Committee members have been following legislation this year’s bills. We welcome all nurses and nursing to Noon. It will be a great opportunity to learn about Day at the Legislature in Salt Lake City from 8:00 am and as a whole by promoting and facilitating the roles and functions of nurses in all areas of employment and in all aspects of professional practice.

The Official Publication of the Utah Nurses Association

The Utah Nurses Association Mission Statement:
The mission of the UNA is to advocate, educate, and be a voice for all nurses in Utah both individually and as a whole by promoting and facilitating the roles and functions of nurses in all areas of employment and in all aspects of professional practice.

Mike Stevens, President of Capital Wealth Advisors

Are you ready for a reality check? Researchers have estimated how much of our life is spent on various activities. For example, based on a lifespan of 80 years, the average person will spend:

1. 26 years sleeping
2. Seven years trying to get to sleep
3. 13 years at work
4. Eight years watching TV
5. Five years of eating
6. Three years on social media
7. Three years on vacation
8. One year of exercising

Keep in mind, this is for the average person. As you well know, many nurses have lives that would fall on the busier side of the spectrum. When you look at your own life from this perspective, you may be inclined to spend more time having fun and enjoying life.

As a retirement planner, it surprises me how many people don’t understand that the ultimate goal of saving and investing is to get your money to work harder so you don’t have to. The last thing you want to do is spend part of your three years on vacation worrying about your finances, right? Even if your work is fulfilling and you enjoy it, after spending 13 years of your life at work, most people are at a point where they are ready to retire. But to retire well, finances need to be structured in a way to carry you through the rest of your life without going back to work.

Whatever your work/life balance or retirement goals are, a retirement specialist can help you create a financial strategy to help you pursuing those goals. If you haven’t taken the opportunity to sit down with a financial professional, who is a fiduciary, to discuss goals and plans for retirement, I strongly advise you to do so. Even if you don’t end up working with them, sitting down and asking questions can help you start to see what kinds of actions need to be taken for you to retire and transition well into that next stage of life where those 13 years of being at work are behind you.

While on the subject of work/life balance, it’s worth considering some of the challenges you face in terms of getting more out of life than just four years of socializing and vacationing. One German study found that parents who work flexible schedules so they have more time to raise their families tend to work longer hours than the traditional nine-to-five. (2) While some nurses work schedules outside of the regular nine-to-five for family reasons, many nurses work those hours out of necessity. They are caring for patients late into the night or early in the morning because some patient’s needs cannot wait until regular business hours.

Unfortunately, the more haphazard a work schedule, the less sleep you may get. Sustained long hours on the job can lead to persistent fatigue and burn out. This is a very real issue facing nurses and other healthcare professionals. Beyond the emotional and mental aspects of burnout, there is a very real physical impact. One study found that working two extra hours a day for more than 50 days a year can increase the risk of stroke by up to 29 percent, largely due to poor eating habits and less time and energy for relationships. Also, people who work the night shift have a more difficult time getting their body clock to adjust to wake and sleep patterns that provide enough rest.

Of course, the simple answer is to just work less, but for individuals in healthcare professions, that might not be an option. There are other ways to counteract the effects of burnout, though. (3) Unfortunately, the more haphazard a work schedule, the less sleep you may get. Sustained long hours on the job can lead to persistent fatigue and burn out. This is a very real issue facing nurses and other healthcare professionals. Beyond the emotional and mental aspects of burnout, there is a very real physical impact. One study found that working two extra hours a day for more than 50 days a year can increase the risk of stroke by up to 29 percent, largely due to poor eating habits and less time and energy for relationships. Also, people who work the night shift have a more difficult time getting their body clock to adjust to wake and sleep patterns that provide enough rest.

The Importance of Prioritizing a Work-Life Balance continued on page 2

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Nurses’ Day at the Legislature

Please join us Friday, February 28, 2020 for Nurses’ Day at the Legislature in Salt Lake City from 8:00 am to Noon. It will be a great opportunity to learn about this year’s bills. We welcome all nurses and nursing students to attend. Your Government Relations Committee members have been following legislation proposed during the interim session since last spring.

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Content

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2. From the Editor
3. President’s Message
4. “Musings of Caring”
5. From the Membership Committee
6. The Power of One Conversation: Suicide Prevention and the Important Role Nurses Play
7. From the Education Committee
8. The Impact of Social Needs on Health Outcomes: What Nurses Need to Know
9. Intermittent Fasting: Is it right for you?
10. Utah Nurses Foundation

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Volume 28 • Number 4
November, December 2019, January 2020
Quarterly publication direct mailed to approximately 30,000 RNs and LPNs in Utah.
Welcome to the 2019 Holiday Season! A time to celebrate. As thoughts of giving and working are a focus this time of year, we invite you to consider supporting and/or volunteering for the Utah Nursing. The first Utah nursing organization to honor the life and service of nursing colleagues who have passed. The UNA thanks you who attended the UNA Annual Conference and celebrated the service that bonds all nurses, regardless of where we come from. (More to come on that in the next edition)

The Importance of Prioritizing a Work-Life Balance continued from page 1

techniques like meditation or journaling are also excellent ways to relieve stress.” (4)

Another way to help avoid burnout and enjoy life is to offload or minimize stressors. For example, if you are planning your investments or planning for retirement is adding significant stress to your life, it may help to work with a financial advisor and let them take on a portion of the stress for you. If you are facing burnout or are nearing a point where you’re thinking seriously about retirement, it may be a smart choice to take steps to reduce the number of hours you work, as it could improve your health, your relationships, and add more social time to your life. Of course, if you enjoy your work and are fulfilled by it, continuing to work can be a great choice.

Balance in life is something everyone likes the idea of, some people think about, and few people achieve. Life is complicated with work, family, friends, finances, vacations, and all the little things that make up our existence. The only way to have balance in your life is if you prioritize it. As nurses, the work you have chosen for your life is to take care of others. Just be sure you are taking care of yourself while you’re at it. Work on structuring your finances so you don’t have to stress about when or if you can retire. Get those 26 years of sleep, exercise for that year, go on those three years of vacation and spend that year socializing and always keep a healthy balance in all that you do. Please feel free to reach out to me if you have any retirement or finance questions you need answered. We’re here and happy to help.


The Utah Nurse Publication Schedule for 2020

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

Claire L. Schupbach BSN, RN, CPC

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November, December 2019, January 2020 Utah Nurse  •  Page 3

PRESIDENT’S MESSAGE

Sharon K. Dingman, DNP, MS, RN

UNA is a dynamic nursing organization with many moving parts and a great Board of dedicated nurse leaders who serve the nurses of Utah. We were reminded by Grant, E. J. (2019). The launch of Nursing Now. UNA recently received the results of our survey from ANA. Thanks to the nurses in Utah who provided comments, feedback and suggestions that included the following:

Comments and/or recommendations included:

Functions of UNA

Public profile and fees; Nurse wages comparable to other states; Workplace bullying practices; Nurse education, awareness of issues; Support for new nurses and RNs advance; How to use UNA membership resources to fullest for older nurses; Alliances between other nurse specialty organizations, growing collaboration and membership; E-Newsletter options; UNA provides important information; The role of GRC in health policy in advocacy at the state legislative level; How to get tax ID information to name a beneficiary in retirement accounts (UNF); And more information about role in government or state health policy. This feedback has become part of the annual UNA review of goals for 2020.

As an organization, UNA thanks and appreciates the contributors who provided information for the UNA President Message. As nurses we all continue to serve and deliver competent and needed care and services in multiple spheres in Utah. UNA looks forward to the health of communities nationwide. This statement provides ethical guidance for nurses who have fiduciary or strategic responsibility.

The Statement includes “the value of nurses in all roles in all settings, in all forms of practice, and in all settings” (p. vii).

Areas of specific interest within the Position Statement include:

The Code during all phases of the volunteer experience is critical to mitigating any potential harm. Volunteering can be a powerful means for nurses to meet their social responsibilities and expand their world views.


Nurses on Boards

We invite all Utah nurses to consider membership in the Year 2020 by joining ANA/UNA. We look forward to your participation and input in magnifying UNA goals and opportunities to serve.

Healthy Nurse Healthy Nation (HNNH)

UNA is engaging the expansion with this nationwide connection to support the fact that healthy nurses are “advocates, role models and educators” of others in their families and work environments. I have joined the challenge as an individual.


