MARN Weighs in on Important Topics on Beacon Hill

Members of the Massachusetts Association of Registered Nurses (MARN), testified in support of SB 1076/ HB 1484, An Act to Provide Safe Patient Handling and HB 1506, An Act Prohibiting Mandatory Overtime that were heard before the Joint Public Health Committee on September 20, 2011.

The Act to Provide Safe Patient Handling is needed in Massachusetts to ensure a safe environment of care by the elimination of manual patient lifting and handling. The extent of musculoskeletal disorders among the U.S. nursing workforce is particularly distressing. It is estimated that 12% of nurses leave the profession annually due to back injuries and greater than 52% complain of chronic back pain. Injuries secondary to patient handling tasks exacerbate the shortage and are of particular concern with the aging of the nursing workforce.

It is also estimated that the cost to the nation in 2008 was 7.4 billion dollars in direct and indirect costs for worker’s compensation claims, medical bills, and staff replacements for healthcare workers (U.S. Senate, 2010; UMass, 2011). Injured nurses constitute about one-fourth of all claims and one-third of total compensation costs.

Ten states including Rhode Island and New York have enacted similar legislation to protect patients, nurses and other health care workers.

An Act Prohibiting Mandatory Overtime is needed in Massachusetts as there has been a well-documented relationship between nurse fatigue and an increased risk of nurse error with the potential for compromising patient care and safety. Research indicates that risks of making an error are significantly increased when work shifts are longer than 12 hours, when nurses worked overtime, or when they worked more than 40 hours per week. Other industries have been aware for many years of the links between fatigue and accidents, mistakes, errors and near errors. For instance, the airline and trucking industries limit the number of hour’s pilots and truck drivers can fly/drive. They also require a certain number of hours between “flights” or “runs.”

The use of mandatory overtime pushes nurses beyond their capacity to work safely and to provide appropriate, quality care to patients. The retention of nurses is also negatively impacted with mandatory overtime.

Fifteen states have restrictions on the use of mandatory overtime for nurses: Thirteen states have enacted legislation including New Hampshire, Rhode Island and Connecticut.

For more information and to see the complete MARN testimonies go to www.MARNonline.org and click on the Legislation/Advocacy information tab.

MARN Executive Director, Diane Jeffery and Health Policy Committee Co-chair, Maura Flynn, testify.
Will We Get it Right?

Myra Cacace, GNP/ADM-BC, CDE

I often tell the people I care for in my practice “if you live long enough you will experience it” and “you have the rest of your life to get it right!” While I am usually talking about diabetes management, I hope that this bit of optimism about our ability to learn from our experiences and change things for the better apply to all walks of life. So I wonder if we will live long enough to see the institution of a viable health care reform package that all parties can embrace in order for people to receive the best healthcare, by the best practitioner, at the best price, with the best outcomes? Will we see the end of inequities in the distribution of wealth and of health care disparities? Will we ever get it right?

In an effort to get it right, the 2011 editions of the Massachusetts Report on Nursing explored the topic of nurse on nurse bullying. The discussion was lively and I thank Dr. Gino Chisari for his insightful articles and for shining a much needed light on this important issue for the nurses in the Commonwealth. My thanks also to the many nurses who took the time to share their stories and to show that nurses do not have to shoulder this burden alone. We have but scratched the surface on this subject and although we will move on to another topic in 2012, we hope that nurses reflect upon the articles and stories shared in this newsletter and begin or continue to identify, understand and stop workplace bullying. Be sure to see our last words on the issue on pages 4 & 5. Will we ever see the end of nurse on nurse bullying?

In 2012 the Massachusetts Report on Nursing will look at the field of Palliative Care Nursing. As a former Hospice nurse and present day consumer of Hospice services, I understand the value of palliative care and rewards of being the nurse to people at the most vulnerable time in their lives... an experience we will all have BECAUSE we live long enough. Please feel free to share your thoughts in our upcoming issues in 2012. Contact me at newsletter@MARNonline.org.

