The Virginia Nurses Association (VNA), the professional association representing the interests of the more than 109,000 nurses in the Commonwealth of Virginia, announced the election of new board members.

“The impressive accomplishments and leadership expertise of our new board members will serve our membership well as we work to advance the voice of nursing in Virginia. I know the talent, energy, and experience they bring to the table will strengthen our organization,” said Janet Wall, VNA chief executive officer.

Newly sworn-in board members include:

**Vice President**
Jennifer Bath, SN, RN, AGCNS-BC, CEN, TCRN
Ms. Bath is a clinical nurse specialist in trauma services at Carilion Clinic Roanoke Memorial Hospital. She has experience in emergency, trauma, and forensic nursing, as well as nursing education within the healthcare setting. She was previously VNA’s Director-at-Large.

**Treasurer**
Sherri Wilson, DNP, MPA, RN
Dr. Wilson has been in practice for more than 20 years and is currently the Assistant Director of Patient Care Services at Fairfax County Health Department where she assists with the administration, planning, strategic direction, development, and implementation of multiple services within the context of population health. She is also founder of The Wilson Initiative for Health and Social Equity.

**Commissioner on Policy & Resources**
Jennifer Martin, DNP, RN, NEA-BC
Dr. Martin returns for her second term as Commissioner on Policy & Resources, in which role she has most recently led a committee in the significant undertaking of updating the association’s bylaws. She has more than 20 years of management experience and a background in critical care nursing, operational management, nursing quality leadership, and as Magnet Program Director and Senior Director of Nursing Informatics.

**Commissioner on Government Relations**
Mary Kay Goldschmidt, DNP, MSN, BSN, PHNA-BC
Dr. Goldschmidt returns for her second term as Commissioner on Government Relations and also teaches health policy coursework to graduate students at VCU School of Nursing. She has extensive experience in building relationships with regulatory agencies and legislators within the political arena.

**Director-at-Large, Recent Graduate**
Larissa Gregory, BSN
Ms. Gregory is a registered nurse at VCU Health and a recipient of the 2019 VNA/VNF Future Nurse Leaders Award. She has worked in various fields, including surgery trauma, neurosurgery, brain injury rehabilitation, and bone marrow transplant.
Top Seven Reasons to Join VNA

Linda Shepherd, VNA President

Professional development is vital to lifelong learning and requires ongoing active participation. Throughout this journey, nurses engage in developing, maintaining and expanding competencies; seek to enhance professional nursing practice; and pursue career goals and professional advancement. Joining a nursing organization assists in supporting all these elements! Because health care and correspondingly the nursing profession is rapidly changing, belonging to your professional membership association has become more of a necessity than an option.

Whether you're trying to decide to take the leap and join VNA, or you need to convince an employer about the importance of joining your professional association, here's a list of seven great reasons to share!

1. Show commitment to your profession!
   Membership in VNA makes a powerful statement about you. It shows employers, colleagues, and your patients/clients your commitment to nursing. Membership identifies you as a nurse who is serious about the profession as well as purposeful about staying informed, educated and involved. Joining VNA gives you an immediate connection to other Virginia nurses, and a real sense of community.

2. Networking Opportunities
   Members have opportunities for networking on the local level at chapter meetings and on the state level at our conferences throughout the year. VNA offers many events throughout the year allowing nurses across all spectrums to network with their peers at a discounted (and sometimes free) rates. These include local chapter meetings and other regional events, as well as our three annual conferences. These events provide both continuing education and opportunities for members to connect with local and national nurse leaders, helping the healthcare industry to expand their professional networks. We also have an online community our members can utilize to network with their fellow nurses without having to leave home.

3. Career and Leadership Development
   Becoming actively involved with VNA not only opens up educational and networking opportunities, but can also help you hone valuable leadership skills. Leadership roles are available at both the local and state level, as providing a variety of opportunities to enhance leadership skill development. We’re also constantly expanding our leadership development opportunities through programs like our soon-to-be-launched Nurse Leadership Academy and the SYNC interprofessional leadership program, both offered through the Virginia Nurses Foundation.

4. Two memberships for the price of one!
   When you join VNA, you also become a member of the American Nurses Association. For one membership fee, you receive the membership benefits of both organizations! More importantly, you join with nurses across the country as well as in Virginia, speaking with one strong voice on behalf of your profession and your patients.

5. Significant Discounts on Continuing Education!
   As a VNA member, you will have access to free and discounted continuing education, specialty journals, and our highly acclaimed conferences!

6. Stay informed!
   Stay up to date on the news and issues affecting nursing throughout our free, only online continuing education through VNA and ANA.

7. We advocate for nurses!
   Nurses make up the largest group of healthcare providers in the state, and so it’s essential that we have a voice in policy making and engage in the political process. The perceived need time needed to engage in policy involvement or development outside of daily “nursing work” as well as the resources to develop skills in policy participation has often hampered nursing from becoming involved in advocacy. Yet, when it comes to advocating on behalf of nurses, VNA makes advocating for nurses our only priority. We work passionately to educate our legislators and state policymakers on issues crucial to the advancement of the nursing profession. We update our members weekly during our legislative calls and send legislation updates throughout the legislative session.

More opportunities are now available for all nurses to become involved with public policy and advocacy in Virginia. Every November, we hold our Legislative Summit, a day of interactive education focused on preparing nurses to be advocates for their profession. During the legislative session in January and February, all nurses are welcome to join us for our Lobby Days! If you're interested, but new to the legislative process, this is a great opportunity for you to “learn the ropes” of advocating for the nursing profession.

Linda Shepherd

You already know how critical these can be to your continuing professional development. Turn can lead to better patient outcomes, systems improvements, and personal career advancement.

VNA has a variety of high quality educational options available throughout the year. We offer live-stream distance-learning programs. All of these learning opportunities are in addition to our in-person conferences and chapter meetings. As a CE provider, we continue to look for ways to offer our members CE at a reasonable cost (and in many cases, free).

Don’t forget: members receive a significant discount on all continuing education opportunities and receive access to members-only free online continuing education through VNA and ANA.

Virginia Nurses Today is published every February, May, August and November by the Arthur L. Davis Publishing Agency, Inc. Copyright © 2012, ISSN #084-4740

Copyright © 2012, ISSN #084-4740

Subscribe rates are available. 804-282-1808.

For advertising rates and information, please contact Arthur L. Davis Publishing Agency, Inc., 517 Washington Street, PO Box 216, Cedar Falls, Iowa 50613. (800) 626-4081, sales@aldpub.com.

VNA and the Arthur L. Davis Publishing Agency, Inc. reserve the right to reject any advertisement. Responsibility for errors in advertising is limited to corrections in the next issue or refund of price of advertisement.

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

www.VirginiaNurses.com
The Nurse’s Role as an Influencer of Policy

Janet Wall, MS

As a nurse, you have an incredible opportunity to influence the future of your profession in Virginia through legislative advocacy.

In our most recent survey of members, legislative advocacy was identified as one of the top benefits of membership. Members were disaggregating nursing news, peer-to-peer connections, and quality educational offerings. VNA is a recognized influencer in Virginia’s General Assembly, thanks in great part to our lobbyist, Andrew Lamar, and Commissioner on Government Relations Mary Kay Goldschmidt, as well as our chapter government relations chairs and Government Relations Commission members... and of course all of those nurses who actively engage in the process! VNA has a strong track record of success, addressing issues that will advance nursing and better serve those for whom we care, and we encourage you to be a part of our growing momentum.

Did you know that for the 17th consecutive year, nursing has been voted the most trusted profession, and that there are more than 109,000 registered nurses in Virginia? In fact, nursing compose the largest population of healthcare workers in the Commonwealth. Because of this, the power and influence of the nursing profession cannot be undermined.

Our new Public Policy Platform will serve as the backbone for legislative discussions. Each year, VNA convenes a group of leaders from nursing organizations throughout the Commonwealth. These meetings have proven to be a great opportunity to learn about the legislative priorities of each organization as well as to reach consensus on the top 4-5 issues that will form the basis of the Public Policy Platform. Importantly, though we speak with one voice, we can truly make a positive difference for our profession and our communities.

Meeting with your legislators is one of the most important and effective ways to influence the policy process and now is the perfect time to become an informed constituent.

Familiarize yourself with Nursing’s Public Policy Platform

Our new Public Policy Platform will serve as the foundation for legislative discussions. Each year, VNA convenes a group of leaders from nursing organizations throughout the Commonwealth. These meetings have proven to be a great opportunity to learn about the legislative priorities of each organization as well as to reach consensus on the top 4-5 issues that will form the basis of the Public Policy Platform. Importantly, though we speak with one voice, we can truly make a positive difference for our profession and our communities.

Meeting with your legislators is one of the most important and effective ways to influence the policy process and now is the perfect time to become an informed constituent.

Familiarize yourself with Nursing’s Public Policy Platform

Our new Public Policy Platform will serve as the foundation for legislative discussions. Each year, VNA convenes a group of leaders from nursing organizations throughout the Commonwealth. These meetings have proven to be a great opportunity to learn about the legislative priorities of each organization as well as to reach consensus on the top 4-5 issues that will form the basis of the Public Policy Platform. Importantly, though we speak with one voice, we can truly make a positive difference for our profession and our communities.

