

All of the recipients continue to be employed in nursing education at the institution that nominated them for this recognition. In addition, 90 percent are employed as faculty, and 10 percent have a dual administration/ faculty role.

Illinois and the nation must address the healthcare demands of a growing and aging population at the same time that many experienced nurses will be reaching retirement age. This exacerbates the demand for registered nurses. To help address this concern, Illinois state government is helping to provide the resources necessary to train more highly-skilled nurses in Illinois by retaining qualified faculty.

Violence, Incivility & Bullying



American Nurses Association, www.nursingworld.org

While nursing is a profession dedicated to helping others, the highly charged nature of many of the environments in which nurses work can lead to situations where emotions boil over.

Incivility, bullying, and violence in the workplace are serious issues in nursing, with incivility and bullying widespread in all settings. Incivility is "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them." ANA defines bullying as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient."

Such acts of aggression – be they verbal or physical – are entirely unacceptable, whether delivered by patients or colleagues. These incidents not only have a serious effect on the wellbeing of the nurse in question but also their ability to care for their patients.

ANA seeks to protect nurses from all types of workplace conflict through various methods including advocacy, policy, and resources. We want nurses, employers, and the public to jointly create and nurture a healthy, safe, and respectful work environment in which positive health outcomes are the highest priority.

Types of violence

According to The National Institute of Occupational Safety and Health (NIOSH), there are four types of violence that nurses might face in their work environment:

1. **Criminal Intent.** The perpetrator has no relationship with the victim, and the violence is carried out in conjunction with a crime.
2. **Customer/client.** The most common health care environment-based assault, the perpetrator is a member of the public with whom the nurse is interacting during the course of their regular duties.
3. **Worker-on-worker.** Commonly perceived as bullying, in these instances the perpetrator and victim work together – though not necessarily in the same role or at the same level.
4. **Personal relationship.** In these incidents, the victim has been targeted as a result of an existing exterior relationship with the perpetrator, with the violence taking place in the workplace.

It is important to remember that none of the scenarios above are restricted to physical violence – verbal and psychological abuse can be just as damaging to both the nurse and their ability to care for patients. All such abuse comes within the scope of ANA's anti-workplace violence agenda.

How ANA is taking action on workplace violence

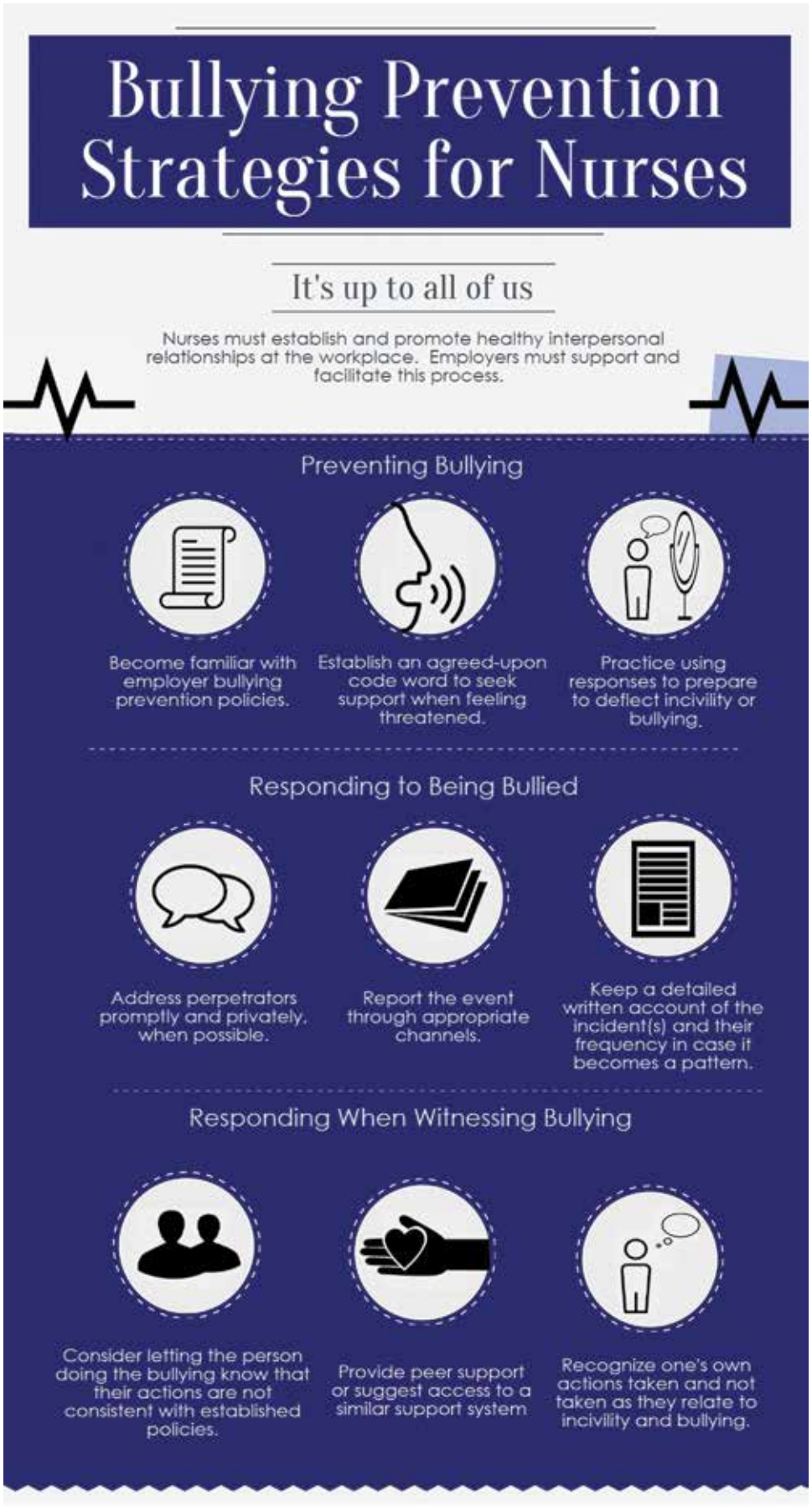
Currently, there is no specific federal statute that requires workplace violence protections, but several states have enacted legislation or regulations aimed at protecting health care workers from its effects. We support these moves by individual states, and are actively advocating further, more stringent regulation.

In 2015, we convened a Professional Issues Panel on Incivility, Bullying, and Workplace Violence to develop a new ANA position statement. You can read the full position statement here, and below are some key points:

- The nursing profession will not tolerate violence of any kind from any source;
- Nurses and employers must collaborate to create a culture of respect;
- The adoption of evidence-based strategies that prevent and mitigate incivility, bullying, and workplace violence; and promote health, safety, and wellness and optimal outcomes in health care;
- The strategies employed are listed and categorized by primary, secondary, and tertiary prevention;
- The statement is relevant for all health care professionals and stakeholders, not exclusively to nurses.

How you can make a difference

Tackling workplace violence will take a united effort. To that end, we have collated a series of promotional and educational resources that can help you and your colleagues reduce incidents in your workplace, and help create safe health care environments by advocating for change.



