Each year at this time it is time to reflect on the past year. It has been a pleasure serving as your president for the past two years and I look forward to serving as your president for the next two years. I see increasing the membership as the greatest challenge over the next few years. NDNA applied for an ANA membership grant in July and our grant proposal was accepted. Through this grant NDNA will promote the professional development of nurses by discussing the updated Scope and Standards of Practice, Code of Ethics, and Nursing Social Policy Statement at town hall meetings across the state. This will be a great opportunity for nurses to come together and dialogue and learn how ANA/NDNA promotes the profession of nursing.

In March the signing of the Affordable Care Act by President Obama, was a historic victory for the nursing profession and millions of patients that we care for each year. As nurses we need to help Americans learn about the benefits of the new health care law. Some of the biggest changes are reforms dealing with preventative care. There will be no out of pocket costs for mammograms, cervical screenings, colonoscopies, childhood immunizations, prenatal and new baby care, and high blood pressure treatment.

Other benefits include requiring insurance companies to cover children with pre-existing conditions and not placing limits on how long patients with diseases such as cancer.

So, how can nurses get involved in helping Americans learn about the benefits of the new health care law? We can talk to our patients about how these reforms can help them and inform our colleagues about the new health care law.

The Affordable Care Act also provides $320 million in grants to strengthen and expand the health care workforce. This includes Advanced Nursing Education Expansion and Nurse Managed Health Clinics. It also provides patients with a greater choice of primary care providers including nurse practitioners and certified nurse midwives.

2011 is a legislative year and as nurses we need to be involved in the political process. We need to make our voices heard. As we get closer to the legislative session we will keep members up to date about legislation that impacts nurses and the patients we care for. Nurses wanting to become involved in the Government Relations Committee are welcome. E-mail your name to becky@ndna.org and she will forward your name to the chair of the Government Relations Committee. This also means get out to vote and becoming familiar with the issues on the ballot and develop a relationship with federal and state legislators.

As I start a new term as your president I challenge each nurse to become more caring and respectful of each other. By respecting each other we can move nursing forward in a positive way. We must have an inviting environment where nurses are challenged to dialogue with one another in a constructive manner. By receiving the ANA membership grant I am hoping to meet more nurses across the state and begin the open dialogue about professional development.
You are cordially invited to join the North Dakota Nurses Association

See the NDNA Website at www.ndna.org

© Click on Membership

Under how to join

© Click on Membership Application (ANA website)

© Click on Full Membership

(Be ready to provide your email address)

Full membership is just $20.50/month! Less than 70¢ a day!

The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

Dr. Sherry Messmer and Dr. Becky Brodell had poster presentations of their research at the Drexel Nursing Institute this summer June 21 to June 23rd, 2010. Dr. Messmer’s poster was titled “Pain Management: Knowledge and Attitudes of Senior Nursing Students and Practicing Registered Nurses.” Dr. Brodell’s poster was titled “Views of Student Nurses on Caring and Technology in Nursing.” The Drexel Institute’s focus is on creating the learning environment of tomorrow. The plenary session was by a nationally known nursing scholar, Molly Sutphen, PhD. The presentation focused on the recommendations from the Carnegie Foundation National Nursing Education Study. Dr. Sutphen is a co-author of Educating Nurses: A Call for Radical Transformation.

Dr. Becky Brodell

Dr. Sherry Messmer

The Prairie Rose accepts manuscripts for publication on a variety of topics related to nursing. Manuscripts should be double spaced and in APA format. The article should be submitted electronically in MS Word to becky@ndna.org. Please write Prairie Rose article in the address line.

Articles submitted for continuing education need a purpose, objectives, and a pre-test. You may request the necessary contact hour forms from Becky at becky@ndna.org.

Articles are peer reviewed and edited by the staff and RN volunteers at NDNA.

Nurses are strongly encouraged to contribute to the profession by publishing evidence based articles. If you have an idea, but don’t know how or where to start, contact the office at NDNA: 701-223-1385.