Meeting with your legislators is one of the most important and effective ways to influence the policy process and now is the perfect time to become an informed constituent.

• Protect the Title of Nursing

Patients and families rightfully expect that health professionals who hold themselves out as a nurse have received the legally required education and training. To ensure this title is not usurped by other professions, we must maintain existing protections in the Code of Virginia so that non-nurses are prohibited from using the term “nurse.”

• Ensure an Educated and Adequate Nursing Workforce

By providing tax incentives for healthcare professionals who serve as uncompensated preceptors (hands-on clinical instructors) for APRN (advanced practice registered nurses) students, we can increase access to care, address the primary care shortage, handle mental health crises, and manage chronic diseases. All of these factors are crucial in improving the health and wellness of all Virginians. The incentive would be available for uncompensated preceptors, including APRNs, physicians, and physicians’ assistants.

• Gain Full Practice Authority for all Advanced Practice Registered Nurses

The current shortage of primary care physicians and the practice barriers faced by APRNs limit Virginians’ access to health care services. APRNs (nurse practitioners, nurse anesthetists, nurse-midwives, and clinical nurse specialists) have provided safe, high quality, cost effective care in Virginia for more than four decades, and should be enabled to contribute to the healthcare solution by allowing them to practice to their full scope of education, training, and certification. Virginia’s APRNs currently have barriers to practice which include requirements for physician supervision, collaborative or consultative agreements in order to practice, and restrictions on prescribing authority.

• Improve Individual, Family, and Community Health and Safety

Promote legislation to empower families to create healthy and safe environments - Ensure an educated and adequate nursing workforce to support healthy and safe neighborhoods - Increase access to mental and physical health services in communities, with trauma informed care

Leverage the role of nurses to promote community safety and wellbeing such as increased vaccination, gun safety, home visitation, and the recognition of human trafficking victims, etc.

Meet with legislators during our 2020 Lobby Days

Mark your calendar now to join us for one (or more) of our four annual Lobby Days (January 28 & 30 and February 4 & 6). The energy and excitement is contagious! We’ll meet with legislators to talk about 2020 legislation and issues as well as sit in on a healthcare committee meeting and observe the General Assembly in session. VNA staff and experienced members will be available for guidance every step of the way. We will also provide prepared talking points, leave-behind sheets and a pre-session training webinar.

Remember, your legislators are probably not nurses, so you can play an important role as their subject matter expert when it comes to the legislative needs of the nursing profession. Bring your nursing colleagues to Lobby Days so that you can jointly present the issues and share your relevant workplace experiences.

More than 3 contact hours available. Learn more at https://virginianurses.com/page/LobbyDays.

Continue your advocacy efforts at home

If you are unable to attend our Lobby Days, remember that legislative advocacy happens year round. You can find legislators’ contact information (including both their state capital and home district offices) online. Get acquainted with them on your local turf, and use it as an opportunity to build a relationship as well as to delve into issues impacting nursing. Legislators hold their elected position to represent the needs of their constituents. Know that your voice matters!

Take advantage of VNA’s policy & advocacy resources

There are 109,000 reasons to become involved with Virginia legislative advocacy and we’re here to help. To start your advocacy journey, or if you have advocacy related questions, visit our website, www.virginianurses.com, to utilize our resources and be sure to sign up for our action alerts!

Saira O’Malley once said, “If you ever feel like you’re just one person trying to change something, I promise there are hundreds, thousands, if not millions of people out there who feel the same way as you, who want to make a difference.”

Let your voice be heard!

Nursing’s Public Policy Platform can be found on Page 14

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.

Exciting employment opportunity for a Behavioral Health Nurse Manager

It is the mission of Northwestern Community Services to help people through life’s challenges with quality behavioral health services guided by principles of respect, recovery, and self-determination.
Mental Health Roundtable Dives into Policy Issues

by Terris Kennedy, PhD, RN
President, Virginia Nurses Foundation

One of the major initiatives of the Virginia Nurses Foundation (VNF) is our Mental Health Roundtable. This interprofessional group is working to identify the difficulties and challenges providing mental healthcare to a large population that includes all ages, genders, races, nationalities and segments of the population. The first Mental Health Roundtable, convened in September, Mental Matters: Improving Mental Healthcare Delivery Across Settings, included invaluable sessions identified by our Mental Health Roundtable workgroups, which reinforced the complexity and the magnitude of the challenges of caring for those with mental health issues. Read more about this on page 17.

The latest Mental Health Roundtable was held in mid-October, with an agenda focused on policy as it relates to the three workgroups: 1). Stigma, 2). Integrated/Interdisciplinary Care, and 3). Access, Availability and Appropriateness of Care.

Secretary Healy Addresses Healthcare Workforce Action Plan

We were fortunate to have Governor Ralph Northam’s Chief Workforce Development Adviser, Secretary Megan Healy, to begin the discussion around access to care with a presentation, An Action Plan to Grow Virginia's Workforce and Improve Access. Secretary Healy is the commonwealth’s highest-ranking workforce officer and oversees a wide range of regional, state and federal programs that connect Virginians to skills, training and opportunities needed to thrive in positions in the 21st century economy, with a major industry being healthcare. Secretary Healy shared that healthcare is the fastest growing industry in Virginia and provided some stunning data and statistics related to behavioral health positions.

- The most awarded undergraduate degree is a bachelor's degree in psychology, and their average debt is $38,000.
- Only 40% continue on to graduate education in psychology, which is required for most mental health positions.
- Considering the role of nursing in the care of those requiring mental healthcare, and services, it is interesting that 20% of Virginia BSNs are unemployed and could be a valuable resource.

Recognizing the need for a prepared workforce to care for those requiring mental healthcare in all environments the commonwealth’s Behavioral Health Workforce Advisory Committee is being led by the Governor’s Office to consider all aspects of redesign through the work of three draft committees: Education, Training, and Workforce. The Routes Committee has two goals:

- Increase behavioral health industry career awareness for students and their parents.
- Strengthen the alignment between educational institutions in Virginia and the behavioral health industry

The key to the resource goals are to work to standardize definitions and titles for behavioral health positions, as well as a variety of audiences such as schools, career counselors and veterans. Identification of what institutions of higher learning have behavioral health programs and educating faculty, advisors and counselors of the behavioral health industry needs, requirements and opportunities are critical and essential to the effort as these programs are the first contact to potential applicant. There are efforts underway for some of the institutions where clinical placement for students are required and there are gaps. These gaps are being explored for clinical placements along with considering streamlined pathways to psychiatric mental health practitioner's and obtaining registered apprenticeship/provisional licenses.

Realizing Medicaid is the number one insurance for individuals with mental illness, the Resources Committee has a number one goal of pursuing a Medicaid 1115 Waiver for Innovative Service Systems for adults with serious mental illness and children with serious emotional disturbance. The two other goals for the Resources Committee are:

- Removing barriers to hiring behavioral health workers
- Find affordable pathways for licensure and to recruit practitioners to underserved areas

Key aspects of these goals are to work to expedite and simplify licensure by getting behavioral background checks completed in a timely manner, make license renewal processes consistent with other states and look to increasing the number of supervisors. There is also an effort to create a loan forgiveness program to provide scholarship and a completion incentive for schools who produce talent.

The Regulations Committee is also looking at alignment of roles identified in different agencies and making it easier for untapped resources to get credit for experienced and training obtained while serving in the military or being a military spouse.

- Assure current alignment of professional role definitions, titles and scopes of practice between several health agencies
- Incorporate the behavioral health training and on-the-job experience of veterans to expedite entrance into civilian behavioral health workforce. Facilitate the integration of active duty family members employed in the behavioral health fields into Virginia’s workforce
- Define and implement regulations that support evidence based best practices in tele-behavioral health and tele-psychiatry

The Regulations Committee is truly seeking commonality among the different agencies that provide behavioral health services, along with expanding services using evidence-based treatments. They believe it is easier for veterans to seek untapped resources of veterans with behavioral health training and experience to get credit and will make it easier for those formerly members of service members to get into the workforce.

The discussion with Secretary Healy revolved around understanding the need and importance of establishing apprenticeship programs. The Wicker shared:

Courses are available through the Community Service Board (CSB) to help with transitions. There are ways to simplify and quicken licensure requirements for education and licensure.

TERRIS KENNEDY

VIHA Examine Underlying Issues to Access to Care

Virginia Hospital & Healthcare Association (VIHA) President and CEO Jennifer Wicker engaged the Roundtable in a discussion about Virginia’s Bed Shortage Implications for Access to Care, an issue identified by the Access Workgroup of the Mental Health Roundtable. In the wake of and shortage of beds for individuals dealing with mental health issues is not new; it has been a consistent challenge. The Secretary has taken a position that there is a significant investment in the system, and we are more reactionary than progressive in planning. She used two reactionary events, the reaction to Senator Deeds tragic event with the loss of his son, and with the shooting at Virginia Tech as examples. Both events resulted in legislation being passed and funds earmarked, only to realize the investment hadn’t been sustained and, in some cases, funds being taken back for other uses.

