Hello!

Since this is my first message to you as President of INA, I thought that I would share a little about myself. I live in Davenport and work at Genesis Health System as the infection prevention coordinator. I have been at Genesis and its predecessor Mercy Hospital a little over 37 years in a variety of nursing roles. Additionally, I co-teach nursing fundamentals with a colleague at a local community college. Additionally, I volunteer as a camp nurse with Camp Herko Hollow, Iowa’s camp for kids with diabetes. I spend one week each summer at the Y-Camp in Boone, IA helping teens with diabetes learn more about their disease and how to live full and productive lives.

I joined INA when I was completing my BSN several years ago and have held a variety of leadership roles as an INA member and in my specialty organization. I love being a nurse and I am humbled and honored to be representing you as the President of the Iowa Nurses Association. I am looking forward to working with the INA Board of Directors over the next two years as we continue to work to grow, sustain, and provide opportunities for membership.

Congratulations to the newly elected members of the INA and INF Board of Directors! Please join me in thanking our past president Dr. Jann Ricklefs for her service to the organization. Jann has lead the organization for the last 3½ years as our president, but her journey began when she became involved with her district and served on the board of directors prior to becoming president. Under Jann’s leadership we have seen an increase in membership, developed a vision statement and held strategic planning sessions to provide direction for the organization. Thank you Jann! In October, the Board of Directors held a strategic planning session to develop our work plan for the coming year. Since participating in the ANA Membership pilot project, we have experienced a growth in membership; over this next year we will be working on providing opportunities for member engagement. Watch for emails and the weekly e-newsletter for opportunities to volunteer as they become available and become involved with your professional organization. Sometimes people think that volunteering in the organization means you have to run for an office. It does not! Consider volunteering for a committee or task force, writing an article for this publication, or doing an oral or poster presentation at our annual conference. Regardless of your level of involvement in the organization, thank you for being a member of INA/ANA. We need each and every one of you to continue to be the voice of nursing in Iowa.

The next INA event is Legislative Day. It is scheduled for Wednesday, February 26, 2020 at the Downtown Marriott. Our Public Policy Committee chair, Dr. Dawn Bowker, and her committee have been busy planning the event. Watch the weekly e-news for details and make plans now to attend.

As I write this message we are entering the holiday season. Take time to enjoy family and friends. Don’t forget to take time for yourself to rest and recharge. I wish all of you a very happy and healthy 2020!!

Lisa Caffery
MS, BSN, RN-BC, CIC, FAPIC
The "Iowa Nurse Reporter" is the official publication of the Iowa Nurses Foundation and the Iowa Nurses Association, a constituent member of the American Nurses Association, published quarterly every January, April, July and October.

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Tobi Lyon Moore
Phone: 515-225-0495
Email: tmoore@iowanurses.org

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Thank You to our outgoing Board Members!

Christina Peterson
Staff Nurse at Large
2017-2019

Jann Ricklefs
President
2017-2019

Kate Pace
Newly Licensed RN
2017-2019

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Advancing Nursing in Siouxsland and Beyond
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The Department of Nursing at Briar Cliff University seeks candidates for the role of chairperson for the department at the rank of Assistant or Associate Professor with a start date of January, 2020. The University offers CCNE-accredited BSN, MSN for family, adult-gerontological primary care, and psychiatric mental health nurse practitioner, and DNP programs.

Candidates for this 12-month, tenure-track position should have an earned doctorate in nursing, with five or more years of clinical nursing experience providing direct patient care and five or more years of teaching experience at baccalaureate or higher nursing education programs.

Please visit www.briarcliff.edu for more information.

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For more information, contact Suzette Eveland, Director of Nursing Services, Suzette.Eveland@twsl.com or Christina Hubka, Executive Director, Christina.Hubka@twsl.com

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Thank You to our outgoing Board Members!
Come be a part of an Eye Care Center of Excellence! Wolfe Eye Clinic has been providing a higher standard of care for patients for 100 years. We are looking to add full and part-time traveling Registered Nurse positions in Cedar Rapids and West Des Moines. Also, due to continued growth and expansion, Wolfe Surgery Center in West Des Moines has immediate openings for PRN, Part Time and Full Time Pre-op/Post-op and PACU Registered Nurses. Employees receive great wages, paid travel time and mileage, along with a competitive benefit package. We are looking for motivated candidates that desire to learn in a fast-paced setting and have the ability to positively interact and help patients while providing patient education and instructions. Candidates should be detail oriented, able to provide excellent patient service, and work as a constructive team member.

