Nearly 500 registered nurses (RNs) and nursing students from across Nebraska attended the annual Nebraska Nurses Association (NNA) Nurses Day at the Legislature. The theme for the February 26 event was “Nurses: 20/20 Vision for Today and Tomorrow.” This event engages Nebraska nurses and nursing students in issues that impact the practice of nursing and our health system.

Nurses are the backbone of our health care system, but all too often our voices are not heard in the legislative process. Nurses Day at the Legislature introduces legislative advocacy as a way for nurses and nursing students to advocate for their patients and positively impact health care policy. Advocacy by all registered nurses is essential if we are to have the resources and authority to provide safe, effective care. Membership in the NNA and American Nurses Association (ANA) is a great way to learn about how to be a voice for nursing. Advocacy is not necessarily political. Advocacy can take place at the bedside, unit leadership councils, or the boardroom, not just at local, state, and national governments.

The event was held at the Marriott Cornhusker Hotel in Lincoln and included exhibits from more than 25 schools of nursing, hospitals, nursing associations and health care groups. The event also received individual sponsorship from Teresa Anderson, Melissa Florell, Douglass Haas, and Anna Mackevicius.

The keynote speaker was Kristina Weger, an ANA Senior Associate Director. Ms. Weger lobbies Congress on behalf of ANA’s policy priorities and spoke about “Leading through Advocacy and Activism.” Participants also heard from:

- Anne Boatwright MSN RN, the State Forensic Nursing Coordinator for the Nebraska Attorney General’s Office, who shared compelling information about the nurse’s role in identifying victims of sex trafficking

Nurses Day at the Legislature continued on page 6
A sincere THANK YOU to all nurses as you continue to work tirelessly during this stressful time related to COVID-19. As the most trusted profession, your concerns are extremely important to NNA and the Board of Directors. We will keep you updated as the days progress and with communication we receive by the CDC, Nebraska Department of Health & Human Services, the Nebraska Medical Association, our legislators and governor, Nebraska Board of Nursing, and other associations.

As nurses, many of the tips regarding handwashing is drilled in our heads when we begin nursing school. Here is a list of possible symptoms and some additional tips that you can use to share with others.

**Possible Symptoms**

- 1. Fever
- 2. Cough
- 3. Shortness of breath

If you develop emergent warning signs for COVID-19 seek medical attention immediately.

- 1. Difficulty in breathing or shortness of breath
- 2. Persistent pain or pressure in the chest
- 3. New confusion or difficulty to arouse
- 4. Blush face or lips

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**COVID-19 Updates and Resources**

Nurse Advice & Resources

The Nebraska Nurses Association has some commonsense advice in case you do get sick.

Most cases are mild, but you can still spread it to others. If you do become sick, STAY HOME and rest. Avoid contact with others in your home, including pets. Practice sneezing or cough (into your elbow) and immediately wash your hands. Continue mindfulness when it comes to touching your eyes, nose and mouth and continue practicing preventive actions; this includes washing your hands with soap and water frequently for at least 20 seconds.

If you feel you need to be seen or tested, contact your provider first. They may be able to give you advice over the phone to help prevent the spread and keep others from getting infected. This is not the time to go to the emergency room requesting testing – unless you have emergent warning signs. If you have a chronic illness, be sure you have access to your prescription medications and that intermittent use medications like inhalers aren’t expired.

Things you should stock up on to deal with the symptoms of COVID-19 include over-the-counter fever reducers, cough and cold medication, and tissues (items that you would normally need if you have a respiratory illness; contact your provider for advice specific to your situation).

Wearing a regular facemask at home can help prevent the spread of disease to others. Avoid sharing dishes, towels, bedding, etc. Dispose of contaminated masks and tissues in a lined trash can. Wipe down all high-touch surfaces such as counters, doorknobs, toilets and phones every day. If your household has more than one bathroom, reserve one for those who are sick. Once the symptoms have resolved, replace your toothbrush!

**COVID-19 Updates continued on page 3**
COVID-19 Updates continued from page 2

Humidified air might help, but make sure you clean your properly so as not to make matters worse. Nasal saline drops are just as effective. Try not to crank up the heat in your home as hotter air is generally dryer. Open windows if you can to allow fresh air to circulate.

Most importantly, stay hydrated and don’t forget to make sure older adults and children are getting enough fluids. Urine that is clear and without strong odor is a good indicator that you are drinking enough water. Perfect, by the way – avoid sugary drinks.

It is well-established that social distancing will get us back to “normal” more quickly so please adhere to the recommendations and continue to avoid public places when at all possible. Vigilance (not panic) is key for reducing the burden of disease and for all of us to return to life as usual.