According to Wicker, the real need is to be able to meet the needs of individuals at different levels not just at the critical levels. She relayed that from 2015 to 2018, total hospital admissions increased by almost 5,000, but that 4,000 of those were voluntary admissions. Only about 1,000 or fewer of those admissions were due to temporary detaining orders, demonstrating that voluntary admissions have increased significantly. Individuals are seeking help at different levels, not just in crisis. The current system does not adequately address needs, especially for the individuals who are not experiencing symptoms of substance abuse issues, often they are difficult to discharge and end up retained in the emergency room until a bed opens up usually in a state facility that is often already operating over 100% capacity. The Bed of Last Resort Legislation unfortunately has caused more pressure in the system and has not been operationalized the way that it should or was meant to be, and here is a need to build services from the front end. Currently hospitals can say “no” if they do not have the patient at the time. If the patient has had previous bad interaction, they can be turned away from the emergency room.

Wicker shared some of the VIHA Access recommendations to include programming to meet the needs of those with Intellectual and Developmental Disability (IDD), which currently do not exist. To move the system, forward there is a need for community services for crisis response and an understanding that there is a need for behavioral health redesign and consideration for treatment outside of the hospital setting, such as partial hospitals or intensive outpatient treatment. VIHA has also realized the shortage of beds for children and has recently restarted a workgroup to look at the issue. Currently there are three hospitals adding child and adolescent beds: North Spring and Kempsville in 2020 and Children’s Hospital of the Kings Daughters (CHKD) in 2022. Wicker explained that the goal of the state has been realignment by taking some money being invested into psychiatric facilities operating and moving it to communities to establish or expand their capabilities. Director Wicker reinforced the need for system redesign and emphasize the need to invest maintain the effort to expand resources and move the population of those in crisis allowing for better management and care.

At the urging of the Stigma Workgroup a presentation on Insights into Virginia’s Health Practitioner’s Monitoring Program (HPMP) by Peggy whippingham, director of the Virginia Board of Nursing. She emphasized the importance of the HPMP, which was established in 1998, is to “provide an alternative to
Nursing Home Nurses Lack Time and Resources for Complete Care

For years, extensive evidence from hospitals has shown that nurses are more likely to leave necessary patient care unfinished when employed in settings with insufficient staff and resources. This “missed care” has been linked to poor care quality, increased adverse events, and decreased satisfaction with the health system. New research—from Penn Nursing’s Center for Health Outcomes and Policy Research (CHOPR)—finds similar evidence in nursing homes specifically, and identifies the strong relationship between missed care, nurse burnout, and job dissatisfaction.

The CHOPR team used data from 540 nursing homes in California, Florida, New Jersey, and Pennsylvania to examine the relationship between job burnout, dissatisfaction and incidence of missed care reported by registered nurses (RNs). The results are published in the Journal of the American Geriatrics Society (JAGS).

In the study, led by Elizabeth White, PhD, Linda Aiken, PhD, RN, FAAN, FRGN, and Matthew McHugh, PhD, JD, MPH, RN, CRNP, FAAN (Aiken and McHugh are Pennsylvania State Nurses Association members), researchers found that 72% of RNs reported missing one or more necessary care tasks on their last shift due to lack of time or resources. One in five RNs reported frequently being unable to complete necessary patient care. The activity most often skipped: comforting patients, talking with them, and performing adequate patient surveillance, teaching patients and families, and developing care plans.

Missed care was significantly more common among nursing home RNs who were dissatisfied with their jobs or experiencing burnout. Across all RNs, 31 percent were dissatisfied, and 30 percent exhibited burnout. Nurses with burnout were five times more likely than their colleagues to miss needed care, whereas RNs who were dissatisfied were 2.6 times more likely to miss care than RNs who were satisfied with their jobs.

The team discussed how organizational factors contribute to missed care and clinician well-being. They note that “work environments that provide adequate staff and resources, involve RNs in quality improvement processes, and support RNs through career pathways and leadership opportunities could help to promote employee engagement, reduce missed care, and improve patient safety in nursing homes.”

Additionally, the researchers emphasize that creating a culture emphasizing the need to find a root-cause for systemic problems, rather than punishing staff for individual mistakes, can help identify organizational inefficiencies that result in missed care.

While the data did not establish a causal link between burnout, job dissatisfaction, and missed care, the researchers point to a rich body of existing evidence that “RNs are more satisfied and experience less burnout when they have adequate staff and resources, supportive managers, productive colleague relationships, input into organizational affairs, and opportunities for advancement.” Even under tight fiscal constraints, the researchers observe, “nursing home leaders can take steps to improve work environments through a variety of evidence-based interventions.”

Reprinted with permission from ANA on the Frontline, as seen in American Nurse Today.
Virginia Nurses Foundation Announces 2019 Award Recipients

The Virginia Nurses Foundation (VNF) announced the recipients of annual awards honoring those in the commonwealth who made special contributions to the nursing profession. Winners were announced at the annual VNF Gala, held at the Hilton Richmond Short Pump Hotel & Spa on September 21, 2019. Deb Zimmermann, chief nursing officer of VCU Health, served as honorary chair.

Sallie Eissler received the Virginia Nurses Foundation’s highest award, the Nancy Vance award. Established in 1948, this award is presented to a registered nurse in Virginia who demonstrates character above reproach and unusual qualities of selflessness in service. The award is named in honor of Nancy Vance, a pioneer in public health nursing in Virginia. Sallie has dedicated her professional life to healthcare and the practice of nursing, and her clinical work has been focused on bringing essential services to those with limited or no access to care. She has designed and opened community health clinics and operated mobile health vans, with a unique insight into the culture of the community being served.

“Sallie Eissler is the epitome of a nurse with impeccable character. She is always in the forefront of healthcare - as a nurse practitioner, a nursing administrator, and a health policy leader. Sallie enjoys a strong reputation for being someone who can get things done by building bridges and forming partnerships. Her enthusiasm for the nursing profession is contagious and she often encourages others to be active in the political process to improve health care, by mentoring and leading them to do more than they thought possible. Her enthusiasm and passion are unstoppable,” said 2017 Nancy Vance Award recipient Teresa Haller.

Senator Siobhan Dunnavant of Virginia's 12th Senate District was recognized with the Champion of Nursing award for her commitment to supporting legislative solutions that benefit the nursing profession. As the chair of the senate subcommittee on health professions, Senator Dunnavant supported full practice authority of nurse practitioners and moved the bill through her committee without amendments, even when leaned on to defeat or amend the bill negatively. Senator Dunnavant was also instrumental in the 2019 session in the passage of healthcare legislation to allow nurse practitioners to bill insurance directly, raise the purchase age for tobacco to 21, and to implement a penalty for threatening a nurse or other healthcare professional with death or bodily injury.

Delegate Marcia “Cia” Price of Virginia's 95th District was presented with the Emerging Leader award for her dedication to advancing legislative solutions for nurses, and for her quickly growing role in healthcare policy in the House of Delegates. Delegate Price pushed the health committee for three years to pass legislation that expedites mandatory testing when individuals
including nurses are exposed to bodily fluids and was ultimately successful this session. She was an outspoken leader in the push for Medicaid expansion which was approved in 2018, and has been supportive of all other pieces of legislation in the Virginia Nurses Association’s agenda this year. In 2017, she supported HB793 to finally give nurse practitioners full practice authority here in Virginia.

Dr. Hughes S. Melton, Commissioner of the Virginia Department of Behavioral Health and Developmental Services, was posthumously honored with the Community Health Advocate award for his decades of service to Virginia’s healthcare system. Recipients of this award have provided exemplary service to the healthcare community and have made tremendous strides in improving access to quality healthcare in the Commonwealth of Virginia. Dr. Melton tragically passed away in a car accident on August 2.

Also honored at the Gala:

Winners of the 2019 Magnet Consortium Excellence Awards:
- Nursing Education - Sharon Fickley, Sentara Martha Jefferson

Winners of the 2019 Virginia Nurses Foundation Leadership Excellence Awards:
- Direct Patient Care - Patient Safety
  - Kristen Cahaug, Mary Immaculate Hospital
  - Rebecca Joye, Sentara Princess Anne Hospital
  - Atrille Watkins, Carilion Roanoke Memorial Hospital
- Direct Patient Care - Patient Experience
  - Sarah Aker, Virginia Hospital Center
  - Cherika Britt, Sentara Healthcare
  - Heather Spence, Riverside Shore Memorial Hospital
- Nurse Educator
  - Christine Turner, Bon Secours Memorial College of Nursing
- Nurse Researcher
  - Kimberly Carter, Carilion Roanoke Memorial Hospital
- Advanced Practice Nursing - Linda Currie, VCU Medical Center
- Nursing Leadership - Leigh Gauriloff, UVA Health
- Clinical Nurse Research - Patricia Marchessault and Kathy Olmstead, Winchester Medical Center
- Clinical Nurse Practice - Deborah Alder, Bon Secours St. Mary’s
- Nursing Informatics
  - Katherine Thompson, Virginia Hospital Center
  - Nurse Manager/Director
  - Brandie Bailey, Carilion Clinic
  - Carrie Buck, Sentara Princess Anne Hospital
- Chief Nursing Officer
  - Deb Zimmermann, VCU Health
- Nursing School Dean/Director
  - Pamela Jefferies, The George Washington University School of Nursing

Transform YOUR FUTURE

Congratulations to all the VNF Nominees and Winners

CAREERS AT RIVERSIDE
riversideonline.com/careers
Assessing the problem

In a 2019 ANA membership survey of more than 6,700 nurses, 93% identified staffing as an important issue, with 72% identifying it as “extremely important.” And when asked to name their top three nursing issues, “early career” nurses (0-4 years of experience) and “up andorners” (5-14 years of experience) named staffing as a priority far more than any other issue.