Illinois Advanced Practice Registered Nurses Elect New Board Members

MANTENO – The Illinois Society for Advanced Practice Nursing announced the election results during the association's 2018 annual meeting at the Midwest Conference, held in Lisle, Illinois on October 20th.

The new leadership includes advanced practice registered nurse leaders from across the state and from a variety of backgrounds.

The newly elected board members are as follows:

Secretary	Melissa Murphey DNP, APRN, NP-C
GR/PAC Chair	Julie Darley APRN, FNP-BC
Membership Chair	Dawn Kunz APRN, FNP-BC, AOCN, CHPN
CNS Rep	Kathleen Fisher DNP, APRN, CNS
CRNA Rep	Alicia Citari MSN, APRN, CRNA
Region 4 Chair	Wamaitha Sullivan DNP, APRN, FNP
Region 6 Chair	Julie Rinehart APRN, CNM, WHNP-BC

The new board members will join the following directors whose terms end in October 2019:

President	Ricki Loar PhD, APRN, CNP, FNP-BC, GNP-BC
Vice President	Brenda Madura MS, APRN, CNM-BC
Treasurer	James Huff APRN, PMHNP-BC
Marketing Chair	Betsy Gamlin MS, APRN, AGNP-BC
Program Chair	Patricia Hess MSN, APRN, FNP-BC
CNM Rep	Debra Lowrance DNP, APRN, CNM, WHNP, IBCLC
CNP Rep	April Odom APRN, FNP-BC
Region 1 Chair	Colleen Burkart APRN, FNP-BC
Region 2 Chair	Raechel Ferry-Rooney DNP, APRN
Region 3 Chair	Janet Collopy APRN
Region 5 Chair	Andrea Perkins APRN, FNP-BC
Region 7 Chair	Lauren Hedenschoug MSN, APRN, FNP-BC

About ISAPN: Formed in 2002, the Illinois Society for Advanced Practice Nursing is a powerful network of advanced practice registered nurses who are committed to advancing the profession through education and political action. ISAPN is the leading voice of the approximately 14,000 advanced practice registered nurses in Illinois. To become a member of the Illinois Society for Advanced Practice Nursing, visit www.isapn.org.

A Perspective on Senior Nurses in the Workplace

Ellen Elpern MSN, RN

In 2006, the Robert Wood Johnson Foundation issued a report entitled "Wisdom at Work: The importance of older and experienced nurses in the workplace." In the years since the release of this report, the concerns that were raised then are more acute now. These include:

- An aging US population that places more demands on our healthcare system.
- A growing nursing shortage precipitated by loss of Baby Boomer nurses from the workforce due to aging and retirement
- The high costs to institutions of losing older nurses, including expenses associated with turnover and replacement
- The impact of the loss of senior nurses' wisdom and experience on quality of care, patient satisfaction and safety, productivity, and organizational performance

Many of us senior and retired nurses are fortunate to enjoy good health and vitality that support a significant level of continued activity in healthcare – either as employees or volunteers. I wholeheartedly agree with those who consider baby boomers to be a large untapped pool of potential contributors to the US healthcare workforce. What is often lacking is the structure to capture the contributions we would willingly make.

Before anything else, we must get the attention of institutional leaders and decision-makers and a commitment to focusing attention on senior nurses. The support of key stakeholders is essential to successful change. Once the implications of their loss from healthcare is recognized and appreciated, strategies can be explored -some to retain nurses in the workplace up to and even beyond the usual retirement age and others to capture their contributions through volunteering.

The RWF report includes detailed discussion of ways to encourage older workers to remain in the workplace. Notable among these are those that emphasize flexibility in work practices, such as different shift options, job sharing, and extended leaves. Others involve changes in human resource practices to entice older workers such as full benefits for reduced work, phased retirement, and paid sabbaticals. Workplace modifications or redesign to allow senior nurses to manage workload and physical requirements of the job such as patient mobility equipment and lift teams are also highlighted.

Often, senior nurses wish to maintain some degree of professional involvement after retirement through volunteering. These retirees seek to continue to contribute in meaningful ways to the mission and goals of the organization through volunteer roles that capitalize on their interests and experience. Specific volunteer activities that meet these criteria are as diverse as the institutions that integrate volunteers. In a hospital setting, nurse volunteer functions could include mentoring new clinicians or managers, serving on ethics committees, assisting with the gathering and writing of frontline scenarios for Magnet applications, participating on clinical research teams, and monitoring for such quality indicators as handwashing and other protective precautions. In all instances, nurse volunteers are meant to complement, not replace, paid staff.

Issues raised by the Wisdom at Work document are as relevant today as when the report was released. It is my hope that nurses of all ages will consider the wisdom of integrating and maintaining senior nurses in our ranks. The stakes for not attending to this crisis are ominous. The time to act is now.

ANA-Illinois Elects New Board Members

Members of the ANA-Illinois elect new leadership

MANTENO – The ANA-Illinois, the state's largest professional nursing association for registered nurses in all practice settings, has elected new leadership.

ANA-Illinois leadership includes nurse leaders from across the state and with a variety of backgrounds. The elected leaders' unique experiences are sure to enhance the work of ANA-Illinois and its vision of being the recognized leader of professional nursing and nurses in Illinois.

The newly elected board members are as follows:

Vice President: Karen Egenes EdD, MSN, MA, RN
Treasurer: Pam Brown PhD, RN, ANEF
Director: Stephanie Yohannan DNP, MBA, RN, NE-BC
Director: Crystal Vasquez DNP, MS, MBA, RN, NEA-BC
Director: Lauren Martin RN, CEN

The new board members will join the following directors whose terms continue through October of 2019:

President: Dan Fraczkowski MSN, RN
Secretary: Kathryn Serbin DNP, MS, BSN, CCM
Director: Colleen Morley MSN, RN, CMCN, ACM
Director: Kathryn A. Weigel MS, RN, GCNS

The 2018 ballot also included the election of members to the Nominations Committee and Representatives to the ANA Membership Assembly. We are happy to welcome these individuals as part of the ANA-Illinois leadership team. As we move forward these individuals will be instrumental in helping the association advance the profession.

Nominations Committee:

Karen Kelly EdD, RN, NEA-BC
Bonnie Salvetti BSN, RN
Jeannine Haberman MBA, MSN, RN, AOCN

ANA Membership Assembly Representatives:

Theresa Gallagher DNP, APRN, FNP-BC, CNL
Eli Heicher MSN, RN, CENP
Monique L. Mandereson APRN, CNP
Nanci Reiland DNP(c), MSN, RN, PHNA-BC

ANA-Illinois, a constituent member of the American Nurses Association, is a powerful network of registered nurses who are committed to advancing nursing through education, political action and workplace advocacy. ANA-Illinois is the leading voice of the approximately 187,000 professional registered nurses in Illinois.

Mind/Body/Spirit

Wellness 101

Environmental wellness

Megan Amaya, PhD, CHES; Bernadette Mazurek Melnyk, PhD, RN, APRN-CNP, FAANP, FNAP, FAAN; Susan Neale, MFA

Reprinted from American Nurse Today

Pay attention to your environment–it can affect your body, mind, and spirit.

This is the ninth installment in a series of articles on wellness. You can read the earlier articles at americannursetoday.com/category/wellness101/.

