The world is watching us and today more than ever is our time to shine and we most certainly are. A particular segment from the Nightingale Pledge says, “I shall be loyal to my work and devoted towards the welfare of those committed to my care.” In a time of great fear and worry, I encourage all of us to stay the course and continue to deliver on our promise to those in need of our care.

In weeks to come, our profession will be challenged in ways that we cannot even begin to fathom. The emotional and mental impact this pandemic will have on our nurses will require us to decompress even more often. Take time to check in on your co-workers and see how they are doing. I urge all nursing leaders to continuously monitor their workforce for signs of fatigue and develop strategies and plans to ensure adequate time to refresh and refuel. Well-being plans should include virtual access to counseling, chaplaincy services, and behavioral health support as needed.

This is a historical time and I am confident that the innovative approaches to care that are being developed by nurses throughout this pandemic will be catalysts for moving healthcare forward in the future. The care workers to use masks which filter out 95 percent of airborne particles. But, due to a shortage, it’s now saying nurses can use simple surgical masks. The American Nurses Association says the decision was made with more consideration for supply chain than safety.

Emily Sego is the president of the Indiana State Nurses Association. She says Indiana’s nurses are also concerned about a lack of affordable childcare while they work as some Indiana schools switch to online learning during the coronavirus outbreak.

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CERTIFICATION CORNER

Matthew S. Howard, DNP, RN, CEN, CPEN, CPNP is a leader in a professional organization as Director of Scholarship Resources with a clinical background in emergency nursing. His certification journey will inspire anyone who has thought about certification and hesitated to pursue it. Certification is more than a credential. As Matthew says, certification is a confidence-builder that leads the way to future success. Here’s Matthew’s story in his own words.

What certification(s) do you have?

• Certified Emergency Nurse
• Certified Pediatric Emergency Nurse
• Certified Pediatric Nurse

Why did you decide to take the certification exam?

My path toward certification took quite a while. I was very fortunate and blessed to have some amazing nurse mentors while I was in nursing school and my first few years as a nurse in Western Kentucky. These nurses took me under their wing and showed me how professional emergency nursing is done, but also helped me to understand why we do what we do in nursing. Among the many things they taught me was to be certified in your area of nursing. Being certified shows your patients, the hospital and each other. I knew I wanted to be like my mentors. I saw what they offered their patients, the many things they taught me was to be certified in emergency nursing is done, but also helped me to become a leader.

How do you use your certification in your practice?

I feel the certifications do provide me with a level of confidence in my knowledge and skills that I did not have prior. I think it helps me when working with physicians and colleagues that see my credentials and know they can trust my knowledge and judgment.

How was being certified made you a better nurse and leader?

I personally like learning and expanding the horizons of what nurses can do. Becoming board certified has increased my confidence and provided career advancement that I was not even expecting. I have been asked to assist with programs and initiatives at my hospitals because of my experiences and certifications in emergency nursing. It has allowed me to become a leader.

What advice would you give to others seeking the same certification?

Just do it. Remember, procrastination is your enemy, not the exam. Do not let your anxiety be your crutch. We often learn more from our mistakes than our successes. Also, use multiple modalities to study including reading, audio, video, etc.

Thanks, Matthew, for sharing your story with us and for serving as a role model for certification for other nurse leaders.

Do you want to share your certification story with your colleagues? It may encourage them to join you!

Please contact me at SueJohn126@comcast.net to share your experiences!

2020 Indiana State Nurses Association Convention Request for Abstracts

ISNA is issuing a call for abstracts for podium presentations for our 2020 Indiana State Nurses Convention in Indianapolis, currently scheduled for Friday September 18th. We are requesting proposals that relate to the promotion and recognition of the Year of the Nurse 2020: Excel, Lead, Innovate theme. Please submit this completed form by JUNE 1ST.

Podium or Poster:
Presentation title:
Learner Objective – Upon completion of this session, the learner will:
Summary:

How will this presentation help attendees?

Name/credentials of presenter(s): Degree(s) & Certification(s): Agency/school/organization:

Position/title:
Phone:
Email:
ISNA Member Yes/No:

www.indiananurses.org

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ISNA works through its programs to promote and influence nursing excellence, quality nursing and health care.

ISNA accomplishes its mission through unity, advocacy, professionalism, and leadership.

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Self-Regulation and Mindfulness Amid a Pandemic

Jennifer L. Embree, DNP, RN, NE-BC, CCNS, FAAN

Reflecting back on personal disaster experiences and defining moments helps nurses build their own resilience. I continue to think about the quote that you are getting exactly what you asked for and you are prepared for it, as I contemplate our current pandemic. Every disaster that I have experienced, read about, or heard about all bring me back to how we as nurses self-regulate through mindfulness. I recall being voluntold to be the Safety Officer on a military base where nursing students and collaborative healthcare professionals were having mass casualty incident field simulations. (How hard could it be, I thought to myself). After taking an exam and nearly having a nervous come apart, I assumed my duties. We were in a closed hospital that was full of dust bunnies, peeling paint, and many safety hazards. I survived the day with only one minor injury reported.

As nurses, we have the ability to be mindful and alert, observing, appraising, fortifying, and adapting as we continually shift our priorities, actions, and responses (Holtz, Heinze & Rushton, 2017). This ability to be mindful is key in our self-regulation and is a resilience strategy (ANA, 2017).

Our fellow health care and ancillary staff help us assure that we are caring for ourselves, amid the challenges that we face on a daily basis as well as during a pandemic. How are we getting exactly what you asked for and you are prepared for it, as we support our physical, emotional, spiritual, and social well-being? How often do we get a quick text, an email, a call, an emoji that makes us smile, takes us away to a beach scene, or a walk in the woods, or visit with a happy puppy?

How do you maintain your balance and keep your bucket full of energy, resilience, and faith? Working remotely, I reach out to people. I text people funny pictures of puppies, positive messages, or just do a check in. As I reach out to others, it is sometimes to fill my own empty bucket. I use my ANA Healthy Nurse Healthy Nation Strategies to keep me moving (as well as a puppy nudge “I want to go out”). My passion about a civil work environment fills my bucket, but can drain me, so sometimes I have to say “no.” Because if you say yes all of the time, how are you spending your time?

I try to be on the lookout to recognize others when I see the greatness in the work that they do every day. We all need support and encouragement. Have you smiled, reached out, or checked on someone today? I try to be self-aware as well as aware of how others are feeling. I have a plan to support my own well-being and build my morale resilience. One great opportunity is to engage with students who are also worried about supporting nurse resilience. A recent study comes to mind to help increase nurse resilience through pet therapy. While peripheral and supportive to the study, one unanticipated consequence of the study was that ICU nurses called for pet therapy more for their patients (Cinbat, 2019).

Another strategy to increasing resilience is improving and practicing communication, being mindful of issues, resolving conflict and collaborating interprofessionally. Working lately with a hospital chaplain and a nun brought different flavors to my experience and to my day. Divine intervention comes in a variety of ways.

This is a call to action to identify and use your personal resources-people, your organization, or your community. How can you virtually connect to continue to get the socialization that you need to keep your resilience bucket full so that you can be the best nurse possible as well as helping support others? How can you be more aware of what you and others need?
The Bulletin May, June, July 2020

Blayne Miley, JD
ISNA Director of Policy & Advocacy
bmiley@indiananurses.org

The 2020 Indiana General Assembly session concluded in mid-March. At last count, you can view all details of all the bills and video recordings of all the legislative hearings. With the support of our lobbyists Glenna Shelby and Rebecca Eberhart of LegisGroup Public Affairs, ISNA monitored all healthcare-related bills, and here are some examples of the active advocacy by ISNA this session:

- Stopped an amendment to Senate Bill 427 that would have legitimized a veterinary nursing degree as a pathway to a veterinary technician license. This was aided by nearly 100 nurses that made calls and sent emails on short notice to the Chair of the House Committee on Employment, Labor and Pensions after an action alert sent to ISNA members.
- Improved Senate Bill 146 detailing new procedures for victims of sexual assaults to ensure the language did not unduly interfere with sexual assault nurse examiners or have negative collateral consequences of restricting access to care. Very early in the legislative process ISNA connected the bill’s author with Angie Morris, the Coordinator of the Indiana SANE Training Project run by the Southwest Indiana Area Health Education Center (AHEC). This enabled the bill’s author to receive additional expert input to better accomplish the goals of the legislation and avoid negative collateral consequences (SB 146).
- Worked with the Professional Licensng Agency to allow recently retired nurses to serve on the Indiana State Board of Nursing and to modify a requirement for APRN representation on the Board to reduce the risk the requirement would create Board vacancies. Supported the bill, which also allows APRNs to sign death certificates (House Bill 1392).
- Joined the Indiana Organization for Nursing Leadership in voicing concerns on an amendment to House Bill 1004 that would have reduced hospital system reimbursement in a manner jeopardizing the viability of off-site locations of the hospital system.

2020 Indiana General Assembly Bills Signed Into Law

- **SB 1 Tobacco and e-cigarette age to 21**
  Raises the minimum age to purchase or possess tobacco and e-cigarettes to 21. Increases fines to retailers for selling to underage individuals.

- **SB 5 Health care pricing disclosure**
  Prohibits health care provider contracts from prohibiting the disclosure of the pricing of health care services.

