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Thank you to each of the 218 attendees who participated in this year’s Convention, “Be the Change,” held at the Embassy Suites Hotel in Norman, Oklahoma, on October 2 and 3. The educational presentations, including engaging general sessions on Culture of Safety and Healthy Nurse Healthy Nation, were informative. A big thank you to our subject matter experts whom provided this year’s quality educational sessions and posters; their partnership was integral to the success of this year’s Convention.

During Convention, participants were encouraged to sign up for the Healthy Nurse Healthy Nation Grand Challenge as well as to participate with the Nurses on Boards Coalition. All ONA members are still welcomed and encouraged to participate!

Please sign up now for the Healthy Nurse Healthy Nation Grand Challenge so ONA has full member participation. We hope to increase the number of partners from Oklahoma as well. To learn more, please click on the provided link: https://www.healthyrnhealthy nation.org

Additionally, please go to the Nurses on Boards website at https://www.nursesonboardscoalition.org. Should you be interested in serving on the board, please let them know.

We would also like to thank our generous conference sponsors whose support aided in the success of this year’s Convention and ONA.

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INSIDE

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Special thank you to all the participants and partners who helped make this year’s Convention a success! Be sure to mark your calendar for next year’s Convention, which will be September 30–October 1, 2020 at the Hyatt Regency Tulsa in Tulsa, Oklahoma. We’ll look forward to seeing you all there!
There are children in your community who need a temporary, loving home through foster care. Some of these children come from hard places. They have unique challenges and need families willing to meet them where they are. Families are matched with children and will receive additional supports to help the children succeed in their homes.

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Questions about your nursing license? Contact the Oklahoma Board of Nursing at 405.962.1800.

**ONA CORE VALUES**

ONA believes that organizations are value driven and therefore has adopted the following core values:

- Diversity
- Integrity and Accountability
- Safe Quality Care
- Practice Competence
- Ethical Care
- Professional Development
- Health Parity
- Educational Advancement

**ONA MISSION STATEMENT**

The Mission of the Oklahoma Nurses Association is to empower nurses to improve health care in all specialties and practice settings by working as a community of professional nurses.

**VISION**

Creating opportunities through advocacy, education and collaboration to become the leading voice for the nursing profession in the State of Oklahoma.

**BRAND PROMISE**

Engaging Nurses to make a difference!
Isn’t it Time You Got Involved!

We need you to get involved with ONA! Serve as Nurse of the Day at the Capitol. Attend ONA events such as Nurses Day at the Capitol on March 3 and the 2020 ONA Convention September 30 – October 1. Serve on an ONA committee, Region Board or the ONA Board of Directors. Build a chapter in your community, and your state need you and what you bring to the table as a nurse. It’s time to get engaged and make a difference in our state!

Sarah CM, APRN-BC, RN
Chief Nursing Officer – Methodist Neighbors Medical Center

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Amber N. Bradford, MSN, RN, Director of Adult Endoscopy at OU Medical Center, has received the award for Excellence in Nursing – Administration. Having served as a nursing leader at OU Medicine for over 10 years, she believes nursing is a calling, not just a profession. Following in her mother’s footsteps, she is a nurse with passion and empathy for patients and their families. She is a transformational leader inspiring those she leads to give the best patient care. Her achievements include the development of a Supervisor Development Training program, involving performance management through coaching and documentation. Utilizing this program, she trained 30 RN and facilitated their transition to supervisors. As a result of her leadership during 5 years as chair of the Nursing Policy and Procedure committee for OU’s shared governance body, she now serves on the Enterprise level Policy and Procedure Steering Committee. She is creating a lasting legacy, upholding the profession of nursing to the highest level.

Sheila K. St. Cyr, MS, RN, BC, Controlled Substance Diversion Prevention Specialist at OU Medicine, Inc., has received the award for Excellence in Nursing – Education. Her role, arguably one of the hardest jobs in the organization, requires great diplomacy and communication skills. She demonstrates professionalism and exhibits positive collaboration between team members, instilling a health work environment and culture of safety. Prior to this role, she served as Director for Clinical Education and an onboarding specialist, developing innovative projects involving clinical practice, process improvement, documentation accuracy, and patient satisfaction. She was instrumental in the design and implementation of OU Medicine’s original Nurse Residency program. Passionate about nursing, she uses her expertise to drive patient care, advance nursing practice and to improve quality and outcomes.

Judy Stevenson, DNP, MS, APRN-CNS, of St. John Medical Center, is the recipient of the Excellence in Nursing – Direct Patient Care award. Her commitment to both nursing practice and staff development is displayed in her dual role as Clinical Nurse Specialist in the Emergency Department/Trauma Services and Clinical Instructor. With strong clinical skills and exceptional educational abilities, she demonstrates her dedication to the profession by her long-term engagement in nursing practice. She has published and provided multiple podium presentations on emergency training for Emergency Department nurses. Her strength, courage and commitment to improve care for communities most affected by natural disasters comes from her own experience of living through a natural disaster. During the Joplin tornado, she not only endured the destruction of her home, but she climbed from the rubble to go to the nearest standing hospital to triage patients. She has continued to leverage that life changing experience by identifying opportunities to strengthen nursing practice in emergency departments effected by natural disasters. Her current goal is to bring her Dog project on Disaster Preparedness Program for Health Care Providers to St John/Ascension.

Nursing Impact on Public Policy award recipient Larcile White, MSN, RN, RNC-NIC, Nursing Clinical Instructor at Langston University, is well known in the nursing community for her participation in public policy, especially in the area of women and children’s issues. She strives to keep others updated concerning public policy at the local, regional, state and national levels. Her dedication to policymaking has taken her to the steps of both our State and National Capital, working to keep lawmakers informed not only on nursing issues but on the needs of their patients. She has been active in ONA’s Governmental Activities Committee, served as Nurse of the Day numerous times and as the AWHONN State Advocacy Representative. Now as a faculty member, she encourages her nursing students to be involved in local and state level policy opportunities. She serves as an example to all nurses on ways to advocate for the profession and the patients we serve.

