During the last year, I have looked forward with anticipation to serving as your President of ANA-Michigan. As I prepared for the role, I worked with the Education Committee to plan a program to support leadership development, a key goal for our association. We identified an excellent speaker lineup, the venue was arranged, and finishing touches were completed. Then Coronavirus disease (COVID-19) started to spread in the U.S., and the first cases were reported here in Michigan. Actions were taken to slow the infection. My kids’ school made plans for closure, and the university where I teach made plans to move instruction online. The ANA-MI board was tasked with making the difficult decision to cancel our leadership conference and annual meeting. I was saddened that we would be unable to meet and to grow together as leaders at this event.

March 26 came, and I quietly assumed the role of ANA-MI President. I was unable to publicly thank Carole Stacy, our outgoing President, for her excellent service, and I missed being able to greet ANA-MI members and friends in person. Regardless, my presidency began and quickly unfolded in a manner that I would never have imagined. The COVID-19 pandemic was changing everything, including nursing, in a very big way. Health systems quickly prepared for an influx of patients infected with this virulent and highly contagious virus. Nurses were front and center in these preparations, and in caring for COVID patients as their numbers swelled. My role with students shifted to one of support in helping them to successfully finish the semester. This meant allowing them to discuss their work on the frontline, as we explored the impact of the developing outbreak on nursing practice in southeast Michigan. I watched with concern as conditions unfolded with limited testing availability, PPE shortages, staff reassignment, and furloughs.

As soon as COVID-19 arrived in Michigan, business as usual at ANA-MI ceased. All focus was shifted to supporting Michigan nurses through the crisis. During my first days as President, we considered how we could remove barriers to practice for nurses, including allowing interstate practice and granting full practice authority for Advanced Practice Registered Nurses. While we strategized with other nursing organizations, Governor Whitmer issued executive orders that addressed these concerns. ANA-MI board members and I began taking turns facilitating weekly online meetups to provide Michigan nurses with support during the COVID crisis. We planned and built a robust COVID resource page for nurses. We gathered PPE stories from our members and delivered them to Senators Stabenow and Peters. The board adopted a position statement on Moral Distress. I gave an interview to a USA Today reporter looking for information about the COVID outbreak in Detroit. We listened to nurses as the situation changed, and focused resources and initiatives to meet those needs.

Despite the many challenges introduced by COVID, ANA-MI stepped up to address many of the needs the pandemic ushered in.

My service as ANA-MI president began during the onset of a global pandemic, and my expectations of ANA-MI work eventually adjusted to that reality. I have come to recognize that we have ignited nursing leadership in Michigan in a huge way. Nurses are leading in our association as we advocate for and support Michigan nurses during the pandemic. Nurses are leading in the emergency departments as scared people come to learn if they have COVID and seek treatment. Nurses are leading in ICUs, employing the latest evidence to care for ventilated patients recovering from the deadly disease. Nurses are leading at the bedside, providing connection to patients and families separated by social distancing at a time when they need each other most. Nurse educators are leading as they transition students to online learning and clinical simulation. Advanced practice nurses are leading as they adopt telehealth to
address patients’ primary care needs while keeping them safe from exposure. Nurses in Michigan are leading, even when PPE is in short supply. They are raising safety concerns, even when it means they risk losing their jobs. Nurses are supporting each other, and their interprofessional colleagues through all the rapid change, the risk, and the heartbreak of watching patients succumb so quickly to a disease that is so deadly. Nurses are leading as they determine how to implement testing and contact tracing in a way that will help mitigate risk in our communities.

I am truly humbled to be a nursing leader amid so many Michigan nurses who have chosen to lead during this crucial time in our history. I ask you to join with me as ANA-MI works to build a supportive community of professional nurses to advocate for and lead our profession through the current COVID challenge and beyond. While this crisis has shed light on some of the brokenness in our healthcare system, it has also illuminated our strengths. While there has been grief during this crisis, our actions leave much for us to celebrate. It is our care for one another, our profession, and the communities we serve that binds us together and will carry us forward to a brighter future for nursing in Michigan.
MESSAGE FROM THE EXECUTIVE DIRECTOR

Where do I start from COVID, canceling a Conference and Annual Meeting, driving the Nursing Compact Legislation in Michigan, Developing Resources and Networks of support for Michigan Nurses, PPE donations to celebrating nurses month. Not sure where to begin, other than to say the past 80 days feels like a year.

Thank you... those words barely do the justice deserved for the amazing women and men across the state, risking it all to help others. During these unprecedented times, we haven't forgotten that 2020 was designated as the Year of the Nurse. Your unwavering commitment to people, dedication to your profession, and overall bravery have truly made this year all about the Nurse.

With our nurses working countless hours on the front line of the COVID-19 pandemic, ANA-Michigan wanted to provide a resource for information and open discussion across our network and therefore created opportunities for virtual meet-ups via the Networks of Support: Connecting Michigan Nurses series. These sessions are facilitated by ANA-Michigan leadership, but we're encouraging an open forum for sharing experiences, ideas, and questions. These sessions are not limited to ANA-Michigan membership, and we're hoping our members will invite colleagues across their network.

Topics have included:
- Sharing of stories and experiences (chicken soup for the nurses' soul)
- Employment law/labor related to safety
- Mental health (self-care, PTSD, psych first aid, journaling)
- The impact on nursing programs, nursing students & program/clinical requirements
- The impact on the future of nursing & practice (nurses not wanting to be nurses anymore)
- Aligning/unifying all nursing organizations
- Advocacy
- Trauma Among Healthcare Workers
- Stress Management and Self Care for Nurses

A very special thank you to Amanda Hayhoe, President of Hayhoe Asphalt in Holt, and Brian Winter and Susan Kruger-Winter, President and CEO respectively of StudySkills.com out of Lake Orion as they donated over 5,000 KN95 masks.

