For you, our nursing colleagues, the Year of the Nurse has taken on new meaning. Over a year ago, when the World Health Organization along with the American Nurses Association (ANA) deemed 2020 the Year of the Nurse and Midwife, no one could fathom what would lie ahead. Celebrations have now taken a back seat to innovation and uncertainty. Life as we knew it has changed as new norms evolve for us daily—our new normal.

A thank you to each of you who has served our communities during this pandemic almost seems insufficient given the challenges you have faced daily and the innumerable sacrifices you have made. On behalf of the Virginia Nurses Foundation and Virginia Nurses Association boards and staff, we are deeply grateful for your tireless and courageous efforts, and your expertise and dedication to caring for our communities, colleagues, friends, and families throughout the commonwealth. We are all in this together, doing our part, standing strong and doing what nurses do every day—putting their patients first. Thank you.

~ Terris Kennedy, PhD, RN, VNF President
~ Linda Shepherd, MBA, BSIN, RN, VNA President
~ Janet Wall, MS, VNA & VNF Chief Executive Officer

Coronavirus Response Fund for Nurses

Nurses have been on the frontlines of the COVID-19 pandemic and, in response, the American Nurses Association (ANA) has created a special fund to enable the public to support and thank nurses. The Coronavirus Response Fund will address the identified, emerging needs of nurses and will:

- Provide direct assistance to nurses
- Support the mental health of nurses – today and in the future
- Ensure nurses everywhere have access to the latest science-based information to protect themselves, prevent infection, and care for those in need
- Drive the national advocacy focused on nurses and patients

This national effort is being kicked off with a $1.5 million grant from Johnson & Johnson and the TYLENOL brand. Together, ANA encourages like-minded organizations and individuals to join forces by donating to this fund.

To share your thanks and support for nurses on the frontlines please share information about this important initiative broadly and consider making your donation to the American Nurses Foundation Coronavirus Response Fund for Nurses. Text THANKS to 20222 to make a $10 donation. Or donate online at https://tinyurl.com/rgz8ude. For more information, visit https://www.nursingworld.org/foundation/programs/coronavirus-response-fund/.
The most recent Mental Health Roundtable, sponsored by the Virginia Nurses Foundation (VNF), continued to explore the challenges healthcare professionals, and now law enforcement, face when caring for criminal offenders suffering from mental or behavioral health issues. The interprofessional group met in late February to focus on challenges that plague not only healthcare professionals, but also law enforcement and justice officials who deal with individuals with mental or behavioral health diseases who violate the law. We were reminded of the thought-provoking and emotional keynote at the VNA/VNF 2019 fall conference. Journalist Pete Early shared his personal story about his son Mike, who was declared mentally ill and thrown into the justice system rather than a healthcare system. Early’s book “Crazy” identified our nation’s prisons as the new mental hospitals. With that as a backdrop, the Mental Health Roundtable participants chose to explore the challenges of the care and treatment of an individual with mental health issues who violated the law. There was a realization that there are no easy answers.

City of Richmond Mental Health and Behavioral Health Dockets

Colette McEachin and Crystal Foster Fitzgerald, both attorneys in the Richmond Commonwealth Attorney’s Office, along with a member of the Mental Health and Behavioral Health Dockets. Ms. McEachin, the commonwealth attorney working with the Mental Health Docket, explained that the docket was established in 2011 to address “criminogenic risk factors and clinical treatment needs of mentally ill offenders.” The Mental Health Docket is not an actual court, but rather a program under Virginia’s circuit and district court system that offers “judicial monitoring of intensive treatment, supervision and remediation integral to the case disposition of mentally ill offenders.” It is a program that is voluntary with offenders demonstrating a willingness to participate and lasts an average of 6-12 months.

The mission of the Mental Health Docket is to promote public safety and to that end, law enforcement as first responders began crisis intervention training (CIT) in 2010. It also is designed to address overcrowding, decrease recidivism, and assist courts in offering rehabilitative services for offenders with a diagnosed mental health illness. An individual 18 years or older must be arrested to get into the program by committing a misdemeanor or felony that is pending in General District Court. Program participants are diagnosed with a mental illness or mental health need or they demonstrate symptoms leading to a diagnosis consistent with mental illness. Participants agree and be willing to participate in the required meetings with a probation officer and the clinician who will supervise the individual behaviors, treatment, and medication compliance. The offender must also adhere to recommended actions to promote and encourage stabilization. The goal is to determinate whether the low risk offender from becoming a high risk for recidivism. There are three dockets a month in the Marsh Manchester Courthouse and all are open to the public.

The discussion continued with Crystal Foster Fitzgerald, the attorney supervisor working with the Behavioral Health Docket. This specialized docket was established in 2018 in Richmond Circuit Court to address criminogenic risk factors and clinical treatment needs of mentally ill offenders. The Behavioral Health Docket is a program targeted for someone with more serious charges in circuit court and lasts from 12-16 months. Individuals have the opportunity to go to the Mental Health Docket of meeting with a probation officer and a FIDIC who will supervise the individual treatment, and medication compliance along with recommended actions to promote and encourage stabilization. This program is also grant funded, limiting the number of participants to ten.

The mission and eligibility of the Behavioral Health Docket mirrors the mission of the Mental Health Docket and the individual must be willing to participate in pre-trial/probation supervision and follow all clinical treatment recommendations.” The Behavioral Health Docket occurs twice a month at the John Marshall Courthouse and is also open to the public.

The difference between the two dockets primarily has to do with the severity of the offense. Mental Health Docket cases are misdemeanors pending in court. The cases on the mental health docket cases are misdemeanor charges that made their way to Circuit Court along with felony charges certified or indicted in Circuit Court. There are more serious and violent offenses included in either docket like sexual assault, manslaughter, attempted murder/murder and DUI/DUID. It is important to know that there are multiple collaborative partners and agencies working with the commonwealth’s attorney, including the judge, the public defender’s office, the Richmond Behavioral Health Authority, and the Department of Justice Services Division of Adult Programs. All program participants are represented by an attorney throughout the docket. Every partner and agency have assigned roles and responsibilities to the program and the individual participant, just as the participant has a responsibility to the program and team working to assist them to be successful. Successful completion of either docket is measured by the individual being fully compliant with mental health treatment and supervision requirements.

The individual is then removed from the docket and charges are disposed of pursuant to the plea agreement made prior to entering into the docket. Charges may also be reduced, dismissed or resolved according to the agreement of the court and an assignment of underlying mental illness. Individuals who have successfully completed the program are presented with a certificate of completion by the court.

Law Enforcement Challenges

The realization that there are separate dockets that try to recognize the challenges of working with offenders who have mental or behavioral health issues was significant. Sergeant Shane Waite, with the Richmond Police Department, shared just how challenging it can be for law enforcement officers to respond appropriately when the offender has mental health issues, and underscored the sheer magnitude of the problem. Sgt. Waite shared some staggering numbers, such as: one in five US adults experience mental illness; one in 25 adults experience severe mental illness; and one in 5-6 of us have experienced a mental health disorder. As Sgt. Waite explained, the police have become the fixers, and generally first responders, called for about everything that may or may not be illegal such as someone talking to themselves, a downed tree, or having a dog that is out of control. It is important to remember police officers are trained to uphold the law and have specific tools like pepper spray, a taser, handcuffs and weapons. They are not the tools required for the complaint or issue.

Sgt. Waite shared that during recent police offices, a couple was calling in a mental health call while in the academy and were directed to state mandates and focus on de-escalation, but there was little instruction or tools to handle a mental health crisis. Together, the treatment of mental health calls requires greater instruction; something which different jurisdictions have worked to provide. The Richmond Police Department provides an eight-page training manual. It is the official publication of the Virginia Nurses Foundation: 2019 N. Parham Road, Suite 230, Richmond, Virginia 23294, VNF’s affiliate, the Virginia Nurses Association, is a constituent of the American Nurses Association: www.VirginiaNurses.com

The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Foundation.

VNF Mission Statement

To support the advancement of nursing through research, recognition, and innovation.

VNF Staff

Janet Wall, Editor-in-Chief
Kristin Jimison, Managing Editor

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President's Message

Triad of Nursing Associations Convene to Tackle Crucial Issues

In February, leadership representatives of the Virginia Association of Colleges of Nursing (VACN), the Virginia Organization of Nurse Leaders (VONEL) and the Virginia Nurses Association (VNA) held their inaugural summit. The collaborative, aimed at providing a unified voice between the organizations, focused on sharing the work already underway by each of the organizations, while establishing a shared path based on the efforts to address and advance issues relative to nursing workforce and staffing challenges, in addition to the existing gaps between practice and academia. The workgroups include:

- Community/Public Health & Psych Mental Health Needs & Roles
- Standardized Competencies (from Academe to Practice)
- Infrastructure Design & Implementation
- Nurse Staffing & Workforce

The Community/Public Health & Psych Mental Health Needs & Roles Workgroup is addressing three primary focus areas: to clearly define community/public health nursing; create recommendations for content and clinical experiences in community/public health nursing for BSN programs; and create recommendations for nursing practice partnerships to build capacity for community/public/mental healthcare. The first focus area revolves around the projection of workforce needs based on population needs and the ability to care for those within specialty areas as well as the alignment of core competency needs and the ability of academia to keep pace with these growing needs. This aligns in part with the initiatives of the Virginia Nurses Foundation's (VNF) Mental Health Roundtable, which focuses on access, stigma, and interdisciplinary/integrated care. We have provided this subgroup with both healthcare workforce data reports and county health rankings, the latter of which are utilized for initiatives tied to both the Robert Wood Johnson Foundation’s Culture of Health initiative and Virginia’s Well-being Plan.

The Standardized Competencies Workgroup is focusing on three goals, including the development of innovative clinical care delivery models in which team members practice to the full extent of their preparation; identification and facilitation of practice gaps which impact graduate consistency and quality provision; and creation of a career progression pipeline developed through competency alignment and replication of best practice standards inclusive of a communication/handoff/portfolio/stackable credits for graduates. In addition to this work, we are preparing for the launch of our year-long Nurse Leadership Academy. The fellowship, which was developed for new and emerging nurse leaders/managers, provides an affordable and comprehensive avenue to enhance and develop skills vital to nurse leader success. Further discussion encompassed exploration and utilization of technology solutions to provide predictive analysis for staffing as well as aligning skill set, education, and competency with patient assignments to enhance quality care provision, an item which will be added as part of the future work of this group. As each of these local areas align with the current efforts of VNA’s workforce data reports and county health rankings, they are preparing for the launch of our year-long Nurse Leadership Academy. The fellowship, which was developed for new and emerging nurse leaders/managers, provides an affordable and comprehensive avenue to enhance and develop skills vital to nurse leader success.

