

THE BULLETIN



Volume 45 • Number 3
May, June, July 2019

Brought to you by the Indiana Nurses Foundation (INF) and the Indiana State Nurses Association (ISNA) whose dues paying members make it possible to advocate for nurses and nursing at the state and federal level.
Quarterly publication direct mailed to approximately 115,000 RNs licensed in Indiana.

MESSAGE from the PRESIDENT

Leadership and ISNA – Planning for the Future of Nursing 2020-2030 and a Culture of Health

Jennifer L. Embree, DNP, RN, NE-BC, CCNS



Your presence at the table and your voice is critical to planning for the Future of Nursing. Whether your nursing passion is wellness or illness focused, you need to be part of current and future planning. The 2010 Institute of Medicine Report (IOM) signaled all nurses to accelerate health care system transformation. In 2011, the IOM Report challenged nurses to practice at the highest level of their education and training, to use innovation, to be dynamic, and to empower others. That obligation included leading, partnering, and enhancing knowledge to practice with strengths-based, reality-based, and evidence-based leadership. Nursing responsibility also included passing nursing knowledge forward to assure that our excellence in nursing work persists into the future. Unprecedented change is propelling us towards that future. As our world swirls, we must adapt, be informed, and stay engaged with the work that needs to be accomplished.

As we look forward from the Consensus Study from the National Academy of Medicine, we see that an ad hoc committee under the National Academies of Sciences, Engineering, and Medicine will extend vision for nursing into 2030. This work will map the nursing profession path to help create a culture of health, decrease health disparities, and improve health and well-being of the United States in the 21st century. The committee will analyze learnings from the Future of Nursing Campaign for Action, and the state of science and technology to inform the nursing profession capacity to meet health and social care needs through 2030.

Considerations of the committee include current and future challenges in creating a culture of health by asking:

- What the nurses' role is in addressing social determinants of health and delivering effective, efficient, equitable, and accessible care across the continuum and clarifying system facilitators and barriers to achieving these improvements?
- How can nurses be deployed (current and future) across the care continuum, including being involved in collaborative practice models?
- What system facilitators and barriers need to be addressed in order to achieve a diverse workforce that includes gender, race, and ethnicity across nurse education levels?
- How can nursing's professional roles capture the stakeholder's voice from individuals, families, and communities that are incorporated into the design and operations of clinical and community health systems?
- What further education and competency-development will be required to prepare nurses at all levels to work across the continuum and lead the culture and health equity development?

President's Message continued on page 3

INSIDE

Certification Corner
Page 2

CEO Note
Page 3

Policy Primer
Page 4

2019 Indiana State Nurses Association Awards
Page 9

INDEPENDENT STUDY
Running on Empty:
Compassion Fatigue in Nurses and
Non-Professional Caregivers
Page 10

current resident or

Non-Profit Org.
U.S. Postage Paid
Princeton, MN
Permit No. 14

2019 Convention



One Profession, Many Careers

Friday, Sept. 20th Indianapolis, IN

For registration and more
information visit:
www.IndianaNurses.org

Keynote Speakers



Ernest J. Grant,
PhD, RN, FAAN
President, American
Nurses Association



David Griffiths,
BS, MBA
Senior Vice
President,
Healthcare Division
of Aon Affinity

CERTIFICATION CORNER

Sue Johnson

Lisa Smith MSN, NP-C, RNC-OB is a Clinical Nurse Specialist Fellow who sought certification to enhance her own knowledge and serve as a role model for others. Her certification journey will offer helpful advice to those of you who are anxious about the exam.



"I do not have a great story about how I choose nursing as my profession, but after 15 years I know this was my calling. Most of my career has been spent in the specialty areas of Labor & Delivery, Postpartum, and Newborn Nursery. Within the past five years I have felt a strong pull to advance my personal nursing career and be more of a leader to my nursing colleagues. I went back for my MSN which started to advance my personal spirit of inquiry in the science of nursing. To elevate the profession, I believe nurses should continuously pursue staying current with the evidence and best practice to improve patient outcomes. Part of this is accountability and that is the reason I wanted to become certified in my specialty area of inpatient obstetrics (RNC-OB). I studied the *Fast Facts for the L&D Nurse, Second Edition: Labor and Delivery Orientation in a Nutshell* and banked on my 13 years of experience in this area to pass the exam. I also know that for me personally, test preparation the days before are crucial. I got a full eight hours of sleep the night before, ate breakfast, positive thinking, and doing breathing exercises immediately prior to starting the exam. The first 10 questions always seem to be the hardest, until you get into the rhythm and format of the questioning. This is your opportunity to show what you know!

Being certified helps me influence others to also gain certification and to maintain certification

by integrating knowledge, skills, and judgment. Certification holds me accountable to obtain specific specialty continuing education credits. In order to gain these contact hours, I have since attended one national and two local nursing conferences in my specialty area (AWHONN). The more knowledge I have gained, the more I realize what I do not know and how much I can still grow. The results of the certification exam helped guide me in the areas that I have the most room to improve, while supporting the areas that I am proficient in. Therefore, I am able to focus more of my remediation efforts towards a certain path and seek out continuing education opportunities that will help me be a more rounded nurse. I do all of this to continue my professional growth as a nurse, that ultimately influences the patient care that I provide, and I am able to support other nurses to do the same. In order to become a better leader and influence others into personal and professional growth, I know I need to lead by example. Adding more letters behind your name is not the ultimate purpose of certification, it is that certification helps nurses "raise the bar" for patient care and be most impactful at this level. My advice for others seeking this certification is to prepare by reviewing your everyday "basics" and review the most common high-risk situations that occur in this specialty area. I see several experienced nurses afraid to take the certification exam, because of the fear of failure. If this is what is holding you back, do not tell anyone that would not support you if you were to fail. Nurses are accountable to continue advancing their individual and collective nursing practice, certification in your specialty area is one way to do so."

Thanks, Lisa, for sharing your story with us!

"Do you want to share your certification story with your colleagues? It may encourage them to join you! Please contact me at SueJohn126@comcast.net to share your experiences!"

THE BULLETIN

An official publication of the Indiana Nurses Foundation and the Indiana State Nurses Association, 2915 North High School Road, Indianapolis, IN 46224-2969. Tel: 317/299-4575. Fax: 317/297-3525. E-mail: info@indiananurses.org. Web site: www.indiananurses.org

Materials may not be reproduced without written permission from the Editor. Views stated may not necessarily represent those of the Indiana Nurses Foundation or the Indiana State Nurses Association.

ISNA Staff

Gingy Harshey-Meade, MSN, RN, CAE, NEA-BC, CEO
Blayne Miley, JD, Director of Policy and Advocacy
Marla Holbrook, BS, Office Manager

ISNA Board of Directors

Jennifer Embree, President; Emily Segó, Vice President; Barbara Kelly, Treasurer; Leah Scalf, Secretary; Directors: Audrey Hopper, Angela Mamat, Denise Monahan, Amy Pettit and Recent Graduate Director, Lauren Wright

ISNA Mission Statement

ISNA works through its members to promote and influence quality nursing and health care.

ISNA accomplishes its mission through unity, advocacy, professionalism, and leadership.

ISNA is a multi-purpose professional association serving registered nurses since 1903.

ISNA is a constituent member of the American Nurses Association.

Address Change

The INF Bulletin obtains its mailing list from the Indiana Board of Nursing. Send your address changes to the Indiana Board of Nursing at Professional Licensing Agency, 402 W. Washington Street, Rm W072, Indianapolis, IN 46204 or call 317-234-2043.

Bulletin Copy Deadline Dates

All ISNA members are encouraged to submit material for publication that is of interest to nurses. The material will be reviewed and may be edited for publication. To submit an article mail to The Bulletin, 2915 North High School Road, Indianapolis, IN. 46224-2969 or E-mail to info@indiananurses.org.

The Bulletin is published quarterly every February, May, August and November. Copy deadline is December 15 for publication in the February/March/April The Bulletin; March 15 for May/June/July publication; June 15 for August/September/October, and September 15 for November/December/January.

If you wish additional information or have questions, please contact ISNA headquarters.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613, (800) 626-4081, sales@aldpub.com. ISNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

Acceptance of advertising does not imply endorsement or approval by the Indiana Nurses Foundation of products advertised, the advertisers, or the claims made. Rejection of an advertisement does not imply a product offered for advertising is without merit, or that the manufacturer lacks integrity, or that this association disapproves of the product or its use. ISNA and the Arthur L. Davis Publishing Agency, Inc. shall not be held liable for any consequences resulting from purchase or use of an advertiser's product. Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect views of the staff, board, or membership of ISNA or those of the national or local associations.



2019 Indiana State Nurses Association Convention Abstract Submission Form

ISNA is issuing a call for abstracts for podium presentations at the 2019 ISNA Convention in Indianapolis on Friday, September 20th. Proposals should relate to this year's theme, One Profession, Many Careers. Presentations will be 30-60 minutes depending on the number of accepted abstracts. If selected, presenters will be expected to promptly complete documentation for continuing nurse education contact hour approval and submit presentation materials prior to the event for distribution to attendees. Abstracts may be submitted for presentations by an individual or a pair. Abstracts will be selected based on their expected interest and relevance to attendees, who will be registered nurses of all levels and nursing students. Please submit this completed form to bmiley@indiananurses.org or go on our website www.IndianaNurses.org to submit form **by JUNE 1ST.**

Podium or Poster:

Presentation title:

Learner Objective – Upon completion of this session, the learner will:

Summary:

How will this presentation help attendees?

Name/credentials of presenter(s): Degree(s) & Certification(s): Agency/school/organization:

Position/title:

Phone:

Email:

ISNA Member Yes/No?:



www.indiananurses.org

Published by:
Arthur L. Davis
Publishing Agency, Inc.



CEO NOTE

How We Lead Tells a Lot

Gingy Harshey-Meade



I believe leadership takes on many faces. Many staff nurses show leadership through modeling great behaviors. This is a very nice way to show leadership because it is a way to provide care that others should want to copy. This is why I was requested to move into a “leadership” role. They really meant a management role. I was so honored, I accepted without thinking ... is this what I really want. I think we sometimes forget others are always watching. They see the good and you know they see the not so good.

I believe leadership starts with how we treat people. I have never understood treating individuals according to their “station in life.” I have observed this type of behavior. The way people are treated comes back three-fold or more. When I was a Head Nurse, I always treated the maintenance and housekeeping staff well. I considered them work friends and treated them as such. I found out later that my floor was cleaned first, my equipment was repaired first etc. I always had washrags and gowns. When I treated them as friends getting preferential treatment was not my goal, I like to get along with people and to know people. It is fun to get to know people and hear about their families. It is so much easier to work with friends opposed to strangers.

I believe leadership is all about treatment and leading the way. One way to lead the way is to treat everyone you meet, with respect and those you work with, as important people in your life. Ask their opinion, listen to their stories and tell them stories. Life is so much better when we rub along in life together.

President's Message continued from page 1

- How can nurses serve as change agents and create systems to bridge health care delivery and social care community needs?
- What research is needed to identify and develop current and future nursing practice that eliminates gaps and disparities in health care?
- How will nurse well-being and resilience impact high quality care delivery and improve community health?

In developing the future recommendations for the next decade of nursing in the United States, the committee will engage global examples of evidence-based models of care that address the social determinants of health and help build and sustain a culture of health.