ANA-Michigan delivered these masks to numerous hospitals, community health, hospice, and home health agencies, hemodialysis clinics, long term care facilities, and many other nurses who needed them across the state and more.

BE A MENTOR; THANK A MENTOR

Take the time to reach out to a colleague, friend in nursing, or former instructor who you’ve been inspired by. Tell them your story and how they’ve helped you along the way. While a note, buy them a coffee or just let them know what they’ve meant to you. On the flip side of things, you can engage with a mentor nurse and ask them how things are going; be a sounding board during these crazy times and help them navigate with your real-life experience.

MAKE SELF-CARE A PRIORITY

How are you handling this? Consider some yoga practices, get a good night’s sleep, binge watch a whole season on Netflix... whatever it is that helps you unwind. You can also join Healthy Nurse Healthy Nation’s Grand Challenge and connect with other nurses across the country focusing on physical activity, nutrition, rest, quality of life and safety, (www.healthynursehealthyation.org)

ANAMICHIGAN is proud of the work nurses across the country are doing. We will keep you updated on all #YARD2020 activities on our New Year of the Nurse pages on our website. There might even be a few surprises or two in store! Thank you for truly making 2020 the year of the nurse.

#YARD2020

Tobi Lyon Moore, MBA

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WASHINGTON, DC - The U.S. House of Representatives today approved a provision based on U.S. Senator Gary Peters’ (MI) COVID-19 “Heroes Fund” proposal. The measure would provide $190 billion in pandemic premium pay to reward and retain essential frontline workers. The provision was passed as part of larger legislation, which included measures Peters has emphasized are important to Michigan, including support for the U.S. Postal Service (USPS) and aid for local & state governments to support financially strapped communities and help prevent cuts to essential services.

“Nurses, law enforcement officers, grocery store workers and delivery workers are some of the many in Michigan on the front lines every day, helping us all get through this unprecedented crisis,” said Senator Peters. “These frontline workers who are putting their health at risk deserve more than our thanks - they deserve bonus pay. I’m pleased that the House has passed measures that would provide the everyday heroes we have depended on since the onset of this pandemic extra pay they deserve. I will continue working in the Senate to take up my effort to ensure frontline workers are properly recognized and rewarded.”

The COVID-19 “Heroes Fund” provision included in the final House bill would federally-fund the premium pay to help support frontline workers, including health care professionals, workers at grocery stores, food supply workers, home care workers, first responders, pharmacists, delivery and postal workers and other essential workers. These workers would be eligible for a pay increase of $50 per hour from the start of the public health emergency until 60 days after it ends for a maximum of $10,000. The House also approved measures to help cash-strapped state and local governments confronting increased revenue losses and the prospect of laying off first responders, health care professionals and teachers. Additionally, the House passed measures to ensure the USPS can continue serving seniors, small businesses, rural communities and countless Americans who now more than ever are relying on postal workers to deliver their prescriptions or connect with their customers.

The House also Passed Priorities Peters has Emphasized are Important for Michigan, Including Support for the U.S. Postal Service & Aid for Local & State Governments to Pay for Essential Services

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 addressing 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 the 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, family members, and/or your community about the health impacts of climate change. The Challenge website includes sample talking points and a "letter to the editor" template in the resources section.

Furthermore, the Climate, Health, and Nursing Tool (CHANT) 2020 is now available. CHANT is a 10-minute voluntary survey asking nurses and other health professions about awareness, motivation, 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, family members, and/or your community about the health impacts of climate change. The Challenge website includes sample talking points and a "letter to the editor" template in the resources section.

The Future of Nursing in Michigan

June, July, August 2020

Shanda L. DemoREST, DNP, RN-BC, PHN
Member Engagement Manager, Practice Greenhealth
sdemoREST@practicegreenhealth.org

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

To inspire nurses to act, 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. That goal was quickly surpassed in less than a year due to the combined efforts of Nurse Climate Champions around the world.

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 they’re doing and inspiring others to join.

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Furthermore, the Climate, Health, and Nursing Tool (CHANT) 2020 is now available. CHANT is a 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.
Senator Peters listened to the Nurses from ANA-Michigan –
Stories from our own members were spotlighted in Senator Peters Proposal

**FACES OF THE FRONT LINE**

*Andrea from Brownstown*

**Nurse**

#COVID19HeroesFund

"I have been a nurse for 3 years in Detroit. I’ve only ever known the US. Since the Coronavirus pandemic has continued to spread, my life has been turned upside down. I’ve been working exclusively with COVID-19 positive patients for weeks.

In addition to taking risks at work and caring for patients, my income has also taken a hit from SHORTENED HOURS! The Heroes Fund proposal would help compensate for the risks I take going to work every day while ensuring I can care for my son since he recovered from this virus."

**FACES OF THE FRONT LINE**

*Elizabeth from Wyoming*

**Community Support Aide**

"As a single mother of two young children – whose father recently passed away – our family is going through a lot during this pandemic. I have been healthy and hearty of our home for my children during this time.

The Heroes Fund proposal would help ease the burden on our family during this challenging time."

**FACES OF THE FRONT LINE**

*Melissa from Bay City*

**Nurse**

"As a registered nurse, I have seen firsthand how the expanding public health crisis has had on patients and their loved ones. I appreciate that Senator Peters has unveiled a realistic plan so we can get compensated for the sacrifices we’re making every single day."

