Greetings Everyone,

Thank goodness the winter is behind us and nicer days are ahead. Our Legislative Day in February was challenged by a snow storm, but fortunately, we were able to have it as planned and we had another good turnout. If you were not able to attend, please watch for announcements about the event next February. Legislative Day is an opportunity for present and future nurses to learn about how one can become an advocate for patients, and individual nursing practice.

INA continues to grow through new memberships and retention. The INA Board is working hard to ensure that members can identify the value of membership. Our newsletters and social media posts are aimed at informing and educating nurses on the activities of the association and the nursing profession. The Board is exploring how to offer education on topics of interest to our profession statewide. Plans for our fall conference are well underway and will include timely nursing and healthcare topics. Volunteers and staff continue to advocate for nurses through active participation in public policy development and serving on health care advisory boards.

Recently, I was reminded of how fortunate I am to hold an Iowa nursing license and practice in Iowa. A nursing leader from another state shared an article on social media informing the public that their state legislature had voted down a bill that would allow nurse practitioners in the state to have full practice authority. How disappointing for those nurses! In Iowa, ARNPs work independently staffing clinics, hospitals, and practicing in the community to ensure that health care is available to everyone. They are equal partners on health care teams. When nurses are fully able to practice according to their licensure, the overall quality of healthcare improves.

In closing, INA is a busy and growing association. This is made possible by the many individuals who donate their time, resources, and efforts to the organization. Thank you! I am honored to serve as your President.
National Nurses Week is a time for individuals, employers, other health care professionals, community leaders and nurses to recognize the vast contributions and positive impact of America’s 4 million registered nurses.

- Nurses are everywhere we live, work, play, learn, and worship, and in every health care setting providing care to millions of people. In fact, about one in every 100 Americans is a registered nurse.
- Nurses are closest to patients, providing care from birth to the end of life, and practicing in settings that include hospitals, schools, home care, private practices and clinics, long term care facilities, hospice and many others.
- Through sheer numbers and wide-ranging roles, nurses have an unmatched perspective on prevention, wellness and delivery of health care services.
- More than 4 million registered nurses comprise the largest group of health care professionals in the United States.
- Nurses are highly educated professionals, can become certified in a wide range of clinical specialties and/or patient populations and hold a wide range of positions including in direct care, in executive leadership, research, academia and policy.
- For 17 consecutive years, the American public has ranked nurses as the professionals with the highest honesty and ethical standards. These results underscore the deep trust that the public has in nurses.

MESSAGE FROM THE EXECUTIVE DIRECTOR

National Nurse’s Week

Tobi Lyon Moore, MBA

If you’re looking to join a passionate team with opportunities to learn and grow, we encourage you to apply at one of our Iowa locations.

We are seeking full-time, part-time, and PRN RNs and LPNs at the following Iowa ManorCare locations:

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Here are a few ways we stay committed to our employees:

- Flexible Schedules
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- Sign-on bonuses available at certain locations

Stop in, call or apply online at: jobs.hcr-manorcare.com today.

This year’s National Nurses Week is 4 Million Reasons to Celebrate – a nod to nurses’ sheer numbers and an open invitation to #ThankANurse for enriching our lives and the world we live in.

- Let’s celebrate nurses’ commitment to addressing many public health challenges to transforming health care to focusing on health and wellness, in addition to illness care.
- Let’s celebrate nurses’ commitment to delivering culturally competent care and increasing diversity and inclusion in nursing.
- Let’s celebrate nurses’ ground-breaking work as researchers, executives, educators and innovators on national and global initiatives.
- Let’s celebrate nurses’ influence in shaping health policy decisions that ensure all Americans have access to high-quality, affordable health care coverage.
- Let’s celebrate nurses’ role as a trusted advocate to ensure that individuals, families, groups, communities, and populations receive quality patient care and services.
- Let’s celebrate nurses’ voice on important issues like immunization, health behaviors, natural disaster preparedness, education, and violence prevention.
- Let’s celebrate nurses’ leadership in their organizations, on boards of directors and as elected officials at the local, state and federal levels.
- Let’s celebrate nurses’ stories of strength, resilience and determination while navigating an ever-changing and complex health care landscape.