Nursing Research award recipient Tamara Hryshchuk, MS, RNC-NIC, Clinical Nurse Educator at St. John Medical Center/Ascension, has taken an innovative approach to teaching healthcare professionals and nursing students through research into simulation as an effective learning tool. Whether reducing infection rates of central lines or using high-fidelity simulation in neonatal resuscitation (her current focus for her doctoral research program), she has conducted research that has benefited her colleagues and herself as they care for their patients in the NICU. This research is considered non-blinded randomized control trial using comparison measurements on high-fidelity simulators versus low-fidelity simulators on the competence of Registered Nurses (RNs). Nurses trained utilizing this Neonatal Resuscitation Program have demonstrated better patient outcomes than nurses who have not received this training. An excellent nursing role model to her nursing students, she continues to advance her degrees and professionalism. There is a direct correlation between the number of nursing students and RNs that she inspires with her research methods and the improvements in clinical nursing practice ultimately improving patient outcomes in Oklahoma.

Helen Farrar, PhD, RN, BC, CNE, Assistant Professor at the University of Oklahoma Fran & Earl Ziegler College of Nursing, has received the Nightingale Award of Excellence. Going above and beyond in advancing the profession of nursing through research and scholarship, she has researched the older adults in the Amish community and was involved in the data analysis publication of African American breast cancer survivors in their post-treatment journeys. She consistently demonstrates skills the nursing profession needs to transform in the future and assists colleagues in those same skills while contributing her time and talents to professional organizations, including ONA, Region 2 and writing articles for the Oklahoma Nurse. Helen inspires others to be even more than the best that they can be. Like Florence Nightingale, she desires the best outcomes for all who encounter her patients, nursing students, community members and organizations, the homeless, the different, and her coworkers. A nursing professional who touches everyone that she meets in a positive way, she sees others for their true and full potential and finds ways to help them to advance in this direction. She is “the lady with the lamp” that has, and will continue, to light the flame in others, thus in turn building the professionalism of nursing for Tulsa and Oklahoma.

Mike Averill, ONA’s Friend of Nursing, is a Business Reporter for the Tulsa World. His article entitled, In Need of Care: Nursing Shortage Already Being Felt Across the State, exemplified areas of concern in the nursing field. He touched on serious issues such as the shortage of educational faculty and programs available for all eager prospective nursing students despite nursing being “a popular career path.” His article discussed the effects of higher education funding cuts in limiting the enrollment of more students, and he was sympathetic toward nurses working long hours and heavy workloads. His attention to the imminent nursing crisis articulates its effect on patient outcomes if the crisis is not thwarted. We are hopeful that this journalist will continue to follow nursing and keep the community abreast of the ongoing issues surrounding the nursing shortage. Our desire is that this focus will have an impact on the nursing shortage by encouraging those seeking a caring profession to obtain a nursing degree, inspiring registered nurses to advance their degree, and encouraging those RNs who can teach to do so.
The Excellence in the Workplace Environment award recipient, the St John Medical Center/Ascension Health System Clinical Education Department, understands the importance of soft skills in the workplace. While hard skills can be easily measured, soft skills refer to a person’s intangible and technical abilities, including qualities like enthusiasm, punctuality, loyalty, and a strong work ethic based on human emotions. This staff group knows that career potential depends on soft skills including work ethic, attitude, emotional intelligence, and communication skills. They exhibit these behaviors themselves, thus creating harmony between the group and those with whom they interact. Soft skills are proven to be essential for building and maintaining relationships, they help us communicate and collaborate with colleagues, and they play a key role when facing external customers and clients. Consequently, CED scenarios include communication with interprofessional personnel, patients, as well as with the families of our patients. Surveys within St John/Ascension departments show an increase in harmonious environments since the CED began emphasizing the importance of soft skills in the workplace simulations in 2016. A pleasant workplace is a prosperous workplace, and the Clinical Education Department at St John/Ascension Medical Center demonstrates this daily in every interaction.

The Children’s Hospital in Oklahoma City has received the Excellence in the Workplace Environment award. This facility’s leadership believes that happy nurses produce higher quality patient care as well as happier patients and families. This positive workplace environment includes a Daily Operations Briefing, rounding by senior leadership, and other interactions that contribute to helpful results. The Daily Operations Briefing is a huddle for front line staff, managers and the CEO, COO and CNO that provides situational awareness of priorities, patient flow and experience successes and failures. In addition, senior leadership works to create fun opportunities for staff interaction that include riding the shuttle, sharing breakfast and hosting food trucks. In order to best understand the needs of clinical nursing staff, a CNO Advisory Council meets monthly to inform and align work priorities; this council is currently discussing flexible staffing options, work life balance and retaining talent at the bedside. These are just some of the ways this facility strives to create a more nurturing environment for both staff and patients. Nursing at The Children’s Hospital strives to provide resources for staff to be at their best in every situation, connecting not just medicine and health, but also hearts and lives throughout the community.
2019 ONA Annual Convention
Be the Change: Your Nursing Journey
Implementing Self-Care Guidelines for Nurses

Meredith Hines
Oklahoma Nurses Association

Abstract
Stress leading to nursing turnover is a problem of great magnitude for the profession. Self-care strategies’ impact on stress has been of recent interest. The focus of this scholarly project is the implementation of evidence-based self-care guidelines with an intended outcome to reduce stress and lead to a decrease in nursing turnover. The PICOT question for this project was: For nurses on women’s and newborn services at an academic medical center, will the implementation of the American Nurses Association’s self-care guidelines for newly on-boarded nurses decrease the stress experienced over an 8-week period? The project design was a single group quasi-experimental pretest-posttest design. Stress was measured pre and post implementation of self-care guidelines, utilizing the Expanded Nursing Stress Scale. Intent to leave was measured pre and post implementation. A reduction in stress was found in the scholarly project. A reduction on intent to leave the organization was also found post intervention. The results provide information to nursing leaders and administrators on the relationships between self-care, stress, and intentions to leave employment. Discovering ways to decrease stress felt among nurses by increasing self-care habits may lead to a reduction of stress as well as lower turnover rates. Reducing the intent to leave is a desired outcome and can impact organizational costs and quality of care.