#COVID19HeroesFund

**FACES OF THE FRONT LINE**

*Terry from Detroit*

**Nurse**

"I go into work each day knowing that my job is to help others. But this pandemic has changed what my job means – caring for my colleagues is now a part of my job. I know that my colleagues in the American Nurses Association of Michigan and I are willing to take on this extra risk, we need to have the state and federal government officials who have our backs for the duration of this crisis.

That’s why Senator Peters’ Heroes Fund proposal is so important because it would reward, recruit and retain the frontline workers who are dedicating to caring for all patients regardless of their diagnosis."

#COVID19HeroesFund

**FACES OF THE FRONT LINE**

*Wendy from Detroit*

**Community Support Aide**

"Healthcare workers like myself deserve to be compensated for the sacrifices we’re making during this time. I thank Senator Peters for pushing for a proposal that would compensate us extra for working on the front line."

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Exceptional Promise Award

Exceptional Promise Award aims to spotlight aspiring nursing students for their skills today and promise for tomorrow. ANA-Michigan will recognize distinguished nursing students who exemplify leadership and achievement in their community and their scholarly efforts. The purpose is intended to celebrate and encourage exemplar dedication to the nursing profession.

Dorothea Milbrandt Nurse Leader Award
Kathy Stutzman, MSN, RN-BC, CCRN-K

The Dorothea Milbrandt Nurse Leader Award has been created to honor nurses who have demonstrated excellence in building successful mentoring relationships with other nurses and/or nursing students. This award is presented on behalf of the late Dorothea Milbrandt, RN, MPS, MSN, who had an important and lasting impact on nursing in Michigan for nearly 40 years.

Lifetime Achievement Award
Sally Decker, PhD, RN, CNE, CHSE

The Lifetime Achievement Award recognizes an individual’s profound impact and longstanding commitment to nursing.

Public Policy Advocate Award
Lynne Harris, MSN, RN

The Public Policy Advocate Award accords a nurse who has demonstrated success in using public policy and advocacy as strategies in advancing nursing in Michigan.

Friend of Nursing Award
Representative Mary Whiteford

The Friend of Nursing Award is conferred on a non-nurse who has rendered valuable assistance to the nursing profession. Their contributions and assistance are of statewide significance to nursing.

Future Nurse Leader Award
Cierra Scott, BSN, RN

Future Nurse Leader Award is given yearly to a recent (within two years of graduation) nursing school (AD, BSN, Diploma) graduate who demonstrates great potential for leadership in the profession. The candidate for this award must be nominated by a dean and/or faculty member and must indicate his or her intention to reside in Michigan for the next year.

Innovation Award
Henry Ford Health System

Innovation Award will identify a health system or individual hospital for an innovative practice/approach which improves nursing and patient outcomes.

Innovation: Human Trafficking Screen Tool
Created by: Danielle Bastien

Innovation Award will identify a health system or individual hospital for an innovative practice/approach which improves nursing and patient outcomes.
A Tribute to Nurses – Those Who Have Come Before and Those Now Serving

For over a century nurses have selflessly met extraordinary obstacles and challenges to care for their patients. Most of their names never made it to the history books, and they may not have received awards or accolades. Whether during times of war or national emergencies, nurses have always been on the front lines. They provide compassionate, skilled, and quality care, always with a “can-do” attitude and never giving excuses. We honor and pay tribute to those nurses who have served before and those currently using their talents, gifts, and skills to comfort and care for others. The following notable nurses are just a fraction of those who embodied the spirit, passion, and devotion to the nursing profession.

The Civil War Era – As a Union supporter in the Civil War, Mary Ann Bickerdyke found herself accidentally drawn to nursing. She was a middle-aged widow who raised money for hospitals built at the junction of the Mississippi and Ohio rivers. After witnessing the suffering of soldiers who had no one to care for them, she felt compelled to tend to their needs. She could have easily turned away, but her inner spirit told her what she needed to do. She was the only woman that General William T. Sherman allowed with his army. At the Tennessee Battle of Lookout Mountain, she was the sole nurse for about two thousand men.

On the Confederate side, Captain Sally Tompkins was commissioned as an officer in the Confederate army, giving her the power to commandeer supplies. Her Richmond mansion was converted into Robertson Hospital. Her commitment to quality of care at the time resulted in the lowest death rate of any facility in the North or South. Her staff of six, four of whom were black women still in slavery, treated more than 1,600 patients and lost only 73. That is an extraordinary accomplishment in an era before germ theory was understood.

In 1872 the first nation’s nursing school was established by Boston’s Dr. Marie Zakrewska. A graduate, Linda Richards, was credited as America’s first professionally trained nurse. Striving for excellence, Richards went on to establish precedent-setting programs as the superintendent of nursing at New York’s Bellevue Hospital and at Massachusetts General Hospital. She is also known for establishing the first nursing school in Japan.

Another graduate of the Boston nursing school was Mary Mahoney. Despite her dedication and informal training during the Civil War, she was unable to be formally trained as a nurse because she was African American. At the time most educational institutions did not admit African Americans. Not willing to take no for an answer, Mahoney was accepted in Boston’s nursing program and became the first credentialed black nurse when she graduated in 1879. As segregation remained the rule, Mahoney led the National Association of Colored Graduate Nurses, which began in 1908.

Nursing in World War I – In May of 1917 Helen Dore Boylston served in France with the first Harvard Unit, a U.S. medical team that treated more casualties than any other group of American doctors and nurses during the conflict. The following excerpts from her diary provide a sense of the challenges she faced.