You DON'T HAVE TO GO FAR to experience nature–it can be in your own backyard, a community park, or walking trail. You also can venture miles from home for hiking, waterskiing, camping, or canoeing. When you're outdoors, the rest of life seems to disappear. You become "one with nature"–spiritually, mentally, and physically–as you appreciate all the beauty this planet has to offer. Your senses heighten as you become more aware of your surroundings. And you may not realize it, but you're improving your health and wellbeing. Yes, outdoor activities, from a simple walk around the block to snow tubing down a wintry hill, enhance your overall health.

We may not give a lot of thought to how the environment fits into our wellness efforts, but the environment and how we take care of it can have a huge impact on our overall well-being.

The evidence is in

Research has demonstrated that green space, such as parks, forests, and river corridors, are good for our physical and mental health. In a study by Blumenthal and colleagues, 71% of people found a reduction in depression after going for a walk outdoors, versus a 45% reduction in those who took an indoor walk. In a 2013 study from Roe and colleagues, gardening demonstrated a significant reduction in subjects' levels of the stress hormone cortisol. And in 2016, the World Health Organization conducted a systematic review of 60 studies from the United States, Canada, Australia, New Zealand, and Europe and concluded that green space is associated with reduced obesity.

More than nature

"Environment" doesn't mean only the great outdoors. Your environment is everything that surrounds you–your home, your car, your workplace, the food you eat, and the people you interact with. Nurses' work environments contain many hazards, so we need to pay extra attention to this component of our wellness. The U.S. Department of Labor rates hospitals as one of the most dangerous places to work. In 2017, the Bureau of Labor Statistics reported that private industry hospital workers face a higher incidence of injury and illness–six cases per 100 full-time workers–than employees working in other industries traditionally considered dangerous, such as manufacturing and construction. In 2015, the most common event leading to injuries in hospitals was overexertion and bodily reaction, including injuries from moving or lifting patients. In other words, those of us working with patients outside of a hospital setting are vulnerable, too.

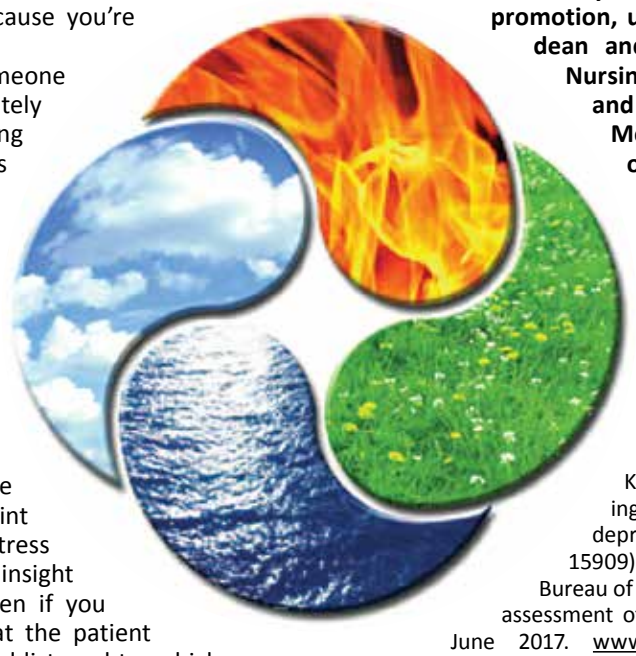
Improve your workplace environment

The good news is that many injuries can be prevented with proper equipment and training. For instance, almost 50% of reported injuries and illnesses among nurses and other hospital workers were musculoskeletal, many (25% of all workers' compensation claims for the healthcare industry in 2011) caused by overexertion from lifting, transferring, and repositioning patients. Learning safe ways to handle patients can safeguard your well-being as well as your patients'. It may be time to review your workplace safety standards or form a committee to review patient-handling procedures and other safety measures.

Of course, the people we deal with every day aren't just risk factors for disease and injury. Everyone brings his or her personalities, attitudes, and behaviors, and we can't always avoid the stress they add to our environment. We can, however, cushion ourselves against stress by modifying our own behavior.

Nurse.org offers these suggestions when dealing with a difficult patient:

- Avoid defensive thoughts. Remember, it's not about you, it's about the patient. Don't blow up at him or her because you're frustrated.
- Set boundaries. If someone behaves inappropriately toward you by swearing or yelling, set limits by saying, "There are certain things we allow here, and this behavior is not one of them. I'll step out of the room to give you time to calm down."
- Let them tell their story. Letting a patient tell you how he or she got to this point can help reduce distress and might give you insight into the behavior. Even if you don't agree with what the patient says, he or she will feel listened to, which may be calming.
- Realign your body language. Taking a few measured breaths to refocus your thoughts can help you calm down. Tension can create defensive body language that patients may react to negatively.



Choosing to thrive

Studies show that we thrive better when surrounded by people who support our goals and want to help us succeed. We can't usually choose the people we work with, but we can consciously choose to spend more time with those friends and family members who support and uplift us.

And we can all contribute to making our physical surroundings healthier, from recycling to creating a culture of respect and gratitude. (See 6 ways you can improve your environment.) Start with a small step today–at work, at home, at school, with your family, or by volunteering in the community–to improve your environmental wellness.

The authors work at The Ohio State University in Columbus, Ohio. Megan Amaya is director of health promotion and wellness and assistant professor of clinical nursing practice at the College of Nursing and president of the National Consortium for Building Healthy Academic Communities. Bernadette Mazurek Melnyk is the vice president for health promotion, university chief wellness officer, dean and professor in the College of Nursing, professor of pediatrics and psychiatry in the College of Medicine, and executive director of the Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare. Susan Neale is senior writer/editor of marketing and communications in the College of Nursing.

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6 ways you can improve your environment

When we take care of our environment, we take care of ourselves. Get started with these ideas:

- **Reuse it.** Drink from reusable water bottles and shop with reusable bags. Glass or stainless steel water bottles are the best options, but a plastic water bottle works well, too–as long as you reuse it. Reusable shopping bags cut down on plastic bag waste. According to The Wall Street Journal, the United States goes through 100 billion plastic shopping bags annually. Evidence shows that they slowly release toxic chemicals once they get in the soil. If you use plastic bags, recycle them at your local grocery store.
- **Eat local.** Take advantage of farmers' markets, community-supported agriculture, and restaurants that serve local foods. Most local foods are packed with more nutrients because they don't have to travel long distances to reach your plate. Locally grown food also means less energy (fuel) is used to transport it to your kitchen or grocery store.
- **Turn it off.** Whether it's a faucet you leave running while you brush your teeth or the TV that's on when you're not in the room, if you're not using something, turn it off. You'll save energy and, as a bonus, you may save money in cheaper utility bills.
- **Travel light.** If you can, find environmentally friendly ways to travel–walk, ride your bike, or take public transportation.
- **Clean green.** Using natural or homemade cleaning products is better for you, your home, your pets, and the environment. Some items to keep on hand include white vinegar, natural salt, baking soda, and lemons.
- **Recycle.** Most communities recycle, whether by a city-sponsored pickup route or at a drop-off location. Learn more about what you can recycle from your local solid waste authority.

