



The INSTITUTE FOR NURSING NEWSLETTER

The Foundation of the New Jersey State Nurses Association • 1479 Pennington Road • Trenton, New Jersey 08618 • www.njsna.org • (609) 883-5335

Volume 5 • Number 4

Circulation to 130,000 Registered Nurses and Licensed Practical Nurses in New Jersey

October 2009

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Susan Hassmiller Receives Florence Nightingale Medal RWJF Senior Adviser for Nursing Awarded Nursing's Highest International Honor

The International Committee of the Red Cross (ICRC), headquartered in Geneva, Switzerland, selected three volunteer nurses from the United States to receive the 42nd Florence Nightingale Medal, nursing's highest international honor. The medal is awarded every two years, with 28 medals presented this year among 15 nations.

Susan Hassmiller, Ph.D., R.N., F.A.A.N., of Princeton Junction, N.J. and member of the New Jersey State Nurses Association, was one U.S. nurse chosen, joined by Meredith Buck of Pennsylvania and Diana Whaley of Tennessee. American Red Cross President and CEO Gail McGovern presented the medals to all three during a June 25 ceremony in Washington, D.C.

"We are pleased the ICRC chose Sue Hassmiller for this esteemed honor," said American Red Cross of Central New Jersey CEO Kevin Sullivan. "Sue's



Kevin Sullivan and Susan Hassmiller

outstanding work with the Red Cross, which has included handling difficult situations in leadership roles during major disaster responses, exemplifies the humanity necessary to merit this distinction." Sullivan added, "We are proud to work alongside her."

Hassmiller began volunteering with the Red Cross following the 1975 earthquake in Mexico. The Red Cross helped her locate her parents, who were visiting Mexico at the time. Hassmiller has since been a volunteer

involved in Red Cross disaster relief efforts in the United States and abroad, including tornadoes in the Midwest, Hurricane Andrew, September 11th, the Indian Ocean tsunami and Hurricane Katrina.

When three consecutive hurricanes hit Florida within weeks of each other in 2004, Hassmiller oversaw the physical and mental health of shelter residents on Florida's East Coast. She set up a special hospice unit in

Susan Hassmiller continued on page 3

UMDNJ Selects Susan W. Salmond as Nursing School Dean

NEWARK, N.J.—Susan W. Salmond, EdD, RN, CNE, CTN, has been appointed dean of the University of Medicine and Dentistry of New Jersey-School of Nursing. The appointment follows a national search for a dean to lead the nursing school, which has campuses in Newark and Stratford. Salmond has served as interim dean of the nursing school since January 2007.

"Our health care system cannot function without committed, highly educated nurses and nursing faculty," said William F. Owen, Jr., MD, president of UMDNJ. "Under Dr. Salmond's leadership, UMDNJ-School of Nursing has prepared future leaders in academic nursing and practice exceptionally well to do their vital work, and I know it will continue to do so."

While at UMDNJ, Salmond spearheaded development of New Jersey's first Doctor of Nursing Practice degree program, which was launched in 2006. Under her leadership, the nursing school has also established new master's degree programs in clinical leadership, women's health and nursing education. Salmond has implemented new faculty development initiatives and brought more than \$7 million in competitive research and academic grants to the nursing school.

Prior to her appointment as interim dean,



Susan Salmond

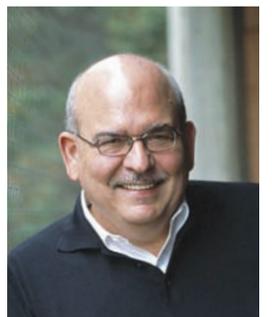
Rutgers Announces the Appointment of William L. Holzemer as Dean of College of Nursing

President Richard L. McCormick has announced the appointment of Dr. William L. Holzemer as dean of Rutgers College of Nursing. Holzemer began his term at Rutgers on September 1, 2009.

William Holzemer was associate dean for international programs and director of the International Center for HIV/AIDS Research at the School of Nursing at University of California, San Francisco (UCSF). He also directed UCSF's World Health Organization Collaborating Center for Research and Clinical Training in Nursing.

"Rutgers is extremely pleased to welcome William Holzemer, a scholar of great distinction in biomedical research and international education, to the College of Nursing at this exciting juncture in its long history of service to the health care profession," stated President McCormick.

"The College of Nursing has just dedicated a new academic building that ushers in a new era of Rutgers nursing education. Bill Holzemer will provide vigorous new leadership and a clear strategic focus to the college."



