The New Mexico Nurse is GOING GREEN!!!

To make certain you continue to receive an electronic copy, please subscribe at no cost today at: https://tinyurl.com/NMNurse.

NMNA’s Healthy Nurse, Healthy New Mexico is excited to announce that beginning with this issue, the publication will be distributed as part of a NMNA/ANA benefit in both printed and electronic form to NMNA members. It will be made available to all RNs and LPNs licensed in New Mexico as an electronic publication.

As an early adopter of Healthy Nurse, Healthy Nation, NMNA has been determining ways to lessen our carbon footprint and ways to adopt more environmentally friendly practices for the Association. For example, we have been holding most meetings via conference call or computer based platforms to avoid transportation carbon costs and encourage ride-sharing as a more efficient means of transportation when we do have in-person events. With this in mind, we will go green with the NM Nurse to lessen our use of wood pulp!!

We encourage every nurse in New Mexico to register to continue to receive the publication electronically… Whether you want to go green or just like reading it electronically, signing up for the online version is very straightforward. We encourage you to use a personal email versus a work email so that it is in your inbox and you will receive it faster than our standard mailing in the past. A printed copy will continue to be distributed to NMNA members as a membership service and many of our members want the print to read and then share with a colleague.

If you have any questions or comments, please contact the NMNA Executive Director, Deborah Walker, at dwalker@nmna.org or call (505) 471-3324.

You can join NMNA at www.joinANA.org.

The New Mexico Nurse is GOING GREEN!!!
Linda Siegle Awarded 2019 Friend of Nursing Excellence Award

Linda Siegle - Friend of Nursing

Linda Siegle has long been our face of nursing at the New Mexico Capitol. As a contract lobbyist, Linda currently represents the New Mexico Nurses Association, the NM Nurse Practitioner Council, the NM state affiliate for the American College of Nurse Practitioners, and the NM Nurse Practitioner Council. She has helped craft the Safe Harbor for Nurses (RNs and LPNs), making New Mexico the second in the nation to have such language, protecting nurses’ ability to practice based on their expertise in concert with using the Code of Ethics and Standards of Practice. Additionally, Linda successfully lobbied for hospital privileges for nurse practitioners, clinical nurse specialists, and certified nurse midwives. This law requires health care facilities to establish the same criteria for granting patient admitting, discharge or ongoing patient care privileges for these advanced practice nurses as for MDs. New Mexico became the first state in the U.S. to enact these privileges. For these reasons and many others, Linda Siegle was awarded the 2019 Friend of Nursing Award.

Linda Siegle and Senator Liz Stefanics at the NM Nursing Excellence Awards

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Fees inclusive of continental breakfast, lunch, and continuing nursing education contact hours*. Participants are encouraged to dress for the weather and wear business attire. Due to the interactive nature of the day, activities will take place both at Hotel Santa Fe and the NM State Capitol.

Parking is free at the Capitol North Parking Facility at 485 Galisteo Street. Contact Hotel Santa Fe directly to reserve your room at the reduced rate: Make sure you identify yourself as with NMNA.

Telephone: 877-259-3409 Fax: 505-955-7835 E-mail: stay@hotelsantafe.com

Mail registration form and check made payable to NMNA by January 18, 2020 to:
NMNA, P.O. Box 418, Santa Fe, NM 87504
Contact the NMNA office directly to pay by credit card. (A 5% processing fee will be charged.) No refunds can be made but the registration may be transferred.

Contact Deborah Walker, RN, MSN with any questions at: dwalker@nmna.org or by calling (505) 471-3324

Year-End Report

The New Mexico Nurse’s Association’s (NMNA) Healthy Nurse | Healthy New Mexico (HN | HNM) is an early adopter and partner of the American Nurses Association’s Healthy Nurse Healthy Nation. We are celebrating that goals were met and exceeded!

Since 2017 more than 126,000 participants and more than 520 partners, nationwide, joined Grand Challenge movement focusing on individual, organizational and interpersonal health.

The five domains focus on activity, rest, nutrition, quality of life and safety. NMNA has incorporated activities and awareness that are representative of these domains and we will continue to make the health and well-being of nurses in New Mexico a top priority.

The following are highlights from the annual report for New Mexico’s participants:

- 73% are Caucasian
- Top reported health issues: allergies, back pain, depression, migraines, hypertension, and anxiety
- The majority of nurses in NM only eat two servings of fruit and vegetables per day
- The majority of nurses report having to arrive early, and or stay late at work
- The majority feel obligated to come to work even when sick or injured
- 18% felt sad or depressed for more than two weeks in the past year
- 86% reported a significant risk for health and safety due to workplace stress
- 25% engage in activities that divert their attention while driving

Where do we go from here?