Before I close for the year, I want to announce that the Career Connections program is getting a new leader! Beth Kinsella, RN has stepped forward to facilitate connections between senior nursing students/newly graduated nurses (aka Seekers) and experienced nurses (Career Guides). Look for more information in upcoming issues. Welcome Beth and thank you for leading the way in the future! Finally I wish all of you a happy holiday season! May your wishes all come true!

AN OPPORTUNITY FOR SCHOLARSHIP

The Arthur L. Davis Publishing Agency Scholarship of $1,000 is awarded yearly to a MARN member to pursue a further degree in nursing or for a child or significant other of a MARN member who has been accepted into a nursing education program. Nominations must be made by MARN members.

The process of nomination is easy:
- Access the applications at the relevant links below.
- Complete the application and submit by the deadline.

Application deadline: March 15.

For more information go to www.MARNonline.org and click on the Arthur L. Davis Publishing Agency Scholarship Application or call MARN at 617-990-2856.

The scholarship recipients will be invited to the MARN Awards Dinner Ceremony on Friday, April 27, 2012.
Dr. Clifford was the former Senior Vice President for Nursing at CareGroup in Boston. She later established and served as the president and chief executive officer of The Institute for Nursing Healthcare Leadership, Inc. (INHL).

Dr. Clifford received her diploma in nursing from The Hospital of St. Raphael School of Nursing in 1956, a BSN from St. Anselm College, a MSN from the University of Alabama, Birmingham and a PhD in Health Policy from the Heller School at Brandeis University.

Dr. Clifford was regularly described as the architect of nursing’s professional practice model—recognized nationally and internationally in hospital and in outpatient/community services. Her practice model is emulated by nurses and health administrators around the world. She became a fellow of the American Assembly of Nurse Executives and a member of the Board of Trustees of the American Hospital Association from 1991 to 1994. Additionally Dr. Clifford was a member of multiple professional organizations and a trustee for her alma mater, Saint Anselm College in New Hampshire.

Her leadership has been recognized with Sigma Theta Tau’s Founder’s Award for Promoting High Professional Standards (1982), Clairhof’s Distinguished Mentor Award, (1990), the Award of Honor of the American Hospital Association (1990), the National Nurse Executive Leadership Award of the American Organization of Nurse Executives (1996), three honorary degrees, the Clio’s Sigma Theta Tau’s Founder’s Award for Promoting Nursing’s “urgent nows”—shaped Helen C. Fagan as they do all nurses. She was present: as a young registered nurse caring for patients on St Elizabeth’s Hospital’s nursing floor known as St Cosmos; later as a teacher passing on her knowledge at the Hospital’s nursing school; and still later as the School’s administrator directing its nursing faculty.” She responded to the intensity of these moments, ever mindful of Solomon’s insight that our time is a very shadow that passes away. Helen knew that time and tide waits for no one.

Knowing how quickly the present fled into the past, Helen made sure that the urgent nows of individuals long dead informed the present. Foremost in her memory were: Ann McElroy, Ann Dolan, Margaret Mcinerney, Elizabeth Carling and Ann Deherty. These five women saw other women in desperate need of care, and opened St Elizabeth Hospital for Women in the South End of Boston in the autumn of 1868. Helen’s nursing care was centered around compassion grounded in competence. She anchored others during times of crisis as well as calm, standing with them in their situation until once again they could stand alone.

Helen stood out for her concern for nursing’s history. When she closed the door on the School in 2000, she ensured that its story would not be forgotten by establishing the St. Elizabeth’s Hospital School of Nursing Collection in the Mary L. Pekarski Nursing Archives in the Burns Library at Boston College. In this Archive, the School’s documents from its founding in 1895 through to its closing in 2000 are preserved including records, photos, catalogs, lecture and ceremonial programs on a DVD recorded April 25, 2010 in which graduates from across seventy years of the School’s history shared their lived experiences as nursing students.

Dr. Clifford’s presence will be missed but her legacy will live on in the lives and practice nurses throughout Massachusetts and the nation.

Request is in pace, Joyce.
Don't Let the Bully Win!

