I would like to begin my first communication by thanking you for this opportunity to serve you and the patients, families, and communities of Indiana. This is a great honor, and I will do my best to promote the profession of nursing in every avenue available. Serving first as an ISNA board member and now as ISNA president has been a challenging but rewarding experience.

There is no better way to understand your profession than to engage yourself in the activities that make it visible to the public. With this in mind I would like to invite each of you to be engaged. I don’t mean you have to run for the board of directors of ISNA or the American Nurses Association. That, in fact, may be too much for many nurses. Regardless of the time you have to give, each of you has something to offer, a skill that would strengthen the profession in some way. Perhaps you know something about planning meetings and continuing education offerings. If this is the case, you might consider helping plan the Annual Meeting of the Members that is held each year in the fall. Do you know something about nursing workforce development? ISNA working with deans, directors, CNOs, healthcare institutions, nursing agencies, Nursing 2000 and others to develop and implement strategies to remedy the nursing shortage. This is an exciting and diverse group of nurses. Is there a health care issue with which you are interested in and have expertise? ISNA would love to have members who we can call on to testify on behalf of a bill we promote or against a bill that is not in the best interest of those we serve. Maybe you are passionate about health care reform (who wouldn’t be) and, if this is the case, you might want to work with a group that discusses the important issues for the profession of nursing in this state and then disseminate the information. Nurses need to understand all the issues involved in health care reform and what that means, not just in the short term but also in the long term. There is no excuse for not being well informed. Many depend on us to have accurate, well thought out information. What a way to jump start the new year… a hearty, robust discussion takes some time. Reading, discussing, and understanding the issues that confront us are the first steps. Bringing all the information together to do the work of the profession is the next step. We have a way to go with health care reform and other demanding issues. We need your help. The time you give is precious. More importantly, by being a member you commit to the vision and mission of our profession. There may be times you are not able to be actively involved in a committee or task force. However, your membership dues are used to help the organization promote those issues to which we have committed. Each of us knows at the end of a day that we have contributed to the safe and effective care of a patient, family or community. Our collective work is being heard. Patients tell us we are trusted. Hospitals tell us we are needed. Colleges and universities recruit us. Our professional organization continues to press forward working for all nurses and subsequently those we serve. There is much to do and we need your voice. During this New Year, decide to be engaged in your professional organization in some way. You are the voice that can make a difference. Can you hear our collective voice calling you?
Preparing Nurses for Health Care Reform:
That the Indiana State Nurses Association educate Indiana nurses on these important health care reform measures; and that the Indiana State Nurses Association encourage nurses to advocate for these health care reform measures.

ISNA Public Policy Platform was amended and readopted.

Tellers Report: Cindi Moon read the results of the elections.

DELEGATE 2009-2011 & ALTERNATE ANA 2009-2011
Mary Davidson, Editorial Assistant
Ernest C. Klein, Jr., CAE, Editor

OFFICERS 2009-2011
President: Ella Harmeyer, South Bend
Vice-President: Diana K. Sullivan, Greenwood
Secretary: Paula McAfee, Indianapolis
Treasurer: Michael Fights, Lafayette

COMMITTEE ON NOMINATIONS 2009-2011
Dorene M. Albright, Chairperson, Griffith
Janet S. Blossom, Lafayette
Jennifer Embree, Campbellsburg
Ella Sue Harmeyer, South Bend
Linda Shinn, Indianapolis

DELEGATES TO ANA 2009-2011 (in addition to President Kelly and Treasurer Fights)
Esther L. Acree, Brazil
Dorene M. Albright, Griffith
Janet Blossom, Lafayette
Ella Sue Harmeyer, South Bend
Joyce Darnell, Rushville

ALTERNATE DELEGATES TO ANA 2009-2011
Jennifer Embree, Campbellsburg
Kathleen Walsh Free, Hanover
Jenna Sanders, Port Wayne
Grant Tyler, Hamilton

COMMITTEE ON NOMINATIONS 2009-2011
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Joyce Darnell, Rushville

ALTERNATE DELEGATES TO ANA 2009-2011
Mary Cisco, Indianapolis
Jennifer Embree, Campbellsburg
Kathleen Walsh Free, Hanover
Jenna Sanders, Port Wayne
Grant Tyler, Hamilton

BOARD OF DIRECTORS 2009-2013
Angela Heckman, Kokomo
Cynthia Stone, Indianapolis

BOARD OF DIRECTORS 2009-2011
Judy Morgan, Vincennes
Vicki Johnson, Seymour

Veda Gregory (l), Terre Haute, received the Georgia Nyland Public Policy Award from President Ella Harmeyer (r) for her many years of advocating for nurses, nursing and healthcare to local and state elected officials.

