Dear Utah Nurse Colleagues,

Words cannot express our admiration and appreciation for your commitment, expertise and sacrifice in addressing the COVID-19 pandemic. Thank you to the 1,565 Utah nurses who took the time to thoughtfully reply to UNA's COVID-19 Survey the week of March 23rd. We highlight the results of this survey below and plan to release additional details on the UNA website and to the public.

We have already been busy making sure the results of the survey are distributed and discussed publicly in as many venues as possible. We were able relay significant preliminary results in a supportive news piece done by KSLS reporter Jed Boal on Wednesday, April 1st. A link to that broadcast is available at www.utnurse.org.

UNA will continue to advocate for nurses in all areas of practice and all locations during this crisis. Our message to the Utah public is to help nurses and all health care providers and to limit spread of the virus in Utah:

- "Stay at Home – We are staying at work for you. Please stay at home for us!"
- Commit to physical distancing ("social distancing") from others as much as possible
- Wash Your Hands and clean/disinfect surfaces
- Call your health care provider before going to the office and be clear and honest about the symptoms you are experiencing – do not try to self-diagnose. But if your symptoms are severe … go to an Emergency Room!

UNA applauds our nurse colleagues for dedication and valor exhibited every day in every way. We will get through this together!

Liz Close, PHC, RN Sharon Dingman, DNP, MS, RN
UNA Executive Director UNA President

Utah Nurses Spoke and We Listened!!

UNA conducted a statewide survey of Utah nurses the week of March 23-March 29. The purpose of the survey was to determine Utah nurses’ challenges in the work environment and how UNA could best support all with the resources and information needed for self-protection, for protection of others and for containing virus spread. We heard from 1,565 Utah nurses within that one week period. The findings indicate:

Nearly all nurses who responded to the survey are confident they know how to prevent the spread of infectious diseases and most feel knowledgeable about COVID-19. The majority of respondents indicate their employers support them in protecting themselves and others from COVID-19 but express some concern about availability and use of Personal Protective Equipment (PPE) particularly if in short supply to their institutions.

One third of respondents are not certain that their workplace is “equipped to handle” the pandemic.

The following is a summary analysis of answers to the open-ended question “What challenges are you facing in your work environment to protect yourself and prevent spread of the virus?”

The shortage, or complete lack of OSHA approved, Personal Protective Equipment (PPE), hand sanitizers and disinfecting wipes is a serious concern in a great number of responses from nurses. Some health care service locations in Utah appeared able to meet the current demand [the week of the survey] but nurses are concerned about whether that would remain the case as the virus spreads. Nurses are troubled by the rules for proper infectious disease control procedures changing as the availability of PPE changes endangering the healthcare workforce as well as Utah citizens.

Nurses are feeling vulnerable for themselves and others with whom they have contact not knowing whether they have been exposed and are asymptomatic carriers spreading the virus to other health care workers, patients, and their own families, some of whom are immunocompromised. Lack of expeditious COVID-19 testing and timely results contribute to this sense of vulnerability. Protection protocols and information about the virus are constantly changing and are not always well communicated. Many Utah nurses are concerned over impending staff shortages especially in the areas requiring critical care nursing experience should there be significant illness among the nursing workforce.

Nurses in environments that do not care for the acutely ill, for example, behavioral health units, long-term care facilities, home health, hospice, and renal dialysis units express concern about trying to contain the spread of infection without adequate current and future supplies of OSHA approved PPE.

Nurses communicated grave concerns that the general public is not taking this as seriously as they need to. The general public is not following directives to stay home and not congregate in even small groups, to call before coming to health care facilities, wear masks as advised by health care workers, wash hands frequently and limit physical contact as much as possible outside of family. They are very troubled that patients are not being completely truthful about exposures from others as much as possible outside of family. They are very troubled that patients are not being completely truthful about symptoms and possible exposures which creates the situation that health care providers are unable to adequately assess the risk of exposure to themselves and to others.
NURSES, ETHICS AND THE RESPONSE TO THE COVID-19 PANDEMIC

Reprinted with permission from the American Nurses Association

The American Nurses Association’s Code of Ethics for Nurses with Interpretive Statements (2015) is the nursing profession’s non-negotiable ethical practice standard. Provision 2 of the Code states that “the nurse’s primary commitment is to the patient.” Provision 5 of the Code states that the nurse “has the duty to set as equals to others. These equal obligations can conflict during pandemics when nurses must continually care for critically ill patients, often under extreme circumstances including insufficient or inadequate resources and uncontained contagion. During pandemics, nurses and their colleagues must decide how much care they can provide to others while also taking care of themselves. They must be supported in these heart-wrenching decisions by the systems in which they provide care and by society. Professional nurses historically bring compassionate competent care to disaster response but are challenged to provide care when the nature of their work puts them at increased risk. Nurses struggle with feeling physically unsafe in the response situation, such as in times of scarce resources where supplies of such items as personal protective equipment (PPE) may be inadequate. Nurses are concerned about professional, ethical, and legal protection when asked to provide care in such high-risk situations, such as the COVID-19 pandemic.