Future meetings of the triad and each of the workgroups are being planned, and we anticipate that additional partners will be invited to the table as we further solidify our work under a single voice.
The 2020 session of the general assembly was a great success for nursing! This session saw significant legislative achievements on a wide range of issues and the budget included funding for major priorities like healthcare, transportation and education. I’m thrilled to share more information about the legislation VNA sponsored and supported this year, and updates on how COVID-19 is affecting the legislature and our state budget.

One of VNA’s primary initiatives this session related to increasing the availability of nurse preceptors for advanced practice nursing (APRN) students in Virginia. Our budget item, patroned by Senator Barker and Delegate Hayes, sought to provide the Department of Health with $500,000 annually for two years to provide financial grants for health professionals who serve as accredited preceptors for APRN nursing students in Virginia as part of a public or non-proprietary private nursing program.

While the general assembly approved the initiative exactly as we proposed it, actions taken at the reconvened session in April froze all new appropriations until further notice due to the budgetary implications of Virginia’s COVID-19 response. The APRN Preceptor Incentive Program remains in the Department of Health budget, but the resources cannot be accessed without further general assembly action. Governor Northam may call a special session in late summer or fall to revisit budget matters and other COVID-19 related items. For more information on the APRN Preceptor Incentive Program, read the article “Preceptor Tax Incentive Program” by VNA Commissioner on Government Relations Mary Kay Goldschmidt and VNA Immediate Past Vice President Melody Eaton in this issue.

The association further supported a number of pieces of successful legislation, most of which will become law July 1, 2020.

HB1050 by Delegate Hope provides that the Board of Health’s Regulations for the Immunization of School Children will be consistent with the immunization schedule developed and published by the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. This legislation was narrowly approved and the governor successfully proposed an amendment to the bill to make it effective for the school year beginning in the fall of 2021.

HB1056 by Delegate Dawn Adams (one of two practicing registered nurses in the General Assembly) creates the 21-member Commission on Wellness and Opportunity in the legislative branch to study and make recommendations relating to establishing the mission and vision of what health and wellness means for Virginia. The commission will examine various dimensions of health and wellness, including but not limited to physical, intellectual, emotional, spiritual, environmental, and social wellness. It will also utilize the comprehensive theoretical framework of “the social determinants of health,” identify and define measurable opportunities and outcomes that build community competence around well-being; and make policy recommendations for improving the quality of life for the people of the commonwealth. The commission will meet at least quarterly and will expire on July 1, 2025 unless the appropriations act does not fund the commission beginning in its second year.

Delegate Adams successfully sponsored two other pieces of legislation supported by VNA/First, HB1057, updates the health insurance services coverage provided by clinical nurse specialists (CNS). Current law requires reimbursement for CNS services related to mental health services and this legislation requires reimbursement for any services rendered within their scope.

Second, HB1059, and the companion SB264 from Senator Bell, authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia as part of the periprocedural care of the patient. Such prescribing must be in accordance with requirements for practice by certified registered nurse anesthetists and done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. HB688 by Delegate Aird defines the terms certified community health worker and community health worker, and requires the Department of Health to approve one or more entities to certify those professionals in Virginia. This legislation was introduced unsuccessfully for the past two years and was finally achieved this session!

HB110 and SB540 from Delegate Collins and Senator Vogel passed the general assembly unanimously. These bills largely focused on clarifying reporting requirements for facility executives who become aware of unprofessional conduct by a licensed health professional. The bills also included language that changed a reporting requirement for involuntary admission as a patient receiving treatment for substance abuse or psychiatric illness from 5 days to 30 days, and preserved the 5-day reporting only for involuntary commitments.

CEO Report continued on page 15
Home of the BRAVE.

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May, June, July 2020

What Keeps You Up at Night?
We want to know so we can provide education that meets your needs!

Lindsey Cardwell, MSN, RN, NPD-BC,
Director Professional Development

The Virginia Nurses Association wants to know “What Keeps You Up at Night”?! What are the challenging issues and topics VNA can provide education on to help improve your knowledge, skills, and practice as a nurse? What resources and tools do you need to improve your practice?

VNA wants to better understand what you see as professional practice gaps that impact you! Take 5-10 minutes to complete our annual educational needs assessment before June 30, 2020. We will use the feedback you give us to develop the content of our conferences, webinars, webcasts, Virginia Nurses Today CE articles, on demand content, and other educational programming during the next year! Be sure your voice is heard: https://www.surveymonkey.com/r/2020VNAEducation.

1. Commitment
VNA membership makes a powerful statement about you. It shows employers, colleagues and your patients/clients your commitment to nursing. Membership identifies you as a nurse who is serious about the profession as well as purposeful about staying informed, educated and involved. Joining VNA gives you an immediate connection to other Virginia nurses, and a real sense of community.

2. Networking
Members have opportunities for networking on the local level at chapter meetings and on the state level at our conferences throughout the year. VNA offers many events throughout the year allowing nurses across all spectrums to network with their peers at discounted (and sometimes free) rates. These include local chapter meetings and other regional events, as well as our three annual conferences. These events provide both continuing education and opportunities for members to connect with local and national leaders within the healthcare industry to expand their professional networks. We also have an online community our members can utilize to network with their fellow nurses without having to leave home!

3. Development
Becoming actively involved with VNA not only opens up educational and networking opportunities, but can also help you hone valuable leadership skills. Leadership roles are available at both the local and state level. We’re also constantly expanding our leadership development opportunities through programs like our soon-to-be launched Nurse Leadership Academy and the SYNC interprofessional leadership program, both offered through the Virginia Nurses Foundation.

4. Education
As a VNA member, you will have access to free and discounted continuing education, specialty journals, and our highly acclaimed conferences! You already know how critical these can be to your continuing competency, which in turn can lead to better patient outcomes, systems improvements, and personal career advancement.

5. Advocacy
Nurses make up the largest group of healthcare providers in the state, and so it’s essential that we have a voice in policy making and engage in the political process. The perceived time needed to engage in policy involvement or development outside of daily “nursing work” as well as the resources to develop skills in policy participation has often hampered nurses from becoming involved in advocacy. Our lobbyist, leadership, and members work passionately to educate our legislators and state policymakers on issues crucial to the advancement of the nursing profession. We update our members weekly during our legislative calls and send legislative e-blasts with breaking news during the legislative session.

Five reasons to join the Virginia Nurses Association

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1. Commitment
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Dickerson. “She embraces change and is a role model time,” says VHC Chief Nursing Officer Melody patient experience, safety and outcomes for women infant health at VHC and improved clinical quality, business knowledge has helped elevate women and Dena’s commitment to and she has served Hospital Center (VHC), Services at Virginia President of Women Care, BSN, BS, RN VNA member Dena Fairfax resident and VNA member Dena is the Associate Vice President of Women and Infant Health Services at Virginia Hospital Center (VHC), and she has served the commonwealth as a registered nurse for more than a decade. Dena's commitment to excellence and practical business knowledge has helped elevate women and infant health at VHC and improved clinical quality, patient experience, safety and outcomes for women and newborns throughout the Northern Virginia and Washington, DC region. “Dena's made a remarkable impact in a short time,” says VHC Chief Nursing Officer Melody Dickerson. “She embraces change and is a role model for holistic care that envelopes the family unit. She quickly translates the latest evidence-based research into practice improvements for our NICU babies. Her strong record of innovation, outstanding leadership and community involvement have not only raised Virginia Hospital Center’s ability to deliver ideal care to our NICU patients, but also fostered awareness and involvement outside our hospital walls.” In just three years, Dena elevated the NICU from Level II to Level III to provide higher-level care to sicker, younger babies. Under her leadership, the number of beds doubled (from 14 to 28); average daily census grew (from 14 to 18); physician coverage doubled; and staff tripled (from 27 nurses to 64). The Level III NICU now features a multidisciplinary team of pediatric subspecialists and specialized nurses who care for babies born before 32 weeks gestation, weighing less than 1,500 grams. Some are as small as 500 grams. Dena also contributed to outsourcing national NICU benchmarks as a member of the Vermont Oxford Network (VON), a nonprofit voluntary collaboration of 1,200 hospitals working to improve neonatal care around the world with data-driven quality improvement and research. Members track performance over time to benchmark their practices and outcomes. Just three years after joining VON, the VHC NICU now exceeds benchmarks in every quality outcome, including mortality, chronic lung disease, infections, retinopathy of prematurity and severe intraventricular hemorrhage (IVH). For example, Dena was instrumental in reducing IVH risk. She championed improvements to the transport process to give newborns a smoother ride from Labor & Delivery to the NICU and protect the arteries in their brains. After seeing a need to improve language development in premature infants, Dena developed the Book Buddies Program. She discovered research that showed NICU babies benefit when their parents talk to them and collaborated with the NICU Parent Advisory Council to create the unique program. Volunteers read to babies daily to promote language and speech development and provide company when parents cannot be there. Dena earned her Bachelor of Science in Health Assessment and Promotion from James Madison University in Harrisonburg, VA in 2004, and her Bachelor of Science in Nursing (BSN) from Bellarmine University in Louisville, KY in 2006. A health assessment and promotion course at James Madison University changed her focus to healthcare. After she graduated, she worked as a unit secretary in a hospital. “When I saw what nurses did – day in and day out – I realized I wanted to be on the other side of the desk,” she says. “I wanted to be the point of care for the patient.” Now enrolled at Virginia Tech in the evening Master’s of Business Administration program, Dena hopes to earn the knowledge and understanding of the business landscape to drive her future as a nursing executive connecting women’s health to the business challenges healthcare faces today. If you or someone you know would like to be featured in the next edition of Virginia Nurses Today or the Virginia Nurses Association Facebook page for Year of the Nurse spotlights, please complete the form at https://tinyurl.com/3vu2zm. For questions, contact VNA Communications Coordinator Elle Buck at ebuck@virginianurses.com.”