Dr. William L. Holzemer



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Circulation 130,000

Unsolicited articles are welcomed by *The Institute Nurse*. Articles are submitted for the exclusive use of *The Institute for Nursing* the 501 (c)(3) foundation of the New Jersey State Nurses Association. Submissions will be acknowledged by e-mail or a self-addressed stamped envelope provided by the author. All articles require a cover letter requesting consideration for publication.

Articles can be submitted electronically by e-mail to Sandy Kerr at sandy@njsna.org.

Each article should be prefaced with the title, author(s) names, educational degrees, certification or other licenses, current position, and how the position or personal experiences relate to the topic of the article. Include affiliations. Also include the author's mailing address, telephone number where messages may be left, and fax number.

Authors are responsible for obtaining permission to use any copyrighted material; in the case of an institution, permission must be obtained from the administrator in writing before publication.

Only the articles for Research Corner will be peer-reviewed and all articles will be edited as necessary for content, style, clarity, grammar and spelling. While student submissions are greatly sought and appreciated, no articles will be accepted for the sole purpose of fulfilling any course requirements. It is the policy of *The Institute for Nursing* not to provide monetary compensation for articles.

LETTERS TO THE EDITOR

The purpose of *The Institute Nurse* is to further the exchange of information related to nursing practice, research and education among New Jersey nurses. We strongly encourage readers to submit letters to the editor concerning general topics and specific information addressed in the articles. Derogatory or inflammatory letters will not be considered. Letters should be brief. All letters accepted for publication will be edited at the discretion of the Editor.

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Registered Nurses are encouraged to join online at www.njsna.org or by calling 609-883-5335 ext. 13.

President's Report

Patient Safety and Nursing Quality

Dr. Mary Ann T. Donohue, RN
President

In 1999, the Institute of Medicine published, *To Err is Human: Building a Safer Health Care System*. Every year, according to the landmark report, 44,000 to 98,000 needless patient deaths occur which, as the report famously stated, is equivalent to an airplane crash each day for a year, in which 268 people die (Institute of Medicine, 1999). Comparing medical errors to airplane crashes was widely reported in the press, it was later criticized as lacking scientific validity. However, the overall conclusion was irrefutable: Many of the medical errors that occur in the United States are preventable because the knowledge already exists on how to go about doing so. Taking the lead from lessons learned in the aviation industry, errors are now even more likely to be attributed to problems that the organization itself perpetuates. Such errors become exacerbated when the error occurs in an environment of "shame and blame" as opposed to proactively asking the question, "How likely is it that an error might occur here?" The IOM report also discussed the expense involved in medical errors. It estimated that they cost the nation approximately \$37.6 billion each year with roughly half of them associated with errors that are preventable in nature.

Many of us are aware that as a response to the call to action by the Institute for Medicine, the Joint Commission has published National Patient Safety Goals (NPSG) since 2003. Along with associated requirements, each NPSG carries with it the mandate that every hospital must initiate programs that demonstrate and maintain compliance. Several NPSG have been retired, with new ones replacing them each year. For 2009, they are renumbered as: 1) improve the accuracy of patient identification, 2) improve the effectiveness of communication among caregivers, 3) improve the safety of using medications, 7) reduce the risk of health care associated infections, 8) accurately and completely reconcile medications across the continuum of care, 9) reduce the risk of patient harm resulting from falls, 13) encourage patient's active involvement in their own care as a patient safety strategy, 15) the organization identifies safety risks inherent in its patient population and 16) improve recognition and response to changes in a patient's condition. The Joint Commission leaves it up to each hospital to adopt strategies that meet each goal, which



Dr. Mary Ann T. Donohue

are often challenging to execute and certainly difficult to guarantee 100% compliance among all members of the interdisciplinary team.

Meanwhile, on October 1, 2007, the Centers for Medicare and Medicaid Services (CMS) required hospitals to begin reporting on claims for hospital discharges and whether or not the selected conditions were present on admission, to begin to identify which ones are preventable. The following year, CMS announced that it would no longer reimburse hospitals for the escalating costs of treating eight specific preventable errors that occur in hospitals, unless the conditions were already present on admission. The conditions include falls; mediastinitis; urinary tract infections that result from improper use of catheters; pressure ulcers; and vascular infections that result from improper use of catheters. In addition, Medicare will not reimburse for three of the National Quality Forum's "never events" or grave errors that theoretically should never happen: objects left in the body after surgery and wrong side surgery; air embolisms, and blood incompatibility. Never events are considered serious, preventable and of immediate concern to both the consumer and the health care community. The federal rule in 2009 added three more conditions: surgical site infections following certain elective procedures, certain manifestations of poor control of blood sugar levels, and deep vein thrombosis or pulmonary embolism, following total knee replacement and hip replacement procedures. In addition to not being reimbursed by CMS, hospitals also cannot bill the beneficiary for any charges associated with the hospital-acquired complication.