Summary of 2009 continued from page 1

Vickie Johnson, Seymour, Director. Standing l-r: Angie Heckman, Kokomo, Director; Diana K. Sullivan, Greenwood, Secretary; Paula McAfee, Indianapolis, Treasurer; Judy Morgan, Vincennes, Director; and Cindy Stone, Indianapolis, Director.
Welcome to New and Reinstated ISNA Members

Pamela Ales-Hadley, Terre Haute, IN
Rosemarie Allemeier, Carmel, IN
Leah Arnold, Indianapolis, IN
Ronni Banks, Niles, MI
Julie Barth, Indianapolis, IN
Vinita Baumann, Indianapolis, IN
Sheryl Branson, Indianapolis, IN
Samantha Carney, Kirklin, IN
Gloria Danielson, Greenwood, IN
Laura Darnell, Carmel, IN
Alice Dzyak, Westfield, IN
Gail Edwards, Indianapolis, IN
Camille Elick, Portland, IN
Susan Evans, Fishers, IN
Mary Fisher, Valparaiso, IN
Amber Floyd, Richmond, IN
Colette Fuqua, Carmel, IN
Carolyn Furno, Bloomington, IN
Elizabeth Gunden, Goshen, IN
Grady Haley, Greenfield, IN
Amanda Ham, Newberry, IN
Barbara Hannah, Alexandria, IN
Teresa Headington, English, IN
Taraca Holmes, Lafayette, IN
Justine Hunt, Beech Grove, IN
Deborah Jones, Portland, IN
Michelle Joplin, Alexandria, VA
Marla Kantz, Lafayette, IN
Barbara Kunnen, Plymouth, IN
Jennifer Loop-Miller, New Carlisle, IN
Cathy Lowe, Westfield, IN
Michelle Luttrell, APO, AP
Lillian Michaels, Chesterton, IN
Jenny Michko, Elkhart, IN
Sherry Mosier, Valparaiso, IN
Sharon Nicson, Cory, IN
Tonja Patpeli, Carmel, IN
Robin Prendergast, Indianapolis, IN
Ruth Rafacz, Delphi, IN
Wesley Robinson, Indianapolis, IN
Kathleen Schaffer, New Haven, IN
Jennifer Sims, Newburgh, IN
Michelle Sluss, Indianapolis, IN
Lyn Stevens, New Carlisle, IN
Margaret Stoffregen-DeYoung, Munster, IN
Linda Stout, Seymour, IN
Paul Stubblefield, Indianapolis, IN
Joyce Szewka, Munster, IN
Denise Thieme, Fort Wayne, IN
Julia Thorington, Indianapolis, IN
Jacquelyn VanBlarcum, Greenwood, IN
Carol Walker, Valparaiso, IN
Janis Watts, Carmel, IN
Jenna Wenger, Indianapolis, IN
Betty Jo Williams, Knox, IN
Michele Yarbrough, Bloomington, IN
Heidi Yoder, Indianapolis, IN

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APPLICATION FOR RN MEMBERSHIP in ANA and ISNA

Or complete online at www.NursingWorld.org

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<tr>
<td>Last Name, First Name, Middle Initial</td>
<td>Name of Basic School of Nursing</td>
</tr>
<tr>
<td>Street or P.O. Box</td>
<td>Home phone number &amp; area code</td>
</tr>
<tr>
<td>County of Residence</td>
<td>Work phone number &amp; area code</td>
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<tr>
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<td>RN License Number</td>
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<td>State</td>
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1. SELECT PAY CATEGORY

- Full Dues – 100%
  - Employed full or part time.
  - Annual-$269
  - Monthly (EDPP)-$22.92

- Reduced Dues – 50%
  - Not employed; full-time student, or 62 years or older.
  - Annual-$135.50
  - Monthly (EDPP)-$11.71

- Special Dues – 25%
  - 62 years or older and not employed or permanently disabled.
  - Annual $67.25

2. SELECT PAYMENT TYPE

- FULL PAY – CHECK
- FULL PAY – BANCARD

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<th>Card Number</th>
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</table>

Signature for Bankcard Payment

3. SEND COMPLETED FORM AND PAYMENT TO:
Customer and Member Billing
American Nurses Association
P.O. Box 504345
St. Louis, MO 63150-4345

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ELECTRONIC DUES PAYMENT PLAN, MONTHLY

The Electronic Dues Payment Plan (EDPP) provides for convenient monthly payment of dues through automatic monthly electronic transfer from your checking account.

To authorize this method of monthly payment of dues, please read, sign the authorization below, and enclose a check for the first month (full $22.92, reduced $11.71). This authorizes ANA to withdraw 1/12 of my annual dues and the specified service fee of $0.50 each month from my checking account. It is to be withdrawn on/after the 15th day of each month. The checking account designated and maintained is as shown on the enclosed check. The amount to be withdrawn is $________ each month. ANA is authorized to change the amount by giving me (the undersigned) thirty (30) days written notice. To cancel the authorization, I will provide ANA written notification thirty (30) days prior to the deduction date.

Signature for Electronic Dues Payment Plan
## Certification Corner

It’s a new year and there are some new approaches to certification.

I’d like you to meet two educators who have developed a unique approach to certification review. Their names are Cathy Hakes, BSN, RN, CVRN and Greda Retcher, MS, RN, PCCN, CVRN. Both have cardiovascular experience and certification. They also want staff nurses in this specialty to have preparation that will enable them to successfully attain their own cardiovascular certification.