1. We need all RNs and LPNs in NM to join the Grand Challenge at https://www.healthy nurseshponation.org. Data is reported in the aggregate and it is important for both you as an individual and our profession to look at the health of the individual nurse. We may be the most trusted profession but we are in the top five in the nation as the least healthy!! The survey participants do not reflect the population of our nurses in New Mexico and we need to have all of us represented.

There is no cost to sign up and you do not need to be a member to join.

2. At the NMNA’s Annual meeting we discussed our goals to increase nurse participation so that we can improve our individual and collective health, together! Our discussions revealed an interest in organizational partnerships, considering how language impacts engagement, inter-professional collaboration, and engaging millennial nurses.

3. Let’s work together! Please consider joining the HN | HNM Interest group through NMNA. We welcome individual and organizational partners. Contact Camille Adair (camille@camilleadair.com) or Deborah Walker (dwalker@nmna.org)

Healthy New Mexico Year-End Report

The University of New Mexico Valencia Campus Lecturer, Nursing REQ10749

The University of New Mexico, Valencia Campus is accepting applications for Lecturer II or III and Director, Nursing, which is a full-time, 9-month, non-tenure track position. The position will begin August 10, 2020. For best consideration, all application documents must be received by February 28, 2020; however, the positions will remain open until filled.

TO APPLY: For complete information including closing dates, minimum requirements, and instructions on how to apply for this or any UNM position, please visit our website at unmjobs.unm.edu or call (505) 925-8500.

UNM Valencia, 280 La Entrada Rd., Los Lunas, NM 87031
Marcella’s Story

Dr. Karen L. Brooks, Esq., EdD, MSN RN

This liability column tells the story of Marcella, a registered nurse, who for twenty years, enjoyed a successful career caring for patients in a variety of long-term care environments and assisted living facilities. She had an unblemished record of service until the day that she was terminated, suddenly and without warning, from her employment in a long-term care and retirement complex by the nursing administrator. She had been in her position for ten years. The reason for the termination, as put forth in a letter to the State Board of Nursing, written by the long-term care facility administrator, was that Marcella had provided negligent wound care to one of the residents. The facility administrator, was that Marcella had provided negligent wound care to one of the residents. The administrator also reported Marcella to the State Agency for Aging as Marcella was certified by this agency to provide daytime domiciliary care to a limited number of Alzheimer’s patients in her home.

Marcella was the sole provider for her family which included her husband and a grandchild. She never had professional liability insurance, never thought much about it and believed her employer would cover any issues that might arise in the context of her employment. But she was fired. Within two weeks of her termination from her job, Marcella was contacted at her home by an investigator from the state board of nursing. She also received correspondence from the state agency on aging temporarily terminating her domiciliary privileges pending an appeal hearing with a senior official from that agency. What was Marcella to do, no job, no income and no liability insurance? In addition, how was she to deal with the looming state inquiries?

Marcella knew that she did not have the fortitude to try to represent herself with the upcoming legal investigations and so sought assistance from the local bar association. An attorney was assigned to Marcella’s case. The attorney’s fee took into consideration Marcella’s financial status as well as the amount of time that the case would require. Marcella agreed to the terms and fees.

After several discussions between Marcella and her counsel about the events leading to Marcella’s termination, the attorney and Marcella first met with the board of nursing investigator. Patient records, which had to be subpoenaed, indicated that there was no issue concerning negligent care for the patient who was named by the facility administrator. All documentation was in order. Marcella also provided signed affidavits from colleagues and the patient’s family attesting to the excellent care that Marcella always provided to the patient in question. The attorney representing Marcella discovered that the nursing facility administrator did not care for Marcella’s participation in union activities at the facility and so was looking for a way to terminate her. After Marcella and her counsel met with the board investigator and proffered the relevant documents, the board investigator disclosed that more than likely the case against Marcella would be closed with no further action. The board of nursing case was closed in three months.

In terms of the state agency on aging that suspended Marcella’s status as a certified domiciliary, Marcella and her counsel participated in a conference with an appeals official from the agency. (All actions with this agency, per state law, are granted immediate appeal). The aforementioned documentation was presented and, after three hours, the hearing concluded. Marcella’s domiciliary privileges were reinstated within two months.