- **SB 19 Allows Contacts and Glasses to be Prescribed via Telemedicine**
  Sets forth requirements for the prescriber.

- **SB 21 Requires Pharmacists to Honor Prescriptions Written by APRNs & PAs Licensed in Other States**
  Effective immediately.

- **SB 61 EMS Interstate Compact**
  Implements the interstate licensure compact for emergency medical services personnel. Eighteen other states have joined.

- **SB 146 Sexual assault victim rights**
  Establishes rights for a sexual assault victim regarding forensic medical exams and law enforcement interviews. This includes the availability of a sexual assault counselor. Special thanks to Angie Morris, Indiana’s SANE Training Project Coordinator, for her advocacy and expertise on this subject.

- **SB 239 Coverage for breast prosthesis**
  Requires insurers that cover mastectomies to cover breast prosthesis.

- **SB 241 Pharmacy benefit managers**
  Requires pharmacy benefit managers to be licensed.

- **SB 246 School mental health services**
  Requires schools to partner with community health centers or providers for mental health and addiction services before applying for a grant from the Indiana secured school fund.

- **SB 255 Access to insulin**
  Repeals a provision that requires a prescription to purchase insulin.

- **SB 288 Hunting license organ donation**
  Allows for anatomical donor designations on hunting licenses.

- **SB 299 Fetal remains**
  Requires abortion providers to offer cremation/interment of fetal remains.

- **SB 427 Provisional licenses**
  Entities individuals licensed in other states that establish residency in Indiana to receive a provisional license upon submitting to a national criminal background check and paying a fee.

- **HB 1003 Teacher requirements**
  Modifies requirements for teacher licenses. Changes oversight of teacher CPR requirements from the Department of Education to the Board of Education.

- **HB 1004 Out of network billing & hospital reimbursement**
  Prohibits a provider from billing a patient for greater than the in network amount, unless they notify the patient with a good faith estimate. Requires certain providers to provide a good faith estimate of the price of nonemergency services beginning in 2021.

- **HB 1067 Dental hygienist scope of practice**
  Expands services a dental hygenist can provide without a dentist present at the facility. Restricts the administration of nitrous oxide to dental hygienists, dentists, and physicians.

- **HB 1077 PLA update**
  Updates regulations on the Professional Licensing Agency. Allows a state DEA registration to be revoked if disciplinary action is taken by the DEA on the individual’s federal registration.

- **HB 1129 Require Infants to be Screened for Adrenoleukodystrophy (ALD)**
  Becomes effective July 1, 2021.

- **HB 1182 HIV terminology, health care provider exposure to communicable diseases, & Suicide/OD Review Committees**
  Updates state regulations on HIV and state mandated information to be shared to be consistent
with current medical information. Requires a physician or their representative to advise a patient of certain information before ordering an HIV test. Allows for the creation of county and regional suicide prevention centers. For purposes of Indiana Medicaid, grants APRNs working in community mental health centers the same supervisory rights and responsibilities as physicians, including prior authorization.

HB 1392 APRN & PA sign death certificates and changes Board of Nursing eligibility

Allows APRNs and PAs to sign death certificates and submit death records to the appropriate regulatory entities. Allows recently retired nurses to serve on the Board of Nursing. They must have worked within the last five years from their initial appointment. Requires the Board to have one APRN member, who must have had prescriptive authority. The bill was amended from has prescriptive authority to has had prescriptive authority at ISNA’s suggestion, to ensure recently retired nurses can fill the APRN slot on the Board.

Focus Shifts to 2021

With the 2020 legislative session behind us, attention turns to 2021. The Indiana General Assembly is expected to announce the topics selected for interim study committee hearings later in May. The committees will hold public hearings on the selected topics typically from July to October. Over the summer is a great time to contact your two state legislators about APRN prescriptive authority, nursing workforce needs, and any other topic of interest. Has the COVID-19 pandemic exposed shortcomings in our healthcare regulations? Share your expertise with your colleagues, including prior authorization.

Call for ISNA Policy Platform Resolutions

The annual ISNA Policy Conference continues to grow in attendance and bring relevant presentations on policy current events. This year, our event was held in person and online on January 29th with 120 attendees. It included presentations on:

- Indiana State Health Department initiatives on smoking/vaping reduction, OB navigation, and sepsis by State Health Commissioner Dr. Kristina Box and Pamela Pontones, Deputy Health Commissioner & State Epidemiologist.
- Health-care challenges in the aging community by Jean Ross, KayBee Nurse Care Coordinator, and Russ Evans, COO of Care Revolution.
- Medical cannabis policy by Cpt. Jason Straw of Indiana NORML.
- Legislative session report by ISNA lobbyists Gienna Shelby and Rebecca Eberhart of LegisGroup Public Affairs, along with Blayne Miley, ISNA Director of Policy & Advocacy.

We were also fortunate enough to receive visits from Representative Ethan Manning and Senator Vaneta Becker, each of whom stopped by to talk about the ongoing session. Every year at this event we have been able to connect nurses and nursing students with their policymakers to discuss healthcare issues. By holding the conference during the legislative session, our content consists of actionable advocacy matters.

A big thank you goes out to the ISNA Political Action Committee, who helped plan and run the event. ISNA PAC members are Emily Sego, Jean Ross, Deborah Spoerner, Terry Moore, Heather Anderson, Kimberly Nagy, and Kate Cerbin. Another thank you to ISNA Board of Directors members Beth Townsend and Jennifer Embree for helping with the registration table. We would also like to thank our exhibitors; Purdue University Northwest Nursing School, American College of Education, and the IU School of Nursing at IUPUI.

If you have suggestions for topics or speakers for the 2021 ISNA Policy Conference, send them to bmiley@indiananurses.org.


The Indiana State Nurses Association maintains a policy platform that contains position statements on policy topics. It is viewable at www.indiananurses.org by clicking the Policy heading. Every year at our annual convention, the policy platform is up for revision through the introduction of resolutions. Any member of ISNA may introduce a resolution. Submitted resolutions will be published in the August edition of the Bulletin. The format of the resolution is to have two sections (1) a WHEREAS section that spells out the reasoning for the policy statement, and (2) a BE IT RESOLVED section that contains the specific wording change proposed for the ISNA platform. Anyone interested in submitting a resolution is welcome to email Blayne Miley, bmiley@indiananurses.org, for assistance with formatting. We ask that resolutions be submitted to that email by June 16th.

Come grow with us

You bring the care. We’ll bring the culture.

At Methodist Hospitals, our nurses are encouraged and empowered to deliver the very best care. As Northwest Indiana’s first hospital to achieve ANCC Magnet Recognition®, Methodist Hospitals has created an advanced clinical environment in which nurses are encouraged to contribute to research, as well as pursue continuing education for the purposes of professional development and improving care.

That means every patient gets the very best care possible while our remarkable nurses are more fulfilled.

This is your chance to become a part of our accomplished culture. Methodist Hospitals has immediate nursing opportunities available. We invite you to explore those opportunities at Methodis@hospitals.org/Nursing or call our Nurse Recruiter at 219-886-4641.
Transitioning from Nursing Student to New Graduate Nurse and Beyond

Andrea Jacobs, BSN, RN

Three years ago, when I was in my last semester of nursing school, I found myself in the tunnel of transition. The idea was to keep moving forward, although I was not exactly certain which direction the tunnel was leading me. I would not consider where I was as “lost,” but more or less in the position of change. One of the most critical points of senior year is the last semester where one completes their “capstone.” During my capstone, I was blessed to have been placed in such supportive hands. This place was exactly where I needed to be in order to give me direction.

In my capstone, I was taken under the wing of my current supervisor. He was not my preceptor, but he made sure I was looked after by his own staff. He was (and still is) this amazing, almost superhero figure who guided me into his office at the very end of my capstone rotation to ask me if I would be interested in staying after passing the NCLEX. I was thrilled, but also struck with a pit of nervousness; this was the moment I had been waiting for since the day I told my academic advisor I wanted to declare my major in nursing. Through this conversation, the one thing that stuck out to me was his demeanor. He already knew that I was in this transition period, and he empathized with me. From day one, he encouraged me and supported me. I still remember what he told me on that day I was nervously sitting in his office, ready to face my first workweek as a new nurse. He said, “Always have a 2-year plan, 5-year plan, and 10-year plan.” I took it to heart.

From then on, I told myself the first two years of nursing would be dedicated to getting my feet underneath me — to learn and keep learning until I felt confident in myself. Then, I told myself I would be ready for the start of the 5-year plan — engage, get involved, and start furthering my education. Today, I finally feel that closer to the finish mark of a 2-year plan closing and the next chapter opening. I am a board director for the ISNA, a volunteer registered nurse at a free health care clinic, a member of several nursing organizations, and actively pursuing my dream of becoming a family nurse practitioner. I can see the different paths in the tunnel, and I am so happy to have had my supervisor through it all.

In that last semester going into the “real” world, you will experience many overwhelming emotions due to change. Change is inevitable, but having someone there to mentor you through the process is a very important part. Leadership is about more than making tough decisions; it means giving others the means to become leaders themselves. By really taking this to heart, I learned how I can take control and establish goals for myself and my discipline. I recommend doing the same for those out there reading this.