Additional Considerations

Develop Contingency Plans

- Identify everyone who needs to be part of your plan and what his/her needs are. This should include things like health or medical conditions, medication needs, medical equipment needs, dietary needs, and other things you’d take into account during any other type of emergency. Don’t forget to include social services that are part of your daily life, including things like student meal programs and mental health services.
- Determine who can work from home if you have young or ill children. Notify your employer of changes in schedule and ask about any changes in attendance policies.
- Avoid gathering in public places. Use “social distancing” by keeping 6 feet away from other persons in the event that you must go out in public. Droplets from a sneeze can travel up to 6 feet. When schools or employers are temporarily dismissed, avoid gathering in groups in public places. This will help slow the spread of COVID-19 in the community.
- Stay in touch with others by phone or email. If you live alone and become sick, you may need help. Stay in touch with family, friends and healthcare providers by phone or telemedicine if possible. Check on those with chronic medical conditions periodically.
- Stay up-to-date on the latest COVID-19 information. These two websites will have the latest national and local information available:
  - Center for Disease Control (CDC) website: https://www.cdc.gov/coronavirus/2019-ncov/
  - DHHS website: http://www.dhhs.ne.gov/coronavirus
- Take care of your family’s emotional health. Outbreaks can be stressful for adults and children. Children respond differently to stressful situations than adults. Talk with your children about the outbreak, try to stay calm, and reassure them that they are safe.
- Take care of yourself! Make sure you and your family drink plenty of water, eat regular meals, allow yourself to get 8 hours sleep and breathe.

Remember that most cases of COVID-19 are mild. Taking these precautions are not only to help yourself but to prevent spread to others in your community especially those who are high-risk based on age and pre-existing conditions. Make sure to reach out to your health care provider by phone if you have any health concerns.

Vigilance (not panic) is key for reducing the burden of disease and for all of us to return to life as usual.

Sincerely,
Kim Houtwed, MBA, BSN RNN
State Director, Nebraska Nurses Association
ANA Met with President Trump to Discuss Coronavirus Prevention Strategies

Denise Waterfield, MEd, BSN, RN

This essay is an adaptation of my entry for the Gail Graham Education Annual Nursing Scholarship. I was fortunately awarded the scholarship at the 2019 NNA/NNP Joint Convention. I am honored to represent patient safety in honor of Ms. Gail Graham and others who have been victims of medication errors.

I am currently a nurse specialist with UNMC and a BSN-to-PhD student. I am beginning my third year in the PhD program with a research interest in assessment and management of pain, agitation, and delirium by critical care nurses.

A miniseries recently aired about the 1986 accident at the Chernobyl nuclear plant in the Soviet Union. I was a teenager when it happened, so I have memories of news headlines and personal relief that it was so far away. As an adult, the miniseries reminded me about the details, and I was able to assess the impact both nurses and patients.

“Frontline professionals are put into danger and become sick, it will exacerbate the crisis in the U.S., much like we have seen happen in China and Italy,” said Hatmaker. “ANA stands ready to work with all stakeholders to solve this crisis, but without proper personal protective equipment our job will become immensely more difficult, leading to more deaths and even further damage to our nation.”

Key points highlighted by Dr. Hatmaker included:

Safety:
- ANA calls for the highest level of respiratory protection along with appropriate training to protect health care professionals.
- Noting that communication about patient and prevention (CDC) guidance from March 10, 2020 is not consistent with Occupational Safety and Health Administration (OSHA) March 14, 2020 guidance affirming the use of N95 respirator or protection that is higher, ANA called upon the CDC to align its guidance with OSHA guidance.
- ANA supports the administration in encouraging construction companies to donate N95 respirators to health care facilities.
- ANA also proposes the U.S. government adopt a recommendation from the World Health Organization that incentivizes industry to ramp up production of N95 respirators that meet the current OSHA guidelines. Incentives can include easing restrictions on the export and distribution of PPE and other medical supplies.

Staffing:
- ANA promotes the use of telehealth technologies to provide care, reduce exposures, and preserve PPE and other facility resources during this emergency. We encourage the administration to work with private insurance companies to include advanced practice registered nurses (APRNs) as qualified health care providers who can bill for telehealth services provided.
- ANA recommends adjusting nurse staffing plans in real time based on the number of COVID-19 cases within a facility and patient needs. Flexibility and additional assistance are necessary given the need to don and doff appropriate PPE and for psychological support during this time of high stress.
- ANA suggests implementing creative staffing strategies that utilize nurses who are currently not in direct patient care and senior nursing students to help meet patient demand. For example, those with inactive licenses, school nurses, and senior nursing students could serve in drive-through testing, long term care facilities and in assistive roles.

Capacity:
- ANA advocates for the removal of barriers to testing and treatment, such as cost and access, to aid in the early identification and treatment of infected individuals.
- ANA acknowledges having an increased testing capacity will result in more cases of COVID-19, but this early identification will help minimize the spread of COVID-19.

Preventing a Meltdown: Nurses’ Role in the Patient Safety System

Silverspring, MD – On March 18th, 2020, the American Nurses Association (ANA) Chief Nursing Officer Debbie Hatmaker, PhD, RN, FAAN, met with President Donald J. Trump to urge the administration to provide a sufficient supply of appropriate personal protective equipment (PPE) for nurses and to share the need for creative staffing strategies to sustain the nursing workforce so they can continue to provide care during this pandemic. ANA was among 12 other nursing organizations attending the White House meeting.

Echoing earlier letters from ANA to Congress, Dr. Hatmaker underscored the critical role that nurses play in caring for patients and how taking steps to protect and sustain the nursing workforce and other frontline providers is essential to ensuring the health care system has the capacity to care for the growing number of patients infected with coronavirus (COVID-19).

“Our number one priority is keeping frontline health care professionals, including our nurses, healthy by making sure they have the personal protective equipment they need,” said Dr. Hatmaker. She shared stories of nurses reusing masks and relying on other materials to protect themselves, creating unsafe conditions that could negatively impact both nurses and patients.