Executive Directors Message. (2019). October 2019 edition of the remarkable “momentous Nursing Now USA” to raise awareness of global nursing issues; Provide services and maintain governance boards or commissions, panels, or task forces that have fiduciary or strategic responsibility.

According to Murray (2018) the World Health Organization “social determinants of health include: the situations in which people are born, grow, live, work, and age.” The lack of economic resources for disadvantaged populations available to health care are associated with the environmental conditions in which people live; health care access is associated with differences in health care outcomes; of health care that extends beyond the current traditional health care systems and begins long before patients seek medical care.

“Health promotion, innovation of nursing education and healthcare, regulatory, public and legislative policy, and the interplay between the social environment and health outcomes” (Murray) is important to know. This article provides an overview and summary of the progress and for Nurses with existing conditions: patient care and improve outcomes for patients.” Linking patients to community services to address unmet social needs such as housing, transportation, and rest, managing stress, choosing protective measures for mental health or substance use” was well outlined for “social needs assessment and linkage to current care delivery processes.”

Nurses on Boards

UNA encourages nurses to “Be Counted” and to serve as nurses on Boards and to join with others in your community to improve health through sharing the perspective of nurses on local, state, and national levels. The website provides a plethora of information on building leadership skills and how to engage with organizations as part of their boards.

According to the “Be Counted” measurement there are as of August 2019, 6,022 counted Nurses on Boards and the daily count continues to grow. The goal is 10,000 Nurses on Boards and the recommendation is to view the Board as a decision-making body with strategic influence to improve the health of communities nationwide. This aligns with government, non-profits, advisory, or governance boards or commissions, panels, or task forces that have fiduciary or strategic responsibility.

Ethical Considerations for Local and Global Volunteerism – Position Statement, ANA Adopted 2019

Please refer to NursingWorld.org for more information on the new Position Statement of ANA Code of Ethics. ANA’s new Position Statement provides ethical guidance for nurses who participate in short-term volunteer efforts within their community and their states and is supported by the Code of Ethics for Nurses.”

This statement provides guidance of short-term local and global nursing care experiences and “actions of the nurse in any role or setting, whether paid or as a volunteer, including direct care provider, advanced practice registered nurse, or other forms of nursing practice... the values and obligations expressed in the Code apply to nurses in all roles, in all forms of practice, and in all settings” (p. vii). UNA recently received the results of our survey from ANA. Thanks to the nurses in Utah who provided comments, feedback and suggestions that included the following:

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Being part of UNP is more than just membership. It’s way of life. JOIN NOW UNP.ORG

UNA Goals for 2019-2020

UNA Goals for 2019-2020 were based on four goals selected from the UNA By Laws to guide our efforts for 2019. The specific selected goals at the center of our work include: The UNA is creating a Health Nurse, Healthy Nation. (2019). Will You Accept the Challenge? Retrieved from Join the Challenge [Individuals] http://www.healthynursehealthynation.org/

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Being part of UNP is more than just membership. It’s way of life. JOIN NOW UNP.ORG
Thanks to those who continue to share their musings of caring in issues of UTAH NURSE. As nurses share stories about how privileged it is to be part of the life of another individual, we are edified or renewed.

Caring stories are part of our own history as individuals and collectively as we continue to improve, teach, uplift, inform, guide, develop and elevate the care of patients, families and others. When we individually reflect on our days of shared moments in the lives of others, our stories become part of our history both individually and collectively.

A “musing” is a self-reflection or personal introspection of the caring actions of yourself or others on behalf of another person. Our well-being influences our presence in the moments of care delivery. Patients and families know we have knowledge and we care about them (Dingman, 2019).

Connections with patients include aspects of respect, engagement, well-being, and are measured by patient satisfaction and outcomes. These same connections are experienced with nurse to nurse interactions. Our well-being influences the moments of interaction with one another. The importance of connection is seen and felt with patients, families, and others during care delivery events remind us of the value of one another.

By sharing our caring experiences, we are reminded and can reflect on integral parts of our personal nursing experiences. Personal reflection is valuable in our efforts to organize what is important for us to know and learn. Experiences shared from colleagues often are a major influence on our well-being as nurses and in patient engagement to better outcomes.

Musings on Caring: Diane Forster-Burke, MS, RN

Nursing, to me, has its joy in the interactions with the people who are in my care. I also found joy for many years in watching my nursing students learn to be nurses themselves. Early in my career I worked on a med surg unit in a local hospital. We were fortunate to practice Primary Nursing Care, which meant I provided total care to my four to five patients every shift that I worked. I got to know many of them well. One patient, I recall, was a woman with multiple chronic diseases who had been cared for by her husband in their home. She spent several days on our unit and I got to know her and her husband. As the discharge date approached, she expressed her concern to me that upon discharge, her husband had threatened a murder-suicide because he was so tired of her suffering with her chronic diseases. I asked her if I could get social work involved and she agreed. I ran out to call the social worker and explained the situation. He visited with her and together, with the family, found a safe place for her to recover where she would have the support of professional staff and her husband. I have thought (over the years) that had I not spent time gaining her trust, she would never have opened up to me.

These types of stories helped me to convey to students how much an RN can do for patients as we work with them and get to know them as individuals.

Summary

Thanks to Diane for her story. As we celebrate the kind of caring that motivated each of us to become nurses, we will as professionals continue to advocate for our patients as we advocate for the role of nurses. We equally share in building community with one another and by understanding our awesome power and even greater potential to benefit society. We understand and embrace our ability to speak with authority on national issues that impact us as nurses, we ultimately impact our patient’s outcomes and memories of care given and received.

Musings of Caring are nurse reflections of their practice long remembered and perhaps are some of the most defining moments of our individual nursing practice. We can also say the same for patients and families as their musings of caring may well be the most defining moments of their care experience from nurses (Dingman, 2019).

You are invited to send your nurse caring story to be published in an edition of UTAH NURSE to me at unapresident@utnurse.org. UNA looks forward to sharing your insights and experiences with the 40,000 nurses in Utah. Thanks!

Selected References:


FROM THE MEMBERSHIP COMMITTEE

Welcome to our new members and renewing members. Please encourage your colleagues to join UNA this year (nursing students can join for free!). The 2019 goals for the Membership Committee include the following: (1) Increase UNA member acquisition; (2) Provide services and maintain communication with members; and (3) Increase extent and quality of UNA relationships with professional nursing organizations in Utah.

Here is what we do: The UNA Membership Committee assists the Board and Executive Director (in alignment with ANA) in creating value for membership, nurse engagement, nurse excellence support, nurse health and well-being, and healthy work environments. The Membership Committee is responsible to recruit, retain, and increase Utah nurse awareness about the benefits of ANA/UNA membership and their active participation with the organization.

Along with increasing membership, we would like to “grow” our Membership Committee! We are seeking three (3) registered nurse members from different geographical areas in the state to join the UNA Membership Committee from inpatient/outpatient clinical care, education, and management. For questions about joining the Membership Committee, please contact:

- Dr. Peggy Anderson, or Dr. Anmy Mayfield, UNA Membership Committee Co-Chairs, at membership@utnurse.org
- Dr. Liz Cloose, UNA Executive Director at execdirector@utnurse.org
- Contact the UNA Office at (801) 272-4510.

Membership Benefit Information Online

Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing. Membership provides a way for nurses across the United States and Utah to speak on behalf of nurses and patients for safe and consistent quality care. Continuing Education and member programs provide access to learning opportunities keeping nurses up-to-date on nursing knowledge and career advancement. Membership provides information about personal health and healthy work environments that are safe, empowering, and satisfying.

As a member, you have access to up-to-date journals and publications such as The American Nurse Journal; The Online Journal of Issues in Nursing (OJIN) by using a member log-in; E-Newsletters: ANA SmartBrief, ANA Nurse CareerBrief, Nursing Insider, and Member News. You can also network and connect through social media with your state and national associations by visiting the UNA Website http://www.utnurse.org.

Please take a few minutes to review the current benefits of ANA/UNA Membership Information online.