Gino Chisari, RN, DNP

This is the final article in our series about nurse on nurse bullying: Enough is Enough. I want to take this opportunity to thank Barbara Blakeney for inspiring MARN to examine this important topic. She is a strong advocate for nurses and reminds the MARN newsletter editor and board of directors that it is our obligation to work towards addressing issues in order to improve the professional life of our nurse colleagues. I extend my personal thanks to Barbara for her mentoring and coaching for MARN to do the right thing.

Do not shy away from addressing nurse on nurse bullying. How often do you hear someone say, “I am tired of it” or “What can I do?” Nurses are taught how to handle patients, however, when it comes to bullying in the workplace, it is not as straightforward. Our patients receive support and advice; some even used these important (albeit difficult) questions, while others never intervened because they considered the nurse in question to be a “lost cause.”

Consider this: someone you don’t even know needs you to use your voice against the bully. They need our help and we hope that this series will help all of us to move on from the pain, and in some cases, bitterness that stems from having been a victim.

DON’T LET THE BULLY WIN!!!

So many times survivors are told “just let it go.” This is usually offered as a well intentioned suggestion, but for the survivor of bullying, letting it go isn’t that easy. Letting it go and moving on can take years. In order to move on, the survivor needs to be able to trust well enough again to take the risk of being vulnerable again. For some, the risk is too great and that risk is never taken. When we don’t risk being vulnerable again, we can lose some of the great joy that comes from being a nurse. When victims don’t take the risk to be part of the profession they are not only lost to it, they can be lost in the (nearly) debilitating despair for many years.

DON’T LET THE BULLY WIN!!!

Unless you have had the experience, it may be hard for you to understand the devastation of being a victim of bullying. We want nurse victims “to move on from this for their own good.” Survivors and victims of bullying would like nothing more than to move on and would if it were that easy. They need our help...and we hope that this series has formed a comfort and will give them strength toward addressing issues in order to improve the professional life of our nurse colleagues. I extend my personal thanks to Barbara for her mentoring and coaching for MARN to do the right thing.

DON’T LET THE BULLY WIN!!!

All we need to do is simply say; ‘Enough is Enough.’ Nurses CAN dig down deep into their heart. They CAN find the voice to speak up for themselves in situations of bullying. ‘Enough is Enough!’ is enough. Nurses CAN challenge the status quo and change the culture in the workplace that tacitly or actively condones bullying. And if nurses DO these things, I truly believe we would see the end of bullying in our profession.

DON’T LET THE BULLY WIN!!!

I am inspired and humbled by the hundreds of nurses who stand up every day and denounce the injustice of bullying. I applaud the many of you who wrote to share your stories for taking the risk to be vulnerable again. Most of all, I challenge each of us to become involved in our workplaces, civic groups, or professional associations, such as MARN and take a very active stand against bullying. Will you add your voice and say; ‘enough is enough?’

Consider this: someone you don’t even know needs you to use your voice against the bully NOW!

ENOUGH IS ENOUGH!

DON’T LET THE BULLY WIN!!!

Dear Editor,

I feel compelled to respond to Mr. Chisari’s previous article, “Bullying: Everybody’s Business.” Mr. Chisari, you are correct. nurses have not witnessed the classic act of nurse on nurse bullying in my career. However, I have repeatedly seen and on several occasions have been the target of indirect bullying by a coworker/colleague.

The bullying nurse plants the seed of contention and humiliation into the mind of a superior who then carries out the abusive actions. For example, the “seed planter” operating room nurse has a great relationship with a surgeon who is the “bully.” The “seed planter” sabotages coworkers by complaining and blaming them for being incompetent. The sabotaged coworker then faces the wrath of the surgeon (bully) because the victimized nurse is now deemed incompetent. The sabotaged coworker without knowing why her reputation is compromised.

This type of covert bullying is especially difficult to identify, address and prevent. I have been a victim of this kind of bullying and luckily the two worst attacks on my character were short lived and the nurse “seed planters” were exposed. Karma is a wonderful thing. Thanks for letting me share my experience in this matter with you.