Problems before they spread. And, just as I was able to have open conversation with my son about Chernobyl, I can eliminate problems before they spread. And, just as I was able to have open conversation with my son about Chernobyl, its repercussions, nurses play a key role in communicating best patient safety to other clinicians, patients, and the community.

Simply defined, patient safety is to do no harm. An attempt to conjure a more specific definition of patient safety can lead to various approaches that emphasize different components of the care delivery system. Patient safety is also a wide umbrella that covers a range of practices including elimination of errors, mistakes, and improper procedures as well as broad culture shifts to empower patient advocacy and the community.

The nursing code of ethics states that the nurse “promotes, advocates for, and protects the rights, health, and safety of the patient.” (American Nurses Association, 2015), and those ethical decisions are made every moment of every day to keep patients safe. Nurse-led implementation of safe, quality patient care can also empower nurses at all levels to assume more leadership, conduct more research, and educate others to influence health systems.

As a nurse, is there a safety system in place in your practice? Are you able to have open and clear communication with your team when the safety system is not functioning? Are you a firefighter battling the spread of an existing flaw in the system? Have you reflected on your communication with patients, their families, and your community about patient safety? When you hear the ubiquitous term “patient safety,” apply it to your day-to-day practice as it relates to specific nursing care like medication administration, patient education, pain management, and nurse staffing as well as to future goals like certification, staff education, practice guideline implementation, and quality leadership.

References
Today I'm ready to make a difference in the world.

When deciding to advance my education, I chose the online RN to BSN program from the University of Nebraska Medical Center for their esteemed program recognitions and accreditation history. Each course gave me a different outlook on nursing practice. Courses looked at population-centered care, health promotion, evidence-based practice and the unique talents in leadership roles. Nursing provides endless opportunities to make a difference – this program has laid a strong foundation for me to continue successfully.

Natalia McCain  
Bachelor of Science in Nursing  
University of Nebraska Medical Center

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*Costs calculated based on Nebraska resident tuition rate, fees and completion of program in one year but do not include books or other supplies. Prospective students are encouraged to speak with an advisor and calculate their individual reported total cost.
• Don Wesely, NNA Lobbyist, and Denise Waterford, MEd, BSN, RN, Chair of NNA’s Legislative, Advocacy, and Representation Committee (LARC) reviewed the important legislative bills that NNA is supporting or opposing this session. The 2020 Priority Bills are:
  - LB205 Surgical Technologist Registration Oppose
  - LB378 Helmet Bill Oppose
  - LB804 Require Payment for Epi Auto injector Support
  - LB838 Assignment by Physicians Support
  - LB893 EMS Changes Support
  - LB955 Medicaid Appeals Support
  - LB970 Insulin Cost Limit Support
  - LB1001 Suicide Prevention Support
  - LB1052 Preferred Drug List Support
  - LB1112 Sexual Assault Exam Payment Support
  - LB1176 Ban Flavored Tobacco Products Support

• Dr. Linda Lazure, PhD, RN, FAAN, closed the morning by guiding the attendees through the importance of V.I.S.I.O.N. and embracing different philosophies with the same vision.

After the morning program, State Senators and/or their Legislative Aides joined approximately 350 RNs and students for lunch to hear about the issues that matter to nurses. Many participants convened at the Capital to listen to the hearing on LB 838. Nursing’s voice is stronger with you! It is critical that nurses play a visible and fundamental role.

A special thank you to the members of the planning committee for this event. Planning started in July 2019 and, after a brief respite, will start this spring for 2021. Members of the planning committee are Kim Houtwed, Linda Jensen, Alice Kindschuh, Carole Lainof, Sue Rohlis, Linda Stones, and Rita Weber. I could not have had a more dedicated engaged group of professionals – Thank you!

SCC LPN Students

Anne Boatwright presentation

Denise Waterfield and Don Wesely - LARC

Katie Messner and Douglass Haas

Kim Houtwed and Anna Mackevicius

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President’s Column

Thank you, Thank you, THANK YOU!
I have nothing to report from NNA at this very challenging time in Nebraska and Healthcare. You have been asked to keep up to date with ever-changing information, maintain infection control at all times, and still find balance and health in your own lives. I will not be adding to these requirements. I want to share my sincere gratitude for the Nurses of Nebraska.

You are providing outstanding care in less than optimal conditions. You, the Nurses of Nebraska, are exceptional, and I am thankful for all of you.

NNA State Director

Florence Would Be Proud

Kim Houtwed, MBA, BSN, RN

The World Health Organization (WHO) in 2019 declared 2020 as “Year of the Nurse and Midwife” in honor of the 200th anniversary of Florence Nightingale’s birth, with the intent to elevate and celebrate the essential, robust contributions of nurses of the world. We are the largest group of healthcare professionals in the U.S. and the most trusted profession. Nurses are with patients 24/7 and from the beginning of life to the end. Many Americans know nurses play a major role in healthcare delivery and community outreach. In 2020 they have had the opportunity to witness this firsthand what began 166 years ago.

