ANA once again urges all registered nurses to get the seasonal influenza vaccine. As nurses, we have an ethical obligation not only to protect our patients, but also ourselves, our families, co-workers and communities from influenza illness. In my first year as ANA president, I am eager to inspire nurses to lead the way to increasing vaccination rates among all health care workers. It is unacceptable to me that the seasonal influenza vaccine rate among health care workers including nurses remains below 50 percent. We know nurses can contract and transmit seasonal influenza. As the most trusted profession, we owe it to ourselves, our patients and the public to be vaccinated and set the example we want the nation to follow.

ANA is not a lone voice urging 100% vaccination rates. The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and older get an influenza vaccine during this influenza season. All nurses should know that ANA considers seasonal influenza vaccination as one of several important components of a comprehensive infection control program; a program that addresses education, respiratory etiquette, hand-washing, and the use of proper and effective personal protective equipment. We encourage all nurses to advocate for stronger infection control programs at your facilities that will address seasonal influenza and other respiratory illnesses and increase safety for patients and staff.

Because of last year’s H1N1 pandemic threat, the subject of influenza vaccination moved into the public’s consciousness. During this season, we have the chance to build upon that heightened attention to prevent the spread of influenza virus. While H1N1 is no longer a pandemic threat, awareness of the dangers of influenza, especially for high-risk groups such as people with chronic health conditions, pregnant women and infants, certainly has increased. Since the H1N1 virus strain is included in this season’s influenza vaccine, I would fully expect higher RN vaccination rates.

Safety and efficacy of vaccines is well established by research; adverse events are extremely rare. Studies show that vaccinating health-care workers cuts their absenteeism, protects their co-workers and families, and prevents infections and complications among patients. Influenza season started in September and can peak as late as March. I encourage all nurses to take the time to get the influenza vaccine. I also want to remind you to use a safety syringe when vaccinating to protect against needle-stick injuries that could lead to blood-borne pathogen exposure.

ANA has an Influenza Toolkit to help you with resources on influenza disease and the vaccine: www.ANAmunize.org/influenzatoolkit. The Centers for Disease Control and Prevention (CDC) have released “Prevention Strategies for Seasonal Influenza in Health Care Settings.” This document includes information for managing ill health care personnel and other pertinent information regarding health care personnel in health care settings and prevention strategies for seasonal influenza. This document supersedes previous CDC guidance for both seasonal influenza and the Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Health Care Settings written to apply uniquely to the special circumstances of the 2009 H1N1 pandemic as they existed in October 2009.


In addition to this document, other new influenza information has been placed on the CDC flu website located at http://www.cdc.gov/flu/whatsnew.htm including: Images of Influenza Viruses, What You Should Know About Flu Antiviral Drugs Fact Sheet, The Flu EQ, Everyday Preventive Actions That Can Help Fight Germs, Like Flu, Seasonal Flu: International Situation Update, Joint Influenza and Pregnancy Letter.

We appreciate what you do for your patients and to promote public health. Nurses truly play an important role in Bringing Immunity to Every Community.
Be A Part of the Vision!

Anne Manton

Many months ago the MARN Leadership Team (Board of Directors and Committee Chairs) worked to create a strategic plan for the direction of MARN activities for the next few years. The work began with a facilitated retreat to brainstorm about ideas and goals and to establish priorities.

Please be sure to read about MARN’s strategies on page 4.

WE INVITE YOU TO JOIN US AND BECOME A PART OF MARN’S VISION OF THE FUTURE OF NURSING!

There is so much work to be done. Where do your talents and interests lie? Perhaps you would like to become more involved in influencing legislation on behalf of our patients and nursing. The Health Policy Committee would welcome your participation. Maybe you like to plan events. If so, the Conference Planning Committee would love to have you join them in planning the MARN Spring conference. As we consider all of the aspects of technology in our world, MARN is planning to form a Technology Committee to explore appropriate uses of social media, on line educational offerings, and more efficient ways to disseminate current practice information, and so much more. If you love technology, the Technology Committee would benefit from your expertise. MARN is always seeking to expand its membership and the Membership Committee is always looking for new members with creative ideas and a willingness to pursue their ideas. For MARN to accomplish the Strategic Goals set forth in the Strategic Plan, it will take the combined efforts of many.

“What should I join any of these committees?”

Active participation on committees is a great way to meet other nurses who share your values while being a strong advocate for nursing as part of an effective professional organization working to advance Nursing’s agenda! First, many committee meetings are held via conference call, so you can attend meetings in your pajamas in the comfort of your own home. But convenience aside, I can tell you unequivocally that **YOU** will benefit from more active participation in an organization of dedicated professional nurses. The networking and leadership opportunities are abundant.

Read the MARN Strategic Plan and MARN’s goals for the next two years thoughtfully. Are these your goals for nursing in Massachusetts as well? If you can identify with any one or more of the strategic goals, please let me know how you can help us accomplish them. I welcome your participation at whatever level and in whatever way you can. You can reach me at amanton@marnonline.org I look forward to hearing from you. Together we can influence nursing’s future.

“If not now, when? If not us—who?”

Anne Manton, PhD, APRN, PMHNP-BC, FAEN, FAAN

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In the past few months the work of ANA took me overseas to the International Council of Nurses (ICN) meeting in Tokyo, Japan. Nurse Leaders from eight countries, including the United States were represented (Australia, Canada, Ireland, Japan, Korea, Sweden, and the United Kingdom). The meeting was held at the Japanese Nurses Association headquarters, and I was struck by their incredible graciousness and hospitality.

The agenda for the ICN meeting included a discussion about workforce trends. It was interesting to discover that despite our varying cultures the issues we have in common far outweigh our differences. One common theme running through all our discussions was the impact the economic crisis has had on the delivery of nursing care. Many participants reported cutbacks in services and staffing due to the mounting political and economic pressures.

Another discussion included the topic of workplace bullying. Nurse leaders from Ireland reported on some successes they’ve had in creating a framework for tackling this problem. Workplace violence and bullying is an issue that nurses from all of the represented countries want to solve in order for all nurses to work in a safer environment.

On another trip, I visited the University of Kansas with my ANA colleague Isis Montalvo, MBA, MS, RN, the director for ANA’s National Center for Nursing Quality. The visit allowed me to get an in-depth look at the work that’s being done with the National Database for Nursing Quality Indicators (NDNQI). The ANA NDNQI is the only national nursing database that provides quarterly and annual reporting of structure, process, and outcome indicators to evaluate nursing care at the unit level. The two-day visit reinforced for me the critical importance value of gathering evidence that provides a clear link between patient outcomes and nursing quality indicators.

For the latest information on the 5th Annual NDNQI Conference, taking place in Miami on January 26-28, 2011, please visit www.nursingquality.org.

Last, I attended a safe patient handling conference in San Diego, California where I had the opportunity to listen to nurses from across the country as they collaborated to work on strategies for improving safety for both patients and health care professionals. We all have a common agenda here, including passage of legislation to establish a federal safe patient handling standard designed to protect the health and safety of health care professionals and the patients we serve.

To learn more about ANA’s Safe Patient Handling campaign, please visit www.anasafepatienthandling.org.

Karen Daley
The work we do is hard...can be rewarding... can make us laugh ...or cry. It can exhaust us and make us want to quitter. Other times we can’t wait to get back to our important work.

Sometimes our colleagues hold us up but other times they drag us down. We wonder why those people make the work harder. We often don’t know what to do about it. So for the next few editions the Massachusetts Report on Nursing will explore the issues that adversely impact our workplace... the hows and whys of our relationships at work; a place where many of us spend more time than we do with our own families.