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Marcella’s story continued on page 13
Nursing Workplace Violence
Frances K. Lopez-Bushnell APRN, EdD, MPH, MSN

Nurses exposed to workplace violence is a serious and universal issue facing modern health-care institutions. Workplace violence is a major public health concern that now has national attention. Health care occupations have an injury rate of 20.4 per 10,000 due to assaults. The actual numbers are much higher due to underreporting given the perception that assaults are part of the job. Recent surveys have found that there is a high prevalence of physical and non-physical violence in healthcare settings (Larza, Zess, & Rierdan 2006). This violence results in physical injury, disability, chronic pain, muscle tension, psychological problems including loss of sleep, nightmares and flashbacks, nursing turnover, physical and mental illness. (Findorff et al 2004). Nurses who are assaulted experience short-term and long-term emotional reactions, including anger, sadness, frustration, anxiety, irritability, apathy, self-blame, and helplessness. (Gates et al 2006).

At UNMH, nurses have researched exposure to psychological and physiological violence. Exposure to physical and psychological violence is associated with health care issues, turnover and lack of commitment. (Courcy, F., Morin, Madore, I. 2016). Nurses exposed to psychological violence at work result in damaging effects on mental health, lower satisfaction with their job and counterproductive work behaviors. (Bowling & Beehr, 2006).

One of the nursing research projects measured the effect of stress-reduction techniques on the In-Patient Psychiatric nurses and technicians. Stress was reduced by a moment of self-reflection and aromatherapy with lavender essential oil. Another UNMH nursing research project looking at violence toward staff in the Emergency Room resulted in a NM Law that determined that a patient’s violence toward staff resulted in a “felony.” As part of the process, many safety improvements were made to the Emergency Department itself. It is known that violence is a significant problem in many emergency departments (Crilly, J. et al 2003).

It is important that every nurse and health care provider assess the risk in predicting patient violence. There are many reliable and valid tools to do so. One is the North American Risk Assessment (Doyle et al 2002) and the HCR-20 violence risk assessment (Douglas et al 1999). There are also various training programs for nurses and other health care workers on managing patient violence against nurses and other staff. (Calabro et al 2009).

It is very important for nurses to record in real time the violent events at the end of shifts. It might be possible to videotape violence in restricted locations on a unit as well. It is also important for nurses to demonstrate inter-rater reliability for reporting aggression and recording this behavior in real-time. Logs can also be kept by nursing staff at the end of shift to supplement real-time data collection to understand patient violence – including it context in relation to treatment policies. Nurses can also create a “Violence Prevention Community” and they would record verbal and physical violence as real-time observation of aggression. There is research funded opportunities for nurses to do this research and identify effective intervention to reduce patient violence and protect nurses.

References:

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NURSING CONTINUING PROFESSIONAL DEVELOPMENT*
Part 3: Activity Type, Target Audience and Active Strategies

Suzanne J. Canfield, MBA, BSN, RN
Nurse Peer Review Leader New Mexico Nurses Association

We cannot begin sharing information about activity type, target audience and active strategies without first reviewing the major principles behind adult learning. After the issue or opportunity has been identified and the planners for the activity have been determined, the best ways to assist learners with retaining the important information conveyed during the activity is the next significant consideration in planning a nursing continuing professional development activity. There are many resources available regarding adult learning and the principles that repeated in most of them are:

1. Adults are autonomous and self-directed. They have specific interests and motivations to achieve their learning outcomes.

2. Adults have a wealth of knowledge and experiences they bring to an activity. Sharing their relevance can offer growth for them and other learners as well.

3. Adults are purpose driven and practical. The goals of an activity must be clearly defined and be meaningful to participants in their various environments. A learner must be able to gauge what they can use from what they have learned.

4. Adults must be ready to learn. A topic must be relevant to create the internal motivation to learn. Again, identifying personal learning outcomes at the start of an activity will help a participant to seek those outcomes by the end.

5. Finally, all learners must be shown respect for what they bring to the learning environment. Input from participants can sometimes be challenging, but respect for the knowledge and experiences behind their contributions is foremost.

Based upon nurses’ needs and topics presented, the type of activity and target audience really must be considered by the planners at the same time. The types of activities include:

Provider-Directed, Provider-Paced – The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning and identifies methods for collecting and analyzing evaluation data. Examples include live courses, conferences, regularly scheduled series, i.e., grand rounds, and webinar activities, all of which may have multiple sessions.

Learner-Directed, Learner-Paced – The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he/she engages in the learning activity. The materials are Enduring Materials and may include printed articles, on-line courses, e-books and self-learning modules and independent studies. These Enduring Materials have an expiration date, usually after two years, and the provider must reevaluate the relevance of the content regularly.

Enduring Materials – With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies and evaluating learning outcomes. The learner also determines the pace at which he/she engages in the learning activity.

Activities can be Live, Enduring or Blended and may be part of any of the above categories. The important element is what is best for the learners.

