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, BSN, 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 interdisciplinary 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 Earley shared his personal story about his son Mike, who was declared mentally ill and thrown into the justice system called the criminal justice 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, spoke about 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 reduce 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 severe mental illness or mental health need or they demonstrate symptoms leading to a diagnosis consistent with mental illness.

The offender must agree and be willing to participate in the required meetings with a probation officer and the clinician who will supervise the individual’s behavior, treatment, and medication compliance. The offender must also adhere to recommended actions to promote and encourage stabilization. The goal is to prevent a 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 use the Mental Health Roundtable Behavioral Health Docket of meeting with a probation officer and an assigned clinician who will supervise the offender’s medication, treatment, and medication compliance along with recommended actions to promote and encourage stabilization. This program is grant funded, limiting the number of participants to 10.

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 trial or to be tried in the circuit court. Behavioral 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 severe and violent offenses that are excluded from 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 avoiding trial or in a non-trial disposition 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 docket programs 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 1 in 17 has 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 a dog barking. It is important to recognize police officers are trained to uphold the law and have specific tools like pepper spray, a taser, handcuffs and a gun. They are not the tools required for the complaint or issue.

Sgt. Waite explained that recently police officers have been called to a home while in the academy and were directed to follow state mandates and focus on de-escalation, but there was little instruction or tools to handle a mental health call. To equip officers with mental health calls requires greater instruction; something which different jurisdictions have worked to provide. The Richmond Police Department provides an eight-week
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 health care. 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/handover/portfolio/stackable credits for graduates. In addition to this work, we are preparing for the launch of our year-long Nursing 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 Nurse Staffing and Workforce Group, our team will work correspondingly and collaboratively with this group to assist in meeting its established goals.

The Infrastructure Design & Implementation Workgroup supports the previous workgroup by focusing on the standardization of processes of clinical placement; establishing preceptor as well as student nurse toolkit resources aimed at enhancing clinical experiences; and engaging representatives from academia and hospital settings across each geographical region as well as representatives from the Virginia Hospital & Healthcare Association, nursing students, and practicing nurses to provide needed insight into areas of opportunity. The third area of focus includes the construction of a model of nursing progression at the point of care as a means to enhance nursing satisfaction, retention, and elevate quality care provision. These are all focal areas for VNAs workgroup; and members will continue to engage in this group as needed to support these efforts.

The Nurse Staffing & Workforce Workgroup, originally convened by VNA in early 2019, will focus its efforts on ensuring that diversity exists in the workforce and mimics the populations being served. With the support of the new VNA/VNF Diversity, Equity & Inclusion (DEI) Council, the group is working to create goals and strategies targeted at meeting the needs of the populations of care. Other members of the triad are also contributing to this work.

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!

HB471 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 voluntary 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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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
For only $15 a month, you can become a member of both the Virginia Nurses Association and the American Nurses Association, with double the benefits. Go to joinana.org to sign up today!

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The World Health Organization (WHO) declared 2020 the Year of the Nurse and Midwife. We are spotlighting different nursing specialties throughout the year as part of our celebration.

Maternal Child Health (MCH) nurses are often public health nurses who work with pregnant or postpartum women, and families with newborn infants or young children. These nurses devote their lives to caring for mothers and children by giving lifesaving immunizations and health advice and are often the first point of care in their communities. Examples of MCH nurse positions include maternity nurse, lactation nurse, mother/baby expert, postpartum nurse, labor and delivery nurse, and many more.

Fairfax resident and VNA member Dena Carey, BSN, BS, RN 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 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 envelops 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 outpacing 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/qto2zm5. For questions, contact VNA Communications Coordinator Elle Buck at ebuck@virginianurses.com.

References

Have questions or would like to request more information about a specific nursing position? Send all inquiries to: Health-Recruitment@vadoc.virginia.gov
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 Skarbeck 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:

Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the organization.