In late 1854, Florence Nightingale was asked to organize a corps of nurses to tend to the sick and fallen soldiers in Crimea. Given full control of the operation, she quickly assembled a team of almost three dozen nurses from a variety of religious orders and sailed with them to Crimea just a few days later. Although they had been warned of the horrid conditions there, nothing could have prepared Nightingale and her nurses for what they saw when they arrived. The hospital sat on top of a large cesspool, which contaminated the water and the building itself. Patients lay in their excrement on stretchers strewn throughout the hallways. Rodents and bugs scurried past them. The most basic supplies, such as bandages and soap, grew increasingly scarce as the number of ill and wounded steadily increased. Even water needed to be rationed. More soldiers were dying from communicable and infectious diseases than battle injuries.

The no-nonsense Nightingale quickly set to work. She procured hundreds of scrub brushes and asked the least infirm patients to scrub the inside of the hospital from floor to ceiling. Nightingale herself spent every waking minute caring for the soldiers. In the evenings she moved through the dark hallways carrying a lamp while making her rounds, ministering to patient after patient. The soldiers, who were both moved and comforted by her endless supply of compassion, took to calling her “The Lady with the Lamp.” Her work reduced the hospital’s death rate by two-thirds.

Coincidence that this is the Year of the Nurse? or to the resemblance of our country today? Patients laying in hallways, increasing scarce basic supplies, increasing deaths from communicable and infectious disease; yet an endless supply of compassion from nurses across the country to caring for the sick. As we continue forward as good and faithful servants, we are given more and more responsibility as the backbone of American healthcare. This is our opportunity to increase understanding of the value of nursing in order to expand investment in education, research, as well as increase the numbers of nurses who enter the profession and serve in leadership positions. Florence would indeed be proud of the ever-evolving nursing profession.

My sincere Thank You and heartfelt gratitude to all Nebraska Nurses.

Awards for NNA Members & Scholarships for Nursing Students

Awards for NNA Members

Hear ye, hear ye, you have been summoned to consider Nebraska nurses, who are members of NNA, and the nurses they have had on the nursing profession, the extraordinary achievements they have shown, and/or the impact they have made due to their nursing skills, knowledge, and expertise. Each year NNA sends out a call for nominations; it is now time to seek nominations for the following awards:

- Nurse of the Year
- Extraordinary Achievement in Nursing
- NNA Award for Distinguished Service
- Notable New Nurse
- Excellence in Direct Patient Care
- Outstanding Nurse Educator

Scholarships for Nursing Students

Calling all nursing students! NNA also has several scholarships opportunities available for students pursuing all levels of nursing education. Consider the following scholarships:

- NNA Member Scholarship – one $1000 scholarship to an NNA member seeking higher education
- Arthur L Davis –two $500 scholarships for pre-licensure nursing students
- Gail Graham Higher Education Scholarship – one $500 scholarship for nurses furthering their education

Note: The deadline for submitting scholarship applications is Sunday, May 31, 2020 at midnight. Access NNA’s website to read more about each award and/or scholarship, and to retrieve a copy of the awards nomination form (http://www.nebraskanurses.org/awards-scholarships/).

Please contact Michelle Johnson, PhD, RN, chair of the NPDC, with questions (npdc@nebraskanurses.org).
Omaha Metro Area MIG Update

Anna Mackevicius, BSN, RN, PMP
Chair, Omaha Metro Area Mutual Interest Group

I cannot seem to start this column without commenting on this unprecedented time...at least unprecedented for my generation. While many Americans (indeed people everywhere) are working from home, myself included, millions of my colleagues report to work every day at hospitals, nursing facilities, and clinics, for home health and hospice agencies, and the list goes on. Thank you. As our governmental leaders implore citizens to stay home, disinfect groceries, hand wash frequently, and self-isolate when symptoms appear, I can only hope that it is enough to slow the spread of COVID-19 in Nebraska and keep from overwhelming our state’s health system. The virus has, of course, changed two events planned by the Omaha Metro Area Mutual Interest Group of the Nebraska Nurses Association this year. Unprecedented and hopefully not the new normal. Remember, all area nurses are welcome at any of our events; you do not need be a NNA member but, of course, we hope you consider becoming one.

Student Leaders Recognition
This event was planned for April 4 but was cancelled in early March as the public health emergency limited the number of individuals that could attend in person and closed schools across the metro area. The purpose of the event is to recognize local student nurses who are leaders of their campus’ Student Nurses Association. At this time, we are not sure if the event will be held in the fall or next spring.

Celebrate Nursing! and Positive Image of Nursing Breakfast
This annual event is now scheduled on Saturday, August 1, from 9:00-11:30 am at the Beardmore Conference Center in Bellevue. Our guest speaker is Marilyn Valerio, PhD, RN, the most recent inductee to the NNA Hall of Fame. The registration and nomination sites are currently open until July 1. As you catch your breath at work, nominate a peer! I hope that we will be able to gather in August. See the event page of the NNA website (www.NebraskaNurses.org) for nomination and registration details.

Nursing Political Reception
It is an election year and this biennial event is currently scheduled for Tuesday, August 25, at the Thompson Alumni Center on UNO’s campus. More information will be available in May and June about this event.

Omaha Metro Area Nurses MIG Fun Run/Walk
At this time, the annual Omaha Metro Area Nurses MIG Fun Run/Walk is scheduled for Saturday, September 12, 2020. The Run/Walk will be held at Zorinsky Park in Omaha. Look for more details in July/August on the NNA website or the Nebraska Nurse.

Annual Dinner
The last planned event for 2020 is the Annual Dinner scheduled for November 17 at Jack and Mary’s Restaurant in Omaha. Save the date and we hope that we will be able to enjoy an evening of networking and a little education! More to come on this event.