The Prairie Rose is one communication vehicle for nurses in North Dakota. Raise your voice.

The Vision and Mission of the North Dakota Nurses Association

Vision: North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The Mission of the North Dakota Nurses Association is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.
NDNA has been named one of just NINE (9) state nurses associations awarded a grant from the American Nurses Association.

NDNA’s mission is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy. With this in mind a proposal was written and submitted to ANA under their membership grant application process.

The purpose of our grant is to:
- Promote the professional development of nurses.
- Improve communication among nurses in ND specifically on topics related to professional development.
- Promote the value of belonging to a professional organization.

How do we achieve these goals? Strategies include:

- “Town Hall Meetings” held in each of the 4 districts in North Dakota where we will review and discuss the updated information found in the foundation nursing package.

We will be opening a new page at the ND Nurses Voice Blog where topics specific to the foundation nursing package can be discussed. Links to this Blog will be posted to the NDNA website the ND Prairie Rose Petal. The link to the Prairie Rose Petal website is http://sites.google.com/site/ndnaprairierosepetal/home

Watch the website for more information, meeting place and time, and for a study guide that will help form questions and discussions related to the new ANA Scope and Standards of Nursing, Code of Ethics for Nurses, and Nursing’s Social Policy Statement.

NDNA will be giving away 10 foundation nursing packages at each of the 4 District Meetings to the first 10 NEW members who pay for the full year ($240) while attending one of these meetings. See our website for complete rules.

NDNA members can purchase the foundation package through ANA at a discounted price. See the ANA website at http://www.nursesbooks.org/Main-Menu/Standards/H--N/Nursing-Scope-and-Standards-of-Practice.aspx
SILVER SPRING, MD—Recognizing the important role vaccination of health care workers plays in a comprehensive seasonal influenza prevention plan, the American Nurses Association (ANA) continues to urge all registered nurses to get vaccinated every year to protect themselves, their families, and the patients they serve.

The 2010-2011 influenza vaccine will protect against three different influenza viruses: an H1N1 virus, a seasonal influenza A virus, and the influenza B virus that caused widespread illness last season. The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and older get an influenza vaccine during this influenza season.

In response to last year’s H1N1 pandemic, many facilities and state governments have considered imposing mandatory influenza vaccination requirements for health care workers. ANA does not support such policies unless they adhere to certain guidelines to ensure they are fair, equitable and nondiscriminatory.

ANA’s Patton, Other Nurse Leaders Recognized in Modern Healthcare’s 100 Most Powerful People in Health Care

SILVER SPRING, MD—Demonstrating the American Nurses Association’s continued influence in shaping health care policy, 30 nurses were selected for Modern Healthcare’s 100 Most Powerful People in Healthcare. Patton is one of nine nurses on the list, including Catholic Health Association President Sister Carol Keehan, SSM Healthcare President Sister Mary Jean Ryan, Health Resources and Services Administration’s Mary Wakefield, National League for Nursing CEO Beverly Malone, American Organization of Nurse Executives CEO Pamela Thompson, National Federation of Nurses President, Barbara Crane, Director of University of Pennsylvania’s Center for Health Outcomes and Policy Research Linda Aiken, and American Association of Colleges of Nursing CEO Geraldine “Polly” Bednash.

More than 25,000 people were nominated by Modern Healthcare readers initially; the top 100 was decided by on-line voters over several weeks. Nurses make a difference every day in the lives of the patients and communities they serve. ANA is proud to see so many nurse leaders recognized, and would like to thank the nurses who showed support for their colleagues.

“ANA believes that immunization of nurses is an important component of a comprehensive prevention plan for seasonal influenza,” said ANA President Karen A. Daley, PhD, MPH, RN, FAAN. “However, we also need to protect the rights of nurses to ensure that they are treated fairly and have the necessary workplace protections.”