Join or access through your MyANA account at https://www.nursingworld.org Visit Utah Nurses Association at: https://una.nursingnetwork.com/

IMPORTANT LINKS/CONTACTS AT-A-GLANCE

- ANA Membership Services: 1-800-923-7709, FAX: 1-301-628-5355, Mail: American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910
- Update your Profile: https://etbiz.nursingworld.org/Login/
- ANA E-mail Address: Membership: memberinfo@ana.org
- ANA-PAC: https://ana.aristotle.com/SitePages/pac.aspx

Professional Development and Networking Resources Online:

- ANA Careers Center: https://www.nursingworld.org/education-events/career-center/
- Navigate Nursing: https://offers.wherenurseslearn.org/anamembers/
- American Nurses Credentialing Center: https://www.nursingworld.org/ancc/
- For additional local information contact UNA via the website: https://una.nursingnetwork.com or send correspondence to Utah Nurse Association, 4505 S. Wasatch Blvd. Suite 330B, Salt Lake City, UT 84124.

Peggy H. Anderson,
DNP, MS, RN

Anmy T. Mayfield,
DNP, APRN, FNP-C

Thank you to everyone who attended, supported and led discussions at our UNA Annual Education and Advocacy Conference. Special appreciation to the entire UNA Conference Committee and leadership that spent the last year planning this event. We appreciate the support in the community that helps to make this a success, year over year, as well as our vendor/partners.

We are excited to include pictures and articles in our next edition, the first edition for 2020. Stay tuned...
Suicide is a serious public health concern, with far reaching effects on communities, families, and systems of care. It is estimated that an individual dies by suicide every 13 hours (American Foundation for Suicide Prevention [AFSP], 2019). While suicide is the tenth leading cause of death nationally, in Utah, it is the seventh (AFSP, 2019). Currently, Utah is ranked 6th in the nation with a suicide rate of 22.24 (per 100,000 population), compared to the national rate of 14.00.

While suicide rates vary across gender, suicide is undoubtedly a lifespan issue (Table 1). When considering the various points of contact with systems of care across an individual’s lifespan, nurses can play a vital role in preventing suicide. Whether a child or adolescent is attending an appointment for a back to school sports physical or an older adult is admitting to the ED for a chief complaint of abdominal pain, nurses can use their adept analytical and interpersonal skills to determine if a patient needs a suicide risk assessment.

### Table 1. Rate of suicide per 100,000 population by age and sex in Utah 2017.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male (per 100,000)</th>
<th>Female (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-17</td>
<td>13.2</td>
<td>7.0</td>
</tr>
<tr>
<td>18-24</td>
<td>43.2</td>
<td>10.0</td>
</tr>
<tr>
<td>25-34</td>
<td>35.6</td>
<td>12.2</td>
</tr>
<tr>
<td>35-44</td>
<td>49.0</td>
<td>23.0</td>
</tr>
<tr>
<td>45-54</td>
<td>38.1</td>
<td>21.9</td>
</tr>
<tr>
<td>55-64</td>
<td>37.2</td>
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<td>65-74</td>
<td>49.5</td>
<td>10.0</td>
</tr>
<tr>
<td>75-84</td>
<td>7.0</td>
<td>10.0</td>
</tr>
<tr>
<td>85+</td>
<td>7.0</td>
<td>10.0</td>
</tr>
</tbody>
</table>

#### Human Life Has Value

When great suffering is present, there is still a possibility for meaning, for healing, for redemption. As nurses, as healers in our community, these are likely beliefs that you hold close. Individuals having thoughts of suicide often experience profound ambivalence and a sense of a lost lifespan. This may not truly want to die; they simply cannot see another way out. For healing, for redemption. As nurses, as healers in our community, these are likely beliefs that you hold close.

#### Myths About Suicide

**Myth:** Taking about suicide is a bad idea and can be interpreted as encouragement.

**Fact:** Openly talking about suicide in a non-judgmental manner helps remove the stigma associated around suicide. Many people feel relieved when they are asked directly about suicide, because it may be the first time they feel they have the opportunity to share their distressing thoughts and feelings. This creates an opportunity to provide intervention and resources.

**Myth:** Only people with mental disorders are suicidal.

**Fact:** Individuals with suicidal behaviors or thoughts are in immense pain and are seeking a way out. For healing, for redemption. As nurses, as healers in our community, these are likely beliefs that you hold close.

**Myth:** Most suicides happen suddenly, without warning.

**Fact:** While some suicides occur without warning, the majority of suicides are preceded by verbal or behavioral warning signs. All warning signs should be taken seriously, and warrant a conversation with the individual at-risk.

#### When to Ask About Suicide

It may be appropriate to ask about suicidal thoughts or conduct a screening if any of the following warning signs are observed:

- **Talking about death or a wish to die, or threatening suicide**
- **Expressing hopelessness:** nothing is going to get better, why should I bother?
- **Expressing burdensomeness:** my family would be better off without me
- **Expressing desperation or despair:** I just can’t take it anymore
- **Self-harm:** cutting or burning oneself
- **Changes in appetite or weight:** sudden changes in eating patterns
- **Alcohol, drug or medication abuse**
- **Withdrawal or social isolation**
- **Reckless behavior**
- **Aggression or impulsive behaviors**
- **Any patient presenting for a mental health condition, such as depression, severe and/or bipolar disorders, psychosis, truly post traumatic stress**
- **Patients who are undergoing stressful life circumstances could be at increased risk, especially if the previously mentioned warning signs are observed in addition to any of the following: unemployment, divorce, chronic pain, insomnia, facing a life altering diagnosis like cancer/Alzheimer’s, falling in school, loss of a close family member or friend, victim of abuse, etc.”

### How to Ask About Suicide

Asking directly about suicide in an open, non-judgmental manner is the best way to get an honest response. For example:

- "Sometimes people who are experiencing chronic pain feel start to feel hopeless that their situation will improve and may even have thoughts of suicide. Have you had any suicidal thoughts?"

- **You mentioned that your depression causes you to feel very sad and hopeless. How sad do you feel? Do you ever feel so bad that you have thoughts of ending your life?**

  A good response when someone reveals they have been having thoughts of suicide might be, “Thank you for being honest with me. We can do some things today to try to help you with those thoughts.” If appropriate, you could continue the conversation with an open-ended question like, “Can you tell me more about what has been going on with you?” You could also ask, “Have you been thinking about how you might end your life?” to start moving into a suicide risk assessment such as the Columbia-Suicide Severity Rating Scale.

#### Safety Planning

- If suicide risk is not imminent, a safety plan must be developed before the patient is discharged and referred to outpatient care. This brief intervention is well documented in its effectiveness, and if done well, can significantly reduce the likelihood of a patient suicide attempt several months after it is administered (Bryan et al, 2017). Digital Apps, such as MY3, are available so the patient can carry their safety plan with them at all times. A safety plan is designed to empower the person to manage their own suicidal thoughts without acting on them, and can help prevent suicide behaviors and avoid unnecessary hospitalization. The essential elements of a safety plan include helping the patient identify the following:
  - Warning signs (thoughts, situations, emotions, behavior) that a crisis may be developing for them,
  - Coping strategies that they can use on their own,
  - People and social settings that can provide healthy distraction,
  - People that they can go to for help during a crisis,
  - Emergency contacts, including the Crisis Line,
  - Safety precautions such as limiting access to firearms and medications, and
  - Reasons for living.

#### Counseling on Access to Lethal Means

In Utah, from 2006 to 2015, 85% of firearm deaths were suicides (Barber et al, 2018). If an individual is at risk of suicide, it is extremely important to have a discussion on access to lethal means. Most people who are suicidal experience strong ambivalence about suicide, so buying them time during a crisis could give them a chance to de-escalate and thus delay or prevent a suicide attempt.

To reduce access to lethal means, it is crucial to involve family members or social supports in the conversation. Even if the patient’s risk of suicide is deemed fairly low (a wish to die only, but no plan), it is wise to create a safety plan and discuss how to reduce access to firearms and medications, as suicide risk is episodic and can fluctuate quickly. A free online course is available to learn more about how to have conversations about access to lethal means. Please visit www.afsp.org/Utah then search “CALM-Utah.”

#### Additional Training

Various training sessions exist online as well as in person. For example, Kogito provides a variety of interactive, role-playing simulation trainings that range from classroom settings to the ED. For more information, please visit https://www.kogito.com/. For more information on suicide awareness training and additional training opportunities, please request a suicide prevention training at https://utahsuicideprevention.org then select “Education & Training.”