Here in New Jersey, Governor Jon S. Corzine signed into law legislation requiring public reporting of patient safety performance along with its rates of medical errors. Hospitals will be prevented from billing patients and their insurance companies for serious medical errors. The bill also requires the New Jersey Department of Health and Senior Services to public in its *New Jersey Hospital Performance Report*, specific data on measures of patient safety. Serious adverse events will be included, and listed alongside the hospital's name, in the report, with both state-wide and national comparisons.

While no one argues against patient safety per se, some conditions are not strictly preventable all of the time, such as pressure ulcers and falls, for example. As nurses, we know that certain patients may be prone to the development of problems. In addition, the failure to prevent may actually predispose more patients and their families to bring a malpractice claim against the hospital and its staff, as the public becomes more aware that CMS is going to refuse payment for them (Vowinkel, 2008). I have heard of at least one case of a patient in Missouri who suffered a fall and was promptly discharged by the hospital, citing the CMS rule about non-payment. Since the hospital knew it would not be paid for the fall, the family heard that as the reason for discharge. Such an approach will no doubt have a negative impact upon patient satisfaction. Regardless of the particular survey tool used, communication of this nature is unfortunate, and makes service recovery nearly impossible.

The need to assure that one's medical record documentation is accurate and inclusive has never been more critical. Yet, for the nursing profession, our response ought to be more than about protecting oneself against litigation. Participating in shared governance councils and committees aimed at improving quality and evidence based protocols that prescribe regimens aimed at prevention of errors are some ways to commit to excellence. Your membership and active involvement in the ANA, NJSNA and the Institute for Nursing also work to promote your involvement in such important initiatives such as the NDNQI, the National Priorities Partnership and the Nursing Safety Alliance and many others. Check the websites for our professional organizations' approach to patient safety and quality, and read the latest position paper on tubing and catheter connections as it relates to the NPSG.

Reference:

Vowinkel, Patricia. (2008, October 1). The never ever eleven. *The Free Library*. (2008). Retrieved September 06, 2009 from <http://www.thefreelibrary.com/The+never+ever+eleven:+the+danger+that+a+never+event+can+become+an...-a0187049107>.

Susan Hassmiller continued from page 1

a secluded area of one shelter for dying and special-needs patients until the state could take over. Another shelter housed a number of disaster clients who were mentally ill and Hassmiller worked closely with psychiatrists to ensure proper medication and referral, and the protection of the rest of the shelter population.

Moments after the planes struck the twin towers in New York City on 9/11, Hassmiller took action to open a shelter that evening for those left homeless by the attack and was among the first volunteers to man the 9/11 crisis line, a job that entailed speaking with the families of the lost and deceased.

Hassmiller served as a member of the National Board of Governors for the American Red Cross from 2001-2007, serving in the role as chair of the Disaster and Chapter Services Committee and chair of the 9/11 Recovery Program. She currently serves on the board of the American Red Cross of Central New Jersey, where she has volunteered since 1997 and remains an active volunteer at National Headquarters as a member of the National Nursing Committee.

Hassmiller holds the position of senior adviser for nursing with the Robert Wood Johnson Foundation (RWJF) in Princeton and is currently on loan to the Institute of Medicine as director of the RWJF Initiative on the Future of Nursing.

"We congratulate Sue Hassmiller on receiving this very prestigious award," said RWJF President Risa Lavizzo-Mourey, M.D., M.B.A. "Dr. Hassmiller's visionary leadership in the field of nursing has helped the Foundation initiate and implement numerous longstanding programs that aim to address the nurse and nurse faculty shortages. Her passion and commitment has helped to shed light on the important role that nurses play in the health care system and our communities."

UMDNJ Selects Salmond continued from page 1

Salmond was vice dean for academic affairs at the nursing school. Since coming to UMDNJ in 2005, she also has held posts as associate dean for graduate studies and associate dean for administration and planning.

"I am grateful for the confidence that the University has shown in me," Salmond said. "The opportunity to continue leading the outstanding faculty, staff and students of UMDNJ-School of Nursing is an honor and a privilege. The School has long served as a vital resource for the state and beyond. As a school community, we look forward to moving to the next level of success."

Salmond is a leader in the global movement to implement and support evidence-based nursing practice across health care environments. She is co-director of the nursing school's New Jersey Center for Evidence-Based Practice—one of only three United States collaborating centers of the international Joanna Briggs Institute. She has been named to a leadership team that is implementing a new nursing node within the Cochrane Collaboration—an international group working to make accurate, up-to-date information about the effects of health care readily available worldwide.