Lastly, I want to express my condolences during this very uncertain time for many nursing students. With many nursing programs coming to a halt, clinicals up-in-the-air, and endless possibilities regarding graduation, I want to let all of you know that now is the time to take what you have learned and put it into practice. Remember that social support is not just for your patients; you have to care for yourself in order to care for others. One of the best ways is to find these mentors and stay in contact with them. Lean on them for continued growth and support during these challenging times. I can guarantee that you will find the light to stay on track in your own tunnel. Additionally, take these hurdles and spin it into something positive. You will be able to say you did your part during the COVID-19 pandemic and you will be an invaluable resource for our future generation of nurses hereafter.

ISNA would like to recognize healthcare organizations that are making a commitment to safeguard clinician’s well-being and creating a positive practice environment for our nurses. With 25 Magnet and 10 Pathway designated sites across Indiana, #IndianaNurses are practicing in a state in which promotes excellence in care delivery, in addition to safe and healthy environments in which we are providing care. Please join me in celebrating newly (within the last 12 months) designated Magnet and Pathway sites, and those that continue striving for excellence with Magnet Redesignation.

The Pathway to Excellence Program® – the premier designation for healthy work environments – recognizes health care organizations that demonstrate a commitment to establishing the foundation of a healthy workplace for staff. Pathway Standards impact a range of factors that influence bottom-line results, such as employee turnover, job satisfaction and engagement, productivity and teamwork, nursing-sensitive quality indicators, errors and safety events, and patient satisfaction.

Hancock Regional Hospital 2019
Indiana University Health Blackford Hospital 2020
Indiana University Health Frankfort Hospital 2020
Indiana University Health Saxony Hospital 2020
Indiana University Health White Memorial Hospital 2020

The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization’s patient outcomes. The Magnet Recognition Program provides a roadmap to nursing excellence, which benefits the whole of an organization. To nurses, Magnet Recognition means education and development through every career stage, which leads to greater autonomy at the bedside. To patients, it means the very best care, delivered by nurses who are supported to be the very best that they can be.

Riley Hospital for Children at Indiana University Health 2019
Union Hospital, Inc. 2020
Magnet Redesignation
Goshen Hospital 2019 (2004)
Hendricks Regional Health 2019 (2010)
Indiana University Health West 2019 (2014)

Thank you to all of Indiana’s 35 designated sites. From greater nurse satisfaction to improved patient outcomes, discover the ways that ANCC’s Magnet and Pathway programs can help drive your organization to succeed, and for a detailed list of designated sites, please visit nursingworld.org/organizational-programs/.
American Nurses Association Recognizes Travel Health Nursing as New Specialty Nursing Practice

SILVER SPRING, MD - The American Nurses Association (ANA), representing the interests of the nation’s four million registered nurses, announces the formal recognition of travel health nursing as a nursing specialty.

Travel health nursing is an evidence-based practice that advances the well-being of all travelers both domestic and international, and the communities to which they travel and return. It has evolved as a distinct and increasingly complex specialty over the past three decades and draws upon the knowledge of nursing, pharmacology, epidemiology, tropical medicine, primary care, and behavioral psychology.

“ANA is pleased to recognize the specialty status of this essential area of nursing practice,” said ANA President Ernest Grant, PhD, RN, FAAN. “It’s a privilege to play such a vital role protecting the public and ensuring nursing practice maintains the highest and relevant clinical, research and educational domains. Granting this specialty recognition underscores the importance of nursing’s contribution to the global impact of travelers’ health and safety.”

“ATHNA is thrilled and honored by ANA’s recognition of our specialty scope and standards,” said the American Travel Health Nurses Association (ATHNA) Interim President Sandy Weinberg, RN, BSN, MA, FATHNA, CTH®. “This recognition is a milestone for our specialty. It highlights and acknowledges the more than 25,000 nurses who provide travel health services to travelers of every age who make any journey.”

Travel health nurses are specially educated and trained to promote the health and safety of travelers through comprehensive risk analysis, assessment, immunizations, health education, and therapeutic interventions. Nurses in this specialty provide services in three different clinical encounters: pre-travel, during travel (“in-transit”), and post travel in a variety of settings that include college health, occupational health, public health, the military, primary care, and nurse-managed travel health clinics, among others. Travel Health Nursing: Scope and Standards of Practice (2020), an important professional resource, is in production and will be available at nursingworld.org/nurses-books in the near future.

ANA is the neutral reviewing body of specialty nursing scope of practice statements and standards of practice, requests for specialty recognition, and more recently affirmation of focused practice competencies. About the American Travel Health Nurses Association (ATHNA)
The American Travel Health Nurses Association (ATHNA) is the professional organization that represents more than 2,000 members from every U.S. state, many Canadian provinces, and several countries. ATHNA members practice in a multitude of clinical settings to provide care to travelers during all stages of trips to destinations both international and domestic. Currently, ATHNA offers free membership to any professional nurse who wishes to join. ATHNA advocates for nurses in this specialty and promotes professional development and the provision of standardized, quality travel health care. ATHNA provides its members with a number of special benefits including an annual Networking Education and Development Day (NED) and TravelBytes, its peer-reviewed blog. Learn more at www.athna.org.
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- MEMBERSHIP – INDIANA STATE NURSES ASSOCIATION (ISNA)

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www.indiananurses.org

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ISNA/ANA Membership Activation Form

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**Ways to Pay**

**Monthly Payment $15.00**

- [ ] Checking Account | Attach check for first month's payment.
- [ ] Credit Card | 3% monthly recurring electronic payment to the American Nurses Association (ANA) from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the encoded check will be used for the recurring payments.

**Annual Payment $174.00**

- [ ] Check
- [ ] Credit Card

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**Membership Dues** (Price just reduced $15 monthly/ $174 annually)

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**Authorization Signature**

**Printed Name**

Please note: $15 of your membership dues is for a subscription to American Nurse Today. American Nurses Association (ANA) membership dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. Annual dues are subject to change. Please check with your State Nurses Association for the correct amount.

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For assistance with your membership activation form, contact ANA's Membership Billing Department at (800) 923-7759 or e-mail us at memberservice@ana.org
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The Bulletin May, June, July 2020

EXCEL

Go beyond the ordinary in 2020 and make this the year you focus on your professional and personal development.

- Find a mentor. Is there a colleague, nurse friend, or former instructor who has useful insights to share or inspires you to be your best? Having a mentor who can help you navigate your career and offer advice could be the motivation you need to excel and advance your nursing career. ANA also offers its members a mentorship program. Enrollment for 2020-2021 will open in the summer.
- Take your nursing to the next level. Do you want to build your leadership ability or improve your nursing practice? Webinars and online courses can help enhance your knowledge and give you skills you need to succeed. Sign up for the free webinars Ten Steps to Becoming a Successful Nursing Manager or What’s Happening in Nursing Staffing?
- **Knowledge is power.** Make 2020 your year for professional development. Whether you are looking to achieve your first certification, explore new ones, or renew a certification, the American Nurses Certification Program lets you demonstrate your specialized knowledge and continuing competence.
- **Make self-care a priority.** Join the Healthy Nurse, Healthy Nation™ Grand Challenge, an initiative to connect and engage nurses, employers, and organizations around improving health in five areas: physical activity, nutrition, rest, quality of life, and safety. If you’re looking for an inspiring way to focus on your well-being in 2020, join the monthly challenges.
- **Give back to your community.** Help promote the value of nursing by supporting a special health screening event in your community or volunteering at a health clinic. Consider joining a local organization that supports something you are passionate about and could benefit from your insight as a health care professional.

LEAD

As a nurse you inspire, influence, and innovate – all leadership qualities. In this Year of the Nurse, commit to elevating your voice to show the influence you have as the backbone of health care.

- **Inspire the next generation.** Your outreach this year is critical to engaging the next generation of nurses and increasing workforce diversity. Visit elementary and middle schools, career fairs, community centers, and youth clubs to talk about your path to nursing and inspire future nurses.
- **Exercise leadership skills.** Make this the year you learn about how you can serve on a board of directors. Start by visiting Nurses on Boards for resources and updates on nationwide board opportunities. If you are already contributing to board leadership, inspire others to serve on boards by sharing your “bedside to boardroom” story.
- **Impact political change.** In this critical election year, make a commitment to engage in political advocacy. Visit RNAaction to learn how you can ensure nurses’ voices are heard by politicians. Learn more about candidates, priority issues, voter registration, and ways to volunteer on campaigns. Share what you learn with your friends, family, and colleagues. If you want to engage more in political advocacy, participate in your state or constituent nurses association’s Legislative Day and ANA’s Hill Day in June. These annual events provide the opportunity for you to share your perspective as a nursing professional and gain elected officials support for crucial legislation.
- **Raise your voice with the media.** Share your perspective about the value of nursing and nursing leadership with your local media. Reach out to a reporter in your city who covers health issues to recommend they do a story about the Year of the Nurse, submit an editorial to your local newspaper, or send a letter to the editor commenting on recent coverage that would have been better informed by the nursing perspective.
- **Elevate your profession.** Introduce yourself to patients, colleagues, and members of the community as “Nurse (Last Name).” Include your RN credential on Business cards, checks, credit cards, email signatures, and more. Take every opportunity to educate others about nursing and show pride in your profession.
- **Get social.** Share a week of posts on your life as a nurse. Give your social media followers a glimpse into all you do with highlights about your activities, colleagues, and nursing moments where you make a difference.
- **Celebrate the power of great nursing.** Honor a nurse mentor, celebrate a nurse colleague, or thank a special caregiver, nurse friend, or family member with a contribution to the American Nurses Foundation in their name. Your donation will support innovations to make care more patient-centered, financial aid to students in need, and programs that help nurses achieve better health.