Finally, Happy Nurses Week to everyone! I am honored to be a member of our well respected and trusted profession. Feel free to contact me at annamackevicius@gmail.com if you have any questions about the Omaha Metro MIG events or membership to NNA.

Lincoln Area MIG

The Lincoln Area MIG met in February for Journal Club. The article covered the healthcare disparities among LGBT adolescents. The article, a literature review, defined terms and the healthcare concerns they face. These include mental, emotional, sexual, and physical health concerns. The article also made recommendations concerning how to address the concerns and improve resources for the population. Below is a photo of those attending:

The annual Celebrate Nursing event scheduled in April was canceled due to COVID-19. We look forward to planning for 2021!

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For more information contact the HR office at 605-668-3118.
The NNF is working to achieve our goals for 2020 and to continue to support the practice of nursing in Nebraska.

Increasing Awareness of the Nightingale Tribute
In 2019, the foundation set a goal to increase awareness of the Nightingale Tribute to those outside of nursing. The team was successful in distributing 164 packets of information to all funeral establishments in Nebraska. Within each packet was a letter explaining the history of the tribute, a brochure reviewing the protocol and content of the tribute, a single-page handout appropriate for inclusion in memorial services, and donation cards to support family and friends who might be interested in creating a memorial to the Nebraska Nurses Foundation. Tribute materials have also recently been updated on the Nebraska Nurses Foundation website at www.nebraskanursesfoundation.org. We appreciate the generosity of Duane Jaeger, author of the tribute for grant writing state nurses associations and their affiliates permission to use and distribute his materials.

Providing Nursing Project Grants
The NNF Board was disappointed that no applications were received for the $1000 project grant(s) that were available for implementation in 2020. We strongly encourage NNA members across the state to consider applying for the 2021 funds to support a worthwhile project that advances nursing research, expands the practice of nursing, promotes nursing education, or directly impacts the care of patients or the professional nurse environment. Applications for the 2021 calendar year grants are accepted from now until November 1, 2020. Full criteria and steps to apply for the grants are also included on the NNF webpage.

Exploring Additional Grant Funds
In 2018, the Board agreed to explore larger scale nursing support needs in Nebraska with the intent to apply for a substantial grant to implement such a project. Several project ideas were discussed including support for nursing in rural areas, assisting nurses returning to the workplace after a career break, and stipends for high-achieving nursing faculty members. A collaborative relationship was created to work with professional grant writer, Juan Paulo Ramirez, PhD and a donor was identified to assist in paying for his services. The project was placed on hold in 2019 so that further options could be explored. The Foundation hopes to resurrect this work in 2020. Do you have an idea that will support nursing on a large scale in Nebraska in the future? Please send ideas or suggestions to Teresa (Terry) Anderson, NNF Board Secretary at Teresa@tlandersongconsulting.com.

Fundraising
The NNF is continuing our Celebrate a Nurse campaign, offering “Proud to be a Nebraska Nurse” pins, and moving ahead with the Silent Auction in the fall of 2020. We hope to expand the auction to include online bidding and “buy it now” platforms. Any NNA members who are interested in serving on the NNF Silent Auction Task Force to assist with our “2020 Best Auction Ever” initiative should contact Terry (email above) or Sara Seemann, NNF Board President at Sara.Seemann@bryanhealth.org.

Several NNA members have already notified us that they are including the Nebraska Nurses Foundation in their estate planning. Please consider this option during your planning to “pay it forward” to the future generations of nurses in Nebraska.

Immunization Program
Maintaining Childhood Immunizations During COVID-19 Pandemic
Some strategies used to slow the spread of COVID-19 in communities include postponing or canceling non-urgent procedures and using telemedicine. If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible. CDC is monitoring the situation and will continue to provide guidance.

Contact the Nebraska Immunization Program at: DHHS.Immunization@nebraska.gov
Or call 1-800-798-1696 for more information.

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Visit unmc.edu/nursing to learn more!
Nebraska School Nurses Association (NSNA) Update

School nurses across the country are playing a vital role in supporting measures (such as social distancing) to reduce the rapid spread of COVID-19. With the recommending closing of school districts in Nebraska, school nurses have worked with the medically fragile students and their parents/guardians on protective, preventative measures that can be taken to decrease the risk of exposure; and to work with families to dispense critical medication and/or medical devices that have been in school.

School nurses throughout the state have been one of the critical communicators in their communities on COVID-19. Many school nurses have continued to work at home contacting families of students, and other school related responsibilities that can be done remotely.

Several school districts have donated supplies of gloves and masks to acute care facilities and other essential services (for example: fire departments, USPS offices) in attempts to address the shortages that are starting to occur with these two critical components of Personal Protective Equipment (PPE). Additionally, many school nurses are working closely with community partners to either provide additional support to families with resources, such as, food and shelter options; or, to support other healthcare professionals/providers in other healthcare settings, such as health departments, clinics, and acute care settings.

Hello Nebraska Nurses,

My name is Ashton Gerken and I am the chair for the Governance, Finance, and Membership Committee through NNA. I am writing to you all today to give an update on what my committee members have been focusing on this year. We are actively reviewing our bylaws and ensuring that they continue to be updated and relevant to our purpose for the Nebraska Nurses Association. The potential changes will be voted on in our next election, November 2020.