Elements of Performance for LD.03.01.01

A 4. 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 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 adding “nurse staffing”, 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 nurses revealed that leaders/managers weren’t intervening with problem employees. Dellesaga (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 morale, retention and patient outcomes. Hence, it is dedicating this year’s fall conference, “Ending Incivility, Bullying, & Workplace Violence,” September 25-26, to exploring workplace violence in every form. Please learn more at https://virginianurses.com/page/FallConference.

Professional nurses

In our survey, Virginia’s nurses asked to be heard. They wanted 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.

References


Virginia Nurses Today | www.VirginiaNurses.com
Phelps was recommended for the board by the Virginia Association of Community Psychiatric Nurses (VACPN) 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 seriously 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 VACPN 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. 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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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
Fall Conference Keynote Presentation - Diane Salter
Cultivating a Healthy Workforce by Addressing Disruptive Behaviors
This powerful keynote presentation delivers practical, real-world solutions that empower healthcare employees to recognize disruptive behaviors, develop the skills needed to confront and eliminate the behaviors, and transform their unit into a nurturing, supportive, and professional environment. A book signing will occur after this event.

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)
hour mental health first aid course taught by an instructor that has attended a five-day training to be able to teach the course. There is now an effort to provide Crisis Intervention Team Training (CIT), a program that started in Memphis but is adapted to the officer’s jurisdiction. In the CIT program, officers respond to situations that are actual scenarios they could experience, then review their actions and get immediate feedback. CIT covers a broad range of mental/behavioral health they may experience and need to de-escalate, such as those involving addiction, suicide, mental health disorders, medications, and cognitive disorders among others. Sgt. Waite noted that CIT training for officers can be challenging since their basic police training is more aggressive. In CIT training it is key for officers to introduce themselves and get the name of the individual they are trying to help; something that is uncommon for police officers, yet personalizes the situation and establishes a relationship. As Sgt. Waite shared, it is difficult for officers to switch gears from “enforcer to counselor or therapist, and to show compassion and empathy while using a different kind of language.”

Sgt. Waite outlined the processes that officers can follow as they work to de-escalate a situation and take an individual into custody. An Emergency Custody Order can be issued by the magistrate if requested for eight-hour custody for the protection of the individual. The individual remains in custody until they can be seen by a Richmond Behavioral Health Authority (RBHHA) crisis worker who determines if the individual can be released or requires further treatment. If it is determined that additional treatment is required, a Temporary Detention Order (TDO) is issued requiring the individual to remain in custody until they can be transitioned to a bed at a mental health facility or state hospital. There are inherent challenges in caring for an individual with TDO status such as: where an individual is held, the need for a physician to prescribe required medications, getting medical clearance for transfer, and ultimately finding a bed in a state hospital or mental health facility. According to Sgt. Waite, it is not uncommon for a police officer to sit with an individual for 10-24 hours and then be responsible for transport to a hospital that is up to 100 miles away, as much as a 284-mile drive. The process requires manpower and resources that can be critically short.

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 early treatment. The Mental Health Roundtable participants heard from Lisa Ferguson, BSN, RN, the health services administrator at the New River Valley Regional Jail, who began by sharing that jails are the largest providers of inpatient mental health services. In 1797, Warren Thomas Eddy established the first prison hospital and pharmacy. In the 1800s, nurse Dorthea Dix was a strong advocate for the mentally ill and tried to reform the government to implement changes in the treatment of the incarcerated. It wasn’t until 1976 that the Supreme Court in Estelle v. Gamble “established healthcare as a constitutional right for U.S. inmates based on the Eighth Amendment prohibiting cruel and unusual punishment.” As Ms. Ferguson indicated, we’ve come a long way but we have a long way to go. She gave the group some concerning statistics, including the fact that an individual taken into custody with a mental health issue is nine times more likely to be incarcerated than hospitalized, primarily due to the lack of beds and funding for inpatient mental healthcare. She also shared that 25% of those in the criminal justice system today have serious mental illness. The cost is also very high. “In 2017 incarcerating people with serious mental illness cost the US government 880 billion and the states 871 billion. It is also documented that individuals with mental illness spend four to eight months longer in jail than someone without a mental illness for the same charge, primarily due to the fact that those with mental illness are not model prisoners, and in general prisoner housing they get bullied and fall into even more trouble.”