INNOVATE

Nurses are natural problem solvers and innovators. Innovations occur at all levels of health care, nurses can and should be at the forefront, just like Florence Nightingale, the first nurse innovator.

- **Initiate an innovation program.** Nearly 70 hospitals and health systems across the U.S. are recognized for their innovation programs. If your organization has an innovation program, are there opportunities for you and your nurse colleagues to support it? If your organization does not have an innovation program, how can you start one that improves workflow, efficiency, and patient care?
- **Join or host a hackathon.** Champion nurse-led innovation by participating in or organizing a platform that encourages nurses to bring their ideas to life. Live-action events such as pitch competitions or hackathons are fun ways to learn about innovation, design thinking, and even failure. Check for corporate-sponsored events, or competitions at local nursing schools or your state nurses association.
- **Share your experience.** Are you a nurse innovator or aspiring visionary who wants to help build a culture of innovation? Consider sharing your ideas, thoughts, and advice in an blog post or writing an article for a nursing, health care industry, or nursing school publication.
- **Launch your idea.** Do you have a nursing-led innovation you want to see through from concept to reality? Consider launching your idea at NursePitch, a live interactive event for nurses to compete for a chance to turn their innovation dreams into reality. There is no time like now to start planning for the 2021 competition.
I. Unity
President’s Award
• To recognize distinguished service or valuable assistance to the Indiana State Nurses Association and, thus, to the profession of nursing.
• Criteria: This award is selected by the current ISNA President and presented to an individual(s) who can be a registered nurse or a non-nurse, who has given distinguished service or assistance to the Indiana State Nurses Association. If the nominee is a nurse, the individual must be a current member of ISNA and have held membership in ISNA for at least four (4) years. Selection shall not be made posthumously.

The first President’s Awards were presented at the 1989 Awards Banquet by Doris R. Blaney. The nominee(s) approved by the ISNA Board of Directors will be invited to attend the ISNA Convention for the presentation of the Award. If due to extenuating circumstances the nominee cannot be present, the presentation will be made in absentia. Names of individuals not receiving honorary recognition may be resubmitted for consideration at another time.

II. Advocacy
Public Policy and Advocacy Award
• To recognize outstanding contributions to the development and implementation of health related policy at the local, state, and/or national level.
• Criteria: A member of the Indiana State Nurses Association, who has significantly influenced policy and legislation that positively affects the health and well-being of the citizens of Indiana and the practice of professional nursing.

In June 1999, the ISNA Board of Directors established the Georgia B. Nyland Award in her honor and memory. Georgia was devoted to the advancement of the nursing profession and to excellent health care. For many years, she used her tireless energy and talents to influence legislators and others in the health policy arena to evoke positive changes that have benefited many. She took great pride in her membership in ISNA. She was a good friend and mentor.

III. Professionalism
Nursing Professionalism and Practice Award
• To recognize outstanding professional contributions and excellence in the practice of the science and art of nursing.
• Criteria: A member of ISNA, and who has demonstrated excellence in Nursing practice in Nursing education, clinical practice, innovation and contribution in Nursing research, is a clinical role model and inspires other nurses to improve the health of patients, families or communities.

An example of Nursing Professionalism Award is the Psychiatric Nursing Professionalism Award which honored Ruth Stanley and Beverly S. Richards who made significant contributions and lasting legacies in psychiatric nursing practice and advocacy. These award recipients demonstrated excellence in psychiatric practice through working directly with clients, families, or groups, and serves as a clinical role model who inspires other nurses to improve client care.

IV. Leadership
Distinguished Nurse Leadership Award
• To recognize excellence in the areas of national and local nursing leadership, academic leadership (nurse education/research), community leadership, innovation, or entrepreneurship.
• Criteria: A member of ISNA who has demonstrated excellence in leading, motivating, mentoring, and promoting the professional advancement of nurses and exemplary nursing practice.

Student Nurse Leadership Award
• To recognize excellence, volunteer work, and leadership in the areas of national and local nursing leadership, academic leadership (nurse education/research), community leadership, innovation, or entrepreneurship.
• Criteria: A member of the Student Nurse Association who has demonstrated excellence in motivating, mentoring, and promoting the student nurses’ role in exemplary nursing practice.

Nominations will be accepted through July 31, 2020.
Compassion Fatigue: You Are Not Alone

Learner Outcome: The learner will demonstrate sufficient understanding of compassion fatigue and burnout by achieving a score of 70% or better on a post-test.

Disclosures
1 Contact Hour will be awarded with successful completion.

Criteria for Successful Completion: Read entire study, complete evaluation questions and achieve post-test of 70% or more

Expiration: 9/30/2021

There is no conflict of interest among any with the ability to control content of this activity.

The Ohio Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

This independent study was written by Jessica Dzubak, MSN, RN

This is not intended as legal or professional advice. If you or someone you know needs help, please contact a licensed mental health professional.

Jessica Dzubak, MSN, RN

Compassion fatigue. Burnout. Secondary stress. We have heard the terms in the break-rooms or in the locker room, and we read about them in the literature. Sometimes it is very easy for us to identify it in others. We have all seen that colleague who snaps at their patient or has lost their spark.

But are we just as good at identifying it in ourselves?

Compassion fatigue continues to be a growing concern among healthcare professionals, including nurses at all levels of care. However, healthcare workers are not the only ones prone to compassion fatigue. The literature suggests it primarily affects "the helping professions," such as psychotherapy, social work, veterinary medicine, law enforcement and education (Aboug, 2017; Hunt, 2017; Turgeon, Glover, Barker & Maddox, 2017). Research found that approximately 50% of people, across professions, are burned out (Seppälä & King, 2017). Many professional associations have pages dedicated to compassion fatigue, such as the American Bar Association and the American Veterinary Medicine Association.

You don't have to be a professional to experience compassion fatigue, secondary trauma or burnout. One rural health department identified the risk of these adverse effects in the lay people in the community who receive naloxone kits and are trained to administer in the event of an overdose emergency (Aguilar-Amaya & Gutierrez, 2019). With Ohio ranking second for highest rate of drug overdose deaths involving opioids in 2017, the public dispensing of naloxone kits in the community is becoming commonplace (National Institute on Drug Abuse, 2019).

In addition to members of the community being affected, first responders are being hit exceptionally hard. A fire chief in West Virginia, in an area hard-hit by drug overdoses, has begun implementing resources to increase resiliency and prevent compassion fatigue for her first-responder staff, including on-site massage therapy, mindfulness training, and the hiring of a mental health counselor (Bloomberg Cities, 2018).

The effects and consequences of compassion fatigue and burnout can be so profound that even the patient’s suffering, including decreased satisfaction with their care and an increase in errors made by health professionals (Valentine Upton, 2018; Lachman, 2016). Nurses and healthcare providers must be aware of the concepts of compassion fatigue and burnout in order to recognize the signs in themselves and in their colleagues. Nurses have an ethical responsibility to self just as much as to others (American Nurses Association, 2015, p. 19). The ANA Code of Ethics (2018) pushes nurses to concern themselves with their own health, wellness, and safety. It has long been established that mental health is equally important as physical health, and nurses must remain diligent in tending to their own mental wellness.

What is Compassion and Why is it Important:

"...a multidimensional process comprised of four key components: (1) an awareness of suffering (cognitive/empathic awareness), (2) a sympathetic concern related to being emotionally moved by suffering (affective component), (3) a wish to see the relief of that suffering (intention), and (4) a responsiveness or readiness to help relieve that suffering (motivational)" (Jazaeri, et al., 2012).

“Nursing’s most precious asset” (Valentine Upton, 2018, p. 2)

Research shows us that humans are “wired to empathize” (Keitner, 2012, para. 7). The same parts of our brains that light up when we experience pain are also activated when we witness other people in pain (Keitner, 2012). Compassion takes us beyond empathy and into the realm of wanting to help. It can be incredibly stressful when a nurse is witnessing a negative situation or the suffering of his/her patient, yet he/she cannot do anything to help. Sometimes, every effort can be made to save the patient, remedy the situation, or fix the problem – yet a negative outcome occurs anyway.

Nurses go into the profession because of their inherent desire to help and support others, regardless of circumstance, socioeconomic status or culture (American Nurses Association, 2015). In order to provide this level of care, nurses must display a certain degree of compassion and empathy.

Nursing is unique in that it touches people in all walks of life, from newborn babies to criminals imprisoned for life. Each and every patient we touch deserves the same level of compassion and respect. This constant demand to remain calm, respectful and compassionate can become overwhelming if the nurses are not taking the time to treat themselves with the same level of kindness and care.

Nursing is stressful, and life is stressful. We must learn to manage ourselves before we can even begin to manage others. We must also learn to recognize when things start to change. A decrease in job satisfaction or increased difficulty in managing “difficult” patients require attention. Giving these troublesome things a bit of attention does not mean you are self-indulgent, selfish or weak. It means you are human and are taking the steps to manage issues that could worsen and impact your career and well-being.