Implementing and Sustaining Successful Public Health Nursing Academic-Practice Partnerships

For the second year, the Illinois Healthcare Action Coalition (IHAC) Public Health Nurse (PHN) Academic-Practice Partnership Workgroup provided a day of interactive workshops. These workshops were designed to provide tangible tools to both develop and sustain academic-practice partnerships in the public health and community health settings. This annual conference was held on September 4 at Illinois Wesleyan University School of Nursing, Bloomington, Illinois, the day prior to the Illinois Public Health Association 77th annual conference. All participants received 4.0 hours of continuing education credits, which was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The day began with a panel discussion showcasing the academic-practice partnerships that were funded by the Illinois Nurses Foundation (INF). All projects funded pre-licensure RN students in baccalaureate or MSN-entry programs. Projects included:

- Southern Illinois University Edwardsville and the Madison County Health Department: Wellness Promotion and Screening Across the Lifespan in Madison County
- St. Xavier School of Nursing and Cook County Department of Public Health Oak Forest: Increasing Intimate Partner Violence (IPV) Awareness Among Culturally Diverse Populations in Suburban Cook County
- St. Xavier School of Nursing and St. John Fischer School: Saving Lives Through Training School Staff on EPI-Pen Administration
- Lewis University and Will Grundy Medical Clinic, Will County: Salsacize Plus

After a brief introduction of partners and project description(s), panelists provided partnership facilitators and challenges as well as lessons learned. The question and answer session was moderated by Dr. Krista Jones, University of Illinois at Chicago.

The afternoon workshops were based on feedback from those who attended the October PHNL 2017 conference, which focused on building new public health academic-practice partnerships. Workshops included

- Challenges facing rural hospitals and how rural providers are stepping up in their communities: Angie Charlet, DBA, MHA, RN; Director of Quality, Education Services and Compliance, Illinois Critical Access Hospital Network

Panel Moderator: Krista Jones, DNP, MSN, PHNA-BC, RN; Director and Clinical Associate Professor, University of Illinois at Chicago

- Developing a grant application process: Rabia Mukhtar, BS, MPH; DuPage County Health Department, Community Initiatives Coordinator
- Tips for public health advocacy: Miriam Link-Mullison, MS; SIU-Carbondale, Adjunct Instructor, Past President Illinois Public Health Association
- Organizing for success: project development and stakeholder mapping: Jan Albers, DNP, RN, PHNA-BC, CLC; Assistant Professor, McKendree University
- Disaster preparedness, academic-practice partnership training: Joe Ramos, BSN, RN; Illinois Department of Public Health, Emergency Response Coordinator
- Once upon a time: using creative writing and storytelling to strengthen the nursing workforce: Rebecca Singer, DNP, RN; Assistant Clinical Professor, University of Illinois at Chicago, Department of Health Systems Science

The Illinois Healthcare Action Coalition Public Health Nursing Academic-Practice Partnership project was launched in the Spring of 2016 with a grant from the Robert Wood Johnson Foundation (RWJF). The RWJF grant principal investigator is Robin Hannon, MSN, RN, Director of Personal Health, St. Clair County Health Department. The conference planning committee included: Robin Hannon, MSN, RN; Jan Albers, DNP, RN, PHNA-BC, CLC; Amy Funk, PhD, RN-BC; Krista Jones, DNP, MSN, PHNA-BC, CLC; Glenda Morris-Burnett, PhD, RN, MUPP; Laura Sztuba, DNP, RN, PHNA-BC; and Linda B. Roberts, MSN, RN, Illinois Nursing Workforce Center Manager.

Workshop presenter: Angie Charlet, DBA, MHA, RN, Director of Quality, Education Services and Compliance, Illinois Critical Access Hospital Network

NATIONAL BLACK NURSES ASSOCIATION

Sandra M. Webb-Booker, Chairperson
National Black Nurses Day Committee

The Chicago Chapter of the National Black Nurses' Association, Alpha Eta Chapter of Chi Eta Phi Sorority, Inc., Beta Mu Chapter of Lambda Pi Alpha Sorority, and Provident Hospital Nurse' Alumni will celebrate their 31th Annual National Black Nurses' Day Awards Celebration on Friday, February 22, 2019 at the Apostolic Faith Church, 3823 S. Indiana, Chicago, IL at 6:00pm.

The celebration will recognize outstanding African American LPNs and RNs working in the areas of transplantation and dialysis.

If you know of an outstanding Black nurse who specializes in the above area, the National Black Nurses Day Committee invites you to recommend that person to be honored, at our 31st Anniversary Celebration. Friends, family, nursing students, nursing colleague and the community at large are all invited to attend this event. All supportive documents for the Nurse honoree must be received by January 11, 2019.

Candidate must submit:

1. A professional resume.
2. A one page narrative, describing some of the highlights of his/her nursing career, (personal pertinent patient outcomes should be indicated in the candidate's personal statement if applicable).
3. Two letters of professional recommendations.

All additional information i.e. vendors, ad book can also be located at the National Black Nurses Association Chicago Chapter website: http://chicagochapternbna.org

Your assistance is needed in advertising this event. Kindly post this letter in a highly visible area that's frequented by your nursing staff, student body and faculty.

Candidate documents are to be mailed to:
National Black Nurses' Day Committee
P.O. Box 490693
Chicago, IL 60649-0693

For all questions/concerns, please contact the National Black Nurses Day Committee at refer to the chicagochapternbna website, or rnccnbna@gmail.com for more information.

What Do We Know About Illinois APRNs as We Move Towards Independent Practice?

Theresa Towle, DNP, FNP-BC, CNRN, Illinois Nursing Workforce Center Board member, poster presentation at the Illinois Society of Advanced Practice Nurses annual conference, October 2018.

The Advanced Practice Registered Nursing Workforce Survey 2016 contains 2016 data on the characteristics, supply, and distribution of Illinois' Advanced Practice Registered Nurses (APRNs). The results include data on the type of APRNs, the relative numbers of APRNs in each age group, their cultural diversity and education preparation. The data also quantifies the services APRNs provide, billing for services, and collaborative agreements with the Illinois physician(s). Survey results and reports are on the Illinois Nursing Workforce Center (INWC) website, tab: Data/Reports: http://nursing.illinois.gov/ResearchData.asp

The survey was developed by the INWC Board of Directors and is consistent with the 63 question Health Resources and Services (HRSA) National Sample Survey of Nurse Practitioners (NSSNP). The survey was conducted during the 2016 Illinois APRN license renewal period (3/14/16-5/31/16) and two additional email requests (7/29/16, 8/11/16) for participation post license renewal. Voluntary participation 26% Illinois APRNs.