Ms. Ferguson shared some data related to the New River Valley Regional Jail that has an average daily population of 906 inmates:

- Mental Health has seen 191 patients
- Psychiatry has seen 48 patients
- Medical NP has seen 32 mental health patients
- 535 patients are on psych medications
- 656 psych medications were filled
- 89,538.13 was spent on psych medications
- 59% of the jail population is currently taking some type of psych medication

All new inmates are seen by a nurse who does a medical screen, mental health screen, and physical assessment within 72 hours of arriving. The medical staff includes an APRN five days a week, a physician four hours a week, and two licensed clinical social workers and a psychiatric nurse practitioner who comes in 16 hours a week. Meeting the needs of high risk inmates is challenging for staff. They also struggle with determining if 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, a restraint chair, suicide watch, 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 the TDO. Some of the safety measures 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.
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Process Driven Care for Psychiatric Emergencies
At SSG Truck and Logistics, 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 set the stretcher mattress on fire. The immediate thought was patient safety, then 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 her 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, Access, Availability & Appropriateness of Care), contact Virginia Nurses Foundation CEO Janet Wall, jwall@virginiannurses.com

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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 legislation, especially breaking down barriers of communication allowing for the correctional facility to get information and records without waiting for signed releases, which would take days and weeks to get for needed information. There is also a plan for therapeutic housing, specific housing designated for the mentally ill. This would be 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 recvivism by contacting 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.

The final case study involved a 52-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 medication, or the family is truly dysfunctional 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.

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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. So why do new nurses feel so underprepared? Well the biggest change I have encountered in the transition from nursing student to registered nurse is my motivation and purpose. As a student nurse, the purpose behind going to class, finishing papers, meeting deadlines, and even caring for patients in the clinical setting is to get a passing grade. 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 care for another person as if they are your family. 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.

The mindset of a registered nurse is one that cannot be taught, only learned from experience. I quickly learned that communicating difficult medical diagnoses to families, instilling hope in a depressed patient, and holding the hand of a dying patient are not skills that are learned in a textbook. We do not consider the realities of life encountered in the transition from nursing student to registered nurse. 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.

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Nurses are selfless. The mindset of a registered nurse 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 governmental agencies that are responsible for protecting the public’s health and welfare by overseeing and ensuring the safe practice of nursing. In all 50 states in the United States are collectively responsible for outlining the standards for safe nursing care and issuing licenses to practice nursing. Each board must continue to monitor license holder compliance and enforce the Nurse Practice Act, which states all nurses must comply with the law in order to maintain their licenses. The Nurse Practice Act also details qualifications for licensure, nursing titles that are allowed to be used, scope of practice, and actions that can or will happen if the nurse does not follow nursing law. BONs are typically comprised of nurses themselves with decades of professional experience.

BONs have been front and center during the COVID-19 pandemic. They are under tremendous strain during this time to ensure that enough nurses are being properly licensed to enter into the workforce. The Virginia BON is also hard at work issuing temporary waivers to various regulations during the declared state of emergency, and the board is working to adapt to the current shortage of nurses and resources. Featured here are two BON members who are everyday healthcare heroes before and after COVID-19.

Virginia BON member
Dr. Ethlyn McQueen-Gibson, DNP, MSN, RN-BC serves as an associate professor at Hampton University’s School of Nursing. There, she helped to develop the Magna Carta School for Geriatric Excellence that focuses on building partnerships and collaborations to serve as a comprehensive resource for older adults and their families through workforce training, community education and outreach, and community-engaged clinical research and service. She was appointed to her four-year BON term by the Governor of Virginia, effective 2017-2021.

Dr. McQueen-Gibson pursued the BON position to help bring awareness of diversity on the board. “It is so important that those making decisions regarding the safety and well-being of the public, truly are representative of the public,” she says. “I think it is also important for the BON to have members actively teaching and working in the field.”