Compassion fatigue vs. Burnout

Compassion fatigue and burnout, are they the same?

Per the American Institute of Stress (AIS), there is a “clear difference.” The AIS explains the key difference

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INDEPENDENT STUDY

ISNA is going even greener; the time has come to move to electronic CEs. Please note this is our last printable continuing education opportunity. We are reviewing electronic platforms, focusing on availability, cost and pertinent courses with you in mind. Until we are up and running, we recommend the following:

• https://www.nursingworld.org/continuing-education/
• https://www.ce4nurses.org/
• https://www.nursпеч.com/

Please contact Kate@indiananurses.org with comments, concerns, and for assistance with finding the right CE platform to match your needs. Thank you for your patience and understanding as we continue this transition.
Compassion Fatigue: Compassion fatigue can be described as either a preoccupation or a re-experiencing of a patient’s or client’s traumatic event(s), which can decrease the caregivers’ ability to care for others or interest in bearing the suffering of other people (Mathias & Wentzel, 2017). Compassion fatigue can also be described as a state of detachment and isolation experienced when healthcare providers repeatedly engage with patients in distress” (Lee, McCarthy Veach, MacFarlane, & LeRoy, 2015, para. 1). Another respected definition, stated by Dr. Frank M. Ochberg, is “basically ... a low-level, chronic clouding of caring and concern for others in your life – whether you work in or outside the hospital. Over time, your ability to feel and care for others becomes eroded through overuse of your skills of compassion” (Ochberg, 2017).

Often, the term secondary stress or secondary trauma stress can be used instead of compassion fatigue. Secondary stress is defined as: “the emotional duration that results when you reflect on the firsthand trauma experiences of another” (The National Child Traumatic Stress Network, n.d., para. 1). Nurse burnout is when one’s work or outside the hospital, one’s ability to feel and care for others becomes eroded through overuse of your skills of compassion” (Ochberg, 2017).

Reflection: Have you experienced caring for a patient(s) who have “unrealistic expectations” of your role as the nurse? What are these expectations? How did you handle the situation?

With an increased emphasis on patient satisfaction scores, nurses are being stretched thin to accomplish their nursing tasks safely and meet all of other patient’s needs (Bachman, 2016). Most nurses will tell you they truly enjoy this part of their job, making a patient feel more comfortable during a stressful time or even just providing a shoulder to cry on. But over time, this willingness to help can cause problems if stress and emotions aren’t managed properly. As nurses, we become so focused on alleviating our patient’s stress and pain that we fail to address our own. 

Organizational Compassion Fatigue

Compassion fatigue doesn’t just affect individuals. It can spread and begin to affect an organization as a whole. The Compassion Fatigue Awareness Project (2017) describes the following as organizational symptoms of compassion fatigue:

- High absenteeism
- Constant changes in co-worker relationships
- Inability for teams to function together
- Desire among staff to break company rule
- Outbreaks of aggressive staff behavior
- Inability of staff to meet deadlines and complete necessary tasks
- Lack of flexibility
- Negativism toward management
- Buoyant rates of burnout
- Inability to believe in improvement

A combination of these factors can lead to a less-than-desirable work environment. With the steady prevalence of workplace bullying, lateral violence, and workplace violence, healthcare workers should be looking at the correlation between compassion fatigue, burnout and violence. The literature shows that there is a connection between healthcare workplace bullying and burnout (Bavnaghi, Fae, De Faslli, Lucchini, & Rasoer, 2018; Giorgi, et al., 2015). Workplace and social support have been linked with lower levels of burnout and greater satisfaction and productivity (Seppala & King, 2017).

Students:

As educators, we must be careful not to scare or discourage students about nursing, an honest discussion about the demands of the job is warranted. Students should be aware of resources they have as well as learn coping skills and stress management skills early on. Studies show that students even
Independent Study continued from page 13
experience compassion fatigue during their nursing school experience (Jack, 2017). The study goes on to say "At times it seemed that the students cared more for the patients than they did for themselves, as they became more and more involved in the challenging situations which led them to place high expectations on themselves" (Jack, 2017, para. 23).

The reality of nursing can be overwhelming, and educators are in a challenging position. They need to disseminate crucial information while also preparing nursing students for the “real world.” Educators must teach the clinical information as well as the practical. In order to do this, educators must find innovative ways to communicate with their students and foster a culture of safety. One way to do this is to regularly have opportunities for debriefing.

The importance of debriefing cannot be understated (Schmidt & Haglund, 2017; Wanninger, Riley, Hofer, & Swift, 2019; McCorkle, 2016). Debriefing allows students to talk about experiences, whether positive or negative, review events in a non-judgmental way, and learn from the opportunity. It also encourages the student nurse to continue this as they transition to professional practice. Talking with a colleague, manager or mentor after a stressful incident can alleviate some of the stress and anxiety, and resources can be obtained if necessary.

We must instill in our nursing students that while stressful things may occur, feeling compassion fatigue and burnout are not “just part of the job.” A 2016 study found that nursing students experience a high level of stress, but the majority of them (92%) do not typically or frequently make time to personally debrief or unwind after a stressful situation (Homan, 2016). Debriefing is also critical for seasoned, established nurses as well as the helping professions. Research supports debriefing, showing that it has a positive relationship to compassion fatigue and burnout (Miller, 2016). Additionally, debriefing may increase the perceived level of support in an organization or among coworkers, providing another resource to combat compassion fatigue.

A 2017 study examined whether or not a “sacred pause” at the time of a patient’s death impacted resilience and levels of closure (Kapoor, Morgan, & Siddique, 2018). While the study was not large enough to conclude that this ritual actually prevents or lowers rates of burnout, it did find that participants reported increased closure, less cumulative grief and distress, increased resiliency and professional satisfaction among the healthcare team (Kapoor, et.al., 2018).

Training and Treatment at Work
- De-briefing sessions
- Bereavement interventions
- On-site counseling
- Education
- Create a culture of support among leadership
- Encourage discussions on stressors, critical incidents, and staff experiences
- Support groups
  (Boyle, 2011; Lachman, 2016)

The Joint Commission released the following strategies to promote nurse resiliency and identify burnout or compassion fatigue (The Joint Commission, 2019).
- Provide education for nurses, preceptors and nurse leaders to:
  - Identify behaviors caused by burnout and compassion fatigue
  - Become aware of their personal stressors and triggers.
  - Take part in self-care activities/techniques (such as sleep, fitness and eating habits).
- Discuss resiliency.
- Improve clinician well-being by measuring it, developing and implementing interventions, and then re-measuring it.
- Provide nurses with opportunities to reflect on and learn from practice and other practitioners (e.g., positive role models).
- Develop or utilize tools for staff to use to anticipate opportunities and problems.
- Work with your internal team to assess if your current electronic health record (EHR) system may be customized so that it optimally supports nursing workflow.
- Include regular meetings. Include discussions regarding new organizational policies, processes and outcomes from higher leadership meetings. Engage nursing input in staff meetings by posting an agenda and asking for additional items the nurses would like to discuss or present.
- Cultivate a health professional culture that is based on altruism, setting a good example, mentoring, leading, coaching and motivating others.
- Recognize nurses in a meaningful way. Since individuals interpret recognition differently, find out from nursing staff how your organization can best demonstrate that it is invested and interested in recognizing nursing staff for the work that they do.
- Engage nursing input in staff meetings by posting an agenda and asking for additional items the nurses would like to discuss or present.
- The Joint Commission (2019)

That sounds like me. Does this mean I am a bad nurse? No. Suffering from compassion fatigue and/or burnout does not mean you are a bad nurse or that you should start searching for a new career. When you have a fight with a loved one, you don’t immediately give up on the relationship – you search for a solution or compromise. The same concept applies; except the person we are fighting with is ourselves. In some ways, this can make it even harder to solve. Humans have difficulty showing themselves the same level of kindness and compassion that we show others. Those in the healthcare field are unfortunately accustomed to abuse, disrespect, and undesirable working conditions. Yet, despite all of that, we expect ourselves to ultimately become immune to the stressors yet still keep the same level of enthusiasm on the job. We have all heard the old adage; you can’t pour from an empty cup.

I think I’m burned out. What do I do now? Write, talk with a mentor, change direction, visit a counselor, volunteer, practice mindfulness, make time for exercise and quality sleep, resiliency training, take a vacation.

References available upon request.

Registration Form
Name: ________________________________
Address: ___________________________________
Day phone number: __________________________
Email address: ______________________________
Please return:
• Completed Post-test
• Registration Form
• $20 Check
TO: Indiana State Nurses Association
2915 N. High School Road
Indianapolis, IN 46224

Post-Test and Evaluation Form
DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

Name: ________________________________ Date: ________________ Final Score: ________________

1. Which of the following best describes the difference between compassion fatigue and burnout?
   a. Burnout is a medical condition; compassion fatigue is not.
   b. There is no difference.
   c. Burnout is a syndrome of exhaustion, hopelessness and inefficiency at work while compassion fatigue describes a rapid onset set of emotions that occurs when you repeatedly encounter people in distress.
   d. Compassion fatigue is more serious than burnout.
   1. True or false: Burnout remains one of the leading causes and quality concerns of healthcare organizations.
   2. True or false: Compassion fatigue only affects professionals working in healthcare.