We will also delve deeper into the subject of violence against nurses and other medical professionals which happens in increasing incidents around the country. Some believe this to be due to an increasing number of drug addicts, alcoholics and psychiatric patients who come to our emergency rooms and nursing units. Nurses are seeking tougher criminal penalties for assaults against health care workers. We will explore their stories and at the end of the year I hope that we all gain a better understanding about why nurses become victims of abuse from patients, families, superiors, colleagues and other allied health professionals.

Hopefully the ongoing in-depth discussion over the next months will point us in the right direction to find a solution to this ongoing problem, so nurses can continue to find the rewards that we so richly deserve for the hard work we do. Belonging to a professional organizational, like MARN can provide vital support and a solid common ground with our nurse colleagues. The leadership team has a newly revised strategic plan to help our organization move into the next decade (Yes! MARN will be 10 years old in May 2011).

On another subject; there is still time to get your flu shot. Please read the story on page one which explains the ANA position on the responsibility we all have as nurses to protect our patients and families from influenza.

I want to take this opportunity to wish you all a Happy Holiday season and will look forward to a prosperous new year!

Welcome New Newsletter Committee Member

Susan A. LaRocco, PhD RN MBA has joined the editorial committee of the Massachusetts Report on Nursing. She began her nursing career as a graduate of the Buffalo (NY) General Hospital School of Nursing. A year after she graduated, she moved to Boston and worked in several area hospitals while completing her BS at Boston College and her Masters in Nursing Administration at Boston University. While living and working in the greater New York City area in a variety of administrative positions, she earned an MBA from New York University. Following two and a half years of travel on a sailboat with her husband, she returned to Boston and worked as a staff nurse at Youville Hospital in Cambridge. She has taught, full or part time, for several area schools including Roxbury Community College and UMass Boston. In 2004 Susan earned her PhD in nursing at UMass Boston. Currently she is a professor at Curry College in Milton where she teaches adult nursing to traditional students and to accelerated second degree students. She is also teaching in the Clinical Nurse Leader masters program at Curry.

Susan’s major research interest is men in nursing. She is currently engaged in an oral history project, interviewing men who graduated from the Alexian Brothers Hospital School of Nursing in Chicago. This all male nursing school closed in 1969. Many of the graduates became nurse anesthetists. Last fall, while on sabbatical, she traveled throughout the upper Midwest to conduct interviews with 20 of these men.

Susan has been an active member of the American Assembly for Men (AAMN) in Nursing and has served four years on their board. In 2006, she received the AAMN Member of the Year Award, the first woman to ever be recognized with this award. She has presented her research on men in nursing at several international conferences. On a personal note, she and her husband now have a power boat. Their summers are spent on the water, with travels to Greenland, the Canadian Maritime Provinces, Maine, and most recently throughout the Great Lakes.

Welcome Susan!
Rescuing The Board Of Registration In Nursing

Mary Ellen Doona

That the Board of Registration in Nursing (BORN) was able to celebrate its sixty-third centennial this past October was due in large part to the efforts of nurses in the spring and summer of 1973. They rallied against Governor Francis Sargent’s proposal to abolish the BORN. His bill, H6120 would mandate that non-nurses establish the standards of nursing education and determine the competence of nurses. Massachusetts nurses were determined that the safety and welfare of the public and of nursing services would not be so endangered.

Neither their knowledge nor their experience was slight in the development of H6120. Nurses tried another tack. They provided the Governor with an opportunity to address 300 nurse educators when the Massachusetts League for Nursing met on March 21, 1973. He refused, continuing his position of withholding information from nurses and neglecting to solicit nurses’ input.

By this time Mary Macdonald of the Massachusetts Nurses Association (specifically in Uganda). The Gretta Foundation was established. Their successors do the same in 2010.

A series of informational sessions with nurses across the state followed. Fifteen hundred nurses from Pittsfield, Springfield and Holyoke braved a heavy rainstorm on April 27, 1973 to hear Mary Macdonald, the BORN and Paul Coss, President of the Senate of Student Nurses.

Nurses and nursing students at Boston City Hall. Massachusetts Nurses Association

The Governor met with nurses in Dartmouth. “Reorganization was far from dead,” said one nurse alluding to Goldmark’s position that H6120 in no way threatened licensure. The nurses’ protests had gained the Governor’s attention. He met in his corner office with Anne Hargreaves (MNA), Mary Conceison (MLN), Catherine Garrity (LPNM), Paul Coss (SSN) and BORN’s Gellestrina “Tina” DiMaggio and Mary Baroli. Discussions continued throughout the summer. The BORN was not abolished. Nurses continued to make decisions about nursing education. They noted above nurses as they had since 1910 when the BORN was established. Their successors do the same in 2010.

The Gretta Foundation

Barbara Blakeney

Imagine a world without nurses. Think of a world without persons who know what nurses know; who believe as nurses believe; who do what nurses do; who have the effect that nurses have upon the health of individuals, families and the nation; who enjoy the trust that nurses have upon the health of individuals. Imagine a world that is a world without nurses.

Nursing Speaks for Itself: A Declaration on the Education and Work Environment of the Nurseforce. The Gretta Foundation, founded by Gretta’s daughter Meg, is dedicated to strengthening nursing by making access to quality nursing education possible for women in Africa (specifically in Uganda). The Gretta Foundation is a fitting tribute to a nurse who dedicated her life to strengthening the profession through defining specialization and the role of regulation. Such work is challenging, detailed and fundamental to a strong profession. The Foundation honors a woman who saw nursing as a dynamic, science based and caring profession.

I have read the thoughts of the students and the stories about the challenges these students face just to be in a nursing program and I am humbled. They must overcome so much to be in school. They have survived so much in their lives and still they fight to better themselves for their families and their communities. When I read their stories I am hard pressed to think that I could do as well, or persevere like them or overcome their challenges. I do not know these young women and yet I find myself rooting for them, being proud of them and wanting very much for them to succeed.

I hope you do as well.
In 2009, Trish Bowe told me that she wanted to check out an event for the homeless in Springfield, Massachusetts. Since the 2007-2008, Massachusetts Report on Nursing featured articles about the challenges of providing nursing care to people who are homeless. I decided to accompany Trish to the Springfield event. I saw this as a great opportunity for Team MARN to invite nurses in Western Massachusetts to become more active members so I contacted Geraldine Kennedy, the nurse volunteer coordinator [and a nurse practitioner from Mercy Medical Center Health Care for the Homeless]. She welcomed MARN and off we went to Springfield. Needless to say, I was in awe! The services that were provided, the needs that were met, the people I worked with and the fun that I had made me decide to return in 2010 with more MARN members.

The first Springfield Project Homeless Connect came to fruition on August 17, 2007, at the MassMutual Center after months of careful planning. Essential services provided that day were access to birth certificates and Massachusetts IDs, housing and employment opportunities, medical, mental health and dental care. Detox services, assistance with benefits, legal assistance, eye exams, access to eyeglasses, haircuts, food, clothing and music. The first Springfield PHC 2007 was a huge success. Each year the program has grown and refined its services as it responds to feedback from guests at the event. It now includes a wide spectrum of services to homeless persons who are looking to improve their lives.

Team MARN offered hand care and information about hygiene to be better able to fight off the flu and other viruses. We received donations from members including lotion, hand sanitizer, nail polish, body wash, deodorant, socks and tissues to give to those in need. We met and worked with great nurses from Springfield, had a great time and look forward to being present in the years to come. Next year we will ask for more donations and a bigger table!