What is in this work for you? As leaders, international, national, and state standards and scopes guide us to engage and demonstrate our leadership competencies regardless of our nursing role (International Council of Nurses, American Nurses Association, & Indiana Professional Licensing Agency are examples). Our leadership qualities include exemplifying and facilitating excellent care, improving systems, collaborating, resolving conflict, practicing advocacy, and influencing policy. As you think about further developing your leadership competencies, reflect again upon moments in your life that defined you as a nurse. These moments assist in building your nursing leadership strengths. Each day new learnings are added to your repertoire of talent!

As I contemplate what our future as nurses will encompass, I always reflect upon the past. Our busy legislative session provided many opportunities for work for the ISNA members, board, and foundation who speak on behalf of ISNA. The past few months provided me with an opportunity to testify on behalf of ISNA at the Public Health Committee about patient safety. Our lobbyists Blayne Miley and Glenna Shelby prepared me well to speak in a legislative language versus southern Indiana “nurses.” They could not prepare me for the potential questions that might come up and I had to count on my nurse logic to help me get through those seconds that seemed like hours. As soon as I went back to my seat, former and current DNP students were texting me positively about “my testimony.”

I again recognized how important it is for nurses to speak to our legislators, to speak to committees and to help share clearly communicated messages. While you may not want to go to the statehouse and testify, you can speak to your legislators at home during Town Hall Meetings, at the airport, at the grocery store, at sporting events, or at any opportunity that arises.

Our legislators are always on and as nurses, we must always be prepared to keep our communities

and our patients safe. We are experts at keeping our patients safe and who better to speak up than us? As you enhance your leader savviness, you may be able to share the ISNAbler with nurses that are not up to date on legislative activities. Help them understand how important it is to be informed. I knew next to nothing about policy and politics when I joined the ISNA board-but as a sponge, I gained so much information from my ISNA Mentor-Ella Harmeyer (who is fearless when advocating) and Ernie Klein, our former Executive Director calmly guiding me and I am sure silently praying that I did not misspeak or misstep. If you increase your technologic savviness, you may extend out of your comfort zone and develop podcasts like Dr. Jason King, who has assumed responsibility for enhancing the knowledge of Indiana nurse executives and new nurse leaders around legislative happenings.

Continuing to pay it forward, we have lived through much change since the IOM Report first came out. I remember speaking at an International Conference in 2012 about the IOM Report and one of our Sigma International Presidents said to me-now I understand the IOM Report and what it means for nurses. In order to speak about the report, I first had to understand it. That comment validated that I had imparted important information to a large audience. We all have to engage with our professional organizations to understand what will impact us at a variety of levels.

We are gearing up for even more change. We can never be too ready. How are you preparing? Are you an ISNA member? Being a part of the Indiana State Nurses Association and the American Nurses Association can help you prepare to step out of your comfort zone and become engaged in the world of nursing outside of your space. Join ISNA and ANA at <https://www.indiananurses.org/>. Be an early adopter and leader of nursing change.



INDIANA NURSES FOUNDATION DONATION FORM

The Foundation serves to accept and dispense monies benefitting the profession of nursing in Indiana. Since its creation in 1976, the Foundation has provided funds for nurses to gain or continue their nursing education. The Foundation has also sponsored workshops and nationally known speakers in Indiana.

- Name _____
- Address _____
- Email _____
- In Honor or Memory of _____
- Member Status: Member Non-Member
- Make check to Indiana Nurses Foundation: \$ _____

To Make Donation by Check, Mail to:
Indiana Nurses Foundation
2915 N. High School Road
Indianapolis, IN 46224

Or Online: IndianaNurses.org/2019-INF-donation

EARN YOUR
MASTER'S IN NURSING EDUCATION
FROM IU BLOOMINGTON

- 3 years part-time
- Distance accessible online programs
- MSN Program ranked #1 in Indiana by *U.S. News and World Report*
- Courses taught by nationally-recognized experts in nursing education

To find out more, email iubnurse@indiana.edu.

Accepting applications for
Spring 2020 starting June 15, 2019

 **SCHOOL OF NURSING**
INDIANA UNIVERSITY
Bloomington



NursingALD.com
can point you right to that perfect
NURSING JOB!



NursingALD.com

- Free to Nurses
- Privacy Assured
- Easy to Use
- E-mailed Job Leads

 Arthur S. Davis
Publishing Agency, Inc.



Exciting Opportunity for Nurse Practitioners!

Psychiatric & Primary Care for Children & Family
Consider a career with **Aspire Indiana Health!**

- Competitive salary
- Generous paid time off
- Great benefits package
- 403b retirement plan with employer match
- Potential for flexible schedule and on-call hours
- Dynamic integrated healthcare environment
- NHSC Loan Repayment program
- Highly collaborative work environment with great support staff

Join Our Team Today!
Call us at 317-587-0500 and ask for Hilary.
Email Hilary at: hilary.davis-reed@aspireindiana.org

POLICY PRIMER

2019 Indiana General Assembly Session

Blayne Miley, JD
ISNA Director of Policy & Advocacy
bmiley@indiananurses.org



As we go to press, the Indiana General Assembly is just about to wrap up their 2019 session. By the time you read this, they will be finished. Next up for the legislature is a technical corrections day in late May where they will consider any bills vetoed by Governor Holcomb, make any technical corrections needed to passed legislation, and also announce the 2019 interim study committee topics. For the topics selected, there will be a public hearing in late summer or early fall where a committee of legislators will hear testimony on an assigned topic from anyone who shows up. Here is a quick summary of what ISNA advocated on this session:

- Followed the lead of the Coalition of Advanced Practice Nurses of Indiana (CAPNI) in advocating for retiring the collaborative practice agreement requirement for APRN prescriptive authority. Although the bill did not pass this year, it made it further in the legislative process than last year, and we will be supporting it again in 2020
- Testified in opposition to changing the title of veterinary technicians to veterinary nurses, and the bill was defeated in the Senate.
- Supported legislation to create a nurse faculty loan repayment program, which successfully passed three committees, but did not receive a hearing before the House Ways & Means Committee.
- Successfully advocated against reassignment of the regulation of certified direct-entry (non-nurse) midwives from the Medical Licensing Board to the Board of Nursing.
- Successfully advocated for an amendment to a bill authorizing QMAs to administer insulin to require patient-specific delegation from an RN

and patient-specific parameters denoting when a new RN assessment is necessary.

- Successfully advocated for an amendment to a bill on allowing seizure medication in schools to provider neutral language, so nurses would not be excluded from developing seizure management and treatment plans and APRNs would not be excluded from prescribing the medication.

Bills Passed Into Law or Still Moving Forward in the Final Days of the Session

SB 41: Required Newborn Screenings

Adds Krabbe disease, Pompe disease, and Hurler syndrome to the list of required newborn screenings.

SB 133: Prescription Opioids from Pharmacy Must Be Labeled as Such

Requires a pharmacist that dispenses a prescription drug that contains or is derived from opium to include a label indicating that the drug is an opioid.

SB 141: Office-Based Opioid Treatment Providers

Increases regulation on office-based opioid treatment providers.

SB 162: Insurance Coverage for Chronic Pain Management

Health plans, including Medicaid, must cover chronic pain management. The original bill included requirements for practitioners to provide alternative treatment before prescribing opioids, but that section was removed by amendment.

SB 278: Local Infant Mortality Review Teams

Allows a county or region to establish a fetal infant mortality review team. Requires health care providers and facilities to report data regarding infant mortalities.

SB 333: Health Professionals Retrieve Contraband as part of a Law Enforcement Investigation

There is already a law spelling out the process for a health professional to obtain a bodily substance sample as part of an investigation by a law enforcement office. SB 333 adds retrieving contraband to this framework.

SB 586: Physical Therapists

Creates a separate licensing board for physical therapists, which currently are regulated by a subcommittee of the medical licensing board. Adds nurse practitioners and physician assistants to the list of providers who may issue an order to a physical therapist.

HB 1007: Perinatal Care

Establishes a perinatal navigator program in the health department. The bill does not specify who may serve as navigators, but State Health Commissioner Dr. Kris Box testified in

the first committee hearing that it likely would include community health workers, doulas, and nurses. Requires providers to verbally screen all pregnant women for substance use disorder and if positive, refer for treatment.

HB 1089: Seizure Medication in Schools and Other Education Matters

The original bill deals with background checks at child care centers and student transfers. By amendment, text was added that requires schools to designate an employee to assist with the administration of seizure rescue medication in accordance with a seizure action plan. The student must be diagnosed with a seizure disorder by a physician and the medication must be prescribed by the student's prescribing provider. The initial text of the bill required a physician to prescribe the medication, but ISNA successfully advocated for an amendment that changed it to provider neutral language.

HB 1175: More Providers Can Supervise Plans of Treatment

Allows additional providers to supervise a patient's plan of treatment for outpatient mental health or substance abuse treatment services to allow for Medicaid billing. The added professions are licensed clinical social worker, a licensed mental health counselor, a licensed clinical addiction counselor, and a licensed marriage and family therapist who meet certain qualifications. Also allows FQHC's to receive Medicaid reimbursement for services of these providers. Nurse practitioners and clinical nurse specialists are already included.

HB 1275: Sepsis Protocols

HB 1275 originally required hospitals to implement evidence based sepsis protocols regarding recognition, treatment, and staff training. The bill was amended to form a task force to create guidelines for a variety of settings, both community based and in healthcare facilities.

HB 1294: INSPECT Disciplinary Actions

Authorizes a professional board to discipline a prescriber for failing to check INSPECT before prescribing a controlled substance or benzodiazepine.

HB 1344: Nurse Licensure Compact

Indiana is on the cusp of joining the enhanced nurse licensure compact. The current framework of the bill would create a voluntary opt-in at license renewal where any Indiana resident nurse can choose to have their license convey the multi-state privilege. Those that opt in will pay a \$25 surcharge, and their nursing license will authorize them to practice nursing in any other compact state. The surcharge was added by the legislature to offset the out-of-state residents living in compact states who currently maintain an Indiana nursing license, because they would no longer do so if Indiana joins the compact. If the bill does indeed pass, it is not definitive when the Board of Nursing would achieve implementation. ISNA was neutral on this legislation.

HB 1547: 16-17 Year Olds Consenting to Pregnancy Services

Allows a 16 or 17 year old to consent to health care concerning the pregnancy, delivery, and postpartum care. Requires a health care provider to make a reasonable effort to contact a minor's parent or guardian before or at the initial appointment and before providing treatment.

HB 1652: Insulin Administration by QMAs

Allows a QMA with four hours of classroom training and two hours of practical training to be certified by the health department to administer insulin in a nursing home as delegated by a registered nurse. On 4/3, the Senate Health and Provider Services Committee amended and passed

SBIRT & Motivational Interviewing

Help Your Patients With:



Our team offers consultation, on-site and remote training, & process implementation support.

SBIRT is endorsed by

International Nurses Society on Addictions (IntNSA)
 Emergency Nurses Association (ENA)
 American Psychiatric Nurses Association (APNA)

Learn more & find free resources at
www.indianasbirt.org

**PREVENTION
 INSIGHTS**
AT THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH

Applying
 Addiction
 Science
 for Healthier
 Communities

phone
 (812) 855-1237
 email
 sbirt@indiana.edu

Five Star Residences of Lafayette

is seeking out

FT and PT 3rd shift LPN and PT day LPN.