The Target Audience and the type of learning format used are closely linked. Large numbers of nurses who have the need to learn specific information and may be located in different places, may learn best with provider-directed live webinars and/or on-line enduring activities or a blend of the two. Interprofessional activities that require interaction and input from the various participants would most likely require a live, in-person course or conference that is provider-directed, provider-paced. Special projects requiring independent research of evidence-based practice with learning outcomes that may include meeting an organizational goal in addition to the nurse’s learning outcome could be learner-directed, learner-paced. All these components, the needs of target audience and available resources to provide the activity must be considered.

Eddy County Detention Center is hiring Registered Nurses - PRN to provide inpatient daily sick call, record keeping, medication administration and control.

Qualifications:
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- One year of Nursing experience, preferably in acute patient care or Emergency Room or ICU
- Driver’s License
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  - Health insurance paid at 100% for full-time employees and at 80% for their dependents.

Eddy County Detention Center Registered Nurse Job Requirements:
- May be required to work irregular hours, attend job-related meetings in and out of town and be required to perform other duties as assigned.
- Starting Salary $32.72 - $36.12 per hour DOE.

Enduring Materials

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Application Instructions:
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1. Select “Employment at MWU” from the Quick Links then “View Current Job Openings” to view the job board
2. Select “Faculty” for job category and “Arizona Campus” for campus location to narrow down the search
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Program Director Graduate Nursing Program

Midwestern University College of Health Sciences, Glendale, Arizona invites applications for the administrative position of Program Director to oversee the establishment of master’s (MSN) and doctoral (DN) Nurse Practitioner degree programs.

The University seeks an individual with leadership, vision, creativity with a record of scholarly activity, administrative experience and qualifications for a faculty position at the rank of Associate Professor or higher. Salary and benefits are commensurate with experience and the responsibilities of this key position.

Review of applications will begin immediately and continue until the position is filled.

Job Requirements:
1. A current unencumbered RN license and eligibility to practice in Arizona.
2. An earned doctorate in nursing or health-related field.
3. At least two years of clinical experience as an Advanced Practice Registered Nurse (APRN) and a current national certification as an APRN.

Contact: Jacquelyn M. Smith, Ph.D., Dean, College of Health Sciences jsmith@midwestern.edu | 623-572-3600

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In conclusion, the main idea, as in prior articles, is the learner is the most important element of an activity, and an activity will have the best success when it is focused on the needs and characteristics of the learners.

The next article will be centered on Learning Outcomes.

References:

*Many businesses now try to market continuing education to nurses. They may not have nurses involved in the planning of the offering. The offerings may only be online without strong evaluative processes in place.

NMNA wants to remind nurses in NM that the practice of nursing in NM includes a predicate for continued professional development; life-long learning. We offer this series so nurses evaluate what professional development activities they choose. Review your options carefully as you fulfill your requirements for relicensure.
Professional Governance: Why talk about Hours of Care? (Part II)

In the last issue of the NM Nurse we reviewed that nursing can be defined as a profession because of the presence of several required elements:
1. A distinct body of knowledge which defines the profession;
2. A specific educational curriculum taught within a college that conveys education to practice;
3. A written code of professional ethics advocated by a national organization (ANA);
4. Autonomy over professional practice through our national organization (ANA); and
5. Oversight of professional members by a state licensing board (BON) for professional standards.

As part of my candidacy as a Fellow in the American Nurses Association Advocacy Institute program, I have had the opportunity to look at several key initiatives that ANA is working on for our profession. One of the major discussions which this year’s Fellows had was to learn more about ANA’s efforts around safe initiatives that ANA is working on for our profession. One of the major discussions of the Advocacy Institute program, I have had the opportunity to look at several key initiatives that ANA is working on for our profession. One of the major discussions which this year’s Fellows had was to learn more about ANA’s efforts around safe initiatives that ANA is working on for our profession. One of the major discussions of the Advocacy Institute program, I have had the opportunity to look at several key initiatives that ANA is working on for our profession. One of the major discussions which this year’s Fellows had was to learn more about ANA’s efforts around safe initiatives that ANA is working on for our profession. One of the major discussions of the Advocacy Institute program, I...
or think you do. The stories in the media this week include a story from another state about an ED nurse whose daughter was born at 26 weeks. The short version is, (and I urge you to look-up the long one), that mom had 31 days to enroll her daughter in the work health plan at her employer hospital. She was in the hospital for nine of those days and didn’t know there was a problem til there was a problem. Mom is responsible for $898,984.57, (Mejorado, A. 11/10/19, “Health insurance hustle,” ProPublica). While we understand that there are many facets to rising health care costs: medications, equipment, other professionals also wanting paid what they want paid, but there is a limit to what we can spend and we must work together to change the way the Health Care or Illness Care system works. Each of you is aware of a patient, neighbor, family member that is struggling to obtain and/or maintain health insurance in the setting of uncontrolled health care costs.

