Was It Really The Union?

Susan Jones, PhD, RN, CNE

On July 8, 2008 the National Labor Relations Board granted the KNA’s petitions to allow the union division of the KNA to separate from the KNA and form an independent union. As a result, the KNA no longer serves a union and the union members of the KNA now belong to a union called the Southern United Nurses (SUN). SUN is not affiliated with the KNA. On behalf of the KNA, we wish the very best for SUN and its members and we hope that SUN nurses will join the KNA as individual members.

The departure of the union from the KNA is an enormous event. The issue of collective bargaining has long been a source of debate in the nursing profession in Kentucky and for three decades KNA’s union was at the center of that discussion. As KNA worked to grow its membership and expand the voice of nursing, we were often deflected by nurses who “disagreed with the KNA having a union division.” Nurses from all areas frequently expressed their unwillingness to join or support the KNA as function of their opposition to unions in nursing. They simply could not join an organization that had a union, no matter what good things that organization was doing in other areas. Now the moment of truth: Was it really the union?

To be clear, the KNA pursued the independence of the union at the request of union leadership who felt that their members would be better served by SUN and the United American Nurses (UAN). The KNA leadership also believed that the KNA would not have the appropriate structure and resources to continue to meet the increasing and complex needs of the union, given the tremendously competitive and expensive turn that the union business has taken during the last few years as it relates to nursing. KNA leadership did not seek to rid the KNA of the union, but rather to make every effort to protect the interests of the KNA and also support the union leadership in an effort to protect the union members.

In any case, the KNA now looks ahead to its future as a professional association without a union. We look ahead to strategic planning this fall that designs the priorities and direction for a KNA that no longer faces the challenges of union-related issues. We look ahead to identifying the core issues and needs that impact all areas of nursing and defining the role that the KNA must play in those issues. We look ahead to developing the KNA’s best role in the advancement of nursing education and nursing faculty. We look ahead to pursuing the best role for the KNA in helping to facilitate the transition from school to work for new nurses. We look ahead to identifying how the KNA can provide support or services to nurse leaders and their staff, in whatever settings they work. We look ahead to finding ways to provide the strongest support possible for nursing specialties and the organizations that serve them. And we look ahead to identifying the most effective strategies for KNA to advocate patient safety and workplaces that recognize the crucial role of nursing to safeguard patients. And, of course, we look ahead to making sure that the voice of nursing is heard, loud and clear, in Frankfort as laws and regulations that affect nursing and patient care are constantly introduced.

But as we look ahead and plan for a future that makes the KNA the strongest possible voice for nursing and patients in Kentucky, we also await an answer to a few very important questions. Will the nurses of Kentucky join the KNA in its work to advance and protect nursing in Kentucky and to protect patients? Will the nurses of Kentucky come to recognize that without a strong voice, nursing will not be heard? Or, was it really the union that was to blame for nurses’ lack of interest in supporting their professional association?
INFORMATION FOR AUTHORS

- Kentucky Nurse Editorial Board welcomes submission articles to be reviewed and considered for publication in Kentucky Nurse.
- Articles may be submitted in one of three categories:
  - Personal opinion/experience, anecdotal (Editorial Review)
  - Research/scholarship/practical/professional issue (Classic Peer Review)
  - Research Review (Editorial Review)
- All articles, except research abstracts, must be accompanied by a signed Kentucky Nurse transfer of copyright form (available from KNA office) when submitted for review.
- Articles will be reviewed only if accompanied by the signed transfer of copyright form and will be considered for publication on condition that they are submitted solely to the Kentucky Nurse.
- Articles should be typewritten with double spacing on one side of 8 1/2 x 11 inch white paper and submitted in triplicate. Maximum length is five (5) typewritten pages.
- Articles should also be submitted on an IBM compatible 3.5” computer disk or CD in Word Perfect or Microsoft Word.
- Articles should include a cover page with the author’s name(s), title(s), affiliation(s), and complete address.
- Monetary payment is not provided for articles.
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DATA BITS

SCDs Bring Sexy Back

A deep vein thrombosis (DVT) is a blood clot that either completely or partially occludes the normal blood flow in a vein, typically in the lower extremities. A DVT not only reduces venous return but if dislodged can travel to the lungs, leading to a potentially fatal pulmonary embolism (PE). There are up to 600,000 incidences of DVT each year in the US, up to 200,000 of which are fatal, making DVT the 3rd leading cause of death in the US. In addition, the Centers for Medicare and Medicaid Services is proposing the addition of DVT and PE to the current list of eight hospital-acquired conditions for which additional Medicare payments will be eliminated as of October 1, 2008. If approved, this would require hospitals to be financially responsible for DVT or PE occurring in an in-patient.

A convenience retrospective review done by Daniel et al. in 2008 examined a multimodal thromboprophylaxis approach with an emphasis on intermittent pneumatic calf compression following primary hip arthroplasty. The first group included 244 patients who had procedures performed in 2005. These patients received an antiplatelet agent, usually aspirin, hypotensive epidural anesthesia, elastic compression stockings and early mobilization. The second group included 229 patients who had procedures in 2006. These patients received all of the treatments that the first group received, with the addition of bilateral intermittent pneumatic calf compression (Sequential Compression Devices or SCDs). Screening for DVT was performed on all patients using Doppler ultrasound between the fourth and sixth post-operative days. All patients were then reviewed at a follow-up clinic six to ten weeks after the operation.

The results indicated that no symptomatic calf or above-knee DVT or PE occurred. With the use of Doppler ultrasound scanning, 25 patients in group one (10.2%) and 10 patients in group two (4.6%) developed asymptomatic calf DVT. The significance of these findings is that a multi-dimensional approach is effective in preventing harmful symptomatic occurrences of calf DVT and PE. Also, the additional use of pneumatic compression devices further reduced the incidence of an asymptomatic DVT. One of the limitations of this study was that only patients who underwent hip arthroplasty were included. The researchers note that the low frequency of venous thromboembolism seen in the present study merits further investigation with multimodal randomized controlled trials.


Submitted By: Sherri Ryan, Matt Starr, and Lisa Wheeler. BSN Students at Bellarmine University Lansing School of Nursing and Health Sciences, Louisville, KY.