Sincerely,

Anonymous

Bullying: Everybody’s Business

by Anonymous

Armed with resources, and effective leadership, nurses are the time for nurses to tackle bullying. One study; “The Silent Treatment Study” illustrates that despite coaching, teaching, and encouragement of staff nurses to address bullying behaviors, only 16% of nurses are likely to do so (Silence Kills, silenttreatmentstudy.com). This underscores the crucial need to work towards the alleviation of incivility between nurses. Resisting the bullying issue enhances patient safety and increases healthcare work environments (Rosenstein, O’Daniel, 2005). Teachers of nurse leaders including Diane Scott, of Conflict Engagement for the Center for American Nurses and Kathleen M. McCauley, past president and a facilitator of AACN Standards for Establishing Healthy Work Environments add their voices to the issue of workplace bullying. Here in Massachusetts, Jeannette Everson, a well known nurse leader at the Massachusetts General Hospital leads the charge to develop a respectful and accountable nursing culture at MGH. She supports staff nurses challenged by bullying behaviors with communication, education and encouragement to staff nurses, managers and administrators to examine and address inappropriate behaviors on their units and develop an outcome of respect within our profession.

Unfortunately, my story is about a manager who promoted bullying behaviors in my unit. As a charge nurse, I learned that a nurse on my unit involved in a treatment incorrectly. Upon review with that nurse, it became obvious that she thought she correctly provided the treatment and refused to be wrong. She implied that I was wrong and that people would find out that I was endangering a patient’s life. I discussed this with my nurse manager, who said she would look into it. Instead, the nurse was promoted to another position in the hospital. Later, a social event, my nurse manager spoke in derogatory terms about that nurse describing the incident to another charge nurse and the nurse was appalled but did not challenge my nurse manager at that time. I moved to another unit.

What went wrong? This manager:

- Undermined me by not addressing the issue of a patient’s care
- Disrespected me by not addressing the issue of a patient’s care
- Gave tacit permission for her staff to ignore and disrespect to another nurse on the unit
- Added to unhelpful gossip undermining unit morale
- Sabotaged a nurse’s success by withholding feedback, education, or counsel

What can you do?

- Arm yourself with the ANA Code of Ethics for Nurses and the AACN Standards for Establishing and Sustaining Healthy Work Environments (American Association of Critical Care Nurses, 2005)
- Hold staff accountable for their complaints and first discuss the matter in question with the nurse in question.
- Find a neutral facilitator who can model good listening skills and constructive feedback.
- Keep in mind, a victim of bullying behaviors will be ‘set up in isolation’ where there are no witnesses to the bullying behavior and may not be eager to report what is really happening for fear of mismanagement and escalation of bullying.

It takes courage and knowledge for nurses to stand up to the bully (especially if that bully is your boss) but the above resources can help! Nurses have many more important issues to tackle such as nurse shortage and patient care but the general upheaval of the health care system to be addressed. Don’t Let the Bully Win!!
In 2011 the MAssachusetts Report on Nursing featured articles about nurse on nurse bullying. The MARN Leadership Team understands the timeliness of this topic and is gratified by the lively discourse experienced in this and past newsletter editions, shining a much needed light on these most unacceptable behaviors in our profession. We must do whatever is needed to root out and eliminate workplace bullying. We must encourage behaviors that increase our professional esteem and satisfaction in our work. I would like to offer my ideas about behaviors which can and should be encouraged.

Professional athletes congratulate each other openly with “high fives” or other displays of celebration for a good play. I wonder how often we as nurses celebrate each other’s accomplishments. When was the last time you congratulated a colleague for a job well done? We all know how hard some days can be, wherever we practice. Wouldn’t it feel good to have a co-worker say something like, “Wow, you did a phenomenal job with ___”? Nurses could have daily celebrations since we do phenomenal jobs every day. Right? What would happen if nurse managers took time to notice and to comment about how well individual nurses contribute to excellence in patient care? Nurses are provided feedback about their successes.

Panela Thompson, CEO of the American Organization of Nurse Executives states, “It’s the role of the nurse executive and nurse managers to establish a work environment that supports professional practice.” The Nursing Organizations Alliance, a coalition of nursing organizations united to create a strong voice for nurses, developed a set of principles to help create a positive work environment (see figure 1). Nurse Managers and Staff Nurses must work together to create and sustain a positive work environment!