Salmond's current research focuses on nursing care delivery models and how patients and their families cope with acute and chronic illness. She has completed several comprehensive, systematic research reviews that will form the basis for evidence-based "best practice" documents that will help shape patient care. She has authored numerous peer-reviewed articles and book chapters and presented nationally on topics including evidence-based practice, nursing care delivery, nursing leadership, and orthopaedic nursing.

Dr. Salmond is the research editor for the journal *Orthopaedic Nursing*, past president of the National Association of *Orthopaedic Nurses*, co-editor of the text *Orthopaedic Nursing*, and co-editor of the first three editions of *Core Curriculum for Orthopaedic Nursing*.

Prior to joining the UMDNJ-School of Nursing, Salmond was a professor at Kean University where she was director of graduate programs and then chairperson of the university's nursing department. She has also served on the faculty at Teachers College, Columbia University. She received her B.S.N. from Villanova University, her M.S.N. from Seton Hall University and her Doctor of Education degree (Ed.D.) from the Nurse Executive Program at Teachers College, Columbia University. Her certifications include Certified Nurse Educator (CNE), Clinical Nurse Leader (CNL) and Transcultural Nursing (CTN). She is active in several nursing professional associations, and is a recipient of the C.A.R.E.S. award for excellence in education from the New Jersey State Nurses Association.

Salmond is a resident of Westfield, New Jersey.

Rutgers Announces continued from page 1

Steven J. Diner, chancellor of Rutgers University in Newark, home to the College of Nursing, added, "We are thrilled to welcome a scholar of Dean Holzemer's stature to Rutgers. I am certain he will provide strong direction for the college, including expansion of the college's doctoral and research programs. He is uniquely qualified to build a research program focused on urban health issues, consistent with our urban mission and commitment to the city of Newark."

Holzemer has won international distinction for his research focused on living well with HIV/AIDS, including the aspects of adherence, stigma, symptoms and quality of life. He recently completed two multi-million dollar National Institute of Health grants as principal investigator relating to developing nursing research at the University of Puerto Rico and exploring the impact of HIV stigma on quality of care in five African nations for people living with HIV infection; and his research has been featured in numerous important journals in health care and nursing.

Holzemer held the Lillian and Dudley Aldous Endowed Chair in Nursing Science at the University of California, San Francisco. He is a visiting professor at St. Luke's College of Nursing in Tokyo, Japan, and Editor-in-chief of the *Japan Journal of Nursing Science*.

"I am very excited about working with the faculty, staff, and students at the College of Nursing to build upon Rutgers' long-standing contributions to the care of the public," Holzemer said. "Nursing education is challenged with the economic crises and the shortage

of qualified nurses available to care for the public. Nursing science is also challenged to contribute strategies that will enhance the health and quality of life of the public. The Rutgers College of Nursing will work with its community partners, industry, and university colleagues to develop solutions to these challenges."

Holzemer went to UCSF as an assistant professor in 1979 after teaching at the University of Illinois in Chicago. He held several administrative positions at UCSF over the years, including chair of the Department of Community Health Systems, associate dean for research, director of the Office of Research and Evaluation Coordinator in the research office. Holzemer has won many honors and awards for research and teaching. He has been a Project Hope Fellow and a Fulbright Scholar. He is a Fellow of the American Academy of Nursing and an elected member of the Institute of Medicine of the National Academy of Sciences.

ANA Nurses Answer Call to Support Obama's Stand for Health Care Reform

SILVER SPRING, MD—Members of the American Nurses Association (ANA) joined President Obama today to demonstrate their strong support for the President and his speech to the joint session of the U.S. Congress last night urging action on health reform that would provide more security and stability to those with health insurance and guarantee access to affordable health care for those without it.

Registered nurses traveled to the White House event from as far away as California and Washington State to emphasize that further delay signals acceptance of an intolerable status quo that leaves too many people without basic access to needed health services and that endangers the financial stability of families, employers, and the government.

ANA President Rebecca M. Patton, MSN, RN, CNOR praised President Obama at his first public appearance on health care reform since addressing Congress for advocating for people who lack access to basic health care services in the nation's "broken system" and for fighting for consumer protections in the health insurance market. Long ranked as the nation's most trusted profession by Gallup's annual survey, nursing has advocated for health system reform for two decades.

"As nurses, every day we see first-hand the heart-breaking consequences of our nation's flawed system," Patton said. "We see patients in danger when they can't access or afford the care they need. We hold a patient's hand when they learn that their health insurance coverage has been denied or cancelled. And we see the day-to-day human cost of this system—in the eyes of our patients and their families."