Brad Miller, MBA, HFA, Executive Director, Five Star Residences of Lafayette
 250 Shenandoah Drive, Lafayette, IN 47905
 765-449-4475

POLICY PRIMER

HB 1652, accepting language suggested by ISNA which clarifies that any delegation from an RN to a QMA to administer insulin must be patient specific. On 4/11, the Senate amended the bill to limit QMA-administered insulin to lower strength (under U-500 insulin).

Bills That Did Not Pass

APRN Collaborative Practice Agreement Phaseout

This was the third year the issue has been introduced before the Indiana General Assembly, and each year the bill has made progressively further in the legislative process before faltering, so at least there are signs of progress. This year, the bill could not find enough votes before the House, so Indiana state representatives will be an advocacy priority as we begin to work toward re-introduction of this bill in 2020. The legislators made multiple amendments to the bill to attempt to address the opposition voiced by physicians: (1) remove the ability of podiatrists, dentists, and optometrists to serve as collaborators, (2) APRN must practice under a collaborative agreement for three years before the requirement is removed and must practice in the same practice area (topical, not geographic) as under the collaborative agreement, (3) APRNs are required to establish a referral plan, (4) have to post prominently in patient waiting area if practicing without a collaborative practice agreement, and (5) Board of Nursing must have at least two APRN members, at least one of which must have prescriptive authority. Continued grassroots advocacy and broadening the individuals that are contacting their legislators to express support will be crucial to getting this bill passed in a future session. It's not too early to be contacting your state legislators about the 2020 session!

APRNs Can Sign Death Certificates & Prescribe DME

The original bill did not advance, however a limited allowance for APRNs in the hospice settings to sign death certificates for patients that have been under their care for at least six months was added to the collaborative practice bill. That provision died when the collaborative practice bill died.

SB 188 Nurse Faculty Loan Repayment

This was the re-introduction of last year's SB 28, and both bills failed to get a hearing before the House Ways & Means Committee after being passed by the Senate. They would have created a program to provide loan repayment assistance to nurse faculty in the form of \$5,000 annual grants up to a \$25,000 lifetime award. The House Education Committee added a \$10 surcharge to all nursing licenses to help fund the program, but even that change did not allow the bill to move forward. ISNA is soliciting input on whether to continue advancing this program or if there is an alternative way to improve out nursing pipeline through policy change. Please feel free to email me any comments you have.

HB 1218: Health Workforce Loan Repayment

Creates a health workforce student loan repayment program, and a commission to administer the program. Imposes a sliding scale licensure

surcharge to help fund the program. The surcharge for nurse licenses would be \$5 at the current \$50 fee, and the surcharge would increase to \$10 if the \$50 fee is increased. The commission has the ability to modify the amount of the surcharge after June 30, 2021. Money collected goes into a program fund, and then the commission determines how much is apportioned to each board for student loan repayment. HB 1218 appropriates \$500,000 from the state budget to fund implementation of the program. Each health profession board will make recommendations to the commission regarding areas of need for workforce development in their profession. Applicants for loan repayment must have an Indiana health profession license and provide essential services to Indiana residents. The commission may determine additional criteria. The commission's members are representatives from specified government agencies, licensed health professions, and public health stakeholders.

SB 217: Behavioral Health & Addiction Loan Repayment

Appropriates \$500,000 to the integrated behavioral health and addiction treatment development program. This program provides loan repayment to mental health care providers in areas with health professional shortages. The professions eligible for the program are psychiatric nurses, psychiatrists, psychologists, addiction counselors, and mental health professionals.

SB 351: Veterinary Nurses

Changes the professional title of veterinary technicians to veterinary nurses. This bill was defeated by a close 23-26 vote in the Senate as a result of nurses contacting their state senators to express their opposition. The bill can be re-introduced next year, so this issue will require continued advocacy and vigilance on the part of nurses. One potential avenue to provide some protection from this issue would be for Indiana to pass a law providing title protection for "registered nurse."

SB 576: Reorganization of Licensed Profession Regulation

Splits the Professional Licensing Agency into a Health Professions Agency within the Department of Health and a Workforce Licensing Agency (non-health professions) within the Department of Workforce Development.

HB 1565: Increase Cigarette Tax

Increases the tax on cigarettes by \$2 per pack, and appropriates \$35 million each of the next two fiscal years to fund tobacco cessation programs.

#3 Public College of Nursing

RN TO BSN ONLINE

- As few as 16 months
- ACEN accredited
- Designed for working nurses



PURDUE UNIVERSITY NORTHWEST

Visit: Nursingonline.pnw.edu/TBI

UNIVERSITY OF SOUTHERN INDIANA
College of Nursing and Health Professions Knowledge for Life

USI nursing promotes:

- highly sought workplace skills
- flexible course delivery
- online education
- valuable practice experiences

We are currently offering the following degrees:

- Bachelor of Science in Nursing
- Post MSN Certificate
- RN-BSN
- Doctor of Nursing Practice
- Master of Science in Nursing

Our programs focus on:

- practice experience
- proven student outcomes on licensure/certifications
- nationally recognized faculty

For more information about these programs, please visit our website at <http://USI.edu/health>

UK HealthCare

NOW HIRING

Registered Nurses - **ALL AREAS** including **PERIOPERATIVE** and **EMERGENCY**

We are currently recruiting RNs in Lexington, KY in all areas of UK Chandler, UK Good Samaritan and Kentucky Children's Hospital, all part of the University of Kentucky HealthCare system.

BENEFITS INCLUDE:

- Education opportunities
- Nurse residency program
- Tuition benefits
- Nursing professional advancement program
- Comprehensive benefits package including retirement plans with 200% match

APPLY NOW: UKJOBS.UKY.EDU

PREPARATION for **WHATEVER** **COMES NEXT**

Indiana University Kokomo has more options than ever to help you level-up your career in nursing.

Master of Science in Nursing

Getting a master's degree in nursing doesn't have to take over your life! All of our M.S.N. courses meet on our Kokomo campus one day/evening per week with the remainder of the instruction available online. Call **765-455-9308** for more information.
Administration, Education and FNP tracks available

R.N. to B.S.N.

We know your schedule is crazy, so we've created options that will fit into your life. We offer a hybrid track that meets on campus one day/evening per week with the remainder of the instruction available online. Additionally, an online track is offered through all nine Indiana University Campuses. Call **765-455-9202** for more information.

FACULTY OPPORTUNITIES

Transfer your knowledge and expertise to the next generation of nurses. IU Kokomo is looking for qualified candidates to join their incredible faculty and continue our tradition of training the nurses of the future. Visit jobs.iu.edu to view openings.



SCHOOL OF NURSING
INDIANA UNIVERSITY KOKOMO

iuk.edu/nursing



ISNA & ANA MEMBERSHIP

ISNA WELCOMES our NEW and REINSTATED MEMBERS

- | | | | | | |
|---------------------|------------------|-----------------------|-------------------|--------------------|---------------------|
| Misty Adye | Evansville, IN | Danica Bowman | Indianapolis, IN | Melissa Dvorscak | Hebron, IN |
| Shalini Alim | Indianapolis, IN | Rebecca Bradley | Lebanon, IN | Daniela Edson | South Bend, IN |
| Yonna Allen | Brookville, IN | Anastacia Brandenburg | Scipio, IN | Coleen Ehasz | Logansport, IN |
| Amanda Allman | Brownstown, IN | Ma Carmel Breidigan | Crown Point, IN | Tammy Eickholtz | Georgetown, IN |
| Krista Anderson | Hunertown, IN | Amanda Brinker | Fountain City, IN | Amarachi Eleanya | Highland, IN |
| Elaine Anderson | Indianapolis, IN | Kristina Brown | Indianapolis, IN | Erika Fisher | Avon, IN |
| Chantel Anderson | Wheatfield, IN | Brandy Brown | Connersville, IN | Mary Flora | Delphi, IN |
| Natalie Anderson | Indianapolis, IN | Robb Brummett | Crown Point, IN | Maria Flores | Portage, IN |
| Maryann Anthis | Shelbyville, IN | Donna Burks | Indianapolis, IN | Tammie Floyd | Indianapolis, IN |
| Sara Arbogast | Bristol, IN | Ryan Burney | Avon, IN | Lauren Fogt | Avon, IN |
| Rebecca Arkenberg | Milan, IN | Amanda Byczek | Fishers, IN | Lisa Foldesi | Fort Wayne, IN |
| Victoria Arnett | Fishers, IN | Moraa Byers | Indianapolis, IN | Barbara Fork | Monticello, IN |
| Patricia Avila | Muncie, IN | Diane Cain | Martinsville, IN | Andrea Freeman | Noblesville, IN |
| Elizabeth Bailey | Plymouth, IN | Abigail Campbell | Bremen, IN | Benjamin Friesen | Bristol, IN |
| Malinda Baker | Indianapolis, IN | Suzanna Carlton | Waldron, IN | Amy Fryman | Moore Hill, IN |
| Elizabeth Baner | Frankfort, IN | Elizabeth Cecil | South Bend, IN | La Dema Gallagher | Avon, IN |
| Lyndsey Bargar | Dugger, IN | Anne Chegar | Indianapolis, IN | Melissa Gamester | Winchester, IN |
| Elizabeth Barrett | Newburgh, IN | Hibajene Chisonga | South Bend, IN | Karissa Garcia | Goshen, IN |
| Kelly Barsha | Gas City, IN | Judith Clark | Frankfort, IN | George Gatuma | Mishawaka, IN |
| Deborah Barton | Selma, IN | Julia Clement-Voigt | Zionsville, IN | Lindsay Gibson | Indianapolis, IN |
| Lindsey Becker | Oxford, IN | Melissa Coffman | Fishers, IN | Cynthia Gilbreath | Rochester, IN |
| Christina Beers | Greenwood, IN | Kendall Coniglio | Rockville, IN | Marian Gilhooly | Carmel, IN |
| Christopher Bell | Indianapolis, IN | Mary Conners | Madison, IN | Meg Golden-Fleet | West Lafayette, IN |
| Sheri Bennett | Pendleton, IN | Jessica Corso | Monticello, IN | Kelley Grafton | Crown Point, IN |
| Lisa Benson | Fountaintown, IN | Cortina Cottle | Fort Wayne, IN | Heather Green | Indianapolis, IN |
| Janet Beumel | Mulberry, IN | Raven Cox | Greenwood, IN | Diane Greene | Eaton, IN |
| Angela Bishop | Sellersburg, IN | Molly Daugherty | Fort Wayne, IN | Erin Grosskurth | Dyer, IN |
| Donna Blackshire | Goshen, IN | Colin Davenport | Carmel, IN | Dorothy Guzek | Porter, IN |
| Tamara Blevins | Bloomington, IN | Dawn Davis | Fort Wayne, IN | Kayla Hall | Evansville, IN |
| Adella Blondet | Valparaiso, IN | Monica Deford | Frankfort, IN | Angela Hammond | Newburgh, IN |
| Jessica Bodenbender | Salem, IN | Luanne Didelot | Floyds Knobs, IN | Christine Hanson | Bourbon, IN |
| Trista Bodenstadt | Georgetown, IN | Nicole Dill | Williamsport, IN | Lorea Harris | Rolling Prairie, IN |
| Melvin Bolden | Camby, IN | Stephanie Drossart | Hanover, IN | Maxwell Heckathorn | Nappanee, IN |
| Ta'Mella Bond | Noblesville, IN | Tammy Dukeshire | Greenwood, IN | Debra Hermann | Owensburg, IN |
| Curtis Bow Jr | Muncie, IN | Michele Durecki | Winona Lake, IN | Stacy Herring | Marion, IN |

ANA | NATIONAL NURSES WEEK
MAY 6-12, 2019

During National Nurses Week, Indiana State Nurses Association would like to extend a special thanks to you, our nurses, as you continue to provide the highest level of quality care to your patients. You deserve special recognition for your vast contributions and the positive impact you make every day!