They began by researching available certification preparation programs and were surprised to find that no specific course was available. Naturally, the next step was to create their own review course and offer it within their facility. Several weeks later, there was a 30-hour course ready to go. The course was divided into ten 3-hour modules and they decided to offer it free of charge and provide nursing contact hours for attendance. Since eligibility for the exam requires 30 contact hours, attendance at the entire review course would meet the needed requirements.

Next, they began to focus on course faculty. They planned to teach some session materials themselves, but really wanted local experts to present much of the material. It didn’t take long to enlist cardiologists, advanced practice nurses, and certification preparation programs and were surprised to find that no specific course was available. Naturally, the next step was to create their own review course and offer it within their facility. Several weeks later, there was a 30-hour course ready to go. The course was divided into ten 3-hour modules and they decided to offer it free of charge and provide nursing contact hours for attendance. Since eligibility for the exam requires 30 contact hours, attendance at the entire review course would meet the needed requirements.

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Next, they began to focus on course faculty. They planned to teach some session materials themselves, but really wanted local experts to present much of the material. It didn’t take long to enlist cardiologists, advanced practice nurses, case managers, nurse leaders, and the hospital’s risk manager as faculty members.

Several nurses volunteered for the first series of classes, they, at first, were unsure of what they were getting into, but soon eagerly looked forward to each week’s class. The interaction between the students and faculty was impressive and the evaluations reflected this. Education became fun for everyone involved.

The nurses incorporated their new knowledge into their clinical practice and shared information about the course with their colleagues on their assigned units. Cathy and Greda received well deserved accolades for their novel approach to certification review. Other nurses are now eagerly awaiting the next cardiovascular certification course in 2010. They have started a program that will pay great dividends in years to come.

Certification matters and their work reflects this.