ANA values patient choice and believes that a public health insurance plan should be an option in the proposed insurance marketplace Exchange. It

A native of Bremerton, Washington, Holzemer received his bachelor of science in psychology from the University of Washington, and his BSN in nursing from San Francisco State University. He holds the master's in counseling from Miami University, Ohio, and his Ph.D. in higher education administration from Syracuse University.

The Rutgers College of Nursing has been a leader in nursing education and nursing research for more than 50 years. From its headquarters in Newark, Rutgers College of Nursing offers a broad range of academic programs on all three Rutgers campuses, including the first Ph.D. nursing degree in New Jersey, a master's program with unique practitioner specialties, and a Doctor of Nursing Practice (DNP) degree. Faculty and students participate in many federally funded research programs aimed at promoting healthy living among the state's diverse populations.



NJSNA Past President and ANA Board of Director Staff Nurse Linda M. Gural with President Barack Obama at the press conference in Washington DC on September 10th.

addresses the absolute necessity of providing broader choice for patients, while increasing affordability, fostering robust marketplace competition, and ensuring access to services. Particularly in a proposal where everyone would be required by law to have insurance, the absence of a public plan option would leave people with limited choices or leverage. People deserve a choice and a chance for peace of mind regarding their health and that of their families.

President Obama complimented registered nurses for their compassion, dedication and professionalism, citing his work with the profession as a legislator to improve the health care system and his personal experiences with nurses who cared for his family members during serious illnesses.

"You're the bedrock of our medical profession," President Obama said. "You're on the frontlines of health care in small clinics and in large hospitals in rural towns and big cities all across this country. So, few people understand as well as you why today's health care system so badly needs reform."

ANA is encouraging its members to get involved in the health care reform effort and to contact their representatives in Congress to tell their personal stories and urge action this year through its dedicated Web page, www.RNaction.org/healthcare.

“I CARE ABOUT NURSING:” One School at a Time

Gerri L. Dickson, RN, and Franklin Montero

The New Jersey Collaborating Center (The Center) is actively seeking nurse member volunteers to join the I CARE ABOUT NURSING (I CAN) team, particularly in Essex County. The I CAN program focuses on connecting experienced nurses, nursing students and retired nurses with their community, helping schoolchildren learn positive health habits while experiencing nursing as a viable career. I CAN team members educate children and teenagers about healthy lifestyles and about the vast opportunities available within the nursing profession.

I CAN started in the summer of 2004 as part of the Nurse Workforce Solution Project, which was coordinated by the Atlantic Cape May Workforce Investment Board and funded through a grant by the New Jersey Health Initiative of the Robert Wood Johnson Foundation (RWJF). Now under the oversight of the Center, I CAN continues to be involved in urban communities. The New Jersey Collaborating Center, founded in 2003 with a grant from the RWJF, is a future-oriented research and development organization for nursing in the College of Nursing, Rutgers University, Newark Campus. I CAN is one of the Center's projects designed to enhance the image of nurses and promote nursing as a career.

The Center worked closely with the Newark



In the above picture, you will find the presenters of an I CAN health program, left to right, Franklin Montero, Allison Creary, Center staff members, Grace Jacquet, School Nurse, and Dr. Anne Brandes, Rutgers College of Nursing. The picture above illustrates the various puppets used to demonstrate health habits, as well as a variety of nurses.

Office of Health Services in getting I CAN approved for launching in the Newark Public School System. We began our program by conducting I CAN health

activities in Newark during the summer of 2007 and branched out into other schools in the following years.

I CAN has now been presented to over 280 children in the city of Newark. These health activities have been conducted in both parochial and public elementary schools. The health learning activities presented continue to advance the I CAN mission by striving to expose children to the greatness and diversity of the nursing discipline, while emphasizing the importance of proper hygiene.

Health literacy is the basic concept of the I CAN program, which includes wellness promotion through good hygiene, healthy lifestyles, illness prevention, how to use the health care system, and safety topics. All school programs integrate New Jersey Core Curriculum Educational Standards.

I CAN members have access to information guides, scripts, and materials for children of all ages. A wide variety of age-appropriate materials are used in our health activities. Such materials include puppet shows, storytelling, career brochures, coloring books, computer games, videos, presentations, certificates, handouts, stickers, and much more.

Would you like to have the opportunity to “give back” to your profession by joining us in this volunteer activity to engage children in health promotion activities? Not only does the program engage students in healthy lifestyle activities, but also it demonstrates the career opportunities available in nursing. The children receive handouts to take home to discuss health and nursing with their families, helping to build healthier communities. Moreover, I CAN encourages children to think of nursing as a learned profession, which involves rigorous study, starting as early as possible with an interest in science.

For more information on this program, visit us at www.njccn.org or contact Franklin Montero at monterof@andromeda.rutgers.edu. Watch for our expansion into other areas within the State.