Beginning in 1993, the American Nurses Association declared May 6-12 as the national week to celebrate and elevate the nursing profession.

GET YOUR PROFESSIONAL TOOLKIT

- ✓ LICENSE – BOARD OF NURSING
- ✓ MEMBERSHIP – INDIANA STATE NURSES ASSOCIATION (ISNA)

ISNA IS CARING FOR YOU WHILE YOU PRACTICE

www.indiananurses.org



ISNA & ANA MEMBERSHIP

Melissa Hockaday
 Linzie Howard
 Lana Hume
 Zachary Humphrey
 Pamela Hunt
 Heather Hutson
 Sharon Imes
 Caleb Imes
 Jessica Jackson
 Debra Jeffers
 Marilyn Jenkins
 Teresa Jewell
 Natasha Johnson
 Sarah Johnson
 Susan Johnson
 Maria Katsimpalis
 Denise Kidder
 Michaela Krahulik
 Sue Krieg
 Alexis Kuhns
 Samantha Lambertus
 Elizabeth Law
 Kayla Lawalin
 Cally Lawrence
 Shana Leavell
 Valerie LeGacy
 Kimberly Lewis
 Stacy Lobodzinski
 Yvonne Lu
 Laura Mackie
 Alexis Manring
 Annette Marette
 Kimberly Marlow
 Jessica Marmion
 Amy Martin
 Erin Martin
 Ann McCutchen
 Elizabeth McQuinn
 Curtis Meeks
 Rhonda Metzger
 Alessi Miller
 Kathy Montgomery
 Brett Morris
 Julie Myers
 Sarah New
 Jamie Newman
 Julie Norris
 Judith Norton Wasik
 Adaobi Ogonuwe
 Pamela O'Haver Day
 Julie Otte
 Ryan Page
 Brenda Partain
 Mary Payne
 Ann Pepmeier
 Rachel Perez Zambrano
 Janice Powers
 Niki Price
 Latoya Reeves
 Janie Rhodes
 Teresa Richardson
 Marilyn Riley
 Angela Roark
 Lorinda Roberts
 Julie Roesler
 Nikie Rollins
 Jennifer Rosier
 Susan Rothbauer
 Janet Satterthwaite
 Abby Schmitt
 Erin Schoch
 Rachel Schrank
 Kathy Scifres
 Sandra Scott
 Elizabeth Seal
 Gregory Sethman

Pittsboro, IN
 Fort Wayne, IN
 Sheridan, IN
 Hanover, IN
 Noblesville, IN
 Indianapolis, IN
 South Bend, IN
 Indianapolis, IN
 Hope, IN
 Huntington, IN
 Indianapolis, IN
 Louisville, KY
 Fishers, IN
 Muncie, IN
 Lawrenceburg, IN
 Avon, IN
 Evansville, IN
 Indianapolis, IN
 Evansville, IN
 Cedar Lake, IN
 Terre Haute, IN
 Indianapolis, IN
 Magnet, IN
 Mount Vernon, IN
 Redkey, IN
 Brownsburg, IN
 Newburgh, IN
 Fishers, IN
 Indianapolis, IN
 Indianapolis, IN
 Noblesville, IN
 Brownsburg, IN
 Avon, IN
 Indianapolis, IN
 Borden, IN
 New Albany, IN
 Fishers, IN
 Carmel, IN
 Valparaiso, IN
 Indianapolis, IN
 Indianapolis, IN
 Culver, IN
 Indianapolis, IN
 Cayuga, IN
 New Castle, IN
 Greenwood, IN
 Lafayette, IN
 Carmel, IN
 Dyer, IN
 Indianapolis, IN
 Indianapolis, IN
 Brownsburg, IN
 Anderson, IN
 Indianapolis, IN
 Vincennes, IN
 Greenwood, IN
 Westfield, IN
 Roann, IN
 Indianapolis, IN
 Leesburg, IN
 Indianapolis, IN
 Sheridan, IN
 Brownsburg, IN
 Carmel, IN
 Union Mills, IN
 Fort Wayne, IN
 Versailles, IN
 New Albany, IN
 Indianapolis, IN
 Jasper, IN
 Indianapolis, IN
 South Bend, IN
 Salem, IN
 Indianapolis, IN
 Markleville, IN
 Indianapolis, IN



SUCCESS BEGINS HERE!

JOIN TODAY!



ADVOCATE • EMPOWER • ADVANCE

ONLY \$15 Per Month

HOW TO JOIN ► JOINANA.ORG

MEMBERSHIP BENEFITS

DISCOUNTED
Continuing Education Modules

FREE WEBINARS
Navigate Nursing Webinars with FREE CE

EXCLUSIVE SAVINGS
On Certification Through the American Nurses Credentialing Center

ADVOCACY
Protect Your Practice and Improve the Quality of Care

FREE SUBSCRIPTIONS
To ANA Journals and Newsletters

Kathryn Shantz
 Jody Shiveley
 Erin Sims
 Verena Sink Bailey
 Mary Sitterding
 Michelle Sluss
 Arletha Smith
 Tracy Smith
 Yvette Smith
 Tosha Smith
 Ahnyka Spain
 April Spanogle
 Leaann Spencer
 Rachel Spikings
 Laura Stafford
 Stephanie Stoner
 Tiffany Stromberger
 M Swartz
 Tonya Sweany
 Mary Taber
 Neliza Tarr
 Tonya Teegardin
 Denise Thompson
 Samantha Tielker

Goshen, IN
 Pendleton, IN
 LA Porte, IN
 Martinsville, IN
 Cincinnati, OH
 Indianapolis, IN
 Marion, IN
 Lafayette, IN
 Indianapolis, IN
 West Harrison, IN
 Knightstown, IN
 Greenwood, IN
 Newburgh, IN
 Valparaiso, IN
 Greenwood, IN
 Pendleton, IN
 Avon, IN
 Evansville, IN
 Greenfield, IN
 Whitestown, IN
 Goshen, IN
 Auburn, IN
 Fishers, IN
 Zionsville, IN

Megan Toschlog
 Robin Uberta
 Erica Vinson
 Kathleen Visker
 Mary Wagmeister
 Jodi Wagner
 Samantha Walker
 Angela Wander
 Jutta Wartman
 Laura Wavra
 Ann Webb
 Jordan Weber
 Carolfae Weismiller
 Kimberly Weisser
 Angelett Wells
 Rachael Werner
 Jacqueline Widau
 Bonita Williams
 Jonathan Willis
 Madeline Wilson
 Barb Winningham
 Joyce Wismann
 Kathy Wright
 Brandie Yoder

Williamsburg, IN
 Indianapolis, IN
 Noblesville, IN
 Lapel, IN
 Fort Wayne, IN
 Anderson, IN
 Carmel, IN
 Dyer, IN
 Crown Point, IN
 Kokomo, IN
 Delphi, IN
 Indianapolis, IN
 Kempton, IN
 Carmel, IN
 South Bend, IN
 Huntingburg, IN
 Avon, IN
 Indianapolis, IN
 Indianapolis, IN
 Greenwood, IN
 Martinsville, IN
 Milan, IN
 Linton, IN
 Nappanee, IN



Navigate Nursing's FREE Webinar: *Nurses4Us Elevating the Profession!*

Are you looking for ways to make a bigger impact as a nurse? Would you like to contribute your expertise to create a healthier world? Join us on May 8 for the FREE National Nurses Week webinar, Nurses4Us: Elevating the Profession!, and get insider strategies from top nursing leaders including ANA's new president, Dr. Ernest Grant.

What will you learn from this webinar? Our experts will discuss ways you can:

- Increase your professional presence beyond hospital walls
- Have a say in how nursing is practiced
- Apply your skills and knowledge to create a healthier population – starting in your own community
- Participate in efforts to elevate more nurses into leadership positions – maybe even you!
- Contribute your voice to advocate for higher standards in health care

The webinar starts at 1 p.m. EDT. Join the conversation on Twitter with #NursesWeekLive. Follow highlights from ANA and engage in discussion with your peers. When it's over, stick around. You'll have the opportunity to take part in a special Q&A with nurse leaders.

Bonus! Earn 1.0 Contact Hour



To access electronic copies of the
ISNA Bulletin, please visit
<http://www.nursingald.com/publications>



INDIANA STATE NURSES ASSOCIATION

VISION: ISNA is the recognized leader for nurses and professional nursing practice in Indiana.

MISSION: ISNA works through its members to ensure quality nursing and health care.

VALUES: advocacy, collaboration, education, facilitation, information, and leadership.

CONSENT-TO-SERVE FORM

IN ORDER TO BE CONSIDERED, YOU MUST MAINTAIN CURRENT MEMBERSHIP IN ISNA.

Return completed form AND digital .jpg photo to ISNA no later than May 31, 2019.

The ISNA Committee on Nominations will consider: 1) Representation of all areas of the State, 2) Diversity, and 3) Evidence of successful completion of previous commitments.

I am a candidate for the position of _____ 2019-2021

WRITTEN CONSENT TO SERVE IF ELECTED

I hereby agree to assume the responsibilities and obligations entailed in this position if appointed.

Signature: _____ Date: _____

* typing your name above will be accepted as an approved signature

BIOGRAPHICAL INFORMATION

First: _____ Middle: _____ Last: _____

Address: _____ City, State Zip: _____

Business Address: _____ City, State Zip: _____

Preferred phone # _____ Email Address: _____

EDUCATION

School of Nursing: _____

College/University: _____ Degree: _____

_____ Degree: _____

_____ Degree: _____

_____ Degree: _____

PROFESSIONAL EXPERIENCE (Last three positions held beginning with present)

Title: _____ Name of Organization: _____ Dates: _____

Title: _____ Name of Organization: _____ Dates: _____

Title: _____ Name of Organization: _____ Dates: _____

Current area of clinical practice: _____

NURSING ORGANIZATION ACTIVITIES (Beginning with present)

Office or Committee _____ Indicate ANA/ISNA/Other _____ Year _____

Experience with governance issues, strategic thinking, financial oversight, and contributions to the profession (please describe):

OTHER ORGANIZATION ACTIVITIES

Office or Committee _____ Organization _____ Year _____

STATEMENT OF PROFESSIONAL VIEWS (please describe in 200 words or less):

Return completed form AND digital .jpg photo to ISNA no later than May 31, 2019.