Keywords: self-care, stress, turnover

Nursing turnover is not a new phenomenon. An average of 33.5% of new Registered Nurses (RNs) leave the bedside within the first two years (Duffield, Roche, Homer, Buchan, & Dimitrieli, 2014). More worrisome, turnover and burnout are increasing (De Simone, Planta, & Cicotto, 2018). The reasons nurses decide to leave the bedside have been found to be related to job satisfaction, working conditions, job stress, role conflict and ambiguity, and professional and organizational commitment (Sherman, 2015). According to Dotson, Dave, Cazier and McLeod (2013), the increase in voluntary nursing turnover, as well as project shortages of nurses at the bedside, have made retaining nurses a main focus and strategic plan of hospitals.

Stress management education can facilitate nurses to achieve goals, attain physical and mental health, and have overall greater accomplishments (Halm, 2017). Engaging in self-care behaviors to promote health and wellness can lead to overall well-being (Richards, Sheen, & Mazzer, 2014). Organizations promoting self-care strategies can assist nurses to effectively combat occupational stress, promote well-being and greater job satisfaction, and promote retention of these nurses—thus reducing the problem of burnout and turnover.

This Doctor of Nursing Practice (DNP) practicum project determined a group of new nurses’ level of stress and implemented American Nurses Association’s (ANA’s) self-care guidelines and measured stress found in the profession (De Simone, Planta, & Cicotto, 2018). The organization has yet to diminish nursing turnover. Increasingly new graduate nurses are leaving the organization. In 2017, the RN turnover rate of new graduate nurses (less than one year experience) was 25.2% (OUM, 2018). The lack of self-care strategies to decrease stress is evident for nurses in the organization and was further identified in this practicum project.

Objectives and Aims
The self-care project’s overall goal was to improve the self-care strategies demonstrated by the group of nurses. The organization aimed to transform their new found daily routine of self-care practices for the future. The objectives of the self-care project were:
1) To identify stress as a cause of burnout and turnover in nursing;
2) To assess the evidence of self-care as an intervention for decreasing stress; and
3) To determine the significance and applicability of the evidence for its assimilation of a self-care program to decrease stress and improve nursing turnover.

Significance of the Practice Problem
Turnover impacts hospital organizations on all levels. From a macrosystem perspective, turnover greatly impacts hospital organizations financially, as well as impacting organizational culture and employee engagement. According to Sherman (2015), 25% of staff members leave their organizations during the first year of employment, a phenomenon known as early turnover. The largest hospital in Oklahoma faces nursing turnover challenges and is well above the 13% national rate (Ferri-Reed, 2015), with an overall turnover of 21.5% (OUM, 2017). The hospital’s early turnover measure spiked to 34% in 2016 (OUM, 2017). Regardless of retention efforts, the number is remaining steady. With turnover reports such as these and the average healthcare organization spending over $60,000 for every nurse leaving the organization (Koppel et al., 2017), efforts are needed now with macrosystem level support. Mesosystems were involved when addressing the problem of retaining new graduate nurses; however, the main level of change will occur on the microsystem.

American Nurses Association’s (ANA’s) self-care guide for nurses (Blum, 2014; Richards, 2013), providing suggestions of self-care pathways including the mind, body, and spirit, was utilized as a self-care guideline for bedside nurses in order to improve self-care actions and decrease stress. The RNs’ stress was measured by French’s et al. (2000) Expanded Nursing Stress Scale (ENS). Stress was measured pre and post self-care implementation. A literature search relevant to the project was also completed.

Synthesis of the Literature
A critical appraisal of studies was generated after a widespread literature review. After search specifications and some limitations, nine articles, including a systematic review, were selected from CINAHL and MEDLINE to critique and appraise. Nine primary research studies and two systematic reviews were synthesized as well as summarized. The literature synthesis confirms published evidence made apparent regarding stress in nursing leading to compassion fatigue, burnout, and turnover. Self-care studies found in the literature provide support that self-care practices are lacking in the nursing profession and could be a component to stress leading to burnout and turnover. As Ross et al. (2017) mention, nurses are equipped with the knowledge of healthy behaviors; however, this understanding does not always render self-care.

Practice Recommendations
Self-care as an intervention to decrease stress for nurses and other healthcare professionals has been explored and synthesized in the literature. A total of 11 articles were selected to review. The level of evidence ranged from a level three Joanna Briggs Institute summary of the evidence, (including...
Theoretical Framework
A nursing theory served as a foundation for this project involving self-care for nurses in order to guide and promote the project’s success. The theoretical framework selected to support the evidence-based practice project was Susan Leddy’s middle range theory, Human Energy Model (HEM). After receiving her Ph.D. from New York University in 1968, Dr. Leddy was the author of multiple nursing accounts including Leddy and Pepper’s Conceptual Bases of Professional Nursing and Integrative Health Promotion: Conceptual Bases for Nursing Practice (Hood, 2014). The increasing utilization and application of theories in conceptual nursing practices today (Rahim, 2016) demonstrates her efforts to further Roger’s Science of Unitary Human Beings (Fawcett, 2015).

Change Model
The selected change model to support the self-care evidence-based practice project was Ronald Lippitt’s 7-Step Change Theory. Lippitt’s theory mirrors the nursing process, and has three phases (unfreeze, change, and refreeze), the language of which strongly aligns with Leddy’s middle range theory. Lippitt’s model includes the following steps:

1. Discovery/Problem Identification
2. Planning
3. Preparing
4. Implementing/Change
5. Evaluating
6. Stabilizing/Refreezing
7. Monitoring/Continued Change/Adaptation

The model suggests that through a planned, comprehensive approach, nurses can lead to consequential adverse outcomes such as a decrease in morale, lowered efficiency, and negative impacts on patient care. Not only should nurses lead in holistic lifestyle role models, opportunities to encourage physical activity, healthy eating, stress reduction techniques, and improving relationships among the team should be supported (Ross et al., 2017).

Summary of Sample and Setting Characteristics
Sixteen (n=16) nurses out of the originally 20 recruited self-care participants completed the project. Most of the participants were 35 years of age or younger, and all were female. The majority (68.8%) had BSN degrees, and the remainder had ADN degrees. All participants worked 12-hour shifts, and 62.5% worked nights, while 37.5% worked days. Sixteen nurses worked both days and nights. A comparison was done and there were no differences in any of the stress scales (pretest, posttest or the pre-to-post change scores) when comparing the demographics. Non-work-related stressors accounted for a mean of 3.84 (SD=1.00) from the change model.