References

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Eliminating Lateral Incivility and Bullying in the Workplace

Linda Thury-Hay DNP, RN, ACNS-BC, BC-ADM

Introduction

The Virginia Nurses Association’s (VNA) Commission on Workforce Issues established multiple workgroups to address the major issues facing Virginia’s professional nurses in their workplaces. The Lateral Incivility Workgroup was tasked with exploring incivility and bullying in order to devise a plan that would assist professional nurses in addressing these behaviors within their healthcare environments.

Initially, this workgroup, comprised of Deborah Kile DNP, RN, NE-BC, Ronnette Langhorne MS, RN, Anita Skarbek PhD, RN and myself, shared the definitions of the aberrant behaviors of lateral incivility and bullying, as defined by the American Nurses Association (ANA, 2015). We also shared the impact of nurse-on-nurse incivility on the physical and mental health of both professional nurses (Warner, Sommers, Zappa and Thornlaw, 2016) as well as the healthcare organizations in which they work, e.g. job satisfaction, turnover, absenteeism and work-related injuries (Lasater, Mood, Buchwach and Dieckmann, 2015).

We subsequently conducted a survey using the ‘Lateral Violence in Nursing Survey’ (Nemeth, Stanley, Martin, Layne and Wallston, 2017) to ascertain nursing’s understanding of lateral incivility and bullying. The results revealed the following:

- Inadequate staffing and resources were considered major drivers of stressful work environments and uncivil behavior
- Uncivil behaviors are perceived differently by different generations
- Uncivil behavior that expands to bullying is tolerated in work environments
- Uncivil behaviors and bullies are not dealt with effectively by managers and leaders
- Workplace education is not effective in changing these behaviors

Creating a Culture that Supports Nursing Practice and Patient Safety

Organizations

Virginia’s nurses expect employers to create practice environments that permit them to safely work to their potential. The Joint Commission (JC) agrees, recognizing that behaviors that undermine employee safety, of which lateral incivility and bullying are included, threaten patient safety. Henceforth, the JC has established a leadership standard to achieve and maintain accreditation, e.g. “behaviors that undermine a culture of safety” within organizations are reportable sentinel events (Joint Commission on Accreditation of Healthcare Organizations, 2012). The standard reads:

**Elements of Performance for LD.03.01.01**

A. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.

A.5 Leaders create and implement a process for managing behaviors that undermine a culture of safety.

Inadequate staff and resources

In our survey, nurses revealed incivility and bullying continue despite the development of JC-recommended organizational codes of conduct and implementation of mandatory workplace education. Virginia nurses believe that their stressful work environment, due to inadequate staff and resources, is the major driver of these aberrant behaviors. ANA has created a nurse staffing model that outlines components of decision-making for any healthcare environment designed to speak to these concerns. Two components are particularly relevant to this discussion:

1. Organizational leaders create a workplace culture that values nurses as critical members of the healthcare team; and the
2. Practice environment provides the necessary resources to meet each patient’s healthcare needs and the unit demands (ANA, 2019).

Although staffing is an issue being addressed by a different VNA group, this author recognizes the importance of addressing nurse staffing as we want to eradicate incivility and bullying for Virginia’s nurses. Embracing ANA’s model would communicate commitment to a logical, thoughtful approach that ensures individual nurses’ competencies are matched with patients’ specific healthcare needs.

Lack of leadership skills

Second, Virginia’s nurses revealed that leaders/managers weren’t intervening with problem employees. Dellasega (2019) uses the term “relational aggression” to describe incivility and bullying. She states that leaders/managers overly or covertly establish the emotional climate of their departments/units, and that, due to shortages of experienced nurses, many leaders/managers are promoted before they are ready or prepared to lead. They lack the emotional intelligence to navigate nursing’s complex and intense work environment, including recognizing and appropriately responding to relational aggression.

VNA recognizes that this issue is negatively impacting Virginia’s nursing workforce; taking its toll on nursing morale, retention and patient outcomes. Hence, it is dedicating this year’s fall conference, “Ending Incivility, Bullying, & Workplace Violence,” September 21st & 22nd, to exploring workplace violence in every form. Please learn more at [https://virginianurses.com/page/FallConference](https://virginianurses.com/page/FallConference).

Professional nurses

In our survey, Virginia’s nurses asked to be heard. They want a safe place to share their stories and the impact it has had on their personal and professional lives. Additionally, they wanted to know that the aberrant behavior was not only addressed by organizational leaders/managers, but would end. They wanted real, not impersonal follow-up, e.g. human resources “handled it.” The Lateral Incivility Workgroup is grappling with how to provide a forum for sharing your stories without creating liability for you or your employers. Perhaps, we can begin this dialogue through written story form. The workgroup may be able to use your stories (devoid of any incriminating information-specifically, names of people or organizations) in our panel discussion at this year’s fall conference. Please submit your story confidentially via our online portal, [https://tinyurl.com/IncivilityStory](https://tinyurl.com/IncivilityStory).

References


The Virginia Board of Nursing recently appointed Jennifer Phelps, BS, LPN, QMHP-A, CSAC as their new president. Her term started on January 28, 2020 and will expire on December 31, 2020. Phelps served as vice president prior to her new appointment.

Phelps was recommended for the board by the Virginia Association of Community Psychiatric Nurses (VACP) where she has served as an active LPN executive officer. Phelps recalled her uncertainty about joining the board due to the large responsibility the position carries. "It is such an honor," she says "you never really feel you are fully qualified to fill such an obligation or role. Being a nurse is something I am so very proud of, something I take seriously and value. It is truly the most humble act of service we can do, caring for others in their time of need when they are most vulnerable."

Phelps started her career as a CNA from an Appomattox high school program where she worked in long term care. After high school, she worked in the Southside Hospital ICU as a CNA nursing student while attending Southside School of Practical Nursing. Phelps then worked for more than 12 years in long term care for Westminster-Canterbury where she found an interest in psych nursing.

She would go on to spend time working with kids in behavioral health from job corps, to Presbyterian Homes and Family services. There she worked within her fullest scope of practice and had the privilege of teaching medical assistants at National Business College. Along the way, Phelps also developed a background in blood and donor counseling and worked as a physician substitute in the blood and plasma field.

The continuous changing of nursing regulations motivated Phelps to go back to school where she became a community service board nurse for HORIZON Behavioral Health. She worked on the PACT Team for more than 11 years with serious mentally ill patients in the community and provided supportive level counseling while monitoring their medication management. During that time, Phelps joined the leadership team of VACP and has been a member for more than 14 years.

Later in her career, Phelps found a passion in addiction recovery and advocacy for her clients. This caused her to enroll at Liberty University where she obtained degrees in crisis counseling while monitoring their medication management. During that time, Phelps joined the leadership team of VACP and has been a member for more than 14 years.

Though her term just started, Phelps mentioned being able to return nurses, CNAs, RMA’s, and LMT’s back to practice has been her favorite part so far. Of her biggest challenges thus far, Phelps notes there is a high learning curve. "There are so many skill sets to cover and be knowledgeable in," said Phelps "it truly takes a team of people and we rely heavily on our colleagues and citizen board members to bring a collaborative approach to keep a balanced and fair process."

Phelps says working on the board with such diverse experts in the field has exposed her to a new understanding of academia, regulation, and the impact of occupational leisure in everyday life. Her time on the board has taught her as a LPN that she can practice within the fullest scope as a nurse. Working on the board has also shown Phelps the value in collaboration, being able to step outside of a situation to evaluate the greater need, and the value of risk management.

Phelps wants others to know that a common misconception of being on a nursing regulatory board is the majority of people believe the board is punitive. While the board does hand out reprimands, it primarily exists to enforce regulations. The board allows nurses to practice to the fullest extent with their scope of practice. "People often want a clear and defined answer from the board," Phelps recalls "but that isn’t the role of the board." Their main focus is to enforce and review regulations and mend them when needed to ensure public safety and the integrity of practice. "The board is there to help nurses and more people should utilize it as a resource," Phelps advises. "I highly recommend nurses visit and reach out whenever needed."

The Virginia Board of Nursing consists of a 14-member Board that regulates Nurses (RN and LPN), Nurse Practitioners including Nurse Anesthetists and Nurse Midwives, Nurse Aides, Advanced Certified Nurse Aides, Clinical Nurse Specialists, Medication Aides and Massage Therapists. They also regulate Prescriptive Authority for Nurse Practitioners. The Board also approves and regulates in-state education programs for Nurses (RN and LPN), Nurse Aides, and Medication Aides. For more information on the Virginia Board of Nursing, please visit their website at https://www.dhp.virginia.gov/Boards/Nursing/.
2020 FALL CONFERENCE

Ending Bullying, Incivility, & Workplace Violence

Friday, September 25 & Saturday, September 26
The Renaissance Hotel in Portsmouth, VA

Incivility, bullying and workplace violence are on the rise in many practice settings; a trend that necessitates action by each and every one of us to bring it to an end. These issues take a toll on nursing morale, retention and patient outcomes, and have been part of the healthcare conversation for far too long.

Let’s explore real-time strategies that both you and your employer can take to proactively address these tough issues in every practice setting. Together, we can make a difference!

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Discounted room $149/night

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CE Information
Participants may earn up to 9.5 contact hours for participation in the Fall Conference.

The Virginia Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.
Pre-Conference Leadership Workshop

Diane Salter, MSN, RN, CPAN, NE-BC, Bullying & Incivility Content Expert, Healthy Workforce Institute

This workshop is designed to teach healthcare leaders the essential strategies and tactics they need to develop better communication skills for a safe and healthy workforce. Participants may earn 4 contact hours for participation in the Pre-Conference Leadership Workshop. Attendance at the entire program and completion of an evaluation is required. The Virginia Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.

Conference Program

FRIDAY 9/25

8:00am - 12:30pm
VNA Pre-Conference Leadership Workshop - Diane Salter
Developing Effective Communication Skills for a Healthier Workforce

1:15pm - 2:45pm
Full Conference Keynote Presentation - Diane Salter
Cultivating a Healthy Workforce by Addressing Disruptive Behaviors

3:45pm - 4:30pm
VNA Membership Assembly

4:30pm - 6:15pm
President’s Reception

SATURDAY 9/26

8:00am - 9:15am
Saturday Keynote Address
A Personal Story of Workplace Violence in the Healthcare Setting
Katie Ann Blanchard BSN, RN, WPV Solutions

Katie Ann Blanchard will share her personal story as a victim of an almost fatal workplace violence attack and then discuss the different types of workplace violence, the impact on patients, staff and organizations, the risk factors you should be aware of, and primary prevention measures that should be in place in your workplace. A book signing will occur after this event.