Thank You to the 2010 Team MARN Volunteers

Anne Manton, MARN President
Meg Bethune (Baystate Orthopedic Surgical Center)
TL Baron (NP Student at Massachusetts General Hospital, Institute of Health Professions)
Trish Bowe (Boston Health Care for the Homeless, Pine Street Inn, Boston)
Barbara Giles, (Boston Health Care for the Homeless, Pine Street Inn, Boston)
Maria Roberts (Parmenter Community Health)
Dyanne Rodriguez (Lowell General Hospital)
Pal Ruggles (MARN Health Policy Committee)

Myra! Heartfelt thanks for your participation in PHC 2010 this year again. We were wowed by the strength of your volunteer’s commitment. It was not unnoticed how enthusiastic a group you were. It looked like everyone was having fun and doing what we nurses do….C A R E! Our executive director told me she spoke to some of the MARN members and she was so impressed with your group. It speaks very highly for MARN for putting this day together.

Geraldine Kennedy

Cardiovascular disease, long a leading cause of death in the developed world, is now emerging as a leading cause of death in developing countries. Globalization is one factor for this epidemiological transition, particularly in Sub-Saharan Africa. When Mercy Kamau entered the nursing program at UMass Boston she had no idea that one day she would bring her classmates to her village in Kenya. I too, never thought that after many years of working to overcome disparities in cardiovascular health for African Americans (Roxbury Heart and Sole), I would have the opportunity to work in Africa. Mercy, who is now a doctoral student at the University of Massachusetts in Boston, and I partnered with faculty and nursing students in Kenya to begin Kenya Heart and Sole: The Afya Njema Project dedicated to screening and treating cardiovascular disease in Central Kenya. Last year our team of UMB/Kenyan nursing students provided cardiovascular screening and treated over 800 Kenyans. We found a high prevalence of cardiovascular and metabolic risk factors coupled with a scarcity of facilities able to provide basic education and/or treatment. This year the Kenyan Ministry of Health became a partner in Heart and Sole and we will ship our screening services to community health centers and involve local public health nurses, thereby increasing our capacity to screen and treat CV/metabolic diseases and promote the sustainability of the project.

We are grateful to be able to share our ideas, resources, and talents with the Kenyan community. Alia MacPherson, an undergraduate nursing student at UMass/Boston sums up our adventures in Kenya and captures the essence of Heart and Sole:

I have been blessed to experience the heart of Kenya. I have exhausted its joy. I have cried its tears. I was graced with the time I was allowed to touch its people. The truth remains, that the time I spent in Kenya last summer changed the very fabric of who I am and the direction that my life is headed. I cannot help but acknowledge that I gained more than I gave. I am compelled to return the power and strength Kenya gave to me. I want to return to the place that I re-found myself and discovered what I believe to be my purpose.

Geraldine Kennedy

Eileen Stuart-Shor, ANP, PhD, FAHA, FAAN is an Assistant Professor, University of Massachusetts Boston and a nurse practitioner, Beth Israel Deaconess Medical Center

Alia MacPherson at Kambui Clinic

Eileen Stuart-Shor and students at Escarpment Clinic

Mercy Kamau at Thuru Clinic

More information about the project can be viewed at http://www.cnhs.umb.edu/global_health/index.html

Eileen Stuart-Shor, ANP, PhD, FAHA, FAAN is an Assistant Professor, University of Massachusetts Boston and a nurse practitioner, Beth Israel Deaconess Medical Center
Career Connections
Ready to Go!

MARN is happy to announce a new program for senior nursing students and new graduates who are preparing to find their first job as a professional nurse: Career Connections. The aim of this program is to match a novice nurse with a professional nurse mentor. This is a great opportunity for experienced nurses to help new nurses toward a smooth transition into the profession.

Professional nurse mentors support and encourage novice nurses, helping them to:
• Identify possible entry level positions
• Critique cover letters and resumes
• Provide coaching for interviews with nurse recruiters
• Listen and support to novices’ questions and answer job-related concerns.

Once matched, mentors and novice nurse arrange to meet at a mutually agreed time.

To learn more about Career Connections and how to participate, contact Myra Cacace at newsletter@marnonline.org (see below).

Yes! I am a senior nursing student/newly graduated nurse and would like a professional nurse mentor.

Name __________________________________
Email _________________________________
Name of nursing program: _____________
Currently enrolled _____________________
Date of graduation: ___________________
Address _______________________________

I would like to become a mentor to a novice nurse.

Name _______________________________
Email _______________________________
Present Position _____________________
Address _______________________________
Multigenerational Challenges: Working Together in Health Care

OBJECTIVES
Upon completion of this independent study, the learner will be able to:
1. Identify generational perspectives unique to different age groups.
2. Describe strategies to help people from different generational groups work together effectively in the healthcare environment.

This independent study was developed by: Pam Dickerson, PhD, RN, BC, PRN Continuing Education, Inc. The author and planning committee members have declared no conflict of interest. There is no commercial support for this independent study.

Information in this study is for educational purposes only. It is intended to provide legal or medical advice. Please contact an appropriate professional for specific needs.

Introduction
There has been increasing interest in the particular challenges being noted in the workplace as people from very different generational perspectives try to work together. As values and norms change, sometimes tension is created in how people interact and work effectively together.

The purpose of this study is to explore the variables associated with changing generational perspectives in order to develop approaches to more effective interactions. While examples and situations presented in this study are found in the healthcare environment, the information is relevant to any group of people representing multiple generations.

The Dilemma
In today’s healthcare workforce, people have been brought together to work with those who have just graduated from college and those who have just retired from the work force. As people from very different generational perspectives try to work together. As values and norms change, sometimes tension is created in how people interact and work effectively together.

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recognition for a job well done, and recognition of the need for work/life balance.

Millennials (Generation Y)

The youngest people now entering the workforce are those born between 1981 and 2000. The oldest of these are now in their mid-20s. They represent the “cliquer generation,” or those who have grown up with computers, cell phones, and other electronic devices that were not available to previous generations. Because electronics have always been a part of young people’s lifestyles, these folks are very computer-literate and comfortable with technology. They are skilled at text-messaging and have even developed their own lingo and abbreviations to make communication easier and quicker. Use of the internet and development of web pages are norms for this generation. Personal expressions of color, music, and clothes are not restricted. Millennials have been raised to respect authority and a formal workplace structure and seldom question decisions made by authority figures in the workplace. They are open in sharing personal information, and as the newest hires, they were often the first to lose their jobs. Their key to personal success is to attain and maintain their personal marketplace success, and foremost, loyal to themselves, developing knowledge and skills that are portable and will carry them in their next work environment.

Generation X

Members of this generation have learned to be very self-sufficient. They often prefer to work alone or with one or two colleagues rather than as a member of a larger team. They are quite competent with technology and are quick to learn how to use new “gadgets.” Generation X-ers often are mistrustful of authority figures and resentful of bureaucratic “rules.” This is not surprising, given that many of them joined the workforce just as the 1990’s round of “down-sizing” and organizational restructuring was occurring—they learned early in their careers that job security was not a given, and as the newest hires, they were often the first to lose their jobs. Their key to personal success is to attain and maintain their personal marketplace success, and foremost, loyal to themselves, developing knowledge and skills that are portable and will carry them in their next work environment.

Generation Y

The newest generation to enter the workforce comes with a great deal of energy and enthusiasm. They are very involved in what they believe in, whether it be a strong cause or a lifestyle issue. Through the internet, you-tube, face page, and other modern technology, young workers have a broader perspective of the power of communication and the ability to influence events. The newest generation is very appreciative for the strengths and skills they bring to the workforce, and of the contributions that can make from the classroom to the work setting. It might also be appropriate to consider adapting work hours or environments to better meet the needs of this group, so that they might continue to be an active part of the department.