Duties include rooming patients, assisting physicians with retina treatments and exams, triaging phone calls, responding to tasks, scribing for physicians, working with insurance companies, and performing other clinic duties as assigned.

If you are interested in being part of a quality driven organization that has a low turnover rate, please apply online at www.wolfeeyeclinic.com/careers. EOE

WOLFE EYE CLINIC - Better Vision, for a better life! Registered Nurses
The Impact of Change in Nursing was the theme for this year’s conference, held at the Des Moines Marriott Downtown in Des Moines, Iowa on October 24-25. Each session this year addressed changes nurses are seeing in their day to day care and provided attendees tangible methods to meet challenges as well as improve patient care.

To kick off the conference Thursday evening, Dawn Bowker presented on “Is the Lack of Cultural Humility in Healthcare Harms our Patients?” along with a networking dinner. The group shared thoughts on real life examples of everyday missteps and ways to improve their own cultural humility.

Friday morning, we started the day with the Awards Breakfast and Foundation Scholarship Presentation. Iowa Nurses Foundation presented a total of $8500 in scholarships. The Mike Anderson Scholarship Award Recipients were Jennifer Tomason, Marcy Ludwig, and Alli Brown. Anita Leveke, Jennifer Lopez and Megan Hart-Fernandez were awarded the 2019 INF Scholarships. Congratulations to all our scholarship recipients!

Dr. Kimberly Brown, DNP, MSN, BSN, ARNP, FNP-C was honored with the Teresa E Christy Award. This award is presented to practice. The personal stories and examples shared by attendees made the learning personal and relatable. Congratulations to Mary Tarbox, EdD, RN, who was the recipient of the Edith E Ruppert award! The Edith E Ruppert award is presented to an Iowa nurse who, as a member of the INA, is judged to have contributed significantly to the improvement of nursing and the professional organization.

The day continued with keynote presentations from Bonnie Clipper, DNP, RN, MA, MBA, CENP, FACHE, Chief Clinical Officer at Wambi, and Rebecca Love, RN, MSN, ANP, Managing Director at US Markets. Bonnie spoke on “The Future of Nursing Practice,” and Rebecca shared her passion on “Nursing Innovation and Entrepreneurship.” Together, they inspired many attendees to think about ways to bring innovation to their nursing practice. Members and attendees were again treated to a break for chair yoga with Mary McCarthy as well as lunch and breaks with the exhibitors. The afternoon wrapped up with presentations by Iowan experts Frank Caligiuri, PharmD, BCPS and Shelly Jensen, RN, BSN. Frank spoke to attendees on “Medical Cannabis: An Overview,” and Shelly’s topic was “The Power of Immunizations.” Attendees appreciated the timeliness of both topics!

Friday finished with the INA Annual Business Meeting. The board of directors reported on the progress report of the strategic plan and membership, and they recognized outgoing board members, Christina Peterson, who served two years as Staff Nurse at Large and Kate Pace, who served as Newly Licensed Nurse 2017-2019. The Board recognized the leadership of Jann Ricklefs, outgoing President.

Thank you to the planning committee: Lisa Caffery, Virginia Wangerin, Christina Peterson and Kate Pace. Your dedication is much appreciated!

A big thank you to the sponsors and exhibitors, without whom we could not put on a conference of this magnitude. Their generosity is greatly appreciated, and we thank them for helping to make our event a huge success!

Most of all, thanks to all the INA members and friends who attended the conference. Doing so demonstrates your willingness to improve your skills and knowledge as well as your dedication to celebrating nursing in Iowa!
2019 INA Conference and Annual Meeting Highlights

Sponsors

Dr. Julie Dragstra
Increasing Awareness of End-of-Life Education for Nursing Students, Practicing Nurses, and the Community

Brenda Duree PhD, RN
Changing Cultural Bias in Rural Iowa Nurses

Kurt Sturmer, DNP
How to Promote the Expansion of Testing Modalities in Nursing Education and
How is Spiritual Care Perceived by Patients in a Healthcare Interaction?