Given the Practice Environment of the COVID-19 Pandemic, Nurses Should Consider These Points:

- the Code of Ethics for Nurses with Interpretive Statements (2015) provides guidance for nurses in situations of crisis, such as responding to pandemics
- during pandemics nurses must decide how much high-quality care they can provide to others while also taking care of themselves and their loved ones
- there may be times when a registered nurse must make a decision based on moral, ethical, and legal obligations
- the nurse is concerned about professional, ethical, and legal protection for providing nursing care in the COVID-19 pandemic
- organizational support for the registered nurse is a non-negotiable ethical practice standard. Effective communication between registered nurses and organizational management regarding a nurse’s ability to provide care to patients is essential and must be heard and valued at all organizational levels. Nurses must not be retaliated against for raising concerns.
- the registered nurse is responsible for being knowledgeable about state law under which they practice during a pandemic. Questions nurses should seek answers to include:
  - does the law mandate that nurses must provide care in all situations, regardless of the danger nurses face providing that care?
  - how is the nurse licensed protected during crisis standards of care during pandemics?
  - what protections exist against lawsuits for negligence or professional, ethical, and legal obligations?
  - are there adequate staff resources or where practicing outside of the normal scope of practice?
- as Frontline Healthcare professionals, nurses are key stakeholders in developing and implementing policies regarding standards of care during the COVID-19 pandemic
- employers have the responsibility to create, maintain, and provide practice environments that help meet the medical needs of patients and are in keeping with state and federal laws and regulations. This includes the provision of sufficient, appropriate personal protective equipment, immunizations, physical security, and operational protocols. Individual nurses are critical participants in this work.

Nurses, Ethics and the Response to the COVID-19 Pandemic

The Code of Ethics for Nurses With Interpretive Statements (2015) is the promise that nurses are doing their best to provide care for their patients and their communities and are supporting each other in the process so that all nurses can fulfill their ethical and professional obligations.

In considering the nursing profession’s duty to society, Interprofessional Statement 8.4 of the Code of Ethics for Nurses with Interpretive Statements (2015) states: “All actions, and omissions result unintended consequences with implications for human rights. Thus, nurses must engage in discernment, carefully assessing their intentions, reflectively weighing all possible actions, options, and outcomes, and formulizing a clear moral justification for their actions. Only under extreme and exceptional conditions, when conforming to international standards and engaging in an appropriately clear and transparent process of access of autonomous authority, can subordinate human rights concerns to other considerations.” Nurses must continue to advocate for systems and protocols that protect their ethical obligations, protect patient safety, avoid inequity, and fairness to all concerned in times of pandemics.

Questions? Email corona@ana.org
For more information please visit www.nursingworld.org/coronavirus

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Sharon K. Dingman, DNP, MS, RN

The first week in the month of May traditionally provides nurses an opportunity to pause, reflect, and celebrate why they became a nurse. Around the world nurses are reminded of their valuable expertise used to provide care to patients and their families. Many patients will recall a nurse who helped them at a time needed for recovery, reflection, solace, information, and understanding of them as a person.

For the year 2020, the celebration of nurses that is usually one week May 6-12 has been expanded to be a month long with a theme of "You Make a Difference." You can access these through: www.nursingworld.org/ana/

We invite you to join "Celebrating Nurses Month in 2020 on the dates below:

- **Week One (May 1-9)** Self-Care Week;
- **Week Two (May 10-16)** Recognition Week;
- **Week Three (May 17-23)** Professional Development Week;
- **Week Four (May 24-31)** Community Engagement.

In the March 2020 edition of the American Nurse Journal, President Earnest J. Grant, PhD, RN, FAAN shared the perspective of the public in the value of a nurse. Nurses were recognized again for the 18th year in a row by Gallup poll that "patients trust nurses to provide clinical care they need," and "they count on us to always do the right thing for them and others in their community"...and he concludes by saying, "What an enormous honor and responsibility."

Dr. Grant’s message continues to highlight opportunities for nurses to speak to social issues in our communities by "being aware of the American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements, "clearly states that nurses must practice with respect for the dignity, worth, and unique attributes of all our patients." Enjoy reading this challenge to all nurses.

Citation: Grant, E. J. (March 2020). Nurses and the public trust. American Nurse Journal, March 20, Vol. 15 Number 3, pg. 15.

In the same edition, Oriana Beaudet, President of Innovation for the ANA Enterprise; which is composed of the American Nurses Association, the American Nurses Credentialing Center, and the American Nurses Foundation, believes "that all nurses can create solutions to some of the greatest challenges of our time. As a nurse, how are you already innovating." Enjoy reading her vision of making innovation "no longer invisible. Make 2020 the year you tap into your inner innovator."