Major Findings
As part of the intervention, the participants were asked to reflect on the impact of the self-care project on their job satisfaction. The project was above average (over 3.0) in every area addressed, with the most highly evaluated items being the speaker’s knowledge and the manner of presenting the information (mean = 4.75 and 4.50 respectively). The evaluations were lowest (although still above average) for the activity being fun, the ENSS scales (mean = 3.00), and whether the topic was relevant to nurses’ professional practice (mean = 3.94 for both items).

Recommendations and Discussion
Considering the variables of stress and intent to leave, the project was viewed as a success. A comparison was done and there were no differences in any of the stress scales (pretest, posttest or the pre-to-post change scores) when comparing the demographics. Non-work-related stressors accounted for a mean of 3.84 (SD=1.00) from the change model.

PICOT Question
The following PICOT question served as the basis for the proposed DNP project:

For nurses on women's and newborn services at an academic medical center, will the implementation of the American Nurses Association’s (ANA) self-care guidelines influence on-boarded nurses decrease the stress experienced over an 8-week period?

Sample and Setting
The self-care project’s participants included 20 newly on-boarded RNs within Women’s and Newborn Services at the largest tertiary and academic hospital in the state of Oklahoma. Women’s and Newborn Services currently employs 180 RNs, making the group roughly 11% of the total RNs in the service line. Though stress is found in the literature to be evident in the nursing profession, a self-care project measuring stress has not been described in the nursing literature (Leddy, 2017). After the intervention and 6-week implementation sessions, the eighth and final week of the self-care project consisted of a final evaluation session. Evaluation forms were filled out and collected and included the same intent to leave question included on the demographic form. The remaining time of the evaluation session included conversation of the project and any testimonials the participants shared. The implementation of the project directly contributes to the development of additional self-care daily strategies beyond the project’s completion, and also consider layering on additional self-care pathways from ANA’s guidelines.

Data Collection Procedures
Data was collected from the participants’ demographic questionnaire, Expanded Nurse Stress Scale (ENSS), and evaluation survey. The main evaluation tool to measure the success of the self-care project was the ENSS, done pre and post self-care care strategy intervention. The ENSS items are measured on a 4-point Likert scale from 1 (never stressfull) to 4 (very stressful). The nine subscales identified by the items are continuous in nature. The sample was a convenience sample. The project design was a single group quasi-experimental design. The pre-test subscales were used to compare the pre-intervention scores to the post-intervention scores on the 9 subscales of the ENSS.

Results
Demographic information was analyzed utilizing summary statistics (a mean and standard deviation for age, and frequencies and percentages for other demographic variables). Two of the nine ENSS subscales were found to have statistically significant reductions in stress, including the Death and Dying subscale (z=2.10, p<0.036), and the Conflict with Physicians subscale (z=2.65, p<0.008). The total ENSS intervention, the total ENSS was a mean of 153.81 and standard deviation of 31.49. After the self-care intervention, a decrease of the mean equaled 136.13 (z=-5.39, p<0.001), and the mean for 3 subscales were found to have statistically significant reductions in stress, including the Death and Dying subscale (z=2.10, p<0.036), and the Conflict with Physicians subscale (z=2.65, p<0.008). At a 0.05 significance level, the total ENSS did not statistically significantly decrease following the intervention (z=1.82, p=0.069). The project resulted in a reduction in stress levels, but a larger sample would be needed to show more overall significance.
Conclusions and Contributions to the Profession of Nursing

The self-care project findings resulted in a decrease in stress and reduction of intent to leave the organization for 16 nurses at the project hospital. Statistically significant reductions in stress, including the Death and Dying subscale (z=2.10, p<0.036) and the Conflict with Physicians subscale (z=2.66, p<0.008) were found in the self-care project. Now more than ever, the nursing profession is depending on qualified, healthy, and able nurses to care for the aging and acutely ill population. Self-care should be modeled to patients by the nurses caring for them. If nurses expect patients to be compliant with disease prevention and healthy attributes, nurses as a profession should lead by example. More research is needed on the impact self-care has on stress and turnover for nurses. Organizations promoting and supporting self-care for their nursing staff might contribute to a decrease in burnout and thus prevent nursing turnover.

References

Table 1

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Age</td>
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<td></td>
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<td></td>
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Table 2

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<th>Wilcoxon Signed-Rank Test</th>
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<td>Death and dying</td>
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<tr>
<td>Conflict with physicians</td>
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<td>Inadequate preparation</td>
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Table 3

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>z</th>
<th>p</th>
</tr>
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<tbody>
<tr>
<td>Non-work related stress</td>
<td>2.40</td>
<td>0.63</td>
<td>2.47</td>
<td>0.63</td>
<td>0.58</td>
<td>0.564</td>
</tr>
<tr>
<td>Plan to leave current job</td>
<td>2.60</td>
<td>0.63</td>
<td>2.33</td>
<td>0.62</td>
<td>1.13</td>
<td>0.257</td>
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Table 4

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<tr>
<th>Items</th>
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<tbody>
<tr>
<td>Level of participation in self-care strategies and post-intervention evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am able to identify stress as a cause of</td>
<td>5.44</td>
<td>2.31</td>
</tr>
<tr>
<td>I am able to identify levels and sources of</td>
<td>4.31</td>
<td>0.70</td>
</tr>
<tr>
<td>I found this activity worthwhile for my professional practice.</td>
<td>3.94</td>
<td>0.85</td>
</tr>
<tr>
<td>This activity will enhance my knowledge/skill/practice as a healthcare provider.</td>
<td>3.94</td>
<td>0.85</td>
</tr>
<tr>
<td>The speaker was knowledgeable about the topic</td>
<td>4.06</td>
<td>0.77</td>
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Table 5