Thanks, Cathy and Greda for your promotion of certification and for enhancing the skills of your nursing colleagues!
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<tr>
<th>Date/Time</th>
<th>Event/Location</th>
<th>Contact Information</th>
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<td>January 11–March 19, 2010</td>
<td>Critical Care Nursing: “Neonatal Intensive Care” Web-Based Course</td>
<td>Indiana University School of Nursing  <a href="http://nursing.iupui.edu/continuing/">http://nursing.iupui.edu/continuing/</a> Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
</tr>
<tr>
<td>January 11–March 19, 2010</td>
<td>Critical Care Nursing: “Pediatric Intensive Care” Web-Based Course</td>
<td>Indiana University School of Nursing  <a href="http://nursing.iupui.edu/continuing/">http://nursing.iupui.edu/continuing/</a> Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<td>January 22–23, 2010 10:00 A.M.</td>
<td>Indiana Organization of Nursing Executives Board Meeting/Annual Retreat Marriott-Keystone at the Crossing, Indianapolis</td>
<td>KONE, Phone: 317/423-7731  <a href="http://www.indianaone.org/id3.html">http://www.indianaone.org/id3.html</a> Email: <a href="mailto:gbhines@johnsonmemorial.org">gbhines@johnsonmemorial.org</a></td>
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<tr>
<td>January 21, 2010</td>
<td>Indiana State Board of Nursing, Conference Ctr. Auditorium</td>
<td>Phone: 317/234-2843  <a href="http://www.in.gov/pla/nursing.htm">www.in.gov/pla/nursing.htm</a></td>
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<td>January 26–27, 2010</td>
<td>Nursing Aid Program Director &amp; Instructor Training Conference</td>
<td>Indiana University School of Nursing, Phone: 317/274-7779 Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<tr>
<td>February 1–7, 2010</td>
<td>Teaching and Learning in Web-based Courses: A Web-based Professional Certificate Program “Designing Web Pages for Web Course”</td>
<td>Indiana University School of Nursing, Phone: 317/274-7779 Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<tr>
<td>February 17, 2010</td>
<td>2010 Legislative Conference</td>
<td>Indiana State Nurses Association Phone: 317/299-4575 Email: <a href="mailto:ca@indiananurses.org">ca@indiananurses.org</a></td>
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<tr>
<td>February 18, 2010</td>
<td>Indiana State Board of Nursing, Conference Ctr. Auditorium</td>
<td>Phone: 317/234-2843  <a href="http://www.in.gov/pla/nursing.htm">www.in.gov/pla/nursing.htm</a></td>
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<td>February 22–28, 2010</td>
<td>Teaching and Learning in Web-based Courses: A Web-based Professional Certificate Program “Teaching and Evaluation in Web-based Courses”</td>
<td>Indiana University School of Nursing, Phone: 317/274-7779 Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<td>Feb. 22–March 26, 2010</td>
<td>“E-Learning for Staff Educators” Web-Based Course</td>
<td>Indiana University School of Nursing, Phone: 317/274-7779 Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<tr>
<td>March 5, 2010 1:00 P.M.</td>
<td>Indiana Organization of Nursing Executives Board Meeting/Hendricks Regional Health 1100 Southfield Dr., 2nd Floor, Plainfield, In (317) 839-7200</td>
<td>KONE, Phone: 317/423-7731  <a href="http://www.indianaone.org/id3.html">http://www.indianaone.org/id3.html</a> Email: <a href="mailto:gbhines@johnsonmemorial.org">gbhines@johnsonmemorial.org</a></td>
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<td>March 8–April 4, 2010</td>
<td>Teaching and Learning in Web-based Courses: A Web-based Professional Certificate Program “Practicum: The Development of a Web Course”</td>
<td>Indiana University School of Nursing, Phone: 317/274-7779 Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<td>March 15–April 23, 2010</td>
<td>“Clinical Faculty: A New Practice Role” Web-Based Course</td>
<td>Indiana University School of Nursing, Phone: 317/274-7779 Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<td>March 18, 2010</td>
<td>Indiana State Board of Nursing, Conference Ctr. Auditorium</td>
<td>Phone: 317/234-2843  <a href="http://www.in.gov/pla/nursing.htm">www.in.gov/pla/nursing.htm</a></td>
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<tr>
<td>March 26, 2010</td>
<td>ISNA Board Meeting ISNA Headquarters</td>
<td>Indiana State Nurses Association, Phone: 317/299-4575 Email: <a href="mailto:ca@indiananurses.org">ca@indiananurses.org</a></td>
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<td>April 15, 2010</td>
<td>Indiana State Board of Nursing, Conference Ctr. Auditorium</td>
<td>Phone: 317/234-2843  <a href="http://www.in.gov/pla/nursing.htm">www.in.gov/pla/nursing.htm</a></td>
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<td>April 30, 2010 10:00 A.M.</td>
<td>Indiana Organization of Nursing Executives Board Meeting/Hendricks Regional Health 1100 Southfield Dr., 2nd Floor, Plainfield, In (317) 839-7200</td>
<td>KONE, Phone: 317/423-7731  <a href="http://www.indianaone.org/id3.html">http://www.indianaone.org/id3.html</a> Email: <a href="mailto:gbhines@johnsonmemorial.org">gbhines@johnsonmemorial.org</a></td>
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<td>May 20, 2010</td>
<td>Indiana State Board of Nursing, Conference Ctr. Auditorium</td>
<td>Phone: 317/234-2843  <a href="http://www.in.gov/pla/nursing.htm">www.in.gov/pla/nursing.htm</a></td>
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<td>June 11, 2010</td>
<td>ISNA Board Meeting Meeting with American Nurses Association delegates.</td>
<td>Indiana State Nurses Association Phone: 317/299-4575 Email: <a href="mailto:ca@indiananurses.org">ca@indiananurses.org</a></td>
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<td>August 13, 2010 8:30 A.M.</td>
<td>ISNA Board Meeting ISNA Headquarters</td>
<td>Indiana State Nurses Association, Phone: 317/299-4575 Email: <a href="mailto:ca@indiananurses.org">ca@indiananurses.org</a></td>
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<tr>
<td>August 13, 2010 8:30 A.M.</td>
<td>Indiana Organization of Nursing Executives Board Meeting/Hendricks Regional Health 1100 Southfield Dr., 2nd Floor, Plainfield, In (317) 839-7200</td>
<td>KONE, Phone: 317/423-7731  <a href="http://www.indianaone.org/id3.html">http://www.indianaone.org/id3.html</a> Email: <a href="mailto:gbhines@johnsonmemorial.org">gbhines@johnsonmemorial.org</a></td>
</tr>
<tr>
<td>Sept 24, 2010</td>
<td>Annual ISNA Meeting of the Members</td>
<td>Indiana State Nurses Association, Phone: 317/299-4575 Email: <a href="mailto:ca@indiananurses.org">ca@indiananurses.org</a></td>
</tr>
<tr>
<td>Open Enrollment</td>
<td>“Being a Preceptor in a Healthcare Facility”—Open Enrollment. This course will acquaint you with the role of preceptor, working with the faculty/instructor and students from a school of nursing. Self-paced format.</td>
<td>Indiana University School of Nursing, Phone: 317/274-7779 Email: <a href="mailto:censg@iupui.edu">censg@iupui.edu</a></td>
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<tr>
<td>Open Enrollment</td>
<td>“Being a Preceptor in a School of Nursing”—Open Enrollment. This course will acquaint you with the role of preceptor, working with the faculty/instructor and students from a school of nursing. Self-paced format.</td>
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</table>
Today’s healthcare environment is complex. Change occurs rapidly, technology is advanced, human resources are often slim, and patients present with multiple challenges. Nurses often feel that they are struggling to keep their heads above water and feel a need to focus on the bare essentials of “necessary” care, rather than encompassing care that is “nice” to provide.

What drivers are influencing the environment in which nurses’ practice?