So, this is where our professional governance comes in. If You/I/We don’t know what is happening to costs and margins in the industry within which we practice, then You/I/We cannot help with the solutions. We have to understand it and engage with input to our state and national organizations to have representation for the outcomes we want to happen. It is so curious that the other health professional organizations for every other profession have membership rates of greater than 90%. Nursing is the largest professional block and has the worst participation rates. This makes no sense with so much at stake.

How do we as a profession know what is the right staffing for optimum and safe patient care? In the answer to how do we control health care costs, nursing isn’t the only answer. However, we are a part of the issue, because our profession can have a direct impact on outcomes at the point of care. Reducing poor outcomes is the only answer. However, we are a part of the issue, because our profession can be a nurse who helps create a healthier New Mexico! Apply today!

Public Health:
Heather Black, 505-827-2308, heather.black@state.nm.us

In-Patient Facilities:
Heather Black, 505-827-2308, heather.black@state.nm.us

Developmental Disabilities Division:
Elizabeth Finley, 505-841-2907

Division of Health Improvement:
Stephanie Metarelis, 505-476-9033

Epidemiology and Response Division:
Liana Lujan, 505-478-8220

NEW MEXICO DEPARTMENT OF HEALTH

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It is the nurses’ caring nature to feel empathy for their patients. With this empathy comes a downside as nurses tend to underreport workplace violence “because they often believe that their assailants are not responsible for their actions due to conditions affecting their mental state. The most common characteristic exhibited by perpetrator of workplace violence is altered mental status associated with dementia, delirium, substance intoxication, or uncompensated mental illness.” (Joint Commission, 2018) The enfer nurse 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” as justification for the abuse. 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 as part of the job
- Perception that violent incidents are routine
- A lack of awareness of reporting system
- A belief that reporting will not change the current system or reduce the potential for future incidents of violence
- A report 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 even 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 for providing 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 be able to provide a workplace violence prevention program 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. Violence against healthcare employees happens every day. If we don’t feel safe at work, no other workplace safety initiatives or support programs will ever be fully effective. No matter what, we need to support each other in our safe and healthy workplace environment where we are trusted to provide sustainable culture of safety.

References:
(Retrieved August 27, 2019).

Strengthening Workplace Violence Prevention

Reprinted with permission, New Jersey Nurse
October 2019

Donna M. Fountain, RN, PhD

In 2018, the Joint Commission acknowledged the seriousness of physical and verbal violence against healthcare employees, including nurses, and other health care workers as a Sentinel Event (TIC). Federal policy against workplace violence is vital. However, depending on legislative action alone is not enough. A dynamic leadership presence across patient-care units is needed to enforce efforts to prevent violence. Typically, sources of violent behavior against nurses vary from patients and family, visitors, and other colleagues. The nursing profession desperately needs stronger policy guidelines to identify, prevent, and mediate all forms of workplace violence. Studies have shown that violence against hospital nurses reduces their:

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

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

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

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

References:


January, February, March 2020
The New Mexico Nurse • Page 11

Night Shift

Reprinted with permission, Mississippi RN
Debra Rhinewalt, BSN, CHPN,
Director, Council on Nursing Practice

What if you were: age 51, a newly licensed RN, first job assignment was in ICU, working a 7 p.m. to 7 a.m. 12-hour shift, and this was the first time working nights.

Well folks, that was me eleven years ago. Being a newly licensed RN was very exciting and the ICU assignment was overwhelmingly frightening; therefore, I never even thought what working nights might mean.

My family and friends were horrified that I was going to be working “shift work” (“at my age,” I’m sure they were thinking). Shift work is work that takes place on a schedule outside the traditional 9 a.m. to 5 p.m. day. Shift work may involve evening or night shifts, early morning shifts or even rotating between these two shifts.

It is vital in many industries. The majority of professions that participate in shift work are in the service industry, such as: policemen, firemen, healthcare workers, and transportation. These are areas that require 24-hour availability.

There are a variety of reasons people work shift work: allows for better arrangements for family or childcare, personal preference, “nature of the job,” or simply the only option available. Being a new nurse in a facility almost always guarantees you a night shift position; it is said “we have to pay our dues.” So is shift work a punishment or privilege? I guess that can best be answered by each individual.