Data Bits is a regular feature of Kentucky Nurse. Sherill Nones Cronin, PhD, RN, BC is the editor of the Accent on Research column and welcomes manuscripts for publication consideration. Manuscripts for this column may be submitted directly to her at: Bellarmine University, 2001 Newburg Rd., Louisville, KY 40205.
Kentucky licensed nurses are responsible and accountable for practicing nursing with reasonable skill and safety. The Kentucky Board of Nursing pursuant to the Kentucky Nurse Practice Act has the authority to discipline a nurse for professional sexual misconduct. "If the board substantiates that sexual contact occurred between a nurse and a patient while the patient was under the care of or in a professional relationship with the nurse, the nurse's license may be revoked or suspended with mandatory treatment of the nurse as prescribed by the board." iii

What is professional sexual misconduct? "Professional sexual misconduct is an extreme form of professional boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the client. Professional sexual misconduct is an extremely serious violation of the nurse's professional responsibility to the client. It is a breach of trust." iv

The American Nurses Association Code of Ethics for Nurses also emphasizes the role of the nurse in establishing and maintaining professional boundaries and distinguishes the professional nurse-patient relationship from purely personal and unstructured relationships such as a friendship. v Although nursing care has of course a personal component, the nurse-patient relationship is a professional relationship. A professional relationship differs from a personal relationship, business relationship, financial relationship, and a sexual relationship.

Professional boundaries and professional sexual misconduct is complex because both involve a meshing of nursing law and rules, professional nursing practice standards, evolving nursing literature and discourse, facility policies, and in some cases criminal and nursing malpractice aspects. What does this mean for you as a Kentucky-licensed nurse in practical terms? Here is my Top 10 for professional boundaries:

1. Recognize and accept your role as a professional nurse providing professional nursing care to patients.
2. Recognize and accept your role as a professional nurse and establish boundaries in your interactions with patients and their families.
3. Recognize and accept your role as a professional nurse and maintain the boundaries with patients and their families throughout the professional nurse-client relationship.
4. Recognize and accept your role as a professional nurse providing skilled nursing care and services. Do not confuse your role as a nurse with that of a social worker.
5. Recognize and accept your role as a professional nurse and make it a point to review your facility policies pertaining to boundaries and the code of conduct in the workplace. Most facilities have formal policies prohibiting employees from accepting gifts or money from patients and their families.
6. Recognize and accept your role as a professional nurse and avoid becoming overly involved in your patients' personal affairs.
7. Recognize and accept your role as a professional nurse and avoid accepting or holding money for patients.
8. Recognize and accept your role as a professional nurse and avoid establishing a sexual, financial, business or personal relationship with a patient. Client consent to actions, behaviors, and conduct violating the nursing law (Nurse Practice Act) and regulations (Nursing Board regulations) and professional nursing practice standards does not make the actions, behaviors, and conduct "okay."
9. Recognize and accept your role as a professional nurse and speak with your supervisor if you are losing your objectivity and becoming too close to a patient or a patient's family. Seek assistance before the situation spirals out of control. What are some signs that you may be sliding down a slippery slope?
   ❑ You are engaged in Excessive Self-Disclosure of your personal problems and issues with a patient;
   ❑ Secretive Behavior between the nurse and patient, i.e. you and a patient keep secrets;
   ❑ Super Nurse Behavior: for example "I am the only one who understands this patient and family;
   ❑ Singled-Out Client Treatment or Client Attention to the Nurse. You spend inappropriate amounts of time with a patient, visit the patient on your days off, etc.;
   ❑ Selective Communication between the nurse and the client;
   ❑ Flirtations. Sexual Innuendo, Offensive language, or off-color jokes;
   ❑ You and Me Against the World Behavior meaning you view the client in a protective manner; and/or
   ❑ Failure to Protect the Client by transferring care to another nurse, speaking with a supervisor, or recognizing the inappropriateness.

What about Next Thursday? Professional Boundaries for Kentucky Nurses

LaTonia Denise Wright, R.N., B.S.N., J.D. is a licensed RN in Ohio and a licensed attorney in Ohio, Kentucky, and Indiana. Ms. Wright is a licensure defense attorney. Her law practice is limited to representing, counseling, and advising nurses in Nursing Board complaint investigations and professional practice matters.

Her website address is www.nursing-jurisprudence.com. She blogs about the law, legalities, and legal issues in nursing at www.advocatenurses.typepad.com. She can be reached via email at ldw@nursing-jurisprudence.com or at her office at 513-771-7366.

References
i See KRS 314.021.
ii See KRS 314.091.

This article is provided for educational and informational purposes only. For legal advice, consult with an attorney.
District 7

District 7 KNA has enjoyed another year of business meetings and educational offerings. We continue to gain new members, which is exciting for our district.

District 7 was pleased to honor an outstanding nursing graduate, Courtney Bemiss, from Western Kentucky University's BSN class with the Helen Turner Award. The recipient is chosen based on activity in the Kentucky Association of Nursing Students or Kentucky Nurses Association, demonstration of leadership potential, demonstration of enthusiasm for the student or professional organization and achieving a grade point average of 3.0 or above.

In September, District 7 enjoyed sponsoring a Pre-Summit Dinner entitled, “Corvettes, Barbeque and Folk Music” at the National Corvette Museum in Bowling Green. The event included dinner and entertainment from Eddie Pennington. District 7 was also able to assist with KNA’s Education Summit, Methamphetamine: Impacting Healthcare, Communities And You, which was held in Bowling Green and was a great opportunity for the district to give back to KNA.

District 7 continues to meet the first Tuesday in September, November, February and April offering CEU’s following the business meeting. Our goal for the upcoming year is to continue our focus on membership recruitment and community involvement.

The officers for 2008 include:

- Jason Shaffitt: President
- Beverly Siegrist: Vice-President
- Kim Botner: Secretary
- Lisbeth Sturgeon: Treasurer
- Sandy Stahl: Director at Large
- Dawn Garrett: Director at Large
- Mary Kovar: Nominating Committee
- Sheila Carlett: Nominating Committee

District 7 looks forward to seeing everyone at Convention!

Jennifer Raffaelli, RN, BSN, CIC
2007 President

District 11

2007 Winner of the Stories of Caring Contest
A Single White Rose

Candace Polley

The rain was pouring down in blinding sheets as I heard the sound of brakes. The dim lights that were coming toward me suddenly faded as I heard the sound of the crash. As I approached the wrecked car, I glanced in my rear view mirror at the sleeping baby in the back seat. My house was only two blocks away. "I'll just drive home and call 911," I thought to myself. "What could I do anyway? I hadn't even completed my second week of nursing school."

I found myself pulling my car safely off the road. I don't know why I stopped. I would never have stopped with my 3-month-old son in the car. It was as if I was watching myself from a distance and yet I could not stop myself. I kissed the sleeping child on the forehead as I locked the car doors behind me. The sound of the pouring rain made it difficult to hear and visibility was almost nothing.