Send to: Committee on Nominations Email: boardmember@indiananurses.org

*May be reproduced Policies and Procedures for ISNA Nominations

2019 Indiana State Nurses Association Awards

Awards to be given this year at the 2019 ISNA Convention uses our four pillars as a guide: Unity, Advocacy, Professionalism, and Leadership and combine the National ANA award categories.

To nominate a nurse for any award, submit information on the nominee, including curriculum vitae, if available. Document the nominee's involvement in each area listed in the award's criteria. Information on the nominator should also be submitted including name, position, employer, address, and phone number. Include information on your relationship with the nominee and how you became aware of his/her practice/leadership excellence. Complete Nominating form below and e-mail to info@IndianaNurses.org; or mail to ISNA, 2915 N. High School Road, Indianapolis, IN 46224. You may also submit on line at www.IndianaNurses.org.

I. Unity

President's Award

- To recognize distinguished service or valuable assistance to the Indiana State Nurses Association and, thus, to the profession of nursing.
- Criteria: This award is selected by the current ISNA President and presented to an individual(s) who can be a registered nurse or a non-nurse, who has given distinguished service or assistance to the Indiana State Nurses Association. If the nominee is a nurse, the individual must be a current member of ISNA and have held membership in ISNA for at least four (4) years. Selection shall not be made posthumously.

The first President's Awards were presented at the 1989 Awards Banquet by Doris R. Blaney. The nominee(s) approved by the ISNA Board of Directors will be invited to attend the ISNA Convention for the presentation of the Award. If due to extenuating circumstances the nominee cannot be present, the presentation will be made in absentia. Names of individuals not receiving honorary recognition may be resubmitted for consideration at another time.

II. Advocacy

Public Policy and Advocacy Award

- To recognize outstanding contributions to the development and implementation of health related policy at the local, state, and/or national level.
- Criteria: A member of the Indiana State Nurses Association, who has significantly influenced policy and legislation that positively affects the health and well-being of the citizens of Indiana and the practice of professional nursing.

In June 1999, the ISNA Board of Directors established the Georgia B. Nyland Award in her honor and memory. Georgia was devoted to the advancement of the nursing profession and to excellent health care. For many years, she used her tireless energy and talents to influence legislators and others in the health policy arena to evoke positive changes that have benefited many. She took great pride in her membership in ISNA. She was a good friend and mentor.

III. Professionalism

Nursing Professionalism and Practice Award

- To recognize outstanding professional contributions and excellence in the practice of the science and art of nursing.
- Criteria: A member of ISNA, and who has demonstrated excellence in Nursing practice in Nursing education, clinical practice, innovation and contribution in Nursing research, is a clinical role model and inspires other nurses to improve the health of patients, families or communities.

An example of Nursing Professionalism Award is the Psychiatric Nursing Professionalism Award which honored Ruth Stanley and Beverly S. Richards who made significant contributions and lasting legacies in psychiatric nursing practice and advocacy. These award recipients demonstrated excellence in psychiatric practice through working directly with clients, families, or groups, and serves as a clinical role model who inspires other nurses to improve client care.

IV. Leadership

Distinguished Nurse Leadership Award

- To recognize excellence in the areas of national and local nursing leadership, academic leadership (nurse education/research), community leadership, innovation, or entrepreneurship.
- Criteria: A member of ISNA who has demonstrated excellence in leading, motivating, mentoring, and promoting the professional advancement of nurses and exemplary nursing practice.

Student Nurse Leadership Award

- To recognize excellence, volunteer work, and leadership in the areas of national and local nursing leadership, academic leadership (nurse education/research), community leadership, innovation, or entrepreneurship.
- Criteria: A member of the Student Nurse Association who has demonstrated excellence in motivating, mentoring, and promoting the student nurses' role in exemplary nursing practice.

Nominations will be accepted through July 31, 2019.

Award Nomination for: (Check one)
 Advocacy Professionalism Leadership

Name of Member _____

Employer _____

Position _____

Member Address _____

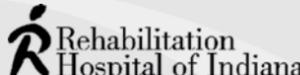
Member Phone number _____

Nominator _____

Nominator Phone Number _____

Your Relationship with Nominee _____

How has the member met the award criteria? _____



Rehabilitation Hospital of Indiana is a specialty based rehab facility, where RHI patients work with therapists and nurses trained in the treatment of their specific rehab need. We are one of the largest freestanding inpatient physical rehabilitation hospitals in the Midwest. We're certified by The Joint Commission and CARF and are one of only 16 Traumatic Brain Injury Model System sites.

REGISTERED NURSE OPPORTUNITIES
 Come talk with us about a specialty certification as CRRN.
We offer competitive wages and excellent benefits.
 Please visit our website at www.rhin.com to see our current job listing and complete an online application

REHABILITATION HOSPITAL OF INDIANA
 4141 Shore Drive | Indianapolis, IN 46254 | Equal Opportunity Employer



JOIN OUR NURSING TEAM

"Starting a psych rotation can be intimidating. I was so pleasantly surprised with the environment."

Read more about Sarah's nursing experience and apply online at www.oaklawnjobs.org

\$2,000 sign-on bonus for nurses with Indiana RN License
 *Per full time employee

INDEPENDENT STUDY

Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers

DESCRIPTION

This independent study has been developed to help nurses better recognize compassion fatigue in nurses and non-professional caregivers and how to manage it.

OUTCOME: The nurse will be able to apply strategies to deal with compassion fatigue personally and with non-professional caregivers.

1.6 contact hours will be awarded.

The Ohio Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (OBN-001-91).

Expires 7/24/19 © 2011, 2013, 2015, 2017 Ohio Nurses Association

DIRECTIONS

1. Please read carefully the attached article entitled, "Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers."
2. Then complete the post-test.
3. The next step is to complete the evaluation form and the registration form.
4. When you have completed all of the information, return the following to the Indiana State Nurses Association, 2915 N. High School Road, Indianapolis, IN 46224.
 - A. The post-test;
 - B. completed registration form;
 - C. \$20.00 check to cover fee;
 - D. and evaluation form.

The authors and planning committee members have declared no conflict of interest.

Disclaimer: Information in this study is intended for educational purposes only. It is not intended to provide legal and/or medical advice.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a certificate will not be issued. A letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 80 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Marla at 317-299-4575 or email marla@indiananurses.org.

This independent study was developed by Jan Lanier, JD, RN. Revisions to this study were made by Barbara Brunt, MA, MN, RN-BC, NE-BC

The phone rang at 6:30 that morning. It was the nurse calling to say she would not be able to be at my house by seven because she didn't have any gas in her car. In fact, she wouldn't be there at all. Now what was I to do? My eight-year-old daughter who is severely disabled has significant care needs that only a licensed nurse can meet. I couldn't take another day off from work and expect to continue to have that job. All I could do was sit in the middle of my floor and cry uncontrollably. Eight years of multiple life-threatening emergencies, as well as day-to-day care giving expectations, had taken their toll on my coping skills. I was tired. I was done, but I couldn't take the day off.

This scenario and others like it are played out daily sometimes with devastating consequences (Lanier, 2013). The idea that nurses and other professional caregivers are susceptible to what has come to be known as "compassion fatigue" (CF) has received wide-spread acceptance; however, the long-term effect of CF on non-professional caregivers has received far less focus. As more and more emphasis is placed on home or community-based care venues as the preferred location for meeting health care needs, the stress experienced by the non-professional caregivers will take on even greater significance. The purpose of this study is to define CF, distinguish it from burnout, and identify strategies for ameliorating its symptoms. Secondly, the study will explore the role of nurses dealing with non-professional individuals who care for loved ones over a prolonged period and who are experiencing CF. Finally, the study will look at the implications of CF relative to the health care delivery system.

Compassion Fatigue vs. Burnout

Caring is a cornerstone of nursing. Eric Gentry, a leading traumatologist, has suggested that "people who are attracted to care giving often enter the field already compassion fatigued. They come from a tradition where they are taught to care for the needs of others before caring for themselves" (Smith, 2013c, p. 1). With that idea in mind, it should not be surprising that something called "CF" might be especially prevalent among nurses and others in the helping professions.

Webster defined the compassion that goes hand-in-hand with caring as "sorrow for the sufferings or trouble of another or others, accompanied by an urge to help; deep sympathy" (Agnes, 2006, p. 229). Compassion is the therapeutic alliance between the patient and the nurse to achieve the desired outcome (Figley, 2014). Despite the importance of compassion to effective nursing practice, it can become a deterrent to good care when it overwhelms the nurse's ability to function effectively in a professional caregiver capacity.

The term "CF" was first used in 1992 by Joinson, a nurse, to describe a syndrome that occurred when

nurses were caring for a patient facing life-altering or life-threatening changes as a result of an illness or accident. She identified CF as a unique form of burnout that affects individuals in caregiving roles (Lombardo & Eyre, 2011).

As more attention was focused on the concepts embodied in that early description, experts began to distinguish burnout from compassion fatigue and vicarious trauma or secondary trauma stress. The latter now refers to traumatic stress reactions that occur following critical or emergent experiences in which the initial traumatizing event suffered by one person becomes a traumatizing event for another. In other words, the nurse caregiver internalizes the PTSD experienced by a patient. This vicarious trauma is the emotional response to a single acute traumatic event (Lanier, 2013).

Burnout is a broad-based syndrome that develops gradually as a person interacts with his or her workplace. It can be associated with an imbalance of demand and resources along with the fact that the ideal and the real often differ to the extent that one is frequently chasing rainbows that dissipate when approached (Todaro-Franceschi, 2013). Burnout is associated with a situation rather than an individual. If you can trace the stress in question to work conditions, time pressures, or personalities, it is most likely burnout.

Todaro-Franceschi (2013) identified 12 phases of burnout, which may not occur in any particular order, and do not all have to manifest for someone to be experiencing burnout. These phases are:

1. The compulsion to prove oneself
2. Working harder
3. Neglecting one's needs
4. Displacement of conflicts
5. Revision of values
6. Denial of emerging problems
7. Withdrawal
8. Obvious behavioral changes
9. Depersonalization
10. Inner emptiness
11. Depression
12. Burnout syndrome

Nurses experiencing burnout are at greater risk for CF. It should be noted that nurses must possess compassion to experience the fatigue of it. In contrast, those experiencing burnout need not have the prerequisite of compassion (Harris & Quinn Griffin, 2015).

CF is not a character flaw. Rather, it is defined as a syndrome that individuals may develop when they internalize pain or anguish related to other people in their work environment (Todaro-Franceschi, 2013). It is a chronic lack of self-care; unless nurses find ways to continuously renew themselves from the drain associated with their nursing practice, they not only lose energy but also enthusiasm for their work.

Compassion fatigue is the

physical, emotional, and spiritual result of chronic self-sacrifice and/or prolonged exposure to difficult situations that renders a person unable to love, nurture, care for, or empathize with another's suffering. (Harris & Quinn Griffin, 2015). Such fatigue causes the sufferer to lose the ability to experience satisfaction or joy professionally or personally. CF is not pathological in the sense of mental illness, but is considered a natural behavior and emotional response that results from helping or desiring to help another person suffering from trauma or pain (Todaro-Franceschi, 2013).

SAFETY MANAGEMENT

THE NEXT STEP IN YOUR CAREER

ONLINE CERTIFICATE 12HRS
MASTERS 30HRS
1-2 YEARS

MYPUBLICHEALTHDIRECT.INDIANA.EDU

 INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH
Bloomington



Our online Master of Science in Safety Management gives professionals a foundation in safety management, including safety education and training, managing risk, and evaluating and controlling workplace hazards.