President’s Message continued on page 4
President’s Message continued from page 3

Overview and Summary: THE YEAR OF THE NURSE
In 2020, the United Nations designated the Year of the Nurse and Midwife to recognize
the essential role of nurses worldwide in providing and supporting high-quality
healthcare across the lifespan. This designation was made in recognition of the
contribution of nurses in attaining the SDGs. Nurses and midwives account for nearly
50% of the health workforce. Their role is critical to improve health and well-being,
both at the individual and population level.

The Year of the Nurse and Midwife is a significant opportunity to raise awareness of
the critical role of nurses and midwives globally. It is a chance to highlight the
impact of nurses and midwives on the achievement of the SDGs and to advocate
for the recognition of nurses and midwives as key actors in the global health system.

The Year of the Nurse and Midwife is also an opportunity to address the challenges
faced by nurses and midwives, including shortages in some countries, inadequate
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faced by nurses and midwives, including shortages in some countries, inadequate
salaries, and lack of recognition for their contributions.
FROM THE MEMBERSHIP COMMITTEE

Welcome to our new members and renewing members. Please encourage your colleagues to join UNA this year (nursing students can join for free!)

The 2020 goals for the Membership Committee include the following: (1) Increase UNA member acquisition; (2) Provide services and maintain communication with members; and (3) Increase extent and quality of UNA relationships with professional nursing organizations in Utah.

Here is what we do: The UNA Membership Committee assists the Board and Executive Director (in alignment with ANA) in creating value for membership, nurse engagement, nurse excellence support, nurse health and well-being, and healthy work environments. The Membership Committee is responsible to recruit, retain, and increase Utah nurse awareness about the benefits of ANA/UNA membership and their active participation with the organization.

Along with increasing membership, we would like to “grow” our Membership Committee!

We are seeking three (3) registered nurse members from different geographical areas in the state to join the UNA Membership Committee from inpatient/outpatient clinical care, education, and management. For questions about joining the Membership Committee, please contact:

• Dr. Peggy Anderson, or Dr. Anmy Mayfield, UNA Membership Committee Co-Chairs, at membership@utnurse.org
• Dr. Liz Close, UNA Executive Director at executordirector@utnurse.org
• Contact the UNA Office at (801) 272-4510.

Membership Benefit Information Online

Being a member of ANA/UNA makes a powerful statement about you and your commitment to nursing.

Membership provides a way for nurses across the United States and Utah to speak on behalf of nurses and patients for safe and consistent quality care. Continuing Education and member programs provide access to learning opportunities keeping nurses up-to-date on nursing knowledge and career advancement. Membership provides information about personal health and healthy work environments that are safe, empowering, and satisfying.

As a member, you have access to up-to-date journals and publications such as The American Nurse Journal; The Online Journal of Issues in Nursing (OJIN) by using a member log-in; E-News Letters: ANA SmartBrief, ANA Nurse CareerBrief, Nursing Insider, and Member News. You can also network and connect through social media with your state and national associations by visiting the UNA Website http://www.utnurse.org.

Please take a few minutes to review the current benefits of ANA/UNA Membership Information online.

Peggy H. Anderson, DNP, MS, RN
Anmy T. Mayfield, DNP, APRN, FNP-C

JOIN OR ACCESS THROUGH YOUR MYANA ACCOUNT AT
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Visit Utah Nurses Association at: www.utnurse.org

IMPORTANT LINKS/CONTACTS AT-A-GLANCE
• ANA Membership Services: 1-800-923-7709, FAX: 1-301-628-5355, Mail: American Nurses Association, 1015 Georgia Avenue, Suite 400, Silver Spring, MD 20910
  o Update your Profile: https://ebiz.nursingworld.org/Login/
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• Ethics Issues: https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/
• Lobbying – Federal and State: https://www.nursingworld.org/practice-policy/advocacy/federal/

Professional Development and Networking Resources Online:
• ANA Careers Center: https://www.nursingworld.org/education-events/career-center/
• Navigate Nursing: https://offers.wherepnurseslearn.org/anamembers/
• American Nurses Credentialing Center: https://www.nursingworld.org/ancc/
• For additional local information contact UNA via the website: www.utnurse.org or send correspondence to Utah Nurse Association, 4505 S. Wasatch Blvd. Suite 330B, Salt Lake City, UT 84124.

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RNAs are you ready?
Martha Ballard and Patty Sessions: Two Midwives in History

“Well-behaved women seldom make history.”

Written by Kathleen Kaufman MS, RN and Dianne Knorr BS, RN, partially published in The Utah Nurse in November, 2011

On September 9, 2011, Laurel Thatcher Ulrich opened the American Association for the History of Nursing’s annual conference with this familiar quote that she originally made in an academic paper almost 30 years ago and which she used as a title of a subsequent book. She has more recently stated that “the real drama is in the humdrum.” These seemingly contradictory statements illustrate the lives of two early midwives who did make history. Ulrich, a historian from Harvard University, went on to discuss the lives and contributions of Martha Ballard and Patty Sessions. Both women were born in Maine and lived their lives as midwives in service to their communities.

