Dear Nursing Colleagues,

In celebration of the Year of the Nurse and Mid-Wife, I am excited to announce the First Annual Georgia Nurses Hall of Fame! What a better way to honor those that have led the way for us and the future of all nurses to come. This year’s inaugural celebration will take place in late summer. Follow our website www.georgianurses.org to receive the official announcement with the date and location.

The opportunity to celebrate the lives, legacy and careers of past or present nurses will be a night to remember. I’m sure that, like me, visions of colleagues, mentors and professors instantly pop into your head when thinking of a Hall of Fame nominee.

The other exciting happenings for the Year of the Nurse and Mid-Wife include new educational and networking opportunities. We are finalizing details for a mentorship program and for offering financial planning for the new nurse to combat student loans and for the experienced nurse heading to retirement.

On another note, I am happy to report that we are making progress towards my lofty goal of 22 percent of the nurses in Georgia becoming members of GNA by the year 2022. #22by2022

Also, the GNA Peer Assistance Program (GNA-PAP) is continuing their strategic plan to provide educational opportunities on substance use disorder and the program’s benchmarks throughout the state. GNA-PAP has presentations scheduled for schools of Nursing and healthcare systems. To schedule a presentation please contact Richard Lamphier, RN.

For us “old-timers,” nursing students are our future both at the bedside and the boardroom. The cost of education has become very expensive and sometimes cost prohibiting. This year the Georgia Nurses Foundation (GNF) has committed to giving yearly scholarships to qualified nursing students. At present we are giving bi-annually $1000 to $1500 per scholarship. GNF would like to increase that amount from $3000 to $5000 per scholarship each year. This increased amount would greatly help to defray the cost of a college education.

There is a nursing shortage due to multiple reasons including cost of college education and a shortage of nursing faculty. With the increase in the amount of money for scholarships, GNF can help with one of the shortages. Nursing school is time consuming, both clinicals and course work sometimes prohibit a student from working a full or part time job to pay for the cost of their education.

GNF and GNA have many opportunities to excel in a leadership role. It would be amazing to see more nurses sitting on all types of Boards or serving at the state or national level as a Senator or Representative. Education begins that process.

Richard Lamphier, RN
If everyone would give just $5.00, this would allow Georgia can help with our future generation of nurses. is the foundation that nursing stands on and builds mentor of students or a chief nursing officer, education

**GNF President's Message continued from page 1**

Education for all degrees of nursing is vital for the future of our profession. Whether you are faculty, a mentor of students or a chief nursing officer, education is the foundation that nursing stands on and builds upon.

GNF is a 501(c)3 organization that allows for tax deductible donations. This is where all nurses in Georgia can help with our future generation of nurses. If everyone would give just $5.00, this would allow GNF to give multiple high dollar scholarships, not just the two we now give.

Additional revenue streams to finance these scholarships include several fund raisers that GNF has embarked upon. These fundraisers include:

- The GNF Annual Fundraising Golf Tournament “Feeding Up for Georgia Nurses,” held on April 17, 2020.
- The GNF Nurse License Plate program (which receives approximately $35,000 annually)
- A walk/run event which we hope to host in the near future.

Please donate directly to GNF, buy a GNF Nurse License Plate, participate in the GNF golf tournament or any other fundraiser that GNF sponsors. The future of nursing needs your help!
"As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients, their families and ourselves. They may forget your name, but they will never forget how you made them feel."

- Maya Angelou

As we prepare to celebrate National Nurses Week, reflecting on our successes from the past and our future journey is of the utmost importance. From the founder of modern nursing, Florence Nightingale, to the first professionally trained nurse in America, Linda Richards, to the first black nurse in America, Mary Eliza Mahone, the nursing profession consists of trailblazers with the purpose of leading health care in competent and innovative ways. I would be remiss to not focus on future nurses who will soon enter the nursing profession in the coming months and years. These individuals will be challenged to further the progress made by our pioneers and to practice newly imprinted leadership behaviors.

In February, I was asked to deliver a presentation for Georgia College & State University (GCSU) undergraduate nursing students regarding leadership in nursing. As I refocused on that critical time in my life, I remember being unsure what would await me after graduation. The health care field has changed significantly during the 10 years I have practiced as an RN. With the World Health Organization (WHO) declaration of 2020 as the Year of the Nurse and Midwife, I decided to discuss the call to action for national and international leaders to make 2020 a landmark year for health around the world. WHO strongly encouraged world leaders to invest in the nursing profession to facilitate improving health outcomes for all humanity (World Health Organization 2020). Empowering undergraduate nursing students is essential to ensure these goals are met and that the nursing profession aids in the reduction of health disparities throughout the world.

When exploring the vision for the future of nursing, pause to reflect on your ‘why.’ Doing so will allow an opportunity to revisit your purpose. According to Warrell, a “clear sense of purpose enables you to focus your efforts on what matters most … regardless of odds or obstacles” (Warrell, 2014). As nurses, we can often relate our ‘why’ to how we serve our patients, community and profession. During my recent presentation at GCSU, I implored each student to...
reflect on their ‘why’ and on aspects of nursing they are passionate about. Once they identified these areas, we discussed how they could make an impact on specific patient populations. The importance of joining a professional nursing organization, such as Georgia Nurses Association, was emphasized as an avenue to support and advocate for our profession, further education and discover career opportunities.

WHO emphasized the need for nine million more nurses by 2030 to achieve universal health coverage (World Health Organization, 2020). With this being said, giving back to the profession through preceptorship, mentorship of students interested in the nursing profession, teaching at universities will ensure our future success.

Lastly, overwhelming problems of work-related stress must always be addressed. Work-related stress from the nursing shortage throughout the world has led to nurses leaving the nursing profession at alarming rates (Van der Heijden, Mahoney, Xu, 2019). During the presentation, I discussed with the students the importance of self-care. According to the American Nurses Association (ANA), 68% of nurses place the health, safety, and wellness of their patients before their own (Purdue, 2019). The first step in self-care is self-assessment of six key areas, which are (1) physical, (2) mental, (3) spiritual, (4) relationships, (5) economic, and (6) psychological (Purdue, 2019). Students were encouraged to identify opportunities for growth in those areas and perform re-evaluation of these on a regular basis to ensure their health and be able to provide care of their patients.

Reference:
Purdue University Global. (2019, February 13). Importance of Self-Care for Nurses and How to Put a Plan in Place. Retrieved from https://www.purdueglobal.edu/blog/nursing/self-care-for-nurses/


There is increasing interest and engagement among the nursing community across the country. A national study indicates that nurses are among the most trusted health professionals and play a key role in ensuring access to care and advancing the quality and safety of healthcare for all. Nurses are trusted health professionals and make up nearly 40% of the healthcare workforce, serving as catalysts of change in their institutions and practice settings.

To activate nurses, the Alliance of Nurses for Healthy Environments (ANHE) and Health Care Without Harm (HCWH), launched the Nurses Climate Challenge (the Challenge) in May 2018. The Nurses Climate Challenge is a national campaign to educate health professionals on climate and health, with nurses leading the education. The Challenge started with the original goal to educate 5,000 health professionals and was quickly surpassed in less than a year due to the combined efforts of Nurses Climate Champions around the world.

The response to the Nurses Climate Challenge has been robust. There are over 1,000 nurse climate champions from nearly all 50 states, with over 13,000 health professionals educated since the launch. In addition, nurses from 19 countries outside the United States are registered as Nurse Climate Champions. However, there are nearly four million nurses and 18 million workers in the healthcare sector in the US alone, therefore there is an opportunity to exponentially scale the impact of the Challenge. To do this, we are aiming to educate 50,000 health professionals by 2022.

The Nurses Climate Challenge offers a comprehensive toolkit with all the resources nurses need to educate colleagues on climate and health, engage in climate-smart practices in health settings and at home. Nurses using the Challenge resources are highlighted through profiles (https://nursesclimatechallenge.org/champion-profiles) published on the Challenge website, shared in newsletters, and posted on social media to showcase the work being done and to inspire others to join.