Dr. McQueen-Gibson holds a Doctor of Nursing Practice degree from Ursuline College in Cleveland, OH, a Master of Science degree in nursing from the Medical College of Georgia in Augusta, GA; and a Bachelor of Science degree in nursing from Ursuline College in Cleveland, OH. She has practiced nursing for more than 35 years, including clinical and administrative positions, and is a veteran, having served as a commissioned officer in the U.S. Army Corps Nurse on active and reserve duty.

Dr. McQueen-Gibson explains that her favorite part of being a BON member is meeting the licensurees. “It has been so gratifying to meet them: RN, LPN, CNA, RMA and massage therapists. They all have a story and learning why they chose a career field in healthcare has been inspiring,” she says. “It always helps to hear their personal stories as we, the board, review why they are sitting before us. It has also been gratifying to meet the students who come from various educational programs, new graduates, and advanced degree students and help them better understand the role of the BON.”

Dr. McQueen-Gibson was also appointed by the governor to a role with the Governor’s Volunteer Services to serve on the Federal Advisory Council to Support Grandparents Raising Grandchildren for a term lasting 2019-2022. She serves as a board member for the Central Virginia’s American Diabetes Association, the American Heart Association (Mission Committee), Southern Gerontological Society, Doctor of Nursing Practice Commission, and serves on the Community Free Clinic of Newport News.

A significant challenge of sitting on the BON is that being in a full-time volunteer role takes time away from her primary role as a college educator. “Most people do not realize that the role is ‘volunteer’ and that our BON members come from across the Commonwealth of Virginia,” she points out. “Many people do not realize the time and commitment to review multiple cases.”

Not sure how to help healthcare workers and your community during the COVID-19 pandemic? The Virginia Medical Reserve Corps (MRC) is a large group of healthcare 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.

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.

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.

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.

Local, state and national response to terrorism attacks and disasters; providing staff support for medical services, emergency shelter and other services during a crisis; identifying sites for medications and vaccinations, disease investigations and environmental health efforts for food and human safety.

To become a VA Medical Reserve Corps Volunteer, please submit an application in the Virginia Volunteer Health System at https://www.vash.virginia.gov/mrc/. For more information on MRC, visit their website at http://www.vdh.virginia.gov/mrc/.
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 a clear sense related to flexibility and adaptability; have work experience that often transcends a variety of settings; offer new insight with a vast vision; possess a wide variety of skills and knowledge; and have a genuine passion for service—the perfect volunteer recipe.

From the days of Florence Nightingale, nurses have worked to serve those in need. Nurses are guided by values and ethical principles that make them a standout in society and perfect for the role of volunteer. Nursing as a profession, has long-since been rooted in volunteerism and supports reaching beyond health and wellness. This contributes to the literature of helping others and providing opportunities for social interactions with fellow volunteers while supporting an important activity in the community (Medical Reserve Corp [MRC], 2018). It also has a significant effect on your own health according to the Corporation for National and Community Service (CNCs). Those who volunteer have lower mortality rates, greater functional ability, and lower rates of depression later in life than those who do not (Corporation for National and Community Service [CNCS], 2018). These are the best ingredients. “Imagine a community—or a nation—in which everyone volunteered. Everyone would expand their skills and knowledge. Everyone would be healthier. And everyone would have a more meaningful life. This is a future we all can work towards” (MRC, 2018). This makes for an awesome dish.

About 62.6 million people volunteered through or for an organization at least once between September 2014 and September 2015, according to the Bureau of Labor Statistics (2015). Of those who volunteered, 11.3% supported collecting, preparing, and distributing food. Other top activities include tutoring and tutoring fundraising, and general labor activities. There are a little over 36,000 women volunteers. People with an advanced level of education were also noted as more likely to volunteer. Volunteers spent a median of 52 hours on volunteer activities during the period from September 2014 to September 2015 and contributed 7.9 billion hours of service (CNCs, 2018). The roles and responsibilities of volunteers vary. Each organization has a set of expectations for volunteers in most instances. Supporting and connecting the “ingredients” to ensure a successful partnership is pivotal to the volunteer role. The role of a volunteer should be clearly defined; benefits the volunteer will give and receive by performing the service should also be addressed. Often specific training is involved as well. It is best for nurses to volunteer in an environment that they are most comfortable in and most passionate about; this will in turn support dedication and motivation.