4. Which of the following are symptoms of organizational compassion fatigue? Select all that apply.
   a. Higher turnover rates
   b. Negativity towards management
   c. Longer ER wait times
   d. Difficulty for staff to work in teams
   5. Which of the following is a benefit of debriefing?
   a. It is a chance to reprimand errors.
   b. It provides a non-judgmental opportunity to discuss incidents and events.
   c. It encourages staff to report their colleague’s errors after an incident.
   d. It is only beneficial for students.
   6. Which of the following is recommended if you are experiencing feelings of burnout? Select all that apply.
   a. Change jobs
   b. Reflective journaling
   c. Practice mindfulness
   d. Increase your caffeine intake
   7. True or false: Compassion fatigue encompasses physical, emotional, spiritual and social effects.
   8. The gratification obtained when doing your work to the best of your ability best describes:
   a. Compassion fatigue
   b. Burnout
   c. Altruism
   d. Compassion satisfaction
   9. True or False: Practicing mindfulness can help nurses and other professionals cope with symptoms of mindfulness and burnout.
   10. Compassion fatigue differs from empathy because:
   a. Empathy is putting yourself in someone else’s shoes, while compassion fatigue is the consistent, repetitive feeling of the desire to act on empathy.
   b. There is no difference.
   c. Empathy is an emotion while compassion fatigue is a medical condition.
   d. Empathy is an abnormal response to stress.
Mindfulness – A Self-Care Strategy

Karen Avino, EdD, RN, MSN, AHVH-BC, HWNC-BC

Reprinted with permission from DNA Reporter February 2020 issue

Karen Avino earned her BSN, MSN, and EdD at the University of Delaware. She is a board certified Advanced Holistic Nurse and a Health & Wellness Nurse Coach. Karen is an experienced educator and clinician with over 10 years’ experience as the Chief Holistic Pain Investigative Health at the University of Delaware. She is a founding leader of the Delaware Chapter and is a Director At-Large of the American Holistic Nurses Association. Karen is an author and editor of Holistic Nursing: A Handbook for Practice (2016, 2020). She is a partner and Director of Education of the Integrative Nurse Coach Academy providing onsite and online continuing education for nurses and the International Nurse Coach Association as a consultant to organizations. She has a private Integrative Nurse Coach practice at the Birth Center: Holistic Wellness, where she coaches everyone including foster and The Institute for Functional Medicine Food Plans such as Elimination, Detox and Cardiometabolic. Karen can be reached at kavino@nursecoach.com.

Mindfulness is no longer an uncommon term. It is often heard in daily language as well as in research reports identifying the benefits of mindfulness. Mindfulness is suggested as a self-care practice as well as a treatment method for conditions. The overarching benefit of mindfulness is to learn to live in the present moment without continued worry about the past or the future which can help to decrease symptoms of depression and anxiety. While Mindfulness practices originated on the technique of meditation, the Chinese, Hindus, Chinese, Creating awareness of the use in healthcare by researching the benefits of mindfulness in patients with pain and demonstrated significant improvements in pain levels, mood, and psychiatric symptoms (Kabat-Zinn, Lipworth, & Burney, 1985; Kabat-Zinn et al., 1985). Studies have shown the positive impact on stress levels, the effect on variety of diseases, the effect on stress levels, and the immune function (Goyal et al., 2014; Kabat-Zinn et al., 1985). The National Center for Complementary and Integrative Health also discusses the positive effects it can have in other conditions such as hypertension, irritable bowel syndrome, ulcerative colitis, and anxiety (see https://nccih.nih.gov/health/meditation/overview.htm#the3).

Mindfulness has also been found useful as a complementary treatment for people with opioid use disorder and chronic pain in methadone maintenance therapy (Robinson, Mathews, & Witek-Janusek, 2003). In fact, the U.S. Department of Veterans Affairs has implemented a Whole Health for Life program centered around yoga, meditation, and confirmation in adults (King et al., 2013). Today’s busy world with technology overload does not allow for downtime or body homeostasis adjustments to rebalance. Nurses live in a state of heightened chronic stress levels. It is well known that the nursing profession is a stressful career.

Implementing mindful self-care strategies by organizations employing nurses will benefit by reduced attrition of nurses and improved quality of care. The American Nurses Foundation has suggested that mindfulness is a learned experience, the more you practice, the easier is the return, and you are practicing.

The goal is that awareness of thoughts, feelings, emotions, sounds, and smells are acknowledged but then let go as your awareness is returned to the breath in the center of the chest. These techniques require continued practice in letting go.

• Most techniques suggest starting in a seated comfortable position to maintain awareness. The point is not to fall asleep during the experience. Your eyes can be closed or have a downward gaze.
• As you move your awareness to the center of your chest, experience the centering as the breath enters and exits. As thoughts or sounds enter your mind, your awareness to knowledge without judging, let go, and return your awareness to the center of your chest. Continue this centering, acknowledging, let go, and return as many times as needed in the timeframe you are practicing.
• It is not uncommon to hear “this doesn’t work for me.” Awareness practices are a learned experience, the more you practice, the easier is the return, and the outcome of living with awareness of the present moment, feeling balanced with your centered clarity is gratifying. Find what time of day, or length of time works for you. Most use a 10-15 minute timeframe daily for practice. The following are quality websites that provide free access to guided meditations for self-care and patient use.

Quality Free Mindful Practice Websites

Mindful.org

UCLA Mind Awareness Research Center https://www.uclalight.org/marc/body_cdb/diab24&redirect=1

U.S. San Diego Center for Mindfulness https://ucsdhealth.ucsd.edu/uom/fmhps/research/mindfulness programas/MBSR-programs/Pages/audio.aspx

The Center for Contemplative Mind in Society http://www.contemplativemind.org/practices/recordings

Insight Meditation Society, Inc. https://www.dharma.org/resources/audio/quickmed

References


buildings were above open sewers, overcrowded with hospitals and healthcare systems. The hospital facilitated discharges for patients no longer requiring a dispenser (pharmacist) to reduce drug costs and England, and by August she was in charge of nursing. 

In February 1853, Nightingale gained her mother’s permission to visit and study hospitals in Paris. This opportunity enabled her to develop statistical and analytical skills that would serve her, nursing, and her opportunity enabled her to develop statistical and analytical skills that would serve her, nursing, and the profession of nursing. Her attention to cleanliness and greater order. I recollect one of the Sanitary Commissioners commented, “There was no brothel in the world superior to the hospital in Paris.” One of these Commissioners, Dr. John Snow, was convinced that cleanliness “is the first improvement.” (Cook, 1913a, p. 113). 

She also monitored the stock in the Purveyor’s store. This was not a simple task, as Nightingale knew that the circle of life was more important than altar-cloths for the new church, but she went ahead and provided them for the soldiers. (Cook, 1913b, p. 113).

Nightingale also mustered the power of the press and her connections to powerful people in the New York Times. Nightingale wrote, “The first improvements took place after Miss Nightingale’s arrival—greater cleanliness and order, a disciplined order in the direction of the Chief Medical Officer of the hospital there. Female nurses had never served with the British army in war zones and some officers paid tribute to the comfort and cleanliness we had.” The British army was seventy percent soldiers and thirty percent officers, and finding infirmity from the sick to the dying was filthy and rat-infested nothing like today’s modern hospitals and healthcare systems. The hospital became a place of rest and clean living. Nightingale recalls, “The lifts to move supplies that evolved into dumbwaiters were far ahead of their era. In July she returned to England to find that the mortality rate had dropped to 0.27 percent. The British death rate was 2% while the French death rate fell to 2.5%. Credit for this drastic reduction was not solely the efforts of Nightingale’s nurses to provide nutrition, cleanliness, and orderliness to care for hospitalized soldiers. These were factors that the French Army was unable to provide consistently in the same area.” (Cook, 1913a, p. 113). 

Nightingale was responsible for nursing a death rate during the two years of 11.9%, only exceeded by the health of those who were treated by the British Sisters of Mercy. Both hospitals had the worst cases and serious sanitation issues (MacDonald, 2014).

When three Sanitary Commissioners were appointed under Sir Henry Rawlinson, Nightingale was named to the Sanitary Commission. When three Sanitary Commissioners were appointed under Sir Henry Rawlinson, Nightingale was named to the Sanitary Commission. Conditions of the hospitals at Scutari, Nightingale learned the importance of sanitation and used this knowledge to advocate for sanitary reforms for the rest of her life throughout Europe, England, and the rest of the British Empire, including Queen Victoria, who praised the British people began contributing to a fund in purchasing additional supplies. (Cook, 1913a & b). One of these Commissioners, Dr. John Snow, became a valued friend and colleague of Nightingale in promoting Army, India, and Poor Law reform over many years. The Commission set to work implementing hospital improvements, including removing dead animals, opening and cleaning sewers, disinfecting/closing/sealing up open gutters, cleansing patients, and cleaning the graveyard, and establishing new rules for burials. After these improvements, mortality was less than 0.1 from the beginning rate within six weeks (Breckinridge, 1952). 