<table>
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<tr>
<th>ENSS Scales</th>
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<tbody>
<tr>
<td>Death and Dying</td>
<td>-0.123</td>
<td>0.650</td>
</tr>
<tr>
<td>Conflict with physicians</td>
<td>-0.028</td>
<td>0.917</td>
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<tr>
<td>Inadequate preparation</td>
<td>-0.108</td>
<td>0.690</td>
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<tr>
<td>Problems with peers</td>
<td>-0.403</td>
<td>0.122</td>
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<tr>
<td>Problems with supervisors</td>
<td>-0.283</td>
<td>0.288</td>
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<tr>
<td>Workload</td>
<td>0.007</td>
<td>0.980</td>
</tr>
<tr>
<td>Uncertainty re. treatment</td>
<td>0.067</td>
<td>0.805</td>
</tr>
<tr>
<td>Patients and their families</td>
<td>-0.410</td>
<td>0.115</td>
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<tr>
<td>Discrimination</td>
<td>-0.125</td>
<td>0.644</td>
</tr>
<tr>
<td>Total ENSS</td>
<td>-0.375</td>
<td>0.153</td>
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</table>
My ONA Journey

Lucas Richardson-Walker, BSN, RN

My name is Lucas Richardson-Walker. I am currently the President of ONA Region 1 and have served as a Representative for Oklahoma at the American Nurses Association Membership Assembly. In addition, I have attended ANA Hill Day for the past two years.

But enough about where I am now with ONA; you may wonder, how did I get to this point with ONA? Please allow me to share my journey...

My journey began as a student in the Associate Nursing program at Rose State College. I had two wonderful instructors who encouraged the participation in the Student Nurses Association. I'd like to pause for a moment to recognize these two nursing instructors who helped me start my journey. One is no longer living in the state but is always here in spirit with me; her name is Karen Wood. The other instructor is Susan Reid. Both Karen and Susan helped inspire me with their passion for nursing; like them, I remain a lifelong ambassador for nurses.

With the support of these instructors, I became president of the Rose State Student Nursing Association, which led to my later service as the Legislative Director on the Oklahoma Nursing Student Association Board of Directors. I may be dating myself, but ONA and ONSA still had a combined convention at that time! I also served on the convention planning committee back then as a student.

When school ended and I fulfilled my term as Legislative Director, I stepped away for a while. I was trying to find myself as a nurse and where I wanted to go in my own professional journey.

During that time of “stepping away,” I discovered my niche in nursing – my passion – and it was Nephrology. Once I knew that Nephrology was where I belonged, I joined the American Nephrology Nursing Association. It was great; over a few free dinners, I was provided with the journals and resources I needed to stay current in my practice and refine my skillsets, yet something was still missing!

When I received a copy of the Oklahoma Nurse, I was immediately drawn to the information about the ONA Annual Convention and the missing piece of the puzzle finally came to me. I love my specialty, but I am a nurse first. Being a nurse is my passion, and I knew then that I needed to be an active advocate and ambassador for all nurses, not just my specialty area - and I needed to be active in ONA!

I joined ONA, registered for convention, and again set off on my journey. I was a bit nervous walking back into that convention after being absent for so long. Jane, ONA Executive Director, saw me and I felt like I was the prodigal son that had returned. She had remembered me from those years before in ONSA and welcomed me with open arms. I signed up to work on the convention committee for the following year, which turned into a few years. I was back and not going anywhere this time. I ran for Region 1 President and won! Here I am now; my journey has come full circle from where I started today.

Being a nurse, this profession and Oklahoma Nurses Association has given me more than I probably deserve in life; I am not only a better nurse but I am a better person! Even though I am not a nursing instructor, I do my best to encourage every student and new nurse I come in contact with to be active in our profession and be an active member of ONA. Finally, I would like to thank each of you for being a nurse and for participating in this year’s ONA Convention – every one of you who participated have taken charge of your profession and are Being the Change!
When a bomb exploded in the middle of the makeshift hospital, then Army nurse Rosemary Hogan was thrown violently across the room. Moments later when she came to, she could feel the blood from the wounds on her leg and shrapnel in her arm, nose, and face. As the initial shock of the blast wore off, Hogan still could not hear everything around her; she would find out later that her left eardrum was ruptured as well (Norman 1999; 80-1). The stuffy clinic in “Little Baguio,” although only recently put together, now lay in tatters. Several of her patients lay dead or wounded. The United States had only been officially involved in World War II for around two months now, and Hogan had spent those months exclusively in the Philippines. Unfortunately for this once small-town Oklahoma girl, her trials serving in the Pacific Theater were only just beginning. Yet, when the war had finally ended, she would stand as a colonel and “one of the most honored and decorated nurses of the war,” awarded the Purple Heart, Bronze Star and Presidential Unit Citation (Crawford 1964).

Colonel Rosemary Hogan Luciano: Oklahoma’s Own Angel of Bataan

EARLY LIFE

Before her adventures as one of the few female nurses overseas, Hogan was born on March 13, 1912, in the tiny farming community of Ahpeateone, Oklahoma. Her town too small even for a school, she completed her studies in Chattanooga, Oklahoma, near Lawton, where she graduated valedictorian of her class. Her hard work and academic excellence caught the eye of a local doctor, who sponsored a nursing scholarship for Hogan to attend Scott-White Hospital in Texas. One of ten children to a recently widowed mother, she had always dreamed of being a nurse and of adventure in the military, so this opportunity was well received. After completing her training, Hogan joined the U.S. Army Nurse Corps at Fort Sill in 1936 (National Personnel Records 2019; Crawford 1964).

MILITARY SERVICE

Hogan arrived in the Philippines in December of 1941, shortly before the Japanese bombed Pearl Harbor. Just days after the Hawaii attack, the Japanese began bombing prominent American military sites in the Philippines as well, including Baguio, Clark Air Field, Fort Stotsenburg, and Fort McKinley. As the nurse in charge, Hogan led American and Filipino nurses to the Bataan Peninsula to establish a thousand-bed hospital first in Limay, then closer to combat at “Little Baguio” (Arlington National Cemetery Website 2005).

Hogan served as Assistant Chief of Nurses until she was wounded by a bomb exploding only twenty-five feet away from her while she and another nurse were assisting a surgeon in an operation. In a later account of the bombing, Hogan wrote, “The nurses didn’t run for their foxholes in Bataan every time the siren sounded, for it happened so often that no one could have accomplished anything, (Hogan 1945; 80). With the hospital in shambles, the surviving nurses and patients took cover in foxholes until they could safely move to Corregidor (Arlington National Cemetery Website 2005).