Ulrich introduced Martha Ballard to the world in A Midwife’s Tale: The Life of Martha Ballard based on her diary, 1785–1812. Ballard was born in the mid-1700s and began writing her terse yet clear diary at age 50; continuing this diary until she closed it three days before her 93rd birthday. She lived, practiced, and died in the state of Maine. Less well known across the country, Patty Sessions is an early heroine in Utah. She traveled over the Mormon pioneer trail in the mid-1800s to the Salt Lake Valley—delivering babies in cold camps and swaying wagons.

Sessions’ nearly moneyless daily journal began in her 51st year and ended when she was 93 years old—five years before her death. The very existence of their diaries set these two women apart from other lay midwives of the early American era.

Both women “sustained their communities: delivering babies, laying out the dead and attending the sick.” They documented weather conditions and their daily trials with clarity and a certain degree of “ordinariness.” Their no-doubt harrowing lives are recorded with simple phrases and a lack of detail that whets the imagination. They did not write details of specific cases they attended. Given that they each delivered more than 1000 babies in their lives, they had excellent outcomes. Martha Ballard had no women die in childbirth while Patty Sessions had only a few die.

Ulrich noted that “without these diaries, the history of the times would only be that of physicians who were starting schools and hospitals. These physicians were threatened by successful lay midwives.” She also stated that historians have not yet learned to find and write about women who have not broken laws (and who therefore are NOT depicted in court records) or who were illiterate. Ballard and Sessions clearly were not illiterate; their “ terse” presentations intermixed important caregiving (nursing) with the trivia of everyday life. These very short descriptions give us the context and relationship of society to healthcare in their rural frontier communities.

Ulrich goes on to note another similarity between Sessions and Ballard. They were both highly valued in their own time. They each expected to be paid for their services, and they were paid for their expertise whenever possible. Sessions would even mark her diary with an “X” when she was paid for a case. Details rarely appear in these journals. However an occasional note about the new mother who delivers after traveling 13 miles on horseback while in labor or the midwife who crosses a flooded river on a log at night does give a hint of drama to all the “humdrum” entries. Both women cared for their communities with courage, perseverance and skill.

This year’s recognition of the nurse midwife needs to be based on the historical reality of midwives throughout time. The pioneer midwives noted above did superb work given the conditions in which they worked. They generally learned by doing with occasional informal education along the way.

Today’s professional midwife in Utah is the certified nurse midwife (CNM). The move to provide midwifery education in the United States began in 1929 with Mary Breckinridge in the Frontier School for Midwifery and Family Nursing in Hyden County, Kentucky. That program continues today as the Frontier Nursing University with multiple nurse practitioner programs, including midwifery.

Mary Breckinridge’s vision was to have her program replicated across the United States. In 1965, The University of Utah’s College of Nursing instituted the longest continuous existing nurse-midwifery program west of the Mississippi. To date, over 500 nurse midwives have graduated from the University’s program with approximately 150 CNMs practicing in Utah today. Unlike some states, Utah does have direct entry midwives (DEM) who are also licensed.

Note: Dr. Ellis Reynolds Shipp was one of the first female doctors in Utah and west of the Mississippi. In 1879, she established the School of Nursing and Obstetrics in Salt Lake City. This was a relatively short-lived program. The Ellis R. Shipp Community Health Center on 5600 West in West Valley City is named in her honor for all the work she did in medicine throughout Utah.

Laurel Thatcher Ulrich asked her audience: “Where are our records? We need to record events in our lives.” This question jogged much discussion over the weekend conference about writing and sharing the history of nursing more fully with our colleagues and the public. This newsletter invites you to participate in sharing your stories with your peers. We welcome submissions for possible publication from our readers. See the UNA website for deadlines for submission. Document the drama of the “humdrum”
Utah Nightingales is a Nursing Honor Guard to honor and recognize men and women who have dedicated their lives to the nursing profession. The Nursing Honor Guard pays tribute to individuals at the time of their death who dedicated their lives to helping others. Active and retired nurses volunteer their time to travel the area and honor their fellow nurses. It is a privilege for the members of the Honor Guard to recognize nurses and help bring peace to mourners and family during their time of loss. Our volunteers may contact our Special Nurse Recognition Program, or email us at:

utahnightingales@hotmail.com

www.utahnightingales.org

Utah Nightingales is being registered as a 501 C Non-profit organization. We are asking for a membership fee of $20.00 to become a Utah Nightingale. This fee will provide profit organization. We are asking for a membership fee of

Nurses Climate Challenge: Educating 50,000 Health Professionals by 2022

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There is increasing interest and engagement among the nursing community around environmental matters that influence human health, such as climate change. 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 evolution. 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 nearly 1000 nurse climate champions from close to 50 states, with over 12,000 health professionals educated since the launch. In addition, nurses from 16 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 Change offers a comprehensive toolkit with all the resources nurses need to educate colleagues on climate and health and engage in climate-smart practices in health settings and at home. Nurses using the Challenge resources are highlighted through profiles (http://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.