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We kicked off 2019 Legislative Day at the Embassy Suites in Downtown Des Moines, with 250 student nurses and nurse leaders in attendance. Jann Rickfels, INA President was the first to welcome everyone, then turned the presentation over to Mary Behrens, our keynote speaker. Behrens, a nurse for over 55 years, she has experience in nursing as well as legislative experience working as a representative for Wyoming State. She served on the ANA Board of Directors for eight years, and is part of the ANA volunteer staff for the ANA Advocacy Institute, which just held its 9th training session in Washington D.C. Behrens is currently working on a chapter for the 8th edition of Policy and Politics in Nursing and Health Care. The Chapter is titled “From Sewage Problems to the statehouse - My life as an elected official.”

Later on, INA Lobbyist Jim Obradovich, gave a presentation on the current legislative issues in nursing and encouraged the audience to reach out to their representatives to discuss those issues. Public Policy Committee also went over how to effectively communicate with legislators. They went through talking points and house bills, as they “refereed” the action! To finish the day, attendees then made their way to the Capitol building and met with senators and legislators, making an impact on behalf of nursing in Iowa. All in all, it was a successful day with great company!

Interested applicants can apply on-line at www.mercydesmoines.org or call (515) 247-3100.
Iowa Legislative Session

J.R. “Lynn” Böes, RN, BSN, JD

The 2019 Legislative year has started off with a flurry of activities on behalf of the Iowa Nurses Association. The Legislative session opened on January 14, 2019, and this has necessitated the review of many proposed House Files, Senate Files, House Study Bills, Senate Study Bills and even a few proposed changes to the Iowa Constitution. There have been bi-weekly meetings of the Public Policy Committee since January 17, 2019, that have included our lobbyists and myself. We discuss and strategize regarding a variety of Bills, and identify whether we are supporting, monitoring or opposing proposed legislation.

Additionally, on behalf of the Iowa Nurses Association, I have attended a Legislative sub-committee meeting related to House File 212, which proposed to bring the Iowa Board of Nursing under the Iowa Department of Public Health (IDPH) for its operations. This would have also brought the Medical Board, Dental Board and Pharmacy Board under the IDPH. The IDPH investigators are general investigators, while our Board of Nursing employs nurses and law enforcement investigators. INA was able to stand up strongly for its concerns related to both protecting the public, as well as avoiding adverse impact on licensees from investigators that do not have a solid knowledge of nursing practice.

New rules/regulations are published every two weeks in the Iowa Administrative Bulletin, so I review rules that impact nursing and health care in general. I recently wrote in favor of DHS rules recognizing ARNPs as primary care providers by the Managed Care Organizations (MCO). I noted that the Iowa Board of Nursing recognized this fact over a decade ago. It is vitally important for third party payors to recognize the abilities of ARNPs to independently provide care to Iowans and get paid for such services.

I have attended two Iowa Board of Nursing meetings to provide input on the new ARNP Chapter 7 rules, and follow-up on HF 212 issues. I also had the privilege of attending my first Medical Assistance Advisory Committee (MAAC) where a variety of changes and updates were discussed as it pertained to the Medicaid program. I recommended that DHS provide written notice to affected providers about changes in CPT codes, so that providers would be “on the same page as DHS” and potentially avoid program integrity issues for submitting a claim with wrong or outdated codes. Additionally, I had the privilege of attending the Patient Centered Advisory Committee, which is a sub-committee of the MAAC. Its focus at that meeting was on child health in Iowa. It was extremely interesting and I’m looking forward to participating in future meetings.