“What am I doing? What can I do? I haven't even taken a blood pressure yet. Think! Please don't let anyone be hurt. What if I do something wrong? What if I hurt someone? Turn around. No one will ever know you were here. Take your son home and call 911. They will be more help than you could ever be.” I could hear myself shouting the words, but I couldn't stop. It was as if there was some uncontrollable force pushing me toward the mangled car.

I opened the driver side door and a chill ran down my spine. It might have just been the coldness of the rain, but the lump swelling in my throat was something more. Tears streamed down my face. The warmth of tears was not enough to overcome the chill that had swept across my entire body. “Thank you God for the rain.” I still don't recall whether I spoke the words to myself or aloud. I just remember that because of the rain, she would not be able to see the tears. I fought back the ever-growing lump in my throat as I reached for the young woman's hand. "What now? Come on think. Just talk to her. Try to keep her awake. You have seen this on television before." This was no scene from television though. I could not pull away as I stared at the roundness of her belly. The words I spoke to her I cannot recall, but I can recall each of her painful words as they pierced my heart. "Is she okay? Please don't let her die. Her name is Abigail. I was on my way to the hospital. My water broke a little while ago. Please help her!" I couldn't fight back the tears anymore as the warmth of them slid down both cheeks. I thought of my own son asleep in the back seat of my car, I thought of how I would give my life for his. I held her hand for what seemed like an eternity while we waited for help. I spoke to her, though the words didn't seem to come from my mouth. I can recall thinking, “Please, God, give me strength to help her have strength.”

"Ma'am, you have to let go of her hand. Please, ma'am, we are here to help." I don't remember letting go, but I recall the feeling of helplessness as I stood in the chilling rain, watching as if it might have all been some bad dream. “That's it, this isn't real. I will wake up tomorrow and have no memory of this tragic event.”

I woke up the next morning only to find that what I had prayed to be only a dream was in fact a reality.

The next year in nursing school passed quickly. I would often think of the cold, rainy night and wonder what happened after I gave my statement to the police. It was exactly one year when I arrived to class only to be greeted at the door by a florist.

She delivered nothing more than a single, white long-stemmed rose and a card. The same unforgettable lump returned to my throat as the tears streamed freely down my face.

The cold chill encompassed me like a cocoon. The card read, “The white rose is for the angel my wife said she saw that night. It is for the stranger on the highway who took time to stop and offer a caring hand, a gentle touch, and words of hope and kindness. I know my wife is watching over me and Abigail from Heaven. I pray each day that she will be your guardian angel the way that you were hers. God bless you and thank you for all you didn't have to do.”

When I start to feel insignificant in this rat race world that I call home, I recall that night. It is not always the skills that one possesses that constitute a good nurse. More often, it is the kindness that a person shows to others that makes them a great nurse. It is often so easy to forget why we chose the profession we did. I look back on the night of the unknown, and I am thankful that I did not choose my career, by that my career chose me that night.

District 8

The officers for 2008 are: President—Shelly Chandler; President-elect—Russell Brown; Recording Secretary—Lisa Gentry; Corresponding Secretary—Charlotte Bratcher; Treasurer—Freida Pagan.

Our meetings are held on the odd months starting with January. The meetings are always held at the Briarpatch Restaurant in Owensboro, Kentucky at 6 PM for consistency. The November meeting will conclude our year with an ornament exchange.

Shelly Chandler
President KNA District #8
**Kentucky Nurses Association**

**Calendar of Events 2008-2009**

**October 2008**
- **15-17**  
  **KNA Convention 2008 (Louisville Marriott East)**
  - 15 6:00 PM  
    KNA Board of Directors Meeting

**November 2008**
- 14  
  **Materials due for January/February/March 2009 issue to Kentucky Nurse**
  - 11:00 AM  
    Editorial Board
  - 27-28  
    KNA Office Closed Thanksgiving Day Holiday

**December 2008**
- 22-31  
  **KNA Office Closed Christmas Holiday**

**January 2009**
- 1-2  
  **KNA Office Closed New Years Day Holiday**
  - 5  
    KNA Office Re-opens

**February 2009**
- 4  
  **Legislative Day, Frankfort Convention Center**

**KNA Members on the Move**

**Vicki Hines Martin,** PhD, RN, was selected as a FAAN in the American Academy of Nursing and will be inducted on November 8, 2008 in Scottsdale, Arizona. Dr. Hines-Martin will join other University of Louisville School of Nursing faculty including Drs. Kay Roberts, Karen Robinson and Cindy Logsdon in this rank. The *Journal of Theory Construction and Testing* has accepted for publication on the first submission, a manuscript by Ms. Valerie McCarthy, PhD student, and her co-author **Dr. Linda Freeman.** The title of the manuscript is “A Multidisciplinary Concept Analysis of Empowerment: Implications for Nursing.”

The **University of Louisville School of Nursing and Owensboro Medical Health System (OMHS)** announced July 20th they will partner to offer a baccalaureate nursing program (BSN) in Owensboro through a combination of distance education and on-site clinical instruction. The program, intended to address the shortage of baccalaureate nurses in Owensboro, the region and beyond.

**Stanley Lee Ridner's,** PhD, RN, abstract entitled “Smoking, drinking and drug use among sexual minority college students after adjusting for traditional risk factors” was selected for an oral presentation during the 136th APHA Annual Meeting & Exposition (October 23-28, 2008) in San Diego, CA. He will present it in the “GLBT Youth: Meeting the Health Needs of All Students” session, scheduled for Monday, October 27, 2008 at 2:30 PM.

**Nurses on the Move**

Three Western Kentucky University nursing faculty recently passed NLN’s certification exam for Nurse Educators. They are (from left to right): Dawn Garrett PhD, MSN, RN; Crista Braggs EdD, MSN, RN; and Cathy Abell PhD (d), MSN, RN. Congratulations!

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**Midway College BSN Program Receives Continuing Accreditation**

The Midway College Baccalaureate of Nursing (BSN) degree program has been granted continuing accreditation from the National League for Nursing Accrediting Commission, Inc. (NLNAC) through 2016. The BSN program, which began in 1989, allows registered nurses to return to college to complete their bachelor's degree while continuing to work. On average, the program enrolls 25 full- and part-time students. Currently the classes are being taught on the Midway campus, and also in Somerset and Lexington.

“The strengths of the nursing program are the students and the faculty. The students are all Registered Nurses who work full-time and bring a wealth of knowledge and experience into the program. The faculty also has extensive knowledge and experience in a variety of nursing specialties. The program is designed for the working nurse and such classes are taught at times that are convenient for the students,” said Dr. Barbara Kitchen, chair of the nursing and sciences division.