Demographics:

Diversity: racial and ethnic diversity has increased in younger cohorts

- Hispanic/Latino APRNS – 44% are younger than 45 years
- Black or African American APRNs – 39% are younger than 45 years

Age:

- Younger than 44 years: 29% CRNAs, 31% CNMs, 42% NPs
- Over 55 years of age: 67% CNSs

Gender:

- Approximately 90% of respondents are female

Aging Workforce:

- 17% of respondents intend to retire in the next 10 years

Figure 9: Summary of Advanced Practice Nurse (APRN) Practice Focus Specialty

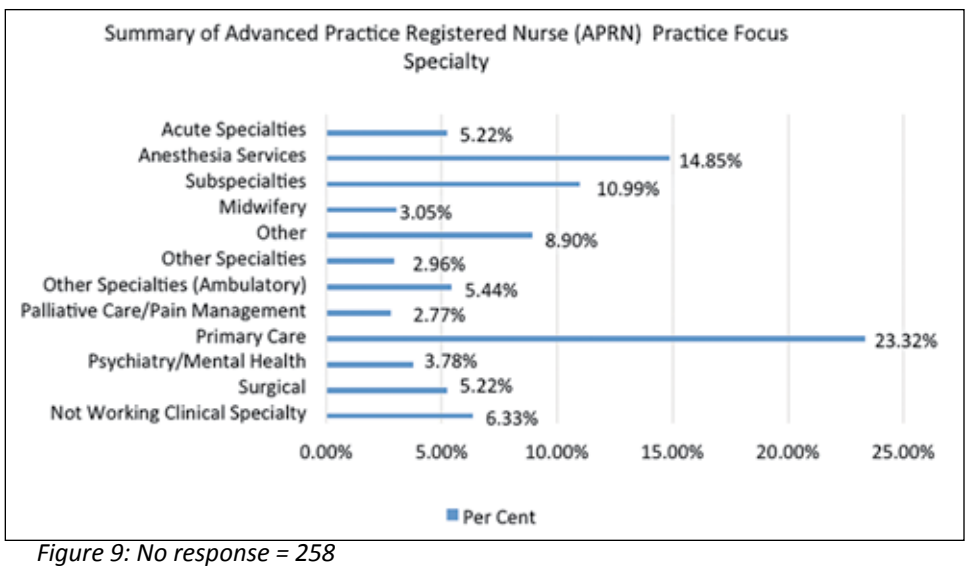

Figure 9: No response = 258

Job Characteristics

- **Services Provided (top four)**
  - Counsel and educate patients and families
  - Conduct physical exams and obtain medical histories
  - Order, perform and interpret tests, diagnostic studies
  - Prescribe drugs for acute and chronic illnesses
- **Employment Setting**
  - Majority (79%) of APRNs work one FT job, 31-40 hours per week, paid an annual salary
  - 30% work in a hospital setting
  - 23% work in an ambulatory setting
  - 19% work in private practice
- **Prescriptive Authority**
  - 77% do have prescriptive authority
  - 65% of these APRNs have a controlled substance license
  - 66% also have a DEA number
- **Professional Collaboration**
  - 53% responded that physicians are present 75-100% of the time
- **Billing, Reimbursement**
  - 92% have a NPI number (up from 73.5% in 2015)
  - 44% bill under own provider number
  - 25% receive reimbursement from Medicare,
  - 24% Medicaid 31.42% private insurance
- **Earnings**
  - The median income, full-time hours, $90-95,000 range. The lowest 10% earned less than $74,300, highest 10% earned more than $175,170
  - Nearly 70% receive an annual salary rather than hourly rate or percent of billing

Limitations

- Data were self-reported
- A total of 3 requests were sent to accrue sufficient participants
- Survey data were compared to the Illinois Department of Financial and Professional regulation (IDFPR) licensure database for validity

Discussion

- Illinois APRN workforce grew by approximately 26% since 2014. The majority of this increase can be attributed to the Certified Nurse Practitioner (NP) specialty group which increased by 30%.
- In 2008 there were 6,164 Illinois APRNs, as of January 23, 2018 there are 13, 819 APRNs; a 44% increase in the total number of active APRN licenses including all ARPN specialties.
- Density of Illinois NPs remain at approximately 60 per 100,000 population. APRN population over 55 years of age is 42%. The availability of APRNs to address the needs of Illinois citizens, particularly within Illinois' 229 Health Professional Shortage Areas is a concern (*Kaiser Family Foundation, 2017*). Specialty areas are of increased concern: Psychiatric Mental Health (PMH) NPs; Geriatric and Long Term Care NPs.
- APRNs provide direct care (82%) in a variety of ambulatory and inpatient services. Primary care, diagnosis/treatment/management, physical exams and prescribing medications and care coordination is provided.
- Most APRNs providing direct care see more than 50 patients per week and are APRN services are also providers to Medicare (35%) and Medicaid (23%) recipients, in high quality and less intensive use of costly health services (*DesRoches et al, 2017*).
- APRN collaboration and billing practices are anticipated to change with the impact of increased practice authority in the Illinois APRN practice laws. Only 43% of APRNs bill under their own NPI provider number even though most APRNs have an NPI number (92%).
- The Illinois APRN Survey 2016 results indicate low numbers of APRNs and primary care providers in the state.
- It is important to continue to recruit and train a diverse APRN workforce to address the human health care capital that will be needed in Illinois. This will be critical to low income and low access areas of the state.
- Continued data collection and focused workforce planning are vital to assure access to healthcare for all Illinois residents.

The survey report is on the Illinois Nursing Workforce Center website http://nursing.Illinois.gov/ResearchData.asp

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Career Sphere

8 steps for making effective nurse-patient assignments

By Stephanie B. Allen, PhD, RN, NE-BC

Reprinted from American Nurse Today

Successful assignments require attention to the needs of both nurses and patients.

YOUR MANAGER wants you to learn how to make nurse patient assignments. What? Already? When did you became a senior nurse on your floor? But you're up to the challenge and ready to learn the process.

Nurse-patient assignments help coordinate daily unit activities, matching nurses with patients to meet unit and patient needs for a specific length of time. If you are new to this challenge, try these eight tips as a guide for making nurse-patient assignments.

1 Find a mentor

Most nurses learn to make nurse-patient assignments from a colleague. Consider asking if you can observe your charge nurse make assignments. Ask questions to learn what factors are taken into consideration for each assignment. Nurses who make assignments are aware of their importance and are serious in their efforts to consider every piece of information when making them. By asking questions, you'll better understand how priorities are set and the thought that's given to each assignment. Making nurse-patient assignments is challenging, but with your mentor's help, you'll move from novice to competent in no time.

2 Gather your supplies (knowledge)

Before completing any nursing task, you need to gather your supplies. In this case, that means knowledge. You'll need information about the unit, the nurses, and the patients. (See *What you need to know.*) Some of this information you already know, and some you'll need to gather. But make sure you have everything you need before you begin making assignments. Missing and unknown information is dangerous and may jeopardize patient and staff safety.

The unit and its environment will set the foundation for your assignments. The environment (unit physical layout, average patient length of stay [LOS]) defines your process and assignment configuration (nurse-to-patient ratios). You're probably familiar with your unit's layout and patient flow, but do you know the average LOS or nurse-to-patient ratios? Do you know what time of day most admissions and discharges occur or the timing of certain daily activities? And do other nursing duties need to be covered (rapid response, on call to another unit)? Review your unit's policy and procedures manual for unit staffing and assignment guidelines. The American Nurses Association's *ANA's Principles for Nurse Staffing 2nd edition* also is an excellent resource.

Review the assignment sheet or whiteboard used on your unit. It has clues to the information you need. It provides the framework for the assignment-making process, including staff constraints, additional duties that must be covered, and patient factors most important on your unit. Use the electronic health record (EHR) to generate various useful pieces of patient information. You also can use the census sheet, patient acuity list, or other documents of nursing activity, such as a generic hospital patient summary or a unit-specific patient report that includes important patient factors.