On February 13, 2019, INA had its Day on the Hill. It was a delight to talk to so many nursing students who attended and it was great to see the highest number of RNs in attendance in recent memory. During our Public Policy Committee meeting the next day, our lobbyists shared that the nursing students and licensed nurses were very well received by the legislators who commented on how knowledgeable they were on nursing issues.

I will continue to watch legislation and proposed regulations for any impact, positive or negative, on nursing practice, as well as health care delivery in general.

MARLENE S GARVIS, MSN, JD
ATTORNEY AT LAW
LICENSED TO PRACTICE IN THE STATE AND FEDERAL COURTS OF MINNESOTA, IOWA, AND WISCONSIN
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Do You Know?

People living with HIV who take their medications as prescribed and have an undetectable viral load have effectively no risk of transmitting HIV to their sexual partners.

Source: https://www.cdc.gov/hiv/prevention/undetectable.html

TALK TO YOUR PATIENTS ABOUT U=U.

Explain and reinforce that when the virus is suppressed, they will not transmit HIV to their partners.

#UequalsU
WELCOME NEW INA MEMBERS!

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- Monique Bailey, Humboldt
- Ifan Chen, Sioux City
- Michele Van Beek, Orange City
- Shannon Wooge, Forest City

**Northeast Region—Region 2**
- Earlene Angell, Farley
- Penny Beuter, Manchester
- Rachel Bowers, Independence
- Natalie Buchholz-Johnson, Jesup
- Christine Conner, Fairbank
- Amanda Dix, Ackley
- Lori Egan, Waukon
- Kelsey Feldman, Waterloo
- Sarah Fuller, Waterloo
- Ann Funke, Greeley
- Stephanie Giesler, Waverly
- Kristen Jensen, Independence
- Mary O’Connor, Iowa Falls
- Kayla Quint, Waterloo
- Robin Retterath, Saint Ansgar
- Brittany Ryan, Dyersville
- Staci Vestel, New Hampton

**Southwest Region—Region 3**
- Kahla Atherton, Council Bluffs

**Central Region—Region 4**
- Shawna Clark, Red Oak
- Sara Fleecs, Glenwood
- Carol Graves, Red Oak
- Hannah Hoskins, Avon
- Crislin Livermore, Missouri Valley
- Julie Nielsens, Elk Horn
- Misty Wahab, Council Bluffs

**Southeast Region—Region 5**
- Roxanne Nealey, Urbandale
- Roxanne Omoaholo, Pella
- Katherine Onstead, Urbandale
- Kristen Roberts, Grand River
- Dawn Schwartz, Clive
- Kea Simpson, Altoona
- Brenda Wafful, Boone

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Rosemary Josephine Holland, 83, was born October 14, 1935, in Des Moines. She passed away Monday, January 28, 2019. Visitation was at All Saints Catholic Church, on February 1st from 4:00-6:30 p.m., with a rosary following. Mass of Christian burial was at All Saints Catholic Church, on February 2nd at 10:00 a.m., with burial at Pine Hill Cemetery. In lieu of flowers, donations in Rosemary's name may be given to a charity of your choosing.

Rosemary is survived by her husband of 62 years, Gerald Holland; children: Michael (Sandi) Holland, Gregory (Tracy) Holland, Mary (Jerry) Nybakken and Anne (Jeff) Townsend; 10 grandchildren and four great-grandchildren. She is preceded in death by her grandson, Bryce John Holland.

Rosemary was a former president of Iowa Nurses Association, and we are grateful for her efforts that have made a large impact on our association.

Hawkeye Nursing Leader and INA Member Oversees One of UIHC’s Busiest Patient Floors

On one of the busiest patient floors at University of Iowa Hospitals & Clinics, Nurse Manager Dan Lose oversees a staff of 140, an annual budget of $10 million, and a daily churn of patients that puts his medical and management skills to the test.