“I believe the future of the program is bright. Graduates of the program are positive about their educational experience at Midway College. As a faculty member, it is a joy to teach these students,” said Dr. Kitchen.

NLNAC is nationally recognized by the U.S. Department of Education as the accrediting agency for postsecondary and higher degree nursing programs and provides specialized accreditation for all types of nursing education programs (clinical doctorate, master’s, baccalaureate, associate, diploma, and practical).

NLNAC supports the interests of nursing education, nursing practice, and the public by the functions of accreditation. Accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved.

Both the associate and baccalaureate nursing degree programs at Midway College have been accredited by NLNAC continuously since 1974 and 1992, respectively.
ANA Bylaws Amendment #1: Affiliates
The proposed amendment would establish labor and workforce advocacy affiliates. Also, an organization that takes action detrimental to a Constituent Member Association (CMA) or to ANA could not be an organizational affiliate. The general definition of which organization is established. ANA’s goal is have as many nurses and nursing organizations connected to the amendment. Section 2b of the proposed amendment approved, except that language to include licensed practical/vocational nurses (LPN/LVNs), an affiliate organization was deleted. It was also made clear that “nurse” means a registered nurse.

ANA Bylaw Amendment #2: Associate Organizational Members (AOM)
This proposal would delete references to AOMs. The ANA delegates to the annual House of Delegates were established by the ANA with 2003 bylaws change. The AOMs have been the United American Nurses (UAN) and the Center for American Nurses (The Center). Since then, ANA has found itself in the middle of the relationship between the CMAs and either the UAN or The Center. The UAN and The Center will be eligible for affiliate organizations as established by the 2008 Bylaw Amendment #1 revisions. Amendment #2 was approved.

Bylaw Amendment #3: Proposal: Licensed Practical Nurses
The Bylaws Committee proposed changes in the definition of an organizational affiliate to provide for Organizational Affiliate status for LPN/LVN organizations so that they could join ANA as organizational affiliates and thus recognize the contributions of the LPNs/LVN’s to the health care industry. The amendment was defeated. The House of delegates majority voted to remove any language related to LPN/LVNs in the proposal and the amendment was defeated.

Bylaw Amendment #4: Proposal: ANA Purposes, Functions
The Bylaws Committee proposed changes in the purposes and functions of ANA to eliminate language that provided for activities of any kind. While ANA pledged to work in the areas of Workforce and Workplace Advocacy issues, the UAN and CMAs are the actual parties engaged in collective bargaining not ANA. Two other sections of this proposal relate to memberships and affiliations and disciplinary action. The entire proposed amendment was defeated. The delegates to the House of Directors voted that the CMAs could study the legal and financial implications of implementation of this amendment. Submitted by Mary Gail Wilder

ANA Bylaw Amendment #5: Individual Members
The purpose of this amendment would delete the requirement for an initial contract for ANA-only members. In addition, it would delete categories of individual membership based on where nurses reside or work. After much discussion from the House, the amendment was not approved.

ANA Bylaw Amendment #6: Multi-State Associations
This proposed change in Amendment 6 included adding a new sentence. “A multi-state nurses association that is either the UAN or The Center is eligible for membership in ANA.” Amendment #6 was approved.

By-Laws Amendment # 9
Amendment # 9 proposed to amend Article V- Board of Directors. It consisted of six parts. After much emotional debate and several proposed amendments to the amendment, Parts A,B,D, E, and F were not adopted. Proposed amendment Section 2b was adopted as follows: ARTICLE V BOARD OF DIRECTORS Section 2 b. There shall be ten directors elected at-large; four of whom shall hold seats designated for staff nurses and of the remaining six-at large seats, one seat shall be designated for a recent graduate of the ANA’s basic education program. A recent graduate is one who has graduated within the previous three years to be elected to office. Submitted by: Betty M. Porter

By-Laws Amendment # 10
Proposed amendment #10 to Article VII: Congress on Nursing Practice and Economics was adopted as follows: Article VII: Congress on Nursing Practice and Economics Section 3. Composition The congress shall consist of at least twenty members of at least the majority of whom shall be elected by the ANA House of Delegates and the remainder shall be appointed by the ANA Board of Directors from the CMAs and the IMD, and from professional organizations. AMA and ANA members and IMD members may be elected or appointed from nominees submitted by CMAs, the UAN, and The Center. This amendment was defeated.

Proposed Amendment #13 to ANA By-LAWS
Kathryn Sallee, RN
As adopted, Article II Membership and Affiliations, Section 1 Constituent Member Associations, b. Qualifications, 10 was struck in its entirety with the re-numbering of subsequent subsections. This deleted the mandating of one organization (UAN) in another (ANA) leaving it up to the states engaged in collective bargaining to decide regarding their preferred national affiliations.

c. Responsibilities, 2e again was struck in its entirety with subsequent re-numbering. The rationale was the same as above.

Section 4, Individual Members
b. Qualifications, 3 was amended by Striking the word “either” and “a.” and striking “b.” in its entirety. This leaves #1 to read “must reside in a state in which ANA has an agreement for this membership category.”

This deletes reference to the collective bargaining AOM which is consistent with the move toward Labor Affiliates.

AMENDMENT 14
Kathryn Sallee, RN
Amendment #4 was to have been a preamble to the by-laws and would have included some insight into the proposed changes therein. Some of the proposals were not adopted and the verbage was deemed to be more proper for inclusion in the missation statement; therefore this amendment failed to be adopted.
WHEREAS, ANA supports the education of nurses in the skills necessary for the prevention, assessment, and research of violence against women; and

WHEREAS, ANA believes there is a crucial need for attention to and increased awareness of problems of violence against women in order to reduce immediate and long term physical and psychological injuries; and

WHEREAS, ANA believes that through knowledge and clinical skills, nurses engage in the assessment, intervention, and prevention of sexual assault and domestic violence; and

WHEREAS, ANA recognizes that violence against women is a critical public health problem and a human rights issue; and

WHEREAS, ANA has taken a leadership role in the education of nurses and advocacy for women in the areas of violence and human rights issues; and

WHEREAS, human trafficking is a global issue annually impacting approximately 800,000 innocent victims, most of whom are women and children; and

WHEREAS, the physical, emotional and social costs of trafficking have a cascading effect on the overall health of individuals, families and the community at large; and

WHEREAS, registered nurses are at the forefront of public health and responsible for assessment, evaluation and intervention;

THEREFORE BE IT RESOLVED that the American Nurses Association will:

1. Affirm that the global issue of human trafficking is pertinent to the public health of our nation and therefore impacts the profession of nursing; and

2. Encourage the CMA’s to advocate for and seek opportunities that provide nurses with information and skill sets necessary to properly identify and refer victims of trafficking; and

3. Work with CMA’s to advocate for and support legislative activities that further enhance protection in an effort to decrease the incidence of trafficking.