The Challenge also calls on nurses to be advocates for climate and health. Leading within a nursing organization, health institution, or academic center to spearhead initiatives to address climate change is an example of how nurses can move health professionals from education to action. The Challenge resources include a guide to taking action within workplace and home settings and provide other points to get started.

As a nurse, you can also educate policymakers and the public about the connection between climate and health and how to take action by writing a letter to the editor in a local newspaper, meeting with elected officials, or talking with patients, friends and family members, and/or your community about the health impacts of climate change. The Challenge website includes sample talking points and template letter to the editors in the resources section.

Furthermore, the CHANT: Climate, Health, and Nursing Tool 2020 is now available. CHANT is a 10-minute voluntary survey asking respondents about awareness, motivation, and behaviors related to climate and health. Nurses and other health professions are encouraged to take the survey every year. Access CHANT here: https://CHANT2020.org

Learn more and join the Nurses Climate Challenge by visiting https://nursesclimatechallenge.org.
The Coronavirus (COVID-19): Something to Fear?

Abstract

“Fear is the main source of superstition, and one of the main sources of cruelty. To conquer fear, is the beginning of wisdom” (Bertrand Russell, Nobel laureate, British philosopher). The number one trending topic on all media circuits, is the coronavirus (COVID-19). What exactly is it, where did it come from, how can we protect ourselves, are some of the top queries. This article seeks to allay the primal fear of the coronavirus (COVID-19), by a-paying data and research from some of the world’s most trusted sources, while offering potential solutions to help make navigating this disease process, more manageable.

As recent as 56 minutes ago (actual date/time of the article written is 03/05/2020, 12:49 EST), the having You Times (NYT) has given an update that at least 18 U.S. states have been affected by the coronavirus (COVID-19), with cases continuing to rise. More notably, a cruise ship is being held off the California coast and the state has declared an emergency...while nations on several continents are intensifying their efforts to contain the epidemic, which has in fact been taking root (1). How did we get here? Where did this virus originate? Where are we headed?

The coronavirus was first described, in 2019, as a respiratory disease caused by “new” virus that was first detected in China. At that time, it was named “SARS-CoV-2,” and later became known as “coronavirus disease 2019” or COVID-19 (2). To further explain the scientific composition of COVID-19, Merriam-Webster, explains that it is derived from “coronavirus” or single-stranded RNA viruses that have a lipid envelope studded with club-shaped projections... (3).

In perspective, examples of other RNA viruses include influenza A/B, Zika virus, Hepatitis A virus, Foot-and-Mouth disease virus, and the Mumps/Rubella virus (4). As a few of these viruses are familiar to some of us, it would seem permissible to point to the adage of “and this too shall pass,” as we seek an effective solution to the coronavirus.

There have been recent reports from government figures restricting specific travel locations (such as China, South Korea, Italy, and Iran), and imposing strict quarantines for individuals who may have been exposed or are experiencing symptoms of COVID-19, at highly trafficked airports. The current documented symptoms include cough, and shortness of breath, appearing 2-14 days after exposure (5). Though these may mimic other treatable viral infections, and appear to be harmless, the outcome of the non-treatment of this respiratory disease—leading to further transmission, is contributing to what scientific experts are calling a pandemic.

So who’s most susceptible to contracting this disease? According to the CDC, the virus is spreading person-to-person in instances where an individual has been in contact with someone who has visited one of the aforementioned locations.

Eating a healthier, immune boosting diet (raw fruits/veggies), and getting a proper amount of rest, is a must. There is nothing that can boost a healthy immune system! Adequate amounts of sunlight and exercise can improve energy and overall health. Do not forget the importance of a positive attitude. Help to allay the fear of the spread of the disease, by becoming a resource, offering updated information and solutions. Another important preventive measure to adhere to, is staying away from the public, reporting symptoms to your local medical authority, should symptoms arise within yourself.

Economically, the areas that are being most affected by COVID-19 are: airlines, theme parks, sporting events, movie theaters, healthcare settings, pharmacies, real estate, schools, stock market variability, and grocery store shortages. These are signs that there will be long-term effects of COVID-19, that will take an unspecified amount of time to recover. The best defense against this disease is knowledge. This is the time to choose planning over fear. Gather information from reputable sources regularly, and set up contingency plans with family members. Consider travel restrictions. Based on serious medical conditions, consider stocking up on important medical supplies and prescriptions. Get an accurate accounting of vacation days (if applicable), and save them for emergencies. Build alliances with neighbors and your community, getting an accounting of resources and specialties among you. Preparation is key, but keeping a sound mind and level head are guidance mechanisms that will help make navigating the course of this disease more manageable.

References


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On Thursday, March 19th, the Georgia Nurses Association officially formed its Rapid Response Team in an effort to empower Georgia nurses to better protect themselves and serve their patients during the current COVID-19 outbreak.

“We setup a Georgia Nurses Association Rapid Response Team made up of all nursing sectors in Georgia with the goal to work and come together to hear from, and respond to, the needs and concerns of our nurses as they deal with this crisis,” stated GNA CEO Matt Caseman.

The Team’s first conference call will take place on Monday, March 23rd. Members include representatives of the Georgia Board of Nursing, the United Advanced Practice Registered Nurses of Georgia (UAPRN of GA), Georgia’s Coalition of Advanced Practice Registered Nurses (CAPRN), the Georgia Chapter of the American Association of Critical Care Nurses (AACCN), the Georgia Organization of Nurse Leaders, the Georgia Association of Nursing Deans and Directors (GANDD), the Georgia Association of School Nurses (GASN), and others.

Also, on March, 18, 2020, American Nurses Association Chief Nursing Officer and former GNA President Debbie Hatmaker, PhD, RN, FAAN, met with President Donald J. Trump along with other nurses.

“Our number one priority is keeping frontline health care professionals, including our nurses, healthy by making sure they have the personal protective equipment they need,” said Dr. Hatmaker.

Additionally, there has been much work and support offered within the Committee for the individual priorities from this year’s agenda. Several bills have been introduced in the House and the Senate, which are carried by our nursing allies and supporters under the Gold Dome. We are immensely grateful for the various nurses and the dignitaries who understand that as the most trusted and most ethical profession for 18 years straight, we are well equipped and in a unique position to remedy several of the disparities in healthcare that Georgia faces.

As nurses, we have been at the bedside, in the clinics and in the communities and we have assessed the issues. Now, we have solutions. We are teachers, leaders, and trail blazers in our spheres of influence. The trust we have gained should be leveraged.

During the Session, there were some strides made on topics near to nursing. The conversation was started about safe staffing and surgical smoke. Discussion continued on the expansion of scope of practice for advanced practice registered nurses (APRNs). Coming from a state where APRN’s are practicing at the top of their education and training, I am a direct recipient of this and I know the time is now to push for change.

Many more vital subjects were introduced and discussed. Maternal mortality and the benefits needed to keep mothers and babies of the state safe have been made a priority. An email detailing all the bills, studies and legislation that the GNA has been following, involved in and advocating for was sent to all GNA Members. This is further evidence that when nurses ban together and speak with one collective voice, we are a force to be reckoned with. In Georgia, we are over 132,000 nurses strong. As the largest professional association for registered nurses in the state, GNA invites you to light another nurse’s fire for service and advocacy. The only way that we can realize our vision of transforming health through advancing the practice and the profession of nursing is by having nurses who see an opportunity and become advocates for the issue. We must do what’s right even if it is not popular!

Yours in service,
Erica Mills, PhD, RN, NPD-BC
Director of Legislation and Public Policy Committee,
GN-PAC Board Member
Erica.mills@georgianurses.org

GNA Forms COVID-19 Rapid Response Team,
ANA Chief Nursing Officer Meets with President Trump


GNA releases COVID-19 Resource Center
On Wednesday, March 18th, GNA released the GNA COVID-19 Resource Center for Georgia nurses and patients.