On April 29, 1942, the Navy evacuated Hogan and 19 other nurses from Corregidor or “the Rock,” the heavily guarded entrance to Manila Bay. Under attack yet again, the direst wounded, including Hogan, were put on one plane, and the others were put on a second small plane. Only one plane made it out. Hogan’s plane hit a rock beneath the waterline before it could take off, leaving a huge hole. Hogan, still limping on her injured leg, grabbed her towel and coat and began trying to plug the hole to keep the plane afloat. She then yelled for a mattress, but it was too late. Their colonel escorted the nurses off the plane and radioed General Douglas MacArthur for another plane, but it would not make it there in time for what came next (Hogan 1945; 80).

The group fled by bus to Delmonte and then to a “secret” airfield to wait for a new plane to evacuate them. The Japanese, knowing about the field, began bombing it. The nurses then wound up at a Filipino-staffed Army hospital in Impalatao, where they stayed for three months. Hearing horror stories of what had happened to the Chinese at Nanking and the British nurses in Hong Kong, the fleeing and wounded nurses were at first terrified that the Japanese soldiers would try to assault or injure them. Thankfully this was not the case. The men were mostly curious about the American women. At five feet ten inches, Hogan towered above most of...
the Japanese men, who found it funny to stand next to them and make jokes about them (Hogan 1945; 80).

For a short five days the Japanese soldiers took the nurses to Cabanatuan, a cargo ship along with 100 Caucasian civilians. While sleeping on the deck one night, Hogan awoke to a Japanese man kissing her and laying forcefully on top of her. Afraid of the punishment that would await her, Hogan shouted at him, but nothing happened. Hogan moved to another end of the boat. After that the nurses had American men guard them whenever they slept. A few long and difficult days later, the boat docked at Davao where they waited for two weeks until they and some Red Cross workers were put on yet another cargo ship, this time bound for Manila (Hogan 1945; 80).

Hogan and the rest of the American nurses and wounded finally landed in Manila Bay, where they were reunited with the ten nurses left at Corregidor. After that the nurses had American men guard them away, Hogan moved to another end of the boat. For a short five days the Japanese soldiers took the nurses to Cabanatuan, a cargo ship along with 100 Caucasian civilians. While sleeping on the deck one night, Hogan awoke to a Japanese man kissing her and laying forcefully on top of her. Afraid of the punishment that would await her, Hogan shouted at him, but nothing happened. Hogan moved to another end of the boat. After that the nurses had American men guard them whenever they slept. A few long and difficult days later, the boat docked at Davao where they waited for two weeks until they and some Red Cross workers were put on yet another cargo ship, this time bound for Manila (Hogan 1945; 80).

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As a newly licensed nurse, your focus, energy and attention is directed to learning how to provide safe and compassionate care for your patients. Becoming a competent nurse can be overwhelming and all-consuming - leaving little time or energy to invest any more of yourself into your professional community than you already have. However, what if becoming involved in your nursing community could help create a sense of fulfillment? What if investing in your profession facilitated a foundation for lifelong personal and professional growth?

Amber Lindauer, RN, shares her experience and the unmeasurable benefits of having engaged in her nursing community. Amber expresses, “Being involved in committees gives me a sense of pride in what I do. It just makes me feel good. They provide a channel to inspire others to make change and ultimately leads to helping our patients; that’s my primary goal. When I can do something extra to help a patient, that makes it worth it.” In addition to attaining personal satisfaction, Amber Lindauer believes being engaged in your profession outside of your primary position will also help create a bond with your community. “I’ve been driven to be involved in my work community because of the need for family. Committees help new graduates get to know people better and build that sense of family. We spend so much time with our colleagues that they become our ‘family’ too. Anything we can do to bring one another together to bond is a good thing, and committees help do that.”

Trying to choose what to become involved in can be daunting, but Amber offers advice to any nurse interested in joining a committee. “Deciding where to begin really depends on what you’re interested in. Some people want to focus on groups that are impacting direct patient care, whereas others are more interested in politics, and some want to spend their efforts planning workplace activities that boost morale. You just have to find a committee or group that you’re interested in or passionate about. To begin, just ask around. Ask your leaders what opportunities are out there, and if you don’t find one you like, make your own!”

Each individual will have varying motives for wanting to connect with the nursing community, just as every nurse will receive benefits unique to them. It is never too early to seek membership with nursing organizations, nor is it ever too late to invest in your professional “family” and/or community. When you become engaged with a committee, council, or association, you become better connected with your professional community.
Incivility takes on many forms in nursing. Some insidious, some unintended, and some overt. We have been working to eradicate incivility from nursing for years, but we have not yet completed our journey. The question is, are you “that nurse?”

In a recent discussion with a colleague, an exceptional nurse with four years’ experience, I was stymied by an example of incivility towards her by a nursing leader. This colleague shared with me that she was floated to another floor and during her first hour had asked the nurse manager for clarification on procedures and processes on the floor. The nurse manager relayed she would be back in a few minutes and hurried away. A few moments later, my colleague overheard the nurse manager telling another nurse that she “couldn’t help her as she had to help ‘that nurse’ who doesn’t know what she is doing.”

When did a competent nurse, asking intelligent questions become “that nurse?”

I have witnessed more and more of this type of incivility among nurses, especially towards our more “junior” nurses. When did nurse leaders or more “senior” nurses obtain the “right” or the level of maturity to degrade a colleague?

It’s easy to talk about incivility when we have examples of nurses bullying other nurses, ostracizing them, or using inappropriate behaviors overtly towards others. When the examples of incivility, however, cross to our personality or “how I do things,” then we seem to say it’s okay. We do not hold ourselves to the same standard if we can justify tying our words or actions to who we are as people. Let me be clear, it’s not okay.

Though the conversation between the nurse manager and the other nurse could have been innocent, it did not have that impact on my colleague. It was demoralizing; it created a trust issue (nonexistent), and it could have impacted patient safety. Thankfully my colleague is confident enough to push through the situation, and with determination she sought to obtain the answers she needed about that floor’s procedures and processes to safely care for her patients. Nonetheless, it still impacted her as she had been labeled “that nurse.”