RN's, Your Future Career is Here!



Apply online:
hchin.org/careers

HARRISON COUNTY HOSPITAL

An affiliate of
NORTON HEALTHCARE

MGH **NOW HIRING NURSES!**

VIEW OUR JOB OPENINGS AND APPLY TODAY!

WWW.MGH.NET



Burnout	Compassion Fatigue
Anyone who works in difficult work environments is at risk	Health care professionals who regularly observe or listen to experiences of fear and pain and suffering are at risk
Adapt to exhaustion by becoming less empathetic and more withdrawn Reduced personal achievement	Continue to give but cannot maintain a healthy balance between empathy and objectivity
Response to work situation	Response to people. Personally identify with patient and personally absorb patient's trauma or pain
Results from being busy	Results from giving high levels of energy and compassion over a prolonged period of time.
Evolves gradually when differences between the expectations of the individual and the organization are in conflict	

Those experiencing CF give from a state of depletion. They never fill themselves because they have never accepted that sustainable self-care is an essential ingredient in the care-giving equation.

Identifying Compassion Fatigue

According to Michael Kearney, MD, lead author of a report on CF published in the *Journal of the American Medical Association*, approximately 6-8% of nurses and physicians suffer CF (Kearney, et al., 2009). The number of non-professional caregivers who experience the condition is not known, however the lack of hard data should not be interpreted as an indication that the problem is confined to professionals. Rather, it suggests that more attention should be given to the spouses, parents, siblings and others who are being relied upon more and more often to take on long-term care giving roles and responsibilities in our evolving health care system.

Some postulate that CF is more common today among professional caregivers because of increased patient loads, a shortage of nurses and other health care personnel, and financial constraints/budgetary realities that force difficult economic choices to be made. Regardless of the cause, the result is costly both from a personal perspective as well as from a financial one.

Some of the most inclusive work about CF has been written by trauma study pioneer Charles Figley, who believes that CF is a more user-friendly term than secondary traumatic stress, which is closely aligned with post-traumatic stress disorder. He thinks the modern-day description of this syndrome is equivalent to his early depiction of secondary victimization as well as the similar concept of "emotional contagion." When caregivers become preoccupied with another's experience (of being traumatized), we too are traumatized (Todaro-Franceschi, 2013).

Not only can individuals experience CF, but entire organizations may also evidence the condition. Organizational signs of compassion fatigue are high absenteeism; constant changes in co-worker relationships; inability for teams to work well together; desire among staff to break company rules; outbreaks of aggressive behavior among staff; inability of staff to complete assigned tasks; inability of staff to respond and meet deadlines; lack of flexibility among staff; negativism toward management; strong reluctance to change; inability of staff to believe improvement is possible; and a lack of vision for the future. Chronic absenteeism, growing Worker's Compensation costs, high turnover rates, and friction in the workplace are some of the effects of compassion fatigue that can and do impact an organization's bottom line (Smith, 2013b).

CF should be addressed at the organizational level as well. To offset and reduce the risk of CF in staff members, organizations and managers can:

- Create an open environment where employees have a venue for mutual support. Encourage employees to talk about how they are affected by their work.
- Offer training that educates employees about burnout and CF and how to recognize the symptoms.
- Share the caseload among team members, particularly the most difficult cases.
- Make time for social interactions among teams. Social events and a yearly retreat away from the workplace can build cohesion and trust.
- Encourage healthy self-care habits such as good nutrition, sleep, taking work breaks.
- Reward effort and offer flexible work hours.
- Offer training that focuses on self-care and life balance to build resilience to stress. (Portnoy, 2011).

The signs of CF appear over time, not overnight. It is not a matter of one day an individual is fine and the next they are not. Symptoms may include irritability, disturbed sleep, outbursts of anger, intrusive thoughts, and a desire to avoid anything having to do with the patient's struggle. An individual experiencing CF may be tired before the workday begins. There is a lack of enjoyment in leisure activities. Difficulty focusing, excessive blaming, and excessive complaints about one's job and co-workers could indicate CF.

Other classical signs are a decreased sense of personal satisfaction in professional accomplishments; a sense of underlying and generalized anger; free floating anxiety and restlessness; depression, low self-esteem; loss of enjoyment at work and at home; sense of hopelessness and loss of control over one's destiny; denial of negative feelings; physical complaints of migraine headaches, GI distress, and exhaustion; abuse of food and/or drugs or alcohol; disruption in sleep cycle and mood swings. Caregivers experiencing CF may find themselves working longer to compensate for the negative feelings. The result is a caregiver who is unable to meet personal or workplace expectations. There is a decline in job performance and efficiency. Errors may increase. CF, if not addressed, can destroy an individual's personal life (Todaro-Franceschi, 2013).

Because CF is progressive, it is possible and desirable to identify relatively early when a nurse is at risk for the condition, and take the steps needed to lessen the

consequences. To do so, however, requires awareness of the factors at play that are leading to an increased risk for CF. The Compassion Fatigue Awareness Project (www.compassionfatigue.org) provides on its website two self-assessment tools, the Professional Quality of Life Scale (PROQOL) and the Life Stress Self-Test, that could be utilized as screening devices to determine whether CF may be causing the symptoms and behaviors that are being exhibited either by a professional caregiver or by a non-professional one. By responding to the early signs one could prevent the loss of valuable human resources and the attendant costs associated with filling nursing staff vacancies. For the non-professional caregiver, it could mean the difference between continuing to provide care at home and being forced to resort to a more formalized institutional setting—typically a costly and less desirable alternative.

Symptoms of Compassion Fatigue (Lombardo & Eyre, 2011, p 3)

Physical	Emotional	Work Related
<ul style="list-style-type: none"> • Headaches • Digestive problems: diarrhea, constipation, upset stomach • Muscle tension • Sleep disturbances: inability to sleep, insomnia, too much sleep • Fatigue • Cardiac symptoms: chest pain/pressure, palpitations, tachycardia 	<ul style="list-style-type: none"> • Mood swings • Restlessness • Irritability • Oversensitivity • Anxiety • Excessive use of substances: nicotine, alcohol, illicit drugs • Depression • Anger and resentment • Loss of objectivity • Memory issues • Poor concentration, focus, and judgment 	<ul style="list-style-type: none"> • Avoidance or dread of working with certain patients • Reduced ability to feel empathy towards patients or families • Frequent use of sick days • Lack of joyfulness

Dealing with Compassion Fatigue

Generally, caregivers are by nature compassionate individuals; therefore, the thought of being unable to meet care giving expectations adds to their sense of hopelessness. Accepting that these feelings are not a character flaw is essential if one is to halt the CF juggernaut and begin the healing process. Not surprisingly, self-awareness is the first step in combating the debilitation associated with CF. Along with self-awareness comes the need to engage in self-care—something that may be foreign to the typically overwhelmed caregiver experiencing CF.

Self-reflection, finding balance in daily activities, and setting boundaries (saying "no") are all components of caring for oneself. Todaro-Franceschi (2013) described this as the ART Model: **A**cknowledging feelings, **R**ecognizing choices and reexamining intentions, and **T**urning Outward to reconnect with self and others. Other coping strategies include:

Independent Study continued on page 12

ESTABLISHED 1920 • REGIONALLY ACCREDITED • NOT-FOR-PROFIT

SHINE. BRIGHTER.

ONLINE NURSING DEGREES

Bachelor's Degree
RN to BSN

Doctoral Degrees
DNP
Post-BS/BSN to DNP (FNP)

Certificates
Post-Master's and Undergraduate
Certificates available

Some programs require onsite components and/or residencies.
All nursing degree programs require clinical/practicum experiences

ON CAMPUS NURSING DEGREES

Bachelor's Degrees
BSN- Traditional 4-Year Program* Transition to Nursing* (accelerated)
*Only offered onsite in Marion, Indiana.

Master's Degrees
ASN- MSN
MSN- MBA
MSN- Post-MBA
MSN- Nursing Administration
MSN- Nursing Education
MSN- Primary Care Nursing
• Family Nurse Practitioner
• Psychiatric Mental Health
Nurse Practitioner





TEXT
765.613.3059 | INDWES.EDU/NURSING
14 ONSITE LOCATIONS • INDIANA • OHIO • KENTUCKY



IWU
INDIANA WESLEYAN UNIVERSITY

Independent Study continued from page 11

- Changing one's personal engagement level with a patient or situation if possible;
- Changing the nature of the work involvement by transferring or going to part-time work or changing shifts;
- Taking extra days off;
- Seeking help from colleagues for informal debriefing;
- Recharging at a retreat or creating a "stress-free zone;"
- Developing a career plan and sticking to it; and
- Nurturing positive relationships at work and at home.

(Lombardo & Eyre, 2011)

12 Self-Care Tips (Mathieu, 2007)

1. Take stock. What's on your plate? List demands on your time and energy—family, work, volunteer—then determine what stands out. What would you like to change? Can you talk about it with someone?
2. Start a self-care idea collection. Brainstorm with friends, make a list, then pick three ideas that seem to resonate with you. Commit to implementing them within the next month.
3. Find time for yourself every day. Rebalance your workload. Do you work through lunch and spend days off running errands? Try taking ten minute breaks to listen to music or simply do nothing.
4. Delegate. Learn to ask for help at home and at work.
5. Have a transition from work to home. Find a transition ritual such as changing clothes immediately upon arriving home or going for a short walk.
6. Learn to say "no" (or "yes") more often. Think of one thing you could say "no" to more often or say "yes" to self-care tactics.
7. Assess your trauma input. Recognize the amount of trauma information unconsciously absorbed each day through TV news, etc. There is a lot of extra trauma input outside of working with patients, so create a trauma filter to protect yourself from extraneous material.
8. Learn more about compassion fatigue.
9. Consider joining a supervision/peer support group.
10. Attend workshops/professional training regularly.

11. Consider part time work (at this type of job).
12. Exercise.

The Compassion Fatigue Awareness Project was established by Patricia Smith in response to the realization that, while CF was relatively common, widespread recognition of its prevalence or its devastating consequences was rare. Appropriate support systems and effective networks were in short supply. To serve as a resource for the entire gamut of CF sufferers, the web-based Project developed a series of materials it calls the "Ten Laws." They highlight the various approaches needed to effectively deal with CF on various fronts.

The Ten Laws Governing Healthy Caregiving (Smith, 2013a)

1. Sustain your compassion.
2. Practice authentic, sustainable self-care daily.
3. Build a support system.
4. Create a work/life balance.
5. Apply empathic discernment.
6. Recognize the humor.
7. Learn to let go.
8. Acknowledge your successes.
9. Remain optimistic.
10. Elevate levels of compassion satisfaction.

The Ten Laws Governing Healthy Change (Smith, 2013a)

1. Create systemic change as opposed to systematic change.
2. Understand the vision for change.
3. Stay focused.
4. Practice patience with others.
5. Ask the right questions.
6. Pay no attention to rumor or gossip.
7. Recognize when you need help and ask for it.
8. Collaborate with management.
9. Take time away to re-energize, when necessary
10. Breathe deeply as often as possible.