Attention!! All Nursing Students...



The Institute for Nursing
2010 Scholarship Application



Several Scholarships are available (included in one application) to be awarded in February 2010. Deadline for submission will be January 15, 2010.

ELIGIBILITY: All applicants must be **New Jersey residents** and **must be enrolled (not waiting to hear)** in a diploma, associate, baccalaureate, or masters nursing program **located in the State of New Jersey** or in a nursing doctoral program or a related field, **preferably located in the State of New Jersey**. RNs **must** be members of the New Jersey State Nurses Association (please attach a copy of membership card). Scholarships are awarded based on financial need, grade point average, and leadership potential. The Institute awards scholarships ranging \$1000 annually. Scholarships may be applied toward tuition, books and academic fees only.

Please contact Sandy Kerr at the Institute for Nursing at (609) 883-5335 extension 11 to request an application. You can also email Sandy Kerr at sandy@njsna.org to receive the application via email.

The application is also available at www.njsna.org, click on the Institute for Nursing Scholarship Application.



APNA New Jersey Chapter Invites New York Chapter

New Jersey Chapter
CLINICAL AND LEADERSHIP CONFERENCE
THURSDAY, OCTOBER 29, 2009
5:00-8:30 PM
RUTGERS UNIVERSITY INN
NEW BRUNSWICK, NEW JERSEY

PRESENTERS:
NANCY HOPKINS, MA,
New Jersey Division of Mental Health
**“PSYCHIATRIC CARE ISSUES:
AN INTEGRATED VIEW”**

BEVERLY MALONE, PhD, RN, FAAN
Executive Director, National League for Nursing
**“PSYCHIATRIC NURSING: STATE OF THE
SPECIALTY”**
5:00-6:00 PM Registration & Dinner
6:15-8:00 PM Presentations
8:00 PM Questions, Discussion & Evaluation

1.75 contact hours has been applied for through the New Jersey State Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Cost: \$25 Members | \$35 Non-members
\$15 Students

Deadline: 10/24/09 | **NO ON-SITE REGISTRATION**

Contact: Ben Evans (201) 967-4422
bevans@bergenregional.com

Registration: Checks payable to APNA-NJ Chapter
Mail to: APNA NJ Chapter 224 Ege Ave
Jersey City NJ 07304-1413

Name: _____

Credentials: _____

Address: _____

Phone () _____

Institution: _____

Amount enclosed: _____

13th ANNUAL NEW JERSEY NURSING CONVENTION PRELIMINARY SCHEDULE

March 24, 2010—Professional Education Day
March 25-26, 2010—Annual Convention

2010-2020: A DECADE OF PROMISE

Thursday, March 25, 2010

7:00 a.m. – 3:30 p.m.	Convention Registration Open
7:30 a.m. – 8:30 a.m.	NJSNA Resolutions & Bylaws Hearing
8:00 a.m. – 8:45 a.m.	GRAND EXHIBITION HALL OPEN (Free Continental Breakfast)
8:45 a.m. – 9:15 a.m.	NJ Nursing Convention's Opening Ceremonies
9:15 a.m. – 10:15 a.m.	PLENARY SESSION (Contact Hours)
10:30 a.m. – 12:30 p.m.	VISIT EXHIBITS
	• New Jersey League for Nursing Scholarship Raffle
	• Institute for Nursing 50/50 and Wine Baskets Raffle
10:30 a.m. – 12:30 p.m.	Poster Sessions (Contact Hours)
11:30 a.m. – 12:30 p.m.	NJSNA's Opening Business Meeting (Contact Hours)
11:30 a.m. – 12:30 p.m.	NJLN Annual Business Meeting (Contact Hours)
12:30 p.m. – 2:00 p.m.	New Jersey Nursing Convention Luncheon (Contact Hours)
12:30 p.m. – 2:00 p.m.	Exhibition Hall Closed – <i>GEC Halls</i>
1:00 p.m. – 2:00 p.m.	NEW Continuing Education Sessions – Student Track Only
2:00 p.m. – 5:00 p.m.	Exhibition Hall Re-Opened – <i>GEC Halls</i>
2:15 p.m. – 3:15 p.m.	Continuing Education Sessions - (Contact Hours)
2:15 p.m. – 3:15 p.m.	NEW Continuing Education Sessions – Student Track Only
3:15 p.m. – 4:15 p.m.	Convention Welcome Celebration
	• NJLN Scholarship Drawing
	• Institute for Nursing 50/50 and Wine Basket Raffle
4:15 p.m. – 5:15 p.m.	Continuing Education Sessions – (Contact Hours)
5:30 p.m. – 7:00 p.m.	Institute for Nursing's Sylvia C. Edge Endowment Campaign
5:45 p.m. – 8:00 p.m.	Society of Psychiatric Advanced Practice Nurses Meeting
6:00 p.m. – 7:30 p.m.	NJSNA Region Meetings