As a nurse volunteer, it is important that your role be clearly defined in an effort to address liability issues as well. The Volunteer Practice Act of 1997 was written for the purpose of “sustaining the availability of programs, nonprofit organizations, and governmental entities that depend on volunteer contributions by providing some protection from liability issues as well as support to volunteers serving nonprofit organizations and governmental entities” (Dewitt, 2003). The act states that no volunteer shall be liable for harm caused by an act or omission of the volunteer on behalf of the organization or entity if the volunteer meets stated requirements.

Considering opportunities to serve as a volunteer are often overshadowed due to the busyness of our personal and professional lives. This often proves as a limiting motivation factor. Some motivating factors for nurses to consider as a volunteer may include: meeting new people, continuing to grow new skills, feeling like a part of a group, and helping people (Dewitt, 2008). Nurses often seek a renewal and a way to reconnect with what led

Disclosures

• Nurses can earn 0.75 nursing contact hours for this continuing education activity.

• 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.

• Contact hours will be awarded for this activity until May 15, 2023.

Author Bio

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Dr. Dana Woody is an Associate Professor at Liberty University (LU) School of Nursing. She has been at Liberty University full-time since 2013. She is currently lead faculty for community-based nursing 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 student association on campus. She also currently serves as the Red Cross Community Voice, health literacy, evidence-based practice, resilience, and academic service learning partners on volunteer activities during the period from September 2014 to September 2015 and contributed 7.9 billion hours of service (CNCs, 2018). The roles and responsibilities of volunteers vary. Each organization has a set of expectations for volunteers in most instances. Supporting and connecting the “ingredients” to ensure a successful partnership is pivotal to the volunteer role. The role of a volunteer should be clearly defined; benefits the volunteer will give and receive by performing the service should also be addressed. Often specific training is involved as well. It is best for nurses to volunteer in an environment that they are most comfortable in and most passionate about; this will in turn support dedication and motivation.

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In recognition of Florence Nightingale’s 200th birthday, the World Health Organization has proclaimed 2020 the Year of the Nurse. Probiability® powered by Mercer. ANA achieved provider of Professional Liability Insurance, is honored to join in the celebration of nurses around the world! Thank you for all the care, support and advice you provide your patients!

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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...
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
- Expand the capacity and ability to respond to local health needs and
- Create a credentialed and knowledgeable team that is trained and ready to be activated during emergencies
- Promote and educate public health, safety, and healthy lifestyles
- Encourage health professionals and community members into local service and volunteering for the community (Virginia Department of Health, 2018).

Opportunities to volunteer include:
- Medical Surge
- Health Screenings
- Vaccination Clinics
- Public Health Outreach and Training (Virginia Department of Health, 2020).

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

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 popular catch phrase ‘Healthcare is a team sport’ has probably never resonated with leaders and clinicians more so than today. Our healthcare system is ever-evolving, increasingly complex, and as such, often requires a different set of skills to work together and manage care successfully. Specifically, the core competencies of interprofessional collaborative practice are quickly becoming the guiding principles of leaders and clinicians in a variety of settings.

The terms multidisciplinary, interdisciplinary and interprofessional are often used interchangeably. However, differing thoughts exist as to the operational definitions of each. Depending on your generation and how long you’ve practiced as a nurse, you may recall being part of a multidisciplinary team. The most common reference to the term ‘multidisciplinary’ implies that multiple disciplines are involved in the care of the patient, a model very popular in hospital settings during the 1960’s and 1970’s. Oftentimes daily multidisciplinary rounds or conferences were held to review and communicate about the patient’s plan of care. In the early 1980’s, the interdisciplinary concept emerged and was sometimes viewed as an advanced multidisciplinary model with the distinction being an ‘interdependence’ among the various disciplines for collaboration and shared decision making about the patient’s care. Currently, the interprofessional model is viewed by some as the next generation of the interdisciplinary model, where the emphasis is on very specific aspects of teamwork and organization, shared accountability, and shared decision making about an “interdependence” among the various disciplines.