Another big focus for our team is membership recruitment and retention of our current members. We are always searching for what we can do to expand our membership to all Nebraska Nurses! A fun, new section that will be included in our upcoming issues will be interviews with NNA members and may include some good old memes to make us laugh! We all know we could use a little more humor while we enter potentially uncharted territories in nursing, during this pandemic.

If you are interested in becoming more involved with NNA or want to apply to be considered for the slate for the upcoming election process, please email gfmc@nebraskanurses.org.

Thank you for being a Nebraska Nurse! You all make me so proud to be a part of the team!

Trauma Informed Care in Higher Education Curriculum

The topic of TIC is emerging in healthcare and social science literature; however, information on trauma for nurses is decidedly geared to emergency care of the trauma victim. According to Li et al. (2018), education on TIC is put clients at risk of re-traumatization by care that is not trauma informed.

Trauma Informed Care

Buzzwords and new terms are frequently found in healthcare literature and the term “trauma informed care” (TIC) is showing up in current nursing literature. TIC is care provided under the assumption that every client has the potential of having experienced a traumatic event at some time in their lives. The background for TIC is founded in the stress response elicited by a trauma and the cascade of events that ensue, leaving the victim suffering from long-term physical, emotional and psychological ailments, and at risk for re-traumatization (Esden, 2018). Nurses can learn from other disciplines about integrating TIC in nursing education and the implications of TIC through the lens of diversity, integrity, distance education, and interprofessional education (IPE). TIC is a current term used to describe the holistic, relational care well known to the discipline of nursing.

School nurses throughout the state have been one of the critical communicators in their communities on COVID-19. Many school nurses have continued to work at home contacting families of students, and other school related responsibilities that can be done remotely.

Several school districts have donated supplies of gloves and masks to acute care facilities and other essential services (for example: fire departments, USPS offices) in attempts to address the shortages that are starting to occur with these two critical components of Personal Protective Equipment (PPE). Additionally, many school nurses are working closely with community partners to either provide additional support to families with resources, such as, food and shelter options; or, to support other healthcare professionals/providers in other healthcare settings, such as health departments, clinics, and acute care settings.

Hello Nebraska Nurses,

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Buzzwords and new terms are frequently found in healthcare literature and the term “trauma informed care” (TIC) is showing up in current nursing literature. TIC is care provided under the assumption that every client has the potential of having experienced a traumatic event at some time in their lives. The background for TIC is founded in the stress response elicited by a trauma and the cascade of events that ensue, leaving the victim suffering from long-term physical, emotional and psychological ailments, and at risk for re-traumatization (Esden, 2018). Nurses can learn from other disciplines about integrating TIC in nursing education and the implications of TIC through the lens of diversity, integrity, distance education, and interprofessional education (IPE). TIC is a current term used to describe the holistic, relational care well known to the discipline of nursing.

Background

Trauma experiences have a profound impact on clients physically, emotionally, and psychologically, at the time of the trauma and years after. Whether the trauma occurred during the client’s childhood or as an adult, they are at risk for increased mental and chronic physical health problems (Goldstein, Murray-Garcia, Sciolla, & Topitzes, 2018). The range of traumatic events is broad, ranging from war to family dysfunction, and even healthcare experiences viewed as traumatic experiences for individuals. Adverse childhood experiences (ACEs) are traumatic events which occur during childhood, induce prolonged stress responses and change the way the brain reacts to stress in the future (Esden, 2018). Individuals enter healthcare environments with a variety of symptoms, many related to the chronic stress induced by traumatic events in their history (Esden, 2018). This history of experienced trauma may go undetected by healthcare personnel and put clients at risk of re-traumatization by care that is not trauma informed.

Trauma Informed Care

The topic of TIC is emerging in healthcare and social science literature; however, information on trauma for nurses is decidedly geared to emergency care of the trauma victim. According to Li et al. (2018), education on TIC is put clients at risk of re-traumatization by care that is not trauma informed.

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Trauma Informed Care continued from page 11

more developed in the fields of social work, dentistry, psychology, and psychiatry than in nursing education. Most of the nursing literature on TIC does not describe specific educational methods for teaching TIC in nursing curriculum (Li et al., 2019). Integrating TIC in undergraduate nursing education may not be a hot topic yet, but the rise of traumatic events in our world today makes it a topic relevant to all nursing programs as nurses are often the first point of contact for victims of trauma.

Curticulum Plan for Trauma Informed Care

Using Jean Watson’s theory of human caring provides an excellent framework for the inclusion of TIC into nursing curricula. Watson describes the transformational caring experience which occurs when nurses and those individuals in their care, bring together their unique past experiences and connect in the present in a nurse-client relationship (Duffy, 2015). Using this framework allows nurse educators to include TIC education as a universal concept threaded throughout a program curriculum as an essential element in client-centered care. This framework begs the question of whether or not TIC is new to nursing curricula. Nurses have a long history of integrating holistic approaches into their care. TIC is the act of nurses and other healthcare providers on an interprofessional team accounting for the possibility of trauma in all clients’ histories as a universal approach.

As nurses are often the first point of contact in the healthcare environment, understanding the need for TIC is important. Much of the TIC education is aimed at nurses in practice. Hall et al. (2018), acknowledge the challenge of applying a complete framework of TIC within a busy emergency department (ED), however describe the nurses’ understanding of the importance of utilizing TIC in their work with ED clients. Becoming familiar with the concept of TIC is a starting point for nurses at all levels for implementing a trauma informed plan of care for their clients.