9:45am - 10:45am
Concurrent Sessions (TBA)

11:00am - 12:00pm
Strategies to Prevent and Mitigate Workplace Violence - Katie Ann Blanchard

Take a deeper dive into the phenomenon of workplace violence. With the use of structured activities, scenarios, and discussion, participants will use evidence based resources to navigate this relevant issue and to develop a toolkit of strategies to implement in their work setting.

1:00pm - 1:30pm
Ignite Rapid Fire Poster Presentation

1:45pm - 2:45pm
Concurrent Sessions (TBA)

3:00pm - 4:00pm
Closing Session (TBA)
The number one priority in this environment is safety for the inmates and staff. Ms. Ferguson completed a thorough review of safety options, determining that new inmates are suffering from mental illness or another issue that presents like a mental illness but is not, such as a drug induced psychosis from long term use of methamphetamines. The number one priority in this environment is safety for the inmates and staff. Ms. Ferguson completed a thorough review of safety options, including: crisis counseling, medication management, restraints, and restrictive housing. Likewise, there are obstacles the staff face in providing the required safety measures, including: inmates not accepting counseling, synthetic drugs that do not show on a drug screen, limited availability of the psychiatrist, and difficulty obtaining TDO. Some of the safety measures are used as a last resort and only when necessary for the inmate’s safety. Although restrictive housing is also known as solitary confinement, it segregates inmates from the general population and provides services apart from other inmates. Inmates who fear for their safety, such as transgender individuals, want to be in restrictive housing. There are times the staff are concerned and unable to provide the safety necessary, yet the individual is in psychosis.

Providing Care for the Mentally Ill Incarcerated Patient

Many offenders are still incarcerated even though greater effort and multiple programs exist to get those with mental/behavioral health issues into the appropriate environment for treatment. The number one priority in this environment is safety for the inmates and staff.

We're Hiring!
Opportunities available for RNs, LPNs, & Psychiatric Nursing Assistants
- Psychiatric acute admissions units
- Psychiatric longer term units
- Med/Psych unit

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- $1000 CNA sign on bonus
- Eligibility for Federal Loan Repayment Programs
- Moving/Relocation Expenses
- Reimbursement will be considered
- Unique Clinical Care Opportunities
- Ongoing Training Opportunities
- Educational Assistance
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$1000 CNA sign on bonus
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The issue becomes obtaining a TDO, which is also challenging if the individual is not suicidal and hospitals have concerns bringing them to the emergency room.

There are some important changes coming with the new legislature, especially breaking down barriers of communication allowing for the correctional facility to get information and records without waiting for signed releases, which could take days and weeks to get needed information. There is also a plan for therapeutic housing, specific housing designated for the mentally ill. This would be environmentally monitored by security with CIT training and are modified therapeutic communities that may not look like jail, that would provide crisis management as well as education and training for mentally ill inmates. There is also an effort for discharge planning to decrease recidivism by collaborating with the Community Service Board for home bound treatment, providing adequate medication upon release, and engaging families and getting them involved. There are some downsides to this plan if the inmate is not compliant taking medication, or the family is truly dysfunctional and there is no additional funding. Right now, the lack of funding may be the biggest challenge for change.

Process Driven Care for Psychiatric Emergencies

As Sgt. Waite and Ms. Ferguson indicated, individuals taken into custody or retained as a result of mental/behavioral health issues often end up in the emergency room at the local hospital, waiting for a bed in a state hospital or mental health facility. Chief Nursing Officer Sadie Thurman and Director of Emergency Services Kim Harper of Riverside Regional Medical Center (RRMC) shared case studies highlighting the care challenges for patients with mental health issues who were taken to the RRMC emergency room (ER) for treatment and disposition. Their focus was on the importance of all parties working together to establish roles and responsibilities, effectively communicate with and trust each other, establish a clear escalation process, and most of all, keep the patient at the center of decision making. The case studies provided a broad spectrum of the different patient scenarios faced by the hospital emergency room staff and physicians, the involvement of law enforcement, the assistance of the CSB, and the relationship with the Riverside Behavioral Health Center.

One case study involved a 38-year-old patient who demonstrated psychotic behavior and was caught shoplifting. He was brought to the ER for evaluation and had one hand handcuffed to a stretcher, but the handoff between the police and ER staff did not include a search, resulting in the patient getting his lighter out of his pocket and setting the stretcher mattress on fire. The immediate thought was patient safety, then problems were identified in how the situation was handled, from admission to the ER and the handoff.

A second case study involved a 14-year-old with autism who committed a violent act at home when his mother did not provide him with the meal he wanted. He had an IQ of 58 and highlighted the challenges of meeting the needs of special populations. Due to their IQ, their meal he wanted. The child had an IQ of 58 and highlighted the challenges of meeting the needs of special populations. Due to their IQ, their placement search was a challenge and getting a TDO was not an option. There was consensus that sending the patient home was not a good option either. Ultimately, the child was in the ER for 12 days when a conference call of all stakeholders determined the best option was sending the child home with outpatient services.

The final case study involved a 52-year-old patient who was brought into the ER by the police, handcuffed and bleeding from self-inflicted wounds as well as wounds from an altercation with family members. The man smelled of alcohol and was restrained in the ER as a result of his aggressive behavior. Nurses initially attempted to assess the patient and verbally de-escalate while the man was surrounded by eight people. The man had a history of depression and schizophrenia. He had died in the RRMC ER in September after a car accident. Ultimately, the man went to jail after six hours in the ER, but the situation raised the issue of the rift between police and ER staff when it came to uncuffing the man.

Each scenario highlighted the importance of leadership and administrative processes in the emergency room setting for psychiatric emergencies. The key is to immediately figure out if the issue is a medical issue or a psychiatric mental health issue. It is essential to stabilize the immediate needs of the patient and begin a screening exam for medical and mental health issues. Patient and staff safety should be ensured immediately and thoughtfully as soon as the patient’s belongings are removed and documented, and a sitter should be implemented if necessary. In addition to the mental health assessment, psychiatric history should be documented. The ER physician should assess the patient and determine the safety risk. If there is a determination that this is a mental health issue that requires further treatment, the appropriate resources should be contacted, such as the CSB, magistrate, or other outpatient services. If there is a plan to transfer the patient to a mental health facility, ER physician to psychiatric communication should take place to relay any medical concerns along with shared documentation. Transparency, effective communication, and established trust for all parties dealing with mentally ill individuals brought to the ER by law enforcement are of the utmost importance.

The group also had the opportunity to hear one of our own, Melissa Earley, share her story related to her own mental health challenges. She shared her attempt at suicide and how she came to grips with it through the “If you could see me” project. The group learned there is no picture of mental illness. We’re reminded that it is not contagious and it is ok to share your story. The discussion after each presentation was robust along with a recognition of the importance and value of the information shared. This is an area of mental health that everyone realizes requires time, attention, and funding.

Roundtable participants agreed that an upcoming meeting will focus on maternal, child, and adolescent mental health. For more information on the Mental Health Roundtable, including the work of its three subgroups (Integrated/Interdisciplinary Care: Stigma; and Access, Availability, & Appropriateness of Care), contact Virginia Nurses Foundation CEO Janet Wall. jwall@virginianurses.com
A Shift in Focus: From Nursing Student to Registered Nurse

Larissa Gregory, BSN, RN
VNA Director-at-Large, Recent Graduate

The transformation from student nurse to registered nurse made me realize so much about myself and my ability to provide for others. But more than anything, it has given me insight on some of life’s hardest times and brightest moments. Although this transition can be both challenging and rewarding, the transition itself is abrupt. It is also not often highlighted as we are expected to just ‘go with the flow’ and adapt to the responsibility. My friends, family, and prospective nurses ask me the age old question: how is being a nurse, really? I have my response already memorized in my head: great and rewarding, but stressful and overwhelming. Well, it is true. Because some days are really good, and others are not so good. However, being a nurse is something I never could have imagined. My perspective during nursing school was completely different from reality. Why? Let’s dive into it.

“I want to be a nurse.” What a statement. Every nurse has thought this at least once in their life, some with a full understanding of what it means, and some without a clue. As a nursing student, I personally did not have a clue. Similar to other nursing students, I wanted to be a nurse in order to care for others. However, nursing school teaches students to overcome stress, to reach deadlines, to learn certain clinical skills. Nursing school is the time to learn everything there is to know about every element of the human body, its health, its illness, and how to care for another person as if they are your family. This mindset, this responsibility and understanding does not compare to practicing as a registered nurse. Over the years, I learned medications and protocols, the difference between life and death. This mindset is something I never could have imagined. My perspective during nursing school was completely different from reality. Why? Let’s dive into it.

Registered nurses, however, take the daily steps and actions of the job with the purpose of saving a life. This added pressure becomes very real as all of the assessment skills we learned during nursing school do not present exactly like the textbook. We do not consider the realities of life and how families are affected financially and emotionally due to the hospitalization of a loved one. Nursing school teaches us how a medication works, but it doesn’t teach you what to do if someone cannot afford to pay for the medication that will keep them alive. It does not teach you what to do when your patient cannot sleep at night due to loneliness, depression, or delirium. It does not provide the skill set required to love a total stranger as if they are family. It does not teach you how to convince a mentally altered patient to take their medication that they so desperately need. It does not recognize the immense responsibility and pressure associated with saving a life.

This is exactly where the transition comes, when a nurse has learned enough to perform, but does not have the perspective or experience. After a nurse understands the basic skill set, it becomes personal. The goal shift from administration of medication and assistance with basic life necessities to questions like, “What can I do to make this less traumatic for my family?” or “How do I explain to the family of my patient if this treatment does not work?” “How do I make the time to meet the needs of all of my patients today?” We question the need to feed ourselves, use the restroom, and complete other personal human necessities in an effort to keep them alive. It does not teach you emotionally due to the hospitalization of a loved one. Nursing school teaches us how a medication works, but it doesn’t teach you what to do if someone cannot afford to pay for the medication that will keep them alive. It does not teach you what to do when your patient cannot sleep at night due to loneliness, depression, or delirium. It does not provide the skill set required to love a total stranger as if they are family. It does not teach you how to convince a mentally altered patient to take their medication that they so desperately need. It does not recognize the immense responsibility and pressure associated with saving a life.