In many ways, Lose, a 2016 Doctor of Nursing Practice (DNP) graduate of the UI College of Nursing, is the embodiment of a new generation of nurses: health care professionals who are extremely skilled at patient care, but also key health care leaders and innovators who play a pivotal role in advancing health care, research, and technology.

“Health care is changing and nurses are at the forefront of that change,” Lose, a resident of North Liberty, Iowa, who also completed his bachelor of science in nursing (BSN) at the UI College of Nursing in 2012, says; “Nurse leaders bring the perspective of patients and front-line staff to the decision-making table, and I believe that our input is imperative.”

As the health care landscape continues to shift, nursing education must also evolve. The Institute of Medicine’s landmark report, The Future of Nursing: Leading Change, Advancing Health, has been one of the driving forces behind the evolution of nursing education at the UI. Released in 2010, the report advocated for strengthening the nursing profession through advanced education, and increasing the number of nursing professionals in the U.S. to meet new patient demands.

When the report was released, former College of Nursing Dean Rita Frantz took a leadership role in implementing recommendations statewide, creating an action team to oversee the process and helping the college experts. Lose says he was lucky to work with Frantz on the implementation process.

“[That report is] probably one of the big reasons I am where I am today,” Lose says. “It made everyone realize the big changes ahead in health care and it pushed nurses to be at the forefront of that change. People still talk about the report eight years later. It continues to have a profound impact on nursing education and the profession as a whole.”

Come be a part of an Eye Care Center of Excellence! Wolfe Eye Clinic has been providing a higher standard of care for patients for 100 years. We are looking to add full and part-time traveling Registered Nurse positions in Cedar Rapids. Also, due to continued growth and expansion, Wolfe Surgery Center in West Des Moines has immediate openings for PRN, Part Time and Full Time Pre-op/Post-op and PACU Registered Nurses.

Employees receive great wages, paid travel time and mileage, along with a competitive benefit package.

If you are interested in being part of a quality driven organization that has a low turnover rate, please apply online at www.wolfeeyeclinic.com/careers. EOE
The Iowa Nurses Foundation (INF) is the 501c3 charitable arm of the Iowa Nurse’s Association. The charity is nursing scholarships for nursing students. The INF has several different scholarships. Two scholarships are the result of donations by families. Each scholarship comes with requirements for distribution. Funds for one scholarship have been invested so that a scholarship can be awarded every few years. This scholarship is awarded to students who reside or attend school in NW Iowa. Another scholarship which is awarded annually, is available to students who are enrolled in one of three schools.

In addition, the INF does a fundraiser every year. The scholarship is awarded to an RN enrolled in a BSN or advanced degree nursing program. INF has used several methods to raise funds. The fund drive “Raise the Thermometer for Nursing Scholarships” is open for donations. See the details in “Raise the Thermometer” in this newsletter.

Scholarship applications are due June 1, 2019. INF awards scholarships go directly to the student and the educational institution. The intent of the scholarship is to help the student at the time of greatest need. Iowa college graduates have one of the highest debt loads compared to college graduates from other states. See information in this newsletter and on our website to submit an application for the INF scholarship. www.Iowanurses.org

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The Iowa Nurses Foundation participates in Iowa 100 Great Nurses. Congratulations to all the nurses who were nominated and to the 100 nurses who will be recognized. www.Greatnurses.org

Apply for Scholarships through Iowa Nurses Foundation

You Might be Eligible
Application Deadline July 1, 2019

The Iowa Nurses Foundation (INF) is a 501c(3) – charitable non-profit, public benefit organization which was established in 1972. INF is the charitable and philanthropic arm of the Iowa Nurses Association with a mission to promote and support the professional and educational development of registered nurses in Iowa. Visit: http://www.iowanurses.org/Foundation for the application. All applications must be submitted to tmoore@iowanurses.org by July 1st, 2019. Scholarships will be awarded in October 2019 during INA annual conference.