TIC requires thoughtful consideration for trauma programs and faculty unfamiliar with the topic. TIC requires thoughtful consideration for where best to include the concept in the curriculum. Formats found to be effective are separate modules focused on trauma education, or TIC concepts are included in existing curriculum (Li et al., 2019). This modular format allows the concepts of TIC to be threaded throughout the curriculum - in higher education trauma, perinatal, emergency care, mental health and like courses.

Li et al. (2019), recommend course content and instructional approaches based on the success of TIC instruction in other disciplines. According to Li et al. (2019), TIC course content should include core concepts of trauma, epidemiology, effects of trauma and ongoing symptoms, assessment strategies, communication techniques, and any related research. Problem-based learning, case discussion, role-play, pre-class readings, and pre- and post-class evaluations were outlined by Li et al. (2019). Providing students time to reflect on the topic and discussion in a safe learning environment should be sensitive to the possibility of students who may have personally experienced traumatic events and the effect this discussion may have on them, modeling integrity and TIC toward students.

Diversity/Equity

The concept of TIC is universal. No humanity is exempt from traumatic experiences which results in varying ways one responds to data. It is a part of the holistic concept of caring theory. Nurses meet their clients in the moment and extend respectful care to all, regardless of bias. The social concerns of our world today such as war, school shootings, random acts of violence, and political strife paired with the technology that keeps us in constant connection, constructs a society full of trauma-impaired individuals and populations. The risk of students not being prepared as care givers for each client regardless of age, race, culture, or sexual orientation.

Integrity

Nurses operate from a perspective of integrity in which they do the right thing even when not mandated or under a watchful eye. TIC coincides with the simple concept of holistic nursing care and doing the right thing for whom we care. Nurse educators acting with integrity support and model TIC within every course and clinical. TIC is the act of respecting the client, family, student, and healthcare provider in each interaction. It is not a new concept to the science and art of nursing.

There should be no argument against interprofessional education (IPE) and TIC, yet there may be a need to conform to standards when TIC is a part of nursing education. Shira Birnbbaum (2019) presents a compelling line of reasoning about not reinventing the “language of care” (p. 479) by promoting TIC as something new. Indeed, nurses have historically provided holistic care including beginning care of client histories and the impact they have on their current health status. While compassion is not lacking, there is a general lack of understanding of historical events which lead to trauma-induced stress. Birnbbaum (2019) states students of today are often not able to recall the significant traumatic events of the last 100 years and are disconnected from the very events that have impacted the nurse education. Shira Birnbbaum (2019) presents a compelling line of reasoning about not reinventing the “language of care” (p. 479) by promoting TIC as something new. Indeed, nurses have historically provided holistic care including beginning care of client histories and the impact they have on their current health status. While compassion is not lacking, there is a general lack of understanding of historical events which lead to trauma-induced stress. Birnbbaum (2019) states students of today are often not able to recall the significant traumatic events of the last 100 years and are disconnected from the very events that have impacted the nurse education.

Distance Education

Distance education courses incorporating TIC present a particular concern for the nursing instructor teaching TIC modules because of the potential to disconnect with the students. Educators must be mindful of establishing a safe environment for students to prevent vicarious trauma of students (Li et al., 2019). Allowing students to self-identify the anxiety of coming out of the silence and doing a safe and non-judgmental assessment of clients is essential. Assessing class discussions, being responsive to self-disclosures of traumatic events, and discussing self-care strategies are recommended for promoting a safe learning environment (Li et al., 2019). Instructors should be conscious of the potential struggles with TIC content with their students.

Interprofessional Education Approach

Using an IPE approach to TIC courses provides a safer environment for our common clients. Since the basic premise of TIC is that any client may be a survivor of some sort of trauma and at risk for re-traumatization, the concept of TIC is a central component to client-centered care. The relational concept of TIC is impacted by the traumatic event, the client’s response to the trauma, the healthcare community’s response to TIC, and the need to prevent re-traumatization. TIC surrounds the relationships of all components.

Conclusion

TIC is relational care. Healthcare providers demonstrating TIC respect the client, their experiences, and the effects of those experiences as they relate to healthcare and their wellbeing. Healthcare providers must understand the impact of trauma on individuals and populations and realize their care has the power to re-traumatize, or to heal clients. By informing healthcare providers of the risks related to trauma and working with all disciplines to prevent re-traumatization, respectful and caring relationships are built and nurses exemplify the art of nursing. TIC may not be so new after all, and incorporating TIC into nursing education may be as simple as looking back to our foundation of holistic, interprofessional, and relational care.

Author Note: Shelly Amsberry, Director of Acute Care Nursing, Melham Medical Center, Doctoral Student, Bryan College of Health Sciences. Shelly has over thirty years of acute care nursing experience and believes trauma-informed care represents the “art of nursing.” When she wrote this article for a Contemporary Issues course in her doctoral program, she discovered nurses are unaware of the risks related to trauma and the need to practice trauma-informed care. By educating nurses of these risks and working to implement trauma-informed care, respectful relationships are built and nurses are able to live the art of nursing.