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Nurses are selfless. The mindset of a registered nurse is to do this day by day, even when I feel defeated, because my effort can mean the difference between life and death. This mindset is one that cannot be experienced until one assumes the role of a nurse. It is a mindset that is not easily understood, nor is it easily played out. However, it is essential, one that I never thought I would or could have as a student. The excitement, the freedom, and admiration of becoming a nurse clouded the realization that this profession is hard. It is real, raw, rewarding, and, most importantly, it matters. It is an ongoing learning experience that only the resilient will choose to endure. Nevertheless, it is so worth it.
The World Health Organization (WHO) declared 2020 the Year of the Nurse and Midwife. We are spotlighting different nursing specialties fields throughout the year as part of our celebration.

Nursing regulation was established more than 100 years ago with the creation of Boards of Nursing (BONs). These boards are jurisdictional governmental agencies that are responsible for protecting the public’s health and welfare by overseeing and ensuring the safe practice of nurses. The Virginia Board of Nursing (VBA) is comprised of teams of medical and public health professionals who, along with the 22 local MRC units, is comprised of teams of medical professionals who, along with the Event of a Public Health Emergency. Each of the MRC units throughout the state actively improve the health of pregnant and breastfeeding women and children through outreach, education, and exercises.

Virginia BON member Dr. Yvette Dorsey, DNP, RN, has been a member of the BON for three years and has served on the Richmond, Virginia Nursing community since 2005. Dr. Dorsey completed her Doctorate of Nursing Practice with a focus in Healthcare Systems Leadership from Chamberlain College of Nursing in August 2016.

Virginia Medical Reserve Corps Needs Your Help in Tackling COVID-19

The success of the response to a large-scale public health event, such as a pandemic or bioterrorism attack, depends on how quickly and effectively MRC volunteers can be mobilized. Each of the MRC units throughout the state actively improve and protect their community’s public health by supporting:

- Health education and preventative health screenings.
- Efforts to provide medical services to at-risk populations.
- Communicable disease outbreak response.
- Volunteer emergency preparedness training and exercises.

CEO Report continued from page 4

The Virginia Medical Reserve Corps (MRC) is unique among its kind. It serves a broad range of populations, including adults and older, both current and previously licensed, as well as students for volunteer positions across the continuum. MCR is dedicated to supporting the community in the event of a public health emergency. Each of the 22 local MRC units is comprised of teams of medical and public health professionals who, along with interested community members, share their skills, expertise and time to support ongoing public health initiatives and assist during emergencies throughout Virginia.

Not sure how to help healthcare workers and your community during the COVID-19 pandemic? The Virginia Medical Reserve Corps (MRC) is urging qualified volunteers to help. You do not need medical experience to volunteer. Interested volunteers can apply by visiting: http://www.vdh.virginia.gov/mrc/ for further information or to fill out an online application.

For a full list of bills that VNA supported this session, please visit our website at https://www.vnahome.org/vyah. For more information on VNA, visit their website at http://www.vannahome.com/vnah.
Dr. Dana Woody, DNP, MSN, RN

Author Bio

Dr. Dana Woody is an Associate Professor at Liberty University (LU) School of Nursing. She has been at Liberty full-time since 2013. She is currently lead faculty for continuing education and teaches in the residential and online RN-BSN and MSN programs. She also serves as the LU Nursing Student Association Advisor, representing the largest chapter in the nation. She is most passionate about teaching and learning in an environment that leads to health and healing, making them natural educators and advocates (American Nurses Association, 2010). These features are supportive of the volunteer role. Nurses are natural volunteers. As a profession, nurses possess principles of support and caring; they have been clear as to their role. Volunteers are also expected to also have a keen understanding of the role that leads to health and healing, and they have a genuine passion for service—the perfect volunteer recipe.

Dr. Woody has served in many areas of nursing including community/public health, cardiovascular care, and pediatrics. She also currently serves as the Red Cross Division Nurse Leader for the Mid-Atlantic—supporting the service lines of disaster, biomed, and service to armed forces. Dr. Woody is an active community advocate and serves on many boards in the community. In addition, she is active in the VNA, serving as co-chair on the Commission of Education and the Clinical Practice Partnership Committee. Her current research interests are: public policy, community voice, health literacy, evidence-based practice, resilience, and academic service learning.

Nursing ranks as one of the highest respected professions, and further boasts the accolade as the most trusted profession to date. Over three million strong, nurses are an indispensable asset and are critical links within the healthcare system and communities at large. A Social Policy Statement released by the American Nurses Association discusses four features of contemporary nursing practice: nurses work to draw attention to the human experience and respond to health and illness; nurses integrate objective data, with an understanding of the subjective experience; they also apply scientific knowledge to the process of diagnoses and treatment of human responses to illness; and lastly, nurses provide a relationship that leads to health and healing, making them natural educators and advocates (American Nurses Association, 2010). These features are supportive of the volunteer role. Nurses are natural volunteers. As a profession, nurses possess principles of support and caring; they have been clear as to their role. Volunteers are also expected to also have a keen understanding of the role that leads to health and healing, and they have a genuine passion for service—the perfect volunteer recipe.

Disclosures

- Nurses can earn 0.75 nursing contact hours for nurses and the Volunteer Role: Feeding the Soul. Participants must also complete the continuing education post-test found at: https://virginianurses.com/page/On-DemandContinuingEducation
- This continuing education activity is FREE for members and $15 for non-members!
- The Virginia Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center’s Commission on Accreditation.
- No nursing in a position to control content for this activity has any relevant financial relationships to declare.
- Core nursing will be awarded for this activity until May 15, 2023.

In recognition of Florence Nightingale’s 200th birthday, the World Health Organization has proclaimed 2020 the Year of the Nurse. Probioly® powered by Mercer, ANA-achieved provider of Professional Liability Insurance, is honored to join in the celebration of nurses around the world!

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them to the profession of nursing, this is also seen as motivating. Nurses also may be motivated to volunteer as a way to escape the demands and pressures of their daily work, which is often riddled with challenges. There has never been a better time to volunteer than now, as we are in the wake of great challenge in the profession. The recent pandemic, has left many active nurses feeling overwhelmed and those not active on the frontline have had feelings of guilt and loss. Volunteering can support these feelings and further recharge your connection to the profession. Use your passions and motivations to guide you in your search for volunteer opportunities. The opportunities to volunteer are vast—everything from policy development to school health.

Policy Development. Participate in social or political campaigns. Contact your state nurses’ association for campaigns involving nursing, or become involved in any issue that interests or affects you.

Faith Community Nursing. FCNs serve the health needs of faith communities.

Camp Nurses. Serve as a nurse at a local summer camp for children.

Hospice Volunteer. Volunteer at a local hospice. Duties often include providing respite while the caregiver runs errands, offering companionship and socialization to the patient, reading or letter writing, helping with light household chores, providing clerical support to the hospice team or assisting with fund-raising events.

Sexual Assault Nurse Volunteers. You can volunteer to work with teams who respond to sexual assaults. Duties often include being present at the time of the exam to comfort the victim. The primary purpose of the volunteer is to be there to provide support to the victim before, during and immediately after the exam.

Caring for the Elderly. Volunteer at a local nursing home or in a recreation facility for retired citizens. You can bring cheer, companionship and independence to hundreds of older men and women who need assistance in managing tasks of daily living. Volunteers can visit isolated persons offering friendly reassurance, provide transportation to medical appointments and help with minor household chores.

Community Health Volunteers. You can serve as a volunteer at local health fairs, give flu shots and participate in health campaigns through various local agencies in your community. Contact local public health and community centers for more information. There are many clinics which offer primary care services to the indigent populations for low cost or for free.

Medical Reserve Corps. The Medical Reserve Corps provides local communities with volunteer health professionals who can assist health professionals during a large-scale local emergency.

Licensure as A Retired Volunteer Nurse. Many states offer a Retired Volunteer Nurse License. A retired volunteer nursing license allows the retired nurse to engage in volunteer nursing care within the scope of the nurse’s license.

American Red Cross. More than 40,000 nurses are involved in paid and volunteer capacities at all levels and in all service areas throughout the...
Continuing Education continued from page 17

American Red Cross. These activities consist of: providing direct services: e.g. local Disaster Action Teams (DAT), health fairs, volunteering in military clinics and hospitals, blood collection team, tissue donor recruitment, teaching and developing courses: HIV/AIDS, CPR/first aid, automatic emergency defibrillator (AED), disaster health services, nurse assistant training, babysitting; and acting in management and supervisory roles including chapter and blood region executives.

School Nurse. The volunteer nurse acts in a variety of roles, including provider, educator, investigator, communicator, planner and role model for the student health care. Other duties may include: assessing documentation of medications administered and assisting with medication data collection; providing nursing assessment and interventions, as well as first aid; assisting with school health fairs and screenings; and providing health education in respective areas of expertise. Contact your local school district offices to see if they offer such programs (Dewitt, 2003).

Virginia Volunteer Spotlights

Virginia Medical Reserve Corp “The MRC was established to provide a way to recruit, train, and activate medical and health professionals to respond to community health needs, including disasters and other public health emergencies” (MRC, 2018). They further seek to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities” (MRC, 2018). http://www.vdh.virginia.gov/mrc/volunteering/.

The purpose of the MRC is to:
- Create an organizational structure to match volunteers’ skills and knowledge with the community’s needs

Virginia Nurses Association

The mission of the Virginia Nurses Association is to promote advocacy and education for registered nurses to advance professional practice and influence the delivery of quality care” (Virginia Nurses Association [VNA], 2020). Representing more than 110,000 registered nurses, VNA is the voice of nursing for the Commonwealth of Virginia. www.virginianurses.com

VNA is highly supportive of volunteering and also offers a myriad of volunteer opportunities to nurses, to include:
- Running for a VNA Board Seat
- Supporting a VNA Commission: Government Relations Commission, Workforce Commission, or Nursing Education Commission

Virginia Nurses Foundation’s Mental Health Roundtable

American Red Cross. The mission of the American Red Cross is to prevent and alleviate human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors (American Red Cross [ARC], 2020). http://www.redcross.org/volunteer/volunteer-opportunities

- Volunteers with the American Red Cross make it possible to respond to nearly 64,000 disasters every year (ARC, 2018).
- The volunteer support of nurses is foundational in helping chapters build health capacity and community resiliency, as they hold a strong legacy with the American Red Cross (ARC, 2018).
- “Nurses have been vital to the work of the American Red Cross since 1888” (ARC, 2018). More than 15,000 are involved in providing disaster services, teaching and developing courses, managing blood drives and other leadership roles throughout the Red Cross (ARC, 2018).
Some ARC examples/opportunities for volunteering:

**Board Members**
Serve on local boards and help with fundraising and marketing programs. Be the face of the Red Cross in your community and ensure we are serving your community well.