Learn more and join the Nurses Climate Challenge by visiting nursesclimatechallenge.org.

Nurses on Boards Coalition
10% Nurses by 2020

In 2010, the Institute of Medicine released a landmark report, The Future of Nursing: Leading Change, Advancing Health, which recommended increasing the number of nurse leaders in pivotal decision-making roles on boards and commissions that work to improve the health of all Americans. The Nurses on Boards Coalition (NOBC) was created to respond to this, as a way to help recruit and engage nurses to step into leadership roles.

The NOBC represents nursing and other organizations working to build healthier communities in America by increasing nurses’ presence on corporate, health-related, member, other boards, panels, and commissions. The coalition’s goal is to help ensure that at least 10,000 nurses are on boards by 2030, as well as raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health in the United States.

The Nurses on Boards Coalition encourages each and every one of you, over three million strong, to visit www.nursesonboardscoalition.org, sign up to be counted if you are on a board and read more about the efforts being made to help build the future of our profession.
Sharon K. Dingman, DNP, MS, RN

In this edition of the Utah Nurse, Board Members of the Utah Student Nurses Association (UT-NSA) share self-reflections of why they chose nursing as a profession. From their stories, we learn the value of others’ influences in their decisions that guide their student experiences in shaping their future as a nurse. The personal attributes of caring in these stories are universal and yet very specific to their individual experiences.

Thank You to each of you for sharing your “Musing” story and for choosing to become a nurse.

Musing of Caring Story #1: Jessica Daynes, Utah Student Nurses Association (SNA) President

Growing up, I always knew my mom was an incredible woman and I knew nursing played a huge role in that. I remember a day when my brother had an accident requiring stitches, and I watched from a distance as my mom assessed his leg and made the correct judgments to get him the care he needed. More importantly, she empathized with and advocated for him. I’ve watched as she has done this same thing for others out of compassion.

Compassion drives our nursing field, and I realized that nursing is part of who she is and it’s a part of who I am. I want to help care for others, bind up wounds, and help people heal physically, emotionally, and holistically. I want to become the best nurse I can be!

One way for every nursing student to get involved in this journey to reaching our potential as nurses is to become a member of the ANA, which is free for students! Click “student member” to join today.

Musing of Caring Story #2: Gabriel Joy, Utah SNA Vice President

My decision to become a nurse started long before I was consciously aware of the capacity with which I can hold space for others. Growing up I was one of two daughters and my mother worked as a nurse. Witnessing her commitment and dedication shed light on the interweaving of the beauty and complexities of caring for others. Her role as a nurse extended far beyond the reaches of the surgery center she worked at. When my sister was diagnosed with cancer my mother put on her Danskos and walked boldly through the process of hours of chemotherapy, radiation and Broviac dressing changes. She was able to do all that was necessary for my sister while caring for me and continuing to work.

Those moments opened my eyes to the innate strength that arises in our lives my mother stood fast. As I made my way into adulthood, I often found myself reflecting on the moments of hardship that shaped development of understanding of sickness, health and the ability to persevere. I was learning to be a nurse first-hand; in my critical thinking, emotions and desire to speak where others could not.

Today the driving force of my practice is advocacy, integrity and building on the foundations nurses before me have created. Experience is the greatest teacher and I am here to learn. My hope moving forward in my professional practice is to serve others with depth and understanding of the beauty it is to be human.

Musings of Caring Story #3: Genevieve Antoine, Utah SNA Secretary

Growing up, the medical field was like a second home to me being that both of my parents were doctors and we had an in-home clinic that provided care for the community. However, I did not truly gain the respect I have today for nurses until recently.

Five years ago, I was stricken ill by a vaso-occlusive episode from Sickle Cell Anemia Disease. S.S. I was placed in an intensive care unit and was unconscious for three days. Upon awakening I met this amazing male nurse who went above and beyond to care for both me and my family. When I was especially suffering, he would take time to talk to me about various things to keep my mind off my pain and he would share stories with my family in order to ease their anxiety. That nurse made such an impression on me that the very same day I was discharged from the hospital I asked my fiancé to take me to a close by nursing school and applied that same day.

Knowing what it is like to be the patient and seeing what great nursing care can do has changed my perception and passion for nursing. I hope to someday be that same great nurse to a person in need.

Musings of Caring Story #4: Sophia Almeida, Utah SNA Region 3 Director

I chose nursing because of my love of science and learning about the human body as well as my desire to practice the healer’s art. [I want to] comfort those who stand in need of comfort. I cannot think of a career path that better represents all I care about and stand for.

Nursing opportunities for experienced RNs in the following areas:
- OR
- ICU and Cardiovascular
- HomeCare
- Float Pool
- Neonatal (for Nurse Practitioners)

Make a difference

Become an Intermountain Nurse.