Technology is sophisticated and often complex, particularly to the novice user. Nurses are expected to know how to use computers for documentation, computerized systems for retrieval of medications, computerized pumps for delivery of certain medications, and computerized devices for controlling selected bodily functions. Simulation laboratories teach nurses how to care for patients by using manikins that can breathe, bleed, alter blood sugars and blood pressures, and even “die”. Genetic and genomic research has taken health care to the level of “designer” diagnostics and drug dosing specific to a person’s genetic make-up and the genes involved in his/her particular disease condition.

There are many fewer nurses than are required to provide care for those who need it. There are currently approximately 2.8 million nurses (RN and LPN) in the United States. However, it is estimated that there is a current need for approximately 3 million nurses. By the year 2020, the expected deficit in the number of nurses will be 29%, or more than one-half million fewer nurses than needed. According to the federal Health Resources and Services Administration (HRSA), the projected full-time equivalent RN workforce available in 2020 is 1,808,000, while the demand at that time will be in the neighborhood of 2,824,900 (HRSA, 2006).

The United States Health Workforce Profile was published in October of 2006 (available at http://chws.albany.edu). Based on U.S. census data, this study shows that Ohio is the seventh largest state with RNs employed in nursing and ranks fifth in employment of LPNs. Of the registered nurses, 16% are diploma graduates, 30% are associate degree graduates, 35% hold a bachelor’s degree, and 13% have either a master’s or doctoral degree. The age distribution breaks down as follows:

- Under 30: 9%
- 30–39: 20%
- 40–49: 34%
- 50–59: 28%
- 60+: 9%

A significant number of these nurses, many with extensive experience and enviable expertise in providing care, plan to retire within the next five to ten years. Even with new nurses entering the profession, the number of departing nurses, and the collective knowledge they will be taking with them, will leave a significant gap in nursing services for years to come.

There are significantly more, and different, types of nursing opportunities available to nurses now than there were ten to twenty years ago. Although the majority of nurses are still employed in “traditional” nursing employment settings such as hospitals, nursing homes, and clinics, increasing numbers of nurses are serving in community roles, occupational nursing, school nursing, military service, and even supporting space missions.

While there is healthy interest in nursing as a career, and enrollments in nursing education programs are promising, there are many more prospective students who are turned away from nursing education programs due to a shortage of faculty and clinical sites available to support their learning needs. The primary focus of graduate programs in the past two decades has been on preparation of advanced practice nurses, who have chosen to practice primarily in clinical settings.

Compensation for services as a clinician has been much higher than for faculty, which has contributed to the shortage of nursing instructors. Many states are now exploring initiatives to make faculty positions more attractive to qualified prospective educators.

Patients for whom nurses care have more complex needs and are managed with more high-technology diagnostic and therapeutic regimens. Nurses need a high level of technological sophistication and comfort with operating machines and equipment that support patient care. Nurses also need a high level of knowledge to deal with an increasingly complex care environment. To be sure that nurses have a safe level of knowledge to practice, the National Council of State Boards of Nursing has raised the pass rates on the NCLEX-RN® examination, effective in spring of 2007 (NCLEX, 2006).

As the population of the United States ages, the needs of patients will increase. However, because people are living longer, and often have active senior lifestyles, the needs of future “senior citizens” will be different than the needs of elderly persons in the past. Nurses will need to be thorough in their assessment and specific in planning and implementing care for this increasingly large population.

Patients are also better informed today than ever before. They come to the health care environment clutching printouts from their computers or with ideas about appropriate medications based on television advertising. Patient teaching and

Whose Job Is It, Anyway? The Nurse’s Role in Advocacy and Accountability

ONF-09-23-I

Independent Study

Whose Job Is It continued on page 7
helping patients and families wade through the wide array of information available will be a key role of the nurse of the future. The nurse must stay knowledgeable in order to have correct information to share with patients and families.

Nursing assistants and technicians are being given responsibility for performance of more and more tasks. Some of these are facility driven decisions, while others reflect changes in law. In some facilities, time study engineers have been hired to determine the length of time required to perform various nursing tasks, and these time parameters are serving as benchmarks for expected behaviors. When the focus of care becomes the tasks that are performed, there is a risk of losing sight of the primary focus of nursing—caring for the whole patient. Unless nursing is able to articulate its importance and validate the impact of “care” on quality outcomes, the profession runs the risk of being “out-sourced” to task-providers.

What concerns do nurses voice about their work environments?

Frequent concerns of nurses in today’s practice environment focus on working conditions, time constraints, and paperwork—all of which are identified as potential roadblocks to providing quality care. Working conditions include such diverse factors as lighting in work areas, noise levels, staffing, availability of resources, and adaptations made (or not) to accommodate needs of older nurses who do not have the stamina and flexibility to physically perform tasks that might be required. The frequency of injuries to nurses, particularly back injuries, has been an area of increasing concern. In fact, national emphasis has recently been placed on establishing and maintaining a safer environment for practice that will help to reduce the incidence of injuries. A number of research studies have been done in the past few years that have validated the relationship between sub-optimal work environments, errors, and negative patient outcomes (Institute of Medicine (IOM), 2004).