“It is still on the works and we will add more useful and reliable information as we validate it,” stated GNA Communications Manager Charlotte Baez-Diaz.


LEGISLATIVE & PUBLIC POLICY UPDATE

This year is not just limited to one day or even one week. The entire month of May will be observed as National Nurse’s Month because it is the “Year of the Nurse and the Nurse Midwife.” This is an ode and a message screaming “Happy 200th birthday” to the founder of modern nursing, Florence Nightingale.

I would be remiss if I did not acknowledge the contributions of Mary Eliza Mahoney, who was one of the first African Americans to graduate from a nursing school and practice professionally in the United States. Just as GNA LEADS through leadership, excellence, advocacy, diversity, and service, so did Mary Eliza Mahoney. Mary is a pioneer and trendsetter in this great profession, a beacon of hope for diversity and inclusion. Mahoney was also a member of the white Nurses Associated Alumnae of the United States and Canada, now known as the American Nurses Association (ANA).

Like my predecessors Florence and Mary, it is my belief that not only supporting your state nurses association financially but also lending your time and influence is essential. It is an obligation and a labor of love. An ever-changing profession means a need for grassroots efforts; therefore, nurses and support are needed in the organization. The Legislation and Public Policy Committee have closely followed the 2020 Legislative Session. The Committee is comprised of interested parties who suggest priorities, receive and discuss updates regularly and disseminate information as it pertains to the developing Legislative Session. The calls have been conducted most weeks, although the budget caused the session to start slower than usual. Any nurse can join the Committee. Please go to the Georgia Nurses Association’s website and fill out a Volunteer Interest Form. The Legislation and Public Policy Committee is inclusive, and we invite you to bring your voice to the table as a change agent.

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On Thursday March 5th, 2020, over 200 nurses and nursing students filed into the Southern Rotunda at the Georgia State Capitol to speak out for our profession. Hands waved electric candles among a sea of white coats and blue scarves. The chamber echoed with hundreds of voices calling to our legislators to notice us.

Why was it so important to have a nurses’ day and press conference at the Capitol? With healthcare and the budget being topmost in every legislator’s mind, it was a good time to point out some important facts about nurses:

1. Nurses make up the largest healthcare workforce in the world.
   - By far outnumbering physicians, respiratory therapists, technicians, and pharmacists, nurses make up the largest workforce in healthcare. We currently are also the largest licensed profession in Georgia with near 200,000 nurses in the state!

2. Nurses are the Most Trusted Profession per Gallup polling for 18 years in a row!
   - Compared to police officers, librarians, fire fighters, and even teachers, nurses still come out on top. The public feel safe with nurses and for good reason!

3. A bachelor’s in nursing science is the most difficult to obtain per Guinness Book of World Records.
   - Year after year there are many ties. But time and again the BSN beats out degrees like architecture and chemical engineering. All bachelor-prepared nurses are thankful for this validation of their hard work.

4. The World Health Organization and the American Nurses Association have put out statements that 2020 is the YEAR of the Nurse and Midwife.
   - Why would the WHO and ANA take such a bold stand? Their goal was to call all world leaders to start bringing nurses to the table of healthcare policy. The WHO has said they want to see global access to healthcare by 2030 and they believe that can only be done by including nurses.

There were many proud moments of award gifting, honors spoken and words of encouragement. But the most inspiring and humbling for me was after everything was over and people were trickling out. A Georgia State nursing student came up and introduced herself. When she finished explaining that she was almost done with nursing school, in love with labor & delivery, and wanted to one day be a midwife, she finished with, “What can I do right now?” She wanted to know how she could have a positive impact on healthcare policy while being a student. And she can! That’s the beauty of our government system. You can too!

Continue to follow GNA on Empowrd and their social media outlets for calls to action on important healthcare legislation. Continue to build relationships with your legislators, help them understand what your job is like and how you make a difference in people’s lives. The spring and summer, after the legislative session and before fall study committees, is the best time to engage one-on-one with your legislators. Together, our collective voice will be heard above all the other noise. Nurses are the answer!

References
The pathogens listed as Urgent Threats are

- Carbapenem-resistant Acinetobacter
- Candida auris (C. auris)
- Clostridioides difficile (C. difficile)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Drug-resistant Neisseria gonorrhoeae (N. gonorrhoeae)

Serious threats include

- Drug-resistant Candida
- Extended-spectrum beta-lactamase (ESBL)-producing Enterobacteriaceae
- Vancomycin-resistant Enterococci (VRE)
- Multidrug-resistant Pseudomonas aeruginosa (P. aeruginosa)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Drug-resistant Streptococcus pneumoniae (S. pneumoniae)
- Drug-resistant Tuberculosis (TB) and others.

The 148 page report raises alarms and is divided into sections. The first section: "THE THREAT OF ANTIBIOTIC RESISTANCE" has subsections including: "Everyone is at Risk, Antibiotic Resistance Spreads Easily Across the Globe and Stopping Spread of Antibiotic Resistance Saves Lives." These address the "Think Globally – Act Locally" theme that this column has previously discussed. The next section: "Antibiotic-Resistant Infections Threaten Modern Medicine" reviews how resistance impedes sepsis treatment, surgery, organ transplants, dialysis, cancer therapy and more.

Robert R. Redfield, M.D. Director of the CDC states: "Stop referring to a coming post-antibiotic era—it's already here. You and I are living in a time when some miracle drugs no longer perform miracles and families are being ripped apart by a microscopic enemy.

The time for action is now and we can be part of the solution." Which brings us to progress and hope in the report. Efforts to combat resistance are having a positive impact and MRSA, VRE, and other pathogen rates are slowing but these positive trends must only be the beginning...as some threats are reducing, others are developing.

Anyone following this column will notice it is now titled "Antimicrobial Stewardship." To quote the 2019 report: "In this report, CDC uses "antibiotic" to describe antibacterial and antifungal drugs, which kill bacteria and fungi. The report goes on to say, "C. auris emerged after the 2013 report was published. It is a multidrug-resistant yeast that can cause invasive infection and death. It spreads easily between hospitalized patients and nursing home residents."

The May 2019 edition of RNformation reviewed Nevada’s C. auris concerns and what Nevada is doing to combat this antimicrobial resistant fungus. The ANA republished the article, with modifications, in the November 2019 issue of American Nurse Today, https://www.americannursetoday.com/antibiotic-stewardship/. The CDC’s 2019 report stresses the importance of hand hygiene, good EVS services, and that all health care providers work to prevent the transmission of pathogens.

The report gives "strategies to decrease infection spread within healthcare settings (e.g., implementing hand hygiene) • Vaccinating" and more.

Be a volunteer in the army of health care providers and enlist in the battle to prevent infections, join the Nevada Antimicrobial Stewardship Program (NVASP) and enlist in the battle to prevent infections, join the Nevada Antimicrobial Stewardship Program (NVASP) and other organizations promoting Antimicrobial Stewardship.

The CDC’s 2019 report is comprehensive and easy to read. Please take some time to review it.
Transitions: Reflections on a Nursing Career

I could never have imagined the twists and turns my life would take as I began my career but through all of life’s ups and downs, I have been a nurse. I left military active duty to become a wife, mother and permanent resident of the state of Georgia. My nursing background helped as I made the transition from Army nurse to civilian, parent, graduate student, community activist/volunteer, mentor and entrepreneur. We often overlook the many milestones in our nursing journey and don’t realize that our nursing experiences have helped us to become the people we are at various stages of life.

Nursing has new meaning for me as I transition through the different stages of life and find myself helping loved ones navigate the healthcare system or being a patient myself and adjusting to the physical and emotional pain of an illness. My neighbors and friends know that I am a nurse and will look to me for advice. My adult children and grandchildren come to me when in need of care and comfort for any number of physical symptoms or emotional distress. And now I have transitioned again, from retirement (for the second time) to business owner, and I am still a nurse.