Kenzie Scott, Lynn Naked, Janek Jaures, Joslyn Reiche, Benjamin A. Tallman
Implementation of an Immersive Virtual Reality Pain Distraction Intervention in an Acute Care Hospital Setting

Exhibitors

Chamberlain University • FocusOne Solutions • Gideons International • Grand Canyon University • Integrated Clinical Trial Services, Inc. • Iowa Lions Eye Bank • Midland University • Mount Mercy University • Presbyterian Homes & Services • Suzanne for U.S. Senate Candidate • Universal Pediatrics • US Army Healthcare • Zanfel Laboratories, Inc. • 5.1.5 FoReNtics LLC

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OVERVIEW
Iowa Nurses Association (INA) invites Iowa nurses and nursing students to participate in the 2020 INA Legislative Day. This year’s event with exhibitors will take place Wednesday, February 26, 2020, at Des Moines Marriott Downtown in Des Moines, Iowa.

We look forward to seeing you on February 26, 2020. Early bird registration ends on February 12. For more information or to register online, visit www.iowanurses.org. If you have any questions, please contact the INA office at events@iowanurses.org or 515-225-0495.

CONTACT HOURS
This activity has been submitted to the Ohio Nurses Association (OBN-001-91) for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Pending approval, participants can receive a maximum of 2.75 contact hours for attending this activity.

In order to obtain a Certificate of Successful Completion for this activity, the learner must complete the following criteria:
- Sign in either at the registration desk or through our event mobile app
- Attend at least 89% of the event
- Complete the online evaluation for each session as well as the overall event evaluation.

AGENDA

Tuesday 2/25/20
6-8pm Iowa Legislature and Nurse Networking Reception

Wednesday 2/26/20
7:30-8:55am Registration and Visit Exhibitors
8:55-9am Welcome from the INA Leadership
Lisa Caffery MS, BSN, RN-BC, CIC, FAPIC, INA President
9-10am Keynote Presentation
Presenter TBA
10-10:15am Break with Exhibitors
10:15-10:45am Current Legislative Issues
Jim Obradovich, INA Lobbyist
10:45-11:30am Strategies to Effectively Communicate with Your Legislator
Presenter TBA
11:30-11:45am Navigating Capitol Hill: Wrap-up Instruction
11:45am-1pm Lunch with Exhibitors
1-5pm Meet Your Legislators

REGISTRATION
Visit the INA website www.iowanurses.org and register online or complete the form below:

Name ____________________________
Address ____________________________
City/State/Zip ____________________________
Telephone ____________________________
Email ____________________________
Food Allergies or Physical Needs? ____________________________

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Expiration date ____________________________ CVV ______
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Card holder zip code ____________________________

* Fees include materials, meals and contact hours
**Student rate only applies to students working on pre-licensure
***A full refund, less a $25 processing fee, will be made if request is made by February 12, 2020. INA cannot be held responsible for adverse weather conditions.

Email or mail the form to events@iowanurses.org
Iowa Nurses Association 2400 86th Street #32 Urbandale, IA 50322
WHY DID I CHOOSE UNIVERSITY OF IOWA HEALTH CARE?

“My career here has pushed me and challenged me in ways that I didn't think possible. There are so many opportunities for educational, professional, and personal growth that you cannot get everywhere. I’m proud to be a part of a team that’s not only dedicated to world class patient care but also in investing in their own team.”

To learn more about available RN job opportunities find us online at: uihc.org/nursingjobs
The Iowa Nurses Association has adopted Meaningful Gun Control as a legislative priority. For some, the mention of meaningful gun control elicits a visceral response. For others, meaningful gun control equates to more restrictive gun laws. Yet, others could argue that more research is needed to determine whether public policy on meaningful gun control will help to limit access to firearms.

I would like to address meaningful gun control from the perspective of suicide death by firearms. Death by suicide is a major public health issue. According to the National Institute of Mental Health (NIMH) (2019) suicide was the tenth leading cause of death overall in the United States, the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54. In 2017, there were more than twice as many suicides (47,173) in the United States as there were homicides (19,510) (NIMH, 2019).