### Crisis Resources

- **Veterans Crisis Line** 1-800-273-8255
- **Trevor Lifeline** 1-866-488-7369
- **Utah Domestic Violence LINKLine** 1-800-828-5083
- **Utah Statewide Crisis Hotline** 1-800-828-5083
- **The Warm Line** 1-801-817-1050 – 9:00a-11:00p
- **The Warm Line is a recovery support line. Certified peer specialists provide callers within Salt Lake County with support, engagement and encouragement.**

### References


Ashley can be reached at the Division of Substance Abuse and Mental Health, Utah Department of Human Services, adoranthorn@utah.gov (801) 245-6538.
In 2010, the Institute of Medicine released a landmark report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles.

The NOBC represents nursing and other organizations working to build healthier communities in America by increasing nurses’ presence on corporate, health-related, and other boards, panels, and commissions. The coalition’s goal is to help ensure that at least 10,000 nurses are on boards by 2020, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health in the United States.

We encourage each and every one of you, over three million strong, to visit www.nursesonboardscoalition.org, sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.

**FROM THE EDUCATION COMMITTEE**

**Blaine A. Winters DNP, APRN**  
UNA Education Committee Chair

As members of the United States most trusted professions, nurses are not only required to be caring but are also expected to be extremely knowledgeable regarding many different facets of health care. With continued advancing knowledge related to patient care, nurses must constantly seek evidence-based knowledge in an attempt to provide the most effective care possible. One way is through participating in approved continuing education.

Continuing education may be useful in improving patient outcomes, becoming an expert in the field of nursing in which you practice, for personal interest, and in many cases is required for licensure and certification renewal. The Utah Nurses Association (UNA) is committed to providing resources for continuing education as well as providing continuing education at its conferences. UNA provides a link to recommended Continuing Nursing Education resources, available both in print and online, at Elite Learning. Recently, Elite Learning acquired Western Schools which has reliably been providing accredited nursing continuing education for over 40 years. Continuing Nursing Education courses are available both in print and online.

To access these resources:
1. Go to the UNA website at www.utnurse.org
2. Select Education from the menu on the left
3. Select Continuing Nursing Education Resources from the drop-down menu and click on the Elite Professional Education logo
4. Review and order ONE, (UNA members receive a 15% discount) and for all purchases, UNA will be credited a commission percentage of the sales price

**JOIN AND A**

Utah Nurses Association and ANA are empowering nurses with resources, programs and standards that help you advance your career and your profession.

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**NAVIGATE NURSING WEBINARS**

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- Archives of past webinars available on NursingWorld.org

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**CAREER CENTER**

- Both ANA and the Nurses Association have a career center that can help you find your dream job.
- Support ANA and state Advocacy efforts, which help protect your job, your safety, and your rights as a nurse. The voice of nursing grows stronger when Utah Nurses Association and ANA together speak out on today’s crucial issues.

**JOIN today at www.utnurse.org!**

**LIVE THE DREAM**

- Work in your patient’s home, school or other non-clinical environments
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Apply with us online at IvyLane.org or call us at 801-774-9698

**ATTN: ALL RNs and LPNs licensed in Utah**

Please support state efforts to better analyze and understand trends in the nursing workforce in Utah.

You will all be receiving the 2020 Workforce Supply Survey, being mailed out in October. Please take the time to respond. Be on the lookout!

https://umec-nursing.utah.gov/

The data generated from this survey is used to support healthcare policy decisions across the state. Please fill out the survey and return it when you receive it!

Please visit our website to see the types of analysis produced from this study!

**Nurses on Boards Coalition**

10K Nurses by 2020

In 2010, the Institute of Medicine released a landmark report, *The Future of Nursing: Leading Change, Advancing Health*, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of everyone in America. The Nurses on Boards Coalition (NOBC) was created in response to this, as a way to help recruit and engage nurses to step into leadership roles.

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**Intermittent Fasting: Is it right for you?**

Terri-Ann Kelly, PhD, RN, CPT, FNS, Assistant Professor, Rutgers University—Camden, NJ SNA Region 5 Member and Healthy Nurse Healthy New Jersey team member

Everywhere you turn, you'll find articles or hear celebrities touting the benefits of intermittent fasting (IMF). Unlike traditional diets, with IMF, the focus shifts from "what should I eat" to "when should I eat?" IMF, also known as cyclic fasting, is a method of eating that cycles between periods of fasting, with either no food or significant calorie reduction, and periods of unrestricted eating. Extensive research suggests that IMF increases fat burning and weight loss by using up fat stores as fuel, helps regulate blood sugar levels, supports a healthy inflammatory response, promotes heart health by lowering LDL ("bad") cholesterol and triglycerides, and supports cognitive health. The most common types of IMF you can include in your daily routine include:

- **16:8 fasting**, also known as time-restricted feeding: fast for 16 hours every day and limit your eating to an eight-hour window. Most often, individuals skip breakfast but eat lunch and dinner.
- **Alternate-day fasting**: eating only every other day. On the fasting days, you can choose to eat no food at all or limit caloric intake to 500 calories.
- **5:2 diet**, also known as the fast diet: For 5 days of the week you eat normally, and for two consecutive days, you restrict your caloric intake to 500-600 calories.
- **Eat Stop Eat**: Choose one or two days out of the week where you only consume non-caloric beverages (e.g., herbal tea, water, black coffee) for 24 hours. For everyone, eat a meal and have dinner the next day. On non-fasting days you can eat normally.
- **Is IMF right for everyone? Absolutely. NOT! Fasting would not be appropriate in instances where extra calories or nutrients are needed for growth and development during childhood or adolescence and when pregnant or breastfeeding. Also, individuals should abstain from IMF if they have conditions such as gallstones or thyroid issues, eating disorders that involve unhealthy self-restraint (anorexia or bulimia nervosa), and use medications that require food intake. As always, it's best to consult with your healthcare provider to determine if IMF is appropriate for you.**

As a beginner, the 16:8 method is the easiest to implement. Below are my top tips for success with 16:8:

- Start your day off with a glass of water and continue to drink water until you’ve reached your goal. Staying hydrated is important as it will help curb your appetite and make fasting much easier.
- When you break your fast, make sure you eat plenty of fiber and nutrient-dense whole foods, and try to keep your intake of sugary beverages and high carbohydrate foods to a minimum.
- Track your daily fasting with an app such as the Zero Fasting Tracker.
- Stay consistent and don’t expect overnight weight loss.

If you’re looking for a way to lose weight while also gaining additional benefits, there are many types of IMF to choose from with variations to fit any lifestyle. But also keep in mind that IMF may not be for everyone! If you need help with making health and wellness a priority, the Healthy Nurse Healthy New Jersey team is here to help. You can find support for your Healthy Nurse journey on NSNA’s website: https://nsgja.org/healthy-nurse/. You can also find Healthy Nurses on Facebook and Pinterest — New Jersey State Nurses Healthy Nurse.

Good luck and happy fasting!

**Reference:**
Varady, K.A., Bhutani, S., Klempel, M.C., Kroeger, C.M., Trepanowski, J.F., Haus, J.M., Calvin, Y. (2013). Alternate-day fasting: For 5 days of the week you only consume non-caloric beverages (e.g., herbal tea, water, black coffee) for 24 hours. For everyone, eat a meal and have dinner the next day. On non-fasting days you can eat normally.

**The Impact of Social Needs on Health Outcomes: What Nurses Need to Know**

Joan Gallegos, MSW, RN, Comagine Health

As nurses, we are aware social factors such as food insecurity, lack of stable housing, unemployment, and others can have an impact on patient health care outcomes. However, research is showing that social outcomes are playing a greater part in health care than many of us have thought.

According to the National Academy of Medicine, these factors can be responsible for up to 80% of morbidity and mortality contributors to healthy outcomes. Another study found that social deprivation, such as poverty and housing instability, were associated with higher hospital readmission rates. For example, patients with food insecurity cost nearly twice as much as their well-nourished peers, in part due to increased hospitalizations and higher readmission rates (Health Care Cost and Utilization Project, 2016). Another study also had similar findings, that social deprivation, such as poverty and housing instability, were associated with higher hospital readmission rates.

What does this mean for the practice of nursing? Nurses are in an ideal position to view patients in a holistic manner, not just a diabetes or cardiovascular patient. As part of the nursing assessment process, nurses must evaluate the patient’s social service needs, along with a thorough appraisal of health status. This is essential to ensure optimal patient outcomes. And that is the heart and soul of nursing practice – promoting health care improvement in our patients.