I love sharing my experiences with other nurses, comparing notes and looking to all the future has to offer. I also find satisfaction and purpose in mentoring and coaching other nurses who find value in the lessons I have learned during my journey. Whether you are a nursing student, recent graduate, nurse expert or happy retiree, appreciate your nursing experiences and take time to reflect on the person you have become.

“Remember there are no mistakes, only lessons. Love yourself, trust your choices and everything is possible.” ~ Cherie Carter Scott

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Thank you for being amazing nurses.
As we spring into warmer weather, let’s not forget our need to continue our nursing professional development. It is our responsibility to remain up to date on current evidence-based practices to ensure better health outcomes for our patients. I know I continue to harp on this topic, but it is near and dear to my heart. And I like to think in a small way I make a small impact on improving patient outcomes, even as a retired nurse.

I know many of you are so busy that you feel like you don’t have time to attend workshops and presentations. That’s fine, you can still participate in our webinars and other online presentations. You may receive notifications about upcoming continuing professional development opportunities in person or online by visiting www.georgianurses.org and clicking on “Follow.” You won’t miss a beat.

In a more education-related note, I have circulated a Learning Needs Assessment to our stakeholders by the time you read this. This is an opportunity to let us, the GNA Nursing Professional Development Approver Provider Unit (NPDAPU) respond to what you feel your needs are. Every learner has a different learning style, and GNA NPDAPU understands and respects that.

I think it is important to explain the difference between the GNA NPDAU and the GNA NPDU. The NPDU can plan and implement professional development activities to award contact hours for our stakeholders, our membership and nurses in Georgia. The GNA NPDAU approves other organizations to award contact hours for their presentations.

I plan to participate in a portion of Nurses’ Week this year. I will be moderating a webinar addressing suicide in nurses. This is an issue that continues to grow and I anticipate we will receive feedback. I hope you’ll join me in this discussion.

The GNA Nursing Professional Development Approver and Provider Units are here for you. BE ALL YOU CAN BE.

The report from the National Academies of Sciences, Engineering and Medicine states that between 35 and 54% of health care professionals have symptoms of burnout.1 They propose a solution model that visually connects health system influences on burnout or wellbeing through small but critical junctures termed “individual mediating factors.” This juncture represented by a circle in the model proposed should instead be shown by a prism. A prism is a small but critical juncture that previously unnoticed white light into a full spectrum of colors.

Using the prism metaphor, I propose three causal and subsequently mediating factors as foundational to this model’s success in influencing the health professionals’ failing or thriving outcomes. Using our individual prisms, how can we bend the light of self-protection and self-determination to illuminate our path and restore our souls as contributors of abundant living and successful lives?

Interestingly, the problems and solutions are dichotomous when used in context. They are words ending in “. .tude” – solitude, fortitude and gratitude. Lack of these are contributory factors to burnout, while renewal of these can be restorative and mediating factors toward thriving.

The first “tude,” solitude, should not be viewed as aloneness of person, but as freedom from distraction. In every human being, there is a “be” that demands our attention and eventually alerts us to its neglect. We are not human beings contrary to the efficiency, effectiveness and task-oriented culture in which we operate with the increasing adoption of technology in every aspect of our lives, interludes of silence and pauses of solitude are broken. Especially in our professional lives as nurses, there is no place to be quiet or alone without being keenly aware that something needs doing, answering, recording, or completing. The visual and audible noises are unrelenting. I attest that the act of quieting our minds through solitude to allow restorative time to wander, ponder, think and create is something we must begin to professionally champion and do otherwise we are at risk of being unwell.

My second “tude,” fortitude, is defined as strength in the face of adversity or difficulty, and I believe can only be developed through attention. Attention to our inner thoughts, beliefs, influencing factors and self-knowledge. This is a slow non instantaneous process. It takes focused time, exploration, thinking, and willingness to explore our attitudes and beliefs that drive our actions. Reflection and debrief are requirements for evaluation of meaningful activity such that intentions for change can and will be made, judgments changed, attitudes evolved, and that this unexamined life remains untapped for courage. This self-examination is again challenged by constant distractions promoted by well championed technology, electronic data capture and outcome measurements. We once again have little respite to refresh, renew, and regenerate to make the next attempt an improved one.

Finally, evolving from the first two “. .tudes” is the focus on gratitude. We are a fortunate and blessed profession to be able to enter sanctums of care and are a fortunate and blessed profession to be able to enter the inner sanctums of our patients’ lives. Interludes of silence and pauses of solitude are broken.

In summary, gaining on the nuance of intentionality, examine where you stand on these “. .tudes” and resolve to be a force for your good to allow your white light to bend and display the vivid colors within you. Use your prism, focus its power, and celebrate the professional and personal joy. “Luceat lux Vesta.” Let your light shine!

1 Pappas, S., Rusthon, C (2020). Leading the way to professional well being. American Nurse Journal (152, p. 28-31)
We all know a special nurse who makes a difference! Honor a nurse who has touched your life as a friend, a caregiver, a mentor, an exemplary clinician, or an outstanding teacher. Now is your opportunity to tell them “thank you.”

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This case involved a registered nurse (RN), insured by NSO, who worked for a home healthcare agency. On the day of the incident, she was with another patient when she received a telephone call from a certified nursing assistant (CNA) who was also employed by the same agency.

The CNA was at the home of a mutual patient and reported that the patient’s gastrointestinal (GI) tube had come out sometime during the night. The RN informed the CNA that the patient would need to go to the emergency department (ED) to have the tube re-inserted as it would be several hours before she could see the patient. The patient’s family did not want to take the patient to the ED but instead opted to wait for the RN.

The CNA informed the RN that she had re-inserted several GI tubes while employed at a nursing home, so she felt comfortable re-inserting this patient’s tube. The RN agreed to let the CNA insert the tube but advised her to not restart tube feedings.

Approximately 45 minutes later, the CNA contacted the RN and affirmed that the tube was re-inserted without difficulty and confirmed proper placement. The RN noted that the patient was complaining of abdominal pain and reported feeling nauseous.

On physical assessment, the patient’s abdomen was distended and positive for peritonitis due to the GI tube being accidentally placed in the peritoneal space. The patient was transferred to the nearest hospital, where she was diagnosed with peritonitis due to the GI tube being accidentally placed in the peritoneal space.

When the nurse arrived at the patient’s home several hours later, she noticed that the patient was receiving tube feeding. When questioned, the daughter confirmed that she resumed the tube feedings shortly after the CNA left and denied being told to wait. The RN noted that the patient was complaining of abdominal pain and reported feeling nauseous.

The family filed a lawsuit against the RN and the home healthcare agency. The allegations against the RN included:

• Wrongful delegation of patient care to unlicensed assistive personnel (UAP);
• Failure to follow the agency’s policies and procedures on proper delegation, GI tube insertion, and supervision of UAP;
• Failure to contact the referring provider and obtain an order to reinsert the GI tube; and
• Failure to assure that the patient and family had received appropriate communication related to holding the GI feedings.

Resolution
Defense experts had difficulty defending the RN’s actions, as UAP such as CNAs cannot be asked to perform activities requiring assessment, problem solving, judgment, or evaluation.1 Due to the low likelihood of prevailing in favor of the defendant RN in a trial, the decision was made to attempt to reach a settlement with the plaintiff.

A settlement was reached prior to trial. As mandated by state law, the nurse was also reported to the National Practitioner Data Bank (NPDB).

The total incurred to defend and settle this case on behalf of our insured nurse exceeded $255,000.

Risk Control Recommendations

• Know what nursing responsibilities can be delegated, to whom, and under what circumstances according to the state Nurse Practice Act and related laws/regulations, in addition to your employer’s policies and procedures.2 Unfamiliarity to established policies and protocols is not a defense, especially if a clinician has acknowledged receiving education on such policies and protocols.

• Prior to delegating tasks, be aware of the knowledge and skills, training, diversity awareness, and experience of the individual to whom you are delegating elements of care. Use good clinical judgement, which includes the complexity of the patient, the availability and competence of the UAP prior to delegating patient care.