Iowa Nurses Foundation Scholarship

If you are a full or part-time student attending an approved program leading to an RN-BSN or MSN in nursing, DNP, or a PhD in Nursing or a related field such as education.
• RN-BSN students must have successfully completed at least 50% of the nursing program curriculum with a career plan to work in Iowa.
• MSN, DNP or PhD students must have completed at least 12 semester hours of graduate work leading to a Master’s Degree in Nursing or Doctoral Studies in nursing or nursing related field and must have a career plan to work in Iowa.

Gerald (Mike) Anderson Scholarship

If you are a full or part-time student currently enrolled at one of these nursing programs;
1. Des Moines Area Community College (DMACC), or
2. Grand View University, or
3. University of Iowa, College of Nursing.

If you share our mission, core values, and high standards for quality patient care, we want to hear from you! carejobsiowa.org
April, May, June 2019

It exists – and we all know we have to do something about it. Bullying is one of the most intractable challenges nursing leaders face in all settings – one that proves very resistant to our many well-intentioned efforts. A 2018 survey of ANA members revealed that 87% of the respondents had experienced bullying at least once in their careers.

This live, free and interactive webinar will highlight actions you can take IMMEDIATELY to begin to lessen bullying and its negative impact on your staff. Don’t miss this opportunity to join an intimate conversation with an accomplished nursing leader about one of our profession’s most significant challenges.

Topics include:
- Seemingly small actions you can take right now to begin to successfully address bullying
- How to get your staff involved in positive, productive ways
- Supporting and helping the most vulnerable populations: Early career and older RNs
- How “down in the weeds” do you get?: How to recognize what is going on and intervene when you are removed from day-to-day bullying situations

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10 paid holidays, 120 hours of paid sick leave/year

Excellent health and life insurance options.

The Federal Bureau of Prisons is an Equal Opportunity Employer.

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NOW HIRING: Pediatric Nurses

- Children with special healthcare needs
- Neurosurgical and neuro-rehab unit
- Nondisparatory approach to care
- Focus on the well-being of the whole child
- Located in the Twin Cities metro area
- Make a difference in the life of a child!

Competitive benefits & education and development opportunities offered!

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NOW HIRING: Overnight Nurse

- Full Time, Night Shift (10p-6a)
- Part Time, PM Shift

Tiffany Ackerman, Personnel Director

563.382.1601

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Cost Analysis and Nurse Leadership

Cost-benefit analysis
A cost-benefit analysis allows us to compare the costs of a purchase or a new program to the benefits obtained. The first step is determining the objectives—tangible and measurable—you hope to achieve. For example, a cost-benefit analysis will help you determine the impact of increasing staffing on nursing-sensitive outcomes and staff satisfaction.

After determining the objectives, determine the cost of the equipment, service, or program and all other associated costs (including the purchase cost and all costs associated with executing the venture, such as any related equipment, supplies, staffing/fabor, development, and implementation). Then quantity the benefits (including assigning a dollar value to each) and determine the ratio between the costs versus the benefits. Do the benefits exceed the costs and if so, by how much? When doing a cost-benefit analysis, every benefit should have a dollar value assigned to it. For example, if a new piece of equipment will reduce repair costs, how much have repairs cost in the past year? If increasing staffing will reduce falls, patient infections, or other patient complications, what is the average cost of a fall or a catheter-associated infection and how many falls or infections will be prevented.

Cost-effectiveness analysis
In cost-effectiveness analysis, we consider the value of our purchase and determine if the value and usage is going to be worth what we paid. Usually when doing a cost-effectiveness analysis, we look at two alternatives to determine which is the most cost-effective. As a nursing leader, you might do a cost-effectiveness analysis to determine the value of one type of skin pressure-relieving support surface over another. You could do this by trialing both products and comparing the outcomes, taking into account patient comfort, ease of caring for patients on each type of surface, nursing care, patient skin condition, and cost.