Firearms are used in 51% of all suicide deaths in the United States and suicide rates are higher in states with higher per-capita rates of firearm ownership (CDC, 2018; Fielding, 2019; Pew Research Center, 2019). After accounting for more than a dozen sociodemographic and health factors that contribute to suicide risk—depression, alcoholism, substance abuse and education—for each 10-percentage point increase in a state’s rate of household firearm ownership, the youth suicide rate went up by nearly 27 percent (Banerjee, 2019; Knopov, Sherman, Raifman, Larson, & Siegel, 2019). Additionally, suicide attempts involving a firearm are more likely to result in death. Access to a firearm makes the equation deadly; 85 percent of firearm suicide attempts end fatally, while less than 5 percent of non-firearm suicide attempts end fatally (Fielding, 2019).

Nurses in Iowa can address meaningful gun legislation by working collaboratively with firearm advocates, law enforcement, mental health professionals, and researchers to identify and implement evidence-based strategies to decrease death by suicide involving firearms.

The Iowa Nurses Association can look closely at and possibly adopt messages from the American Public Health Association (APHA) (2018) policy statement, Reducing Suicides by Firearms (Policy 20184). The APHA policy statement outlines strategies to reduce access to firearms when a family member is at risk for suicide and proposes efforts where firearm safety can include suicide prevention in a manner fully consistent with the Second Amendment.

Enacting policy on meaningful gun control can reduce access to a highly lethal means of suicide.

References
Nothing strikes fear into the heart of a nurse quicker than receiving a phone call from an Iowa Board of Nursing investigator. When that happens, the biggest fear is that the nurse could lose their license to practice, especially when there has been a known failure on the part of the nurse.

The first thing a person should do upon receiving such a call is to “lawyer up,” while also indicating one’s willingness to cooperate after obtaining legal counsel.

There are two types of people who need legal counsel during an investigation where they are the focus of the investigator: innocent people and guilty people. Innocent people can end up with charges (which they would then have to defend), even though they may eventually be proven innocent. Guilty people, on the other hand, need legal counsel to assist them to do damage control. Board investigators do not assume that a person is guilty because they have legal counsel. Instead, they understand the licensee will be prepared to answer their questions, and the licensee takes the matter seriously. The more complex the factual situation, the more likely legal counsel will be necessary. This is because the ignorance of the investigator, will almost always create problems for the licensee (not all investigators are nurses, as some are law enforcement officers). Also, most often, the investigator typically talks with all accusers first, then talks with the licensee last of all.

If the nurse has malpractice insurance, it is common for the policy to cover the cost of the investigation, even if the case is closed after the interview with the Board Investigator, and no charges are filed. Assuming insurance coverage, some attorneys accept the insurance payment as payment in full, though others may charge their normal billable rate but subtracting the amount the insurance company pays for, leaving the nurse/client to pay the difference. Some are law enforcement officers. Also, most often, the investigator typically talks with all accusers first, then talks with the licensee last of all.

Your attorney should meet with you before the meeting with the investigator to obtain the full story (if known) about the reason for the investigation. It is important to be totally honest with your attorney, so they can properly advise you. Your conversation with your attorney will be protected by attorney-client privilege. Sometimes the allegation is a total surprise, and it only comes out during the interview. However, a well-prepared licensee and their attorney should be able to address the issue. Your attorney should prepare you for the interview, instructing you on tips and techniques to most accurately answer the questions posed. If an investigator oversteps their bounds, the attorney can take steps to back them down, to protect the client. Legal counsel can explain the rules the Board is likely to be concerned with, and various options the client can take to best handle the matter.

While license revocations do not easily happen, there are other forms of Board discipline that do. These include additional continuing education, probation, fines, citation and warning, and less often, license suspension with terms and conditions imposed. See 655 I.A.C. § 4.7. One action taken by the Board that is not considered discipline is a private letter of reprimand. This may be issued when a licensee has made a misstep (remember, no one is perfect!), taken responsibility for their action, and the Board is of the belief it has been properly addressed. Keep in mind, Board of Nursing discipline is a permanent public record, so take any and all investigations seriously, even if you think you have no legal exposure. It is better to be safe than sorry!
When Nurses Speak: Advocacy Described

Nurses can influence policy only if they share their expertise and wisdom by using their voices. Where does the busy nurse begin?

How to Inform and Influence

1. **Have confidence** – You can positively influence healthcare; value the expertise you have.
2. **Join professional organizations** – There is greater influence in numbers and a unified message.
3. **Interact with policy makers at all levels** – Educate them on barriers and issues that face nurses and patients. Tell them your personal stories from the frontline of healthcare.
4. **Know your legislators** – They want your vote & need your insight and wisdom.
5. **Policy/legislative websites** – Become familiar with these websites which provide information on current trends and bills.
6. **Make your voice heard** – Provide expert testimony at public hearings, give presentations, write editorials/articles/policy briefs.