The Reference Report on Human Trafficking was accepted.

Virginia Head RN, MSN, CNOR District #11

Reference Proposal: Healthy Food in Health Care
Submitted by: Betty M. Porter

This resolution identified the need to ensure that food purchased for and served in hospitals and other health care settings supports healing, promotes health in all consumers, and reduces and eliminates adverse impacts to both humans and the environment from food production practices. ANA recognizes for the consumers who eat the food, the workers who produce the food and the ecosystem that sustains us, healthy food must be not only of nutritional quality, but will aid in production and distribution practices restore and promote ecological aspects. ANA encourages nurses to serve as role models and educators by participating in and promoting nutritious foods from sustainable local food systems so as to improve eating habits, increase patient and public health, and support the long-term social, economic, and environmental well being of workers, communities and global health. (Resolution adopted)

Finance Forum: Submitted by: Betty M. Porter

The ANA has continued for the consecutive past five years to generate a positive change in its net assets, thus ensuring financial stability. Clouding the picture are the uncertainties related to the declining economy. In 2007 the assets grew by 13.8% due to an operating surplus of over half a million dollars combined with non-operating activity that included earnings on investments and the financial exchange program between ANA and ANCC. The overall improvement in operations was due to increased revenues from administrative fees, publication sales and grants coupled with decreased operating costs primarily in the area of professional fees. The ANA BODs expects to break even at the end of the 2008 budget year. The ANA has a minimum goal of 25% of reserves with a desired reserve level of 50%. In 2007 ANA ended the budget year with a reserve of approximately 59.7% of operating expenses or $12.6 million. However, ANA’s memberships have changed very little (about 20% of practicing nurses). Nursing continues to have a lower level of participation than other professions.

EDUCATIONAL ADVANCEMENT FOR REGISTERED NURSES
Kathryn Sallee, RN

In order to be responsive to demands of increasingly complex health care needs of society and to increase the pool of baccalaureate-prepared nurses who would then be eligible for advanced education to meet the critical demand for nursing faculty, the House of Delegates took the position of supporting the following provisions for encouraging the educational advancement of Registered Nurses.

While continuing to support the current multiple routes of entry into nursing practice, the resolution was passed by an affirmative vote of 85.5% to support initiatives to require RNs to obtain a baccalaureate degree in nursing within 10 years of their initial licensure. Such initiatives should as expired (grandparent) those individuals currently practicing or enrolled in a nursing program at the time the initiatives are activated.

The intent is to better prepare the next generation of nurses to meet the needs of increasingly complex health care delivery systems and methodologies as well as to avert a potential critical shortage of nurses in the future. The U.S. Department of Health and Human Services’ National Advisory Council on Nurse Education and Practice has urged that 2/3 of the basic nurse workforce hold baccalaureate or higher degrees by 2010.

Therefore, the H.O.D. resolved to advocate for and promote legislative and educational activities that support enhanced advanced degrees in nursing.

Global Climate Change and Human Health
Kathryn Sallee, RN

In ANA’s publication entitled Environmental Health Principles for Nursing Practice the critical threat posed by global climate change is acknowledged. Scientists have warned that increasing air pollution, heat-related illnesses, extreme weather events resulting in injuries/death, decreased quality and quantity of water, and increases in vector-transmitted diseases are examples of potential outcomes of global climate change.

In recognition of these potential threats to the health of populations and the planet and to ANA’s stated purpose of promoting the health of the public, ANA’s HOD resolved to:

1. Recognize and publically acknowledge that the challenges we face as a result of global climate change are unprecedented in human history and it is critical that nurses speak out in a united voice and participate in change on both individual and policy levels;

2. Encourage constituent associations to support local public policies that endorse sustainable energy sources and reduce greenhouse gas emissions; and

3. Support initiatives to decrease the contribution to global climate change by the health care industry.

Reference Proposal: Nursing Profession’s Response to Intimate Partner Violence
Submitted by Mary Gail Wilder

This report is a revision of the ANA Position Statement “Violence Against Women” to reflect current intimate partner violence research and knowledge to give guidance and direction for best clinical practices in the nursing profession. Intimate Partner Violence (IPV) is any form of abuse—physical, sexual or psychological—either threatened or carried out by an individual on his or her partner, whether the relationship be informally dating or committed in marriage or civil partnership. Incidents of physical sexual assault and stalking are a continual and rising public health issue. In spite of this, evidence-based practices such as the use of danger assessments are still not utilized in clinical practice. The Joint Commission, recognizing the link between violence and health problems, now requires IPV screening. Most states have enacted mandatory healthcare IPV laws, holding healthcare providers accountable for assessing, intervening, documenting and follow-up/reporting of IPV. The proposed recommendation utilizes the profession’s research expertise and will integrate current research findings into the ANA Position Statement “Violence Against Women.” Suggested implementation strategies include to convene an expert panel to revise the old position statement to include current research and emerging best practices, collaboration with other nursing organizations to disseminate clinical practice guidelines, form interdisciplinary profession partnerships, to discuss related to IPV research funding, inclusion of IPV curriculum in basic nursing education and advocate for the use of intimate partner violence documentation guidelines that are clinically and legally accurate. The proposal passed with a 96.3% house vote. $370,000 has been allocated by ANA for this effort.

Reference Report: Access to Oral Care for the Elderly
Barbara E. Sonnen, RN, MS, District #9

There is a correlation between oral health and overall health. Medicare does not provide payment for routine dental care. Less than 20 percent of Americans who are 75 or older have any private insurance to cover the cost of dental care. The ANA resolution passed aware that the association will advocate for legislation to meet oral health care needs of older adults and will support efforts to increase awareness of the value and benefits of oral health for them.
This report was introduced by Rebecca Patton, President, American Nurses Association, Executive Summary:

If the 2008 House of Delegates adopts bylaws amendments that create Labor and Workforce Advocacy Affiliates, the House must also adopt criteria for the ANA Board of Directors to use in assessing the qualifications of the applicants for these categories. In addition, if changes to the bylaws are approved to permit LPN/LVN organizations to become organizational affiliates, the current organizational affiliate criteria must be updated. Although some discussion and some editing of this report occurred, there was no opposition expressed by the HOD.