Increasing paperwork requirements from third party payers, employers, credentialing bodies, and others have increased the non-patient care burden associated with nursing practice. Many nurses have come to view documentation as a “necessary evil” that has to be completed before they can go home at the end of a shift. With this type of focus, it is easy to lose sight of the true value of documentation as a tool to help all health care team members provide quality care. Recent federal recommendations (IOM, 2004) have focused on decreasing the paperwork responsibilities of nurses by decreasing the demand for often-duplicative documentation now required by different agencies.

What behaviors do nurses exhibit that interfere with the ability to function effectively and provide quality care?

It has been said that “nurses eat their young”. We have often not been nice to each other and have been more challenging than helpful to younger colleagues who join our work teams. Recent comments have suggested that nurses are now beginning to “eat their old”—disparaging colleagues who are older and not able to sustain a fast pace, lift heavy loads, or perform functions as quickly as their younger counterparts. There has been a general sense that young nurses must “pay their dues” and validate their worth before being accepted as a member of the staff. Sociologists and others who have studied this behavior use the term horizontal or lateral violence to describe these actions. Not unique to nursing, the concept of horizontal violence relates to how people strike out against each other when they feel powerless to create change in their own situations (Thomas, 2003). Historically, nurses have viewed themselves as “lower” in the hierarchy of the healthcare system than their colleagues in other areas of service. Nurses have not identified issues and spoken with a unified voice to address these issues and advocate for positive change. More time and energy have been spent in complaining and whining about current conditions than in working to change conditions that are seen as counterproductive to providing “good” care.

Nurses generally are not comfortable with conflict and often practice avoidance behavior rather than confronting the problem issue (Conflict and the nursing workforce, 2006). When nurses do not address areas of concern, they compromise their ability to advocate for themselves. Consequently, the risk of patient and/or nurse injury increases.

Over time, when a nurse is not supported in the work setting and feels powerless to influence change, “burnout” occurs and the nurse is likely to leave the practice environment. In fact, one study of healthcare organizations found that retaining RNs is the most difficult staffing challenge
groups striving to promote quality in healthcare. Other studies have related nurse staffing to patient outcomes (Potter, et al, 2003). There has been a trend to focus on economic indicators for healthcare operations, often leading to downsizing of nursing staff. However, clinical indicators provide a better measure of the value of nursing care, allowing nurses to critically analyze, and widely share data that supports the connections among nursing care and such factors as error reduction, length of stay, frequency of complications, and patient satisfaction.

Examination of quality issues has led to the development of evidence-based practice standards, which are available for many practice areas and through such web sites as the Agency for Healthcare Research and Quality (www.ahrq.gov) and the Institute for Healthcare Improvement (www.ihi.org).

What tools, resources, and behaviors can help us assume the role of nurse educator?

Know and use the Code of Ethics. The Code of Ethics for Nurses (ANA, 2000) addresses nine major factors that drive professional behavior of nurses. The first three of these address the individual nurse and the nurse/patient relationship, the second group of three focuses on the nurse within the system of healthcare delivery, and the final three provisions of the Code address the responsibility of the registered nurse to promote the profession of nursing. The primary obligation of the nurse, according to the Code, is to protect the patients. There is also a duty to provide care to self. How can you protect patients and offer assistance when you do not rely on expertise if we are tired, underfed, or uneducated? The Code requires that nurses embrace the profession and support congeniality in mutual assistance in the healthcare environment and in the public eye.

Know and follow the law and rules regulating nursing practice. The rules regulating the practice of nursing in Indiana (Indiana Code 25-23 and Title 848 Indiana Administrative Code) address the responsibility of nurses to advocate for their patients in a variety of ways. Specifically, standards for safe practice in 848 IAC include that all nurses must perform safely and should withdraw delegation if patient safety is at risk. Respect for the role of unlicensed personnel (nurse aides, technicians, assistants, etc.) do not have a license and therefore do not have a legally defined scope of practice. RNs and LPNs are the only ones who can perform tasks which assist the RN and LPNs have a legally-defined scope of practice.

What data do we have now that supports the “value” of nursing?

The IOM (2004) reports that a major role of nurses in the hospital environment is surveillance, with little in the way of leadership and management skills. While some nurse education programs encompass leadership and management opportunities, few, if any, require that the student learn these skills in an undergraduate program, the new graduate typically does not step immediately into a formal leadership role. The gap between student learning and implementation in practice leaves the opportunity for the nurse to forget what has been learned and to begin exercising behaviors of others. Often nurses are “promoted” to management positions based on tenure or excellence in clinical practice, not because the individual is ready for the role.

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Efforts to improve nurse education department development programs have shown great promise.

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When the LPN comes to you with a question or suggestion, listen carefully, acknowledge the work the LPN has done, and then work collaboratively to refine the plan and implement any necessary changes. If you are the LPN, approach the RN, recognize the LPN’s role, and take responsibility for changing the practice situation. This does not mean, however, that the LPN is not able to assess a situation, think of solutions, communicate those solutions, and evaluate the plan. If you are the RN, be clear in your communication and provide the necessary direction to give focus to the LPN’s activities.