ANA believes mandatory seasonal influenza vaccination policies should only be implemented under these conditions:

- The mandatory policy comes from the highest level of legal authority, ideally state government
- Suitable exemptions, such as for those allergic to components of the vaccine, are included
- Discriminating against or disciplining nurses who choose not to participate is prohibited
- The policy is part of a comprehensive infection control program that includes personal protective equipment, such as N95 respirators, to increase safety
- Vaccinations are free and provided at convenient times and locations to foster compliance
- The employer negotiates with worker union representatives to resolve any differences when the policy is implemented at a health care facility

ANA’s protection of nurses’ workplace rights should not be confused with the message ANA is delivering to nurses: Get the seasonal influenza vaccination. To promote vaccination, ANA is sending a letter to its members and to affiliated specialty nursing organizations encouraging immunization for seasonal influenza.

Noting that the seasonal influenza vaccination rate for nurses and all health care workers consistently remains below 50 percent, ANA President Daley said, “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.”

“However, we also need to protect the rights of nurses to ensure that they are treated fairly and have the necessary workplace protections.”

More information about immunization is available through ANA’s Bringing Immunity to Every Community project. The two-year initiative, a cooperative agreement between ANA and CDC’s National Center for Immunization and Respiratory Diseases, focuses on maximizing nurses’ role in increasing vaccination rates and reducing incidence of vaccine-preventable diseases. Please visit the Web site, http://www.ANAimmunize.org.

Safe Staffing Saves Lives–ANA’s National Campaign to Solve the Nurse Staffing Crisis

RN Safe Staffing Act Introduced in Congress–June 2010 ANA worked with members of Congress to refine and introduce a nurse safe-staffing bill that would require hospitals that participate in Medicare to form committees comprised of at least 55% direct care nurses to establish adjustable nurse staffing plans for each unit and shift.

Safe Staffing Stories from Across the US

I have seen such an increase in patient acuity on my cardiac care unit in the last two years. This change has altered the way I deliver nursing care to the point of sheer misery.

Nurses everywhere rank staffing as their biggest problem. Research shows it is a problem–for patients: Insufficient nurse staffing is linked with poorer patient outcomes, lengthened hospital stays and increased chance of patient death.

ANA’s Solution to Staffing

ANA advocates solving the problem by requiring hospitals to set nurse staffing plans for each hospital unit based on changing conditions: Patient acuity (severity of illness), Patient numbers, Nurse skills and experience, Support staff and Technology.

This approach is the foundation of the Registered Nurse Safe Staffing Act of 2010 (S. 3491/ H.R. 5327), which empowers direct care nurses to contribute to staffing plan development through hospital staffing committees. Seven states have passed nurse safe staffing laws that mirror ANA’s approach.

It is flexible, encouraging adjustments as conditions on a hospital unit change. In that way, it differs from a more rigid, mandatory nurse-to-patient ratio strategy.

Nurse (Diss)atisfaction

Insufficient staffing not only is a poor prognosis for patients. Studies conclude that insufficient staffing causes nurse burnout, job dissatisfaction and turnover, diminishing patient satisfaction and hospitals’ bottom lines.

Nurses owe it to their patients, the U.S. health care system and themselves to heighten urgency and awareness around safe staffing.

ANA encourages nurses to join this advocacy effort to inform legislators, health care administrators and the public that the current trend–nurses working longer shifts to care for larger numbers of sicker patients, with decreased support staff–is not acceptable.

ANA Urges Registered Nurses to Get the Seasonal Influenza Vaccine

Supports Comprehensive Prevention Plan

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The Future of Nursing: The Institute of Medicine (IOM) Issues Report.
The Future of Nursing: Leading Change, Advancing Health


In 2008, theRobert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing. Through its deliberations, the committee developed four key messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

Nurses’ roles, responsibilities, and education should change significantly to meet the increased demand for care that will be created by health care reform and to advance improvements in America’s increasingly complex health system, says a new report from the Institute of Medicine.