Texas Nurses Association member Bob Dent, DNP, NEA-BC, PAAN, FACHE, PAONL, who helped revise ANA’s staffing principles, pointed to years of research showing that appropriate nurse staffing leads to better patient outcomes and fewer adverse events. Studies also have linked appropriate staffing to cost savings that result from preventing complications and readmissions.

Yet findings from an ANA Enterprise HealthyNurse® Survey gathered between February 2017 and May 2019 revealed that more than a quarter of the 18,500-plus respondents said they were often assigned a higher workload than they felt comfortable with. About 52% responded that they frequently must work through their breaks to complete their assigned workload and 53% often have to arrive early or stay late to get their work done.

Speaking to staffing as a national issue, Washington State Nurses Association (WSNA) member and neuro-trauma ICU staff nurse Danielle O’Toole, BSN, RN, CCRN, said, "Nurses are continually being asked to do more and more and more with less.”

She also affirmed the ANA’s survey findings about nurses working nonstop. For years, nurses in her facility didn’t take rest and meal breaks for fear of overburdening their coworkers and putting their patients at risk. “Anything can happen in 30 minutes, especially in an ICU where you have critical I.V. drips,” O’Toole said.

Looking at the principles

Although ANA’s revised principles include additional information, such as referencing the Institute for Healthcare Improvement’s triple aim efforts to improve health system performance, this resource continues to provide nurses with an important framework to help them develop, implement, and evaluate appropriate nurse staffing plans and activities. It includes core components of appropriate staffing such as:

- RNs at all levels within a healthcare system must have a substantive and active role in staffing decisions to ensure they have the necessary time to meet patients’ care needs and their overall nursing responsibilities.
- All settings should have well-developed staffing guidelines with measurable nurse-sensitive outcomes specific to that setting and the healthcare consumer population they are serving that are used as evidence to guide daily staffing.
- Staffing needs must be based on an analysis of the patient’s or consumer’s healthcare status, such as acuity and intensity, and the environment in which care is provided.
- Other considerations include RNs’ competencies, experience, and skill set; staff mix; and previous staffing patterns and activities.

Pursuing other efforts

Many state nurses associations and specialty-focused organizational affiliates also are engaging in a range of efforts to advocate for patient safety. In Washington state, O’Toole testified before legislators about nurses’ inability to take needed rest and meal breaks and the impact it has on nurses and patients. Her advocacy and that of other WSNA nurses and staff led to the passage of a state law providing breaks and overtime protections for nurses, effective in January 2020. Her facility, Tacoma General Hospital, hired “break relief” staff to cover nurses during those times as a result of legal action by WSNA, which challenged the new law reinforcing the hospital’s obligation to ensure nurses get breaks.

I’m taking my first breaks since the law passed,” said O’Toole, who also is chair of her WSNA local. “We also have a robust staffing committee that meets once a month that is 50-50 staff nurses and management to address staffing issues.” The committee additionally reviews the efficacy of every nursing unit’s staffing plan, including negotiated standards, every six months to determine if any changes are needed.

ANA-Illinois Executive Director Susan Swart, EdD, MS, RN, CAE, said the association plans to introduce legislation to strengthen the state’s existing staffing law, which went into effect in 2008 and was based on ANA’s earlier staffing principles. The law requires healthcare facilities to have staffing committees made up of at least 50% direct care nurses and that staffing decisions are based on patient acuity, skill mix, and other key factors.

Dent reinforced the importance of nurse involvement and collaboration as they work through the implementation of staffing advisory committees—to attain appropriate staffing and good patient experiences.

“It’s important that nurses aren’t questioning whether they are really making a positive difference for their patients,” Dent said.

I’ve found that if nurses have a positive and healthy work environment—and appropriate staffing is a component of that—then nurses are getting good care and having good experiences.”

The ANA document also outlines specific principles related to healthcare consumers, RNs and other staff, the organization and workplace culture, the practice environment, and staffing plan evaluation—all of which can guide direct care nurses and those at other levels in making sound staffing decisions and plans.

For example, staffing decisions should take into account clinical factors such as the number of patients, nurse-to-patient ratios or the functional ability of patients and healthcare consumers, as well as their cultural and linguistic diversities, scheduled interventions or treatments, and complexity of care needs.

On the other side of the equation, nurses’ level of experience is extremely important in this educational and outreach approach to achieve ANA’s staffing principles.

“Staffing is complex,” said Deborah Maust Martin, DNP, MBA, RN, NE-BC, FACHE, who also contributed to the revised principles. “We need to listen carefully to patients. Everything we do has to be patient-centered. How do we get the best match of patients and nurses.”

The principles of staffing document also emphasizes other key points to help educational mandates, regulatory and organizational readiness, preparation, language capabilities, and experience with the population being served should be among the factors considered.

“Stafing is complex,” said Deborah Maust Martin, DNP, MBA, RN, NE-BC, FACHE. She also contributed to the revised principles. "We need to listen carefully to patients. Everything we do has to be patient-centered. How do we get the best match of patients and nurses?"
“We want to put some teeth in the law so the committee isn’t advisory but has real pull,” Swart said. “We know from our recent member survey that nurses continue to struggle with staffing and workplace issues that are connected with understaffing.”

ANA-Illinois also is working with the Illinois Hospital Association’s new chief nursing officers group to more immediately strengthen and raise the profile of staffing committees. Part of their strategy is to include information about staffing committees, including their purpose, as a routine part of orientation in all facilities, Swart said.

“We want nurses to feel empowered and that their participation is valued and respected,” Swart said. That requires an institutional culture that supports nurses, as well as nurses at all levels working together to implement staffing solutions.

One staffing solution that Viers believes can be instrumental is having a dedicated charge nurse on every unit who doesn’t have to carry a patient assignment. That would leave the charge nurse free to mentor new nurses and handle all the other issues that routinely crop up during the course of a shift. (Her Illinois facility has a professional practice committee that addresses staffing issues.)

ANA-Illinois board member and staff nurse Lauren Martin, RN, CEN, also thinks it’s critical that nurses from all shifts are represented on staffing committees.

“Night shifts tend to not be staffed as well as day shifts, and oftentimes it’s new nurses, who are just learning the job, working those shifts,” said Martin, who works in a specialty long-term care facility. “So, we really need to increase nurses’ involvement on committees and in other ways to solve staffing issues. That includes looking at all the factors that are causing inappropriate staffing.”

Both Dent and Maust Martin added that nurses must think about new ways to manage staffing needs—whether it’s adjusting shift length, having long-time nurses support novice nurses through ongoing, virtual mentoring, or piloting new models of care.

“Nurses have a piece of the pie when it comes to addressing nurse staffing.”

— Susan Trossman is a writer-editor at ANA.

Resource
Access ANA’s new staffing webpage for key documents and tools at www.nursingworld.org/Division/ANA/NurseStaffing.

Reprinted with permission from ANA on the Frontline, as seen in American Nurse Today.
Lateral Incivility: Results of the VNA Survey

Introduction
The Virginia Nurses Association’s (VNA’s) Commission on Workforce Issues established a workgroup to explore workplace violence in the form of lateral incivility and bullying among Virginia’s professional nurses and the caregiving environment. In the November 2018 issue of Virginia Nurses Today, the Lateral Incivility Workgroup shared the results of the VNA Survey (Nemeth, Stanley, Martin, Layne, and Wallston, 2017). The survey was administered through the VNA website and closed the end of January 2019. Subsequently, the Lateral Incivility workgroup, comprised of Deborah Kile DNP, RN, NE-BC, Ronnette Langhorne MS, RN, Anita Skarbek PhD, RN and myself, has examined the survey data and will share the results.

Results
Characteristics of the respondents
326 professional nurses (fewer than 1% of Virginia’s nurses) completed the Lateral Violence in Nursing Survey. Of those who completed the survey, nearly 73% work in hospital settings, with 59% working on the frontlines; 52% have between 6-20 years of clinical work experience; and 47% have more than 21 years of experience. When categorized by generation, most of the survey respondents belong to the Baby Boomer generation.

Linda Thurdy-Hay DNP, RN, ACNS-BC, BC-ADM
Linda Thurdy-Hay is a clinical nurse specialist, functioning as a nursing expert in the care of patients with diabetes & endocrine disorders. She is working to create an across the continuum diabetes program at Bon Secours Richmond Health System.

Job stress and workplace violence (incivility and bullying)
The vast majority of survey respondents (81%) indicated they were treated with courtesy and respect by their coworkers, with less than 20% attributing job stress and tension to lateral violence. 56% of the survey respondents limited this behavior to a few incidents, with 41% indicating these behaviors were either very serious or somewhat serious as a professional practice issue.