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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. Sherri 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.

Nursing research and evidence-based practice are the keys that unlock which limits our ability to improve patient care and reduce suffering. The distinct connection that nursing research and evidence-based practice have on patient care and nursing outcomes is significant. With that in mind, the Commission on Nursing Practice has made it a priority to ensure that the Virginia Nurses Association make tools and resources available to support and encourage Virginia nurses to engage in nursing research and evidence-based practice. The commission hopes that by making these resources available to VNA members, they will be better able to make improvements and patient care that are driven by evidence and research. Research and evidence-based practice (EBP) can have a positive, immediate and lasting impact on patients throughout the commonwealth.

The tools and resources made available to VNA members can be used to locate, identify and synthesize knowledge so that it can be applied to practice, thereby improving patient care. Resources include a tool to aid in identifying levels of evidence, conducting a literature search, how to critique a research article, etc. The commission is hopeful that nurses throughout the commonwealth, particularly in facilities that may not have the luxury of a nurse researcher or structures and processes to support nursing research and EBP, will take advantage of these resources to apply nursing research and evidence-based practice to their work.

To access these resources, members can log on to the VNA member webpage, click Menu/Education/Research Resources. If you have suggestions for content or resources that you would like to see included on the Research Toolkit webpage, please contact Caryn Brown at caryn.brown@centrahealth.com.
What do 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, 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 these 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 well-being, 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. 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.

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 getting 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. Forgetting to rest, or not getting sufficient sleep and rest in a beneficial cycle, will negatively affect workplace physical activity and sleep and can negatively affect workplace physical activity due to problems ranging from reduced concentration in the workplace to missed work days. According to the National Heart, Lung, and Blood Institute, getting less than seven hours of sleep can cause reduced cognitive clarity, response time, focus, and an increase in risk taking, which can result in bad decisions and dangerous mistakes. It can contribute to high blood pressure, obesity, diabetes, heart disease, poor hormone regulation, low energy, and problems with the immune system. A lack of sleep can negatively affect workplace relationships due to the irritability, anxiety, and the general poor mood it creates, and over time it can contribute to burnout and depression.

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 activities and engagement, including engagement, wellness, and culture. He is a program director at South University where he has been teaching since 2010.
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
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 nurse climate champions from nearly all 50 states, with over 13,000 health professionals educated since the launch. In addition, nurses from 19 countries outside the United States are registered as Nurse Climate Champions. However, there are nearly four million nurses and 18 million workers in the healthcare sector in the US alone; therefore there is an opportunity to exponentially scale the impact of the Challenge. To do this, we are aiming to educate 50,000 health professionals by 2022.

The Nurses Climate Challenge offers a comprehensive toolkit with all the resources nurses need to educate colleagues on climate and health 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/30riTR9.

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

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 were recruited. By expanding the supply of primary care providers, nursing schools can significantly increase enrollment of APRN students and address the provider shortage. The incentive would be available for uncompensated preceptors, including APRNs, physicians, and physician assistants.

It is undoubtedly an unprecedent time to be healthcare and nursing education providers. Our healthcare system is stretched to the limit with the COVID-19 pandemic, while simultaneously dealing with routine healthcare challenges. Providers are working without adequate financial incentives for practitioners who serve as otherwise uncompensated preceptors for APRN students, we can increase access to care, address the primary care provider shortage (particularly in mental health services), and more effectively manage chronic diseases. The global pandemic Virginia and the nation are currently battling necessitates more providers be prepared to tackle this and future emergencies affecting population health.