• Monitor implementation of the delegated task, as appropriate, to the overall patient plan of care.

• Evaluate overall condition of the patient and the patient’s response to the delegated task.

• Evaluate the UAP’s skills and performance of tasks and provide feedback for improvement if needed.

• For more information regarding nursing delegation, it is recommended that nursing professionals review the NCSBN and ANA National Guidelines for Nursing Delegation.3

Contact the risk management department, or the legal department of your organization regarding patient or practice issues.

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This risk management information was provided by Nurses Service Organization (NSO), the nation’s largest provider of nurses’ professional liability insurance coverage for more than 550,000 nurses since 1976. Georgia Nurses Association (GNA) endorses this risk management information.

References
The average healthcare leader spends more time in meetings than they’d like to. That same leader once promoted to the ranks of management officials above him said that most of their workday seems like an endless stream of meetings. And that lunch and bathroom breaks will be the mark of how good their day truly was.

In other words, it isn’t surprising that there are so many books, articles and tips about running effective meetings. But rarely will you find information recommending that you should also make your meetings more fun.

In this article I will give you five reasons why you should intentionally inject more fun into your meetings.

• **Reason #1 – You Want to Increase Team Engagement:** Let me state the obvious. People like things that are fun. They engage mentally and emotionally in things they are enjoying. Ask yourself: Would you like people to be more fully engaged in your next meeting? Do you want people to be more mentally involved in the problem you are solving or the issue you are discussing? You’ve brought people together to benefit from their presence, not for them to fill a seat. Making your meetings more fun will increase their engagement in the meeting and help you achieve higher quality meeting outcomes.

• **Reason #2 – You Want to Increase Team Communication:** You can’t take advantage of people’s knowledge and experience if they don’t share it. Including an element of fun in your meetings will get people more comfortable with speaking up and sharing their ideas.

• **Reason #3 – You Want to Improve Team Relationships:** If people know each other better and are more comfortable with others in the meeting, they are more likely to share their ideas. So, anything we can do to improve the relationships between people is a positive step. Does this mean more ice breakers? They need to be fun and people need to have their own. Fun can make all of this happen.

• **Reason #4 – You Want to Increase Energy:** How many meetings have you attended where the energy level feels like it is at zero? People’s minds are elsewhere or on other projects (or simply on Facebook and Instagram looking for something fun!) People aren’t interested in the topic of the meeting. People don’t understand why they are there. And all of this shows up in somber, lifeless body language and effort. Of course, there are many ways to remedy this besides injecting fun into your meetings, but fun is still a wonderful tool to improve the energy level and attention to the meeting topics, and to increase memory and retention. We remember things that are more enjoyable longer. When we increase the fun, we increase people’s ability to remember the content and remember the decisions. When people remember the meeting’s events better it improves the likelihood that they will complete their action items, share the results of the meeting more accurately with others and much more.

• **Reason #5 – You Want to Increase Team Productivity:** The four reasons I’ve outlined so far are excellent in themselves. But beyond them individually, the overriding reason to make your meetings more fun is that they will be more productive. We have meetings to get people with different opinions, perspectives and experiences working together. Our whole purpose in doing this is to create valuable outcomes. When we can find ways to make the investment of time and energy for all of those involved more productive, we should implement these ways.

This does not mean to add an item to your agenda that says fun. Nor does it mean that you should change the focus of your meetings – you are meeting for an important purpose and that should still be your focus. So, here are a few tips to help you run a fun and more engaged meeting.

• Add an icebreaker at the start of your meeting. This can be done in the form of a pop-quiz or riddle.

• Meet in unique locations and/or start at a weird time.

• Acknowledge and celebrate recent team successes.

Just remember that when we can make our meetings more enjoyable, even fun, we can enhance the productivity of those meetings – and productivity and results are why we were meeting in the first place.

About Jarvis

Jarvis T. Gray is an accomplished healthcare quality consultant, master facilitator, executive adviser, strategic planner, and change agent. Jarvis’ primary roles include consultant, master facilitator, executive adviser, strategic planner, and change agent. Jarvis provides executive leadership and support for staff and people at the top levels of organizations. His passion is helping leaders achieve higher quality and results.

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How would you rate your own professional “well-being”? Have you stopped to reflect on your own work and what it means to you today? Is your perception of healthcare providers the same as it was a year ago? Five years ago? When you started? And what it means to you today? Is your perception of medical care costs, and improving the experience of patients and providers, and reducing unnecessary processes that are time-consuming and energy-draining, or disengaged, discouraged, and disillusioned? Over the past 20 years, the National Academies of Sciences, Engineering, and Medicine have published several reports related to reducing errors and improving the practice of healthcare providers. Fundamental to these goals was creating and maintaining professional well-being. If we don’t take care of ourselves, we can’t effectively care for others. This perspective is also reinforced by the Institute for Healthcare Improvement, which advocates for actions to achieve the quadruple aim – improving quality of care, improving the patient experience, reducing medical care costs, and improving the experience of healthcare providers.

The National Academies of Sciences, Engineering, and Medicine has just released (December, 2015) its latest report, “Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being.” This report identifies burnout as consisting of emotional exhaustion, cynicism, and a low sense of accomplishment at work. Do these symptoms resonate with you? What do you do to combat these feelings – or do you feel that you aren’t affected? It is estimated that 35-54% of physicians and nurses in the United States have some or all of these symptoms, which often impact their ability to practice safely and/or have negative impacts on their health and personal lives.

While there is no “magic bullet” to prevent burnout or make it go away, addressing the problem is critical to clinicians, patients, and healthcare organizations. The NASEM report has a number of recommendations to address the problem of burnout. These include:

• Making systemic changes, such as work-flow processes and appropriate use of technology, as well as looking at the culture of the organization and support for staff. Providing meaningful work and a supportive culture can help achieve these goals. When we provide meaningful work, we increase people’s ability to remember the content and remember the decisions. When people remember the meeting’s events better it improves the likelihood that they will complete their action items, share the results of the meeting more accurately with others and much more.

• Professional development opportunities are key to helping staff learn and grow. The learning journey can be purposeful and designed to address gaps to strengthen practice. Creating and sustaining positive learning environments, both physical and virtual, encourages ongoing development and foster a sense of pride and self-worth. Additionally, educational activities need to address the problem of burnout head-on, providing real-life expectations so students are prepared for the challenges of clinical practice, developing strategies for building resilience, and helping people to be fully engaged in their next meeting.

• Reducing administrative burdens and unnecessary processes that are time-consuming and frustrating yet provide little benefit or return on investment. To see examples of these changes can be managed within an organization, but governmental, regulatory and accreditation requirements often hold us back in making these changes. Have you thought about how you might use your voice and your expertise to help others? Have you considered applying to be a member of the board of nursing or a member of a unit council in your organization? At both state and local levels, there are opportunities for engagement – and people who work in regulatory and administrative roles often don’t know what those burdens are unless we share our experiences and recommendations.

• Technology can be a burden, or it can be used to increase efficiency and productivity. Appropriate use of technology is key to reducing burnout. Granted, there is a learning curve with any new technology, and change is hard. However, a proactive approach to integrating helpful technology can have significant positive effects in both workflow and morale.

• Support must be provided to clinicians to help them get the support and resources they need to deal with work in a very high-stress environment. Do you have an employee assistance program or access to counseling services in your place of employment? Do you feel supported and encouraged to use these services? If you have the opportunity to help another person, ask if you or a colleague identify the need for help?

• Additional evidence is needed to show the effectiveness of these various points of intervention in preventing and dealing with burnout. While there is clear data to show that burnout is a problem and that it has negative impacts on providers, patients, and organizations, there is much less evidence of the value of various interventions. How can we leverage our knowledge of evidence-based practice to develop and implement effective methods to help colleagues? How can we collect and share evidence demonstrating our successes?