Uncivil and bullying behaviors, workplace support and self-assessment
Coworker behaviors, such as losing patience and aggressive directing, were not considered by 53% of the survey respondents as either lateral incivility or bullying. 70% stated they have not personally observed a situation of lateral violence toward a coworker at work. Most disturbing was what was learned about those on the receiving end of these behaviors; they were viewed as powerless (47%), unable to stand up to the coworker (65%), and/or unsupported by others in the workplace (49%). Although 42% felt they would not be safe from retaliation, they were willing to report retaliatory behaviors. However, 19% of the survey respondents did not feel safe from retaliation if they reported. Finally, when examining their own behaviors, 61% of respondents reported (under 39 years of age) 56% of the survey respondents limited this behavior to a few incidents, with 41% indicating these behaviors were either very serious or somewhat serious as a professional practice issue.

Perceived causes of workplace violence and impact on nurse turnover
The following table identifies the major causes of lateral incivility and bullying in the workplace:

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number (%)*</th>
<th>Survey Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A decline in polite and respectful behavior in our society in general</td>
<td>109 (40.37%)</td>
<td></td>
</tr>
<tr>
<td>Major personality clashes among a few people</td>
<td>103 (39.62%)</td>
<td></td>
</tr>
<tr>
<td>Rude behavior is so common that coworkers accept it</td>
<td>98 (38.28%)</td>
<td></td>
</tr>
<tr>
<td>Professional behavior is not stressed in this work area</td>
<td>57 (27.13%)</td>
<td></td>
</tr>
<tr>
<td>New nurses being tested to see if they can make it in this work area</td>
<td>50 (26.33%)</td>
<td></td>
</tr>
<tr>
<td>Misunderstandings caused by cultural differences</td>
<td>39 (14.34%)</td>
<td></td>
</tr>
</tbody>
</table>

Additionally, 58% of the survey respondents indicated that these negative behaviors were occurring among members of the interdisciplinary team. It is noteworthy that 27% of the survey respondents stated they have left a position because of lateral violence toward a coworker, with less than 5% stating they often or sometimes did so.

Kenneth R. White
Kenneth R. White, Virginia Nurses Association member and UVA School of Nursing Associate Dean for Strategic Partnerships and Innovation, was named president-elect of the American Academy of Nursing (AAN) last month. White will serve as the AAN’s president-elect through fall 2021, assuming the two-year presidency from 2021 to 2023.

*A survey of Virginia’s nurses (fewer than 1% of Virginia’s RN workforce) indicated that 70% of nurses indicated they have not personally observed a situation of lateral violence toward a coworker at work. Most disturbing was what was learned about those on the receiving end of these behaviors; they were viewed as powerless (47%), unable to stand up to the coworker (65%), and/or unsupported by others in the workplace (49%). Although 42% felt they would not be safe from retaliation, they were willing to report retaliatory behaviors. However, 19% of the survey respondents did not feel safe from retaliation if they reported. Finally, when examining their own behaviors, 61% of respondents reported.

Uncivil and bullying behaviors, workplace support and self-assessment
Coworker behaviors, such as losing patience and aggressive directing, were not considered by 53% of the survey respondents as either lateral incivility or bullying. 70% stated they have not personally observed a situation of lateral violence toward a coworker at work. Most disturbing was what was learned about those on the receiving end of these behaviors; they were viewed as powerless (47%), unable to stand up to the coworker (65%), and/or unsupported by others in the workplace (49%). Although 42% felt they would not be safe from retaliation, they were willing to report retaliatory behaviors. However, 19% of the survey respondents did not feel safe from retaliation if they reported. Finally, when examining their own behaviors, 61% of respondents reported.
training to be very effective, 52% said it was only somewhat effective.

Discussion

Major social and political events as well as technological advances have shaped worker’s attitudes, beliefs, work habits, communication, expectations of leadership, and professional & educational goals (Stutzer, 2019). Working together can be challenging unless 1) the strengths that each generation (and professional discipline) brings to the workplace are acknowledged and valued; and 2) the instigators of workplace violence are weeded out and rehabilitated. Incivility research reveals that low levels of rudeness in day-to-day encounters undermines collegiality, and this lack of collegiality increases vulnerability to burnout and nursing (and healthcare worker) turnover. Yet, what is deemed collegial among baby boomers (BB) may be perceived quite differently by younger generations (Leiter, Price, and Laschinger, 2010). Since the vast majority of BB professional nurses are poised to retire, “nursing administrators are challenged to retain these knowledgeable and skilled nurses while aggressively recruiting and retaining generation X and millennial nurses” (Collins-McNeil, Sharpe and Benbow, 2012). It is hence, the work of health systems C Suites, nursing administrators and human resource specialists to establish and sustain the respectful and civil workplaces desired by all, eradicating the toxic work environments that increase staff turnover and absenteeism rates, place an organization at risk for increased litigation, and damage an organization’s reputation (Name and Namie, 2011).

REFERENCES


Cultivating a Happy Work Environment

We hope you will join us on April 22, 2020 for our spring conference, Cultivating a Happy Work Environment! During this program we will investigate what happy work environments look like and discuss how you can build a culture of happiness within your organization. Our members have shared that in order to improve nurse engagement and retention, they need the knowledge and resources to address workforce issues, including improving the environment they work in.

Every individual is responsible for contributing to creating a happy work environment, and we are going to give you the tools to do just that! We will address some big issues like navigating change, staying engaged personally and professionally, communicating effectively with your co-workers, and strategies to build your team. This program will be for nurses across all practice settings who want to improve their work environment to ultimately improve their team’s outcomes!

It is no secret that a happy workplace boosts productivity for the organization. However, a positive work environment also makes occupations a pleasure instead of a necessity. Happy employees are more effective, creative, and energetic. They make fewer mistakes during the workday and look for solutions to solve problems instead of complaining about them [Kurzawski, 2017].

Working in a happy environment also increases employee retention and has noticeable health benefits. Happy employees are less stressed, have decreasing mental healthcare costs, and better coping methods and immune systems [TheOneThing].

You can attend Cultivating a Happy Work Environment at the Place at Innsbrook in Glen Allen, VA (20 minutes west of downtown Richmond) or you can choose to register to attend at one of our satellite locations in southwest and northern Virginia!

More details including topics, speakers, and contact hours are available online. Registration is open at https://virginianurses.com/page/2020SpringConference.

Share Your Best Practices—Submit an Abstract!

If you and your team have an innovative best practice that has cultivated a happy work environment in your setting, we want to hear from you! We are accepting abstracts for Short Sessions! During this one-day spring conference, we will have opportunities to highlight best practices in building a culture of happiness through 15-20 minute presentations. Our planning committee is looking for best practices across different nursing environments and specialties, so no matter where you work on the frontline, in a leadership role, serving in academia, advanced practice, in acute care, the community, or long-term care- we want to learn from you! You can find out more about how to submit an abstract by visiting the spring conference webpage at https://virginianurses.com/page/2020SpringConference.

https://www.timecamp.com/blog/2017/10/happy-workplace-important/
https://www.the1thing.com/blog/the-one-thing/why-being-happy-in-the-workplace-matters/
Virginia’s Nursing Workforce: What We Can Know and How to Find It

Elizabeth Carter, PhD
Director, DHP Healthcare Workforce Data Center

Whether you are a job seeker, employer, educator or researcher in the nursing professions you already know good decisions require good information. To help meet your needs along with those of other decision-makers, the Department of Health Professions (DHP) Healthcare Workforce Data Center (HWDC), available online at https://hwdc.dhp.virginia.gov, has been launched and has since become the Commonwealth’s chief repository of substantive data on Virginia’s nursing workforce.

Recently, a virtual tour of this “go-to resource” was conducted via a webinar for VNA members. In case you missed it, here’s a quick recap!

The Healthcare Workforce Data Center
The Virginia Department of Health Professions does more than renew your nursing license. The Healthcare Workforce Data Center is housed there. Launched in 2008, the HWDC has been gathering data on licensed professionals. It began publishing profession reports online in 2010. The HWDC currently surveys 28 professions, including registered nurses, licensed practical nurses, nurse practitioners, and certified nurse aides. It is very likely that you have participated in the survey process; last year 73% of RNs renewing their license did. The data gathered elucidate workforce numbers and demographics, educational level, and current employment status. The data, presented each year in approximately 50-page report, offer a snapshot of workforce distribution and job satisfaction among other things. (Figure 1)

Figure 1

The HWDC offers even more. The full library of HWDC’s “Data Products” and other resources is accessible online at http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ . This site includes an array of workforce survey publications (including the most current and previous nursing professional reports), interactive data visualization tools, economic briefs and blogs, and research methodology details. (Figure 2)

Figure 2

The site provides free access to consistency garnered and analyzed data on key characteristics of Virginia’s nursing workforce, as well as their employment situations, roles, settings, future plans, and more. The interactive tools enable standard comparisons within and across professions, over policy-relevant geographic areas in Virginia and over time.

Virginia Workforce Connection: Labor Market Services
The Virginia Employment Commission (VEC) Healthcare Workforce Data Center (HWDC), available online at https://www.vec.virginia.gov/contact-us, was launched and has since become the Commonwealth’s chief repository of substantive data on Virginia’s nursing workforce.

Recently, a virtual tour of this “go-to resource” was conducted via a webinar for VNA members. In case you missed it, here’s a quick recap!