March 24, 1918 – 4:00 am – “…Our first warning that the convoys were coming was the low drone of motors—the ambulances, winding over the roads in the moonlight. As far as the eye could see, they were coming. Just black beetles, crawling, scarcely a yard between them, and not a light anywhere. It was about an hour after supper, and there was an air-raid on. Not a very bad one, but our shells were coming over so low that our hair stood on end with every creak. Ruth and I were standing outside the mess watching the air-raid, when, through the sound of whistling shells, we heard a low purring note that had nothing to do with the jerky growl of Gothas. We exchanged a startled glance and started for Matron’s office, neither of us saying a word.

Just as we reached the Administration Hut, the first ambulance stopped in front of us, the others close behind, and we had to wait until the boys were taken out. Nearly everyone should have been a stretcher case. Ragged and dirty, tin hats still on; wounds patched together anyway, some not even covered. The boys’ faces were white and drawn, and their eyes glassy from lack of sleep. Some of them were not more than sixteen or seventeen. And they stood, ghastly in the pale light, waiting to be told where to go. There were great husky men crying with the pain of gaping wounds and dreadfully swollen, discolored trench feet, who sank down exhausted the moment they stopped. There were strings of eight from to twenty blind boys filing up the road, clinging tightly and pitifully to each other’s hands, and led by some bedraggled limping youngster who could still see.”

September 7, 1918 – “The lad was a Canadian, about twenty-two, with a frightful arm; elbow joint smashed, and the whole arm stiff and swollen, and full of gas gangrene. In getting off the dressing, I had to move it some, and though I was as careful as I could be, I could hear the bones crunching and grating inside. Then I had to strip them cold, dry sponging what holl out yards of packing that kept catching on the splintered bone. The lad just turned his head away and never made a sound—didn’t even grit his teeth. Once, accidentally touching a bare nerve-end with my forceps, I hurt him terribly and he gave a cry. I knew what I was doing, I saw that his eyes were full of tears, and the pupils enormously dilated with pain. But not a word out of him. No groaning. No “Please wait a minute, sister.” Just patient silence. I choked for an instant, and then burst out, “Oh, I’m awfully sorry, lad! I didn’t want to hurt you.” And I said, so gently, “it’s quite all right, sister. Carry on.”

Other notable nurses who served in World War I included:

Edith Cavell, who was born in England in 1865, received her nursing training at the London Hospital. During her service in Belgium, Cavell helped Allied prisoners to escape during World War I. She was arrested on August 3, 1915, and charged with protecting Allied soldiers. She was court-martialed for this crime and detained in isolation until she was executed after submitting her written confession.

United States Army nurse Beatrice MacDonald is noted for her bravery. Although military leaders wanted to keep female nurses far from danger, they knew that soldiers’ lives could be saved if their wounds were treated near the front line. In August 1917, MacDonald was on duty at a casualty clearing station when she came under enemy fire during an air raid. Fragments of shrapnel from a bomb blast sliced through her eye. After being evacuated, MacDonald refused orders to go home, reportedly stating, “I have just started doing my bit.” With only one eye, MacDonald remained on duty in France until after the armistice, and was awarded the Distinguished Service Cross.

World War II Era – During the Allied invasion of Italy in September 1943, the HMHS Newfoundland was one of two hospital ships sent to deliver 103 American nurses to the Salerno beaches. These hospital ships were attacked twice on one of many dive bombers, and by evening they were joined by a third hospital ship. Concerned by a number of near misses, it was decided to move the ships out to sea and anchor there for the night. All three ships were brightly illuminated and carried standard Red Cross markings to identify them as hospital ships, to ensure their protection under the Geneva Convention. On September 9, 1943 U.S. Army nurse Vera Lee came close to being one of the estimated 460 women who died as a result of their service in World War II. She was present when Allied forces launched a ferocious six-day invasion of Salerno, Italy. Although the white ship bore giant red crosses and was brightly illuminated at night, the Luftwaffe repeatedly bombèd it, killing six British nurses and all medical officers aboard, and damaging the ship to such an extent that the Allies had no choice but to scuttle it on September 14.

Another nurse who served in both World War I and World War II was Laura M. Cobb. At the end of World War I she briefly served as a nurse at the Canacoo Naval Hospital in Manila, Philippines. After other assignments in the States and Guam, she returned to Canacao...
from Forest Hills, Queens, to get to her patients. Then there were the stairs. The lowest patient “was on the fourth floor,” she said, “the highest was on the 14th.” “I realized,” she added, “I walked halfway up the Empire State Building, and most of the stairwells were pitch black.”

Allison Chisholm worked for the Visiting Nurse Service in New York City and lived with a frail mother in Brooklyn. When the lights started flickering during the storm, she had visions of her mother falling in the dark. But she also had patients who needed her, including one receiving hospice care in a 14th floor apartment in Chinatown, and one needing an intravenous round of antibiotics in the Bushwick Village. “It was treacherously driving during the hurricane,” said Ms. Chisholm. “But it’s just something you have to do as a nurse. That continuity of care helps the healing. I don’t see this as being heroic. I have a conscience. I need to get to sleep at night.”

Nursing During the Coronavirus Pandemic – Lisa Cifaniello is a nurse at Holy Name Hospital in New Jersey. She crossed state lines to save an 82-year-old Queens woman who was alone in her apartment and suffering from the coronavirus. When the elderly woman started feeling sick, she initially dismissed the symptoms as allergies. At time of her discharge, hospital staff members noticed she was beginning to sound worse. After more than two weeks with no improvement, the woman’s son and daughter-in-law (Lisa’s sister) insisted on calling 911. The elderly woman just wanted to stay one more night in her own apartment.