Here are some common assessment tools nurses can incorporate into their daily practice to evaluate social factors:

- **Center for Medicare & Medicaid Innovation Accountable Health Communities Health-Related Social Needs (HRSN) Screening Tool**
- **PRAPARE: Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences**
- **American Academy of Family Practice Short-Form Social Needs Screening Tool**
- **Health Leads Social Needs Screening Toolkit**
- **Electronic Health Record (EHR)-specific screening tools**

Once the social factors needing to be addressed in the nursing care plan are identified, the nurse can turn to the United Way of Utah’s comprehensive data base of referral resources for their patients. An overview of how United Way of Utah’s data base can assist nurses follows.

The mission of Utah 211 is to inform decisions, build connections, and empower Utah. Utah 211’s vision is to create a 211 system that helps ensure every person in the state has their basic needs met, including shelter, clothing, food, access to appropriate health care, and personal safety. The purpose of 211 is to connect individuals in need to the services available to them. The state database includes over 2,700 different providers that deliver over 9,600 services to the communities of Utah. Each year over 100,000 contacts are made to 211. Services are available 24/7 via phone, chat, text, a website, and an app and in over 200 languages. As an organization dedicated to ensuring all people find the assistance they need from organizations throughout Utah, Utah 211 works to identify and address social determinants of health. The majority of 211 calls relate to one or more SDOH (Table 1, placing 211 in a unique position to serve as the fulcrum for an integrated, fully interoperable statewide approach to SDOH).

As an extension of the state’s Healthy Nurse initiative, Utah 211 acts as the neutral party to bring together the various partners providing health and services associated with social determinants of health for those in Utah. Staffed by UWSL, United Way of Northern Utah and United Way of Utah County, Utah 211 has a statewide reach and is the only comprehensive information and referral service in the state. Utah 211 is uniquely configured to identify and address the SDOH.

When assessing social determinants of health (SDOH) is critical for improving the health of vulnerable populations. Toward this end, Utah’s largest hospital and health care systems, health centers, and health IT leaders have joined forces with Utah 211 and its statewide network of community-based organizations (CBOs) to build a “closed loop” to link community information exchange and referral: A community information exchange (CIE). Ideally, this CIE would make use of all relevant information about a patient’s life circumstances and history of interactions with healthcare providers and social services, enabling providers to efficiently target interventions.

1 A CIE is an “ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and a fully interoperable technology platform to deliver enhanced community care planning (definition adapted from 211 San Diego).”

<table>
<thead>
<tr>
<th>Utility Assistance</th>
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<td>Housing</td>
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<td>Food/Meals</td>
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<td>Health Care</td>
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<td>Individual, Family, and Community Support</td>
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<tr>
<td>Clothing/Personal/Household Needs</td>
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</tbody>
</table>

Source: Utah 211 Service Point Calls

**Table 1: Utah 211 Calls by Needs October 2014-June 2019**
Nursing Grant-in-Aid Scholarship Guidelines

The guidelines listed below shall assist in ensuring the best possible coordination in receiving and processing nursing student requests for scholarships. Scholarships will be awarded for tuition and books only.

SCHOLARSHIP INFORMATION:

• Scholarships must be postmarked by June 1st or October 1st of each calendar year to be considered.
• Applicants will receive notice of the Board’s recommendations by July 15th and October 15th of each calendar year.
• Recipients are only eligible to receive scholarships twice.
• Applicants must abide by the criteria listed below.

GENERAL SCHOLARSHIP CRITERIA:

The applicant must:

• Have a cumulative grade point average, which is equivalent to a 3.0 or higher on a 4.0 scale.
• Be a United States citizen and a resident of Utah.
• Have completed a minimum of one semester of core nursing courses prior to application.
• If a student in undergraduate nursing programs, be involved in the school’s chapter of the National Student Nurses Association.
• If a registered nurse completing a Baccalaureate Degree or an Advanced Nursing Degree, be a member of Utah Nurses Association (state only) or a member of Utah Nurses Association/American Nurses Association.
• Submit a personal narrative describing his/her anticipated role in nursing in the state of Utah that will be evaluated by the Scholarship Committee.
• Submit three original letters of recommendation. Letters submitted from faculty advisor and employer must be originals addressed to the Utah Nurses Foundation Scholarship Committee.
• Be enrolled in six credit hours or more per semester to be considered. Preference will be given to applicants engaged in full-time study.
• Demonstrate a financial need. All of the applicant’s resources for financial aid (scholarships, loans, wages, gifts, etc.) must be clearly and correctly listed (and include dollar amounts and duration of each source of aid) on the application.
• The Scholarship Committee shall consider the following priorities in making scholarship recommendations to the Board of Trustees:
  O RNs pursuing BSN
  O Graduate and postgraduate nursing study
  O Formal nursing programs – advanced practice nurses
  O Students enrolled in undergraduate nursing programs
• The Applicant is required to submit the following with the completed application form:
  O Copy of current official transcript of grades (no grade reports)
  O Three letters of recommendation:
    O One must be from a faculty advisor, and
    O One must be from an employer (If the applicant has been unemployed for greater than 1 year, one must be from someone who can address the applicant’s work ethic, either through volunteer service or some other form).
    O At least one should reflect applicant’s commitment to nursing.
    O All must be in original form.
    O All must be signed and addressed to the UNF scholarship committee.
• Narrative statement describing applicant’s anticipated role in nursing in Utah, upon completion of the nursing program.
• Letter from the school verifying the applicant’s acceptance in the nursing program.
• Copy of ID from National Student Nurses Association or Utah Nurses Association with membership number.

AGREEMENT

In the event of a scholarship award:

• The nursing student agrees to work for a Utah Health Care Facility or Utah Educational Institution as a full-time employee for a period of one year, or part-time for a period of two years.
• Student recipient agrees to join the Utah Nurses Association within 6 months of graduation at the advertised reduced rate.
• If asked by UNF, provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF scholarship funds were received.
• If for any reason the educational program and/or work in Utah is not completed, the scholarship monies will be reimbursed to the Utah Nurses Foundation by the nursing student.

See www.utnurse.org under the Utah Nurses Foundation menu tab for application packet. Completed forms should be submitted electronically to UNF at the UNA Office email office@utnurse.org. Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

Nursing Research Grant Proposal

This form is to be used to request research funding assistance from Utah Nurses Foundation (UNF). See www.utnurse.org under the Utah Nurses Foundation menu tab for application packet. Completed forms should be submitted electronically to UNF at the UNA Office email office@utnurse.org. Requests will be evaluated based on need, support for nursing and the nursing profession, and available UNF funds.

Those receiving funds may be asked by UNF to provide personal pictures and narratives to be published in The Utah Nurse indicating that UNF funds were provided for this project.

Title of project:

Applicant’s Name and credentials:

Professional Association/Affiliations (if any):

Are you currently a nursing student? Yes No

If a student, what nursing school?

Pursuing what degree?

Have you received funding for this project from any other source? Explain:

Project Overview:

Research Process and Desired Outcomes:

Benefits to Patient Care and Education, Nursing Education, and/or Nursing Profession:

1) Describe the proposed work, paying particular attention to the evaluation criteria listed in the proposal writing guidelines (one page maximum).

2) Describe the proposed budget for this project and how you would use the funds provided (1 page maximum):

3) Provide contact information for you as well as someone who can attest to this project
   a) Personal contact information:
   b) Contact Information for individual at the School or Facility where research will be conducted:

Each proposal will be evaluated according to the following criteria. Please address these criteria in your description of both the proposed work and the budget.

1) The proposed activity benefits patient care, advances nursing education or research.
2) The proposed activity demonstrates merit with regard to enhancing the discipline of nursing.
3) The proposed activity clearly describes the desired results or outcomes.
4) The proposal delineates the efficient use of resources, utilizing a complete and understandable budget narrative.
5) The proposed work offers students and nurses involved a quality, meaningful research opportunity that will merit submission for publications in a professional journal.

Utah Nurse Foundation use only

Committee discussion of proposal:

CommitTEE decision: Award Do not award

Amount Awarded $ __________________

Is applicant eligible to apply for funds again? Yes ______ No ______

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As The Utah Department of Health submits Medicaid “Per Capita Cap” waiver, advocates warn of harmful effect on consumers

“ar comparison to what they are paying today. It is time to stop playing games with consumers. “Utah can cover three times as many people and save $1 million per month compared to what they are paying today. It is time to stop playing games with consumers. “Utah can cover three times as many people and save $1 million per month due to the enhanced federal match rate. The analysis from Families USA shows that number was an understatement. Currently, Utah pays three times more than a full expansion deal: 32 cents on the dollar, instead of the 10-cent deal offered under full Medicaid expansion.