The Ten Laws Governing Authentic, Sustainable Self Care (Smith, 2013a)

1. By validating ourselves, we promote acceptance.
2. By validating others, we elevate ourselves.
3. By meeting our own mental, physical, and spiritual needs, we provide care from a place of abundance, not scarcity.
4. By practicing self-goodwill, we manifest it throughout our lives.
5. By honoring past traumas and hurts, we allow ourselves freedom from the pain that controls us.
6. By naming and taking ownership of the core issues that limit our growth, we create authenticity.
7. By "doing the work," we reclaim the personal power that is rightfully ours.
8. By defining our personal boundaries, we teach others how to respect us.
9. By creating a Personal Mission Statement, we define ourselves.
10. By managing our self-care, we welcome happiness into our lives.

The Ten Laws Governing a Healthy Workplace (Smith 2013a)

1. Employer provides debriefing for staff following any traumatic event.
2. Employer provides continuing education for staff.
3. Employer provides benefits to aid staff in practicing authentic, sustainable self-care.
4. Employer provides management and staff with tools to accomplish their tasks.
5. Employer directs management to monitor workloads.
6. Employer provides positive team-building activities to promote strong relationships between colleagues.
7. Employer encourages "open door" policies to promote good communication among staff.
8. Employer translates the organization's mission statement into action.
9. Employer allows management to empower staff.
10. Employer promotes transparency in all communications and dialogues.

Individuals serving in a care-giving capacity are frequently at risk for CF. It cannot be cured but the symptoms and manifestations can be managed. Many of the management strategies are targeted toward the professional caregiver. The non-professional caregivers typically have fewer options available to them. They cannot "change the nature of their work involvement" or go from full time to part time status. For that

reason, it is important for nurses and others involved in caring for individuals with chronic conditions to be cognizant of the needs of the caregivers as well as the immediate medical needs of their patients. If non-professional caregivers are experiencing CF, the patients' care needs may not be met leading to complications and possible unanticipated hospital stays.

The Role of the Nurse in Addressing Compassion Fatigue in Non-Professional Caregivers

By definition, nursing practice encompasses more than direct hands-on care of the individual patient. Nurses also provide care to communities and groups. Indeed, the law regulating nursing practice (Chapter 4723 of the Ohio Revised Code) defines the practice of nursing as a registered nurse as "providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, social, and nursing sciences." (Section 4723.01 (B) ORC emphasis added). Similarly, the law defines the practice of licensed practical nurses to include, "providing to individuals and groups nursing care requiring the application of basic knowledge of the biological, physical, behavioral, social, and nursing sciences...." (Section 4723.01 (F) ORC emphasis added)

In other words, the entire family unit may be the recipient of a nurse's care and expertise. The concept of "holism" is reflected in these definitions. Holistic nursing means caring for the physical, emotional, social, family, and the overall environment to achieve the optimal health outcomes for all.

Applying the principles embodied in holistic care when a family member or loved one is serving as the primary caregiver means the nurse, who may only be intermittently involved with the patient, must be alert to the likelihood of CF within the family unit. Indeed, non-professional caregivers are the largest group at risk for CF and the most difficult to identify and treat because of their personal, emotional connection to the patient.

While the term "CF" is becoming more commonplace among professional caregivers, it is less frequently recognized per se in the non-professional realm. These caregivers manifest the same signs and symptoms, but no one has put the "CF" label on what they are experiencing. Providing the "diagnosis" is reassuring and helps the caregiver realize that his/her symptoms are not unusual nor are they a character flaw. Putting a name on the feelings helps start the processes needed to manage the emotional and physical reactions the caregiver is experiencing.

A nurse should consider asking the family member caregiver to complete a self-assessment tool (such as the Professional Quality of Life Scale [PROQOL]) and provide a list of resources and other information the caregiver could use should CF be an issue. Ideally, this should be a routine component of the plan of care a nurse develops whenever care needs will be met for a prolonged period of time by family members or loved ones.

In addition to proactively anticipating CF, a nurse should also guard against unwittingly adding to the stress that contributes to CF. When a nurse is caring for a patient in a home health environment, he/she should be aware of the ramifications that accompany failure to keep a commitment or visit as scheduled. Family members may have been counting on that time as an opportunity to get away, even briefly, to engage in self-care. The loss of the promised respite can be as devastating as the actual additional care demands that the family member must shoulder in the absence of the nurse. Nurses should be sensitive to the important role they fill in meeting these needs. When that insight is lost or ignored, the implications for the family member can be excruciating and ultimately affect the health of the patient.

Joe's story

"I've been caring for my husband Joe for several years. He suffers from Parkinson's and recently had a stroke. He is unsteady on his feet and has trouble eating. He is incontinent. I can't leave him alone for fear he might hurt himself. We can't go anywhere because I have trouble getting him into and out of the car by myself. Neighbors have been helpful and so have my children, but they all have lives of their own. I don't mind caring for my husband. It is what I want to do, but I miss not being able to go to church or play cards with my friends occasionally."

When asked, this non-professional caregiver had never heard of the phrase "CF" nor had she considered that her own physical health might



The University of Evansville invites applicants for their founding Nurse Anesthesia Program Administrator position.

CONTACT INFORMATION:
Jerrilee LaMar
812-488-2343
Jl117@evansville.edu

 EVANSVILLE.EDU/OFFICES/HR/EMPLOYMENT.CFM



ONLINE convenience, QUALITY education



UNIVERSITY OF SOUTHERN INDIANA
College of Nursing and Health Professions

We offer over 30 continuing education programs for health professionals

From anticoagulation therapy to wound management. Designated contact hours for pharmacology for APRNs! Learn **your** way with live, independent study, online interactive, and hybrid programs.

Education in Your Own Time and Place
<http://www.usi.edu/health/center-for-health-professions-lifelong-learning/certificate-programs/>
877-874-4584

 In support of improving patient care, the University of Southern Indiana Center for Health Professions Lifelong Learning is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCM), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

be compromised by her care giving duties. Not surprisingly, she eventually had a myocardial infarction that severely limited her ability to be the caregiver she had been for so long. Ultimately, a nursing home placement became the only option for Joe.

What might have been done?

Nurses caring for Joe could anticipate the implications of the 24/7 care-giving responsibilities the wife had assumed. Strategies for engaging in regular self-care activities could be presented to her early in the process and routinely stressed during subsequent encounters. Referrals to community support systems such as adult day care and similar respite opportunities, meals on wheels, and transportation options should be initiated. In other words, a care plan for the family unit should be developed and modified as needed and communicated to all involved in Joe's care not just once but throughout the time Joe's care needs are being met at home (Lanier, 2013).

Patty's insights

"I've been the primary caregiver for my daughter for over eight years and only recently learned about CF from a parent support group. None of the nurses, social workers or physicians who have been involved with us has ever mentioned it, even though they know I am a single parent. It was reassuring to me to learn that what I am experiencing is actually a formalized concept, and that I am not alone in these feelings. It made sense to me when I finally put a name to it, but I would not have been able to do that by myself. I am too close to the situation.

Although I appreciate how important self-care is in dealing with my CF, I think sometimes the nurses who are in our home don't fully understand or appreciate how important they are in helping me meet my own self-care goals. We've never talked about it, and I would feel funny bringing it up myself. When the nurses are meeting my daughter's health care needs, it allows me to just be her mom. When my daughter thrives, so do I."

What might be done?

This mom, while recognizing she is experiencing what she calls "chronic grief," continues to minimize her own self-care needs. Her statement "When my daughter thrives so do I" is evidence she continues to place a low priority on her own very legitimate and separate care needs. A nurse could help legitimize these needs and help identify ways she could begin to meet them. While the circumstances of the family make this mother a likely candidate for CF, she has not been afforded an opportunity to raise her concerns with the professionals who are frequently involved with her daughter's care. The mother was reluctant to bring the issues up on her own initiative; therefore, without nurses being willing to do so, the family unit's health is not optimized (Lanier, 2013).

Compassion Fatigue and the Health Care System in General

Sorenson, Bolick, Wright, and Hamilton (2017) conducted a review of current literature on CF in healthcare providers. They found that CF and related concepts were pervasive and affected a wide variety of health care providers (HCPs). They noted that advanced practice registered nurses, and other therapists (respiratory, physical, and occupational) were not well represented in the literature. They concluded more research is needed to evaluate CF for HCPs in a variety of settings and the degree to which it affects personal and professional well-being, including interactions with patients, patient outcomes, and the quality of professional life.

An organizational program to address CF was described by Potter, Deshields, & Rodriquez (2013). They outlined a hospital-wide residency program designed to help professional caregivers understand CF, recognize the physical, mental, and emotional effects of stress, and adopt resiliency strategies. Developing an institutional culture of recognition and support for CF is critical. CF training allows professional caregivers to reconnect to their personal mission and then truly begin to connect with an organization's values and mission.

CF left unrecognized and untreated can have significant ramifications not only for the individuals involved, but also for the health care system. Nurses who are unable to effectively manage their CF are more likely to leave the nursing profession, thereby contributing to the already critical nursing shortage. Replacing these individuals is costly from an organizational perspective given the expenses associated with recruiting and orienting new nurses. Further, CF may manifest itself through frequent absenteeism or other disruptive behaviors that add tangible and intangible costs to the employer and the health care system as a whole.

Retention issues impact not only nurse availability at the bedside, but also the availability of educators and mentors for novice nursing staff, particularly in the development of critical thinking and problem solving. Even with tenured staff lack of skill development to manage CF may impact retention and staff engagement in the work setting. (Aycock & Boyle, 2009, p. 185)

Ultimately, a workforce that is not able to safely and effectively meet productivity expectations adds costs to an already financially overburdened system.

The need to control the ever-increasing cost of health care has led to greater reliance on non-institutional settings and non-professional caregivers. That means more family members will take on the responsibility for meeting the health care needs of their loved ones in informal settings without the resources needed to safeguard their own personal, physical and emotional health. People are living longer with chronic conditions that require skilled nursing care for prolonged periods of time.

The ever-growing aging population will put further strain on the health care delivery system that is already unable to cost effectively meet care needs or expectations. CF is one complication of long-term care giving that, if better understood, identified early and appropriately managed, could be minimized to everyone's advantage. Doing so could enable non-professional caregivers to avoid the emotional trauma and other debilitating behaviors that limit their care giving effectiveness. It would also allow patients to be more appropriately cared for in non-institutional settings. If our system of health care is to look to home and community-based care as the lynchpin of cost containment, the need to proactively address the side effects associated with that approach, such as CF, cannot be ignored. Not only is it the right thing to do from a personal or societal perspective, it is also the economically prudent thing to do as well.



Visit nursingALD.com today!

Search job listings

in all 50 states, and filter by location and credentials.

Browse our online database

of articles and content.

Find events

for nursing professionals in your area.

Your always-on resource for nursing jobs, research, and events.



Arthur L. Davis
Publishing Agency, Inc.

TRANSFORM YOUR CAREER

WITH A GRADUATE CERTIFICATE IN MEDICAL MANAGEMENT

Get the business acumen, management tools, and leadership skills you need to lead.

- Created for nurses
- Complete in one year
- Solve real healthcare problems

Learn More | kelley.iupui.edu/bulletin





KELLEY
SCHOOL OF BUSINESS

Graduate Certificate
in Medical Management

Running on Empty: Compassion Fatigue in Nurses and Non-Professional Caregivers

Post-Test and Evaluation Form

DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: _____ Date: _____ Final Score: _____

Please circle or otherwise indicate the correct answer.