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Comparative effectiveness research
Some situations call for comparative effectiveness research, which allows leaders to use existing research findings about various interventions and strategies to make evidence-based decisions about the most effective tests, therapies, procedures, and services.
Once you’ve quantified value in terms of benefits, you can compare the benefits of both products in relation to the cost. The question to ask in cost-effectiveness analysis is which alternative returns the most value in relation to the overall cost? Nursing literature includes several examples of cost-effectiveness analysis. For instance, to answer the question about the cost-effectiveness of higher-hour per patient day staffing targets, Twigg et al published a systematic review of the impact of increased staffing on patient outcomes. We could do the same type of analysis related to the CT scanner purchase. After we narrow our choice to two or three different manufacturers and determine the objectives we want to meet—such as image area scanned, image resolution, and radiation dosage—we can obtain the cost of CT scanners with varied features and then quantify the value of additional features.

Cost-utility analysis
A cost-utility analysis can be used to determine the value of a product or medication on the maintenance and improvement of the length and quality of a patient’s life or the allocation of health resources. It compares the cost of different treatment options with their outcomes in terms of health utility. (See Quality-adjusted life year.)

Penner reminds us that cost and benefits aren’t the only things that should be considered when making decisions about initiatives we want to implement. She notes that “analysis is the least costly nor the most costly intervention is certain to result in the best clinical outcomes.” (See Comparative effectiveness research.)

ROI
A final term frequently used in healthcare is ROI, which means how much profit or loss is made from money invested in equipment (such as a CT scanner), which means how much profit or loss is made from money invested in equipment (such as a CT scanner), which means how much profit or loss is made from money invested in equipment (such as a CT scanner). Before making financial commitments in most healthcare settings, some type of cost analysis or ROI analysis is done to justify the investment. As leaders in today’s value-based healthcare world, we must quantify the benefit of equipment we recommend, projects that need to be completed, or programs that we would like to implement. We should always consider the cost and benefit of requests. How will patient outcomes be affected? Will staff satisfaction be improved? Leaders at all levels must be competent at creating and presenting a business case that includes the appropriate type of cost analysis.

Debra Hampton is an assistant professor and academic program coordinator of the Executive Leadership DNP and MSN to DNP programs at the University of Kentucky College of Nursing in Lexington.

Justifying the investment
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importance of spirituality in relation to a person’s overall health. Even our ethics emphasize the value of a spiritual connection. Provision 1 of the Code of Ethics for Nurses with Interpretive Statements states, “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.” But many nurses are surprised to find that Provision 5 extends this compassion and respect to nurses themselves: “The nurse owes the same duties to the self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.” We have a responsibility to both our patients and to ourselves to honor our spiritual heritage.

Think about your job and what you do every day. When do you feel most energized? Great satisfaction can come from learning a new skill and mastering it, and of course it’s vital that you complete your many tasks efficiently and competently, but there’s more. When asked about the times they felt most energized, many nurses cite moments when they really connected with another person—family, friends, colleagues, patients. This is the “more”—when we go beyond just our needs and wants to connect beyond ourselves. Humans are wired to be in relationship with others. Spirituality is fundamental to nursing practice.

Disconnected much?

Although most nurses would likely agree that spirituality is an important component in the care they provide and in their personal lives, too often the pressures of modern life interfere with what’s most important to us. Crushing workloads, family responsibilities, financial pressures, and fast-paced living create the perfect storm that makes acting on the importance of spirituality in relation to a person’s overall health. Even our ethics emphasize the value of a spiritual connection. Provision 1 of the Code of Ethics for Nurses with Interpretive Statements states, “The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.” But many nurses are surprised to find that Provision 5 extends this compassion and respect to nurses themselves: “The nurse owes the same duties to the self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.” We have a responsibility to both our patients and to ourselves to honor our spiritual heritage.