Nurses should be fully engaged with other health professionals and assume leadership roles in redesigning care in the United States, said the committee that wrote the report. To ensure its members are well-prepared, the profession should institute residency training for nurses, increase the percentage of nurses who attain a bachelor’s degree to 80 percent by 2020, and double the number who pursue doctorates. And regulatory and institutional obstacles—including limits on nurses’ scope of practice—should be removed so that the health system can reap the full benefit of nurses’ training, skills, and knowledge in patient care.

“The report’s recommendations provide a strong foundation for the development of a nursing workforce whose members are well-educated and prepared to practice to the fullest extent of their training, meet the current and future needs of patients, and act as full partners in leading advances in the nation’s health care system,” said committee chair Donna E. Shalala, president, University of Miami, Miami. “Transforming the nursing profession is a crucial element to achieving the nation’s vision of an effective, affordable health care system that is accessible and responsive to all,” added committee vice chair Linda Burns Bolten, vice president for nursing, chief nursing officer, and director of nursing research, Cedars-Sinai Medical Center, Los Angeles.

At more than 3 million in number, nurses make up the single largest segment of the health care work force. They also spend the greatest amount of time in delivering patient care as a profession. Nurses therefore have valuable insights and unique abilities to contribute as partners with other health care professionals in improving the quality and safety of care as envisioned in the Affordable Care Act (ACA) enacted this year, the committee said.

States, federal agencies, and health care organizations should remove scope of practice barriers that hinder nurses from practicing to the full extent of their education and training, the report says. Scope of practice barriers are particularly problematic for advanced practice registered nurses (APRNs). With millions more patients expected to have access to health coverage through the ACA, the health care system needs to tap the capabilities of APRNs to meet the increased demand for primary care, the committee said.

Data from studies of APRNs and the experiences of health care organizations that have increased the roles and responsibilities of nurses in patient care, such as the Veterans Health Administration, Geisinger Health System, and Kaiser Permanente, show that these nurses can deliver safe, high-quality primary care.

To handle greater responsibilities and the increasing complexity of health care, nurses should achieve higher levels of education and training through an improved education system that includes creation of a residency program to help nurses and other health professionals deliver safe, high-quality primary care.

The health care system does not provide sufficient incentives for nurses to pursue higher degrees and additional training, the report says. Lack of academic progression has prevented more nurses from working in faculty and advanced practice roles at a time when there is a significant shortage in both areas, it adds. Public and private organizations should also provide incentives for nurses to pursue higher degrees and diplomas pursue a Bachelor of Science in Nursing within five years of graduation and to help nursing schools ensure that at least 10 percent of nurses who pursue higher degrees and additional training.

Health care organizations, including nursing associations and nursing schools, should also provide nurses greater opportunities to gain leadership skills and put them into practice, the report adds. Nurses in turn need to recognize their responsibility and capability to contribute on management teams, boards, and other groups shaping health care.

To that end, all health professionals should have opportunities to be educated and trained with other health professionals, which would facilitate the kind of interprofessional practice that is called for by many to promote more effective patient care.

Transforming the health care system and the practice environment will require a balance of skills and perspectives among physicians, nurses, and other health care professionals. Shaping the work force needed to achieve this balance will necessitate better data on the numbers and types of health care professionals currently employed, where they are employed, and what types of activities they perform, the report says.

The report is the product of a study convened under the auspices of the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine, and is the result of the committee’s review of scientific literature on the nursing profession and a series of public forums to gather insights and evidence from a range of experts. The Initiative on the Future of Nursing will organize a national conference Nov. 30 through Dec. 1 to discuss ways to implement the report’s recommendations.

To read the complete report see [http://www.nap.edu/catalog/12956.html]
NDNA Launches Electronic Newsletter!