Depending on your unit, the shift, and the patient population, you'll need to consider different factors when making assignments. Ask yourself these questions: What patient information is important for my unit? Does my unit generate a patient acuity or workload factor? What are the time-consuming tasks on my unit (medications, dressing changes, psychosocial support, total care, isolation)? Which patients require higher surveillance or monitoring?

Finally, always talk to the clinical nurses caring for the patients. Patient conditions change faster than they can be documented in the EHR, so rely on the clinical nurses to confirm each patient's acuity and individual nurses' workloads. Nurses want to be asked for input about their patients' condition, and they're your best resource.

Now ask yourself: How well do I know the other nurses on my unit? This knowledge is the last piece of information you need before you can make assignments. The names of the nurses assigned to the shift can be found on the unit schedule or a staffing list from a centralized staffing office. If you know the nurses and have worked with them, you'll be able to determine who has the most and least experience, who's been on the floor the longest, and who has specialty certifications. You'll also want to keep in mind who the newest nurses are and who's still on orientation.

What you need to know

Before you make decisions about nurse-patient assignments, you need as much information as possible about your unit, nurses, and patients.

Common patient decision factors

Demographics
- Age
- Cultural background
- Gender
- Language

Acuity
- Chief complaint
- Code status
- Cognitive status
- Comorbidities
- Condition
- Diagnosis
- History
- Lab work
- Procedures
- Type of surgery
- Vital signs
- Weight

Workload
- Nursing interventions
- Admissions, discharges, transfers
- Blood products
- Chemotherapy
- Drains
- Dressing changes
- End-of-life care
- I.V. therapy
- Lines
- Medications
- Phototherapy
- Treatments
- Activities of daily living
  - Bowel incontinence
  - Feedings
  - Total care

Safety measures
- Airway
- Contact precautions
- Dermatologic precautions
- Fall precautions
- Restraints
- Surveillance

Psychosocial support
- Emotional needs
- Familial support
- Intellectual needs

Care coordination
- Consultations
- Diagnostic tests
- Orders
- Physician visit

Common nurse decision factors

Demographics
- Culture/race
- Gender
- Generation/age
- Personality

Preference
- Request to be assigned/not assigned to a patient

Competence
- Certification
- Education
- Efficiency
- Experience
- Knowledge/knowledge deficit
- Licensure
- Orienting
- Skills
- Speed
- Status (float, travel)

3 Decide on the process

Now that you've gathered the information you need, you're ready to develop your plan for assigning nurses. This step usually combines the unit layout with your patient flow. Nurses typically use one of three processes–area, direct, or group–to make assignments. (See *Choose your process.*)

4 Set priorities for the shift

The purpose of nurse-patient assignments is to provide the best and safest care to patients, but other goals will compete for consideration and priority. This is where making assignments gets difficult. You'll need to consider continuity of care, new nurse orientation, patient requests and satisfaction, staff well-being, fairness, equal distribution of the workload, nurse development, and workload completion.

5 Make the assignments

Grab your writing instrument and pencil in that first nurse's name. This first match should satisfy your highest priority. For example, if nurse and any other returning nurses are reassigned to the patients they had on their previous shift. If, however, you have a complex patient with a higher-than-average acuity, you just assigned your best nurse to this patient. After you've satisfied your highest priority, move to your next highest priority and match nurses with unassigned patients and areas.

Sounds easy, right? Frequently, though, you'll be faced with competing priorities that aren't easy to rate, and completing the assignments may take a few tries. You want to satisfy as many of your priorities as you can while also delivering safe, quality nursing care to patients. You'll shuffle, move, and change assignments many times before you're satisfied that you've maximized your priorities and the potential for positive outcomes. Congratulate yourself–the nurse-patient assignments are finally made.

6 Adjust the assignments

You just made the assignments, so why do you need to adjust them? The nurse-patient assignment list is a living, breathing document. It involves people who are constantly changing–their conditions improve and deteriorate, they're admitted and discharged, and their nursing needs can change in an instant. The assignment process requires constant evaluation and reevaluation of information and priorities. And that's why the assignments are usually written in pencil on paper or in marker on a dry-erase board.

As the charge nurse, you must communicate with patients and staff throughout the shift and react to changing needs by updating assignments. Your goal is to ensure patients receive the best care possible; how that's accomplished can change from minute to minute.

7 Evaluate success

What's the best way to evaluate the success of your nurse-patient assignments? Think back to your priorities and goals. Did all the patients receive safe, quality care? Did you maintain continuity of care? Did the new nurse get the best orientation experience? Were the assignments fair? Measure success based on patient and nurse outcomes.

Check in with the nurses and patients to get their feedback. Ask how the assignment went. Did everyone get his or her work done? Were all the patients' needs met? What could have been done better? Get specifics. Transparency is key here. Explain your rationale for each assignment (including your focus on patient safety) and keep in mind that you have more information than the nurses. You're directing activity across the entire unit, so you see the big picture. Your colleagues will be much more understanding when you share your perspective. When you speak with patients, ask about their experiences and if all their needs were met.

8 Keep practicing

Nurse-patient assignments never lose their complexity, but you'll get better at recognizing potential pitfalls and maximizing patient and nurse outcomes. Keep practicing and remember that good assignments contribute to nurses' overall job satisfaction.

Stephanie B. Allen is an assistant professor at Pace University in Pleasantville, New York.

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Choose your process

Your nurse-patient assignment process may be dictated by unit layout, patient census, or nurse-to-patient ratio. Most nurses use one of three assignment processes.

Area assignment

This process involves assigning nurses and patients to areas. If you work in the emergency department (ED) or postanesthesia care unit (PACU), you likely make nurse-patient assignments this way. A nurse is assigned to an area, such as triage in the ED or Beds 1 and 2 in the PACU, and then patients are assigned to each area throughout the shift.

Direct assignment

The second option is to assign each nurse directly to a patient. This process works best on units with a lower patient census and nurse-to-patient ratio. For example, on a higher-acuity unit, such as an intensive care unit, the nurse is matched with one or two patients, so a direct assignment is made.

Group assignment

With the third option, you assign patients to groups and then assign the nurse to a group. Bigger units have higher censuses and nurse-to-patient ratios (1:5 or 1:6). They also can have unique physical features or layouts that direct how assignments are made. A unit might be separated by hallways, divided into pods, or just too large for one nurse to safely provide care to patients in rooms at opposite ends of the unit. So, grouping patients together based on unit geography and other acuity/workload factors may be the safest and most effective way to make assignments.

You also can combine processes. For example, in a labor and delivery unit, you can assign one nurse to the triage area (area process) while another nurse is assigned to one or two specific patients (direct process). Unit characteristics direct your process for making assignments. Your process will remain the same unless your unit's geography or patient characteristics (length of stay, nurse-patient ratio) change.

Illinois Board of Nursing

The Illinois Department of Financial and Professional Regulation (IDFPR) Advisory Board of Nursing met on November 2, 2018. The Board of Nursing meets by IDFPR videoconference, Chicago and Springfield, six times per year, meetings are open to the public. The FY 2019 Chairperson is Catherine Miller, EdD, MS, RN, and the Vice-chairperson is Charity Cooper, MSN, CNM.