The bottom line – today’s healthcare environment is stressful in many ways. Failure to address burnout will have increasingly disastrous impacts on providers, patients, and organizations. All of us have resources that can contribute to improving our practice environment, supporting colleagues, creating positive learning environments, and advocating for a culture of caring and support for providers as well as for patients. The best way to do this is to...
Flight Risk:
A Tale of Our First and Second Year Nurses

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In 2019, the NSI National Health Care Retention & RN Staffing Report reported that the national average of total Registered Nurse (RN) turnover rate for 2018 was 17.2%; a 0.4% increase from the year prior. In the South East region (consisting of AL, FL, GA, KY, MS, NC, SC, TN, VA & WV) the RN turnover rate was 18.7%, with a 1.8% increase from the year prior. It was reported that the cost associated with RN turnover averaged between $40,300 - $64,000 per nurse; resulting in an average hospital loss of $5.7M. According the study, of the 17.2% that are turnover, 22.9% left within the first year (Nursing Solutions, Inc., 2019). With such an alarming exodus, it is important for healthcare organizations to revisit their sustainable business models in response to the shifting workforce dynamics.

One-third of the nursing workforce is under the age of 35. Factors such as career development, growth structure, organizational culture, and communication with management all have the ability to shape retention positively or negatively (Weirich, B., 2017). Compensation too plays a role; however, the new generations of nurses do not respond to monetary incentives as past generations once did (Gaesawahong, R., 2015). Sign-on bonuses are often returned in hopes of a better opportunity elsewhere. Job satisfaction plays more of a significant role with this population. So how do we improve job satisfaction?

Over the last several years, many organizations have implemented a combination of strategies to improve job satisfaction and employee retention. Such strategies include: changing the work environment by providing strong leadership and supportive nursing supervision throughout the organization, including nurses in decision making related to patient care delivery and practice through shared governance initiatives; renovating work environments to be more ergonomic; establishing a culture of safety that improves civility; limiting work hours; ensuring safe staffing levels; and offering flexible work schedules and employment opportunities such as job sharing (Fallatah, et al., 2016).

In term of engagement, other strategies that have the potential to retain nurses after their first and second year are improving residency programs and establishing mentorship programs. It is important for new graduates to have a positive experience during their residency. Residency programs that are valuable in nature include both didactic and simulation labs, preceptors, debriefing opportunities, and career planning endeavors (Wolford, J., et al., 2019). Career development and growth structure is extremely important to the new generations of nurses. Succession planning is a critical component for many organizations; and investing in extended and thorough orientation periods offers the ability to minimize generational competency gaps. An established 90 day orientation period, or longer if necessary, can promote a good fit between a new nurse and existing staff. New nurses will have the ability to evaluate their workload, define role expectations and adapt to workplace culture (Wolford, J., et al., 2019). As it pertains to growth, development and retention, it is important for nurse leaders to provide new graduates; not only throughout their residency program but most importantly after their first year and second year, emotional and social support as they continue their clinical learning (De Simone, S., et al., 2018). It is also important for nurse leaders to be able to identify the potential flight risk among these nurses. Early recognition could lead to opportunities to retain employees. The healthcare market is competitive, however, losing a nurse internally to a different specialty is better than externally to a competitor. For organizations that cannot afford extended orientation practices, mentorship programs are a cost-effective approach that may enhance engagement and retention.

New nurses can benefit from mentorship programs in a number of ways including; clinical coaching, shaping expectations on workload and scheduling, professional socialization, sharing stories, and offering emotional support (Sulistiyani, S., & Anggoromutus, A., 2017). Nurses who are heavily persuaded by workplace culture, so establishing a culture of civility is important for efficacious nurse adaptation. Nurse leaders can use surveys to acquire feedback from new nurses and floating nurses. This offers the ability to recognized hostile or unwelcoming cultures and address them before a new nurse considers leaving (Wolford, J. N. (2018).

Nurse turnover is an issue of concern for all health care systems and it is incumbent of us all to reduce these trends. We must continue to understand the new generations of nurses and develop interventions and strategies that are effective in reducing turnover rates. The use of predictive analytics for hiring may be beneficial in preparing for flight risk. Such analytics use historical data to make predictions about the future by detecting patterns among hiring and employee retention. Early recognition could lead to opportunities to retain employees. The healthcare market is competitive, however, losing a nurse internally to a different specialty is better than externally to a competitor. For organizations that cannot afford extended orientation practices, mentorship programs are a cost-effective approach that may enhance engagement and retention.

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The Positives of Being a Working Nurse Mom

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Being a nurse and a mom, I know how difficult it is to balance caring for patients, your family, and yourself. In today’s society, approximately 70% of women with children participate in the workforce (US Dept of Labor). A 23% increase over the last 40 years. The nursing profession is dominated by women, with approximately 89% of nurses being female (US Department of Labor). While that number is slowly decreasing as male nurses enter the healthcare workforce, females remain the majority and will likely hold that title for some time. These statistics inspired my graduate research, which focused on the duality of being a working mother.

My research partner and I discovered that, despite the obvious downsides, there were lots of benefits too.

A quick google search on working moms provides a litany of peer-reviewed articles, blogs, and even memes that focus on the negative aspects of working while being the primary caretaker of children. Themes such as crossover (also known as work-life imbalance), guilt, and burnout saturate the literature. When you are caring for others at work and at home, it is hard to find time to care for yourself. It is estimated that nearly half of all nurses have considered leaving nursing altogether because of the increased workload (Writers, 2019). Long shifts, more patients, sicker patients, and lack of resources make even the most dedicated nurse dream of an easier job.

Despite those bleak statistics and the expected overtones of guilt and imbalance, our study was saturated with positive themes. For our research method, we used a genre called “photovoice” (Valiquette-Tessier, Vandette, & Gosselin 2015). Photovoice was created by Caroline C. Wang and Mary Ann Burris to help women in the village of Yunnan Province, China have a voice and bring to life the reality of their day to day lives. Photovoice is personal images with personal captions. It is an empowerment tool and a great mechanism for women in our nursing community.

One key theme identified in the photovoice exercise was pride. Pride was encompassed in the images that represented nurses chasing their dreams, caring for others above themselves, and financial independence. One picture was of a coffee mug with a note to a participant from her daughter that read: “Being the woman I aspire to be.” The participant wrote below the image: “This was a Christmas gift from my oldest daughter. She wrote 30 reasons she loves me, this was the last one. It made all the hard work of balancing work, home and family really worth it.”

This mom recognized the amazing impact she made on her daughter by setting a strong example, and that her influence would have a lasting effect. The balancing act of juggling work, motherhood, and homelife all paid off for her at this moment. Setting an example as a strong female obtaining her dreams while daily impacting the lives of strangers is not something many get to boast, but nurse moms do. Additionally, financial independence contributed to feelings of pride. While most nurses do not go into the profession for money, there is still money to be made. This particular nurse took a picture of her beautiful home, recalling that as a child she only dreamed of living in a large house. She credits the materialization of that dream to her financial contributions within the family. She also credits the flexibility of nursing – the demand for her role, which allows her to work more when she chooses, and the ability to easily increase her rate by working the night shift.

Overall, the positives of being a nurse mom are starting to outshine the problems. While this was an unexpected outcome, it is refreshing to know a different theme is emerging among working moms. Perhaps, as women, we are starting to embrace our dual role and dropping the burden of guilt we have been conditioned to feel; opting instead to celebrate our accomplishments and ability to go after our dreams. For more on the positives, problems, and possibilities for nurse moms, check out my blog article at wematchwell.com/blog.

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Are APRNs of Georgia “Hidden Figures” in Healthcare?

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As a Georgia APRN, I am currently living at the “intersection” of oppression and empowerment. Yes, we are working hard to flip Georgia Green (or at least Yellow in the near future) on the Full Practice Authority (FPA) Map. There is no doubt that APRNs, as well as other healthcare providers who are not allowed to practice to the fullest extent of their education, training, and national certifications to the fullest extent of their education, training, and national certifications in Georgia, are oppressed professionals. We are oppressed mostly by the efforts and deep pockets of organized medicine, and unfortunately, by too many legislators that are benefactors, or are fearful of, the medical association’s lobbying efforts under the Gold Dome.