NDNA members and nurses who signed up to receive updates about the ND Nurses Online Journal Club will begin receiving e-newsletters. These newsletters will contain news, updates, links, and other tidbits of information about what is happening in nursing in our state. We encourage you to consider submission of news to share with nurses in ND. If you would like to be included in our mailing list please send your email to becky@ndna.org

NDNAs Annual Business Meeting

Members met at the Swan Inn in Minot, ND on October 1, 2010. Anne Heffer, PhD, RN presented her dissertation work "Leading at the Front of Care". Dr. Heffers work for pathology with the newly released book Dissecting the Patient Experience: How nurses are leaders and it need to learn to recognize leadership behaviors. A common misconception is that leadership is management. Not so! A full report of the annual meeting will be in the next Prairie Rose.

100 Year Anniversary Plans

Plans are beginning for the 100-year anniversary in 2012. Fundraising and celebratory planning activities have begun. If you have any ideas you would like to share please contact NDNA at becky@ndna.org

Please visit the NDNA History Library on line at HISTORY.

NDNA Receives Grant

The ND Nurses Association has been awarded a grant from ANA for membership recruitment and retention. Grant activities include town hall meetings and holding a set of the NDNA foundation documents to the first. It is an opportunity for nurses to get involved in the activities with this next legislative session. While it may not be possible for you to attend meetings, hearings, or sessions, you can track specific bills through the ND Legislative Branch website at www.legis.nd.gov.

Once the session begins you can track bills and resolutions through the website.

NDNA will provide the legislative website link at the ND Prairie Rose Petal website.

Why should you get involved?

Nurses need to be visible and form working relationships with elected officials to educate them about the critical issues facing nurses and our patients today. Consider building the relationships necessary to advance some of nursing's core issues such as: Safe Patient Handling, Safe Staffing, ensuring APRNs have access to their full scope of practice and securing access to safe quality health care for all. Your individual representatives are listed at the ND Legislative Branch website. Take few minutes to browse through the website, learn who your representatives are and when legislation that impacts nursing and those we care for is discussed make sure your representatives know how you feel and think about these proposed laws. Your patients are counting on you.
NDNA Annual Business Meeting

The annual business meeting was held Friday, Oct 1, 2010 at the Seven Seas in Mandan. NDNA installed newly elected officers who will begin serving their 2 year terms. Re-elected to President was Wanda Rose, newly elected were VP of Finance: Donelle Richmond; VP of Practice Education Administration Research: Stacey Pfenning; and newly appointed to one year term as VP Communication: Susan Pederson (fills vacant position due to out of state move of past VP). Elected to the bylaws committee are Marlene Batterberry and Jean Bokinskie. The nominating committee’s newly elected members are Becky Brodell, Sherry Messmer, and Margaret Reed.

During the morning each VP presented a report to the membership regarding progress toward goals set at last year’s meeting. President Rose addressed the group with an overall goal to spread the word about NDNA’s mission and work. All were reminded NDNA’s mission is to promote the professional development of nurses and enhance health care for all through practice, education, research and development of public policy.

The top priority and main goal for 2010 through 2012 is to increase membership by remembering the foundation upon which we all practice and the need to support the community of nursing.

Anne Heller, PhD, RN presented her dissertation work, Leading at the Point of Care, over the lunch hour. Dr. Heller’s work sheds light on how nurses describe and what they consider leadership by staff nurses. Ongoing work will be to build curriculum to teach about leadership at the bedside.

After lunch Becky Graner, Susan Pederson, and Wanda Rose facilitated conversation while showing the group the proposed PowerPoint that will be the beginning of the presentation/discussion that will be taken to the 4 districts for the membership recruitment project funded in part by ANA. Those present were invited to provide immediate feedback to improve or change the presentation. Work will be posted to the NDNA members’ only website and members can email info@ndna.org for copies of all materials that will be developed.