Unlicensed assistive personnel (nurse aides, technicians, assistants, etc.) do not have a license and therefore do not have a legally defined scope of practice. RNs and LPNs are the only ones who can perform tasks which assist the RN and LPNs have a legally-defined scope of practice.

What do we have now that supports the “value” of nursing?

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What do we have now that supports the “value” of nursing?
There are also specialty organizations for various areas of nursing practice. Most of these are organized at the national level; many have local or regional chapters or special interest groups. Membership in an organization specific to your practice area gives you a way to do such things as connect with colleagues from around the city, state, or country, learn best practices, keep up with changes in your specialty area, participate in development of practice standards or benchmarks, and advocate for state or federal legislation that enhances your work.

**Build your team.** Be a leader–whether you have the “title” of a management position or not. Help to build a work environment where people feel valued and appreciated, a workplace where the culture is one where your input is heard and valued, and a place where people enjoy being with each other, where there is teamwork and cooperation. To help achieve this, leaders must be committed to creating a workplace that supports and values nursing.

**Be a learner.** Never be satisfied that you are “done” learning. The “life expectancy” of healthcare knowledge today is very short. New drugs, treatment strategies, equipment, and research are changing the way we practice on a regular and rapid basis. Don’t be afraid to learn new things—and don’t be afraid to admit that there’s something you don’t know! None of us can keep up with everything that’s new. Surround yourself with knowledgeable colleagues, seek experts when appropriate, and participate in regular learning activities to keep yourself knowledgeable.

The time is now—the place is here—the job is yours! Each of us has the responsibility to advocate for ourselves, for our patients, and for nursing. There are tools and resources that can help you. We cannot “assume” that someone else will speak for us or will take care of our needs. The job is yours, and ours—together we can make wonderful things happen for nursing!

**References and Resources**


**Assess these factors on two levels.** First, think about work environments where you say that you have a positive sense of each of these areas. Are there areas where you need additional support or assistance? How do you get the help you need to make your work environment and experience more positive? Second, think about your colleagues. What do you do to recognize the work that others do? Identify 12 factors that provide feedback and growth opportunities for others? How well do those you work with know what you expect of them? Many nurse leaders have been leaders in each of these areas. You will be happier, and so will your colleagues!

**Be a “magnet.”** The American Nurses Credentialing Center has a Magnet Recognition Program to acknowledge healthcare facilities that have exceptional nursing service departments. The program uses several identified factors or “ingredients” that are assessed in facilities aspiring to have Magnet designation. These include, in part, respected nurse leadership, an organizational climate that supports and values nursing, focus on professional models of nursing and quality care, nursing’s active involvement in quality improvement activities within the organization, contributions to the community, access to clinical experts, a positive image of nursing, and building of collegial relationships among nurses and others. Is your organization already a magnet facility? If so, how are you contributing to its continued quality of nursing performance? If not, can you individually display some of the forces of magnetism that have been found to be beneficial to patients, nurses, and facilities? Perhaps your individual behaviors will be the beginning of change within your department, then within your organization.

**Whose Job is it continued from page 8**

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**Whose Job is it continued on page 10**

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DIRECTIONS: Please complete the post-test and evaluation form. There is only one answer per question. The evaluation questions must be completed and returned with the post-test to receive a certificate.

NAME __________________ FINAL SCORE_________

1. Nursing practice today is affected by both internal issues and public concerns.
   a. False
   b. True

2. There are currently approximately ________ million nurses in the United States.
   a. 1.4
   b. 1.8
   c. 2.8
   d. 2.9

3. The projection of nurses needed in 2020 is
   a. Equal to the projected number of new graduates
   b. Greater than the anticipated number available
   c. Less than half of the current demand
   d. Unrelated to current trends and statistics

4. The majority of nurses in the United States today are
   a. Between the ages of 30 and 40
   b. Over the age of 40
   c. Over the age of 50
   d. Under the age of 30

5. The shortage of nurses today is exacerbated by
   a. Inadequate numbers of nursing faculty
   b. Lack of enrollment in nursing schools
   c. Low interest in nursing as a career
   d. Low pay for nurses

6. There is a documented relationship between sub-optimal work environments and errors.
   a. False
   b. True

7. The primary focus of nursing is
   a. Conducting research
   b. Documenting
   c. Performing tasks
   d. Providing care

8. The concept of horizontal violence relates to
   a. Desire for control
   b. Effective leadership
   c. Patient or family outbursts
   d. Perceptions of powerlessness

9. When dealing with conflict, many nurses choose
   a. Acting out
   b. Avoidance
   c. Confrontation
   d. Procrastination

10. The National Database of Nursing Quality Indicators includes
    a. Behaviors of members of the healthcare team
    b. Hospital-wide issues that affect nursing care
    c. Items specific to the quantity or quality of nursing care
    d. Resources compiled from the federal government

11. The Code of Ethics for Nurses includes a statement that nurses need to care for themselves.
    a. False
    b. True

12. Both RNs and LPNs have licenses and legally defined scopes of practice.
    a. Both have licenses, but only the RN has a scope of practice.
    b. False
    c. True
    d. The LPN scope of practice is dictated by the RN

13. Unlicensed assistive personnel perform tasks when they receive
    a. Authorization
    b. Delegation
    c. Direction
    d. Licensure

14. You are the RN on a busy long-term care facility unit. An LPN comes to you with assessment data and a question about the plan of care. Your best response is:
   a. Do what you think is best. I'm busy here.
   b. OK—I'll take over from here. I should have done this myself in the first place.
   c. I appreciate your assessment of this situation. What thoughts do you have about what might work best?
   d. Why are you bothering me with this? You've been assigned to this patient, so figure it out or call the doctor.