Becoming a nurse was a life-long dream and I simply felt privileged to fulfill the dream. It was just my husband and me, both our sons were grown and in college. My husband willingly offered to step up and take on many of my responsibilities at home, which I must say he did very well!

I could give you a list of the pros and cons from scientific research, but I would rather tell you what I experienced and how I chose to “accentuate the positives and worked to eliminate the negatives” as the Bing Crosby song goes.

Actually one of the first things I did was to give myself a head start. If you are able, about a week before you start your job, try the new schedule at home. You will be able to see when you will need to wake up, how long it will take to prepare for work, and how long the drive will take. If you have children to get ready for school, try a couple of “dry runs” and be sure to assign your children age appropriate duties such as dressing themselves or preparing lunches and snacks.

It is difficult on your days off. Some night-shift nurses try to keep the same wake hours and bedtime on their days off, so their body doesn’t have to keep readjusting. I found that adjustments could be made for family time and I tried to have an “almost normal” schedule when I wasn’t working.

I was fortunate to have a “dream schedule” where I worked 40 hours a week, which included only one weekend and once a month I had seven days off in a row. It was a great schedule. It was like a “free” week of PTO every month. Honestly, the first day off, I usually spent as a “catch-up” day. Everyone does not have that luxury and many rotate between shifts, which I think requires even more work to ensure you get the rest that you need. No matter your shift schedule, you have to find what works for you and your family!

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PRESBYTERIAN

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PRESBYTERIAN
Social media continues to be a very popular way for people to connect with the world, communicate with others, learn new information and entertain themselves. Approximately 70% of Americans use social media daily. Many nurses use social media to professionally network and are members of blogs, forums and social networking sites. At the recent MNA Convention, the House of Delegates adopted a resolution to support increasing awareness of nurses’ responsibility in the use of social media.

Registered Nurses and Advanced Practice Registered Nurses are active on Facebook, Instagram, LinkedIn, Snapchat, YouTube, Twitter, and Pinterest among others. Social media is a great way to stay “connected” to family and friends, to reconnect with old friends, and to plan events such as family gatherings and reunions. Use of social media has become so common that we often forget the risk it poses due to the ease of instantaneous posting opportunities. At times we may find ourselves not reflective enough and may post things that may come back to haunt us and possibly cause professional or legal consequences.

There are many blogs and forums for nurses and nurse practitioners that may tempt the nurse to post an interesting or unique patient case. Some may even be compelled to share photographs to educate and inform colleagues and potential students. Although the intent is usually innocent and meant to share clinical pearls, results can often lead to professional and legal problems. Even in closed groups, many nurses find themselves in spirited conversations about practice, policy and education. Many of these discussions can be used by others to display us in an other than professional role.

However, social media can have some very positive outcomes when used appropriately. It provides a platform for keeping up with the latest evidence-based research. Networking and connecting with like-minded professionals is also another positive aspect of social media. MNA has a FB account that keeps us up to date on the latest happenings around the state. LinkedIn and other social sites often are great places to explore new career opportunities. When used correctly, social media can enhance practice and help one connect professionally to other healthcare professionals. Here are some tips to remember before you click the post button or share that latest information.

1. Keep patient privacy and confidentiality to the highest standards. I see many nurse practitioners, nurses, and students of nursing posting clinical situations and even pictures about patients. Social media is not the place to do this or explore complex cases. Never post photos of a patient or identify them by name. Never refer to patients in a demeaning or negative manner. Instead of posting questions about clinical issues, find a mentor or consult with a colleague. You can also reach out to former professors, preceptors or colleagues to discuss any patient issues. Our detractors use these postings as fodder to make us look less educated or skilled.

2. Try to avoid connecting with patients or former patients on social media. This is difficult in small communities where you may know many people. It is very important not to give professional medical advice or discuss work related issues with patients on social media. Make sure your patients and staff know this, especially the ones with whom you have a personal relationship prior to the nurse-patient relationship.

3. Don’t complain about your work place on social media. Facebook or Twitter is not the place to make negative comments or post negative pictures about a place of employment, coworkers, or administration. This type of behavior not only jeopardizes your job security but your reputation as well. If you have work related issues, meet with your employer, supervisors or human resources department to discuss the issues professionally. Make sure you review your employer’s social media policy and follow the rules. It is also a good policy to never use a workplace email to affiliate you with social media, and to not access a social media website or post personal pictures, events, etc. while at work.

4. Keep all activity on social media professional. There are many posts that may be considered unprofessional and reflect negatively on the profession of nursing. Profanity, sexually explicit or racially derogatory comments, as well as posts about drug and alcohol use are unprofessional, question one’s moral character and reflect negatively on the nursing profession. I personally view the “sexy nurse” costume could be banned, but I routinely see nurses wearing it to costume parties and posting pictures on social media. In the worst case scenario posting unprofessional comments or pictures could lead to a charge of unprofessional behavior by an employer or the Mississippi Board of Nursing.