Friday, March 26, 2010

7:00 a.m. – 8:00 a.m.	Coffee with NJSNA Candidates – <i>Carousel Rooms</i>
8:00 a.m. – 3:30 p.m.	LPN All Day Education Program – <i>Salons 3-4 (Separate Registration Required)</i>
	• Topic: <i>Pulmonary Disease, Diagnosis and Treatment Modalities</i>
	Hosted by: <i>NJSNA's LPN Forum</i>
8:00 a.m. – 12:30 a.m.	Convention Registration Open
8:00 a.m. – 9:30 a.m.	Continental Breakfast in Exhibit Hall
8:00 a.m. – 12:00 p.m.	Exhibit Hall Open – <i>Free Continental Breakfast</i>
8:00 a.m. – 12:00 p.m.	Poster Session (Contact Hours)
8:00 a.m. – 9:30 a.m.	NJSNA Voting Business Meeting (Contact Hours)
9:30 a.m. – 10:30 a.m.	Continuing Education Sessions (Contact Hours)
	• Visit Exhibits (Exhibitor Raffle Drawing)
	• Poster Session (Contact Hours)
10:30 a.m. – 11:30 a.m.	Health Care Plenary Session – <i>Salons 1-2 (Contact Hours)</i>
11:30 a.m. – 12:30 p.m.	Institute for Nursing Research Luncheon – <i>Salons 5-9 (Contact Hours)</i>
12:30 p.m. – 2:00 p.m.	NEW Continuing Education Sessions – (Contact Hours)
1:00 p.m. – 2:00 p.m.	NEW Continuing Education Sessions – (Contact Hours)
2:15 p.m. – 3:15 p.m.	

The Institute for Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Institute for Nursing has been approved by the New Jersey Department of Education as a Professional Development Provider ID#1199.

NURSE SUPPORT GROUPS

These are self-help, smoke-free groups facilitated by a nurse or health care professional who understands addiction and the recovery process.

NOTE: You must contact the group facilitator prior to attending the meeting of your choice.

ATLANTIC & CAPE MAY COUNTY

ATLANTIC CITY *NEW GROUP*

St. Andrew's by the Sea
936 Baltic Avenue
(parking lot entrance on Maryland Ave)
Every Wednesday 7:30-9:00 p.m.
Michele G. C: 609-432-6284
Sally F. H: 609-748-8248

MARMORA

Church of the Resurrection
200 W. Tuckahoe Road, Room 2
Every Thursday 6:15-7:45 PM
Eileen P. W: 609-748-4037
H: 609-861-1834
Patricia M. W: 609-404-9426
H: 609-390-8250

BERGEN COUNTY

PARAMUS

Bergen Regional Med. Ctr. Rm. E222 (2nd floor), Behavioral Health,
East Ridgewood Ave.
2nd & 4th Wednesday every month
7:30-9:00 PM
Lucille J. 201-265-0734
Teddy S. 917-566-7758

NEW GROUP STARTS 9/12

Rm. E218 Every Saturday 9:30-11:00AM
Phyllis P. 973-728-9174

TEANECK

Holy Name Hospital
Conference Center, Room 1
Cedar Lane & Teaneck Road
1st, 3rd & 5th Tuesday 7:30-9:00 PM
Nancy E. 201-692-1774
Deborah M. 201-384-3699

BURLINGTON COUNTY

MOORESTOWN

Baptist Church, Main Street
Every Monday 6:30-8:00 PM
Pat M. H: 856-235-2916
Suzanne K. H: 856-740-9442
C: 609-706-4160

CAMDEN COUNTY

HADDONFIELD

First Presbyterian Church
20 Kings Highway East, Room 304
Every Wednesday 7:00 PM
Mary M. H: 856-228-1573
W: 856-757-3315
beeper: 856-756-9014
Lisa V. H: 856-218-7053
W: 856-673-1340
C: 609-464-2847

CUMBERLAND AND SALEM COUNTY

SEABROOK

Seabrook House
133 Polk Lane—Founder's Hall Basement
Off Route 77
Every Tuesday 6:30-8:00 PM
Tina C. H: 856-546-1529
C: 609-313-3762

ESSEX COUNTY

MONTCLAIR **NEW TIMES**

100 Valley Road
Room 2205, Dharma Therapy
Montclair, NJ
2nd & 4th Tuesday every month 1:00-2:30 PM
Every Saturday 10:00-11:30 AM
Vickie B. C: 973-943-1969
W: 973-684-6124
Sharon K. C: 973-951-4118
H: 973-365-0663