15. You are an LPN in an assisted living facility. There is an RN on call but you know she is at her son's soccer game. You have a concern about a new resident based on your assessment. Your best option is to:
    a. Call the RN to share your assessment data and discuss the plan of care
    b. Implement the standing orders for the facility
    c. Take the initiative to develop the care plan and hope it meets with the RN's approval when she comes in tomorrow
    d. Tell the resident's family that they will have to stay with the new resident tonight in case there is an emergency

16. You are a nurse on a hospital medical-surgical unit. You are aware that several of your colleagues are talking about leaving due to their frustration with staffing, leadership, and support from the organization. Much time is spent in grumbling about current issues and concerns. Your best response is:
   a. Avoid the issue
   b. Build a network of colleagues and develop a plan for improvement to present to your nurse manager
   c. Suggest that the colleagues who are unhappy leave for their new positions and let you know if there's space in the other organization for you
   d. Tell your colleagues that grass is not always greener on the other side of the fence

Evaluation

1. Were the following objectives met? Yes No
   a. Identify forces affecting nurses and nursing today.
   b. Discuss strategies to strengthen nursing practice in today's healthcare environment.

2. Was this independent study an effective method of learning? No Yes
   If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form?

4. What other topics would you like to see addressed in an independent study?

Whose Job Is It, Anyway? The Nurse’s Role in Advocacy and Accountability
ONF-09-23-1
Registration Form

Name:________________________________________
Address:_____________________________________
Daytime phone number:_________________________

___________________________________________________
____________________  RN       ___________ LPN

Fee:   __________  ISNA Member ($15)
       __________  Non-ISNA Member ($20)

Make check payable to ISNA, 2915 North High School Road, Indianapolis, IN 46224.

Please email my certificate to:

Email Address (please print clearly)

MAKE CHECK PAYABLE TO THE INDIANA STATE NURSES ASSOCIATION.
Enclose this form with the post-test, your check, and the evaluation and send to:
ISNA, 2915 North High School Road, Indianapolis, IN 46224.

ISNA OFFICE USE ONLY

Date Received:_________________ Amount:____________
Check No____________
Medication Errors: Reduce Your Risk

Experts estimate that nearly 98,000 people die in any given year from medical errors. A significant number of those deaths are due to medication errors.

The National Coordinating Council for Medication Error Prevention defines a medication error as "any preventable event that may cause or lead to inappropriate medication use or patient harm, while the medication is in the control of the health care professional, patient, or consumer."

Mistakes can happen

As a nurse, you dispense medication to your patients on a regular basis. Consequently, you are charged with knowing the “five rights” in administering medication: right patient, right drug, right dose, right time, and right route. And while you take every precaution to avoid making errors that may put your patients at risk, mistakes can happen.

Common reasons for mistakes include distractions and interruptions during medication administration, inadequate staffing, illegible medication orders, and sound-alike drug names and packaging.

Reduce your risk

To reduce your risk of liability, take the time to read medication labels—especially those that you’re not familiar with. It is also your responsibility to know the drug’s dosage range, possible adverse effects, toxicity levels, indications and contraindications. Understand the medications you administer and don’t hesitate to ask questions. Consult your nurse drug guide, the physician, a pharmacist or your supervisor if you have any questions.

Further protect yourself and your career with an individual liability coverage policy. Professional Liability Insurance protects you against real or alleged malpractice claims you may encounter from your professional duties as a nurse.

Even if you have Professional Liability coverage through your current employer, it may not be enough. That coverage may have some serious gaps, including:

- **Policy limits** may not be high enough to protect you and all of your co-workers
- **You may not be provided with coverage for approved lost wage reimbursement, licensing board hearing reimbursement and defense costs.**
- **You may not be covered outside of the workplace, such as when you engage in volunteer or part-time work**
- **You may not be covered for suits filed after you have terminated your employment**

In the event of a lawsuit, your own Professional Liability Insurance policy would:

- Provide you with your own attorney
- Pay all approved and reasonable costs incurred in the defense or investigation of a covered claim
- Pay for approved lost wages up to the limits of the policy
- Provide reimbursement of defense costs if licensing board investigations are involved
- Pay approved court costs and settlements in addition to the limits of liability, in accordance with the policy.

Arm yourself with the protection you need so you can focus on providing excellent patient care and reduce your exposure to liability.

For more information about Professional Liability Insurance, visit www.proliability.com.