Nightingale became famous and revered after her service in the Crimea, but her actual influence in the United States for the improvement of the conditions of the sick and wounded soldiers (Brown-Pryor, 1987). Like Nightingale, Clara Barton’s major achievement was the establishment of the American Red Cross, the first branch of the International Red Cross, she started the first branch of the American Red Cross, which has grown to provide relief in multiple national disasters, including the COVID-19 pandemic. 

Lillian Wald loved nursing, but was frustrated by rules and regulations that limited her effectiveness in spite of her passion for the poor and she addressed these needs, Nightingale became the Purveyor-Auxiliary for the soldiers. In her own words “I am a kind of General Dealer in socks, shirts, Umbrellas, newspapers, tinned goods, tea, sugar, rice, and forms, cabbage and carrots, operating tables, towels and soap, small tooth combs, precipitate for destroying lice, scissors, bedpans and stump pillows” (Brown-Pryor, 1987) 

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Self-care is vital for everyone and some of our historic nurse leaders realized that accurate facts and data are vital to success. Both of these nurse leaders shared specific details about the health of the soldiers and pregnant women. These details were shared in data and statistical analysis resulted in the largest source of Obstetric data in the United States and validated that the Frontier Nursing Service saved multiple lives since then. Mary Breckinridge's devotion to data and statistical analysis informed her advocacy for sanitary performance in the Civil War was similar. Lillian Wald's approach was different. Although she worked hard on multiple projects, Wald was a happy person who relaxed and enjoyed her opportunities to have robust discussion with her Henry Street colleagues. When she met Albert Einstein in 1938, his parting words were “I want to thank you for your smile” (Block, 1969, p. 172). Mary Breckinridge also practiced self-care by spending time on her horseback visiting remote Kentucky settlers and giving riding lessons to new nurse-midwives and public health nurses. When back injuries curtailed her ability to ride, she enjoyed interacting with families at her home in Kentucky (Breckinridge, 1952).

Common threads run through all these stories that can positively impact nurses and other healthcare providers today.

What lessons can we learn from these nurses and physicians?

1. Hand hygiene is vital, not just in a pandemic, but at all times. Although hand sanitizers with 60% alcohol are fine, there is nothing better than vigorous scrubbing with soap and water for at least 20 seconds. Videos on social media showed the correct technique, but everyone must remember that faucets and door knobs are germ-filled. You need to use a paper towel to touch these surfaces when you are in a public facility. Remember to avoid touching your face. The World Health Organization always recommends that you wash your hands as his patients and colleagues should have done then!

2. Sanitation has the utmost importance in all settings. Routine cleaning of frequently touched surfaces must be practiced. Such surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. Cleaning with soap and water while wearing disposable gloves is a good starting point, followed by use of cleaning agents appropriate for use on these surfaces. Remember to thoroughly wash your hands after carefully removing your gloves. Thank the Sanitary Commission at Scutari and Lillian Wald of Henry Street for their attention to sanitation.

3. Social distancing is imperative. We no longer line patients up in long rows eighteen inches apart in our health care facilities, but virus transmission occurs with person-to-person contact. Staying six feet apart can protect you from a droplet infection when someone coughs or sneezes. If you are that person, use a tissue or the inside of your elbow and wash your hands immediately with soap and water for 20 seconds or use a hand sanitizer (60% alcohol) if soap and water aren’t available. Thank Mary Breckinridge for taking health care to individuals.

4. Government assistance is not always available to meet provider and patient needs. Long and lean funding she received made a positive difference in the lives of immigrant health-related issues both now and in the past. Lillian Wald began her career with philanthropy to weather the Great Depression and impacted multiple lives since then. Mary Breckinridge’s devotion to data and statistical analysis resulted in the largest source of Obstetric data in the United States and validated that the Frontier Nursing Service saved multiple lives of the women of the country generally, there would be a saving of 10,000 mothers’ lives a year in the United States, there would be 30,000 lesshospitalizations, and the public would be able to “need to be able to share your concerns and feelings without judgment.

Focus on the facts and risks about COVID-19, not rumors. Go to legitimate sources that will also give you tips about how to care for yourself and others.

Social distancing is not social isolation. You need to connect with others via phone, Skype or other electronic means if you can’t meet in person. You need to be able to share your concerns and feelings without judgment.

Give yourself permission to take breaks from pandemic news and make time to do some activities you enjoy.

• Take care of your body. Look for humor and laugh, try to eat healthy, well-balanced meals, drink plenty of water to stay hydrated, avoid alcohol and drugs (except prescribed medications), exercise regularly (walking is therapeutic), get enough sleep (seven hours daily is a good goal), take stretch breaks and meditate if helpful, use respiratory hygiene-do periodic coughing and deep breathing exercises, get some fresh air, use hydrogen peroxide mouthwash, read a book, or engage in another activity you enjoy.

• Most of all, ask for help if you feel overwhelmed and unable to cope. Your healthcare provider, pastor, counselor, or support person can listen and support you (CDC, 2020).

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These are just a few of the nurse leaders from Nightingale’s time to the early 20th century who have gone hungry. How Barton’s wartime efforts ensured food for soldiers who otherwise would have gone hungry.

The way we view the press and the public is often not clearly understood. Nurse leaders like Nightingale and Breckinridge knew how to mobilize these resources to the advantage of their patients. In times of war and pandemic, clear language and messages from sources such as this press, must be accurate to avoid unnecessary panic and anxiety in the public. There is a need for information that is honest and truthful. Both of these nurse leaders shared specific details about the health of the soldiers and pregnant women. These details were shared in data and the public could understand and support.

Focusing on facts and data is a natural progression to #6 above. Historic nurse leaders realized that accurate yet vital data is successful. Nightingale's use of statistical analysis informed her advocacy for sanitary reforms in the British Army, India, and District Nursing in rural England to improve the lives of at-risk populations. Wald's reports and data about rural pregnancy and the health of rural pregnant women. These details were shared in data these nurse leaders shared specific details about the health of the soldiers and pregnant women. These details were shared in data and statistical analysis resulted in the largest source of Obstetric data in the United States and validated that the Frontier Nursing Service saved maternal and infant lives.

8. Other organizations should be recognized for their importance in the current healthcare environment. The American Red Cross founded by Clara Barton in 1881, how Barton's wartime efforts ensured food for soldiers who otherwise would have gone hungry.

9. Philanthropy seems odd to include here, but it is essential to confront health-related issues both now and in the past. Lillian Wald began her career with philanthropy to weather the Great Depression and to continue to serve clients in public health and community nursing in the United States, which has positively impacted multiple lives since then. Mary Breckinridge's devotion to data and statistical analysis resulted in the largest source of Obstetric data in the United States and validated that the Frontier Nursing Service saved maternal and infant lives.

10. Self-care is vital for everyone and some of our historic nurse leaders neglected the own self-care while promoting it to those they served. This was a part of Nightingale who worked herself to exhaustion in the Crimea while striving to improve the health of wounded soldiers. Clara Barton’s performance in the Civil War was similar. Lillian Wald’s approach was different. Although she worked hard on multiple projects, Wald was a happy person who relaxed and enjoyed her opportunities to have robust discussion with her Henry Street colleagues. When she met Albert Einstein in 1938, his parting words were “I want to thank you for your smile” (Block, 1946, p. 172). Mary Breckinridge also practiced self-care by spending time on her horseback visiting remote Kentucky settlers and giving riding lessons to new nurse-midwives and public health nurses. When back injuries curtailed her ability to ride, she enjoyed interacting with families at her home in Kentucky (Breckinridge, 1952).
Calling for Appropriate Staffing

Susan Trossman, RN
Reprinted with permission from ANA on the Frontline, as seen in American Nurse Today

When asked why appropriate staffing was so important, ANA-Illinois member and intensive care unit (ICU) staff nurse Viers at Blessing Hospital in Quincy, Illinois, “Good patient outcomes are dependent upon nurses, who can’t do their best when they have too many patients and tasks.”

And that inability to provide every patient with the best possible care also causes nurses to feel like they are working, incredible physical and emotional stress, she added.

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

One effort involves pursuing a unified legislative and regulatory approach to achieve ANA’s staffing goal. Another is an educational and outreach campaign launching this fall to provide nurses with guidance and tools to help them make an immediate case for appropriate staffing and implement practical, comprehensive staffing plans. Among these resources is ANA’s Principles for Nurse Staffing, which was recently revised and now includes parameters to all settings and to emphasize nurses’ critical role in ensuring healthcare facilities meet their mission of providing patients and communities with quality, safe, and cost-effective care.

Assessing the problem

In a 2019 ANA membership survey of more than 6,700 nurses, 93% identified staffing as an important issue, with 72% identifying it as “extremely important.” ANA’s staffing survey comes to no surprise, nurses, “early career” nurses (zero to four-years of experience) and “up and comers” (five to 14 years of experience) named staffing as a priority far more than any other issue.

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

Yet findings from an ANA Enterprise Health Survey gathered between February 2017 and May 2019 revealed that more than a quarter of the 18,500-plus respondents said they were often assigned a higher workload than they felt comfortable with. About 52% responded that they frequently must work through their breaks to complete their assigned workload and 74% have to arrive early or stay late to get their work done.

Speaking to staffing as a national issue, Washington State Nurses Association (WSNA) member and neuro-intensivist Anne O’Toole, DNP, RN, CCRN, said, “Nurses are continually being asked to do more and more and more with less.”