Baby Boomers

Baby boomers who are nurses often attended diploma schools of nursing and were “brought up” in a era that looked upon nursing as a calling and a lifetime commitment. Their strengths include their ability to build consensus, working with people rather than in a more cold, formal, doctor-patient relationship, mentor. Use the youngest staff member’s strengths from a “voice of experience” who can serve as a guide, someone with their technological skills and broad world views. Consider partnering a millennial with a baby boomer. They can learn from a “voice of experience” who can serve as a mentor. Use the youngest staff member’s strengths from a “voice of experience” who can serve as a guide. Baby boomers tend to remain strong. Nurses of this era are often viewed as having a unique perspective, including five key components:

1. Accomplishments through hand-written notes, personal interactions, or writing letters to patients or community newspaper (Sherman, 2006).
2. Those of the most mature generation are typically cautious in spending, attentive to detail, and often involved in community activities or newspaper columns.
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Veterans or Traditionalists

Our most mature workers have a strong sense of commitment to the organization and the values they believe in. They are respectful of authority and a formal workplace structure and seldom question decisions made by authority figures in the workplace. They are open in sharing personal information, and as the newest hires, they were often the first to lose their jobs. Their key to personal success is to attain and maintain their personal marketplace success, and foremost, loyal to themselves, developing knowledge and skills that are portable and will carry them in their next work environment.

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Multigenerational Challenges continued from page 9

requirement that computerized documentation be implemented without discussion. It is difficult for the more tenured employee, and particularly one in a leadership position, to acknowledge that he/she may not know how to use new technology. It is sometimes difficult, too, for this person to reach out to a younger person to request assistance. Of course, this is how help and how to text message, of my 18-year-old niece. It was an exciting and energizing experience, though humbling at the same time!

Strategies for Working Together

Unfortunately, nursing often has a reputation for “eating its young.” Nurses have historically not been kind to one another, and bullying behavior has long been a disruptive force in the work environment. In fact, many nurses leave their first job because of bullying behaviors. What strengths and skills do you have that can complement those of your colleagues? How can you use these strengths and skills to establish, maintain, and improve a multigenerational work environment?

1. Be respectful. Stop to think about why a person benefits, as such, is respectful and supportive in establishing, maintaining, and improving compassion and respect for the inherent dignity, as aspects of ethical behavior that relate to how Interpretive Statements (ANA, 2001), includes toward shared goals on their nursing units or in caring is the essence of nursing?” Good question! professionals, should they continue to assert that comfort under the tutelage of a more experienced employees in the healthcare environment, has or internships for nurses, as well as for other new have been kind to one another, and bullying behavior environment. In fact, many nurses leave their first been kind to one another, and bullying behavior was an exciting and energizing experience, though unexpected, because it came from someone with less tenure or experience can lead to negative outcomes. If you think the information is correct, you may use this wisdom comes from things you have learned in school or from your life experiences thus far, and healthcare workers must understand how to one has all the information or answers. A new graduate or new employee may have learned something that is new to you. Take a deep breath, acknowledge that the information is new, and embrace your role in helping make the change. By the same token, it’s important not to necessarily mean that there’s no room for flexibility in how those policies and procedures are carried out. Rather than expecting everyone to interpret your message in exactly the same way in order to accomplish goals. While standard policies and procedures should apply on take place, and who needs to be room for flexibility in how those policies and procedures are carried out. Rather than expecting everyone to interpret your message in exactly the same way in order to accomplish goals. While standard policies and procedures should apply on take place, and who needs to be

2. Be open and honest with everyone, but customize your communication style to best reach your target audience. Consider the purpose of the communication. Sharing information about a change in policy might best be done in a group meeting, if the people who need to be consulted can be present and listen to the whole message. An email might be best reach your target audience. Consider the purpose of the communication. Sharing information about a change in policy might best be done in a group meeting, if the people who need to be consulted can be present and listen to the whole message. An email might be

3. Be tolerant. Understand that there is tension, and anywhere there is tension, is bound to be some conflict. Embrace the conflict and ask how you can help with? Recognizing personal and team members’ strengths and needs is an important aspect of establishing effective working relationships.

4. Communicate. Share thoughts and feelings and yet adapt and change as situations evolve. Rather than operating by rote. Recognize the different preferences in nursing. The Online Journal of Issues in Nursing, 11(2), Published 5/31/06.

5. Consider the strengths of each generational group. Review the earlier material in this study to refresh your understanding of the group. You can a multigenerational team be structured to allow the traditionalists to have structure, the baby boomers to have process integrity, the Generation Xers to have balance, and the Millennials to use technology? How can more experienced workers be mentors for the younger staff? How can the newer workers bring their technologically savvy the younger workers bring to the table?

6. Communicate. Share thoughts and feelings honestly, sincerely, and with clarity. Communicate the positives as well as areas of concern. Be timely in your communication—proactively and promptly when appropriate—relate in events as they occur. Beware waiting for the annual performance appraisal to give people feedback about how they’re functioning and how their behaviors affect others on the team. Be thoughtful about your communication—consider who you wish to speak with, what medium is best for the situation, and who needs to be involved. Sometimes a one-on-one conversation is most effective, sometimes a team meeting is most appropriate. Remember to think before you speak or write. In this age of instant communication, it’s easy to type email or text message words in anger and click “send.” Unfortunately, the words are often punitive and once they’ve been dispatched into the world. Written communication, always take time to think about what you are trying to say before sending them. With verbal communication, be sure the mind is thinking clearly and processing the intent and possible effects of the communication, in other words, make sure you’re the one to express the words. Additionally, in face-to-face communication, be sure that the verbal message and nonverbal message are consistent. If there’s a mismatch between your words and your actions, the receiver of the message is much more likely to key in on your behaviors as his/her interprets the meaning of your message. When there are areas of concern related to the need to understand why a colleague of a different generational cohort has chosen a particular action or is functioning in a particular way, always consider that there may be cultural barriers. Leave your anger and/or frustration on the burner to come to a slow boil. It’s easier to address a minor issue and bring it to resolution than it is to deal with major issues.

7. Be flexible. Be willing to adapt and adjust rather than operating by rote. Recognize the different perspectives in nursing. The Online Journal of Issues in Nursing, 11(2), Published 5/31/06.

8. Be willing to learn. Let go of the notion that you, if you are the more tenured worker, should have all of the answers. Recognize that in the fast pace of change in today’s healthcare world, no one has all the information or answers. A new graduate or new employee may have learned something that is new to you. Take a deep breath, acknowledge that the information is new, and embrace your role in helping make the change. By the same token, it’s important not to necessarily mean that there’s no room for flexibility in how those policies and procedures are carried out. Rather than expecting everyone to interpret your message in exactly the same way in order to accomplish goals. While standard policies and procedures should apply on take place, and who needs to be room for flexibility in how those policies and procedures are carried out. Rather than expecting everyone to interpret your message in exactly the same way in order to accomplish goals. While standard policies and procedures should apply on take place, and who needs to be

9. Be prepared to be learners of the more tenured worker, and particularly one in a leadership position, to acknowledge that he/she may not know how to use new technology. It is sometimes difficult, too, for this person to reach out to a younger person to request assistance. Of course, this is how help and how to text message, of my 18-year-old niece. It was an exciting and energizing experience, though humbling at the same time!

10. Be flexible. Be willing to adapt and adjust rather than operating by rote. Recognize the different perspectives in nursing. The Online Journal of Issues in Nursing, 11(2), Published 5/31/06.

Selected References and Resources


Weston, M. (2006) Integrating generational perspectives in nursing. The Online Journal of Issues in Nursing, 11(2). The Information is primarily veterans or baby boomers. On the other hand, email or an instant messaging tool provides a convoluted same situation to generation X or Y personnel (Bill, 2004).