So, the following criteria and policy statement were added to the existing policy regarding Organizational Affiliates:

1. A Labor Affiliate must:
   - Be a labor organization with a mission and purpose harmonious with the purposes and functions of ANA
   - Be national in scope with at least 5,000 RN or LPN/LVN members
   - Be in existence as an organization for at least five years and maintain a national office
   - Agree to pay an annual fee
   - Agree to an initial two year review as a labor affiliate and thereafter, every five years, or at the request of either another labor affiliate or ANA Board of Directors
   - Not engage in any activity deleterious to the interests of ANA and/or its CNAs or members.

2. A Workforce Advocacy Affiliate must:
   - Be an organization with a mission and purpose harmonious with the purposes and functions of ANA
   - Be national in scope with at least 5,000 RN or LPN/LVN members
   - Be in existence as an organization for at least five years and maintain a national office
   - Agree to pay an annual fee
   - Agree to an initial two year review as a workforce advocacy affiliate and thereafter, every five years, or at the request of either another workforce advocacy affiliate or ANA Board of Directors
   - Not engage in any activity deleterious to the interests of ANA and/or its CNAs or members.

3. Organizational Affiliate criteria regarding RN composition and governance requirements must be changed to:
   - Be comprised and governed by a majority of registered nurses, except for national organizations representing the interests of licensed practical/vocational nurses which must be comprised and governed by a majority of LPNs/LVNs.

Executive Summary:

Summary:

President, American Nurses Association. Executive Summary:

2. A Workforce Advocacy Affiliate must:
   • Agree to pay an annual fee
   • Be in existence as an organization for at least five years and maintain a national office
   • Agree to an initial two year review as a labor affiliate and thereafter, every five years, or at the request of another labor affiliate or ANA Board of Directors
   • Not engage in any activity deleterious to the interests of ANA and/or its CNAs or members.

4. Organizational Affiliate criteria regarding RN composition and governance requirements must be changed to:
   • Be comprised and governed by a majority of registered nurses, except for national organizations representing the interests of licensed practical/vocational nurses which must be comprised and governed by a majority of LPNs/LVNs.

Executive Summary:

This report was introduced by Louise Timmer, President, ANA/California.

Executive Summary:

New graduate nurses leave their first nursing position at an alarming rate. Over half of new graduate nurses leave their first professional nursing assignment in less than one year. Neophyte nurses chose to leave the nursing profession due to role overload, job dissatisfaction, stress, low self-efficacy, and physician-staff relationships. It has been projected that approximately six percent of new graduate nurses become so discouraged during the first year of practice that they choose to leave the nursing profession completely.

Retention of new graduate nurses is a vital part in ameliorating the critical nursing shortage. The loss of new graduate nurses has a rippled effect throughout the entire healthcare system. First, turnover has a large financial impact on healthcare institutions. The cost of recruiting and educating a nurse is at best equal to that nurse’s first year of income, and a failure can take as much of a psychological toll on the nurse as it does a financial toll on the institution. Student nurses spend a considerable amount of time, money, and effort preparing for a nursing career which they may soon abandon. The loss of each neophyte nurse deepens the already severe nursing shortage.

Retention of new graduate nurses is an important part of decreasing the critical nursing shortage. The loss of nurses results in a decrease in the hospital productivity and efficiency as a result of training replacement nurses. The most alarming outcome of nursing turnover, however, is the effect on patients. Data show that a high turnover rate in employed nurses has a direct correlation to increased mortality rates in patients. Retaining nurses has a positive effect on patient outcomes.

Although some discussion and some editing of this report occurred, there was no opposition expressed by the HOD.

So, the following resolution was passed that the American Nurses Association will:

Support initiatives to facilitate the successful integration of new nurse graduates in the work environment, including but not limited to, residency programs; and

Support nursing research efforts to identify principles/parameters/components for new nurse orientation programs and support research efforts to demonstrate the effectiveness of those identified components, for the successful integration of new nurses into the work environment.
The Center for American Nurses Membership Council Meeting Report

Submitted by:
Nancy McConnell, MSN (District 1)
Jason Shuffitt, MSN (District 7)

The Center for American Nurses (The Center), held its fifth annual membership council meeting on June 22 and 23rd in Washington, DC. Established in 2003, The Center consists of 41 constituent member associates, of whom KNA is a member and other states that are also members of the American Nurses Association (ANA). It offers tools, services and strategies designed to make nurses their own best advocates in their practice environments. Through research, continuing education and knowledge sharing among today's nursing community, The Center offers powerful resources to nurses seeking to overcome workforce challenges and realize opportunities.

The Center had a very productive and challenging year whose workplace advocacy activities included:

- Increasing center membership from 37 to 41;
- Authored publications on career planning, designing better work spaces, and ending bullying in the workplace;
- Published quarterly workforce advocacy articles;
- Approved as a continuing educational provider through American Nurses Credentialing Center;
- Piloted the Nurse Investor education survey;
- Presented the 2nd annual LEAD (Leadership, Education, Advocacy, and Development) Summit in Washington, DC;
- Launched a new interactive website which includes a members only portal;
- Introduced a new online journal entitled Nurses First, which deals with workplace issues relevant to practicing nurses;
- Awarded five GIA (Growth, Innovation, and Advocacy) grants;
- Authored a position statement entitled “The Economic Value of Nursing,” which states in part "A growing body of research supports not only the value of individual nurses, but also nurses' contributions to health care quality and outcomes. Nurses must articulate to your patients and to your employer your value to patient care and to the financial bottom line of the facility for which you work. Value yourself as a nurse and the contributions you are making to the care of patients. Identify yourself to other providers and patients as a Registered Nurse, Advanced Practice Nurse or other relevant designation. Take action to ensure your clinical or academic setting adopts and systematically integrates (ANA recognized) standardized nursing terminology set to support the accurate representation, communication, evaluation and improvement of nursing care. Support nursing colleagues in efforts to improve patient care delivery through evidence-based-practice. Pursue ongoing professional development through continuing education and review of professional literature in order to apply evidence-based practices. Maintain current knowledge regarding research trends demonstrating the value of nursing and the contribution of nursing interventions to improving patient outcomes and safe patient care."