This report shows that even under a full expansion scenario that covers 60,000 more enrollees, the state would still save one million dollars per month due to the enhanced match rate. “A thorough analysis of Utah's financial projections shows an even bigger missed opportunity than previously thought,” said Joe Weissfeld, Director of Medicaid Initiatives at Families USA, a leading national voice for health care consumers. “Utah can cover three times as many people and save $1 million per month compared to what they are paying today. It is time to stop playing games and embrace full Medicaid expansion.”

FOR IMMEDIATE RELEASE
September 10, 2019

SALT LAKE — A new report from Families USA, a leading national voice for health care consumers, shows that Utah is wasting even more money under partial Medicaid expansion than initially reported. On August 22nd, the Utah Department of Health reported that the state is paying an extra $2.5 million per month more than they would under the enhanced federal match rate. The analysis from Families USA shows that number was an understatement. Currently, Utah pays three times more than a full expansion deal: 32 cents on the dollar, instead of the 10-cent deal offered under full Medicaid expansion.

This report shows that even under a full expansion scenario that covers 60,000 more enrollees, the state would still save one million dollars per month due to the enhanced match rate. “A thorough analysis of Utah's financial projections shows an even bigger missed opportunity than previously thought,” said Joe Weissfeld, Director of Medicaid Initiatives at Families USA, a leading national voice for health care consumers. “Utah can cover three times as many people and save $1 million per month compared to what they are paying today. It is time to stop playing games and embrace full Medicaid expansion.”

This analysis demonstrates, once again, that Proposition 3 was the most fiscally and morally responsible option for Utah’s Medicaid expansion,” said Stacy Stanford, health policy analyst at Utah Health Policy Project. “There are tens of thousands of our low-income neighbors locked out of affordable coverage, while Utah is wasting more than $6 million per month. The faster Utah’s elected officials proceed with full Medicaid expansion, the faster we can start saving money, and start saving more lives.”

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Senior Communications Manager
Families USA
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lholland@familiesusa.org

Utah Nightingales –
Utah’s First Honor Guard

Utah Nightingales is a Nursing Honor Guard to honor and recognize men and women who have dedicated their lives to the nursing profession. The Nursing Honor Guard pays tribute to individuals at the time of their death who dedicated their lives to helping others. Active and retired nurses volunteer their time to travel the area and honor their fellow nurses. It is a privilege for the members of the Honor Guard to recognize nurses and help bring peace to mourners and family during their time of loss. Our volunteers serve any Registered Nurse, Licensed Practical Nurse, or Advanced Practiced Registered Nurse in the State of Utah.

The families choose what service will be performed by the Honor Guard but includes a group of at least three to six nurses dressed in the honor guard uniform. The uniform consists of the traditional white uniform, blue cape, and nurses cap. The honor guard can stand guard at the nurse's casket or simply provide a presence at the visitation. “A Nurse's Prayer” is recited at the funeral or during a special service and a Florence Nightingale nursing lamp is presented to the family. A white rose is placed on the nurse’s casket or next to the urn at the end of the service, which signifies the nurse’s devotion to his or her profession. The nurse is officially released from their duties at the end of the ceremony.

Utah Nightingales is being registered as a 501 C Non-profit organization. We are asking for a membership fee of $20.00 to become a Utah Nightingale. This fee will provide the oil lamp, white roses given to the family and pay for the website. The service we provide is free to the family. Our goal is to eventually sponsor a scholarship opportunity for a single parent trying to obtain their nursing degree.

ATTENTION NEW GRADS!
Earn a total compensation package valued up to $77,768 in your very first year as a Registered Nurse! The Utah State Hospital is seeking several caring, diligent, career-minded RNs to join our team in Provo.

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Whether you're a newly licensed RN or a seasoned professional with years of prior experience, the USH Nursing Department invites you to enjoy the many perks of State employment:

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• Amazing State of Utah benefits package - including health, dental, vision, and retirement plans.
• Eleven paid holidays, leave accrual, alternating weekends off and flexible scheduling. Plus, no shift call-offs and no mandatory overtime!
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Utah Nightingales
Utah’s First Honor Guard

Utah Nightingales is a Nursing Honor Guard to honor and recognize men and women who have dedicated their lives to the nursing profession. The Nursing Honor Guard pays tribute to individuals at the time of their death who dedicated their lives to helping others. Active and retired nurses volunteer their time to travel the area and honor their fellow nurses. It is a privilege for the members of the Honor Guard to recognize nurses and help bring peace to mourners and family during their time of loss. Our volunteers serve any Registered Nurse, Licensed Practical Nurse, or Advanced Practiced Registered Nurse in the State of Utah.

The families choose what service will be performed by the Honor Guard but includes a group of at least three to six nurses dressed in the honor guard uniform. The uniform consists of the traditional white uniform, blue cape, and nurses cap. The honor guard can stand guard at the nurse's casket or simply provide a presence at the visitation. “A Nurse's Prayer” is recited at the funeral or during a special service and a Florence Nightingale nursing lamp is presented to the family. A white rose is placed on the nurse’s casket or next to the urn at the end of the service, which signifies the nurse’s devotion to his or her profession. The nurse is officially released from their duties at the end of the ceremony.

Utah Nightingales is being registered as a 501 C Non-profit organization. We are asking for a membership fee of $20.00 to become a Utah Nightingale. This fee will provide the oil lamp, white roses given to the family and pay for the website. The service we provide is free to the family. Our goal is to eventually sponsor a scholarship opportunity for a single parent trying to obtain their nursing degree.

For more information, please find us on our Facebook Page: Utah Nightingales. Our website is www.utahnthingales.org or you can email us at utahnthingales@gmail.com.
During the interim period, between May and November, each legislative committee considers possible legislation for the next General Session beginning in January. Interim committees consist of both the senators and the representatives of that committee. This enables better communication and possibly collaboration during the General Session. The Health and Human Services Interim Committee (HHS) follows the practice of considering a limited number of topics to study in as much depth as possible. During this interim, HHS announced in May they will study the following topics.

1. Implementation Oversight (medica marijuana, Medicaid expansion etc.)
2. Behavioral Health (Substance Abuse)
3. Cost of Healthcare (Transparency of cost for care, drugs, etc.)
4. Health Impacts of Nicotine Products (Vaping and its rapid increase in usage)
5. Utah’s Aging Population (Increasing numbers/ impact)
6. Adoption
7. Statutorily Required Reports and Sunset Reviews (all online)

Legislative Interim Study Topics:

More than 6000 people took the time to respond to this survey, all in favor of full Medicaid expansion NOW without the pre-existing condition limitations.

While we were commenting, the federal government rejected two key pieces of that Phase 2 “per capita cap” waiver – triggering Phase 3, the “fallback plan.” The state is working on the Phase 3 waiver now. It will include: full Medicaid expansion up to 138% FPL with the 90/10 mix, a workforce sourcing requirement, cost control measures, and other elements. This means we will have another opportunity for public comment soon. Check the Utah Health Policy Project website after October 7th to fill out a new survey specific to the federal comment period for Phase 3.

This is mostly good news! We are on the road to full expansion, but we still need to fight against work requirements, harmful cost control measures, and the clock. Every month we wait we are wasting 6.6 million dollars. We could cover an additional 60,000 enrollees and save a million dollars per month. To speed the will of the people along, you can contact Governor Herbert and ask him to act to implement full Medicaid expansion NOW (garyherbert@utah.gov, 801-538-1000).

Delegation Language Change in NPA Rules:

The language to update and clarify delegation language in the NPA Rules was open for public comment for over a month and had a public hearing on August 5th. There was no opposition from any group or individual. Since there was no opposition this rule change went into effect on August 22, 2019.

This rule change will protect vulnerable patients by requiring RNs to delegate appropriately and safely any nursing tasks done in the home by unlicensed health care providers. Thanks to all of you who took the time to write in and advocate! We protect the public health in many, many ways!

Current State Board of Nursing Issues:

HB 226, Occupational Licensing Revisions was passed this year. The goal of this bill is to identify time-based licensing requirements and determine whether they can be converted into competency-based requirements. The SBON is being asked to voluntarily review any time-based requirement and see whether it could be replaced by a competency-based licensing requirement. This was briefly discussed at the August meeting and will be discussed in more length in November. There are numerous problems associated with adopting such a change.