Multigenerational Challenges continued on page 11
Multigenerational Challenges: Working Together In Health Care (ONF-10-13-I)

**Post Test**

**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.

**Final Score:**

Name: ____________________________________________________________________________  Final Score:  ___________________________________

1. Please read carefully the enclosed article “Multigenerational Challenges: Working Together In Health Care.”

2. **INDEPENDENT STUDY Multigenerational Challenges: Working Together In Health Care Registration Form**

   - **Name:**  
     (please print clearly)
   - **Address:**  
   - **Day phone number:**  
   - **MARN Member:**  Yes  No  
   - **MARN Member Number:**  
   - **MARN OFFICE USE ONLY:**  
     - **Date Received:**  
     - **Amount:**  
     - **Check No.:**  

   **INDEPENDENT STUDY DIRECTIONS**

   - Please send the following:
     - The completed registration form
     - The post-test
     - The evaluation form
     - A check made out to MARN ($25 members; $35 non-members) to MARN Newsletter: P.O. Box 285 Milton, MA, 02186

   The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you. We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

   If you have any questions, please feel free to call Zandra Ohri, MA, RN, Director, Nursing Education, zohri@ohnurses.org, 614-448-1027, or Sandy Swearingen, swearingen@ohnurses.org, 614-448-4444.
Opportunities and Challenges for Massachusetts Nurses in State Based Health Care Reform: What it Means for You

by Craven & Ober Policy Strategists, LLC

For the last eighteen months, many health care stakeholders and the state have been deeply involved in the discussions, decisions and determinations of a new climate for health care delivery in the Commonwealth. A March 2010 report by Attorney General Martha Coakley about Chapter 305 of the Acts of 2008, (aka Health Care Reform IIB), has begun to shape the next generation of laws adopted by the Massachusetts Legislature. Health Care Reform IIA, specifically designed to reign in the unsustainable growth in health insurance premiums, including those for small businesses was signed by the Governor in August. This new law, known as the Small Business Health Care Reform Law of 2010 is a comprehensive proposal ensuring that health insurance carriers offer affordable and efficient products to small businesses. This legislation sets the foundation for further delivery system reform by enhancing the transparency of the cost, quality, and efficiency of all health care providers in Massachusetts.

Nursing Expertise Needed!

Opportunities Stemming from Chapter 288 of the Acts of 2010:

Three important provisions directly affect nurses.

• “Care Management”
  The bill establishes new uniform measures for comparing health care providers by total medical expenses, relative price, and a set of standard quality measures. This public data will provide greater transparency of the health care market in Massachusetts and the relative costs and quality of different providers. This information will be used in the future to assist in the design of affordable health care insurance products, and will provide a powerful tool for consumers to compare providers based on cost and quality. Recognizing “care management” as a traditional function of NPs and their role in primary care practice settings, the Massachusetts Coalition of Nurse Practitioners lobbied to have this bill’s definition change to include the NP as a member of the care team, a role that NPs are often involved in. This legislation must be followed by further efforts to drive long-term payment system reform that sets the path for Massachusetts to transform its health care system into an efficient, integrated, patient-centered delivery system. Sen. Murray, states “This legislation must be followed by further efforts to drive long-term payment system reform that sets the path for Massachusetts to transform its health care system into an efficient, integrated, patient-centered delivery system.”

• A Pilot Program to Increase Wellness Programs
  This program “provides a state enhancement of the federal tax credit program for small businesses that purchase health insurance through the Connector and participate in wellness programs.” The Connector and the Department of Public Health will provide technical assistance for the establishment of wellness programs and will coordinate with the application process for federal grants as funded in the federal health care bill. Occupational Health Nurses and Nurse Educators have potential business opportunities within this arena.

A commission on falls prevention for the elderly

The department of public health’s investigation and recommendations include the following:

1. develop a data collection and analysis plan to identify fall risk criteria in health care cost data and protective factors
2. improve the identification of high risk older adults
3. maximize the dissemination of proven, effective fall prevention interventions and identify barriers to those interventions
4. assess the risk and measure the incidence of falls occurring in various settings
5. identify evidence based strategies used by long term care providers to reduce the rate of falls and hospitalizations
6. identify evidence based community programs designed to prevent falls
7. review falls prevention initiatives for community based settings

The commission must submit a report that includes the recommendations and any suggested legislation to implement those recommendations. Clearly the need for nursing expertise is evident in this new initiative.

The Need for Long-Term System Reform

Senate President Therese Murray, states “This legislation must be followed by further efforts to drive long-term payment system reform that sets the path for Massachusetts to transform its health care system into an efficient, integrated, patient-centered delivery system.” We can anticipate that Health Care Reform IIB will be enacted during the next legislative session which begins January 2011. To keep current, turn to MARN for information. You can also read about meetings supported by the Massachusetts Nurses in State Based Health Care Reform, COST CONTAINMENT, TRANSPARENCY AND EFFICIENCY IN THE PROVISION OF QUALITY HEALTH INSURANCE FOR INDIVIDUALS AND SMALL BUSINESSES, Office of the Honorable Therese Murray, Senate President, August 2010.

You can also read about meetings supported by American Nurses Credentialing Center (ANCC). Questions can be directed to the committee at infoce@marnonline.org

American Nurses Credentialing Center (ANCC), Application manual: Accreditation program, Silver Spring, MD.
For the last eighteen months, the Massachusetts Coalition of Nurse Practitioners (MCNP) Legislative Team and Leadership Academy have been deeply involved in the discussions, decisions and actions that will shape a new climate for health care delivery in this state. As you know from a previous article, the Massachusetts Coalition of Nurse Practitioners (MCNP) legislative team has been deeply involved in the discussions, decisions and actions that will shape a new climate for health care delivery in this state. As you know from a previous article, Health Care Cost Drivers, Trends and Potential Solutions, Attorney General Martha Coakley was charged with the examination of health care cost drivers and cost trends and released her report on March 16, 2010. The report was requested by the Legislature as part of Chapter 305 of the Acts of 2008, also known as Health Care Reform II. It is the product of many months of investigations, meetings, (including discussions with MCNP legislative team members) and analysis. Its purpose was to further the health care cost containment goals of the Commonwealth in the spirit of sustained health care reform. The report benchmarked health care costs. Therefore, its findings and recommendations have been begun to act on. The central recommendation of the report was adopted by the Massachusetts Legislature, specifically designed to reign in the unsustainable growth in health insurance premiums, including those for small businesses. This new law was signed by the Governor the first week of August. Described as a comprehensive small business, address the current instability in the insurance market, reduce year-to-year fluctuations in premiums, and promote wellness plans for small employers. The bill sets the foundation for further delivery system reform by enhancing the transparency of the relative costs, quality, and efficiency of all health care providers in Massachusetts. The MCNP’s successful lobbying effort ensured that the bill’s language was “provider neutral” and was supported in the final bill text in numerous ways. MCNP worked to advocate for nine significant amendments to this complex and multifaceted bill, which will have a significant impact on health care practice. A brief review of these changes is as follows:

1) Credentialing: An amendment regarding credentialing that was adopted that mandates that carriers use “uniform standards and methodologies for credentialing any health care provider type licensed under chapter 112 that provide identical services.” This means that the credentialing applications of providers of identical services cannot unfairly require additional criteria that may result in barriers to health plan approval of a provider.

2) No contract exclusions of NPs: Carriers must negotiate in good faith with nurse practitioners (NPs) to drive staffing plans & ensure patient safety—The safe staffing bill would require hospitals to establish staffing committees comprised of at least 55 percent direct care nurses or their representatives, to create unit-by-unit nurse staffing plans based on multiple factors, such as the number of patients on the unit, the severity of the patients’ conditions, experience and skill level of the RNs, availability of support staff and technological resources. It would place limits on the practice of “floating” nurses by ensuring that RNs are not forced to work on units if they lack the education, training and experience in that specialty. There is even a provision that would hold hospitals accountable for safe nurse staffing by requiring the development of procedures for receiving and investigating complaints; allowing imposition of civil monetary penalties for knowing violations; and providing whistle-blower protections for those who file a complaint about staffing.