Communication is the key. Susan Gaddis (www.communicationdoctor.com) sees “communication as a potentially infectious virus, stating, “Communications have the ability to infect or heal ... nurses should take an active role in affecting—not infecting—their own professional work space.” Her antidote for the “communication virus” is to:

- •	 recognize	 and	 reward	others’	contributions
- •	 set	 positive	 expectations—
- •	 create	a	 social	 network	 that
- •	 take	 care	of	each	other
- •	 ask	 for	 help	 when	 you	 need
- •	 Professional	practice	 and	 professional
- •	 A	communication	 rich	 culture	 (open
- •	 Respectful	Collegial	Communication
- •	 The	presence	 of	 adequate	 numbers	 of
- •	 The	 presence	 of	 expert,	 competent,
- •	 A	 culture	 of	 accountability	 (role
- •	 A	 Positive	Work
- •	 be	your	own	cheerleader—create	an	positive
- •	 embrace	 a	 proactive	 stance	 in	 claiming
- •	 facilitating	 support	 for	 meaningful	 contributions
- •	 A	 succinct	 summary
- •	 be	 your	 own	 cheerleader—create	 an	 positive

Figure 1

Principles to Create a Positive Work Environment

- •	 be	 your	 own	 cheerleader—create	 an	 positive
- •	 Respectful	Collegial	Communication
- •	 A	 communication	 rich	 culture	 (open
- •	 A	 culture	 of	 accountability	 (role
- •	 The	 presence	 of	 adequate	 numbers	 of
- •	 The	 presence	 of	 expert,	 competent,
- •	 Shared	decision	making	at	all	levels
- •	 Professional	practice	 and	 professional
- •	 Recognition	 of	 nursing’s	 contribution	 within	 the
- •	 Recognition	 of	 nurses	 for	 their	 meaningful	 contributions
to	 the	 practice.

Source: Nursing Organizations Alliance
The Practice of Nursing is regulated by each individual state. The license provided by the Massachusetts Board of Registration in Nursing provides for the legal practice of nursing, to a patient, for a fee, only in this state. Known as the Nurse Practice Act, M.G.L. Chapter 112 SS 80 – 80H and S 81 and regulations found at 244 CMR 1.00 – 9.00 together define and regulate the practice of nursing. The composition and responsibilities of the Board itself can be found in M.G.L. Chapter 13 Sections 13 – 15D. Most nurses don’t consider the impact and limitations about the fact their practice is governed by law and currently that law restricts a nurse’s practice to the Massachusetts borders. However nurses who live close to the New Hampshire, Connecticut or New York borders frequently have dual licensure at a significant expense, in order to practice outside of the Commonwealth.

Since 2000 the National Council of State Boards of Nursing (NCSBN) has pushed for NLC. According to the NCSBN the General Purposes of the legislation are to:

➢ Facilitate the state’s responsibility to protect the public’s health and safety.
➢ Ensure and encourage cooperation of party states to hold each party state and nurse accountable and
➢ To utilize the exchange of information between states for license verification and disciplinary purposes.4

Across the country however a fear of union strike-breaking has been identified as a barrier to new role for case managers to contact patients even remotely. This technology allows patients in rural areas or those with restricted mobility to be monitored at home and reduces the need for frequent visits to a doctor’s office or clinic.5

In addition another member of the Case Management Society of America also testified noting that: “The use of telecommunication and e-health technology in case management has risen to support the growing mobile patient population. Most patients now carry cell phones and request to be reached by this mode of communication. My team of nurse case managers follows the standards of practice for case management by assisting patients in safe transitions of care and conducting several follow-up calls to ensure a safe transition plan which can significantly reduce readmissions. Cell phones make it impossible to know exactly where patients may be located which causes great concern for the nurse case managers when they learn the patient has been reached outside of Massachusetts where they do not hold a nursing license due to the current law. Nurses should be able to practice within their scope of nursing practice without fear of litigation for crossing state lines via telecommunication.”6

1 www.ncsbn.org/nlc
2 Public Testimony found at InstaTrac.com.
3 Public Testimony found at InstaTrac.com.
Massachusetts Proud to be Named Future of Nursing Action Coalition

WASHINGTON (September 26, 2011)—A national initiative aimed at enabling nurses to practice to the full extent of their education and training has selected Massachusetts to participate as an Action Coalition state.