The almost total disregard of the plethora of evidence supporting removing APRN practice barriers is both befuddling and depressing. Year after year, esteemed federal agencies and national organizations release white papers repeatedly calling for removing barriers to APRN practice that have been largely ignored so far here in Georgia (U.S. Dept. of Health & Human Services, U.S. Dept. of the Treasury, U.S. Dept. of Labor, 2018; Federal Trade Commission, 2012; The National Governors Association, 2012).

Most of my APRN colleagues can probably relate to common occurrences in my day-to-day professional life where I really feel the pain of being a member of an oppressed profession. Some examples from my seventy years of APRN practice include many instances of not being able to care for my patients. For instance, when I know the next step for my patient’s work up is a MRI or CT, but I cannot order it. Another example is having a pediatric patient with a positive Vanderbilt Screening result for ADHD, and I cannot prescribe the Schedule II medication that could help them focus in school to improve their learning, grades, and behavior.

I am also hardened when I have a great concept for novel health care delivery that could improve access to care but under current Georgia law it is illegal for me to hire a physician to collaborate; although, anybody else, such as my husband, who has no healthcare background, is absolutely free to open a new clinic and hire both a physician and an APRN. This feels especially oppressive, when I know that in about half of the states in the country, APRNs can practice without having any supervisory or collaborative agreements with physicians. After seventeen years practicing in a restricted state, it is starting to feel like a pipedream to desire to be in an FPA state that permits APRNs to do what all healthcare professionals naturally do without a legal mandate, which is to refer patients for further evaluation and treatment when necessary.

Now, I am a pretty positive person, so I cannot let myself sink back into the the darkest state of oppression, and neither should you. Wilson (2009), writes a short piece on his observations of “ineffective oppressed attitudes” among many APRNs, such as low self-esteem, disorganization, and a lack of unity among the oppressed. APRN I of Georgia must step forward to move to a mental state of “empowerment.” We must continue to push forward. We must continue to inspire greater numbers of APRNs and future APRNs to engage in basic professional and legislative advocacy.

In case you missed it, you should know the energy and excitement at the March Nurses’ Press Conference was amazing, inspiring and EMPOWERING! The example of unity and synergy amongst so many nursing organizations coming together and actively advocating for all nurses is something that needs to be replicated many times over as we gain steam and pull more nurses into joining our professional organization. We also need to build a larger coalition of stakeholders, healthcare partners, family, friends, legislators and even physicians who support removing barriers to APRN practice. We have so many wonderful physician colleagues that see our value, count on us, know we are part of the solution for improving healthcare access, and agree that barriers to APRN practice should be removed. We did this with Rx Authority fourteen years ago, where we collected hundreds of letters of physician support. We can do this again as we continue to chip away at barriers.

If you want to see what one supportive physician can do for a state, look at the efforts and eloquent speech of ER Physician and Representative Clay Pignman, MD who sponsored Florida’s FPA legislation this year. He called out organized medicine for profiting off of APRNs and he brought light to their lying and fearmongering regarding quality and safety of APRN care. He also talked about their denial that there is an “access to care problem,” and he stated that “decades of systematic sexual discrimination” has occurred toward APRNs. He asserted that organized medicine has been counting on a state statute to ensure of their “value and self worth.” Finally, he expressed his strong conviction that APRNs have a lot to offer citizens of his state, and that it is time for the government to “get out of the way.” Now may be the time to start our own Georgia “Clay” Club: Check out this Twitter link and get EMPOWERED: https://twitter.com/status/123571712504897537.

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Thank you.

WEMATCHWELL.COM
6 Things Women Should Consider When Saving for Retirement

Submitted by Valerie Edwards, Mutual of Omaha
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It’s no secret that retirement planning can be stressful. According to a recent report, eight in 10 women have concerns about saving enough for retirement.

While concerns are normal, remember – women are innately planners. Take stock in all the things you have planned for and accomplished in life, from that huge work project to pottery training your stubborn toddler. Planning for your retirement should be no different. Today is the day to take control of your financial future and start planning for retirement.

Here are six things to consider when planning for your retirement:

1. Compare your current age with your target retirement date: Your age tells a story. It can help you predict how long you may enjoy your retirement (your life expectancy) and, when combined with your target retirement date, can help you calculate how much longer you have to save.

2. Calculate your current savings versus your goal amount: Simply put, your retirement savings goal minus your current account balance tells you how much you have left to save. But there are a lot of other components to consider in this calculation – like compounding interest and time. A financial professional can work with you on this calculation and help you figure out how to close the gap.

3. Plan to pay off outstanding debt: You may feel more comfortable entering retirement with fewer expenses to compete for your income. Paying off debt can be an effective way to reduce your expenses and boost your retirement savings.

4. Learn about employer matching and increased contribution limits: If your employer offers retirement benefits, check to see if they offer matching opportunities. Take advantage of any employer matching available – that’s free money toward your retirement. And one of the perks of turning age 50 – you may experience a bump in the contribution limits for your retirement plans.

5. Review a retirement calculator: Are My Current Retirement Savings Sufficient? (http://www.mutualofomaha.com/tools/calculators/retirement-planning/are-my-current-retirement-savings-sufficient.php): Retirement calculators are valuable tools that can help you quickly evaluate your current retirement plans and how they stack up to your goals.

6. Evaluate and make adjustments: Life can be unpredictable no matter how well you plan. Getting married, having children or experiencing the loss of a loved one can greatly affect your financial plans. It is important to schedule an annual review with your advisor to help keep your strategy on pace with your objectives as you approach retirement.

Approach your retirement planning like you would any other plan – one step at a time. And you don’t have to go it alone. No matter where you might be on your financial journey, a trusted financial professional can help you build and maintain a retirement strategy designed to meet your unique needs.


Self-Care for Stressed Nurses

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On a sunny Saturday I was honored to give a workshop on “Self-Care for Stressed Nurses” – using mindfulness & meditation techniques, at the Georgia Nurses Association Headquarters. This month I want to share with you a few things learned and discussed during the workshop. Why? Kathleen Cino, PhD, RN, said it best, writing in the American Holistic Nurses Association magazine (August 2016) that “self-care is a professional competency for nurses in contemporary healthcare systems.”

The techniques used included accessing the subconscious mind. Permanent, positive change, must always involve our subconscious mind. In addition, I brought in black belt martial arts mind techniques to help participants to think differently and ultimately understand differently. The more these practices become a discipline, a disciplined routine, the further you can take them.

It is key to really understand what you think determines how you feel. How you feel determines the level of stress you experience. Stress is an emotional reaction to a perceived threat. A threat can be too much work, making a clinical mistake, picking the kids up from day care or school, leaving a relationship, or taking care of an aging parent. These days, even preparing for an aging parent can be a threat. It balances the oxygenation of both brain hemispheres.

It is difficult to describe in just a few words, but I include it because a former Medical Director of Homeland Security used it to treat soldiers with PTSD. It balances the oxygenation of both brain hemispheres and seems to create brain alignment.


Three-Part Breathing

Dirga breathing, also called 3-Part Breathing, involves taking a measured breath in to a count of 3-5, holding for the same count, and breathing out to the same count. We did this about 12 times. Three-part breathing is a great technique to practice before bed, at the beginning of an interview, or to recover after a difficult one.

Take five minutes to do this breathing before your appointment, your annual race review, before that job interview, or after bad news.

Nadi Shodhana breathing is Alternate Nostril Breathing. It is difficult to describe in just a few words, but I include it because a former Medical Director of Homeland Security used it to treat soldiers with PTSD. It balances the oxygenation of both brain hemispheres and seems to create brain alignment.

It is key to understand that every, single emotion you experience, other than (altruistic) Love is the result of what you think about an event. A corollary to this is: What you think determines how you feel.