3) “Care Management:” The MCNP successfully amended the new law to include the term “care management” in the bill text, in an effort to enhance transparency of health care costs, quality and efficiency. Carriers will be required to spend 88% of insurance premiums received on medical care and to uniformly calculate and report all administrative expenses for all lines of business to the state. Recognizing “care management” as a traditional function of many NPs in Massachusetts its primary care practice settings, MCNP lobbied to have the carriers report to the state how much money they are spending on care management services. Capturing this information will allow the delivery system moves in the future to a global payment formula as a means for accounting that financial resources are being made for the continued, and potentially enhanced, delivery of these services should primary care settings transform into patient centered medical homes. It is anticipated that this will illuminate the cost efficiencies that can be realized through the use of the NP in the care management role.

This new law now dubbed as Health Care Reform IIIA, is a precursor of more health care legislative changes to come and sets the stage for more changes to the delivery system itself. In fact, the law has a provision to support demonstrations of “bundled payment pilot program” methodologies for the provision of acute and chronic care. According to the Senate president, “This legislation enacts a series of inducements to transform its health care system into an efficient, integrated, patient-centered delivery system. This bill provides immediate relief to small businesses and individuals, but more work must be done to reform our health care delivery system and control health care costs increases in the long-term.” We can anticipate that Health Care Reform IIIB will be brought to the floor in the next legislative session which begins January 2011.

Your continued involvement, through membership in MCNP, MARN and political activism, is critical as this debate and significant culture shift in the delivery and payment of health care continues to evolve. Advanced practice nurses must continue to be present and vocal in these discussions for the professional practice of nurse practitioners, current and future, will be well positioned.

Registered Nurse Safe Staffing Bill Introduced in Congress

The American Nurses Association (ANA) and the Massachusetts Association of Registered Nurses (MARN) applaud the introduction of federal legislation that empowers registered nurses (RNs) to drive staffing decisions in hospitals and, as a result, protect patients and improve the quality of care. On the heels of the introduction of the Registered Nurse Safe Staffing Bill Introduced in Congress (RNs) to drive staffing decisions in hospitals and, as a result, protect patients and improve the quality of care. On the heels of the introduction of the Registered Nurse Safe Staffing Bill Introduced in Congress (S. 3491/H.R. 5527), hundreds of registered nurses from across the country flocked to Capitol Hill in June 2010 to meet with their U.S. congressional representatives, emphasizing that insufficient nurse staffing can be a life-or-death issue for patients and that federal legislation is needed to ensure that hospitals don’t limit resources and outcomes.

The RN Safe Staffing Act, crafted with input from ANA, has sponsors from both political parties—Sen. Daniel Inouye (D-HI) and Reps. Steven LaTourette (R-OH) and Lois Capps (D-CA), a nurse. “We won’t stop advocating on this issue until federal legislation is enacted to increase protections for patients and ensure fair working conditions for nurses.”

The safe staffing bill would require hospitals and hospital systems to have a plan that ensures that health care providers offer affordable and efficient products to small businesses, address the current instability in the insurance market, reduce year-to-year fluctuations in premiums, and promote wellness plans for small employers. The bill sets the foundation for further delivery system reform by enhancing the transparency of the relative costs, quality, and efficiency of all health care providers in Massachusetts. The MCNP’s successful lobbying effort ensured that the bill’s language was “provider neutral” and was supported in the final bill text in numerous ways. MCNP worked to advocate for nine significant amendments to this complex and multifaceted bill, which will have a significant impact on health care practice. A brief review of these changes is as follows:

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Bullying

Bullying is both a national and international issue. Discussion will include an overview of bullying, the characteristics of the bully and their motivation to bully others. Interventions will be presented and their effectiveness.

Location: Regis College, Alumnae Hall, Upper Student Union Lounge
March 23, 2011
Program Contact Hours: 2
Fee: None
For more information, contact Amy Anderson EdD RN, Regis College, 235 Wellesley St., Weston, MA 02493

Online Breast Health Course offered by the MAURER FOUNDATION’s Institute of Breast Health Education

This course is designed to educate the learner about breast health and disease. Topics include: Breast Anatomy, Development, Pathology, Risk Reduction, Methods of Early Detection, Cultural Competency and Presenting a Breast Health Program.

Registration is ongoing
Contact hours: 5
Fee: $180
For more information, contact www.maurerinstitute.com

Foundations in Geriatric Nursing

This two day comprehensive educational program utilizes the NICHE (Nursing Improving Care of Healthsystem Elders) Geriatric Resource Nurse curriculum. Content experts will present the following topics: Why Geriatric Nursing?, Function, Age Related Changes, Medications, Incontinence, Skin, Falls, Restraints, Pain, Nutrition, Oral Health, Sleep, Depression, Delirium & Dementia.

Location: Beverly Hospital-Lecture Hall
85 Herrick Street, Beverly MA 01915
To Register contact Susan at 978-922-3000 extension 2279
Friday, January 21st & Friday, January 28, 2011
8:00am - 4:30pm
FEE: $150.00 (Includes course material and light lunch) Must attend both days

The MARN Approver Unit

The only Professional Nursing Organization ANCC Approver Unit in the Commonwealth

Fully Accredited Through 2015!

Program reviewers: available to review your nursing education programs any time.
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

Announcements

Nurses’ Health Study: Phase III to begin

Susan Hankinson, RN, ScD Principal Investigator Nurses’ Health Study I
Walter Willett, MD, Principal Investigator Nurses’ Health Study II

First we want to thank all the nurses who have been loyal participants in the Nurses’ Health Study during the past several years. As you may have heard, we are starting a Phase III of the Nurses’ Health Study and have begun enrolling a new cohort of young nurses into the study. We hope that you will consider joining this new study.

For the new cohort, we are enrolling 100,000 or more female RNs and LPNs between 22 and 45 years old (born after January 1, 1965). The new study will be entirely web-based. To learn more and to join, nurses should visit www.nhs3.org. Remember a small commitment to a study like this is of extraordinary value for research into the causes of disease and the factors that promote healthy lives.

Congratulations to Lowell General Hospital for receiving Magnet designation

The Massachusetts Association of Registered Nurses congratulates the MA Health Council on their 90th anniversary of promoting prevention and wellness for all people in the Commonwealth

ATTENTION POTENTIAL PROGRAM ADVERTISERS

Please be sure to clearly state if your educational program is approved by the MARN Approver Unit in all program submissions!

Policy for Accepting Announcements for the Newsletter:

MARN encourages organizations of higher education to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses. Fees must be included with submissions.

The Fee Schedule is as follows:
Non-MARN Approved Providers/Sponsors—$50
MARN Approved Providers/Sponsors—$25

Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, email) with the check. Please email copy to www.MARNonline.org.

Announcements are limited to 75 words.

Members Only

ANA Dues to Increase

Please note that due to the ANA dues escalator increase that was passed to continue at the June, 2010 House of Delegates, there will be an increase in all members ANA dues effective January 1, 2010. Full member dues will increase by $4 per year. Reduced member and special member dues will be a lesser portion of that amount.

The MARN Action Team — MAT cordially invites you to join this new and exciting team, when you join you will be lending your voice to those matters affecting all nurses in Massachusetts.

Contact www.MARNonline.org for more information

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 the Massachusetts Health Care Reform Law and National Health Care Reform

An update on health care reform on both the state and national level one year after National Health Care Reform Law was passed. Important issues such as cost, quality of care and workforce issues will be discussed
Location: Regis College, Alumnae Hall, Upper Student Union Lounge
March 23, 2011
Program Contact Hours: 2
Fee: none
For more information, contact Amy Anderson EdD RN, Regis College, 235 Wellesley St., Weston, MA 02493

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.
MARN Vision Statement

As a constituent member of the American Nurses Association, MARN is recognized as the voice of registered nursing in Massachusetts through advocacy, education, leadership and practice.