The national group—Future of Nursing: Campaign for Action—is coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF). The Massachusetts Action Coalition represents 11 statewide nursing organizations and is jointly led by the Organization of Nurse Leaders, MA/RI (ONL-MA/RI) and the Massachusetts Department of Higher Education (DHIE).

The Massachusetts Action Coalition will work with the campaign to implement the recommendations of the 2010 landmark Institute of Medicine (IOM) report, The Future of Nursing: Leading Change, Advancing Health.

Since its release one year ago, the landmark report has made a considerable impact on the way stakeholders are viewing the nursing workforce:

• As of June 2011, The Future of Nursing: Leading Change, Advancing Health became the most viewed online report in the IOM’s history. And it has sparked widespread activity to address the recommendations.
• CCNA has convened stakeholders through its Champion Nursing Coalition of 48 national health care, consumer, business and other organizations and Champion Nursing Council of 27 national nursing organizations to develop strategies to implement the IOM recommendations.
• In less than a year, groups have coalesced in nearly every state to respond to the IOM recommendations. Thirty-six states have campaign-designated Action Coalitions comprised of nursing, other health care, business, consumer and other leaders banded together to implement the IOM report recommendations.

“We are thrilled to add the Massachusetts Action Coalition to the Action Coalition network,” said Susan B. Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF and director of Future of Nursing: Campaign for Action. “The Campaign for Action must work at every level to build and sustain the changes necessary to improve health care for all Americans, and we know the contributions of the Massachusetts Action Coalition will be invaluable as we move forward.

Action Coalitions also were announced today in 20 other states across the country. Rhode Island is the other New England state to be accepted. “The expertise of our coalition members and our proven capacity with key factors in being selected,” said Sharon Gale, MS, RN, and CEO of ONL-MA/RI. “The Massachusetts Action Coalition will advance the goals outlined in the application through its recently established MA Nursing Leadership Coalition which represents major nursing organizations and key stakeholders who share a commitment to improve nursing education, bridge academics and practice, expand nursing leadership roles and promote a full scope of nursing practice.”

David Cedrone, Associate Commissioner for Economic and Workforce Development at the Massachusetts Department of Higher Education, said, “The Massachusetts Action Coalition will inform our nursing programs of emerging education and skills requirements for nurses at all levels of practice, ensuring that we are producing the nurses of the future, today.”

“Adding this new wave of Action Coalitions represents a major step forward in the campaign’s evolution,” said Susan Reinhard, PhD, RN, FAAN, senior vice president of the AARP Public Policy Institute and CCNA chief strategist. “The Massachusetts Action Coalition has already made great strides in Massachusetts, and their application reflected capable leadership, clear goals and strong action plans.”

The campaign seeks active participation from states, national organizations and individuals from health care, business, education, government and philanthropic sectors to ensure that the recommendations are translated into actions that result in improved patient-centered care. Specifically, the Campaign for Action is working to implement the recommendations of the IOM report with an emphasis on:

• Strengthening nurse education and training;
• Enabling nurses to practice to the full extent of their education and training;
• Advancing interprofessional collaboration among health care professionals to ensure coordinated and improved patient care;
• Expanding leadership ranks to ensure nurses have a voice on management teams, in boardrooms and during policy debates; and
• Improving health care workforce data collection to better assess and project workforce requirements.

For more information about the Campaign for Action go to www.thefutureofnursing.org.

The Future of Nursing: Campaign for Action envisions a health care system where all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities. The campaign is coordinated through the Center to Champion Nursing in America, an initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation, and includes 36 state Action Coalitions and a wide range of health care providers, consumer advocates, policy-makers and the business, academic and philanthropic communities.
Save the date!

The following continuing nursing education activities were approved by the Massachusetts Association of Registered Nurses, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Update on Cardiac Treatment for Women and Men
March 28, 2012
6:30-8:30pm
Regis College, Alumnae Hall
235 Wellesley St., Weston, MA 02493

An update on health care reform on both the state and national level will be presented by experts. The particular focus will be on the proposed changes in payment reform and health care delivery. What does this mean for consumers and health care providers?