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

Looking at the principles

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

• RNs at all levels within a healthcare system must have a substantive and active role in staffing decisions to ensure they have the necessary time to meet patients’ care needs and their overall health and safety.
• All staffing decisions should be based on evidence-based practice, including data that is used as evidence to guide daily staffing.
• Staffing decisions should be long-range in view of the patient’s or consumer’s health outcomes, such as acuity and intensity, and the environment in which care is provided.

Other considerations include RNs’ competencies, experience, and skill set; staff mix; and previous staffing patterns that have shown to improve care outcomes.

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

“It’s important that nurses aren’t questioning whether they are really making a positive difference for their patients,” said Dent, who recently left his long-time leadership role at Midland Memorial Hospital in Texas and is now vice president and chief nursing officer of three facilities within the Emory Healthcare system. “I’ve found that if nurses have a positive and confident sense of themselves and the staffing environment, they are able to find the confidence and the component of that—that their patients are getting good care and having great experiences.”

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

For example, staffing decisions should take into account factors such as the age and functional ability of patients and healthcare consumers, as well as their cultural and linguistic diversities, scheduled procedures or treatments, and complexity of care needs.

On the other side of the equation, nurses’ level of overall experience (novice to expert), educational preparation, and clinical specialty are important considerations along with the population being served should be among the factors considered.

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

The principles of staffing document also emphasizes other key points, such as calling mandatory overtime an unacceptable solution to achieving appropriate staffing, ensuring that nursing students aren’t counted as staff, creating a workplace culture that leads to retention, and identifying costs of nursing care in patient billing and reimbursement requests to provide visibility to the value of nurses and nursing services.

Maus Martín, a Wisconsin Nurses Association member, noted that the principles are designed to be relevant for nurses in any workplace, from private practice to community-based settings. The term “healthcare consumers” instead of “patients” shows the broad reach of nurses’ roles and the populations they serve.

Pursuing other efforts

State nurses associations and specialty-focused organizational affiliates also are engaging in a range of efforts to address this priority issue.

In Washington State, O’Toole testified before legislators about nurses’ inability to take needed rest and meal breaks and the impact it has on nurses and patients. Her advocacy and that of other WSNA nurses and their allies led to the passage of a state law to make breaks and overtime protections for nurses, effective in January 2020. Her facility, Tacoma General Hospital, hired “break relief” staff to cover nurses during those times as a result of legal action by WSNA, and the new law reinforces the hospital’s obligation to ensure nurses get breaks.

“Purpose, as my first breaks since the law passed,” said O’Toole, who also is chair of her WSNA local. “We also have a robust staffing committee that meets once a month that is 50-50 staff nurses and management to address staffing issues.” The committee additionally reviews the efficacy of every unit’s staffing plan, including negotiated standards, every 6 months to determine whether any changes are needed.

ANA-Illinois Executive Director Susan Swart, EdD, MS, RN, CAE, said the association plans to introduce a new law that would mandate staffing guidelines and appropriate staffing, which are connected with understaffing.

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

“We want nurses to feel empowered and that their participation is valued and respected,” Swart said. “We want to be sure that nurses have a voice in the state’s existing staffing law, which went into effect in 2008 and was based on ANA’s earlier staffing principles. The law requires healthcare facilities to have staffing committees comprised of at least 50% direct care nurses and that staffing decisions are based on patient acuity, skill mix, and other key factors.

“Either put some teeth in the law so the committee isn’t advisory but has real pull,” Swart said. “We know from our recent member survey that nurses who regularly participate in decision-making and policy-making processes are the most likely to stand up for something.”

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

“Night shifts tend to not be staffed as well as day shifts, and oftentimes it’s new nurses, who are just learning the job, working those shifts,” said Martin, currently nurse manager in a specialty care facility. “So we really need to increase nurses’ involvement on committees and in other ways to solve staffing issues. That includes making sure that the nursing population is not only represented but that staff nurses are actively engaged in any discussion.”

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

Noted Dent, “We all have a piece of the pie when it comes to addressing nurse staffing.”

Susan Trossman is a writer-editor at ANA.
There are reasons people seek out nature when the stress of the world weighs heavy on their hearts. There are reasons people pick up stones and shells from a stretch of shoreline, or count the trees in the woods. Or carry a small plant to grow. Many people have pets and others walk to a local park or travel further into the wilderness, for joy and solace. Perhaps it is the vastness of nature and the reminder of its boundlessness that calls to be befriended by the natural world. Or perhaps people find some sense of belonging—an essential component of life—from the way nature enfolds and entwines, without judgement or discrimination, all: the healthy, the sick, and the dying. Whyte (1984) put it this way: "In a Greek pulley system, there is a connection with other forms of life "biophilia." Neuroaesthetics scientist Nancy L. Etcoff (as cited in Pak & Reichman, 2017) believed the draw and benefits of affiliating with nature’s beauty is part of our evolutionary design. But does time in nature or natural environments actually have healing effects? Can time in nature have a beneficial impact on the practice of nursing and on how nurses show up as leaders and administrators? And how does someone gain this benefit amidst their busy lives and work schedules?

When the resource of time is limited

..."[W]ork and life are not separate things and therefore cannot be balanced against each other except to create further trouble" (Whyte, 2009, p. 12). Whyte (2009) proposed the pathway to wellbeing is the recognition there is an ongoing relationship and need for continuous dialogue among three major life commitments, also known as the three marriages: the commitments to work, to family, and to oneself. The third relationship, which requires time for introspection, care of one’s body, and mental and physical rest, is specifically a difficult one to attain and then maintain, is why Whyte disposes of the idea of work-life balance as a viable goal. When the resource of time is limited, individuals must be good communicators among and between the three marriages. This is not an advocacy for equality of time, but for an acknowledgment of the following benefits: decreased anxiety, rumination, and negative affect, and preservation of positive affect as well as cognitive benefits (increased working memory performance) (Bratman et al., 2015, p. 41) when compared to the urban group.

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Why does nature matter?

The benefits of nature experience: The benefits of nature experience are numerous and varied. It’s no wonder, then, that as the body’s cells require an intelligent cell membrane to maintain a healthy boundary for what it allows in and out of the cell—not for competition but for communication and the health of the whole body. One way to generate health and wellbeing is to take time in nature. The field of ecopsychology, the study of the mind, body, and spirit health benefits upon humans when they take time in nature or natural environments is rapidly growing, especially in response to the increased time spent indoors and in front of electronic screens. Bratman, Hamilton, and Daily (2012) defined nature as areas that include a range of plants and nonhuman animals, landscapes such as gardens and parks to wildernesses and includes non-living elements like sunsets and stars as well. These environments can induce physical and emotional responses such as happiness, joy, and relaxation—all of which are antecedents to healing. (p. 43)

How to bring nature into your three commitments

In developing a dialogue among your three commitments, think about the ways you already incorporate nature into your personal time, your relationships at work, and identify ways you can amplify these. If you take walks by yourself, can you sometimes include your partner or a friend, or make a phone call to your family when you are taking a walk. If you tend to stay indoors during your work break, can you now include one or two times a week, a walk outside? Even in urban environments, many cities have created indoor and outdoor green spaces for public use. If you have a neighborhood park, make a relationship with just one tree. Visit it as if it were a relative and become familiar with the changes it makes throughout the seasons. As in any wellness strategy, people have personal preferences and different access to nature environment. If you don’t have much green space in your neighborhood or near your work, bringing in clippings of rosemary or peppermint, for color and refreshing scent, or even grow rosemary in a potted plant for your home or office space, can improve mood and a sense of wellbeing.

No matter what your role is in healthcare, there is stress, overwhelm, and frustration that impact your health and wellbeing, mood and digestive system, how well you fight off colds or how well you attend to the needs of staff, colleagues and administrators. Taking a tincture of nature can be one avenue to bring more vibrancy to your personal life, work life and relationship life.

References:

The Nature Tincture

Jackie Levin, MS, RN, AHN-BC, NC-BC
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Jackie Levin earned her BSN from the University of Vermont and MS in Holistic Nursing from the College of New Rochelle, and a BA in Women Studies from the University of Massachusetts, Amherst. Jackie is a Nationally Board Certified Advanced Practice Health and Wellness Nurse Coach and certified in Healing Circles, Ericksonian Hypnosis and Healing Touch. Jackie is the Executive Director of Leading Edge Nursing, a published author, public speaker, and patient advocate with more than 30 years of experience in healthcare. Through Leading Edge Nursing, Jackie’s work is transforming healthcare organizations and cultures of stress into workplaces that generate health and wellbeing from the inside out. Jackie is a trained mindfulness instructor, a Nationally Board Certified Advanced Practice Holistic Nurse and Wellness/Leadership Coach, co-authored chapters in four editions of the textbook Holistic Nursing: A Handbook for Practice. Jackie authored two virtual and in-person programs, Room to Breathe: Rewiring for Ease the body, mind, and the Art of Transformative Inquiry day-long retreat to reconnect with the heart and soul of our healthcare practice. Jackie can be reached by email at jackie@LeadingEdgeNursing.com or at her office at (206) 304-7703.

"Those who contemplate the beauty of the earth find reserves of strength that will endure as long as life lasts" (Carson, 1956).

The Nature Tincture

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