1. Compassion fatigue is best defined as:
 - a. A condition experienced only by nurses and other professional caregivers.
 - b. A character flaw that arises when a caregiver does not have the resources needed to provide care to patients.
 - c. A syndrome that includes physical, emotional, and spiritual exhaustion that affects an individual's desire and ability to care for others.
2. Burnout is a sense of frustration or tiredness associated with a situation rather than an individual.
 - a. True
 - b. False
3. Learning about compassion fatigue is one method to engage in self-care.
 - a. True
 - b. False
4. Individuals experiencing burnout exhibit all twelve phases.
 - a. True
 - b. False
5. Compassion is a critical component of good nursing care and can never be a deterrent to good care.
 - a. True
 - b. False
6. Nurses experiencing burnout are at greater risk for compassion fatigue.
 - a. True
 - b. False
7. A nurse is providing skilled care to a patient in the patient's home, and visits him every other morning. The patient's wife has been caring for her husband for over a year and she is reluctant to leave the home even when the nurse is there. Which statement best describes the nurse's responsibilities in this scenario:
 - a. The nurse is hired to care for the gentleman so the wife's needs are outside her areas of responsibility.
 - b. The wife is an amazing caregiver and as such the nurse can rely on her to meet the patient's care needs.
 - c. Because the wife is at risk for compassion fatigue, the nurse should discuss the syndrome with her and suggest some strategies for managing it.
8. A nurse who is experiencing unresolved compassion fatigue is at greater risk for errors in the workplace.
 - a. True
 - b. False
9. The costs of compassion fatigue include:
 - a. Replacement costs to fill nursing staff vacancies
 - b. Worker's compensation claims
 - c. Organizational disruption
 - d. All of the above
10. The first step in dealing with compassion fatigue is self-awareness.
 - a. True
 - b. False
11. Engaging in self-care means setting boundaries and saying "no."
 - a. True
 - b. False
12. Dealing with compassion fatigue at the organizational level entails systematically developing policies and creating conditions to promote healthy, more effective workers.
 - a. True
 - b. False
13. The practice of registered nursing is defined as:
 - a. Providing skilled care in a clinical setting to individuals experiencing an alteration in their health status requiring the rendering of treatments and administration of medications at the direction of a physician
 - b. Providing medical care to individuals or groups that entails the use of special skills learned in nursing education programs.
 - c. Providing to individuals and groups nursing care requiring specialized knowledge, judgment, and skill.
14. A nurse can contribute to a family member caregiver's compassion fatigue by failing to keep commitments to visit the patient at a set time.
 - a. True
 - b. False
15. Caring for a patient experiencing post-traumatic stress disorder (PTSD) could result in the nurse developing vicarious trauma.
 - a. True
 - b. False
16. The Compassion Fatigue Awareness Project is a web-based resource that provides support for nurses and others experiencing compassion fatigue.
 - a. True
 - b. False
17. Which of these statements is accurate?
 - a. Family member caregivers are seldom at risk for compassion fatigue because of their emotional connection to the patient.
 - b. Family member caregivers will readily accept that compassion fatigue is an issue affecting them both physically and emotionally.
 - c. Family member caregivers may experience compassion fatigue but are unlikely to be aware that it has a label and can be managed.
 - d. None of the above.
18. A nurse experiencing compassion fatigue:
 - a. Is at risk for substance abuse
 - b. Is more likely to make medication errors
 - c. May avoid intense patient situations
 - d. All of the above
 - e. None of the above
19. A nurse working in a rehabilitation center has been caring for a patient who suffered

BACHELOR OF SCIENCE IN NURSING RN-BSN

COMPLETE YOUR BSN IN JUST 16 MONTHS OF PART-TIME STUDY!

Experience the increased flexibility of the hybrid format – a mixture of online course work along with traditional face to face class one night per week – specifically designed for working nurses.



To learn more contact Joseph Zart, MSN, RN, CNE, program director, at joseph.zart@valpo.edu or 219.548.7795.

valpo.edu/conhp



Hiring Nurses in NWI

Approved NHSC Sites • FQHC Designations
Student Loan Repayment • Full Benefits
Work/Life Balance



To Apply, visit:
www.regionalmentalhealth.org



Nestled in the rolling hills of southern Indiana, Bloomington Meadows Hospital, is dedicated to helping patients restore their health and get a fresh start. We provide each patient with comprehensive behavioral and mental health counseling programs from a compassionate and caring staff. We are committed to the wellness of our patients, their families and the communities that we serve. If you have a passion for making a difference in your patient's life, then Bloomington Meadows may be a place to move or start your career.

BLOOMINGTON MEADOWS IS SEEKING A DYNAMIC REGISTERED NURSE (RN) FOR FULL TIME.

Under the direction of the Chief Nursing Officer and in collaboration as a member of the multidisciplinary team, the Registered Nurse (RN) performs assessments, plans and provides medical care and performs nursing procedures. The Registered Nurse (RN) operates in accordance with the competency guidelines and full scope of practice within the Rules and Regulations of Registered Nurses outlined by the Indiana Board of Nursing and according to agency operating policies, protocols, and standards.

As a Registered Nurse (RN) at Bloomington Meadows you are eligible for our Comprehensive Benefits Package including:
Challenging and rewarding work environment | Competitive Compensation | Excellent Medical, Dental, Vision, and Prescription Drug Plan | Generous Paid Time Off | 401(K) with company match and discounted stock plan | Career development opportunities within UHS and its Subsidiaries

NEW GRADS WELCOME TO APPLY!
Email: amanda.shettlesworth@uhsinc.com

life-altering injuries as a result of a fire that destroyed his home. The patient also lost his two young children because he was unable to rescue them from the burning house. The nurse has two children who are the same ages as the patient's children. She has begun to try to avoid this patient and has complained to her co-workers that she is unable to sleep. Her irritability and short temper make others go out of their way to avoid her as much as possible. This nurse is most likely experiencing

- a. Burnout
 - b. Vicarious trauma
 - c. Stagnation
 - d. Post-traumatic stress disorder
20. A nurse manager who believes one of her staff nurses is experiencing compassion fatigue should:
- a. Initiate a discussion with this nurse about the possibility of compassion fatigue.
 - b. Inquire as to what might be done to help this nurse deal with the kinds of patient situations he/she is encountering.
 - c. Provide opportunities for the nurses on the unit to attend continuing education programs on compassion fatigue.
 - d. None of the above because compassion fatigue is an inevitable result of being a nurse in a busy hospital and it cannot be effectively managed.
 - e. a, b, & c are correct
21. Non-professional family caregivers should be encouraged to:
- a. Make caring for themselves a priority
 - b. Exercise
 - c. Limit exposure to traumatic events shown on the media
 - d. All of the above
 - e. Only a & b are correct
22. It is better to create systematic change rather than systemic change.
- a. True
 - b. False
23. A home health nurse who regularly visits a severely disabled child notices that the mother who is the child's 24/7 caregiver is tense and quick to criticize. She appears angry and is neglecting her own appearance. The child's care needs are being met without fail; however, efforts to find respite care have been unsuccessful. The nurse should:
- a. Be aware that the mother is likely experiencing compassion fatigue that, if left unaddressed, could affect the child's health

- b. Talk with the mother about compassion fatigue and suggest they work together to develop self-care strategies.
 - c. Be concerned but realize that her responsibilities extend only to the child and not the mother.
 - d. a & b are correct
24. In a healthy workplace, the employer provides tools for managers and staff to accomplish their tasks.
- a. True
 - b. False
25. The increased prevalence of compassion fatigue could be due in part to staffing issues and economic concerns.
- a. True
 - b. False
26. Compassion fatigue can affect the overall health care delivery system if:
- a. Nurses who experience compassion fatigue decide to leave nursing for another less stressful occupation.
 - b. Experienced nurses are not available to mentor new graduates and help them adapt to the demands of patient care.
 - c. Families or non-professional caregivers are unable to meet the demands of their loved ones' care needs and consequently turn to institutionalized settings for that care.
 - d. All of the above are correct
 - e. Only b and c are correct
27. The ART model stands for:
- a. Acting on feelings, recognizing others, and trying different strategies
 - b. Acknowledging feelings, recognizing choices, and turning outward
 - c. Acting on feeling, recharging, and taking stock
 - d. Acknowledging feelings, recognizing choices, and turning inward
28. Which statement is accurate?
- a. Policy makers are looking to non-institutional settings and non-professional caregivers to control rising health care costs
 - b. Family caregivers always have the resources they need to meet the health care demands of their loved ones.
 - c. The nursing shortage and the growing aging population are not factors to consider when analyzing the impact of compassion fatigue on health system needs.
29. If you can trace the stress being experienced by a caregiver to work conditions, time pressures,

or personalities it is probably as result of compassion fatigue rather than burnout.

- a. True
- b. False

30. Compassion fatigue is best defined as a pathological condition that results from a caregiver's inability to manage his/her emotional responses to caring for patients.
- a. True
 - b. False

Evaluation

1. Do you think that the outcome was met?
OUTCOME: The nurse will be able to apply strategies to deal with compassion fatigue personally and with non-professional caregivers.
___ Yes ___ No
2. Was this independent study an effective method of learning?
___ Yes ___ No If no, please comment:
3. What one strategy will you be able to use in your work setting?
4. How long did it take you to complete the study, the post-test, and the evaluation form?
5. What other topics would you like to see addressed in an independent study?

Registration Form

Name: _____
(Please print clearly)

Address: _____
(Street)

(City/State/Zip)

Daytime phone number: _____

Please email my certificate to:
Email address: _____

Fee: _____ (\$20)

Please return:

- Completed Post-test and Evaluation Form
- Registration Form
- \$20.00 Fee

TO: Indiana Nurses Association
2915 N. High School Road
Indianapolis, IN 46224

Sprint WorksSM for Healthcare Professionals

If you work in the healthcare field, enjoy special savings through the Sprint Works Program. It's our thanks for your good work.



SPRINTworksSM <http://sprint.co/2CYcsfV>

Bring this code to the closest Sprint store along with proof of employment, such as your work badge or paystub to receive your discount.
Corporate ID: **HCVRT_ZZZ**

Activ. Fee: Up to \$30/line. Credit approval req. **Sprint Works Offers:** Sel. SWP only. Offers avail. for eligible company/agency employees or org. members (ongoing verification). Subject to change according to the company's/agency's/org's agreement with Sprint. Offers are avail. upon request. **Other Terms:** Offers/coverage not avail. everywhere or for all phones/networks. May not be combinable with other offers. Restrictions apply. See store or sprint.com for details. © 2018 Sprint. All rights reserved. N175461CA



MARIAN UNIVERSITY
Indianapolis
Leighton School of Nursing

marian.edu/RNtoBSN

Learn more



Earn your BSN online in just 12 months!



**YOUR
PASSION.**

**YOUR
CAREER.**

With our **newly reduced tuition rates**, now is the perfect time to earn your **BSN**.

Visit **sullivan.edu/nursing** to learn more and register today.

 **Sullivan
University**

For more information about program successes in graduation rates, employment rates and occupations, please visit: sullivan.edu/programsuccess.