Preceptors play a crucial role in educating APRNs, but there are barriers to their effective recruitment and retention. Increasing the number of preceptors will also increase the number of NPs, which will help fill the gap between credential for primary care and need in the Commonwealth. Virginia is addressing the need by incentivizing preceptorship through direct payment. The subsequent increase in the supply of primary care providers will improve access to care, and better equip the Commonwealth to respond to emerging health needs.

The University of Lynchburg is seeking a faculty member for a full-time, tenure-track Assistant/Associate Professor of Nursing position. The position begins Fall 2020. Additional responsibilities include participation in curriculum and course development, advisement and recruitment. The University of Lynchburg is an Equal Opportunity Employer and Affirmative Action Employer. Minorities, women, individuals with disabilities, and candidates with experience working with a multicultural and diverse student body are encouraged to apply.

The successful candidate 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 an NP, FNP or other pediatric certification
  - Experience with online RN to BSN and DNP level
- Salary and rank are commensurate with experience and academic qualifications.
- Salary and rank are commensurate with experience and academic qualifications.
- Background check 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.

Review of applications will begin immediately and continue until the position is filled. Interested candidates should send the following 1) a letter of application, 2) a current CV, 3) official graduate transcripts, and 4) telephone and email contact information for three references to Lindsay Pieper, PhD, Chair, Nursing Search Committee, University of Lynchburg, 1501 Lakeside Dr., Lynchburg, VA 24501 or email to pieper.l@lynchburg.edu.
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, 2011). For nursing, only five to ten percent of licensed nurses were male. Recent data indicates that 13 percent of new graduate nurses in the U.S. are male. While this is promising, we remain far from gender balanced (Kovner, et al., 2018; Smiley et al., 2017). In the early twentieth century, Florence Nightingale established a taboo, in the context of the nurse shortage. The benefits of diversity and inclusive learning were 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

Historical Perspective
Nursing has been associated with women's work since the time of Florence Nightingale. Considered an extension of feminine domestic labor, it was a given that any woman could be a nurse, and the notion of a male nurse ran so counter to the prevailing Victorian ideas of what constituted a family as to be inconceivable (Evans, 2004). In the early twentieth century, Nightingale established a taboo, in the context of the nurse shortage. The benefits of diversity and inclusive learning were 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.

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Broader Economic Forces
More 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. Although 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 & Wosiacki, 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, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession. Existing gender norms present a significant challenge to recruiting men into nursing, a reflection of societal views that nursing is a woman’s profession.
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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 should be a part of this effort. It is essential that we continue to push for policies that increase the number of nurses, particularly in areas where there is a critical shortage of healthcare professionals.

Our first priority during the COVID-19 pandemic is the safety and well-being of Virginia's registered nurses. You are the backbone of our healthcare system, and we know you will continue to face new and unprecedented challenges. VNA's leadership and staff will continue to work to provide essential educational, research, data-driven resources, and advocacy for nurses and our state and federal legislators and leaders.

During the last three months, VNA supported the American Nurses Association (ANA) and the Department of Health and Human Services in efforts to identify and address the shortage of personal protective equipment (PPE) and other vital supplies. VNA's leadership has been participating in weekly COVID-19 partner calls with the Virginia Department of Health, and our nurses across the state have been continually calling for more PPE and other essential supplies, improved transparency on COVID-19 testing, and support for our state government to do more. VNA's leadership has been participating in a series of virtual meetings and phone calls with stakeholders and key partners, including stakeholders and key partners, including the Virginia Association of Medical Staff (VAMS), Virginia Nurses Association (VNA), Virginia's Governor, Senator Kaine, and others, to ensure that our nurses and other healthcare workers have the necessary resources to maintain their health and safety.

Our goal is to ensure that nurses have access to the necessary PPE and other supplies to keep them safe while they care for patients. We recognize that nurses and other healthcare professionals are facing unprecedented challenges during the COVID-19 pandemic, and we are committed to supporting them in every way possible. We encourage you to take advantage of all the resources and opportunities available to you, and to remain vigilant in advocating for the safety and well-being of all nurses.