To promote the professional development of nurses, NDNA sought and was awarded a membership recruitment and retention grant from the American Nurses Association that has as its basis the dissemination of the Scope and Practice for ALL Nurses, the Nurse’s Code of Ethics, and Nurses’ Social Policy Statement. Serious discussion took place as to the role NDNA should and does play in helping all nurses remember the foundation upon which their individual practice is based. All were reminded knowing about the foundation documents, is not the same as living them. A goal was set to bring the mandates held in these documents to the forefront of nursing language so to enhance communication and to operationalize the scope and standards of practice and professional performance. We were reminded these standards are non-negotiable. To be a nurse, one needs to meet all the standards.

Jennifer Wilson, ANA’s Assistant Director, Constituent Member Relations, was present at the annual meeting, lending insight into membership recruitment and retention strategies, fundraising, and reinforcing ANA’s commitment to NDNA.

Reports from the North Dakota Board of Nursing, the North Dakota Nurse Leadership Council were also provided.

New business opened with a short presentation by Cheryl Rising regarding the proposed change in the need for a signed collaborative agreement between the NP and a physician. The North Dakota Nurse Practitioner Association will be moving forward with a proposed change to the practice act that would delete the need for a signed agreement. Nurse Practitioners are expected to collaborate and this expectation is already clearly outlined in the nurse practice act. The need to secure a signed collaborative agreement is therefore unnecessary. The NP association has asked NDNA to provide a letter of support in this endeavor. A motion was brought forth and passed unanimously that NDNA will support this effort and provide a letter of support.

Several other motions were brought forth and discussed. One to establish a fund drive for the NDNA Centennial Celebration in 2012. The other motion was to request donations from the NDNA districts to fund the final payments for the copy machine, effectively resolving NDNA’s finances.

The day ended with the traditional Nightingale Tribute, which honors and remembers all nurses who have died over the last year. The Tribute will be posted to the ND Prairie Rose Petal website under the document section. All nurses can be included in this tribute, please send information to info@ndna.org.

Members were reminded to check out the new NDNA website (ND Prairie Rose Petal) for the most up to date information, activities, and the NDNA history library.
The Affordable Care Act, which President Obama signed into law in March, is a historic victory for the nursing profession and for the millions of patients that we care for each year. The law embodies the values rooted in our profession—it emphasizes prevention, a strategy nurses learn to value from their earliest days in nursing school. It invests in building the health care workforce, including Advanced Practice Registered Nurses, so that Americans have the opportunity to access quality health care, regardless of their financial status or geographic location. Equally important, it extends security to our patients, our neighbors, our children and even ourselves, by putting an end to the worst insurance practices that have kept health care out of reach—often for the very people who need it the most.

President Obama has long emphasized a more prominent role for nurses, and implementing the Affordable Care Act effectively depends on our expanded role. When the President selected me—a nurse from North Dakota—as the administrator of a $7.5 billion health-care agency, he recognized the expertise that the nursing profession could bring to health policy and reform. The same can be said of the administration’s decision to appoint Marilyn Tavenner, also a nurse, to the number two position in the Centers for Medicare and Medicaid Services.

For decades, nurses have watched as gaps in access and quality have compromised our nation’s health and health care system. We’ve seen insurance companies refuse to pay for life-saving treatments, and we’ve seen patients with advanced chronic diseases that could have been prevented or controlled with screenings and regular check-ups. We’ve seen heart-breaking inequities in our health care system. President Obama saw these challenges too and was determined to address them as soon as he was sworn-into office.

In his speech to the American Nurses Association in June, President Obama described key provisions of the Affordable Care Act and emphasized that “we’re seeking to elevate and value the work that you do, because throughout our history, nurses have done more than provide care and comfort to those in need. Often with little power or sway on their own, nurses—mostly women, historically—have been a force of will and a sense of common decency, and paved the way towards better care and a more compassionate society—from Clara Barton’s treatment of wounded soldiers at Antietam, to the advocacy of Dorothea Dix on behalf of people with mental disabilities, to the countless nurses whose names we’ll never know.”