The Healthcare Workforce Data Center
The Virginia Department of Health Professions does more than renew your nursing license. The Healthcare Workforce Data Center is housed there. Launched in 2008, the HWDC has been gathering data on licensed professionals. It began publishing profession reports online in 2010. The HWDC currently surveys 28 professions, including registered nurses, licensed practical nurses, nurse practitioners, and certified nurse aides. It is very likely that you have participated in the survey process; last year 73% of RNs renewing their license did. The data gathered elucidate workforce numbers and demographics, educational level, and current employment status. The data, presented each year in approximately 50-page report, offer a snapshot of workforce distribution and job satisfaction among other things. (Figure 1)

Figure 1

The HWDC offers even more. The full library of HWDC’s “Data Products” and other resources is accessible online at http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ . This site includes an array of workforce survey publications (including the most current and previous nursing professional reports), interactive data visualization tools, economic briefs and blogs, and research methodology details. (Figure 2)

Figure 2

The site provides free access to consistency garnered and analyzed data on key characteristics of Virginia's nursing workforce, as well as their employment situations, roles, settings, future plans, and more. The interactive tools enable standard comparisons within and across professions, over policy-relevant geographic areas in Virginia and over time.

Virginia Workforce Connection: Labor Market Services
The Virginia Employment Commission’s Virginia Workforce Connection is accessible at https://www.vec.virginia.gov/contact-us. This online resource allows users to connect with potential employers, search for jobs, find training opportunities, and research wage data. Users are also able to track industry and occupational trends. The site’s Labor Market Services provides an occupational profile with information updated daily that displays the number and mapped locations of posted job openings and candidates. It also shows a supply/demand ratio, typical and real-time wages, top employers and more. Additional information is available through the Virginia Employment Commission (http://www.vec.virginia.gov/contact-us).

U.S. Bureau of Labor Statistics (BLS) Projections
BLS publishes periodic long-term projections of employment growth, projected jobs and annual average job openings. The Long Term Occupational Projections (2016-2026) are accessible at Projections Central (http://www.projectionscentral.com/Projections/LongTerm). Virginia’s projected percent growth in RN employment is more than 14%, in keeping with the U.S. overall, with 300 jobs added during the 10-year period and 4,430 average annual job openings. Details on how Virginia compares nationally and with surrounding states are available on the BLS website (https://www.bls.gov/).

U.S. Department of Health and Human Resources Health Resources and Services Administration (HRSA)
Here is a sample of the kind of data available from HRSA:
• HRSA estimates the U.S. RN and LPN workforces from 2014 to 2030 to grow by 39% (+3.9M) and 26% (+1M), respectively;
• The estimated fastest growing groups with respect to race and ethnicity are Hispanic RNs (83%) and Hispanic LPNs (78%); and,
• Regarding demand for direct care providers (i.e., Nursing Assistants, Home Health Aides, Personal Care Aides and Psychiatric Aides) HRSA projects substantial growth, nearly 46% between 2015 and 2030.

HRSA’s Bureau of Health Workforce National Center for Health Workforce Analysis has developed a microsimulation model for estimating and projecting various health professions’ supply and demand. Their projections spanning various professions are accessible at: https://bhw.hrsa.gov/health-workforce-analysis/research/projections. Three of the latest relating to nursing are:
• Nursing Workforce Projections by Ethnicity and Race: 2014-2030 (https:// bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/ projections/hrsa-bhw-rn-lpn-factsheet-12-17.pdf), and

The Department of Health Professions (DHP) Healthcare Workforce Data Center (HWDC) offers a variety of excellent, standardized sources for data concerning the nursing workforce. The data are available to anyone looking for substantive answers to nursing workforce questions. If you would like additional help navigating the resources, please contact the HWDC (hwdc@dhp.virginia.gov).

Join our mission-driven, community-based nonprofit to enjoy a competitive salary and great benefits including:
• 403(b) retirement plan with employer match
• Living wage for all employees
• The chance to make an impact on the lives of your neighbors and community

If you’re ready for a team-based position that’s more than a job — it’s a calling — we’d love to have you.

Join our team today!
We are currently hiring for the following positions:
Director of Nursing
Registered Nurses
Licensed Practical Nurses

Please apply at our website at www.diamondhealthjobs.com.
Looking for nurses with a passion for the behavioral health field.

Looking for nurses with a passion for the behavioral health field.
Give the Gift of Nursing Pride for the Holidays!

The Virginia Nurses Foundation’s license plate honoring and supporting the important work of nurses in our Commonwealth makes the perfect holiday gift for the nurse in your life. VNF receives $15 from each plate fee. This funding will support our scholarships and nursing education initiatives. Plates are on sale now at the DMV’s website! $25 for regular plates or $35 for personalized plates. Can my family and friends purchase a nursing car license plate if they are not a nurse? YES! You do not need to be a nurse to purchase the license plate. Plates can be purchased at this link: https://tinyurl.com/yb2wsd7c

We seek the following commitments from the Commonwealth on behalf of Virginia’s more than 109,000 registered nurses.

Protecting the Title of Nursing
Patients and families rightfully expect that health professionals who hold themselves out as a nurse have received the legally required education and training. To ensure this, we must maintain existing protections in the Code of Virginia so that non nurses are prohibited from using the term “nurse.”

Ensure an Educated and Adequate Nursing Workforce
By providing tax incentives for healthcare professionals who serve as uncompensated preceptors (hands on clinical instructors) for APRN (advanced practice registered nurses) students, we can increase access to care, address the primary care shortage, handle mental health crises, and manage chronic diseases. All of these factors are crucial in improving the health and wellness of all Virginians. The incentive would be available for uncompensated preceptors, including APRNs, physicians, and physicians’ assistants.

Full Practice Authority for Advanced Practice Registered Nurses
The current shortage of primary care physicians and the practice barriers faced by APRNs limit Virginians’ access to health care services. APRNs (nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists) have provided safe, high quality, cost effective care in Virginia for more than four decades, and should be enabled to contribute to the healthcare solution by allowing them to practice to their full scope of education, training, and certification.

Virginia’s APRNs currently have barriers to practice which include requirements for physician supervision, collaborative or consultative agreements in order to practice, and restrictions on prescribing authority.

Individual, Family, and Community Health and Safety
Promote legislation to empower families to create healthy and safe environments.
• Ensure an educated and adequate nursing workforce to support healthy and safe neighborhoods.
• Increase access to mental and physical health services in communities with trauma informed care.
• Leverage the role of nurses to promote community safety and wellbeing such as increased vaccination, gun safety, home visitation, and the recognition of human trafficking victims, etc.

Nursing's Public Policy Platform

Join Us in 2020!
Developmental Disabilities Nurses Association
28th Annual Education Conference
April 24 – 27, 2020
Baltimore Renaissance Harborplace Hotel
“Do Nursing... History in the Making!”

Learn More: www.ddna.org/conference

NursingALD.com can point you right to that perfect nursing job!
There is a tremendous shortage of psychiatric-mental health nurse practitioners (psych NPs) in Virginia and demand for them continues. During the past year, there have been more than 70 job postings each month for psych NPs throughout the Commonwealth on Indeed.com. Salaries for the last 3 years average $127,015, annually.

In response, the Virginia Health Care Foundation (VHCF) has turned its small, time-limited Psych NP Scholarship initiative into a full-blown program, now known as Virginia Scholars. These scholarships cover tuition and all required fees for NPs to obtain a post-Masters Psychiatric-Mental Health Nurse Practitioner Certificate. In return, scholarship recipients practice as psych NPs at a Virginia health safety net organization.

In FY19, VHCF awarded 10 scholarships, bringing the total number of scholarships awarded since inception to 25! Six Psych NPs have graduated and are working or have worked in Virginia's health safety net. One has fulfilled her health safety net commitment and continues to practice in Virginia. Another is working for a local Community Services Board.

As of July 2019, there were only 225 psych NPs practicing in Virginia. More than half of Virginia localities (73) don’t have any. Psych NPs are concentrated in Northern Virginia, Richmond and Hampton Roads, with other pockets where Virginia's psych NP training programs are located (Charlottesville, Radford, Tidewater, Winchester).

For the past year, VNF has been working with nursing leaders from across the commonwealth to create a year-long program for new and emerging nurse leaders, called the Nurse Leadership Academy. The 12-month program, which will include development of individual leadership projects, is expected to launch in August/September 2020. The first six months of the program will be dedicated to live didactic sessions and webinars, and the last six months will focus on participants' applied leadership projects, which will include virtual checkpoints along the way with support from a hand-picked mentor. Participants will also have access to additional coaching opportunities with program leadership and peer-to-peer engagement through a virtual community.

Interested in growing your leadership acumen? Sign up on the Nurse Leadership Academy waitlist to receive more information as the schedule for the program develops: https://form.jotform.com/92874689703972

Legacy Scholarship

VNF also developed a scholarship for the Nurse Leadership Academy to honor the life and legacy of Dr. Lauren Goodloe and her commitment to nursing and nursing education in Virginia. Dr. Goodloe served as president of the Virginia Nurses Association while serving as a respected faculty member and assistant dean for clinical operations and associate professor at VCU’s School of Nursing, all while fighting a valiant battle with cancer. Please take this opportunity to put your stamp on the future by making a contribution for up-and-coming nurse leaders. Simply follow this link to contribute: https://form.jotform.com/92135888215968.