Fee: None
For more information: Contact Amy Anderson, EdD, RN, Coordinator of the President’s Lecture Series on Health
Presidents.lectureseries@regiscollege.edu
Telephone: 781-768-7120
Contact Hours: 2

The MARN Approver Unit
The only Professional Nursing Organization ANCC Approver Unit in the Commonwealth
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For up to date information about how to become an approved provider (for a single activity or as an organization) please visit the MARN Website www.MARNonline.org

MARN membership: Have you gotten your MARN News message? If not, then we don’t have your correct email address. If you want to begin receiving this important information, just send an email to info@marnonline.org with “AID” and your name on the subject line.

We also welcome any pictures that show MARN members in action...at work or at play. Interested persons, please contact Myra Cacace at newsletter@MARNonline.org.
The Continuing Education Unit

In order to save space, we are offering the Continuing Education unit upon request. To see the entire CE unit, please contact newsletter@MARNonline.org and it will be sent to your computer.

If you want to receive the unit by conventional mail, please send your name and address to: Newsletter Editor, P O Box 285, Milton MA 02186 (Please allow 4 weeks for delivery by conventional mail).

Requesting the CE unit in this way does NOT imply an obligation to complete the unit and there is no cost until you complete the Application and CE test.

Developing a Nursing IQ – Part II: The Expertise of Nursing Process
Ohio Nurses Association
ONA-09-24-1

INDEPENDENT STUDY
This independent study has been developed for nurses to better understand the critical thinking in the nursing process. 1 contact hours will be awarded for successful completion of this independent study.

The Ohio Nurses Association (OBN-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
Expires 10/14/13.
MARN Members Represent Massachusetts at ICN Conference in Malta

by Susan LaRocco, PhD RN MBA

More than 2000 nurses from Angola to Zimbabwe, (127 countries) convened at the International Council of Nurses Conference (ICN) in Malta in May. Massachusetts was represented by several MARN members including ANA President Karen Daley, Diane Feeney Mahoney, Susan LaRocco and Linda Caldwell, who presented on the Institute of Medicine (IOM) recommendations on nursing education and incorporating quality and safety initiatives in undergraduate curriculum.

The ICN is a federation of more than 130 national nursing associations, consisting of 13 million nurses from around the world. The ICN mission is “to represent nursing internationally, advancing the profession and influencing health policy worldwide.” ICN works in three main program areas (known as ICN’s Pillars) to improve nursing and health: Professional Practice, Regulation and Social Economic Welfare (http://www.icn.ch/about-icn/).

The conference began with an impressive opening ceremony with each nation sending representatives, many in native costumes, across the stage. The host organization, the Malta Union of Midwives and Nurses, welcomed the nurses of the world. During the conference, Becton, Dickinson and Company, known worldwide as a medical technology company, received the Partners in Development Award for their support of the ICN Wellness Centers for Health Care Workers. These centers work to provide access to health and wellness services for health care workers and their families in sub-Saharan Africa.

Plenary speakers included Dr. Diana Mason from the US, who elaborated on the conference theme: Nurses Driving Access, Quality and Health; Mrs. Jeannette Kagame, the First Lady of the Republic of Rwanda, on the role of women and the education of girls; and Mrs. Alice Darkoa Asmah, Managing Director of the Ghana Registered Nurses Association on the topic of social movements and health system transformation. Other presentations focused on technology, ethics, nursing education, clinical care, nursing workforce and history. Of particular interest to me were several sessions on international nurse migration. Barbara Nichols, the Chief Executive Officer of CGFNS International noted that of the almost 7 billion people in the world, 1 billion cross international borders annually. This may be something as simple as living in Canada and crossing to the US daily to work, or a permanent move to a new country. The migration of nurses is now being termed “brain circulation” rather than a brain drain from underdeveloped countries. Other speakers commented on the use of foreign nurses and the work that is being done to integrate them into the health care system of their new country.

Taiwanese Nurses at the ICN conference in Malta.