We have opportunities in a wide variety of clinical areas and many locations, including rural hospitals. No matter which location you choose to work, you’ll find a team-oriented environment where you can make a difference.

Grow. Innovate.

Summary

Thanks to each of you for sharing your caring stories and for your contribution to your self-reflective moments as student nurses. This year we celebrate the YEAR OF THE NURSE 2020 with ANA and our State Organization, may we be mindful of the care we will and do provide as professionals in the role of nurses every day. As we each celebrate the Year of the Nurse 2020, may we be reminded of our own contributions to nursing by sharing our Musings with one another. We all have experiences to share that have been defining moments of caring in behalf of another.

Selected References:
The legislative session is in the final two weeks as the deadline for the Utah Nurse arrives. It has been a difficult session for the UNA. Despite the profession of nursing continuing to be the most trusted profession, many legislators are listening to other voices that influence their votes.

Kathleen Kaufman, Diane Forster-Burke, Sharon Dingman, and Liz Close have represented UNA at the Capitol this session. We have been joined by other professional nurses and nursing professionals depending on the bill being heard. Our bill tracker was updated twice a week and monitored over 60 bills. We had a very successful Nurses’ Day at the Legislature on Feb 28 with about 250 participants. We welcomed many nursing students and also had several groups of registered nurses (school nurses, and hospital clinical education). We heard about several bills that UNA supports as well as heard reports from Steve Grant (AORN), Clay Watson and Stephanie Puffer (Home Health & Hospice Association), and Carrie Butler (Action Utah). Legislators stopped by to speak about their bills. We thank Rep. Joel Briscoe, Rep. Marie Poulson, Rep. Andrew Stoddard, Rep. Susan Pulsipher, Sen. Kathleen Reibe, and Sen. Derek Kitchen.

One of our main bills of interest was SB 105 Surgical Smoke Free ORs sponsored by Kathleen Reibe. Once introduced in the Senate, this bill was assigned to Senate Business & Labor. The committee room was filled with nurses; many of whom were in their OR scrubs. We provided expert testimony from AORN national as well as several from ADRN Utah. The only opposing testimony was from Dave Gessell of the Utah Hospital Association who reported that administrators of hospitals knew nothing of these hazards. This bill was sent for further study in Interim Session.

Rep. Ray Ward has been working with families of disabled individuals who are in need of respite care for their family members. He convened a group with representatives from these families, Medicaid officials, and nursing representatives. Rep. Ward opened the Nurse Practice Act (HB 274 Nurse Practice Act Amendments) to add language about these family members delegating tasks to unlicensed care givers. Rep. Ward feels that this is an example of our NPA’s “exemption from license.” The licensed nurse will not be involved in this delegation and has no responsibility for this care giver. Rep. Ward is trying to get Medicaid to cover the cost of this care performed by the care giver. This bill has passed the House and is nearly through the Senate.

Midway into the session, we learned of SB 127 Nursing Licensing Amendments (Buxton). Currently in the NPA, all state approved non-nationally accredited nursing education programs were given five years to achieve national accreditation with a

deadline of December 2020. All have met this deadline except one. Sen. Buxton is opening our NPA to allow this program two additional years to achieve accreditation. This bill was assigned to Senate Business & Labor where UNA opposed this. Our opposition was ignored. The committee members decided to pass it out favorably. It passed the Senate with Sen. Buxton making emotional pleas for the students in this program to be able to complete their education without closing this school. Once in the House, it was assigned to House Health & Human Services where UNA, Academic Leadership, and UCNL vehemently opposed it. We feel that it is not appropriate to give more time to one program while others have met the deadline. The committee voted 8-4 to shorten the time frame to 18 months and passed it out favorably. Rep. Ray Ward was able to amend it to say no more admitted students in Nov 2020 if that school had not set an accreditation site visit to happen by spring 2021. It was passed in the House 3/4.

Please see the bill tracker on our website for other bills we followed. We invite any interested member to join the Government Relations Committee where you can read the bills we are particularly involved in and give us your ideas for support or opposition.

We also urge you to ask questions of incumbents who want your vote in November. See how well they respect our nursing profession. You can see how they voted on bills by going to the bill and clicking on the status tab on the legislative web site. www.lutah.gov. Look at the numbers of votes “for” and “against” and then click on the numbers. Then you can see if your representative or senator voted for or against a bill that interested you. Be informed and let them know you are a nurse!

2020: Year of the Nurse and the Midwife!!!

This Nurses’ Week recognizes that 2020 is the Year of the Nurse and the Midwife. Within this issue we present nurse midwifery in Utah and beyond. In coming issues we will present other aspects of nursing history – To remind all of us just what a diverse and strong past we have had and what a promising future awaits for all engaged professional nurses. We have much to celebrate and to commemorate.

Throughout the year we will look at the wide variety of nursing settings, nursing educational programs, and nursing contributions to our state and to our citizens. To achieve best results, we need YOUR involvement. Can you describe your specialty, your favorite aspect of the work you do, or how you contribute to your community. Just two or three paragraphs is enough to give us the flavor of nursing throughout Utah. (A good photograph might possibly be used, so send one in.)