When using social media, always think before you post. Will your post benefit someone or is it a negative statement about you or the profession of nursing? Make sure your post adheres to relevant federal and state laws, state regulations, employer policies, and the American Nurses Association Code of Ethics with Interpretive Statements. If you think something you are about to post may not be appropriate, most likely it is and you should delete the post.

Social media is a great resource in our world today, but remember what you post will become permanent and may follow you for years. Always remain professional, confidential and mindful of the posts you make. Let’s make our social media posts positive, educational and something we will never regret!

References

The New Mexico School for the Blind and Visually Impaired are searching for the following positions.

Health Services Manager: Inpatient, outpatient, and sub-acute nursing services to visually impaired students including pre-programming, assessment, evaluation, intervention, and referral to physical or other health care providers. Initiates and supervises the development and maintenance of departmental policies and procedures; student and staff training related to vision loss. A Bachelor’s degree in nursing or a health related field, and a minimum of 5 years’ experience in nursing with 2 years’ experience in a supervisory position is required. A BM Board of Nursing License is required and the position is subject to the BM Public Education Department requirements. Required to become Braille proficient. Full-time, 11 month position. Applications accepted until filled.

Registered Nurse, Full-time: Inpatient and outpatient health care services to visually impaired students. The ability to demonstrate current knowledge and professional issues in school nursing, school and community health, common disabilities, disease control, health assessment, acute and chronic health conditions, injury prevention and emergency care, student issues, and legalese if health policies is necessary. New Mexico Board of Nursing License is required and the position is eligible for certification from the New Mexico Public Education Department. Full-time, 11 month position. Applications accepted until filled.

New Mexico School for the Blind and Visually Impaired
900 N. White Sands Blvd
Alamogordo, NM 88310
Email: (575) 437-5045
Fax: (575) 437-4480
Email: hr@nmsbvi.k12.nm.us
Marcella had no desire to return to the long-term care facility from which she had been terminated. From Marcella’s perspective, justice was needed. She lost her job. Her reputation was tarnished among her nursing peers. A claim for damages based on the administrator’s malicious abuse of process was presented to the long-term care facility and to the county responsible for facility operations by Marcella’s attorney. Rather than receiving a monetary settlement and not really wanting to proceed to trial, Marcella agreed to withdraw her claim contingent on the immediate terminations of the administrator, the human resources director and the director of nursing, all of whom had been willing co-conspirators in Marcella’s termination. These three individuals were immediately released from their positions.

Marcella wanted to seek employment after her ordeal but was unsure about the direction of her professional future. The experiences with the board of nursing investigator and the agency hearing were difficult for her, to say the least, and left Marcella with a lingering sense of doubt about her nursing abilities. Her attorney concluded the representation and wished Marcella well. The attorney also recommended that Marcella purchase her own liability coverage going forward. It is unknown whether Marcella purchased liability coverage or not. It is also unknown whether the three principals who were terminated for their malicious actions against Marcella had any type of liability protection.

Karen Brooks is the Graduate Nursing Faculty Lead (Remote: Santa Fe, New Mexico) Global Campus Southern New Hampshire University

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This activity has been approved by the New Mexico Board of Nursing for 6 contact hours of continuing professional education.

The New Mexico Board of Nursing accepts approval from an approved continuing education provider in another state that is approved by the American Nurses Credentialing Center’s Commission on Accreditation.
Tips for your Next Job Search

Today's nursing job search heavily relies on online applications and networking strategies. In larger organizations, before the recruiter, you need to get through the recruitment assistant and the software platform to get your foot in the door. Here are some basic tips from the recruitment perspective to help your next job hunt:

PERSONALIZE YOUR APPLICATION

The most valuable advice I received when starting my job search was that résumés are not meant to get you a job, they get you an interview. Nurses that are looking for a new position need to remember each job is unique, so your application and résumé cannot be “one size fits all.” Read the job description carefully. Make sure eligibility requirements are covered in your résumé. With hundreds of applicants, you won’t be getting a call to double check your GPA or in your résumé. With dozens of applicants, you won’t be getting a call to double check your GPA or certifications, make sure it is clear you have what they are asking for. Use key phrases from the job description in your résumé, this will pull your application higher on the software match list.