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References


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Call for Submissions

Nebraska Nurses,

Are you a registered nurse with a powerful message to empower your fellow nurses or a student looking to publish an article in a state-wide publication? The Nebraska Nurses Association (NNA) is now accepting submissions for publication into The Nebraska Nurse. Guidelines for submission are as follows:

- Any topic related to nursing will be considered for publication in the Nebraska Nurse.
- Although authors are not required to be members of the NNA, when space is limited, preference will be given to NNA members.
- Photos are welcome, digital is preferred. NNA assumes no responsibility for lost or damaged photos.
- APA formatting required for any publications with citations.
- Please provide a brief author biography for research publications.
- Submitted material is due by the 2nd of the month in January, April, July, and October of each year.
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Many meanings and feelings are associated with the concept of caring. To be able to build a robust theoretical framework, the concept needs to be “clearly defined, explained, and predictable” (Walker, & Avant, 2011, p. 157). The purpose of a concept analysis of caring related to Watson’s Theory of Human Caring Science is to clarify the definition, attributes, and to demonstrate the concept. This model, inter alia, provides related, and illegitimate cases of caring (McEwen & Wills, 2014).

Concept Analysis of Caring

Concepts are terms, words, or phrases that describe an abstract or concrete idea or mental image formed through a perceptual experience with the world. Concepts serve as the building blocks for a theory. Some concepts can be measured empirically by direct observation through the senses. Others are inferred indirectly. The process of a concept analysis is to find a consistent application of a concept and formulate a unified meaning. Studying and analyzing concepts in nursing increases nursing knowledge. The goal of examining the idea of caring is to “delineate the antecedents and consequences, and define empirical referent” (McEwen & Wills, 2014). The Walker and Avant (2011) approach to concept analysis will be used to examine the concept of caring in nursing with patient care.

Analysis of the Attributes of Caring

Walker and Avant (2011) teach that to define attributes of a concept, such as caring, provides a way to measure the concept. A catalog of attributes has an endless list of attributes and qualities, some of which include compassion, loving, kindness, being considerate, thoughtfulness, concern, empathy, and sympathy (Flynn, 2016). To relate to caring, nursing with patient care, expands the concept to include attentiveness, sensitivity, the importance of experiencing with nursing knowledge and skills, and how the actions are performed, what motives, and sympathy (Flynn, 2016). The second theme, “Respect for human vulnerability” is present requires courage and willingness to forgo the fear of being vulnerable be liberated so caring can evolve? Hernandez (2009) and Gustin and Wagner (2012) findings demonstrated that self-compassionate care can have profound effects on nurses’ abilities to care for others. To be good to others, nurses must first be good to themselves. Self-compassion care is an act to improve nursing practice.

Cases of Caring

Model Case of Caring

A Model Case demonstrates all the defining attributes of the concept of caring (Walker, & Avant, 2011). Hernandez (2009) provides an example of a model case applying Watson’s Theory of Human Caring Science with the concept of self-care by using the acronym C.A.R.I.N.G. to address self-care as self-Compassion, Awareness, Reflection, Intentionality, Nonjudgmental attachment, and Gratitude. Hernandez (2009) stated having an “optimal healing environment...is a moral and ethical imperative for our profession” (p.129). Self-Compassion is accepting, forgiveness, and nonjudgmental. Awareness is being in the present moment as much as possible. Even with all the chaos of the health care environment one should find the time to take a break and become centered. Reflection takes time to think about nursing care with empirical, intuition, passion, personal and aesthetic knowing. Nurses are to trust their inner voice and their wisdom. Intentional’s is an act, what intention? How can I give my best care? One example is to center and quiet the mind to allow for love, kindness, and caring to enter in when attention to self is needed. Nonjudgement attachment is understanding every moment is filled with uncontrolled and every minute is not meant to be blissful. Some days will be chaotic. Gratitude is being thankful and open to receiving love, care, and kindness from others (Ketchum, 2016, Sitzman & Watson, 2014, Wagner, 2010).

Related Case to Caring

Related cases are examples of “instances where the concept is related and connected to the one being studied. These cases help with understanding how the concept being analyzed ‘fits’ with the network of concepts around it” (Cronin, Ryan, & Coughlan, 2010, p.66). Caring for oneself, especially as a healthcare provider, is a primary premise of Watson’s Theory of Caring Science. A lack of self-care may result in consequences experienced that lead to burn-out, illness, substance abuse depression, compassion fatigue, decrease job satisfaction, patient harm, conflict, stress, medical errors, and unhappiness (Gustin & Wagner, 2012; Hernandez, 2009; Maxfield, Gernry, McMillan, Patterson, & Switzler, 2005; Sitzman & Watson, 2010; Watson Caring Science Institute, 2016).

Conclusion

Caring in nursing can be clearly defined, described, analyzed, and implemented using Watson’s Theory of Human Caring Science to improve outcomes personally. Studying, analyzing, and implementing Watson’s Theory of Human Caring Science, compassion care, may increase nursing knowledge and improve patients’ health outcomes. Nurses need to continue to analyze and implement caring in nursing and validate that caring is important by doing
more qualitative and quantitative research studies based on the concept of caring.

Author's biography: Christine Townsend is a RN Case Manager for Catholic Health Initiatives and a part-time nurse educator with Instructional Connections. Townsend has practiced in many areas of nursing over her 17-year career. Her personal goal is to collaborate with patients, families, the health care team, and the community to forge trusting, caring, and compassionate relationships to advance healing.

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