As nurses and nursing leaders, juniors and seniors, we have to do better. Most days we don’t have the luxury of not keeping tactful guard of what we say and do. The image and professionalism of nursing rests with all of us. This example shows we still have a long way to go. We have to do better. We have to hold each other accountable for how we present nursing to nurses and other professionals. Together, we can reduce the incivility we inflict on our fellow colleagues and, instead, choose to elevate each other and the nursing profession.
I am a Therapeutic Apheresis Nurse

Deanna Duvall, RN, BSN, HP (ASCP)

What is your nursing specialty? I am an apheresis nurse. That statement is typically followed by “What is apheresis? Is that like dialysis?”

Apheresis is derived from a Greek word “to take away” or withdraw. The practical definition is a procedure in which blood is removed; a portion of the blood is then removed or manipulated, with the remaining portions being returned. This approach has been used for thousands of years, dating back to the ancient Egyptians who used “bloodletting” as a medical practice. More recently, apheresis devices were developed with the intention of improving patient care and meeting the increasing demand for plasma and other blood products.

Apheresis procedures are used to collect blood components from healthy individuals (donor) and then to treat patients (therapeutic). Donor apheresis collections are performed by community blood services to provide blood products for patient treatment. Therapeutic apheresis (TA) procedures can be classified as blood component exchanges, cell depletions or autologous collections. Diseases that are treated with TA are not heterosexual and include neurologic, renal, hematologic, autoimmune or metabolic. TA is not a benign procedure; it has been safely performed on pediatric to geriatric patients, in both inpatient and outpatient settings.

As the demand for TA has increased, so has the need for apheresis nurses with specialized expertise in clinical patient care, transfusion medicine and technology. Apheresis nurses provide care to a diversified population ranging from healthy donors to acute or chronically ill patients while adhering to strict, ever-changing regulatory compliance. During the apheresis procedure, the nurse manages the donor/patient’s clinical status, the venous access, the infusion of blood components or specialized fluids, but also the apheresis device. Additional responsibilities include donor/patient/family/public education.

After graduating from college, I began a traditional path in nursing by working in the hospital setting for several years. However, I felt something was missing. In my search for fulfillment, I responded to an advertisement to work as a blood collector for the American Red Cross. After my initial training, I felt this was an area of nursing I could grow into and further my own professional development; and I did! Over many years and through many different moves to a variety of locations, I was able to expand my skills and knowledge from drawing whole blood, to collecting apheresis blood components from donors, to performing specialized therapeutic procedures and to participating in clinical trials.

I have more memorable patients and experiences than I can count. The eight-year-old who screamed “I’m too young to die” during his first treatment, but later gave me a hug every time he saw me. The seamstress who was so appreciative of our staff that she insisted on fixing the “best soul food” ever for our department. The teacher whose central line looked like an antenna behind her ear, so she told her class “It was a direct line to Santa Claus.” The tears I shed when patients I had treated for several years passed away. I had an effect on the lives of patients and families but they impacted me and my practice as well; through these experiences, I found fulfillment.

I now provide clinical training and support to staff in their apheresis journey. I also have the privilege of being an active participant in the American Society for Apheresis, which is a professional organization for health care providers interested in apheresis. The first Apheresis Awareness Day was held September 17, 2019 celebrating those involved in the advancement of apheresis medicine.

The clinical environment for donor and therapeutic apheresis continues to evolve with new applications, new technology, new regulations, and changes in the acuity of treated patients. I encourage anyone to investigate this challenging area of nursing. More than forty years later, I am still glad I did.

Deanna Duvall, RN BSN, HP (ASCP), is a Senior Clinical Specialist employed by Fresenius Kabi USA, LLC. The author’s experiences described herein related to her time in clinical practice prior to joining the company. The views and opinions expressed in the article are those of the author and do not necessarily reflect the official policy or position of Fresenius Kabi USA, LLC or its affiliates.
Meet the 2019-2020 ONA Board of Directors

2019 – 2020 ONA Board of Director Members

Karen Ann Taylor, DNP, APRN-CNP, PMHNP-BC, President
Angela Martindale, PhD, RN, Vice-President
Shelly Wells, PhD, MBA, MS, APRN-CNS, ANEF, President-Elect
Julia Profit-Johnson, RN, MSN, Secretary/Treasurer
Vanessa Wright, PhD, PNP, MSN, RN, Education Director
Tina Stewart, MSN, BSN, RN, Emerging Nurses Director
Brandi Payton, MSHCA, BSN, RN, Membership Development Director
Michele Bradshaw, BSN, RN, Practice Director
Megan Jester, PhD (c), RN, Political Activities Director
Dean Prentice, Col, USAF, NC, RN, ONSA Consultant

Region Presidents and Representatives

Lucas Richardson-Walker, BSN, RN, Region 1 President and Representative
Stephanie Brown, RN, Region 2 President
Donna Fesler, MSN, RN, Region 2 Representative
Julie Nevins, RN, Region 3 President
Leslie Davis, RN, Region 3 Representative
Nakeda Hall, APRN, RN, Region 5 Leader and Representative
Viki Saidelman, RN MS, Region 6 President and Representative

New 2019-2020 ONA Board of Director Members

The 2019-2020 ONA Board of Directors would also like to welcome our newly elected board members:

Angela Martindale, PhD, RN
ONA Vice-President, 2019 - 2021

Dr. Martindale is currently an Assistant Professor of Nursing at The University of Tulsa, and has served on the ONA Board as the Region 3 President and Region 3 Representative to the Board of Directors. She also is currently serving as the president for Sigma Theta Tau, Zeta Delta at-Large Chapter, ending in 2020. She also serves as a member of the University Advisory Board at The University of Tulsa. Angela Martindale views membership and service to the Oklahoma Nurses Association as one of her many responsibilities as a nurse. “Serving my state and being involved in ONA has provided me the opportunity to expand my resources and knowledge for serving nurses and citizens about important health issues. ONA provides an avenue for our voices to be heard and now more than ever our voices must be heard so that we can take advantage of the changes in health care to better serve Oklahomans.”