**Volunteer Services**
Assist with volunteer recruitment, placement, record keeping and recognition.

**Blood Drive Volunteer**
Greet and register blood donors.

**Disaster Services**
Provide food, shelter, comfort and home for families affected by major disasters such as fire, hurricanes and tornadoes.

**Disaster Action Team**
Respond to single-family fires with a disaster action team supervisor.

**Disaster Preparedness Presenter**
Educate individuals and groups on how to be prepared before a disaster occurs.

**Health and Safety Instructor**
Teach community classes such as CPR, First Aid and water safety to children and adults.

**Hospital Volunteer**
Lend a hand to patients at Veterans Administration and military hospitals.

**Armed Forces Caseworker**
Ensure delivery of emergency communications for members of the military and their families.

**Grant Researching/Writing**
Assist the fundraising team as they research, write and execute grants.

**Speakers**
Provide presentations about Red Cross programs in the community.

There are many rewards of volunteering. Volunteering is a way to demonstrate your interests, passions, personality, and community engagement. This is a way to further showcase who you are. Volunteering can often connect you with people who share your similar interests. Establishing relationships can further support opportunities for nurses. Leadership development is another reward of volunteering as it supports gaining experiences in delegation, organizational development, and supervision (Carlson, 2016). A reward that cannot be overstated is finding a new meaning in and BEYOND the profession. Finding that new meaning can feed the soul. As stated, during a time of uncertainty and strife, volunteering could “hit the spot”—recharging and reconnecting you to the profession.

Do not let this information only be “food for thought,” – what will you consider on your “menu” of volunteer options—as you seek to feed your soul?

**References**


The statement "we work together, but we don't train" demonstrates the need for interprofessional collaboration, creative ownership for outcomes, and a focus on very specific aspects of teamwork and the interdisciplinary model, where the emphasis is on Virginia, creative problem solving, and individual and team wellness. Throughout the program, participants have access to SYNC faculty and the SYNC learning portal, which provides resources including curated literature, webinar presentations, and additional training material. SYNC culminates with group presentations of the capstone projects, one of the highlights of the program. Capstone projects allow each team to identify a current challenge in their organization or community, apply concepts learned from SYNC, and implement a real-world solution. During the final workshop, teams have a chance to present their solutions, receive faculty and individual feedback, and individual and team wellness. Examples of previous capstone projects include:

- Promoting community hypertension management
- Building an interprofessional care consultation team for complex cases
- Creating a community campaign to reduce AMI/coronary death
- Improving patient flow for Emergency Departments
- Increasing community breast cancer screenings
- Streamlining a prescription refill process

Capstone topics are more frequently focusing on disease specific initiatives are eligible for tuition reimbursement for Virginia, creative problem solving, and individual and team wellness. Throughout the program, participants have access to SYNC faculty and the SYNC learning portal, which provides resources including curated literature, webinar presentations, and additional training material. Examples of previous capstone projects include:

As healthcare providers, we give ourselves to our patients. We are rarely asked to focus on ourselves, look introspectively at ourselves, look introspectively at each other, and examine our relationships on our team. SYNC does all of this and more.

"SYNC is a great program for newly formed or well-established teams who are aiming to develop programs to improve the health of patients they serve."

"Great jumping off point to foster collaboration and innovation for projects that are struggling in current state."

Another desired outcome of SYNC is the sustainability of the team's work to drive organizational performance improvement over time and to help mentor new collaborative practice teams within their organization. Depending upon the project selected, the ability to measure success or outcomes may not be possible until after the participating teams have completed SYNC. Here's an example from a team at Augusta Health in Cohort #5:

Pre-SYNC:

- Stalled diabetes prevention program at Augusta Health
- "Silh" approach in implementation

At end of SYNC (Sept 2019):

- Established new partnerships and forged new relationships with Central Shenandoah Health Districts
- Identified (10) additional lifestyle coaches
- Contacted (125) patients for upcoming DFP cohorts
- (5) providers regularly sending referrals

Feb 2020 (5 months later, Pre-COVID-19):

- (3) DFP cohorts with (51) engaged participants
- With activity increase in the groups, a broader look organizationally at pieces in place and how they can better work together to impact pre-diabetes in the community

Planning for Cohort #7 is currently "on hold" due to our COVID-19 pandemic. Stay tuned for future updates! For more information on SYNC, visit www.SYNCVA.org.
Wilson Initiative for Health & Social Equity, Inc.

In 2016, VNA/VNF Board Member Dr. Sherri Wilson founded the Wilson Initiative with a mission to improve the health and social equity of vulnerable populations and underrepresented groups through educational opportunities. Wilson shares that, “Witnessing the marginalizing effects of socioeconomic disparities throughout my childhood drives my life’s work to improve health and social equity in my community. I believe one’s zip code or income level should not be a determinant of access to health services or social or career opportunities. Nor should it determine whether they are more likely to suffer from a chronic illness like diabetes or asthma.”

The Initiative’s current focus is raising scholarship funds for college-bound high school students (or recent high-school graduates) who are from historically underrepresented racial and ethnic groups and pursuing careers in nursing, STEM, and public health/public service fields. The Initiative recently held its inaugural scholarship brunch and awarded scholarships to students attending Northern Virginia Community College, pursuing careers in STEM and public health. They will be sourcing candidates to award for our Nursing Scholarship in the spring of 2020.

“As we grow,” says Wilson, our continued work in this space involves mentorship of scholarship recipients and the development of two programs. The first is a career awareness program to provide students with early exposure to career fields where racial and ethnic minorities have been historically underrepresented. The second is a job readiness program to promote economic self-sufficiency through empowerment with the life skills needed to obtain and keep a job.

Dr. Wilson is a VNA member, VNA/VNF board member, and healthcare leader in the greater Washington, DC metro area. She is the May 2016 recipient of the Washingtonian’s Excellence in Community Nursing Award for non-hospitals. Dr. Wilson holds a master’s degree in public administration from Seton Hall University and a doctor of nursing degree from Johns Hopkins University.

For more information, visit thewilsoninitiative.org.
You Take Good Care of Others!

How Well Do You Take Care of Yourself?

Sean Leary, Ed.D.

Sean Leary studies issues related to organizational leadership, including engagement, wellness, and culture. He is a program director at South University, where he has been teaching since 2010.

What you do in your time off affects how well you perform at work. Not adequately recovering from work in your leisure time can damage your work performance and lead to burnout, and beneficial activities like leisure-time physical activity and sleep can improve your work performance and prevent burnout.

As a working nurse, you may at times sacrifice your own needs to take care of others, and times of medical crisis can require even more of you. So how well do you take care of yourself in your time off? My research has shown it’s likely not too well. Virginia nurses aren’t getting enough leisure-time physical activity or sleep and are likely suffering the consequences. The chances are, as you’re reading this, you’re feeling fatigued, or maybe even exhausted. Maybe your head is feeling a little foggy and you’re having some trouble concentrating. You may think that’s just the way it is for nurses. But nurses who don’t get what they need in their leisure time put themselves, their organizations, and their patients at risk, and you and your organization can do something about it.

The Problem

Nurses experience high workplace demands on their personal resources, such as their energy, concentration, and emotions. When the need for recovery from demanding work demands is not met, over time nurses may emotionally withdraw from their work and progress from short-term fatigue to a state of long-term emotional exhaustion called burnout. A long-standing definition of burnout, introduced by Maslach, Jackson, and Leiter in 1997, is a state of emotional exhaustion, cynicism, and reduced professional efficacy. It can result in both mental and physical health problems. Nurse burnout has the potential to be dangerous. Among nurses, a culture of exhaustion is ill-conceived considering the potential consequences of nurse error.

Sufficient recovery from work during time off can help nurses feel restored and ready for work, but Virginia nurses aren’t getting enough of it. Both nurses and their organizations must make it a priority. First responders know they must ensure their own safety before they can safely serve others. That principle applies more broadly to nurses who must care for themselves before they can adequately care for their patients.

Leisure-time physical activity and sleep are two beneficial recovery activities needed for sustained nursing performance. However, in my research on the leisure-time activities and engagement of Virginia nurses, insufficient levels of leisure-time physical activity and sleep were widely reported. Sixty-eight percent of Virginia nurses don’t get enough physical activity in their leisure time, and more than half of Virginia nurses don’t get at least seven hours of sleep in 24 hours. Not only are the majority of Virginia nurses not getting what they need in their leisure time to perform at their best, it may be contributing to burnout among Virginia nurses.

While nurses may get physical activity at work, workplace and leisure-time physical activity are not equal. Leisure-time physical activity has been associated with increased health and wellbeing, which is not always true for workplace physical activity. In fact, Henwood, Tuckett, & Turner found that low leisure-time activity and high workplace activity among nurses was associated with anxiety, depression, and a general lack of wellness.

What Can Be Done

The responsibility for creating a healthy lifestyle for nurses is shared between the nurses themselves and the healthcare organizations who must promote the performance of the nurses they rely upon to care for their patients. What can nurses and organizations do to help prevent nurse fatigue and burnout, restore nurses to a state of full work capacity and readiness, and cultivate a culture of health, wellness, and sustainable engagement? Ensuring sufficient leisure-time physical activity and sleep are good places to start.

So what is a sufficient amount of leisure-time activity? The US Department of Health and Human Services recommends exercising at least 150 to 300 minutes of moderate-intensity physical activity or 75 to 100 minutes of vigorous-intensity physical activity per week, or some comparable combination of the two. During moderate-intensity physical activity, participants should sweat, and their breath should significantly quicken. During vigorous-intensity physical activity, participants should quickly break a sweat, and they should not be able to speak more than a few words without pausing for breath. Activities that strengthen the major muscle groups should also be performed on at least two days a week. But nurses shouldn’t let an inability to meet the guidelines discourage them from fitting in the physical activity they can. Nurses should choose leisure-time physical activity that they want to do, something they enjoy and feel good about afterward, and make it a regularly occurring part of their lifestyle. Nurses should look for any opportunity to add enjoyable leisure-time physical activity throughout the day, and every little bit counts and helps to achieve a healthy lifestyle.