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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, @virignianurses. 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 spotlights! 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
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
The Nature Tincture

Jackie Levin, MS, RN, AHN-BC, NC-BC
Reprinted with permission from DNA Reporter February 2020 issue

Virginia Nurses Today | www.VirginiaNurses.com

The Nature Tincture

There are reasons people seek out nature when the stress of the world weighs heavily on their hearts. There are reasons people pick up stones and shells from a beach and set them on their desks or shelves as 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 magnetic pull for a close connection with other forms of life “biophilia.” Neuroaesthetiisit scientist Nancy L. Etcoff (as cited in Pak & Reischman, 2017) believed the draw and benefits of affiliating with nature’s beauty is part of our evolutionary design. But does time in nature or natural environments actually have healing effects? Can time in nature have a beneficial impact on the practice of nursing and on how nurses show up as leaders and administrators? And how does someone gain this benefit amidst their busy lives and work schedules?

When the resource of time is limited

“…[Work] and life are not separate things and therefore cannot be balanced against each other except to create further trouble” (Whyte, 2009, p. 12). Whyte (2009) proposed the pathway to wellbeing is the recognition there is an ongoing relationship and need for continuous dialogue among three major life commitments, also known as the three marriages: the commitments to work, to significant personal relationships, and to oneself. The third relationship, which requires time for introspection, care of one’s body, and mental and physical rest, is specifically a difficult one to attain and then maintain, is why Whyte disposes of the idea of “work-life” balance—arguing balance is unachievable.

When the resource of time is limited, individuals must be good communicators among and between the three marriages. This is not advocacy for equality of time, but an equity of value and devotion to achieve an integrated wholeness. In the same way the body’s cells requires an intelligent cell membrane to maintain a healthy boundary for what it allows in and out of the cell—not for competition but for communication and the health of the whole body. One way to generate health and wellbeing is to take time in nature. The field of ecopsychology, the study of the mind, body, and spirit health benefits upon humans when they take time in nature or natural environments is rapidly growing, especially in response to the increased time spent 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 in 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 Stanford, California. The nature 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.

Hunt, Gillespie, and Chen (2019) conducted an eight-week study on stress reduction as measured by urinary 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 “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 (Cordua 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. Shinrin-Yoku, Japanese for Forest Bathing, showed benefits for all ages, from the healthy young college student to the elderly with chronic illness. The nature walk group entered the following benefits: “decreased anxiety, rumination, and negative affect, and preservation of positive affect as well as cognitive benefits (increased working memory performance)” (Bratman et al., 2015, p. 41) when compared to the urban group.

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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 Samueian Institute, qualities that enhance an indoor nature experience include:

Spaces that evoke a sense of cohesion...and [have a] homelike environment, access to views and nature, light, noise control, barrier-free environments...[These] environments can induce physical and emotional responses such as happiness, joy, and relaxation...all of which are antecedents to healing. (p. 43)

How to bring nature into your three commitments

In developing a dialogue among your three commitments, think about the ways you already incorporate nature into your personal time, your relationships 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 times a week, a walk outside? Even in urban environments, many cities have created indoor and outdoor green spaces for public use. If you have a neighborhood park, make a relationship with just one tree. Visit it as if it were a relative and become familiar with the changes it makes throughout the seasons.

As in any wellness strategy, people have personal preferences and different access to nature environment. If you don’t have much green space in your neighborhood or near your work, bringing in clippings of rosemary or peppermint, for color and refreshing scent, or even grow rosemary in a pot and your home or office space, can improve mood and a sense of wellbeing. No matter what your role is in healthcare, there is stress, overwhelming, and frustration that impact your health and well-being. Mood and digestive system, how well you fight off colds or how well you attend to the needs of staff, colleagues and administrators. Taking a tincture of nature can be one avenue to bring more vibrancy to your personal life, work life and relationship life.

References:


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Effective July 1, 2019, University of Maryland University College (UMUC) changed its name to University of Maryland Global Campus (UMGC).

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