There is a story. It can help you predict how long you may enjoy your retirement (your life expectancy) and, when combined with your target retirement date, can help you calculate how much longer you have to save.
Georgia Nurses Association Political Action Committee (GN-PAC)

About GN-PAC:
The Georgia Nurses Association Political Action Committee (GN-PAC) actively and carefully reviews candidates for local, state and federal office. This consideration includes the candidate’s record on nursing issues and value as an advocate for the nursing profession. Your contribution to GN-PAC today will help GNA continue to protect your ability to practice and earn a living in Georgia. Your contribution will also support candidates for office who are strong advocates on behalf of nursing. By contributing $25 or more, you’ll become a supporting member of GN-PAC. By contributing $100 or more, you’ll become a full member of GN-PAC! The purpose of the GN-PAC shall be to promote the improvement of the health care of the citizens of Georgia by raising funds from within the nursing community and friends of nursing and contribute to the support of worthy candidates for State office who believe, and have demonstrated their belief, in the legislative objectives of the Georgia Nurses Association.

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As a GNA Member, you have …

• The opportunity to serve as a GNA Board and/or Committee Member*
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• Member-only access to ANA’s Nurse Space
• Free access to The Online Journal of Issues in Nursing (OJIN)
• Access to free and discounted webinars at Navigate Nursing Webinars
• The LARGEST discount on initial ANCC certification ($120/full members only)
• The LARGEST discount on ANCC re-certification ($150/full members only)

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• Signature Motor Club
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Membership Application

Name: __________________________  RN License #: __________________________  D.O.B.: __________
Address: __________________________  __________  County: __________________________  Home Phone: __________
Alt. Phone: __________  E-mail: __________
Desired GNA Chapter: __________  Employer: __________  School of Nursing: __________

Please circle ONE of the following options for each question:
Gender: Male  Female  Age Group: 20-29  30-39  40-49  50-59  60-69  70 or older
Job Function: Staff Nurse  Administrator/Manager  APN  Educator/Research  New Graduate
Licensed RN Student  Other: __________

Membership Type
Please check the option that best describes you:
• GNA State-Only Membership: $185 Annual/ $15.92 Monthly EDPP* Most cost-effective way to join GNA!
• GNA-ANA Full Membership: $325 Annual/ $27.97 Monthly EDPP- Employed full or part time

Special Rates
• New Graduate—$162.50 annual/$14.04 monthly EDPP—Initial year of membership
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Payment Options
Please check your desired payment option:
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• Monthly Electronic Funds Payment Plan (EDPP) through checking account—Read and sign the authorization below and enclose a check for the first month’s EDPP payment. Subsequent payments will be debited from your checking account.

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I hereby authorize ANA to withdraw 1/12 of my annual dues and any additional service fees from my checking account designated by the enclosed check for the first month’s payment. ANA is authorized to change the amount by giving the undersigned 30 days written notice. The undersigned may cancel this authorization upon receipt by ANA of written notification of termination 10 days prior to the deduction date as designated above. ANA charges an annual fee for members paying by EDPP. ANA charges a $5.00 fee for any return drafts.

Signature for EDPP Authorization

Enrollment Date

Expiration Date

State: __________________________  Approved By: __________________________  Date: __________
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Mail, Application, and Payment to:
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3032 Briarcliff Road Nl, Atlanta, GA 30329

Annual payment with Credit Card—VISA or Master Card
Monthly payment with credit card—VISA or Master Card
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Chapter: __________________________  __________  __________
MEMBERSHIP

I Want to Get Involved: Joining and Creating a GNA Chapter

Are you interested in Palliative Care? Nurse Navigation? Informatics?

Whatever your nursing passion may be, Georgia Nurses Association (GNA) can help you connect with your peers locally and across the state. Becoming involved in your professional association is the first step towards creating your personal career satisfaction and connecting with your peers. Now, GNA has made it easy for you to become involved according to your own preferences.

Through GNA’s new member-driven chapter structure, you can join multiple chapters and create your own chapter based on shared interests or a specific topic of interest. To join, you can contact the membership development committee or GNA headquarters, speak with a contact person, and find out more information. Visit http://www.georgianurses.org/?page=ChapterChairs to view a list of current GNA Chapters and Chapters Chair contact information. Connect with Chapter Chairs to find out when they will hold their next Chapter meeting!

The steps you should follow to create a new GNA chapter are below. If you have any questions, contact the membership development committee or GNA headquarters. Speak with a contact person and find out more information and more details may be found at www.georgianurses.org.

1. Obtain a copy of GNA bylaws, policies and procedures from www.georgianurses.org.
2. Gather together a minimum of 10 GNA members who share similar interests.
3. Select a chapter chair.
4. Chapter chair forms a roster to verify roster as current GNA members. This is done by contacting headquarters at (404) 325-5536.
5. Identify and agree upon chapter purpose.
6. Decide on chapter name.
7. Submit information for application to become a chapter to GNA Headquarters. Information to be submitted includes the following:
   a. Chapter chair name and chapter contact information including an email, name, Chapter purpose, and Chapter roster.
   b. The application will then go to the Membership Development Committee who will forward it to the Board of Directors. The Board will approve or decline the application and notify the applicant of its decision.

Horizontal or Vertical Violence: It’s All Disruptive

Sandra Olguin, DNP, RN
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Horizontal violence, lateral violence, vertical violence, and bullying are names used interchangeably. However, lateral and horizontal violence are peer to peer disruption and vertical violence and bullying are inferred to be from the top-down.

People in leadership roles may misuse their authority by not only demonstrating the behaviors above, but also by removing or adding roles, responsibilities, and assignments without justification, giving ultimatums and threats, and accommodating, growing, and building some staff but not others for personal, rather than professional reasons.

Mikaelian & Stanley (2016) identified 98% of nurses surveyed reported experiencing some form of incivility. According to Sauer and McCoy (2019), workplace bullying in nursing is a persistent problem, with 40% of the 309 nurses surveyed reported being bullied within the past six months (p. 223). Also noted, 68% of the nurses surveyed witnessed a co-worker being bullied.

The frequency of experiencing bullying, affects nurses’ physical and psychological health complaints and leads to depressive symptoms (Dehue, Bolman, Vollink, Pouwe, 2012). These behaviors may also affect productivity, sleep, anxiety, quality care, patient safety, employee, patient, and physician satisfaction, healthcare costs, turnover, burnout, and absences (Giori, et al., 2016; Shimp, 2017; Wright, Khati, 2016).

Davidson, Proudfoot, Lee, and Ziosok (2019) completed a longitudinal analysis of nurse suicide rates in the United States and recently published their findings. Firth (2019), from MedPage Today, asserts that Davidson stated, “…nurses are at higher risk of suicide than the general population.” Although Davidson, et al. (2019) did not discuss or infer a relationship between bullying and suicide, the possibility is valid. Feelings of anxiety, depression, not wanting to go to work, turning inward and feeling hopeless are all feelings, if left untreated, may lead to attempting and committing suicide.

Bullying is an activity that disrupts the health care environment which may negatively impact patient safety and outcomes, according to T The Joint Commission (2015). Institutions are responsible for maintaining a healthy work environment and policies and procedures were created to hold perpetrators accountable. The American Nurses Association Code of Ethics for Nurses (American Nurses Association [ANA], 2019) guides our nursing practice. It reminds nurses to be respectful and communicate effectively with others. To treat others with dignity and value, to communicate in creating “environments and conditions of employment conducive to the provision of quality health care,” to collaborate with other members of the healthcare team, and to maintain the integrity of the nursing profession.

An Incivility in the Workplace Nursing Survey, after IRB approval, will be available through the Nevada Nurses Association and Nevada Nurses Foundation website. Please complete the survey and share it with your nursing colleagues to find out where we stand. After over 30 years of identifying nurse to nurse bullying. Let’s be the change we all wish to see in nursing and support one another, model the behaviors we wish to see, and “do unto others as we would have them do unto us.”

For more information, please email me at solguin@NVNurses.org

References
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