Fatima Al Rifae, a board member of the Emirates Nursing Association, noted that in the United Arab Emirates only 3% of all employed nurses are native born. Countries that most commonly send nurses abroad include the Philippines and India. Malta, a small island nation in the Mediterranean south of Sicily, has a rich history of nursing. The Knights of Malta, variously known as the Knights of St John of Jerusalem and the Knights Hospitaller, established the Sacra Infermeria in 1574. This hospital had 600 beds, including 350 patients in the Great Ward. A unique feature of this hospital was that each patient had his own bed (common practice in other hospitals in that era was to have two patients per bed). In 1799, this historic building was turned into the conference venue and the site of this year’s ICN conference. Moving from room to room, treading on the same sandstone steps used by the male nurses of the Knights of Malta caring for their patients, one could not help but feel a sense of connection to nurses throughout history.

Attending the ICN conference was a wonderful experience. The next congress is in Australia in 2013 and the next conference is in South Korea in 2015. Perhaps you will consider going?
MARN Joins Massachusetts Healthy Air Campaign

by Maura Flynn RN, MARN Health Policy Co-chair

Massachusetts recently joined a national campaign in response to relentless Congressional assaults on the Clean Air Act, which for 40 years has been in place to protect the air we breathe. The Massachusetts Healthy Air Campaign, comprised of over two dozen health organizations and led by the American Lung Association in Massachusetts, was formed with a goal of protecting the health of citizens across the Commonwealth, especially those most vulnerable—the elderly, children and those who suffer with lung related diseases, such as asthma.

Breathing toxic air pollution has been linked to thousands of adverse health outcomes, including cancer, asthma attacks, strokes, and emergency department visits. For those of us living in Massachusetts, these are some other facts to consider:

- According to the American Lung Association’s 2011 State of the Air report, every Massachusetts County with an air monitor, from the Berkshires to Provincetown, received a “D” or “F” grade for the high number of days that smog reached unhealthy levels.

Catherine Tinkham, a public health nurse taught at the Boston University School of Nursing after a career in the U.S. Navy Nurse Corps Reserve died May 21, 2011. Tinkham was 95 years old. Devoted to nursing’s history, Tinkham served on the Board of the Nursing Archives Associates. Thanks to her leadership of the Acquisitions Committee, the Nursing Archives Associates was able to purchase several Florence Nightingale letters. Tinkham also portrayed Linda Richards, the first American to earn a nursing diploma, during the Lucy Lincoln Brown Nursing History Society and the Nursing Archives Associates’ program: The Centennial of the American Nurses Association: Voices from the Past at Boston University in the Spring of 1996.

MARN Joins Massachusetts Healthy Air Campaign

by Maura Flynn RN, MARN Health Policy Co-chair

Massachusetts recently joined a national campaign in response to relentless Congressional assaults on the Clean Air Act, which for 40 years has been in place to protect the air we breathe. The Massachusetts Healthy Air Campaign, comprised of over two dozen health organizations and led by the American Lung Association in Massachusetts, was formed with a goal of protecting the health of citizens across the Commonwealth, especially those most vulnerable—the elderly, children and those who suffer with lung related diseases, such as asthma.

Breathing toxic air pollution has been linked to thousands of adverse health outcomes, including cancer, asthma attacks, strokes, and emergency department visits. For those of us living in Massachusetts, these are some other facts to consider:

- According to the American Lung Association’s 2011 State of the Air report, every Massachusetts County with an air monitor, from the Berkshires to Provincetown, received a “D” or “F” grade for the high number of days that smog reached unhealthy levels.

MARN has enthusiastically signed on as a member organization of the Massachusetts Healthy Air Campaign and we would like to encourage nurses to get involved with this important effort. You can email your friends and colleagues to sign postcards to send to Congress, write a letter to the editor, send an email to your Congressman, or share your own personal story of how you or your family and friends are affected by air pollution.

For more information contact Maura Flynn mauraflynn1@gmail.com or Geoff Esposito at the ALA @ 781-334-9006 or geoffesposito@aliance.org. You can also or more information or go directly to Volunteer for our Massachusetts Healthy Air Campaign! But please be sure to tell them that you are a MARN member!
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