HONESTY

Do not lie. It may seem like common sense, but it happens surprisingly often. Embellishment easily shifts to falsehood. Familiarity with a language and fluency are different things. If you were a Customer Service Representative, do not give yourself a new title of Vice President of Patient Experience because it sounds better. Recruiters will be performing reference checks and background checks and eventually you will have a conversation face-to-face where your skills may be put to the test.

STRONG REFERENCES

Ask people if they will act as a reference before you share their contact information and let them know the jobs you have applied for and why you are interested in the position. Be self-aware of your performance when you worked with that person; will they say the things that a new employer will want to hear?

OPPORTUNITIES TO NETWORK

Seek out opportunities for face-to-face engagement. This does not mean show up at Human Resources without an appointment or trying to connect to every employee on LinkedIn! Take advantage of offerings that allow you to mingle with current employees (walk-in career fairs, volunteer events, lectures open to the public) and strike up conversations, then strategically build your online connections with people in the organization.

IF YOU GET AN INTERVIEW, SHOW UP OR HAVE THE COURTESY TO CALL

Interview “no shows” are on the rise; this is a huge strain on time, energy, and resources. The recruiter you snub will remember your name the next time you are looking for a move. Managers and supervisors all attend the same meetings and vacancies and candidates come up in conversation quite frequently. You do not want your reputation to include being inconsiderate or unreliable in a profession built on trust. If you get another offer or your plans for employment change, any reasonable recruiter will understand, pick up the phone and call!

Intermittent Fasting: Is it right for you?

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

The most common types of IFM you can include in your daily routine include:

- **16:8 fasting**, also known as time-restricted feeding: fast for 16 hours every day and limit your eating to an eight-hour window. Most often, individuals skip breakfast but eat lunch and dinner.
- **Alternate-day fasting**: eating only every other day. On the fasting days, you can choose to eat no food at all or limit your calorie intake to 500 calories.
- **5:2 diet**, also known as the fast diet: For 5 days of the week you eat normally, and for two consecutive days, you restrict your caloric intake to 500-600 calories.
- **Eat Stop Eat**: Choose one or two days out of the week where you only consume non-caloric beverages (ex. herbal tea, water, black coffee) for 24 hours. For example, eat nothing from dinner one day until dinner the next day. On non-fasting days you can eat normally.

Is IFM right for everyone? Absolutely, NOT! Fasting would not be appropriate in instances where extra calories or nutrients are needed for growth and development during childhood or adolescence and when pregnant or breastfeeding. Also, individuals should abstain from IFM if they have conditions such as gallstones or thyroid issues, eating disorders that involve unhealthy self-restiction (anorexia or bulimia nervosa), and use medications that require food intake. As always, it’s best to consult with your healthcare provider to determine if IFM is appropriate for you.

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

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

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

Good luck and happy fasting!

Reference:

### ANA/New Mexico Membership Application

**Essential Information:**
- First Name/MI/Last Name
- Mailing Address Line 1
- Mailing Address Line 2
- City/State/Zip
- Email Address
- Gender: Male/Female
- Cell Phone
- Home Phone
- Mobile Phone
- Day/Date

**Professional Information:**
- Employer
- Current Employment Status: (e.g., full-time, part-time, per diem, retired)
- Type of Work Setting: (e.g., hospital, clinic, school)
- Current Position Title: (e.g., staff nurse, manager, educator, APRN)
- Practice Area: (e.g., pediatrics, education, administration)
- RN License # State

**Ways to Pay:**
- Monthly Check
- Checking Account: monthly
- Credit Card: monthly

**Credit Card Information:**
- Credit Card Number
- Expiration Date (MM/YY)
- Authorization Signature
- Printed Name

**Membership Dues:**
- Yearly
- Monthly

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**Authorization Signatures:**
- Monthly Electronic Deduction Authorization
- Automatic Annual Credit Card Authorization

**Note:**
- If paying by credit card, would you like us to auto bill you annually?
- By signing the Monthly Electronic Payment Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount by giving the above signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a $5 fee for any returned drafts.
- ANA & State and ANA-Only members must have been a member for six consecutive months or pay the full annual dues to be eligible for the ANCC certification discounts.

**Credit Card Information:**
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- Expiration Date (MM/YY)
- Authorization Signature
- Printed Name

**Mail**
- ANA Customer & Member Billing
- P.O. Box 504345
- St. Louis, MO 63150-4345

**Fax**
- Completed application with credit card payment to (301) 628-5355

**Web**
- Go to www.JoinANA.org to become a member and use the code: NMX14

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**Nursing Workplace Violence continued from page 5**

Crilly, J., Chaboyer, W., Creedy, D., 200e. Violence towards emergency department nurses by patients. *Accident and Emergency Nursing* 12(2); 67-73.


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