If nurses must exercise, they must also rest. For nurses, sufficient sleep and leisure-time physical activity and sleep in a beneficial cycle, each amplifying the other’s benefits: getting some exercise can help promote a healthy amount and quality of sleep, and Nägel and Sonnentag found that sufficient sleep enhanced the ability of exercise to renew personal resources and reduce emotional exhaustion.

Ensuring sufficient leisure-time physical activity and sleep, there are some guidelines nurses can use to build other beneficial leisure-time activities into their lives as part of a deliberate approach to achieving a healthy, sustainable work-life balance. Sonnentag and Fritz established four positive leisure-time recovery experiences: psychological detachment from work, relaxation, mastery, and control. Among these, psychological detachment from work is particularly important for recovery to take place. Nurses should make time for enjoyable leisure-time physical activity.
activities that allow them to take their mind off work. For instance, a social activity such as going out to eat with friends can be a great leisure-time recovery experience as long as the dinner conversations involve something other than complaints about work.

While organizations have a responsibility to promote the performance of their nurses, they need not be intrusive or coercive in nurses’ leisure-time. Organizations could instead take on a supporting role and provide opportunities that promote a healthy lifestyle for any employee who wishes to take advantage of them. For instance, rewards systems can be designed that are equitable, providing the same opportunity to participants regardless of their current level of fitness, whether they are a beginner or advanced, young or old. Work life could be structured to reduce the risk of burnout, particularly in consideration of shift work. Resources such as time and facilities could be used to promote healthy recovery activities. And workplace training and education programs could communicate the need for recovery and its benefits. Organizations that provide support for the recovery of their nurses could benefit from reduced turnover and a staff of well nurses who are ready to engage with their work.

A holistic view of the life of a nurse is needed to truly understand how to promote personal and organizational performance. Nurses and their organizations may need to ask themselves: Does structuring work life and culture in a way that notoriously produces high levels of burnout make sense in a field with such severe consequences for error? Or would we do better to prioritize the wellness of nurses so that they can take better care of their patients?

**Final Thoughts**

Good self-care is good patient care. When you feel run-down with much left to do and not enough personal resources left for it all, what are the first things to go? Do you sacrifice sleep and exercise to fit in all the rest? These are the very things that will make you your best. They will give you more energy and brighten your mood when it’s time to be present for your loved ones. They will provide you with the personal resources you need when it’s time to engage with your work and take care of your patients. And they can become a part of a healthy lifestyle you find enjoyable and satisfying. Take control and plan some enjoyable leisure-time activities. You might try replacing some sedentary leisure time spent on social media with a walk with friends, scheduling a family hike, or reducing your evening television to add an hour of sleep. Find your own opportunities and start small. In the long run, your friends, family, and patients will appreciate you for it.

**References**


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

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There is increasing interest and engagement among the nursing community around environmental matters that influence human health, such as climate change. Nurses are trusted health professionals and make up nearly 40% of the healthcare workforce, serving as catalysts of change in their institutions and practice settings.

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

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

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

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

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

Furthermore, the CHANT: Climate, Health, and Nursing Tool 2020 is now available. CHANT is 10-minute voluntary survey asking respondents about awareness, motivation, and behaviors related to climate and health. Nurses and other health professions are encouraged to take the survey every year. Access CHANT here: http://bit.ly/3ryF009. Learn more and join the Nurses Climate Challenge by visiting nursesclimatechallenge.org.
Nurse Practitioners (NPs) are expected to help fill the gap between primary care demand and clinician supply in the US. In order to meet these demands, advanced practice registered nurse (APRN) programs must be able to recruit and educate registered nurses in adequate numbers in order to meet primary care workforce needs. It is widely known among US schools of nursing that enrollment in APRN programs is limited by the lack of availability of sufficient numbers of clinical preceptors, who work with students in the practice setting. These experienced clinicians are crucial to the education and training of nurse practitioner students and are essential to the mandated clinical components necessary for licensure and practice nationwide. A variety of barriers to the recruitment and retention of preceptors have been reported, including the demands of clinical practice, lack of available infrastructure support, competition for slots from schools of medicine and other health professions, and lack of remuneration. Additionally, increasing regulatory requirements and growing demand for their services is making it more difficult for practitioners to volunteer their time to educate students.

One of the ways schools of nursing have chosen to address this problem is to incentivize APRN preceptors by offering direct compensation. Another method used to recruit and retain preceptors is by promoting and facilitating utilization of state tax incentives for preceptors. Georgia, Massachusetts, Colorado, Hawaii, Maryland and South Carolina are among the states that have established tax incentive programs through legislative initiatives.

In order to assess the need to pursue APRN preceptor incentive policy here in Virginia, the Virginia Nurses Association (VNA) surveyed all Virginia Association of Colleges of Nursing (VACN) member schools that offer APRN degree programs. Virginia has seven public and nine private colleges and schools of nursing that offer APRN degrees. They offer an array of APRN programs:

- 5 Adult/Gero NP
- 15 Family NP
- 8 Psychiatric Mental Health NP
- 4 Midwifery
- 2 Neonatal NP
- 2 Clinical Nurse Specialists (CNS)
- 1 Certified Registered Nurse Anesthetist (CRNA)
- and 7 BSN to DNP programs with NP certification.

The survey revealed that each of the responding schools are currently experiencing a shortage of preceptors for APRN students and are being forced to limit enrollment of students based on the lack of available clinical preceptors. Only two responding nursing schools currently offer direct compensation, though some proprietary schools compensate preceptors, increasing the competition for a limited number of clinical opportunities, and making it more difficult for Virginia’s schools to graduate APRN students.

Armed with this information, VNA drafted an APRN Preceptor Incentive Program policy brief and began identifying and developing stakeholder support for pursuing this legislative initiative. The Virginia Council of Nurse Practitioners (VCNP) and the Virginia Hospital & Healthcare Association (VHHA) among others, strongly supported moving forward with the initiative. Through our research, we learned that the Virginia General Assembly (GA) has been disinclined to favor new tax credits in recent years and that a grant or scholarship program would be more acceptable. Additionally, increasing regulatory requirements and growing demand for their services is making it more difficult for practitioners to volunteer their time to educate students.

Anticipated Impact:

- To save 600 over Verizon, they have to get promo pricing to save so new-line is req.
- VNA subsequently worked with Senator George Barker (D) and Delegate Cliff Hayes (D), to introduce general fund budget amendments, which obtained approval by both chambers of the GA and the governor. Virginia-based public and private, non-profit schools of nursing would be eligible for $1 million ($500,000 in each year of the biennial budget) in funding for APRN preceptor initiatives. The Virginia Department of Health (VDH) was designated as the overseeing agency and will collaborate with VNA, VHHA, the State Council of Higher Education (SCHEV) and other stakeholders, to develop and administer the Nursing Preceptor Incentive Program. You can view the full description of the program at https://tinyurl.com/vgugoy8.

Unfortunately, due to rapidly declining state revenues resulting from the Covid-19 pandemic, Governor Northam is freezing all new spending during the biennium. Funding for this preceptor incentive program is still included in the budget but is frozen until the governor and legislature feel more comfortable about revenue forecasts and release those funds. That could happen this summer or fall, or it might not happen until the 2021 session.

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Anticipated Impact:

- According to the schools surveyed by VNA, a total of 358 additional APRN students could be enrolled annually if sufficient numbers of preceptors would accept. As an example, in a Virginia school of nursing where 75 students were enrolled in an APRN program, increasing the number of preceptors would allow 25 additional students to be enrolled, which in turn would increase the number of APRN graduates annually.

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Successful candidates will possess the following qualifications:

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- 15 Family NP
- 8 Psychiatric Mental Health NP
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- 2 Neonatal NP
- 2 Clinical Nurse Specialists (CNS)
- 1 Certified Registered Nurse Anesthetist (CRNA)
- and 7 BSN to DNP programs with NP certification.

The University of Lynchburg is seeking a faculty member for the fall of 2020, tenure-track Assistant/Associate Professor of Nursing in Nursing Practice, to begin in Fall 2020. Instructional responsibilities include pediatric nursing and research for an undergraduate nursing program. Additional responsibilities include participation in curriculum and course development, advisement and recruitment, ability to teach a variety of courses in a diverse and inclusive community; under-represented groups are encouraged to apply. Preference will be given to candidates with experience working with a diverse and inclusive student body.

Successful candidates will possess the following qualifications:

- Licensed or eligible for licensure as a Registered Nurse in the Commonwealth of Virginia (Virginia licensure is expected within 1 year of employment)
- A minimum of three years teaching experience must have specialization in pediatrics and teaching undergraduate nursing research
- Must have earned a terminal academic degree (PhD or DNP), if terminal degree is not in nursing must have a Master’s in Nursing
- Work independently and coordinate work with colleagues and peers
- Experience with online, face-to-face teaching and different learning management systems
- Preferred qualifications of candidates include:
  - Board certification as a CNRN or other pediatric certification
  - RN-BC or CCRN certification
  - Three years experience as a preceptor/practice preceptor at a Magnet level
- Salary and rank are commensurate with experience and academic qualifications.
- Pass a background check that is satisfactory to the University.

Salary and rank are commensurate with experience and academic qualifications. Candidate must pass a background check that is satisfactory to the University.

EOE.
Title VIII Funding Necessary to Improve Diversity in Nursing

Emily Drake, PhD, RN, FAAN, Professor, Dept. of Family, Community & Mental Health Systems, University of Virginia School of Nursing

Abstract

The lack of gender diversity in nursing is a problem. Fewer than 20 percent of nurses in the U.S. are male. This article describes the historical background, discusses implications for patient care, and presents potential solutions to the dearth of male nurses within the context of a nursing shortage. The benefits of diversity and inclusive learning are well-documented and can increase success for all students, reduce health disparities, and better meet the needs of the communities we serve. Recommendations include emphasizing a new image of nursing, increased sensitivity, and a call for additional funding to help recruit a broader and more diverse student population. Schools of nursing must take the lead to increase the pipeline of male nurses.