After hearing the panic in her sister’s voice, Cifaniello stepped in and decided to rescue the 82-year-old woman. She lined the inside of her car with garbage bags, put on her personal protective equipment, and brought a bottle of bleach as disinfectant. When she arrived in Queens, the elderly woman was weak and confused. Ms. Cifaniello raced from Queens, to Teaneck, New Jersey, where Holy Name’s emergency room team was awaiting their arrival. The elderly woman has since made a full recovery.

In Closing – In these unprecedented times, nurses are continuing the legacy of those featured here. Some will call these nurses heroes. Some will call them angels. For those of us who have/had the honor to serve as nurses, we know the spirit and passion of being a nurse is ingrained into our being and inner fiber. It is inexplicable. Those who are not nurses feel compelled to give thanks. But nurses have never entered the nursing profession to receive thanks. While nurses will humbly accept thanks from patients and families, that is not what drives them. What drives us is knowing that nursing is not what we do, nursing is who we are.

Donna J. Craig, RN, JD is legal counsel to the ANA-Michigan Chapter. She practiced as a cardiac care nurse for several years before a chance round of antibiotics in the West Village. “It was obvious that opening the door of a new day was going to be a constant reminder of those in need. Suzanne Gillaran, who trained nurses at her company, was pressed into service along with all other registered nurses. Their services were made more difficult by the weather, the power failures, and the lack of public transit. It took Gillaran three hours on the express bus to health care corporate and administrative law matters. For over 20 years, she has maintained her private health law practice, representing health care providers and facilities in business, licensure, and compliance matters. For her expertise and accomplishments, Detroit’s DBusiness magazine awarded Ms. Craig its Top Lawyer in Health Care Law award on three occasions. Ms. Craig has the distinction of being a bar member of the Supreme Court of the United States of America. For more information about The Health Law Center, go to www.healthlawcenterplc.com.
Celebrating You!

In the Year of the Nurse and Nurse Midwife, as you celebrate Nurses Month, I believe the efforts of nurses over the past several months have demonstrated more effectively than any words could state why the World Health Organization thought it important that they receive recognition throughout 2020. Through your individual and combined efforts, along with other professions at the forefront of confronting this illness and caring for the needs of the people of the state of Michigan, the state continues to progress through this health crisis. Recognizing the unprecedented nature of the challenges facing nurses, whether adjusting to the impact of the pandemic on a long-held nursing position, adapting to a new assignment, learning to apply new technologies, or facing reduced work hours, the professional and personal demands on nurses are many. I hope all of you are finding some space to also take care of yourselves and your loved ones. Resources tailored to health professionals may be accessed using the following web address: https://www.michigan.gov/documents/coronavirus/Healthcare_Workers_Final_685876_7.pdf.

We as a profession are learning many things about nursing and the systems in which our work occurs that will inform the future of education and practice. In the interim, may we continue to partner with one another to welcome the next several classes of graduating nurses into a workplace in need of their service, while recognizing that the unprecedented nature of their educational experience—containing a different balance of in-person and virtual clinical education than the nurses who have come before them—may demand adjustments in the onboarding process. Entering the workforce during a pandemic, they will need support to learn to apply the self-care and advocacy skills they have learned as well as critical thinking and technical skills.

Thank you to everyone who completed the Workplace Violence Survey and/or the 2020 Michigan Nursing Licensure Survey. In consultation with a steering committee comprised of nursing stakeholders, the data will be analyzed and the report of findings posted with prior year findings, at the following web address: http://www.minurse.org.

The workforce data obtained from these surveys will inform future efforts of the Office of Nursing Safety and Workforce Planning.

Please stay safe, stay strong, and be proud to be a member of such a remarkable group of professionals.

Deborah Bach-Stante, RN, MPH, Director, Office of Nursing Programs, Michigan Department of Health and Human Services

June, July, August 2020
Crisis Leadership

The world we live in has changed. The introduction into our lexicon of the term “Coronavirus” has changed our lives and how we live. As leaders, our strength, resolve, and dedication to our people and mission must be very visible, steadfast, and determined in times like these.

Through my experiences leading through disasters, I have observed several behaviors from leaders which we should avoid during this time. As a leader, your professionalism will be tested during a crisis. Many will look to you to set a course forward through a very inconsistent and confusing time. Leaders don’t have a day off, so as you continue through this season of Coronavirus, avoid these pitfalls of crisis leadership.

The first issue: leaders under pressure decompensate to low level professional behavior and actions. It’s almost a natural evolution. When stressed, you disengage your critical thinking and resort to emotional and many times, unprofessional behaviors. These are exhibited in flip-flopping in direction, lack of clarity and transparency in responses, emotional outbursts at inappropriate times, and alienation of staff, peers, and supervisors.

Next is a leader who becomes paralyzed or immovable in their thinking. They fall back into one way of thinking, unable to adapt to the changing environment or instructions. They keep trying to put everything back into their view of normal without consideration for the evolving direction. This replicates itself in poor decision making, pushing conflicting agendas, and adding confusion to the crisis.

Third is the behavior to stop collaboration. This leader goes into survival mode; “It’s all about me or my mission.” The ability to cooperate and collaborate is gone, or they lose focus on the power of teamwork, believing they will only be successful if they take care of themselves. This usually manifests as a leader who spreads discontent, becomes suspicious of superiors and followers, and they usually separate themselves from others, becoming a lone wolf.