Conclusions

- Nurses offer a unique perspective that influences every aspect of the healthcare system. It is time to share that perspective to influence healthcare policy.
- Now is the time for the nursing profession to use it’s strength in numbers, it’s expertise from their frontline roles and use their voices to positively influence healthcare policy.
- By speaking through a unified voice on healthcare issues and supporting all nurses to work to the full extent of their licenses and education, nurses will improve healthcare for all (ANA website) https://www.nursingworld.org/practice-policy/
- This future of quality healthcare is dependent on RNs using their voices to inform and influence healthcare.
WELCOME NEW INA MEMBERS!

Northwest Region
Jennifer Beacon
Beneve Ann Cambri
Sara Carlson
Samantha Christians
Angela Crowley
Monica Edmonds
Michael Hingpit
Kathryn Johnson
Merjorie Ricklefs
Vanessa Smith

Northeast Region
Carol Burkle
Sue Burnett
Debbie Dow
Susan Harmon
Emilia Hinton
Amy Joslin
Rachele Kindisci
Katy Maker
Christina Merkes
Angela Prusman
Kelly Richards

Southwest Region
Angela Bothwell
Debra Coleman
Amanda Groszkruger
Jill Halverson
Kelsey Kelley
Abbie Loehr
Sue Matthews
Tara Poore
Rebecca Wolf

Southeast Region
Madison Agey
Gina Allen
Sultan Alolayan
Kati Armstrong-Brock
Dawn Barnes
Rachel Becker
Jenna Bert
Megan Bogard
Katie Braun
Connie Brown
Alexis Caluzzi
Beth Carder
Amanda Chong
Tracy Clavson
Stephanie Clemens
Kristie Connell
Karoline Crowder
Cindy Dawson
Angela Easley
Julie Eggers
Michele Farrington
Taylor Felker
Heather Ford
Cody Gassmann
Margaret Gassmann
Amanda Grell
Julie Gronevold
Amber Hennings
Marcia Hester
Jessica Hoff
Carrie Van Houten
Jennifer Joyce
Anna Kitsmiller
Megan Lewis
Anna Mandsager
Cheryl Mann
Leslie McClay
Rebecca Moore
Amy Morin
Tammy Nodarse
Mike Ogoli
Debra Oldaker-Tedrow
Olivia Oppelt
Matthew Patrilla
Josefin Rowell
Carrie Scoggins
Brooke Shivers
Debra Smith
Joy Smyth
Jacqueline Stewart

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- Independent Study Modules formats include articles, audio, multimedia, slides and video.

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- Archives of past webinars available on NursingWorld.org

ANCC CERTIFICATION DISCOUNTS
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CAREER CENTER
- Both ANA and INA have a career center that can help you find your dream job.

Support ANA and state Advocacy efforts, which help protect your job, your safety and your rights as a nurse. The voice of nursing grows stronger when INA and ANA together speak out on today’s crucial issues.

New Lower Dues – Only $15/month or $174/year!
Joint members in the Iowa Nurses Association (INA) and the American Nurses Association (ANA) is now just $15 a month – less than the price of a specialty coffee per week!
You owe it to yourself and to your career to join the largest and most inclusive group of registered nurses in your state and country.
Join today at www.JoinANA.org!

Now is the perfect time for you to join ANA and INA
www.joinana.org
There is a shortage of mental health practitioners in Iowa and even fewer who are bilingual and/or trained to take on complicated workman’s compensation cases. After trying to find prompt referral sources for my Spanish-speaking and injured-worker populations, Megan realized there was a significant gap in care that, if filled, would tremendously improve the lives of injured workers and Spanish-speaking patients throughout Eastern Iowa. She ultimately decided to reduce her work hours and pursue her post-graduate PHMNP certification so she could help bridge this gap in care. Megan graduated with her MSN-FNP from the University of Iowa in 2011 and her DNP in 2012.

Upon graduation Megan’s goals is to serve these unique populations throughout Iowa, and ultimately utilize telehealth technologies to help serve patients who are unable to travel, or whose work schedules, or abilities do not permit them to seek traditional mental health services. She is very passionate about providing exceptional care to the unique populations she works with and looks forward to the new adventure.