Moab Regional Hospital is an independent, non-profit, Level IV, Critical Access Hospital located in the high desert of Utah.

We’re always excited to hear from smart, independent nurses that love rural nursing.

To learn more about joining the MRH Nursing Team, please visit www.mrhmoab.org/career-opportunities/

Help Celebrate Florence Nightingale’s 200th Birthday!

2020 is the “Year of the Nurse and Midwife,” honoring the 200th birth anniversary of Florence Nightingale. Celebrate by printing our bicentennial adventure list, taking a scene picture with you and the Nightingale logo, then posting your image with the hashtag #LiveLikeFlo. Details at http://bit.ly/2N17UBYs
Define your role when a family member is ill, and then apply that experience in your practice.

Takeaways:

- Most nurses experience being the “nurse in the family” when a loved one is ill, which can be a struggle and an opportunity to learn and grow.
- When a nurse is caring for a loved one, the nurse must articulate how his or her actions are grounded in the practice roles of professional nursing.
- Nurses can promote and improve their own professional practice when caring for a loved one with intentional, humble reflection and being open to self-healing.

My mother had experienced sudden-onset pulmonary edema after a complex cardiac procedure. I felt that her caregivers didn’t assess her accurately and acted on assumptions. We had previously negotiated very rough waters balancing her medications. The day after a transfer to a step-down unit, a well-intentioned but ill-informed provider stopped her cardiac medications, stating that “too many meds for old people often cause more problems.” This was done without consulting the specialists or communicating with her family. Within 24 hours, she was back on a ventilator in the intensive care unit. I was livid, a reaction interpreted by my kind, humble father as questioning the doctor’s authority and being haughty, a characteristic considered poorly in my family.

— Roberta Young

At one time or another in our careers, we become the “nurse in the family,” and sometimes we’re disappointed with our colleagues as we advocate on behalf of a parent or child. Other times, though, we’re in awe of the compassion and expertise we witness. Underneath it all may be turbulent emotions of love, conviction, and uncertainty mixed with our professional capacity as nurses to listen and react smartly while being held to unknown expectations.

Navigating this situation requires understanding nurse practice roles, defining your role with the family member, and learning from the experience. Taking these actions not only will help family members but also can help you cope with your emotions and improve your practice.

Nurse practice roles

In Relationship-Based Care: A Model for Transforming Practice, the authors define six practice roles of professional nursing: sentry, healer, guide, teacher, collaborator, and leader.

- **Sentries** watch over and protect others.
- **Healers** care for another’s body, mind, and spirit and help him or her improve health.
- **Guides** lead or direct another’s way through unfamiliar circumstances and possess intimate knowledge of the way.
- **Teachers** impart knowledge and help another learn a skill.
- **Collaborators** work cooperatively with others to achieve a common purpose.
- **Leaders** have the authority to act on behalf of others and possess the capacity to effect change and influence direction.

Family expectations frequently are diverse, hard to discern, and sometimes unrealistic. Nurses are tasked by the American Nurses Association’s Code of Ethics for Nurses with Interpretative Statements to promote health, ensure care in a dignified manner, and protect patient safety. This is hard work and may lead to conflicts, feelings of failure or inadequacy, or being labeled as arrogant or a “know-it-all” by family members when you try to explain medical speak. Clarifying the inner conflict between your nursing and family roles and acknowledging that struggle to yourself and family members can enhance your ability to cope and your family’s understanding.

Your role as the nurse in the family extends beyond the high-risk, acute episodes of chronic disease exacerbations that become a reality with older family members, but it’s also an opportunity to learn empathy and compassion for the nurses who are family members and advocates of future patients you’ll care for. Understanding that nurses as family members are navigating a slippery slope with the extended family will create a path for collaboration. Include these nurses in care planning and implementation to enhance confidence in their decisions, which in turn can improve trust within the family and trust in your care.

The experience of being the nurse in the family also can be a catalyst to examine and improve your own practice. Ask yourself these questions and answer honestly:

- **Was there a time you received a report that labeled the patient in a poor light and you acted on that view rather than your own professional assessment?**
- **Was there a time you skipped an intentional pause to learn the patient’s lived experience in their illness, which led to inappropriate treatment?**

To grow professionally and continue to hone your practice, you have to reflect the hard questions and then humbly listen and improve. Patients, families, and your value as a nurse deserve this. Out of love, you care for your family with a heart and mind that wants to do the right thing. The experience also can make you a better nurse.

Roberta Young is a nursing and healthcare consultant in Fargo, North Dakota. Teresa (Terry) Anderson is an independent nursing practice consultant and chief nursing officer at Nobl Health in Lincoln, Nebraska.