Free access to the American Nurses Association Edition of Mosby Nursing Consult... just another example of the tools available to you as a member that help you become more successful in your career!

Now you can access a comprehensive integrated, user-friendly online application that opens the door to a compendium of monographs, practice guidelines, and peer-reviewed clinical updates representing the best, most current work of nursing experts and thought leaders throughout the profession. The compilation includes evidence-based nursing monographs (including current practice and synopses of current literature and specific recommendations for nursing care), Practice guidelines for more than 400 common health care diagnoses, conditions, and procedures, and clinical updates.

To access the ANA Edition of Mosby Nursing Consult, visit the members-only section of NursingWorld.org at www.nursingworld.org/Members/JustForMembers/MNC-ANA-Edition.aspx.

MEMBER BENEFITS

Your guide to the benefits of ANA/MARN membership...

It pays for itself

• Dell Computers—MARN and ANA ANA are pleased to announce a new member benefit. MARN and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-665-8133 or visit Dell's Web site at www.Dell.com.
• Walt Disney World Swan and Dolphin Hotel
• GlobalFit Fitness Centers—Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.
• Professional Liability Insurance—a must have for every nurse, offered at a special member price.
• Nurses Banking Center—free checking, online bill paying and high yield savings all available to you 24/7 to fit any shift or schedule. at an affordable price—Liability/ Malpractice, Health Insurance, Dental and Vision.
• CBCA Life and Health Insurance Plans— Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.
• Discounts on auto rental through Avis and Budget:
  Call Avis 1-800-331-2212 and give ID# B865000
  Call Budget 1-800-527-0700 and give ID# X359100
• Save on your hotel stays at Days Inn, Ramada Inn, Howard Johnson and more.
• Online discounts on all your floral needs through KaBloom.

Promote yourself: professional development tools and opportunities

• Members save up to $140 on certification through ANCC.
• Online continuing education available at a discount or free to members.
• Conferences and educational events at the national and local level offered at a discount to members.
• Member discounts on nursesbooks.org— ANA’s publications arm.
• Up to 60% savings on regular monthly dues with GlobalFit Fitness program.
• Find a new job on Nurse’s Career Center—developed in cooperation with Monster.com.

Stay informed: publications that keep you current

• Free subscription to The American Nurse—a $20 Value.
• Free online access to OJIN—the Online Journal of Issues in Nursing.
• Free subscription to the Massachusetts Report on Nursing—a $20 value
• Free access to ANA’s Informative listserves including—Capitol Update and Members Insider.
• Access to the new Members Only web site of NursingWorld.org.
• Free access to MARN’s Member-Only Listserv

MARN News is an up to date information service about a variety of issues important to nurses in Massachusetts. You must be a MARN member to be included, so join today!

MARN member: 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 “ADD” 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 myra@net1plus.com.

MARN is the Massachusetts affiliate of the American Nurses Association, the longest serving and largest nurses association in the country

Join us at www.MARNonline.org

Contact us at: 617-990-2856 or info@marnonline.org
Nearly all of us are aware of nurses with back pain—or we may suffer from it ourselves. What we may not realize is how enormous the problem is. This article is dedicated to educating nurses about the risks they and their co-workers face in performing routine patient care. We’ll also give you information about what you can do to help you and your co-workers.

“My name is Elizabeth White. I am an RN who graduated in 1976 from the BYU College of Nursing. In December, 2003, I was working in the Surgical ICU at Arrowhead Regional Medical Center, the San Bernardino, California county hospital. My assignment that night was a 34 lb patient who was on a ventilator and also on spinal precautions. I was able to get help to turn and bath him only once that shift. However, because he was on spinal precautions his mattress was flat, but had to be in reverse Trendelenburg because of the vent. He slid down to the foot of the bed, of course. Only one other staff member was available to help pull him away from the foot of the bed. By the end of the shift, I was in so much pain I could hardly walk. I ended up leaving clinical nursing: nearly six (6) years later I still have pain on a daily basis.”

Last year, over 71,000 nurses suffered a back injury—but these are only the injuries that can be directly traced to work. 48% of nurses complain of chronic back pain, but only 35% have reported an injury—but these are only the injuries that can be directly traced to work. 48% of nurses complain of chronic back pain, but only 35% have reported an injury—but these are only the injuries that can be directly traced to work. The Bureau of Labor Statistics shows an inexcusable situation. Fig. 1 is a 2007 Bureau of Labor Statistics chart of the industries with the highest numbers of worker injuries. The top category: hospitals. In addition, the fourth and fifth categories are also of health care workers. In total, over 505,000 health care workers were injured. We know that a large percentage of these injuries are due to patient handling.

Cost of the problem
Nurses back injuries cost an estimated $16 billion in workers compensation benefits. Medical treatment, lost workdays, “light duty” and employee turnover cost the industry an additional $10 billion.iii

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THE CAUSES OF NURSING BACK INJURY, or, YOU MUST NOT BE USING GOOD BODY MECHANICS

Hospitals and nursing homes are well aware of the high back injury resulting from patient care. Virtually all of us have had numerous “back injury prevention” classes over our work life. Why then, are the injuries so high? Is it because we just don’t listen? Or, is it because there is no safe way to manually lift and care for patients? Just look at the diagram above for a comparison between the NIOSH lifting standards and everyday patient care reality.

There are physiological reasons for this. William Marras, PhD, CPE, Honda Professor and Director of the Biodynamics Laboratory, Institute for Ergonomics at Ohio State University has made extensive studies of what happens to the human back under stress.vi Basic anatomy lesson: the intervertebral disc is fibrous, dense tissue with a resilient gel filled center. The outer fibrous ring is called the annulus fibrosis, and the center the nucleus pulposus. It has no blood supply, and no nerve endings. It receives its fluid and nutrients by osmosis from the adjacent vertebrae bone through the end plate, which also attaches the disc to the vertebrae.

Pathophysiology, or, We all have our limits
When lifting tolerances are exceeded, the end plate of the intervertebral disc is damaged with tiny tears called microfractures. No pain is felt, since nerve endings are not present in the disc or the end plate. These microfractures then heal with protein agglutinans and scar tissue which is thicker and less permeable than the normal tissue. Over time, with many microfractures occurring, most of the end plate of the vertebrae converts to scar tissue. The disc can no longer absorb fluid and nutrients. It becomes weakened, porous, soft and dry, which is the condition we know as degenerated disc. The softer tissue then bulges into the spinal column causing pain and muscle spasm, or the gel in the center of the disc can even herniate through the soft porous outer tissue, causing much greater pain. With severe degeneration, the disc can collapse, which narrows the space available for the nerve root. This narrowed space puts pressure on the nerves, causing pain and muscle spasm.

Back injuries areincremental and pain often presents in unrelated circumstances.

Healthcare worker injuries were three times the number of any other industry. Also, the RATES of injury are six times the rates of construction workers and dock workers. Why are we not angry? Perhaps it is because we are used to it, and figure that it can’t be any other way. After all, patients must be cared for, right?
This illustration shows only the downward pressure, and doesn’t take into account the pulling (shearing) required to turn a patient on to his side. Nurses are the ONLY people who call 100 lbs light! Since there is no way to keep the weight bearing close to the body, no “good body mechanics” will compensate for the forces that damage your back.

There is no safe way to manually move a patient! EVER. You will be injured every single time you manually move a patient. This includes not only transfers, but turning, linen changes, rolling a patient on to a sling, boosting the patient up in bed, and assisting the patient to stand.

What is the solution to manual patient handling? Patients must be cared for. Every nurse knows it is not an option to simply refuse to care for their assigned patients.

Lifting Teams? These teams are very expensive, though they have been shown to reduce injuries. But, what about the lifting team? They will be injured as well, inevitably. Also, no lifting team can be everywhere at once, and patients may need repositioning at any time, not just on the lifting team schedule.