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Continue the journey

Here are some ideas to consider as you continue your nursing journey. You'll notice that many are connected to recommendations we've made for other dimensions of wellness. This isn't a mistake. We're whole human beings, and these practices support multiple dimensions.

- Recognize a positive event each day.
- Savor that event and log it in a journal or tell someone about it.
- Start a daily gratitude journal.
- List a personal strength and note how you used it.
- Set an attainable goal and note your progress.
- Report a relatively minor stress and list ways to reappraise the event positively.
- Recognize and practice small acts of kindness daily.
- Practice mindfulness, focusing on the here and now rather than the past or future.

Results were promising and showed that, over time, the positive effects increased. Cultivating an attitude of gratitude* is cited by many spiritual leaders from multiple faith traditions as essential to their daily practice.

Consider some kind of meditative practice: Traditional forms of meditation can include prayer, chanting, or sitting in stillness with a quiet mind. Some people prefer physical exercise that incorporates meditation, such as yoga, tai chi, gardening, or simply walking. Experiment to find what works for you.


Environmental Wellness

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 and places you interact with. Nurses work environments contain many hazards, so we need to pay extra attention to this component of our wellbeing. 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 than 4,6 per 100 full-time workers—than employees working in other industries. Traditionally, healthcare is 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 work, 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. Please 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 stress 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—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 for the 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.

Environmental Wellness

This is the ninth installment in a series of articles on wellness. You can read the earlier articles at americanrnstatoday.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 world 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.

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 anxiety and depression.

In a 2013 study from Roe and colleagues, gardening demonstrated a significant reduction in subjects’ levels of anxiety and depression. Another study from the American Heart Association showed that people who lived closer to nature had a 28% lower risk of dying from cardiovascular disease.

We have PM, Overnight, and weekend positions available. We are working to add medically managed withdrawal to our services and would like 24 hour nursing in place first.

Registered Nurse (RN) LPNs
St. Gregory Recovery Center in Bayard, IA, is looking to increase its nursing staff.
We have PM, Overnight, and weekend positions available. St. Greg’s is a freestanding residential addiction treatment program. We are working to add medically managed withdrawal to our services and would like 24 hour nursing in place first.

To learn more about a position call Rick at 888-778-5833 or email at rpliszka@summitlhcc.com

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 for the 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.

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 farmer’s markets, community-supported agriculture, and restaurants that serve local foods. Most local foods are packaged less 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.

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The Role of the Registered Nurse in Antimicrobial Stewardship

There have been many news reports over the last several years regarding the development of multi-drug resistant organisms related to the use of antibiotics. This is not a new problem as it has occurred since the development of penicillin in the 1940s and continues today as new antibiotics are needed. In 2017, the ANA and CDC published a joint White Paper describing the role of the registered nurse in hospital antibiotic stewardship activities. In addition, the Joint Commission implemented a new standard in the Medication Management chapter requiring hospitals to establish an antimicrobial stewardship committee effective January 2017. Many health care facilities have implemented committees to address antimicrobial stewardship across the continuum of care. Become involved by volunteering to be on the antimicrobial stewardship committee. It is important that everyone is at the table and addressing the use of antimicrobial agents.

As nurses our role in antimicrobial stewardship to ensure the safe and appropriate use of antimicrobials includes:

- Collect cultures using appropriate technique before starting antibiotics
- Review culture results and sensitivities and ordered antibiotics
- Be aware of indication and intended duration of antibiotics
- Notify the provider of adverse effects or patient refusal of antibiotics
- Take a detailed allergy history (A penicillin allergy label has been associated with increased selection of antibiotic-resistant organisms, longer hospital stay and increased cost.)
- Advocate for removal of invasive devices such as urinary catheters and central lines when no longer needed
- Promote immunization for children and adults

Additional information including the ANA/CDC White Paper can be found at https://www.cdc.gov/antibiotic-use/healthcare/index.html.

Lisa Caffery, MS, BSN, RN-BC, CIC, FAPIC

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