In my days of crisis management, I learned several things leaders need to do to stay engaged, relevant, and professional. Know your organization and personal disaster plans. Engage them early during the crisis. Take detailed notes of things working well and not working well while you are experiencing them. When this is done, there will be many lessons learned so we can improve for our next response. This is your job as a leader.

Finally, keep yourself informed through reliable sources. We have seen how the information during this crisis is constantly evolving. Steer away from unverified social media sources and focus on organizations with more reputable information that is updated and respected. Now is not the time to pass along “this helpful article,” which may encourage misinformation at best, and can be harmful by increasing unnecessary panic.

Your professionalism is under your control. During a crisis, you need to protect all of you: your body, mind, and spirit. Take breaks, get respite downtime, and ensure you follow healthy coping skills. Remember to speak less and listen more. When you act, do so with an objective mind, filtered through another trusted leader, and remain flexible in thought and action. Those who you lead deserve the best of you in these times. I know you can do it!

Over the past few weeks we have been hearing how COVID-19 is disproportionately affecting African Americans across the United States including Michigan and the Metro Detroit area. Health disparities and inequities in the African American community has been a well-known documented issue for quite some time. In fact, one of the Healthy People 2020 goals was to address the very issue of the disparities and inequities affecting minorities (Office of Disease Prevention and Health Promotion, 2020). COVID-19 has brought acknowledgment and attention to these health disparities from the President of the United States and our Governor, Gretchen Whitmer. Acknowledging this issue is simply not enough without action. Determinants of health such as economic, personal, social, and environmental factors can help us identify the problems and work together for a solution. Some issues to address are communities in food deserts, limited access to clean water, fresh fruits, and vegetables, transportation challenges, access to care and preventative services, quality education, stable employment, and safe neighborhoods. As nurses we can impact this vulnerable population by speaking up and becoming actively involved in the process of creating solutions to these problems. Recently, Governor Whitmer signed an executive order to form a Michigan Coronavirus Task Force on Racial Disparities. African Americans make up 13.6% of Michigan’s population but have suffered 40% of the COVID-19 deaths. The task force is a start in the quest for change, but nurses need a sustainable plan after COVID-19 for our patients. I challenge every nurse to look at opportunities to make an impact on improving the lives of the people we care for in our communities.

References

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The Future of Nursing in Michigan
On April 7th, the World Health Organization (WHO), in conjunction with the International Council of Nurses (ICN) and Nursing Now, issued The State of the World’s Nursing 2020. This seminal report, released as part of the Year of the Nurse and Midwife, reflects data submitted by over 191 countries on the nursing workforce. Data on the U.S. nursing workforce was submitted by the Department of Health and Human Services. ANA, as the ICN member from the United States, partnered with our federal colleagues to support this report.

Facts from the Report
- Nursing accounts for 59% of the worldwide health professions workforce.
- There are 27.9 million nursing personnel: 19.3 million (69%) are professional nurses, 6 million (22%) are associate professional nurses and 2.6 million (9%) are not classified.
- Over 80% of the world’s nurses are found in countries that account for half of the world’s population.
- The global shortage of nurses was 5.9 million in 2018. With 5.3 million (89%) of this shortage concentrated in low- and middle-income countries.
- Globally, the nursing workforce is relatively young, with substantially older age nurses in the American and European regions.
- The majority (97%) of countries reported that the minimum duration of nurse education is a three-year program.
- Seventy-eight countries (53%) reported having advanced practice roles for nurses.
- One nurse out of every eight practices in a country other than the one where they were born or educated.
- Most countries (86%) report having a designated body responsible for the regulation of nursing.
- Approximately 90% of the nursing workforce is female.
- Seventy-one percent of countries (82 out of 115) reported having a national nursing leadership position with responsibility for providing input into nursing and health policy.

The report authors urge governments and relevant stakeholders to:
- Invest in the massive acceleration of nursing education – faculty, infrastructure and students – to address global needs, meet domestic demand, and respond to changing technologies and advancing models of integrated health and social care.
- Countries affected by shortages will need to increase funding to educate and employ at least 5.9 million additional nurses.
- To address the shortage of nurses by 2030 in countries, the total number of nurse graduates would need to increase by 8% per year on average, alongside an improved capacity to employ and retain these graduates.
- Nurse education and training programs must graduate nurses who drive progress into primary health care and universal health coverage.
- Create at least six million new nursing jobs by 2030, primarily in low- and middle-income countries, to offset the projected shortages and redress the inequitable distribution of nurses across the world.
- Nurse mobility and migration must be effectively monitored and responsibly and ethically managed.
- Policymakers, employers and regulators should coordinate actions in support of decent work.
- Countries should deliberately plan for gender-sensitive nursing workforce policies.

Conclusion
The report calls on national governments, with support from domestic and international partners, to be a catalyst and leader to accelerate efforts to achieving these goals by:
- Building leadership, stewardship and management capacity for the nursing workforce.
- Optimizing the return of current investments in nursing through adoption of policy options that include decent work, fair remuneration, and retention of the nursing workforce.
- Accelerate and sustain additional investment in nursing education, skills, and jobs.

Why, More Than Ever, We Need Nurses as Spiritual Comforters

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Whether they are easing pain during an acute illness, helping patients cope with a new diagnosis, welcoming a new life into the world, or being present during the most intimate moments in the lives of others, nurses are granted a unique privilege to be present during the most intimate moments in the lives of others. Nurses often witness times of heightened emotions: stress, joy, fear, or physical and emotional pain. They are called on not only to care for the bodies of the most vulnerable but their souls as well. Regardless of religious affiliation or views, providing well-rounded care as a nurse can be viewed as a spiritual calling; compassionate, holistic care that focuses on the body, mind, and soul has the ability to take fear, pain, or despair and turn it into hope, comfort, and peace.