HB 90, Occupational Licensing Modifications was also passed this year. This bill does two things: First it creates a process by which those with a criminal history may apply to DOPL to know whether their criminal history would pose an obstacle to obtaining a license. Second, the bill elevates from “reasonable” to “substantial” the relationship that must exist between the criminal behavior and the practice of the profession before DOPL can affect a license. Our advice is being sought regarding which criminal behaviors “when considered with the functions and duties of the occupation or profession for which the license was issued or is to be issued, bears a substantial relationship to the licensee’s or applicant’s ability to safely and competently practice the occupation or profession.” A matrix of criminal actions and grounds for refusing a license has been created for our comment.

A proposed increase in penalty for APRNs who fail to provide opaque consultation with prescriptions was briefly introduced as a potential change in Rule R156-31b 402vv. We do not have a copy of the language at this time.

HHS Interim Committee June meeting: This meeting opened with a review of the Utah health data base development since 1981. This was followed with a review of what is currently being done to make price and quality of care more transparent for all stakeholders today.

This is a lengthy, complex discussion which basically indicates what we have learned about the details and quirks of clinical quality comparisons and of payment billing systems. A very thorough examination was conducted by an expert panel. Those who are interested are encouraged to go to www.utah.gov and listen to the presentation for HHS June 19 at 0830. Move the audio over to about minute 40 for the beginning of this excellent discussion. Transparency is a very complex issue for healthcare.

HHS Interim Committee August meeting: There was discussion of a report on the lack of mental health providers and facilities in Utah. The report was from the “Utah’s Mental Health System—Kern Gardner Policy Institute report.” This deficit affects rural and urban areas. There was consensus on the need to have discussion of or Civil Commitment legislation that Rep Paul Ray will be sponsoring. There was consensus on the need to have legislation that would ban the sale of vaping products to minors. Rep Ray is hoping that this might be covered in a special session of the Legislature to be called in Sept. He said that they nearly passed such a ban in the 2019 Regular Session.

The UNA GRC committee urges you to stay informed by checking the legislative tab on the UNA website regularly to see if new issues arise. Thank you for reading!!!
In 2018, the Joint Commission acknowledged the seriousness of physical and verbal violence against healthcare workers, particularly among nurses, and other health care workers as a Sentinel Event (TJC). Federal policy against workplace violence is vital. However, dependency on legislative action alone is not enough. A dynamic leadership presence across patient-care units is needed to enforce efforts to prevent violence. Typically, sources of violent behavior against nurses vary from patients and family, visitors, and other colleagues. The nursing profession desperately needs stronger policy guidelines to identify, prevent, and mediate all forms of violence at work. Studies have shown that violence against hospital nurses reduces their:

- job satisfaction
- self-esteem
- health and well being
- engagement levels
- retention rates
- ability to provide optimal levels of patient-centered care

The American Nurses Association (ANA, 2015) Position Statement on Incivility, Bullying, and Workplace Violence has driven the charge among nurses to increase their awareness of the problem of violence in health care settings and to devise effective strategies on a system-level (2015, 2018). Since health care organizations respectively create their unique set of policies against employee violence, also referred to as “Zero-tolerance” or “Anti-Workplace Violence” policies, this continues to pose a challenge for researchers. In a recent ANA Workplace Violence webinar (2019, June 6) presenters, Fountain and Zarkowski asked nurse participants to respond to the following two-part poll question “Does your organization have a workplace violence policy in place?” Reporting yes were 68.3% of nurses who had a workplace violence policy at work; 9.9% reported No policy, and 21.8% indicated that they were Unsure. Moreover, for the participants who reported Yes to having a violence policy in place, when asked if they perceived it to be effective, 28.1% indicated Yes; while 42% indicated No; and 29.9% indicated that they were Unsure.

The ANA End Nurse Abuse Professional Panel (2019) recommends a system-level approach to prevent workplace violence using the three levels of prevention:

1. Primary prevention through education and prompt identification of the occurrence of workplace violence, such as a Zero-tolerance employee education program.
2. Secondary prevention by screening, ongoing surveillance, and treatment of employees of workplace violence incidents with swift interventions to mitigate the potential negative consequences; such as a reporting and a systematic improvement program.
3. Tertiary prevention to provide rehabilitative services and employee assistance to minimize the long term post-violence employee limitations; such as Employee Assistance Programs and After-care.

More research is needed to cultivate and sustain effective strategies to improve healthy work environments for all healthcare providers, particularly for nurses. Health care managers and staff should align to ensure daily efforts are made to prevent workplace violence through the use of realistic policies and ongoing monitoring of violent incidences and prompt remediation.

References:


The American Journal of Nursing

For those who are not familiar with this part of healthcare, a claims editing product, is either a software or Saas (Software as a Service) product that enforces correct medical coding and billing of healthcare claims. Every healthcare interaction or procedure has a specific code, which represents the service that can be billed for reimbursement. This drives what you see on your medical bills and on the explanation of benefits you receive from your insurance company.

The highlights of setting up a new client typically include, scopeing the project, establishing resources, discussing claim flow, and ensuring the data from my company’s software ‘talks’ with the payer’s data. Testing data also plays a big part in establishing the potential negative consequences; such as a reporting and a systematic improvement program.

More research is needed to cultivate and sustain effective strategies to improve healthy work environments for all healthcare providers, particularly for nurses. Health care managers and staff should align to ensure daily efforts are made to prevent workplace violence through the use of realistic policies and ongoing monitoring of violent incidences and prompt remediation.

References:
American Nurses Association. (2019). ANA Professional Issues Panel, END RN ABUSE:


Strengthening Workplace Violence Prevention

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References:


Why become a radiology nurse?
Radiology nurses influence care in a variety of settings, including academic medical centers, community hospitals, outpatient imaging centers, and freestanding radiology clinics. Radiology is a dynamic environment that allows nurses to work in different modalities and sub-specialties such as ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), interventional radiology, neuro-interventional radiology, and radiology-oncology. Many nurses enjoy their autonomy and variety of care responsibilities while working as an integral part of a small team of skilled providers.

Takeaways:
- Radiology nursing is a little-known specialty that’s not always an obvious career option for nurses.
- They influence care in a variety of settings, including academic medical centers, community hospitals, outpatient imaging centers, and freestanding radiology clinics.
- Nurses have an important role to play before radiology procedures, during, and after.

How do radiology nurses impact patient care?
Radiology nurses are systems thinkers who manage environmental and system resources for effective care. They use the nursing process and integrate the knowledge and skills from other nursing specialties to ensure optimal and safe care. They have the rapid assessment, patient flow, and coordination skills of ambulatory and emergency department (ED) nurses; they’re experts at patient positioning, comfort, and fall prevention similar to operating room nurses; and they manage complex care (for example, hemodynamic monitoring and vasoactive drip titration) in the same way intensive care unit (ICU) nurses do.

Radiology nurses are experts at administering minimal sedation, including neuromuscular blockers, and other medications before and after the radiology procedure. Radiology nurses also respond to emergencies and patient-related complications.

Before the procedure.
Radiology nurses coordinate care. They serve as liaisons between the radiology department and other professional organizations such as the Association for Radiologic and Imaging Nursing (ARIN) and the American College of Radiology. Patient-centered care
Radiology nurses are a vital component of the radiology triad (radiologist, radiology technologist, and radiology nurse). They keep patients in the center of the triad and provide a compassionate, supportive, and therapeutic environment. They facilitate patient education, explaining to patients what they should expect before and after the radiology procedure. Radiology nurses are vigilant and responsive to patient and family needs, and they provide impartial culturally competent care.

Safety
Radiology can be a high-risk specialty with patient acuities ranging from stable to critically ill. Patients can rapidly deteriorate, and harm can result from falls, pressure injury, overexposure to radiation, and infections. Radiology nurses vigilantly assess patients for any physiologic changes and address their complex needs. Although patients are in radiology nursing care for a short time, these nurses advocate for patient safety and appropriate care.

During the procedure.
During the procedure, the radiology nurse closely monitors the patient, ensures comfort, and administers ordered medications and other therapies as needed.

After the procedure.
Radiology nurses coordinate care. They serve as liaisons between the radiology department and other professional organizations such as the Association for Radiologic and Imaging Nursing (ARIN) and the American College of Radiology.