The ANA and its membership have seen this country through critical periods of transition in our health care system. The ANA was one of the only major health care organizations that supported the creation of Medicare from the beginning. Without Medicare today, as it’s been strengthened by the Affordable Care Act, where would our nation’s elders be? Nurses were essential to making Medicare a success and delivering care to millions of older Americans. Now, as we work to transform the American health care system through the Affordable Care Act, our profession’s role will only continue to grow in importance. Nurses are on the front lines of change, and together, we will provide coverage to more Americans and improve the nation’s health.
Why have professional organizations? Our present state of research, research and education is due in large part to the environment of collaboration created by professional organizations. The evolving body of knowledge that defines practice is supported through membership organizations, be it specialty practice to umbrella organizations such as ANA, the efforts of those willing to “give back” shape your practice. Members may choose to engage by volunteer committee work, serving in elected office or simply by providing financial support.

What is the work of professional nursing associations? Three major categories emerge: professional development, growing/advancing the profession, and policy and advocacy. Let’s look at these categories more closely.

Professional development includes competency and leadership development through education, credentialing and socialization. Growing the profession includes establishing standards of practice, professional performance, standards for education, standards of administration/leadership, dedication to research, and dissemination of research findings. Advocacy and policy development include establishing government relations, legislative advocacy, and promoting a healthy, productive, and safe work environment. Now you may ask how membership in a professional organization accomplishes these things.

Huston (2006) writes nurses value membership because “it conveys professional status, a willingness to uphold the standards of the profession and a vested interest in the issues and concerns the professional association takes on for benefit of the public we serve. Our social policy statement defines our social contract, the reason we get to be a “real nurse.”

For too long nursing has been measured and defined by what we do, sometimes by what we know, and rarely by how we behave. Just take a look at the popularity of the “nurse” TV shows. Nurses depicted in these programs are shown as nurses caring for the sick, patients to take care of personal problems, or as helping others too busy following orders to advocate for patients. All these characters need to do to redeem themselves is to be able to flawlessly start an IV, fill in the gaps (implementation), then re-evaluate the work you’ve done. The nurse portrayed in many of these shows fail miserably to uphold the standards of professional performance or the code of ethics.

ANA recently published the 2nd edition of Nursing Scope and Standards of Practice. This work contains the sixteen (16) standards by which nurses are measured. Nurses typically know the first six (6) standards by heart, the next ten (10) standards however, tend to be less well known and in the world of “doing” the standards that define how nurses “behave” are sometimes relegated to an afterthought.

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News and professional sources are full of evidence that the violence in the health care’s workplace is increasing. One form of nurse to nurse violence that often goes unrecognized is described as “disparaging the competence of one’s colleagues” (Thomas, 2005). Every time a nurse makes a comment that devalues another nurse’s practice this behavior violates the nursing code of ethics and the standards of professional performance. Studies show that an environment of respect creates a more positive experience and an environment of disrespectful behavior leads to decreased job satisfaction and burnout. 

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When nurses do not know and embrace all these provisions of the ANA’s Nursing’s Code of Ethics, the opportunity to have input into development of the scope and standards of practice. This touchless all our lives since this work is used to develop licensing laws and job descriptions. Membership reminds all of us what nursing is supposed to be about... “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through diagnosis and treatment of the human response, and advocacy in the care of individuals, families, communities, and populations.” (ANA, 2010).


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Definition of a “Real Nurse”

Becky Graner, MS, RN
Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

Diagnosis and treatment of the diversity of human responses is accomplished by the use of the nursing process assessment, diagnosis, outcomes identification, planning, implementation, evaluation. This method of problem solving is supported by the nursing scope and standards of practice and standards of professional performance. Essentially, the scope and standards are the basis for what we do supported by how we act, respond, or behave. The values rest in nursing ethics and we answer to the members (p. 467). Associations are created in the membership of the organization. Opportunities abound in the leadership development, for collaboration across practice arenas in the form of task force work, and for the identification and implementation of evidence-based practice. ANA has a voice in practice standards, competency definition, and policy development. Membership allows nurses from all disciplines to come together to synthesize the knowledge and skills of various specialties; it creates a space where those outside the profession can look for answers to questions regarding policy development.