Board of Nursing members in Chicago:

(Left-Right) James Pedraza, MSN, RN, ECRN, CHEC; Veronica Armouti, MS, JD; Amanda Cuca, MSN, APRN; Deborah Morris, DNP, RN; Charity Cooper MSN, CNM (Vice-Chairperson); Ann Amaefule, MSN, RN.

Board of Nursing members in Springfield:

Left to Right: Susan Emberson, LPN; Catherine Miller, EdD, MS, RN (Chairperson); and Laurie Round, MSN, RN, BSN, NEA-BC.
Not pictured: Bernadette Roche, EdD, APRN, CRNA; Mischelle Monagle, MSN, MBA, RN; and Stacy J. B. Gordon, MSN, RN, RAC-CT.

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ILLINOIS NURSING WORKFORCE CENTER

Illinois Nursing Workforce Center Licensed Practical Nurse Survey 2017

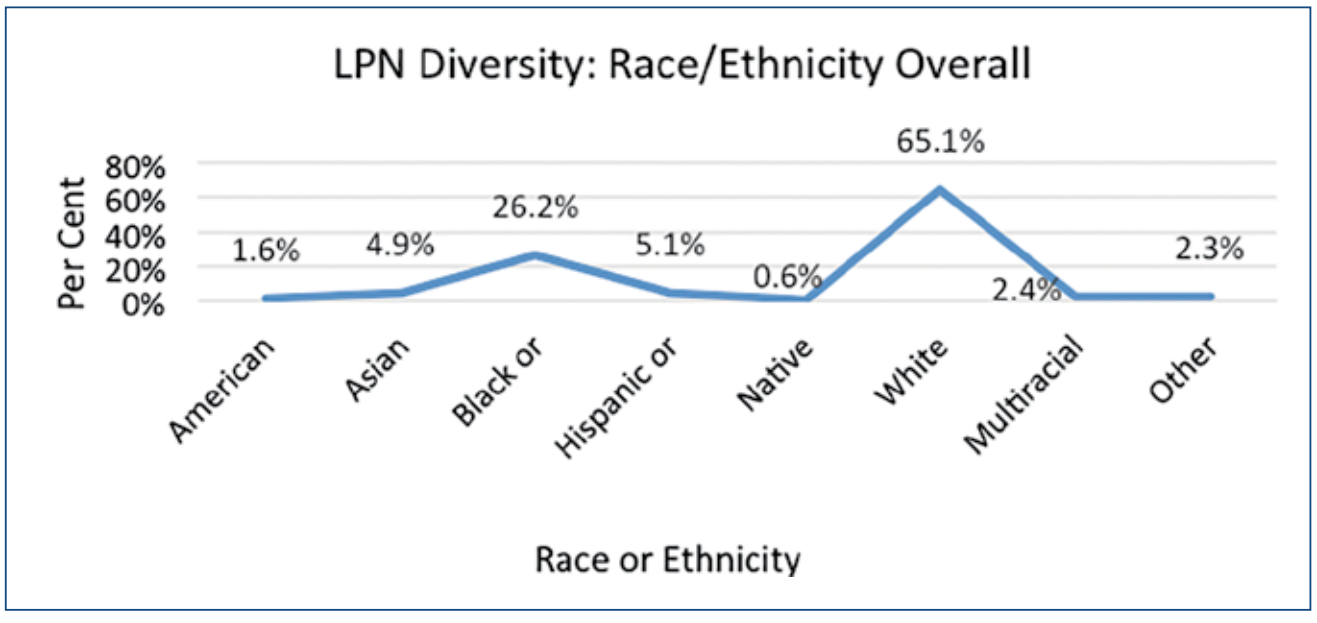
4,951 LPNs
17.7% of 29,541 LPNs licensed in Illinois

Aging of the LPN Workforce
- 66.7% of the LPN workforce in upper age ranges
- 31% between the ages of 55-64 years
- 21% plan to retire in one to five years

Diversity
- 26% Black/African American
- 9% Male
- 60% of Hispanic/Latino are less than 44 years of age.

LPN Workplace Settings
- 47.6% Nursing homes/extended care/assisted living environments
- 11% practice in home health settings
- 35% practicing in the nursing homes/extended care/assisted living environment plan on retiring in one to ten years

LPN Distribution
- 36% located in Cook County



Summary
- Aging LPN workforce, one fifth planning to retire within 5 years
- Increase diversity of LPN workforce to mirror state population
- LPN distribution is lowest in rural counties
- Decreased educational opportunities to replace retiring LPNs outside metropolitan areas
- Full report is available on the IL Nursing Workforce Center website: http://nursing.illinois.gov/ResearchData.asp

Patient violence: It's not all in a day's work

Strategies for reducing patient violence and creating a safe workplace

By Lori Locke, MSN, RN, NE-BC;
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Karen A. Federspiel, DNP, MS, RN-BC, GCNS-BC

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Robert, a 78-year-old patient, requests help getting to the bathroom. When the nurse, Ellen, enters the room, Robert's lying in bed, but when she introduces herself, he lunges at her, shoves her to the wall, punches her, and hits her with a footstool. Ellen gets up from the floor and leaves the patient's room. She tells her colleagues what happened and asks for help to get the patient to the bathroom. At the end of the shift, Ellen has a swollen calf and her shoulder aches. One of her colleagues asks if she's submitted an incident report. Ellen responds, "It's all in a day's work. The patient has so many medical problems and a history of alcoholism. He didn't intend to hurt me. What difference would it make if I filed a report?"

These kinds of nurse-patient interactions occur in healthcare settings across the United States, and nurses all too frequently minimize their seriousness. However, according to the National Institute for Occupational Safety and Health, "…the spectrum [of violence]…ranges from offensive language to homicide, and a reasonable working definition of workplace violence is as follows: violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty." In other words, patient violence falls along a continuum, from verbal (harassing, threatening, yelling, bullying, and hostile sarcastic comments) to physical (slapping, punching, biting, throwing objects). As nurses, we must change our thinking: It's not all in a day's work.

This article focuses on physical violence and offers strategies you can implement to minimize the risk of being victimized.

Consequences of patient violence

In many cases, patients' physical violence is life-changing to the nurses assaulted and those who witness it. (See *Alarming statistics*.) As a result, some nurses leave the profession rather than be victimized—a major problem in this era of nursing shortages.

Too frequently, nurses consider physical violence a symptom of the patient's illness—even if they sustain injuries—so they don't submit incident reports, and their injuries aren't treated. Ultimately, physical

and psychological insults result in distraction, which contributes to a higher incidence of medication errors and negative patient outcomes. Other damaging consequences include moral distress, burnout, and job dissatisfaction, which can lead to increased turnover. However, when organizations encourage nurses to report violence and provide education about de-escalation and prevention, they're able to alleviate stress.

Workplace violence prevention

Therapeutic communication and assessment of a patient's increased agitation are among the early clinical interventions you can use to prevent workplace violence. Use what you were taught in nursing school to recognize behavioral changes, such as anxiety, confusion, agitation, and escalation of verbal and nonverbal signs. Individually or together, these behaviors require thoughtful responses. Your calm, supportive, and responsive communication can de-escalate patients who are known to be potentially violent or those who are annoyed, angry, belligerent, demeaning, or are beginning to threaten staff.(See *Communication strategies*.)