Patient-centered care
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Radiology vs. inpatient nursing

Many differences exist between radiology nursing and inpatient care. In many ways, radiology nursing is similar to ambulatory care nursing. Below are general comparisons, but keep in mind that setting plays a role as well.

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Radiology</th>
<th>Inpatient</th>
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<tbody>
<tr>
<td>Information overload</td>
<td>Low</td>
<td>High</td>
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<td>Patient observation</td>
<td>Episodic</td>
<td>Continuous</td>
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<tr>
<td>Staging mix</td>
<td>Fewer</td>
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<td>RN workload</td>
<td>Volume</td>
<td>Bed-capacity</td>
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<td>RN weekend, holiday, and afterhours coverage</td>
<td>24/7</td>
<td>Direct and continuous</td>
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<tr>
<td>Staffing mix</td>
<td>Fewer</td>
<td>Majority</td>
</tr>
<tr>
<td>RN workforce</td>
<td>Volume</td>
<td>Bed-capacity</td>
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Care Nursing, and the Society of Interventional Radiology. (See Radiology nursing roles.)

Consider pursuing a unique specialty

The radiology environment is fast-paced, and the specialty of radiology nursing is rapidly growing. Radiology nurses are integral to providing exceptional care for every patient. This unique specialty offers autonomy and opportunities to care for a variety of patients using a range of emerging technologies.

Muriel Moyo is a radiology nurse manager at Keck Medical Center of the University of Southern California in Los Angeles.

Selected references


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Radiology nursing:
A growing specialty continued from page 13

Care areas such as inpatient units, pharmacy, PACU, anesthesia, and infection prevention. They promote collaboration and encourage team member contribution toward optimal patient care. They also facilitate throughput to reduce wait times and prevent avoidable delays.

Operational flow challenges faced by radiology nurses include add-on cases, late or no-show patients, and walk-in patients. Magnifying these challenges are the non-direct care activities — including problem-solving, phone calls, setup, cleanup, and transport — that radiology nurses perform. This time isn’t always factored into productivity because of the episodic nature of patient encounters. Nurses have to continually triage and prioritize care, taking into account urgent and emergent cases or changes in patient condition that require a higher level of care or inpatient admission.

What education and training are required?

Entry-level education for radiology nurses is an associate degree in nursing and an RN license. Because of patient complexity and range of acuity, nurses usually are required to have basic life support and advanced cardiac life support certifications (pediatric advanced life support is required for those who care for children). Most nurses who work in radiology transfer from the ICU, ED, or PACU. Initially, the environment presents a steep learning curve, even for seasoned nurses who are experts in their previous specialty. The different modalities, number of procedures, departmental skill mix, level of autonomy, and lack of routine contribute to that learning curve. (See Radiology vs. inpatient nursing.) However, once nurses acclimate, they rarely want to leave the specialty.

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City College at MSU Billings seeks:
Using Leadership Power Wisely

September 2019 Vol. 14 No. 9
Author(s): Rose O. Sherman, EdD, RN, NEA-BC, FAAN, and Tanya M. Cohn, PhD, MEd, RN

Learn how to use power in the service of others.

Takeaways:

- Leaders are entrusted with power and are expected to use it wisely.
- Sources of power include coercive, legitimate, reward, expert, and relationship.
- When using power is necessary, leaders must exercise their judgment to know the best form it should take.

MARK is completing his first year as nurse manager of an urgent care center. More than 25% of the nursing staff has resigned in the last 12 months. A recurring theme in exit interviews is that Mark uses coercive power to achieve his goals. A leadership coach has been assigned to work with Mark to help him gain insight into how he uses power and to help him use it wisely to achieve unit objectives and help staff achieve their full potential.

Some new managers like Mark have a burning desire to make changes and solve problems to achieve their goals, they use their newly minted authority coercively and alienate staff in the process. Allowing power to unbalance, staff may feel that resigning is the only psychologically safe way to push back against Mark’s decision-making. With RN turnover costs now averaging more than $52,000 per nurse, Mark’s misuse of power has come at a high price to his organization. He’ll need to commit to using coaching as an opportunity to reflect on what’s happened or he might derail his leadership.

John Maxwell, a nationally known leadership expert, notes that just because you’ve been crowned the leader doesn’t mean that you’re leading. If people don’t follow you, then you’re not a leader.

Leadership power today

Leaders are entrusted with power and are expected to use it wisely. They drive unit culture and values through their actions and behaviors. Coercive behavior sends a strong message to staff that their opinions and ideas aren’t respected. Trust is eroded when staff don’t feel safe to participate in discussions because they fear retribution.

The contemporary nursing workforce doesn’t respond well to command-and-control leaders. In recent research reported by Gallup, Millennial employees will quickly leave organizations where they feel they aren’t nurtured and developed by their managers. Mark’s coach is likely to point out that power can be beneficial if used constructively. This will involve more reliance on influence-building skills and less on coercion as a source of power.

Sources of leadership power

Jeffery Pfeffer, a noted scholar on power, has observed that most leadership- and resource-oriented programs don’t directly discuss the concept of power. New managers like Mark may not realize the impact of their behavior. Mark’s coach should guide him to move from his current coercive source of power and tap into a source that’s less self-serving and more group serving. (See 5 power sources.)

Using power wisely

Using power wisely stems from understanding how our actions affect others and the end result of the appropriateness of our actions. In clinical settings, power should be used to improve work environments for direct patient care providers and to produce positive patient outcomes. Given the turnover rates under his leadership, Mark hasn’t used his power wisely. His coercive use of power has resulted in an environment of dominance motivation to control others and put his goals above his teams’. With the leadership coach’s help, Mark will need to train his direct reports to an interpersonal motivational style, which will empower the staff and engage them in decision-making and constructive feedback that benefits patient outcomes.

Using power wisely requires not only self-reflection and positive motivation of those you lead, but also understanding the resulting value that comes from these actions. For Mark, the value is an engaged and productive staff who are committed to the organization.

Recognizing power plays

To determine how power is affecting your work environment, learn to identify power plays, which are actions taken by someone to manipulate another into doing or not doing something, and teach employees to do the same. In Mark’s case, employees who resigned said that he used coercive tactics, which suggest using force (threatening write-ups, demotion, or layoffs) to get others to comply. Mark may have found this effective in the short term, but such power play can have serious organizational consequences.

Recognizing power plays by a coercive leader like Mark may be relatively easy because of the clear potential end result of punishment. However, power plays can be subtle, so it’s also important to know how you may unknowingly create pressure on employees. Take, for example, the employee who takes on increasingly more work responsibilities because her leader asks her, even though it’s creating a poor work-life balance. In this example the leader is using her power to increase an employee’s workload. In turn, the employee feels obligated to take on the additional work because her leader is asking. However, the result is poor job satisfaction and increased feelings of burnout and resentment. For the leader to avoid losing an employee who’s likely highly productive and an asset to the workplace, the employee needs to set healthy boundaries that the leader will respect.

Recognizing power plays also requires being aware of feelings of resentment, avoidance behaviors, being too compliant, and excessive complaining, which contribute to a poor work environment that is riddled with communication failure. When these behaviors are present in the clinical setting, patient outcomes and safety are at risk. Instead, leaders and employees must recognize power plays and stop them through effective and respectful communication.

Motivate, influence, inspire

The consequences of using coercive power as Mark did can have devastating outcomes for the leader and staff. It erodes trust and leads to unhealthy work environments. Nurse leaders are expected to motivate, influence, and inspire staff to achieve excellent patient outcomes. This is done most effectively when they use their power wisely and rely on their influence. In some circumstances, nurse leaders may need to use power, but they must exercise judgment to know when it’s appropriate and what form it should take.

As Jim Rohn, an entrepreneur and motivational speaker, once said, “The challenge of leadership is to be strong, but not rude; be kind, but not weak; be bold, but not a bully; be thoughtful, but not lazy; be humble, but not timid; be proud, but not arrogant; have humor, but without folly.” Ultimately, the best use of power is in the service of others.

Rose O. Sherman is a professor emeritus at Florida Atlantic University in Boca Raton, Florida, and author of the book The Nurse Leader Coach: Become the Boss No One Wants to Leave. You can read her blog at emergingnleader.com. Tanya M. Cohn is an associate professor of practice and consulting nurse scientist at Simmons University in Boston, Massachusetts.

Selected references


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