So often, the way patients view their experiences in healthcare has little to do with the actual outcomes of their health, but rather how respected, cared for, valued, and comforted they felt in the process. During particularly unprecedented times of fear and uncertainty, as the novel coronavirus shakes the world to its foundations, nurses are on the front lines of healthcare, providing not only bodily healing but care and keeping of the soul as they encounter patients at their peak of fear, pain, and anxiety. The aftermath of this pandemic will reach far beyond the count of lives lost, and the responsibility of nurses to provide spiritual comfort and healing to those affected is one that must be taken on fully and passionately.

Though it is widely recognized that assessing and tending to spiritual wellbeing has an important impact on a person’s overall health, it is often easy for this vital role of nursing to be lost or forgotten in the demands of caring for numerous patients, managing the mental and physical complexity of tasks required, and integrating technology and documentation into busy schedules. However, nurses must be challenged to remember and respect the core value of caring for patients at all levels, from physical to spiritual, in order to deliver the most comfort and healing to those they serve, particularly during times of crisis.

So how can nurses assess a patient’s spiritual needs and provide care that is sensitive to the soul? The main way is by simply being present and recognizing them as a unique individual. Patients may feel lost and overwhelmed in a sea of machines, medical terminology, and unfamiliar routines. Taking a moment to stop and talk with them, assess how they are feeling, address what fears they have, and understand what can be done to make them more comfortable, can be very nourishing and comforting to the soul.

Of all the members of the healthcare team, nurses arguably spend the most time with patients and can get to know them well. Simply offering a listening ear and letting patients know they are cared for can serve as a huge resourcefulness in accommodating simple comforts or requests can make all the difference in humanizing the patient experience. Being present, even if quietly, for prayer, is also often very comforting to patients. Nurses should remember that while medical interventions and care are routine and normal to them, they are witnessing major life events for others and have a unique ability to shape those experiences for the better.

It is important to recognize that the ultimate goal is not always to preserve life, but to maximize the quality of remaining life for patients and their loved ones. Many times, a peaceful death is the best care a nurse can provide and will profoundly impact the grieving process for loved ones in the months and years following a death.

Tending to the physical and spiritual needs of others can obviously be very draining, so it is important for nurses to remember to care for their peers and for themselves in order to avoid emotional exhaustion or burnout. It is helpful and spiritually cleansing to talk with peers and share in grief, triumphs, struggles, and fears, creating a sense of community and a place to grow and heal together. Taking time to step away, compartmentalize, walk outdoors, and enjoy family is necessary to recharge spiritually and emotionally so nurses can continue to provide unwavering stability to their patients.

During this difficult and uncertain time, while nurses are among the frontlines of fighting a pandemic, it is crucial to remember that the role extends far beyond physical care and preserving life and is one of the most impactful professions for shaping the human experience. More than intellect or productivity, the compassion, and dedication to humanity that drove most nurses to become healthcare professionals in the first place will be the driving force that helps them rise to the challenge.

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Mindfulness is no longer a uncommon term. It is often heard in daily language as well as in research reports benefiting the effects of mindfulness. Mindfulness is suggested as a self-care practice as well as a treatment method for conditions. The overarching benefit of mindfulness is the ability to learn to live in the present moment, with continued curiosity about the past or the future which can help to decrease symptoms of depression and anxiety. While Mindfulness practices originated from Buddhist traditions, Jon Kabat-Zinn was influential in creating awareness of the use in healthcare by researching the effects of mindfulness in patients with pain and demonstrated significant improvements in pain levels, mood, and psychiatric symptoms (Kabat-Zinn, Lipworth, & Burney, 1983; Kabat-Zinn, 1994). This prompted other studies to examine the effect on a variety of research outcomes of mindfulness in patients with pain and demonstrated significant improvements in pain levels, mood, and psychiatric symptoms (Kabat-Zinn, Lipworth, & Burney, 1983; Kabat-Zinn, 1994). The National Center for Complementary and Integrative Health webpage discusses the positive effects that meditation can have in many other conditions, such as hypertension, irritable bowel syndrome, ulcerative colitis, and anxiety (https://nccih.nih.gov/health/meditation/overview.htm#hed3).

Mindfulness has also been found useful as a complementary treatment for people with opioid use disorder and chronic pain in methadone maintenance therapy (Robinson, Mathews, & Witek-Janusek, 2003). In fact, the U.S. Department of Veterans Affairs has implemented a maintenance therapy (Robinson, Mathews, & Witek-Janusek, 2003). In fact, the U.S. Department of Veterans Affairs has implemented a Mindfulness-based interventions for older adults: A review of the effects on physical and emotional well-being. Mindfulness, 7(3-4):296-307. doi:10.1007/s13228-015-0444-1.


Mindfulness has also been found useful as a complementary treatment for people with opioid use disorder and chronic pain in methadone maintenance therapy (Robinson, Mathews, & Witek-Janusek, 2003). In fact, the U.S. Department of Veterans Affairs has implemented a Whole Health for Life person-centered approach to care and advocates for the use of mindfulness for Post-Traumatic Stress Disorder (Garland et al., 2018). The National Center for Complementary and Integrative Health. (2019). Introduction to Mindful Awareness. https://nccih.nih.gov/health/meditation/overview.htm#hed3.