**References**


Forensic nursing: Overview of a growing profession

Julie L. Valentine, PhD, RN, CNE, SANE-A
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Career Sphere

Forensic nursing combines nursing care with the legal system and forensic sciences. Forensic nurses care for patients who’ve experienced violence and other traumas, such as natural disasters. Patients include living and deceased victims as well as perpetrators of violence. The forensic population includes individuals from the community and society at large. Forensic nurses collaborate with other professionals outside of healthcare, but they’re nurses first and use the nurse’s role to provide compassionate, holistic care. This distinction clearly defines forensic nurses as healthcare professionals rather than criminal justice or forensic science practitioners.

As forensic nursing grows, subspecialties will advance to meet healthcare and societal needs. (See Forensic nursing: Overview of a growing profession.) Many forensic nurses come from a variety of educational backgrounds—from associate to doctoral degrees. Many forensic nurses have experience in emergency departments, surgical units, or mental health/psychiatric units. Subspecialties include:

- Sexual assault nurse examiners (SANEs)
- Forensic psychiatric nurses
- Disaster nurses
- Critical care nurses

Currently in the United States, forensic nurses can specialize in any of these areas:

- Sexual assault
- Interpersonal violence
- Intimate partner violence
- Child abuse and neglect
- Elder abuse and neglect
- Human trafficking
- Death investigation
- Incarceration
- Refugees with torture victimization history
- Mass and natural disasters.

| Nurse - LPN or RN |

- **Salary - Negotiable**

  Two Full-time nurses needed to provide nursing care to residents in a nursing home environment. The shift schedule is to be determined based on resident needs. Must be able to pass background checks required to work in a Skilled Nursing Facility.

  **Employee Benefits**

  - Health, Dental and Vision Insurance
  - Retirement, Life Insurance, Disability, 401k, Paid Time Off
  - Email: alarcher@uicdcare.com, julie.hunt@uicdcare.com for more information

To learn more about forensic nursing, visit the IAFN website (IAFN.org). Note that many states have IAFN chapters with contact information. You also can read more about forensic nursing in the official peer-reviewed journal of IAFN, Journal of Forensic Nursing.

Key forensic nursing care settings

The broad scope of forensic nursing encompasses many care settings:

- Forensic psychiatric nurses with an undergraduate degree may work in mental health settings, while nurses with an advanced practice degree may provide evidence-based therapies to both survivors and perpetrators of violence.
- Forensic nurse death investigators work within the structure of medical examiners’ or coroners’ departments to investigate deaths, support family and survivors, and explore the impact of the death on the community.
- Correctional forensic nurses care for patients incarcerator in jails, prisons, and juvenile detention centers.
- Nurse legal assistants and nurse attorneys also fall under the umbrella of forensic nursing, addressing legal issues as they intersect with healthcare. Nurse legal assistants assist attorneys, while nurse attorneys represent clients and healthcare organizations in legal cases.
- Forensic nurse doctoral researchers focus on studies relevant to forensic nursing science.

Employment settings

Forensic nurses work in a variety of healthcare settings: hospitals, emergency departments, clinics, correctional health centers, and medical examiners’ or coroners’ offices. (See Forensic nursing care settings.) Many forensic nurses work on-call, ready to respond when a patient needs their specialized care, while others are employed as full-time forensic nurses. States, jurisdictions, and healthcare facilities vary on their payment structure for forensic nursing services, providing on-call, case-by-case, hourly, or salaried wages.

Educational options

Forensic nursing education is holistic, ranging from learning about assessment of the psychological impact of trauma to documenting physical injuries and preserving evidence. As forensic nurses interact with the criminal justice system, education also is provided on expert testimony. A variety of online forensic nursing education programs are available through IAFN. Several universities offer courses specific for SANEs or death investigations, and graduate forensic nursing programs range from master’s to doctoral degrees. When exploring SanE education opportunities, look for programs that meet IAFN guidelines. And keep in mind that to practice as a forensic nurse, you need both classroom education and clinical experience.

Cultural sensitivity

Culturally sensitive forensic nursing care involves an awareness of cultural and societal influences on violence, abuse, and trauma. It also requires a commitment to social justice and access to care.

Evidence

All aspects of forensic nursing care—from patient assessment to evidence collection and documentation of injuries—must be based on research and best practice guidelines.

Violence prevention

Violence prevention is also a foundational concept within forensic nursing. Under IAFN’s Vision of Ethical Practice, the scope of forensic nursing practice includes a responsibility to address violence prevention to promote healthier communities and nations.

Learn more about forensic nursing

Nurses have always provided care to victims and perpetrators of violence. Forensic nursing expands that role to individuals and communities to promote recovery, health, and justice.

To learn more about forensic nursing, visit the IAFN website (IAFN.org). Note that many states have IAFN chapters with contact information. You also can read more about forensic nursing in the official peer-reviewed journal of IAFN, Journal of Forensic Nursing.

Selected references


Note: All aspects of forensic nursing care—from patient assessment to evidence collection and documentation of injuries—must be based on research and best practice guidelines.
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