Michele Bradshaw, BSN, RN
ONA Practice Director, 2019 - 2021

Ms. Bradshaw is the Director of Intermediate Care, a 24-bed critical care step down unit at Integris Southwest Medical Center. She has served on the ONA Nominating Committee for the last two years along with serving as a Region 1 Delegate to the ONA House of Delegates. In addition to ONA and ANA, she is a member of the American Association of Critical Care Nurses (AACN). Michele is currently working on her Master’s in Nursing Administration and Leadership (MSN) at Oklahoma City University Kramer School of Nursing and is a candidate for graduation in July 2019. She serves as an Advisory Board Member for Oklahoma Christian University BSN Nursing Program and on the Advisory Board for the Tri-City Youth and Family Center, Inc. in Chotoaw, OK.

Michele has been a nurse for twenty-five years and still feels as strongly about being an advocate for nursing as the day that she received her license. “I believe it is important for all nurses to be educated and informed on changes in healthcare that will affect nurses, nursing practice, and the patients that we so diligently serve in our primary practice areas. I feel that the best way that nurses can drive change is to be involved and advocate not only for ourselves and our patients, but for future generations of nurses.”

Megan Jester, PhD (c), RN
ONA Political Activities Director, 2019 – 2020

Ms. Jester is a Clinical Instructor at OU College of Nursing and a Ph.D. Candidate at the University of Colorado Anschutz Medical Campus. She is also the Faculty Advisor for OU’s Student Nurses Association and serves on the OKC City-County Health Department Wellness Now Coalition. This is Megan’s second term as the ONA Political Activities Director. During her first term as Political Activities Director, she worked to raise nurses’ awareness regarding state elections and encouraged nurses to serve as Nurse of the Day at the State Capitol increasing our presence. “This is a critical time to be politically aware and active, as we continue to face increased demands with decreased funding. We must advocate for issues including health care funding, care for vulnerable populations, workplace violence, and federal incentives for the advancement of nurse education. I hope to continue in this vital role and represent the voice of Oklahoma nursing at every political level to raise awareness on issues impacting our profession and the citizens of our state.”

Tina Stewart, MSN, BSN, RN
ONA Emerging Nurses Director, 2019 – 2020

Ms. Stewart has been a nurse for less than five years and in that time has completed a Master’s in Nursing, Leadership and Management from Western Governor’s University. She is currently working on her MBA in HealthCare Management at Western Governor’s University. She works as a Clinical Field Staff Supervisor for Encompass Health Home Health in Ardmore. As she works with the Emerging Nurse member of ONA she wants to focus on three areas: Incivility, Moral Injury/Nursing Burnout and Nurse Residency and Leadership Programs for newly licensed nurses. She is very passionate about these issues as she was part of a Nurse Residency program as a newly licensed nurse and understands the value that it brings in assisting new nurses in understanding their role. She also experienced incivility as a new nurse in the ICU in addition to nurse burnout. Her goal “is to be an advocate and a voice for nurses who may be dealing with these issues.”

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- Clinical Nurse (1 position)
- Clinical Care Coordinator VA
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- RN Case Manager
Educators recognized that health demographics are in a drastic flux of change nationwide. Aging, obesity, diabetes, heart disease, and hypertension are of the utmost concern as we prepare our future nurses and current nursing students to care for this evolving population which typically has multiple comorbidities. Therefore, preventative intervention, education, and assessment will become a more significant part of community practice.

The Future of Nursing campaign is a nationwide effort to bring the nation up to the quality focused standards of nursing as outlined in the Institute of Medicine Report, The Future of Nursing: Leading Change, Advancing Health. Additionally, state healthcare coalitions have partnered with nursing leadership with the singular objective of achieving healthy living.

Our nursing students need more than just an Introduction to Nutrition course to fully understand the importance of overall health. Reviewing offerings of Nutritional Assessment, Geriatric Nutrition, and Nutrition Management of Obesity are course options that would better prepare our nursing students to more readily address and care for all members of the community. Let’s take action and network with our colleagues to promote change; now is the time to complete the curriculum turn as we mirror skill sets with needs of the nation’s changing health demographics.


Marla Peixotto-Smith, MSN, Ph.D., RN, CNE, is an Associate Professor in the RN to BSN program at Rogers State University. Marla invites you to contribute to the “Educators Corner.” Please send your thoughts, experiences, or strategies to: marlasmith@rsu.edu.
At the 2019 ONA House of Delegates, ONA Members came together to establish policy, strategize on oversight and ensure alignment. During this time, the board of directors and association staff provided an annual update and membership report. Delegates were actively involved in key discussion on issues impacting both the association and the industry including visibility of nurses in the media, promoting a culture of safety and expansion of membership to include a new membership option. As a result of discussion, a Hack-a-thon was conducted to gather ideas on ways for Oklahoma nurses to be more visible in the media. This activity and discussion resulted in the identification of innovative solutions for consideration. Several of the ideas included a focus on social media and media training. ONA will provide more information once we’ve had a chance to investigate and thoughtfully consider all the ideas and solutions that were identified; stay tuned for future updates.

During this time, the Delegates approved a reduced membership rate for new members. It is our hope that this will provide an affordable membership option for those wanting to be both ONA and ANA members. The new ONA/ANA Standard Membership Rate begins March 1, 2020 and provides a reduced annual rate of $174 or $15 per month for new members. Current members paying the current higher rate will be elevated to Premier Membership status and will receive additional membership benefits.

Lastly, the HOD considered the Resolution on Culture of Safety; which was unanimously accepted without any opposition. This resolution sets the position of the association to include that: The Oklahoma Nurses Association encourages all health care employers of nurses across all settings, including practice, academia, and research, along with other related organizations utilizing nurses, to build a Culture of Safety within their organizations that includes:

- Involvement of nurses providing direct patient care in developing a culture of safety environment,
- Fostering a culture of trust, reporting and learning,
- Building a work environment that enables nurses to provide safe, quality care,
- Commitment and Communication on the priority of patient and workforce safety,
- Implementing safe and proactive environments and systems to reduce errors, while addressing human factors and just culture,
- Providing active and timely support and protections for nurses experiencing second victim in response to medical errors and adverse events to support the recovery process,
- Utilization of ONA’s workplace advocacy materials such as the Concern for Assignment Form and ONA’s position statements and, that ONA educate nurses about the benefits, rewards, and positive gains of creating and working in a Culture of Safety along with providing resources in all publications on Building a Culture of Safety.
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