Currently, mindfulness is a recommended practice for everyone including older adults (King et al., 2013). Today’s busy world with technology overload does not allow for downtime or body homeostasis adjustments to rebalance. Nurses live in a state of heightened chronic stress levels. It is well known that the nursing profession is a stressful career. Implementing mindful self-care strategies by organizations employing nurses will benefit by reduced attrition of nurses and improved quality of care. The American Nurses Foundation suggested Five Simple Ways to Feel and be Better; 1) Stop, take a Breath and Observe, 2) Do a Body Scan, 3) Breathe, 4) Stretch, and 5) Eat and Drink Often (Geiger et al., 2016). These are the two elements of Mindfulness. Mindfulness enhances areas of the brain that are responsible for attention and executive function and modulates the amygdala or emotional brain, which improves focused attention, develops intention skills for actions for reflection and help for patients to reach their inner wisdom to come up with solutions or answers on their own. This awareness creates an openness to new possibilities and motivation or engagement to aspects of the experience, without judgement or attachment. There are a variety of guided awareness scenarios that can be used for particular situations in patient care based on the need. These are learned through the self-development process and practice of Integrative Nurse Coaching.

The Basic Technique

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

Quality Free Mindful Practice Websites

- Mindful.org
- https://www.mindful.org/audio-resources-for-mindfulness-meditations
- UHCA Mindful Awareness Research Center https://www.uclalhealth.org/march/body.cfm?id=22&iirf_redirect=1
- UC San Diego Center for Mindfulness https://medschool.ucsd.edu/som/fmph/research/mindfulness/programs/mindfulness-programs/NIHHR-programs/Pages/audio.aspx
- The Mindfulness alliance https://www.mindful.org
- Contemplative Mind in Society http://www.contemplativemind.org/practices/recordings
- Insight Meditation Society, Inc. https://www.dharma.org/resources/audio/guided

References


Social media continues to be a very popular way for people to connect with the world, communicate with others, learn new information, and entertain themselves. Approximately 70% of Americans use social media daily. Many nurses use social media to professionally network and are members of blogs, forums, and social networking sites. At the recent MNA Convention, the House of Delegates adopted a resolution to support increasing awareness of nurses’ responsibility in the use of social media.

Registered Nurses and Advanced Practice Registered Nurses are active on Facebook, Instagram, LinkedIn, Snapchat, YouTube, Twitter, and Pinterest, among others. Social media is a great way to stay “connected” to family and friends, to reconnect with old friends, and to plan events such as family gatherings and reunions. Use of social media has become so common that we often forget the risk it poses due to the ease of instantaneous posting opportunities. At times we may find ourselves not reflective enough and may post things that may come back to haunt us and possibly cause professional or legal consequences.

There are many blogs and forums for nurses and nurse practitioners that may tempt the nurse to post an interesting or unique patient case. Some may even be compelled to share photographs to educate and inform colleagues or legal consequences.

However, social media can have some very positive outcomes when used appropriately. It provides a platform for keeping up with the latest evidence-based research. Networking and connecting with like-minded professionals is also another positive aspect of social media. MNA has a FB account that keeps us up to date on the latest happenings around the state. LinkedIn and other social sites often are great places to explore new career opportunities. When used correctly, social media can enhance practice and help one connect professionally to other healthcare professionals. Here are some tips to remember before you click the post button or share that latest information.

1. Keep patient privacy and confidentiality to the highest standards. I see many nurse practitioners, nurses, and students of nursing posting clinical situations and even pictures about patients. Social media is not the place to do this or explore complex cases. Never post photos of a patient or identify them by name. Never refer to patients in a demeaning, or negative manner. Instead of posting questions about clinical issues, find a mentor, or consult with a colleague. You can also reach out to former professors, preceptors or colleagues to discuss any patient issues. Our detractors use these postings as fodder to make us look less educated or skilled.

2. Try to avoid connecting with patients or former patients on social media. This is difficult in small communities where you may know many people. It is very important not to give professional medical advice or discuss work-related issues with patients on social media. Make sure your patients and staff know this, especially the ones with whom you have a personal relationship prior to the nurse-patient relationship.

3. Don’t complain about your workplace on social media. Facebook or Twitter is not the place to make negative comments or post negative pictures about a place of employment, coworkers, or administration. This type of behavior not only jeopardizes your job security but your reputation as well. If you have work-related issues, meet with your employer, supervisors or human resources department to discuss the issues professionally. Make sure you review your employer’s social media policy and follow the rules. It is also a good policy to never use a workplace email to affiliate you with a social media site, and to not access a social media website or post personal pictures, events, etc. while at work.

4. Keep all activity on social media professional. There are many posts that may be considered unprofessional and reflect negatively on the profession of nursing. Profanity, sexually explicit or racially derogatory comments, as well as posts about drug and alcohol use are unprofessional, question one’s moral character and reflect negatively on the nursing profession. Personally I wish the “sexy nurse” costume could be banned, but I routinely see nurses wearing it to costume parties and posting pictures on social media. In the worst-case scenario posting unprofessional comments or pictures could lead to a charge of unprofessional behavior by an employer or the Mississippi Board of Nursing.

When using social media, always think before you post. Will your post benefit someone or is it a negative statement about you or the profession of nursing? Make sure your post adheres to relevant federal and state laws, state regulations, employer policies, and the American Nurses Association Code of Ethics with Interpretive Statements. If you think something you are about to post may not be appropriate, most likely it is, and you should delete the post.

Social media is a great resource in our world today, but remember what you post will become permanent and may follow you for years. Always remain professional, confidential, and mindful of the posts you make. Let’s make our social media posts positive, educational, and something we will never regret!

References
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