Research done by five specialty nursing associations found nurses identified the following three (3) main reasons for not joining a professional organization. These reasons are time constraints, not joining until family responsibilities are less pressing, and lack of information about the association (White & Olson, 2004). Other findings indicate the typical age of members of most associations is the 40-60 year old age group. This falls in line with the White and Olson findings, where younger members find it difficult to participate in the traditional manner, such as attending meetings, holding office, or participating in committees and councils. Unfortunately, by choosing to wait to join until family responsibilities are less pressing, many nurses miss out in making their voices heard when it comes to practice and policy development. It is important to note the importance of a member so professional development, growing/advancing the profession, and policy and advocacy are accomplished.

Opportunities abound for professional development, growing/advancing the profession, and policy and advocacy. Let’s look at these three (3) main reasons for not joining a professional association? Three major categories emerge: professional development, growing/advancing the profession, and policy and advocacy. Let’s look at these categories more closely.

Professional development includes competency and leadership development through education, credentialing and socialization. Growing the profession includes establishing standards of practice, professional performance, standards for education, standards of administration/leadership, dedication to research, and dissemination of research findings. Advocacy and policy development include establishing government relations, legislative advocacy, and promoting a healthy, productive, and safe work environment. Now you may ask how membership in a professional organization accomplishes these things.

Huston (2006) writes nurses value membership because “it conveys professional status, a willingness to uphold the standards of the profession and a vested interest in the issues and concerns the professional association takes on for benefit of the
To help raise awareness about the importance of influenza vaccination, the North Dakota Department of Health will conduct a media campaign in November and December to encourage all North Dakotans to be vaccinated.

Influenza and pneumonia account for about 36,000 deaths and 200,000 hospitalizations annually in the United States. In North Dakota, nearly 400 deaths are attributed to influenza and pneumonia each year. The highest mortality occurs in people older than 65 and those with underlying health problems; however, the highest morbidity occurs in those younger than 19.

Annual vaccination with influenza vaccine is the best prevention against influenza and its complications. This is the first year that influenza vaccination is recommended for everyone 6 months and older. People at highest priority for vaccination include children ages 6 months to 4 years, adults 50 and older, anyone with a chronic medical condition (i.e., asthma, immunosuppression, diabetes), pregnant women, residents of long-term care facilities, American Indians, people who are morbidly obese, health-care personnel, and household contacts and caregivers of children younger than 5 or people at high risk for complications from influenza.

Vaccine manufacturers estimate a record number of influenza vaccine doses will be available during the 2010–2011 influenza season, so there should be more than enough vaccine for anyone who wants to be vaccinated. In North Dakota, the peak influenza season typically occurs in February or later; therefore, it is beneficial to vaccinate throughout the influenza season, including December and throughout the winter months.

The North Dakota Department of Health's influenza vaccination media campaign will air November 15 through December 31, with the majority of the public service announcements (PSAs) airing during National Influenza Vaccination Week, December 5 through 11. The 2010–2011 influenza vaccination campaign was developed to include many of the groups at highest risk for influenza-related complications. In order to include the different groups, three 30-second public service announcements were developed. The first PSA includes a North Dakota physician encouraging vaccination of all pregnant women. The second PSA is a North Dakota pediatrician stressing the importance of vaccinating children against influenza. The third PSA uses real North Dakotans with their own reasons why they get vaccinated against influenza every year. The public service announcements were developed to air on both television and radio.

The air times were selected around programs that reach out to target audiences of people 18 and older. The total budget for the television and radio campaign is $40,000 and will use federal funds from the immunization and epidemiology and laboratory capacity programs in the Division of Disease Control.