This year the membership council unanimously approved the position statement mentioned above, had several meaningful discussions on the past, present, and future of The Center, and discussed the importance of ensuring the financial stability of The Center to continue to be able to provide quality products and services. On June 30, 2008, the ANA decided to terminate their contract with The Center. However, due to the important work of The Center and the ANA, The Center membership council passed a resolution to allow The Center Board of Directors to negotiate a business relationship with the ANA to provide workplace advocacy tools and services to the ANA membership. At the time of this report, discussions were in progress with the ANA Board. The KNA will update you as soon as more information becomes available.
Announcing the Kick-Off of the Kentucky Nurses Association (KNA) Environmental Health Task Force

Nurses are increasingly becoming aware of the connection between the health of the environment and the health of our patients, families, and communities. As nurses we have a responsibility to be knowledgeable regarding environmental health threats, engage our nursing expertise, and guide public policy for healthy environments. Many health trends thought to be linked to the environment are on the rise:

• In 2006, 9.9 million U.S. children under 18 years of age (14%) have ever been diagnosed with asthma; 6.8 million children (9%) still have asthma (Bloom B, Cohen, 2007).
• Trends reveal hospitalizations for asthma have steadily increased for children in Kentucky rising 45 percent between 2000 and 2003 (Kentucky Environmental Quality Commission, 2004).
• Nine percent of U.S. children under 18 years of age suffered from hay fever in the past 12 months, 12% from respiratory allergies and 13% from other allergies (Bloom B, Cohen, 2007).
• Autism spectrum disorders (ASDs) are diagnosed in 1 in 150 8-year-old children in multiple areas of the United States. It is now the fastest growing developmental disability in the United States (Centers for Disease Control and Prevention, 2007).
• Between 1973 and 1998, breast cancer incidence in the United States increased by more than 40 percent. Today, a woman's lifetime risk of breast cancer is one in eight (Breast Cancer Fund, 2008).
• In the United States in 2007, approximately 10,400 children under age 15 were diagnosed with cancer and about 1,545 children will die from the disease (American Cancer Society, 2007).
• Hypospadias occurs in approximately 1 in every 250 male births in the United States (Gatti, 2007).

The KNA Environmental Health Task Force is being formed by the Kentucky Nurses Association (KNA) in collaboration with KNA District 6. The purpose of the KNA Environmental Health Task Force is for Kentucky nurses to have a strong, united voice on environmental health issues, to explore and share information related to environmental health and to enhance networking to improve health through environmental initiatives that impact practice, education, research, and advocacy.

The Kick-Off meeting of the KNA Environmental Health Task Force will take place on Wednesday, October 15, 2008 at 1:00pm at Louisville Marriot East, 1903 Embassy Square Boulevard, Louisville, KY 40299. The meeting is open to any nurse who is interested in learning more about promoting and protecting environmental health and becoming a member of the KNA and the KNA Environmental Health Task Force. Please come out to show your support. For further details please contact Lisa Ahner, MSN, RN at 606-864-4764 x.114 or by email at LisaA.Ahner@ky.gov.

References

“NURSING: LIGHT OF HOPE” by Scott Gilbertson

Photo submitted by the Kentucky Nurses Association, July 2005 to the Citizens Stamp Advisory Committee requesting that a first class stamp be issued honoring the nursing profession (Request Pending).

NOTE CARDS (package)—5 for $8.50

I would like to order “Nursing: Light of Hope” Note Cards

Price $29.95 Each (Tax Included)
Shipping & Handling $6.50 Each
Total Payment

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Kentucky Nurses Association
PO Box 2616, Louisville, KY 40201-2616

Professional Nursing in Kentucky
Yesterday, Today, Tomorrow

The historical narrative, Professional Nursing in Kentucky: Yesterday, Today, Tomorrow, is a KNA Centennial Project. Research and authorship was a collective effort of the KNA Centennial Publication Committee. The content was derived from published and unpublished documents in public and private archives of Kentucky schools of nursing, hospitals, colleges, universities, health agencies, libraries and historical societies. Selected photos and individual anecdotes lend a personal touch.

Proceeds from the sale of this book will benefit the Kentucky Nurses Foundation in forwarding its mission of providing nursing scholarships and funding nursing research.

Price $29.95 Each (Tax Included)
Shipping & Handling $6.50 Each
Total Payment

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Kentucky Nurses Association
PO Box 2616, Louisville, KY 40201-2616
Phone: (502) 647-2546, FAX: (502) 647-8236

References
THE PAINTING

“The Human Touch” is an original oil painting 12” x 16” on canvas which was the titled painting of Marge’s first art exhibit honoring colleagues in nursing. Prompted by many requests from nurses and others, she published a limited edition of full color prints. These may be obtained from the Kentucky Nurses Association.

FOR MAIL ORDERS

I would like to order an art print of “The Human Touch”©

Signed Only (1250)—$20.00
Note Cards (package)—5 for $6.50
Framed Signed—$160.00
Cherry or Gold Frame

The Human Touch

Her step is heavy
Her spirit is high
Her gait is slow
Her breath is quick
Her stature is small
She is an old woman
At the end of her life
She needs support and strength from another.

The other woman offers her hand
She supports her arm
She walks at her pace
She listens intently
She looks at her face.
She is a young woman at the beginning of her life,
But she is already an expert in caring.

RN Poet
Beckie Stewart*

* I wrote this poem to describe the painting, The Human Touch by Marge.”
Edmonds, Washington ’94
## KNA PRODUCTS Order Form

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**Express Shipment Expense Billed to Credit Card Only**
Mary Breckinridge Print

To celebrate the centennial of professional nursing in Kentucky, a very special remembrance is now available. Perhaps the Commonwealth’s most famous and influential nurse has been Mary Breckinridge, Founder of Frontier Nursing Services. Headquartered at Wendover, KY and started with three nurses in 1925, the Frontier Nursing Services became the largest midwifery school in the country. Continuing to thrive, it now includes four rural healthcare centers.

To bring honor to Mary Breckinridge, Historical Medical Art in Danville, KY was contacted. Founded by Dr. Robert Joseph, this company’s sole purpose is to develop scenes of evolutionary periods of health professions and offer prints to health care professionals for framed display in offices, clinics, healthcare facilities, and homes. Experienced and talented artist Anne Crawford brings the subject matter to life on canvas after Dr. Joseph’s careful historical research and scene development.

A beautiful landscaped pictorial scene of Mary Breckinridge on horseback, bringing her nursing skills to a cabin in Leslie County (circa 1925), has been created. A “legend” text chronicling Mary Breckinridge’s life is included. The print is available in both 16” by 20” and 11” by 14” sizes as well as note cards. Endorsed by the Kentucky Nurses Association, a portion of each purchase price will be given to Historical Medical Art to the Kentucky Nurses Association.