Keywords: gender; diversity; nursing; workforce; shortage

Introduction

The Institute of Medicine, World Health Organization, ANA and other organizations have all called for increased gender diversity in nursing. The Institute of Medicine (IOM) Future of Nursing Report: Campaign for Action, recommends increasing diversity in nursing; and in their follow-up report, they noted small but modest change (NAS, 2017). For nursing schools and nursing students, the benefits of diversity and inclusive learning have been documented and can increase success for all students, reduce health disparities, and better meet the needs of the communities we serve (Glass et al., 2014). Nurse educators are presented routinely with opportunities to acknowledge to their students, and patients the importance of gender identity (Kellett & Fitton, 2017). Such faculty acknowledgment can lead to increased quality of care provided to future patients of all genders and orientations and can make our environment more welcoming to a gender diverse student body (Golden, 2018; Hodges, et al., 2017; Powers et al., 2018).

Broader Economic Forces

Broader economic forces may well be underlying the increase in gender diversity in nursing. The Washington Center for Equitable Growth, a think tank focused on economic issues, analyzed why the proportion of men in nursing has changed over time. These researchers attribute long-term economic factors to the growth of men in nursing, such as increased automation, the financial crisis of 2008 and the subsequent pressure on traditionally male-dominated workforces, such as construction. They found that men become much more likely to enter nursing in their late twenties and thirties, and that flexible, “post-secondary” certification programs are an important factor in drawing men into the field. The availability of two-year degree programs and second-degree direct entry programs have had a positive effect on drawing men into the field. They find that men are now ten times more likely to choose a career in nursing than they were 40 or 50 years ago. They also find that men are earning more than women in the nursing profession; male nurses earn on average approximately $5,000 more than female nurses, even after adjusting for differences in age and education (Munnich & Wozniak, 2017).

Potential Solutions

One strategy for ending the gender disparities in our profession is to present a different cultural concept of who nurses are, emphasizing the visibility of nurses of all gender identities. The low percentage of men in nursing is in part a reflection of societal views that nursing is only a women’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, since the norms reflect underlying assumptions about what roles and activities are appropriate for different gender identities. Although these deep-seated misperceptions are entirely unsupported by evidence, they create the most substantial barrier to increasing gender diversity in nursing. The Washington Center for Equitable Growth, a think tank focused on economic issues, analyzed why the proportion of men in nursing has changed over time. These researchers attribute long-term economic factors to the growth of men in nursing, such as increased automation, the financial crisis of 2008 and the subsequent pressure on traditionally male-dominated workforces, such as construction. They found that men become much more likely to enter nursing in their late twenties and thirties, and that flexible, “post-secondary” certification programs are an important factor in drawing men into the field. The availability of two-year degree programs and second-degree direct entry programs have had a positive effect on drawing men into the field. They find that men are now ten times more likely to choose a career in nursing than they were 40 or 50 years ago. They also find that men are earning more than women in the nursing profession; male nurses earn on average approximately $5,000 more than female nurses, even after adjusting for differences in age and education (Munnich & Wozniak, 2017).

Standard language defining nursing perpetuates a cisnormative gender binary, implicitly excluding those who do not fit neatly into traditional male or female identities. Although these deep-seated misperceptions are entirely unsupported by evidence, they create the most substantial barrier to increasing gender diversity in the nursing profession (Ellison, 2017). Be sensitive about photos, case studies, examples, and pronouns used so that all feel welcome. The Association for Men in Nursing (AAMN), a subcommittee of the American Nurses Association, seeks to recruit and retain men in nursing (AAMN, 2013). Their goals include changing the female-dominant image of the American nurse and increasing opportunities for men in nursing. In 2002, Johnson & Johnson launched a multi-year $50 million Campaign for Nursing’s Future. The campaign’s focus was to enhance the nursing profession and recruit new nurses and faculty, and to retain nurses in the profession (Johnson & Johnson, 2016). The campaign includes several initiatives: a scholarship, grant, and fellowship funding; commitment to recruitment resources; and changes in social media. In 2011, the campaign released three television commercials that showcase real nurses, including a male nurse, in the emergency room, hospice care, and pediatric clinical settings. The commercials were awarded a prestigious Silver Effie award and have been credited with successfully motivating more young people to consider nursing as a career (Auerbach et al., 2011). More nursing recruitment campaigns should aim to promote nursing as an impactful and gender-neutral profession.

Legislative action and funding needed

In 1964 Congress passed the Nursing Training Act (P.L. 88-851) as the first legislative response to the nursing shortage (LOC, 2005). This act established comprehensive federal support for programs aimed at developing and sustaining.
The nursing workforce under Title VIII of the Public Health Service Act. Subsequent authorizations of this act have successfully addressed historical nursing shortages, providing opportunities to train individual nurses and for institutions to increase the nursing workforce. Current versions of this bill, which remain stuck in Congress, support nursing schools, provide grants to increase the size and gender diversity of the nursing workforce, and include loan repayments and scholarships for nurses and nursing faculty. (HR.959/SS.1109, 2017-2018; H.R.728/S.S.1399 2018-2019; H.R.728 Nursing Workforce Reauthorization Act of 2019). This type of legislation is important to facilitate the recruitment, retention, and supply of nurses to meet the demands of healthcare providers who will be dealing with unprecedented changes to the healthcare delivery system.

Call To Action

Action is needed to address the gender imbalance in nursing as a part of a broader surge in funding for nursing schools and the recruitment of a larger and more diverse student nurse population in order to address the worsening healthcare provider shortage. As nurses, we are ethically obliged to advocate for improvement in our profession, and gender diversity would improve our ability to provide quality patient care. Given the enormity of the current nursing shortage, and the likelihood that this shortage will persist for years, we can ill afford to pass up any qualified nurse candidate. The call must be put to all who feel the human impulse to provide care and advocate for nurses so that we can make a profession to these future nurses feel welcome, regardless of gender identity, race or class.

References

National Nurses Week typically begins each year on May 6, with a full week of activities, discounts, celebrations and more in honor of our nation’s nurses. Nurses Week usually culminates on May 12 in honor of Florence Nightingale’s birthday, the pioneer of modern nursing - and this year she turns 200!

This year, the American Nurses Association (ANA) has extended Nurses Week to include the full month of May, and the Virginia Nurses Association couldn’t be more excited to celebrate! Though we advocate for nurses every day, we have been taking special care during this month to spotlight the incredible and sometimes unsung work of nurses. We have been highlighting nursing across the commonwealth, compiling discounts and gifts for nurses, and posting updates on all things nursing in Virginia on our Nurses Month page and on social media.

Most importantly, we are sharing the amazing work nurses are doing with the general public.

If you or your facility had or has planned an exciting Nurses Month event, please share your celebrations with us!

We’d love to know more about your:
- Florence Nightingale 200th birthday anniversary celebrations
- Nurses Month celebrations
- Nurses in action
- Donations & gifts from the community for nurses

You can share the photos on Facebook, and tag us @Virginia Nurses Association, or on our Instagram, @virgnianurses. You can also send photos of your celebrations and events to VNA Communications Coordinator Elle Buck, at ebuck@virginianurses.com.

Make sure to frequently check our Nurses Month webpage for updates, resources, and nurse spotlight! And don’t miss our discount guide, where we have compiled more than 50 discounts and freebies available for nurses during May.

www.virginianurses.com/page/nursesmonth

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- Virginia Nursing License required, as certified by the Virginia Board of Nursing

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5 Action Steps for Helping Someone in Emotional Pain

In 2017, suicide claimed the lives of more than 47,000 people in the United States, according to the Centers for Disease Control and Prevention (CDC). Suicide affects people of all ages, genders, races, and ethnicities. Suicide is complicated and tragic, but it can be preventable. Knowing the warning signs for suicide and how to get help can help save lives.

Here are 5 steps you can take to #BeThe1To help someone in emotional pain:

1. ASK:
   “Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

2. KEEP THEM SAFE:
   Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

3. BE THERE:
   Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

4. HELP THEM CONNECT:
   Save the National Suicide Prevention Lifeline’s number in your phone so it’s there when you need it: 1-800-273-TALK (8255). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5. STAY CONNECTED:
   Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

For more information on suicide prevention:
www.nimh.nih.gov/suicideprevention
www.bethe1to.com
“Those who contemplate the beauty of the earth find reserves of strength that will endure as long as life lasts” (Carson, 1956).

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 beach and set them on their desks or shelves or nurture potted plants 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 recognition of an individual smallness that calls them 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.

Wilson (1984) called this magnetic pull for a close connection with other forms of life “biophilia.” Neuroaesthetics scientist Nancy L. Etcoff (as cited in Pak & Reichsman, 2017) believed the draw and benefits of affiliating with nature’s beauty is part of our evolutionary design. But does time in nature or time in nature’s beauty have healing effects? Can time in nature or in Pak & Reichsman, 2017) believed the draw and benefits of affiliating with the sick and the dying. Environment is rapidly growing, especially in response to the increased time spent inside 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 large horizons as those found at the ocean or in the mountains.

Research

The good news is the benefits of time in nature and time with nature doesn’t have to take someone far from home or days of the wilderness. In the Bratman, Daily, Levy, and Gross (2015) study, sixty participants were randomly assigned to either a 50-minute walk in a natural or an urban environment in and around San Francisco, California. The natural walk group resulted in 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.

Hunter, Gillespie, and Chen (2019) conducted an eight-week study on stress reduction as measured by saliva cortisol. The researchers allowed their 36 participants to “choose the time of day, duration and place of their Nature Experience [NE]” to match more of our ever-changing and unpredictable schedules. NE was defined “as spending time in an outdoor place that brings a sense of contact with nature, at least three times a week for duration of 10 minutes or more.” (Hunter et al., 2019, p.722). The researchers found an NE of twenty and thirty minutes offered the most benefit to the study participants. A six-week intervention comparing the effect of critical care nurses taking their breaks indoor only or in the hospital garden showed “significantly reduced emotional exhaustion and depersonalization” for the garden break-time group (Cordova et al., 2018).

The systematic review by Byeongsang et al. (2017) on the practice of Shinrin-Yoku, Japanese for Forest Bathing, showed benefits for all ages, from the healthy young college student to the elderly with chronic illness.

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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 in Amherst. She is a Nationally Board Certified Advance 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. Jackie has 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 National Board Certified Advance 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: Restoring for Ease the 7-lesson online mindfulness program for health professionals and Medicine Walks 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.

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Indoor Nature Exposure

Because people spend so much time indoors, spaces that include naturescapes are growing in popularity and in recognition of their health benefits. DuBose et al. (2018) explained that according to the Samuelian Institute, qualities that enhance an indoor nature experience include:

Spaces that evoke a sense of cohesion...and [have a] homelike quality...and...[are] slower-paced...[induce] relaxed 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 and 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 days 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 relationships.

References:


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