Jennifer Thomason, RN

For as long as Jennifer can remember, she has wanted to become a midwife. Jennifer’s career path began 18 years ago when she attained her LPN. Over the years she has developed her skill set through doula training, childbirth education training, and many other educational opportunities. In 2015, Jennifer had the honor of serving in a Ugandan hospital Labor & Delivery ward. In May 2019, Jennifer will graduate from Iowa Western Community College with her A.D.N. She currently enrolled at Grand Canyon University to earn her bachelor’s degree and was on a journey to obtain her master’s degree. Jennifer finished her bachelor’s degree and was on a journey to obtain her master’s degree. Jennifer commented “You can’t imagine the looks I get when I tell people, “Yes, at my age, I’m pursuing my education in order to become a women’s health practitioner as well as a certified midwife.” Jennifer’s current position is in Labor & Delivery at South Lake Hospital. For a full listing of positions and to apply online, please visit: www.southlakehospital.com

If interested in learning more about this opportunity or to apply, please email HR@dbq.edu or visit www.dbq.edu

For assistance, please contact Human Resources: 352.394.4071 Extension 7120

Megan is a bilingual, board-certified Family Nurse Practitioner. After years of working in family practice, migrant health clinics, and in the occupational health setting, she witnessed first-hand how physical and mental health conditions influence overall health and healing. Locally, there were extremely long wait times to get into psychiatry and psychotherapy, and most providers in our area are unwilling to take on workers’ compensation cases. With work comp, time is of the essence, as studies demonstrate that if an employee is able to remain at work, even in a light duty capacity, they recover faster, and have better overall outcomes than those who remain off work following an injury or traumatic event. Waiting 6-8 weeks to get in for mental health treatment is current reality, but it is simply not acceptable in this population.

Anita Leveke, BSN, RN, CEN

Anita’s nursing education began in 1980, where she had hopes of becoming a nurse educator. After she graduated with my associate degree in 1982, she got married and soon after that, started a family. Her education goals were put on hold to see her husband through college, and provide a parochial school education for our children. Thirty years later, it was her turn. Anita finished her bachelor’s degree and was on a journey to obtain her master’s degree. Anita commented “You can’t imagine the looks I get when I tell people, “Yes, at my age, I’m pursuing my education in order to become a women’s health practitioner as well as a certified midwife.” Jennifer’s current position is in Labor & Delivery at South Lake Hospital. For a full listing of positions and to apply online, please visit: www.southlakehospital.com

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Anita Leveke, BSN, RN, CEN

Anita’s nursing education began in 1980, where she had hopes of becoming a nurse educator. After she graduated with my associate degree in 1982, she got married and soon after that, started a family. Her education goals were put on hold to see her husband through college, and provide a parochial school education for our children. Thirty years later, it was her turn. Anita finished her bachelor’s degree and was on a journey to obtain her master’s degree. Anita commented “You can’t imagine the looks I get when I tell people, “Yes, at my age, I’m pursuing my education in order to become a women’s health practitioner as well as a certified midwife.” Jennifer’s current position is in Labor & Delivery at South Lake Hospital. For a full listing of positions and to apply online, please visit: www.southlakehospital.com

If interested in learning more about this opportunity or to apply, please email HR@dbq.edu or visit www.dbq.edu

For assistance, please contact Human Resources: 352.394.4071 Extension 7120

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

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

Incivility takes on many forms in nursing. Some insidious, some unintended, and some overt. We have been working to eradicate incivility from nursing for years, but we have not yet completed our journey. The question is, are you “that nurse?”

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

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

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

It’s easy to talk about incivility when we have the luxury most days to not keep tactful guard of what we say and do. The image and professionalism of nursing rests with all of us. This example shows we say and do. The image and professionalism of nursing rests with all of us. This example shows we

Jennifer Lopez, BSN, RN
Jennifer states, “I consider myself extremely fortunate that the profession of nursing has chosen me, for as much as I have pursued nursing, I have this inexplicable sense that nursing seems to choose many of us − those of us who live out this wonderful, crazy profession that boils down to the compassionate care of strangers.” Jennifer is in pursuit of her Masters in the Science of Nursing with an emphasis in forensics. Jennifer is very passionate about her chosen emphasis area of forensics.