Nurses Wanted

At Southside Regional Medical Center (SRMC), we believe that nurses are at the heart of healthcare. Located about 25 minutes south of Richmond in Petersburg, VA, SRMC is a 300-bed medical center whose volumes are growing year after year. A newer facility, advanced technology, award-winning service lines and education assistance to further professional growth are just a few of the reasons our nurses say they like working here.

For information about job opportunities, call 804-765-5790 or visit SRMConline.com.

Current Openings Include:
• Med/Surg (General, Oncology, Post-Surgical, Telemetry)
• Behavioral Health
• Emergency Department
• Free Standing Emergency Department
• ICU/CVICU
• OR/CVOR

Sign-on bonus for select positions
An Equal Opportunity Employer
Minorities/Females/Vets/Disabled

VNU Staffing and Recruitment

Virginia Health Care Foundation Creates a Psych NP Scholarship Program

Map developed by Community Health Solutions for the Virginia Health Care Foundation, using license data from the Virginia Department of Health Professions (July 2019).

Curious about life a psych NP? Please visit VHCF’s website to learn more and see profiles of several Virginia Psych NPs: https://tinyurl.com/VHCF-PsychNPtestimonials.

For questions about Virginia Scholars or to request application materials, please email PsychNP@vhcf.org.

Apply now, start in spring 2020!

With a format geared toward working nurses, VCU School of Nursing’s Doctor of Nursing Practice program emphasizes patient safety and quality improvement, leadership, health policy, and organizational systems.

DNP program highlights:
• No GRE required
• Ranked one of the top 50 DNP programs nationwide*
• Online format with 1 to 2 days of immersion each semester
• Prepares nurses to lead health care teams and policy efforts
• Collaboration with the Langston Center for Innovation in Quality and Safety

Apply now at nursing.vcu.edu/admission or call (804) 828-0836.

An Equal Opportunity / Affirmative Action Employer
disciplinary action for impaired practitioners by providing comprehensive and effective monitoring services toward the goal of each participant’s return to safe productive practice.” The DHP contracts with the Department of Psychiatry, Division of Addiction Psychiatry of the VCU Health System to provide program monitoring services to include:

- Assistance in obtaining an assessment
- Ongoing monitoring of adherence to treatment requirements
- Screening for specified substances
- Approval for return to practice and practice setting
- Worksite monitoring

Referrals can come from different sources such as an employer, treatment provider, employee assistance program (EAP) or a DHP investigator, and for different reasons based on a practitioner’s actions, behaviors, excessive stress or interactions. While individuals can self-refer, Jay emphasized that a self-referral does not necessarily mean they will also be reported to the Board.

Once a healthcare provider is identified they must stop practice, be assessed and entered treatment. Although the program manager does not provide treatment, she will assist the individual in getting the assessment. Once assessment is completed the healthcare practitioner receives an orientation to the program and signs a Recovering Monitoring Contract and is assigned a case manager. Essentially all monitoring and case management is done electronically and from the participant’s location. It is important to understand that the treatment referral is dependent on the level of intensity and severity of illness. Individuals can be referred to residential treatment, as well as intensive outpatient or outpatient treatment. It is important for practitioners to understand that the HPMP can be an alternative to disciplinary action and is a way to seek treatment to ultimately return to practice. At any given time, there are 360-400 nurses in the program for various issues that has affected their practice and deemed them unsafe requiring treatment. Healthcare practitioners who may have an issue affecting their ability to practice safely can contact Peggy Wood at 804-367-4418.

Workgroups Advancing the Roundtable’s Agenda

Workgroups leads also brought attendees up to date on their efforts:

Stigma Workgroup co-leads Phyllis Whitehead and Nina Beanman shared how the group is looking at caring for those who provide the care, emphasizing the need to eliminate the stigma from colleagues who may be tackling a personal problem or issue requiring help. They also pointed to the Stigma Busters flyer that can be downloaded from the VNA website (Nursing Practice). Workgroups, please contact VNA/VNF CEO Janet Wall, jwall@virginianurses.com.

What’s Ahead?

A general theme throughout the day and in previous Mental Health Roundtable meetings was mental healthcare and treatment versus incarceration. There have been many situations in which incarceration has been used instead of mental health treatment due to a lack of understanding of how to work with an individual in crisis. The group emphasized the impact of incarceration on families, the economy and the ripple effect. There are professionals who are not only interested in addressing the issues but are motivated to make changes and work to resolve obstacles.

The Mental Health Roundtable will convene again in late February. If you’re interested in participating in the meeting and/or on any of the three workgroups, please contact VNA/VNF CEO Janet Wall, jwall@virginianurses.com.

Virginia Nurses Today | www.VirginiaNurses.com
Catherine Cox, PhD, RN, CEN, CNE, Alumnus CCRN
VNA Commissioner on Nursing Education

We had a great turnout for VNA's fall conference, where we learned about improving mental healthcare delivery across systems. Throughout the conference we delved into crucial issues such as stigma, access, and interdisciplinary care. We also appreciated the rousing Ignite! Rapid Fire lunch conference we delved into crucial issues such as where we learned about improving mental healthcare delivery across systems. Throughout the conference we delved into crucial issues such as stigma, access, and interdisciplinary care. We also appreciated the rousing Ignite! Rapid Fire lunch conference we delved into crucial issues such as where we learned about improving mental healthcare delivery across systems. Throughout the conference we delved into crucial issues such as stigma, access, and interdisciplinary care. We also appreciated the rousing Ignite! Rapid Fire lunch

1. Personal stories matter. H.O.P.E.: Hearing Other People's Experiences truly resonated with the audience because they were impacted by the personal stories shared by our keynote speakers including author Pete Earley - who poignantly described his struggle to get his adult son help after he developed a severe mental illness - as well as the National Alliance on Mental Illness (NAMI) who captivated us with their own personal stories regarding their mental health challenges and what helped them through their journey to achieving recovery.

2. Mental illness is an illness, just like any other illness, yet many are stigmatized when labeled with a mental health disorder. Woven throughout the conference were multiple opportunities to discuss how to combat stigma, and to evaluate our own prejudices.

3. Take time to understand not only the disease of mental illness, but also the individual. Several of our speakers reiterated how sometimes it was just one key professional who broke the cycle by taking the time to learn about the patient as a person and how that same individual connected with the patient to de-escalate crisis situations.

4. Mental healthcare is changing for the better in the Commonwealth of Virginia (VA), Mira Signer, acting commissioner for the Virginia Department of Behavioral Health and Developmental Services, shared with the audience key initiatives including the System Transformation Excellence and Performance (STEP-VA) program, Medicaid redesign, and financial realignment. STEP-VA is based on a national best practice model and includes a set of required services: implementing and evaluating quality measures, and defining oversight procedures across VA. Medicaid redesign involves shifting from crisis intervention to prevention activities and financial realignment is focused on making the services provided by STEP-VA successful.

5. The need for mental healthcare strategies spans practice environments. Throughout the two days I constantly heard how participants across all practice environments now have a better understanding of mental illness, including myself. With a background in critical care and emergency nursing - where I may grapple with the physiological - I pondered if I would learn anything pertaining to my specialty. And I did learn, especially about how trauma-informed care - which takes into account that people can be traumatized in a variety of ways - can be integrated into my daily practice.

It has been over a month since the fall conference occurred and I am still thinking about how fortunate I was to attend such a relevant and thought-provoking conference. If you are interested in learning more about how mental health is changing in Virginia, how you can provide trauma informed care, or how to navigate ethical issues in mental healthcare, three sessions from the conference are available for your viewing in our On Demand CE Library at virginianurses.com/page/On-DemandContinuingEducation. You can view these sessions and earn nursing contact hours, and even better, members receive free access to our entire online library. (Nonmembers can access on demand education for a small fee.) As your commissioner for VNA's Commission on Nursing Education, I urge you to join us for future events, whether it be our fall or spring conferences or our annual Legislative Summit.

The 2019 Virginia Real Estate Market Has Been HOT!

Most often the real estate market is better for one or the other - buyers OR sellers. This year, it's fair to say that it has been quite good for both. With a limited inventory and low interest rates, it is still a fantastic time for everyone - it's the perfect time to buy OR sell!

If you own a home and want to move, it's a great time to comfortably upsize, downsize or relocate. The market is good, values are up, and the overall inventory has been light.

On the buyers' side of the fence, mortgage rates have fallen to 3-4 percent, making it the perfect time for wannabe buyers to make the move to purchase a home. After finding their way into new careers and getting college debt under control, millennial buyers will always find their way into entry level housing.

Don't forget your Virginia Nurses Real Estate Benefit! As a Virginia nurse, you receive a cash rebate and your VNA dues paid for one year when buying or selling a home through the program. If you have considered buying or selling real estate, and you are a nurse in Virginia, be sure to take advantage of this benefit! In addition to the above mentioned financial advantages you will receive TOP TIER service from a real estate professional dedicated to your best interests in a real estate transaction. All Virginia nurses are eligible. Visit VNA.SmartMove.com for more information.

Cone Health is hiring RN’s at our Annie Penn Hospital

Annie Penn Hospital located in Reidsville, NC is hiring for Med Surg and ICU nurses. ADN or BSN’s will be considered with 6 months of experience or more. Competitive Compensation and benefits are provided. $16,000 sign on bonus available for Med-Surg areas.