These items may be purchased on line at www.historicalmedicalart.com or by mail or phone order to:

Historical Medical Art, LLC
204 West Main Street
Danville, KY 40422
Phone: 1-888-282-0970 or Fax: 859-236-6703

Sponsored by The Kentucky Nurses Association and Historical Medical Art, LLC

Frontier Nursing Service, circa 1925

Celebrate the 100th Anniversary of Professional Nursing in Kentucky

By purchasing an original lithographic print of one of the true pioneers of Kentucky nursing, Mary Breckinridge. The rendering was created by Historical Medical Art for this momentous occasion at the request of the KNA. It comes with a text describing the history of the Frontier Nursing Service. Own this beautiful reminder of your nursing heritage. A part of the purchase price will be donated to the KNA in your name.

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This month we will take a few moments and assess our utilization of a basic element to our physical wellness—water. Many of us know that the human body is nearly two-thirds water. Water is an essential nutrient involved with all of the functions of our living bodies. Water moves nutrients and waste products in and out of all cells. Water is necessary for all digestive, absorptive, excretory, and circulatory functions. Body temperature is maintained in large measure by adequate amounts of water (Balch & Balch, 2000). It is recommended that each person drink at least 8 glasses of water daily to maintain health. Although we may know all of this, do we put it into practice in our own lives?

Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity. Like so many others in the healthcare workforce, nurses may have heard about ‘congregating at the water cooler’ but have never had such an opportunity.

McVeigh in Prevention (2007) offers these tips on water consumption and our health:

• For energy: First thing in the morning (12 ounces): your body loses fluid stores overnight, which can make your mind foggy. Starting your day with water might keep you from seeking out coffee or caffeinated tea—or help you cut back.

• For craving control: 30 minutes before meals (12 ounces). Whenever you’re feeling a craving, drink first. Still hungry? Have a balanced snack or healthy meal.

• For a higher metabolism: Throughout the day (8 ounces each time) A German study found that drinking fifty ounces of cold water can help you burn up an extra fifty calories per day (five pounds per year) without exercising. Experts think the metabolism boost is due to the extra effort needed to raise the water’s temperature to 98.6°F. (p. 78).

Living Water: Water for Life

Humans can survive thirty days or more without food but without water, life will end in less than a week. Replacing the water that is lost through normal body functions is really a key step in staying well. There is an old saying that may apply here, “You don’t miss the water until the well runs dry.”

When the body’s water content drops there is a decline in blood volume. This triggers the hypothalamus, the brain’s thirst center, to send out a demand: the need for a drink of water, by raising the concentration of sodium in the blood. This results in the sensation of thirst. Unfortunately, many of us will only consume enough liquid to quench the dry or parched feeling, which is not enough to cover the water loss our body is responding to. As we age, our sense of thirst becomes dulled. At the same time, our water reserves are lower than when we are younger. This imbalance can start to lead to dehydration. Caffeine only exacerbates the problem; the solvents released cause water loss and more dehydration. (Holford, 1999).

Ritz and Berrut (2009) report that studies in healthy adults show that even mild dehydration impairs a number of important facets of cognitive function—concentration, alertness, and short-term memory. They maintain that despite our knowledge about the importance of water for human health, it is unknown what the optimum level is for water consumption. We only know dehydration has occurred when the symptoms begin to escalate (i.e. low blood pressure, tachycardia, constipation, decline in alertness, headaches, increased tiredness etc.). By the time we notice as healthy adults, we are most likely already dehydrated.

Further complicating our investigations of water are recent issues surrounding the purity of our water supplies. There are concerns about contaminants; debates over chemical additives (chlorine, fluoride) used in water treatment, pesticide contaminants from run off in ground water supplies, and even scares over drugs in urban drinking water supplies.

What type of water do you drink? Well water, filtered water, tap water, bottled water (mineral water, spring water)? Do we have the evidence we need to know what we should be drinking? As health professionals, we can consider these options, investigate the best evidence, and lead by example. We need to improve our knowledge about pure water and we need to drink it, everyday no matter what. As nurses, we go out of our way to ascertain the well being of our patients, yet we must remember that they need us to stay well, and to stay focused. Consider the opportunity to join with other stakeholders; locally, nationally, and globally to ensure the safety and the life of our water.

Investigate, strategize, and locate sources of clean water available to you both at home and at work. Make personal hydration a priority; your health and the health our communities depends on it.

Resources:
Environmental Protection Agency (EPA) Water Quality Criteria http://www.epa.gov/waterscience/criteria/


References


Home Study Courses Offered by the Kentucky Nurses Association

Home Study Courses include a written booklet, fun activities, and an open-book post-test for CE credit. The test, regular grading, and CE Credit are included in the course price. Tests are hand graded by Susanne Hall Johnson with individual feedback on your test. Course must be completed and returned within 3 months of receipt to receive credit.

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- Management by Objectives for Nurses (MON) (9) Use the management by objectives technique in your nursing practice to manage a project, group, or professional growth. (6 contact hours) $84.00
- Marketing Nursing at the Bedside (MN) (9) Increasing the image, respect, and reputation of the nurse, your unit, and your agency by marketing yourself as a nurse directly to the patient, family, client, physician or management. (6 contact hours) $84.00

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FACULTY

Suzanne Hall Johnson, MN, RNC, CNS is the Director of Hall Johnson Consulting and the Editor of Nurse Author & Editor. She is a Clinical Nurse Specialist, UCLA graduate with honors, and a Distinguished Alumni from Duke University. (Copyright 2003 Suzanne Hall Johnson)

To order, please check the box in front of the Home Study or Audiotape Course(s) you want to purchase, complete the information below, and return with your check, money order or credit card information to:

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County

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Employer

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Basic School of Nursing

Graduation (Month/Year)

Position

Employer Code

State

District

To Be Completed By KNA/ANA

Date

Payment Plan (please check)

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Epay (Monthly Electronic Payment)*

Check (Payable to ANA)

Full Membership: $279.00 Annually or $23.75 Per Month

Employed part-time

Associate Membership: $519.50 Annually or $43.30 Per Month

New graduate from basic nursing education program within six months of graduation (first membership year only)

Special Membership: $69.75 Annually or $5.81 Per Month

RN who is not currently employed as a nurse due to disability

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Employed part-time

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Special Membership: $69.75 Annually or $5.81 Per Month

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Check (Payable to ANA)

Monthly epay includes $.50 service charge (effective 1/2004)

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Select your KNA District from the map.

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For Every Nurse

Professional Nursing in Kentucky
Yesterday Today Tomorrow

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