Jennifer considers herself fortunate to collaborate with both individual patients and community agencies as she works with the underserved population at His Hands Free Medical Clinic as the Diabetes Nurse Educator, to serve the Linn County Diabetes and Healthy Living Coalition, and is part of the obesity strategic issue planning committee for the Linn County Community Health Improvement Plan 2019-2020. She enjoys working with both individual patients and at the community level to improve and coordinate health care delivery for those navigating an everchanging health care system, and those with no access to healthcare insurance.

Jennifer volunteers at Bridgehaven Pregnancy Support Center in Cedar Rapids since 2011, and has been working to eradicate incivility from nursing for years, but we have not yet completed our journey. The question is, are you “that nurse?”

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Jennifer Kingsley, BSN, RN
Jennifer is currently working as a Float Nurse with MercyOne. She has been working to eradicate incivility from nursing for years, but we have not yet completed our journey. The question is, are you “that nurse?”

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When asked why appropriate staffing was so important, Tracy Viers, MSN, RN, CCRN, didn’t hesitate for a second. “The bottom line is it’s all about patient safety and positive outcomes,” said Viers, an ANA-Illinois member and intensive care unit (ICU) staff nurse at Blessing Hospital in Quincy, Illinois. “Good patient outcomes are dependent upon nurses, who can’t do their best when they have too many patients and tasks.”

And that inability to provide every patient with the best possible care also causes nurses, no matter where they have too many patients and tasks.”

The American Nurses Association (ANA) wants appropriate staffing to be the rule—not the exception—across care settings. To that end, the association continues to increase and widen its efforts, knowing that complex problems require a multifaceted approach.

One way ANA is pursuing a unified legislative and regulatory approach to achieve ANA’s staffing goal is through its Prism: The American Nurses Association’s National Principles for Nurse Staffing initiative. The principles are designed to be comprehensive staffing plans. Among these resources for appropriate staffing and implement practical, and tools to help them make an immediate case multipronged approach.

But looking at the principles includes additional information, such as referencing the Institute for Healthcare Improvement’s triple aim to improve health system performance, this resource continues to provide resources to help them develop, implement, and evaluate appropriate staffing plans and activities. It includes core components such as:

- Staffing needs must be based on an analysis of the organization and workplace culture, the practice environment, and 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 that have shown to improve care outcomes.

ANA-Illinois Executive Director Susan Swart, EdD, MA, said, “We are very proud of the work 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 develop staffing committees made up of at least 50% direct care nurses and that staffing decisions are based on patient acuity, skill mix, and other factors.”

“We want to put some teeth in the law so the committee isn’t advisory but has real pull,” Swart said. “We envision that to address staffing issues.”

“A lot of our members are working 12-hour shifts, and oftentimes it’s new nurses, who are just starting to work. They don’t have any experience,” said Dent, who recently left his long-term leadership role at Midland Memorial Hospital in Texas.

“Staffing is complex,” said Deborah Maust Martin, DNP, MBA, RN, NE-BC, FACHE, who also contributed to the revised principles. “We need to look at patient outcomes and how we get the best match of patients and nurses.”

Maust Martin, a Wisconsin Nurses Association member, noted that the principles are designed to be applicable to nurses working in all settings, from acute care to school and community-based practices. The term “healthcare consumers” instead of “patients” shows the broad reach of nurses’ roles and the populations they serve.

Pursuing other efforts

In addition to more than 50 state associations and specialty-focused organizational affiliates also are engaging in a range of efforts to address this priority issue.

In Washington State, O’Toole testified before legislators about nurses’ need 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 her efforts by WSNA, and the new law reinforces the hospital’s obligation to ensure nurses get breaks.

In Minnesota, the first bills to break 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% direct care nurses and managers that have real pull,” Swart said. “We envision that to address staffing issues.”

“Looking at the principles comes to addressing nurse staffing.”

A career at Mercy-Cedar Rapids gives nurses a professional boost with fantastic benefits and unique opportunities to lead in a compassionate atmosphere that's one-of-a-kind in eastern Iowa.

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At McCoy-Cedar Rapids, nurses are empowered and expected to do their best work.
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, FRCN, 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.”

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Contact Ashley LaBarge at 515-309-2036 or alabarge@eastersealsia.org

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from the Board and Staff of the
Iowa Nurses Foundation and Iowa Nurses Association!