Patient Handling equipment is the only answer. There are multiple equipment solutions available on the market today. None does everything; but there is equipment available which will completely eliminate the manual lifting required for patient care.

We apologize to all makers of equipment which are not featured in this article. Care has been taken to present representative examples of equipment performing each task. Each facility should determine its own needs, and investigate each company and brand of equipment. We do not present the pros and cons of different types of equipment. A list of companies who manufacture and sell each type of equipment is provided, to give some place to start to those who might wish to begin. The list of companies is by no means exhaustive. No remuneration has been given by any company.

Tasks which exceed safe spinal loading, requiring Safe Patient Handling Equipment:

- Transfers: bed to bed, or gurney to bed
- Transfers: bed to chair, chair to shower
- Bed repositioning: Side to side turn, and pull away from the side rail
- Bed repositioning: Boosting to the head of the bed
- Bed repositioning: Linen changes and bathing
- Sling placement: Bending and lifting to roll a patient on to a sling
- Assisting patient to stand
- Assisting a patient up from the floor

Bed to bed transfer

This is a mattress that uses a blower to inflate a mattress, which then slides on a cushion of air. The brand name is Hover Matt. It removes most of the friction so the force needed for transfer is minimal.

Bed Repositioning: Boosting patients up in bed

- A Liko ceiling lift repositions a patient using a loop sling. Linen can be changed while the patient is suspended.
- Some specialty fabrics will allow boosting with minimal effort, then resist sliding again.

Bed Repositioning: Side to side turn

An Arjo mobile lift will lift in sitting, standing or horizontal positions.

Bed Repositioning: Side to side turns, linen changes and bathing

The ErgoNurse, designed for bed repositioning, boosts a patient using the sheets. It will also lift for side to side turns, linen changes and bathing.

Linen changes and bathing of bedridden patients

- Ceiling lifts can use repositioning slings to move the patient around for linen changes and bathing.

Placing the patient on a sling

- The ErgoNurse uses a sheet to suspend the patient, allowing sling placement without bending and lifting.

Assisting the patient to stand

- This is a Barton Sit-to-Stand device.
Help is on the horizon. Nationally, the Nurse and Health Care Worker Protection Act of 2009 has been introduced in both houses of Congress. In brief, these bills (identical at the present time) require OSHA to establish a safe patient handling standard, require health care facilities to establish safe patient handling programs, and allow health care workers to refuse to perform any lifting task which exceeds the standards or for which they have not been trained. The House bill is HR 2381, and the Senate bill is S 1788. It is certain that the wealthy and powerful hospital lobby will oppose the bill. However, we nurses have numbers on our side. Since there are about 2.5 million nurses, and about 1 million nursing aides, if we were all to contact our legislators, we could ensure the passage of these bills.

**Your Life-Planning Checklist**

by Jay Butler, CLU, ChFC, AEP, Senior Associate, Bay Financial Associates LLC

Everybody experiences life changes—marriage, the birth of a child, retirement—and each stage of life requires alterations in financial planning. So to help you prepare for possible adjustments to your plans, the following checklist identifies several potential life-changing events and offers brief tips for addressing each. Keep in mind that a financial advisor may help you with these and other personal transitions.

**Marriage**
- Identify shared financial goals and begin working together to pursue them.
- Review all investment accounts (including IRAs and employer-sponsored retirement plans) to ensure that your combined assets are adequately diversified and appropriate for your goals.
- Purchase (or increase) a life insurance coverage.
- Update beneficiary designations.

**New Baby**
- Increase life insurance coverage.
- Increase emergency savings.
- Start setting aside money for college in a tax-advantaged account, such as a 529 college savings plan.
- Update beneficiary designations.

**Empty Nester**
- Increase contributions to retirement accounts.
- If the size of your home exceeds your needs, consider downsizing to a smaller home and potentially lowering your living expenses.

**Divorce**
- Cancel joint financial accounts, such as credit cards and checking accounts.
- Take a fresh look at your plans for the future to determine whether your divorce will affect your financial needs, risk tolerance, and time frames.
- Increase retirement account contributions if necessary.
- Update beneficiary designations.

**Raise/Inheritance/Windfall**
- Increase retirement account contributions.
- Increase emergency savings.
- Pay off debt.
- Review investment strategies.
- Assess insurance coverage, particularly if a windfall results in an increased standard of living.

**Retirement**
- Determine the best age for collecting Social Security (earliest retirement at age 62, full retirement age 67 or later, which may result in a delayed retirement credit).
- Develop a budget to determine how much you will need for ongoing living expenses in retirement.
- Decide whether you want to stop working entirely, or work part time or seasonally, to maintain an ongoing source of income.
- Apply for Medicare when you become eligible.
- Determine sources of medical insurance to help pay your health-care costs not covered by Medicare.
- If you are older than age 70 1/2, review your traditional employer-sponsored retirement plan and traditional IRA to determine when you must start taking required minimum distributions (RMDs) and how much you will need to withdraw. Note that RMDs are not required from Roth accounts.

It is never too early to think about financial security. If you are a newly graduated nurse, a nurse heading for retirement, already retired or anywhere in between, there are always ways to get the most out of your hard earned money…and you deserve the best!

Jay is a Registered Representative with and Securities offered through LPL Financial, Member FINRA/National Association of Securities Dealers, Inc. His wife is a registered nurse.
I am 86 years old and have been a teacher and manager of nurses for 66 years. I participated in the development of the nurse practice act, was involved in the transition from hospital-based to college preparation of nurses, and worked to develop guidelines for nurses to work in an expanded role. I participated in the formation of a nurse-run board of registration for nurses, and fought to save that board of nursing when the governor wanted to close it in the 1970s.

Twenty years ago I was hospitalized at a Boston teaching hospital. I had major surgery. It took forever for me to recover from the anesthesia. The surgeon never came to see me. My IVs ran dry, I hallucinated because I was over medicated, I did not develop a therapeutic relationship with the nurses and no one even answered my call bell. That experience led me to re-evaluate my own role as nurse.

This year when I became ill, I went to bed and, like most nurses felt I would get over it. After a week of not eating or drinking despite the urging of my family, I realized I needed to go to the hospital to find out what was going on. I was not happy about going to any hospital due to my previous horrible hospital experience.

Upon arrival at the local community hospital, a man identified himself as my nurse and kept me informed of his findings. He explained his plan to transfer me to a hospital in Boston, the same hospital where I had such a distressing experience 20 years ago. Needless to say I was reluctant to enter that hospital as a patient ever again, but the doctor made arrangements for me to be directly admitted so at least I did not have to spend hours waiting in the emergency department.

At the Boston hospital a nurse came to my room. She clearly wrote her name and work hours on a bulletin board that I could see from my bed. I was surrounded by technological monitors and alarms that allowed the nurses to monitor my condition at the nurses’ station. But when I used my call bell a nurse responded right away. IVs were monitored and never ran dry.

During my hospital stay I found out that all the nurses who cared for me were graduates of baccalaureate nursing programs and some were even working on graduate degrees. Each nurse was assigned 3 to 6 patients depending on the acuity of the patients they cared for. The nurses were in communication with the doctors and kept me informed about laboratory findings and treatment plans.

Each nurse I encountered during my hospital stay was exceptionally competent, knowledgeable, and technologically savvy. But most importantly, they had good interpersonal skills. I apologize to my faculty colleagues who heard me complain about their focus on teaching with expensive technical equipment rather than focusing on the interpersonal part of care. I was indeed surprised by the 100% improvement in quality of care I received from nurses who use technology without forgetting to look at and care for their patients. This hospitalization has reaffirmed my 60 years as a pioneer in professional nursing; the future of the nursing profession is secure and nurses continue to be the heart and soul of patient care.