Join Rockingham County’s leading health care provider for your next career!

The 2019 Virginia Real Estate Market Has Been HOT!

Most often the real estate market is better for one or the other - buyers OR sellers. This year, it’s fair to say that it has been quite good for both. With a limited inventory and low interest rates, it is still a fantastic time for everyone - it’s the perfect time to buy OR sell!

If you own a home and want to move, it’s a great time to comfortably upsize, downsize or relocate. The market is good, values are up, and the overall inventory has been light.

On the buyers’ side of the fence, mortgage rates have fallen to 3-4 percent, making it the perfect time for wannabe buyers to make the move to purchase a home. After finding their way into new careers and getting college debt under control, millennial buyers have begun to enter the market at a breakneck pace.

The long-term outlook is that we will continue to have a housing shortage, with trends indicating a robust real estate market for the foreseeable future. There will be the usual market ebb and flow, but the homeowners of today will shuffle their equity into upsized and downsized dwellings, and younger buyers will always find their way into entry level housing.

Don’t forget your Virginia Nurses Real Estate Benefit! As a Virginia nurse, you receive a cash rebate and your VNA dues paid for one year when buying or selling a home through the program. If you have considered buying or selling real estate, and you are a nurse in Virginia, be sure to take advantage of this benefit! In addition to the above mentioned financial advantages you will receive TOP TIER service from a real estate professional dedicated to your best interests in a real estate transaction. All Virginia nurses are eligible. Visit VNA.SmartMove.com for more information.
What the Mirror Doesn’t Tell You

According to a repeat survey done by Glamour magazine 30 years ago and updated in 2014, 54% of women are unhappy with their body and 80% claim the mirror makes them feel bad about themselves. Even men admit to body image angst: from 1997 to 2001, the number of men who had cosmetic surgery increased 256%. Unhappiness about body image has been reported among girls as young as age six. Clearly, we need to evaluate the messages the mirror is sending to us.

Mirror, mirror, on the wall

The mirror also doesn’t tell you how well your liver detoxifies drugs and chemicals and maintains your blood glucose level when you’re asleep. Nor does it reveal that your immune system constantly monitors and protects your blood from foreign invaders. We often blame our health problems on the foods we eat, but it’s what’s inside our body that truly counts. Does the mirror tell you that your spleen has been working hard to store white blood cells and recycle red blood cells? When did you last thank your spleen?

What the mirror tells you

Relying on the mirror to tell you “who is the fairest of them all” may not give you the whole truth. Despite potentially negative messages people get from the mirror, it can provide helpful information. It can tell you a lot about both the outside and the inside of your body. Although we focus on our exterior image, the mirror can provide information about the internal health of your body.

Using your nursing assessment skills, take an objective look at your skin and hair. The skin, the body’s largest organ, can provide a lot of feedback on your sleep (or lack thereof) and nutrition. Without adequate vitamin intake or sun, your skin may be pale and flaccid; without adequate essential fatty acids, it may be dull or dry. Stress, overwork, and lack of purpose in your life may reflect in the empty eyes that stare back at you.

The nursing reflection

Ironically, some nurses who care for sick patients and help promote health and healing are unhealthy themselves. Research shows that occupational stress, poor coping behaviors, and lack of supportive work relationships contribute to unhealthy behavior in nurses. The longitudinal Nurses’ Health Study, which began in 1988, examines relationships among hormone replacement therapy, diet, exercise, and other lifestyle practices and chronic illnesses. It found female nurses’ health was no better than that of the general populace. Ideally, a nurse’s health should reflect their education and knowledge of the human body. Unfortunately, knowledge alone doesn’t create vibrant health. We should sing along with the Disney character Mulan, who asks, “When will my reflection show who I truly am?”

You’re invited to join the American Nurses Association campaign for action improving nurses’ health and wellness. For more information please visit http://www.healthynursehealthynation.org/ and view the free webinar on the grand health challenge for nurses at https://campaignforaction.org/webinar/ implementing-nurses-health-wellness.

As nurses, we can do better to reflect the true inner beauty of our bodies—project that beauty in our lifestyles. Balancing the mirror’s messages is the key. What the mirror doesn’t tell you is that you can inspire you to honor your body. When is the last time you thanked your adrenal glands for helping regulate your blood pressure via cortisol and aldosterone?

What the mirror doesn’t tell you

“What a piece of work is man! How noble in reason, how infinite in faculty! In form and moving how express and admirable! In action how like an angel! In apprehension how like a god!”

—William Shakespeare, from his character Hamlet in his play Hamlet.

Virginia Nurses Today | www.VirginiaNurses.com

Reprinted with permission of Nevada RNformation

Tracey Long, PhD, RN, MS, MSN, CDE, CNE, CHUC, CCRN

“I hate my body.” Where did all these ugly gray hairs and wrinkles come from? “How could anyone find me attractive when I look like this?” “My body is an empty eyes that stare back at you.

What does your mirror say to you? Will you listen?

AUTHOR BIO

Tracey Long is a Professor of nursing in Las Vegas, Nevada for Chamberlain and Arizona College. As an identical twin, she regards her twin sister as her better reflection.

Selected references


Cleveland Clinic. Fostering a better self-image. Retrieve from http://my.clevelandclinic.org/health/healthy_living/His_Stress_Management_and_Emotion/Home_Health/His_Fostering_a_Better_Self-Image


Workplace Violence: How Can We Feel Safe at Work

Jessica Vos, BSN

No one should have to go to work with fear of physical violence, verbal threats, or threatening behavior. Unfortunately, many nurses do. According to the American Nurses Association, one in four nurses are assaulted. Of those one in four, only 20-60% of those incidents are reported. Nurse abuse, also known as workplace violence, attributes to 13% of missed worked days (American Nurses Association, n.d.).

In order to address workplace violence, we need to first be able to identify what it is. According to Joint Commission's Sentinel Event from April 2018, workplace violence can be described as intimidating, harassing behavior, physical assaults or threats of assaults and verbal, written, or physical aggression intended to control or cause death, serious bodily injury or damage to property (Joint Commission, 2018.). According to the American Nurses Association (ANA), the violence includes incidences by patients, patients’ family members and external individuals and includes physical, sexual and psychological assaults (ANA, 2019). Workplace violence can be further dissected into sub groups of bullying and assaults (ANA, 2019.).

Workplace violence can be further dissected into sub groups of bullying and assaults (ANA, 2019.). The empathy nurses feel for their patients can overwhelm their rational senses and may brush off the violent act as “the patient didn’t know what they were doing.” According to ANA's 2019 issue brief on reporting incidents of workplace violence other barriers to reporting include:

- A health care culture that considers workplace violence part of the job
- A perception that violent incidents are routine
- A lack of agreement on definitions of violence; e.g. does it include verbal harassment?
- Fear of being accused of inadequate performance or of being blamed for the incident
- Lack of awareness of the reporting system
- A belief that reporting will not change the current systems or decrease the potential for future incidents of violence
- A belief that the incident was not serious enough to report
- A practice of not reporting unintentional violence: e.g. incidents involving Alzheimer's patients
- Lack of manager and employer support
- Lack of training related to reporting and managing workplace violence
- A fear of reporting supervisory workplace violence

With this list of barriers to reporting workplace violence, it can almost be guaranteed that incidents happen at a substantially higher number than we anticipated. It is especially difficult if nurses don’t know when or how to report these incidents.

No matter who inflicts the act of violence, it is the nurses duty to report any and all acts of workplace violence. It is the organizations duty to train nurses to identify workplace violence and have an effective reporting system that is continually addressed. No one benefits from workplace violence as it “results in low staff morale, lawsuits, and high worker turnover,” (Joint Commission, 2018.). This is no good for the nurses, the organization, or the patients. Organizations should also be responsible to provide training to employees in preparation for disruptive behaviors, self-defense/self-protection, and de-escalation of these incidents. Being proactive and having staff be able to identify escalation of events that could lead to violence, could greatly help in de-escalation before the violent acts can occur. Organizations should also debrief with employees after these disruptive events occur to better determine what went well, what didn’t go well, and how things could be handled more effectively in the future.

Everyone needs to feel safe at work and we need to be able to report acts of violence no matter how small; if the incident causes physical or mental distress, or makes the nurse feel unsafe in any way, the incident should be reported and followed up with by management or the security team. Nurses should not feel shame for reporting workplace violence, the concerns should not be minimized by management. Workplace safety is everyone’s job and collaboration between management, security and staff is a must if we are to provide sustainable culture of safety.


Take advantage of the **ONLY ENP** in Virginia and North Carolina.

Averett offers the only ENP in Virginia and North Carolina, plus a brand new MSN with FNP focus. Both with online convenience, on-campus learning and arranged clinical placement. All an easy drive to Danville from central VA or NC’s Triad and Triangle.

**APPLY NOW**
Space is limited

<table>
<thead>
<tr>
<th>FNP</th>
<th>ENP</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Within MSN</td>
<td>Post-Master’s Certificate</td>
</tr>
<tr>
<td>6 SEMESTERS / Starts JAN 2020</td>
<td>2 SEMESTERS / Starts MAY 2020</td>
</tr>
</tbody>
</table>

CLINICAL PLACEMENT for all students

Visit averett.edu/nursegreatly or call 800-468-5353.