Other strategies to prevent workplace violence include applying trauma-informed care, assessing for environmental risks, and recognizing patient triggers.

Trauma-informed care

Trauma-informed care considers the effects of past traumas patients experienced and encourages strategies that promote healing.

The Substance Abuse and Mental Health Services Administration says that a trauma-informed organization:

- realizes patient trauma experiences are widespread
- recognizes trauma signs and symptoms
- responds by integrating knowledge and clinical competencies about patients' trauma
- resists retraumatization by being sensitive to interventions that may exacerbate staff-patient interactions.

This approach comprises six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. Applying these principles will enhance your competencies so that you can verbally intervene to avoid conflict and minimize patient retraumatization. For more about trauma-informed care, visit samhsa.gov/nctic/trauma-interventions.

Communication strategies

Effective communication is the first line of defense against patient violence. These tips can help:

- To build trust, establish rapport and set the tone as you respond to patients.
- Meet patients' expectations by listening, validating their feelings, and responding to their needs in a timely manner.
- Show your patients respect by introducing yourself by name and addressing them formally (Mr., Ms., Mrs.) unless they state another preference.
- Explain care before you provide it, and ask patients if they have questions.
- Be attentive to your body language, gestures, facial expressions, and tone of voice. Patients' behavior may escalate if they perceive a loss of control, and they may not hear what you say.
- Control your emotions and maintain neutral, nonthreatening body language.
- Strive for communication that gives the patient control, when possible. Example: "Which of your home morning routines would you like to follow while you're in the hospital? Would you like to wash your hands and face first, eat your breakfast, and then brush your teeth?"
- Offer a positive choice before offering less desirable ones. Example: "Would you prefer to talk with a nurse about why you're upset, or do you feel as though you will be so angry that you need to have time away from others?"
- Only state consequences if you plan to follow through.
- Listen to what patients say or ask, and then validate their requests.
- Discuss patients' major concerns and how they can be addressed to their satisfaction.

Despite these strategies, patients may still become upset. If that occurs, try these strategies to de-escalate the situation before it turns violent.

- **Nonverbal communication.** "I see from your facial expression that you may have something you want to say to me. It's okay to speak directly to me."
- **Challenging verbal exchange.** "My goal is to be helpful to you. If you have questions or see things differently, I'm willing to talk to you more so that we can understand each other better, even if we can't agree with one another."
- **Perceptions of an incident or situation.** "We haven't discussed all aspects of this situation. Would you like to talk about your perceptions?"

Alarming statistics

The statistics around patient violence against nurses are alarming.

67% of all nonfatal workplace violence injuries occur in healthcare, but healthcare represents only 11.5% of the U.S. workforce.

Emergency department (ED) and psychiatric nurses are at highest risk for patient violence.

Hitting, kicking, beating, and shoving incidents are most reported.

25% of psychiatric nurses experience disabling injuries from patient assaults.

At one regional medical center, 70% of 125 ED nurses were physically assaulted in 2014.

Sources: Emergency Nurses Association (ENA) Emergency department violence surveillance study 2011; ENA Workplace violence toolkit 2010; Gates 2011; Li 2012.

Patient Triggers

Recognizing and understanding patient triggers may help you de-escalate volatile interactions and prevent physical violence.

Common triggers

- Expectations aren't met
- Perceived loss of independence or control
- Upsetting diagnosis, prognosis, or disposition
- History of abuse that causes an event or interaction to retraumatize a patient

Predisposing factors

- Alcohol and substance withdrawal
- Psychiatric diagnoses
- Trauma
- Stressors (financial, relational, situational)
- History of verbal or physical violence

Environmental risks

To ensure a safe environment, identify objects in patient rooms and nursing units that might be used to injure someone. Chairs, footstools, I.V. poles, housekeeping supplies, and glass from lights or mirrors can all be used by patients to hurt themselves or others. Remove these objects from all areas where violent patients may have access to them.

Patient triggers

Awareness of patient triggers will help you anticipate how best to interact and de-escalate. (See *Patient triggers*.) Share detailed information about specific patient triggers during handoffs, in interdisciplinary planning meetings, and with colleagues in safety huddles.

What should you do?

You owe it to yourself and your fellow nurses to take these steps to ensure that your physical and psychological needs and concerns are addressed:

- Know the definition of workplace violence.
- Take care of yourself if you're assaulted by a patient or witness violence.
- Discuss and debrief the incident with your nurse manager, clinical supervisor, and colleagues.
- Use the healthcare setting's incident reporting to report and document violent incidents and injuries.
- File charges based on your state's laws.

Your organization should provide adequate support to ensure that when a nurse returns to work after a violent incident, he or she is able to care for patients. After any violent episode, staff and nurse leaders should participate in a thorough discussion of the incident to understand the dynamics and root cause and to be better prepared to minimize future risks. Effective communication about violent patient incidents includes handoffs that identify known risks with specific patients and a care plan that includes identified triggers and clinical interventions.

Influence organizational safety

You and your nurse colleagues are well positioned to influence your organization's culture and advocate for a safe environment for staff and patients. Share these best practices with your organization to build a comprehensive safety infrastructure.

- Establish incident-reporting systems to capture all violent incidents.
- Create interprofessional workplace violence steering committees.
- Develop organizational policies and procedures related to safety and workplace violence, as well as human resources support.
- Provide workplace violence-prevention and safety education using evidence-based curriculum.
- Design administrative, director, and manager guidelines and responsibilities regarding communication and staff support for victims of patient violence and those who witness it.
- Use rapid response teams (including police, security, and protective services) to respond to violent behaviors.
- Delineate violence risk indicators to proactively identify patients with these behaviors.
- Create scorecards to benchmark quality indicators and outcomes.
- Post accessible resources on the organization's intranet.
- Share human resources contacts.

Resources

- **American Nurses Association (ANA) (goo.gl/NksbPW):** Learn more about different levels of violence and laws and regulations, and access the ANA position statement on incivility, bullying, and workplace violence.
- **Centers for Disease Control and Prevention (cdc.gov/niosh/topics/vio-lence/training_nurses.html):** This online course ("Workplace violence prevention for nurses") is designed to help nurses better understand workplace violence and how to prevent it.
- **Emergency Nurses Association (ENA) toolkit (goo.gl/oJuYsb):** This toolkit offers a five-step plan for creating a violence-prevention program.
- **The Joint Commission Sentinel Event Alert: Physical and verbal violence against health care workers (bit.ly/2vrBnFw):** The alert, released April 17, 2018, provides an overview of the issue along with suggested strategies.

Advocate for the workplace you deserve

Physically violent patients create a workplace that's not conducive to compassionate care, creating chaos and distractions. Nurses must advocate for a culture of safety by encouraging their organization to establish violence-prevention policies and to provide support when an incident occurs.

You can access violence-prevention resources through the American Nurses Association, Emergency Nurses Association, Centers for Disease Control and Prevention, and the National Institute for Occupational Safety and Health. Most of these organizations have interactive online workplace violence-prevention modules. (See *Resources*.) When you advocate for safe work environments, you protect yourself and can provide the care your patients deserve.

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