HUNTERDON COUNTY

FLEMINGTON

Hunterdon Medical Center
2100 Wescott Dr. (off Rt. 31)
Substance Abuse Conference Center
Every Tuesday 7:00-8:30 PM
Sean M. 908-806-8916
Cindy F. 908-361-0353

MERCER COUNTY

TRENTON

New Jersey State Nurses Association
1479 Pennington Road
1st, 3rd & 5th Tuesday 7:00-8:30 PM

Rosaline F. H: 609-466-0405
C: 609-462-3382
Robbi A. H: 609-737-0527
C: 609-462-0431

MIDDLESEX COUNTY

WOODBIDGE

Trinity Episcopal Church
Rahway Avenue
Every Wednesday 7:30 PM
Dorothy S. H: 732-494-3508
C: 732-991-5121
Kathy T. H: 732-525-2338
C: 732-910-0129

MONMOUTH COUNTY

FREEHOLD

CentraState Medical Center
OB Conf. Floor (use escalator)
West Main St.
1st & 3rd Friday every month
7:00-8:30 PM
Mary Lou H. 732-919-1378
Eleanor D. 732-728-1516

MARLBORO

Discovery House
80 Conover Road Board Room
Every Tuesday 8:30 am-10:00 am
Rosemary S.W: 732-946-9444 ext. 126
H: 732-988-4185
C: 732-614-2883

NEPTUNE

Meridian Life Fitness
2020 Highway 33
2nd floor conference room
Every Friday 7:00-8:30 PM
Pat O. 732-291-0938
Bill P. 732-539-3433
NEW GROUP
Sunday 7:30 am - 9:00 am
Terri I. 732-774-2390

MORRIS COUNTY

BOONTON

St. Clare's Hospital—Boonton
Partial Day Program Group Room
Every Monday 6:30-8:00 PM
Susan C. H: 908-218-9790
C: 908-507-1080
MaryAnn P. H: 973-586-8991
Melissa B. H: 973-663-3563
C: 201-841-6505

OCEAN COUNTY

MANAHAWKIN

Southern Ocean County Hospital
Conference Room 2 (off lobby)
2nd, 4th & 5th Wednesday every month 7:00-8:30 PM
Barbara M. 609-296-7024
Donna D. 609-207-6197

TOMS RIVER

Community Medical Center
Dietary Conference Room
Route 37
Every Wednesday (except 1st Wed.)
9:30-11:00 AM
Deborah B. H: 732-202-7743
C: 848-702-2816
Barbara W. 732-598-8689

PASSAIC COUNTY

PASSAIC ALWAYS CALL

FACILITATOR IN ADVANCE
St. Mary's Hospital, 2nd Floor
Employee Cafeteria Conference Room
Call: 973-365-4300 ext. 5 for
further directions
2nd & 4th Tuesday every month 7:00-8:30 PM
Lee B. 973-904-0822
Debbie H. C: 201-618-8855

SUSSEX COUNTY

NEWTON

Bristol Glenn
Route 206
Every Monday 5:30-7:00 PM
Rita G. W: 973-579-2456
H: 973-383-3012
C: 201-213-7017
C: 914-443-9123
Marla C.

UNION COUNTY

BERKELEY HEIGHTS

Runnells Specialized Hospital
40 Watchung Way, Auditorium
(ground level)
Every Wednesday 5:30-7:00 p.m.
Betsy T. W: 908-790-5311
H: 908-753-5156

CRANFORD

The Mill
347 Lincoln Avenue E
Every Tuesday 11:00-12:30 PM
Peg P. W: 908-272-9088
Breda M. H: 732-906-2340

Help is available
24 hours a day, 7 days a week.
All calls are confidential.

Peer Assistance Line
1-800-662-0108

RESEARCH CORNER

Back to the Basics: Bowel and Bladder Research

By Susan B. Fowler, PhD, RN, CNRN
Manager, Clinical Nursing Research
VNACJ, Red Bank, NJ

The purpose of this study was to describe bowel and bladder management practices of nurses caring for stroke patients from acute care to rehabilitation in the Northeast United States.

This practice is important because nurses are primarily responsible for assessing, developing, implementing, and evaluating a plan for bowel and bladder management based on the nursing diagnosis Alteration in Elimination.

The background for this investigation stems from initiatives by the American Association of Neuroscience Nurses (AANN). AANN's Board of Directors appointed a Best Practices Taskforce to develop a position statement on best practices. The author was a member of this taskforce. One action noted in this position statement was to disseminate information about neuroscience nurses' best practices to the membership. The taskforce chose topics common to most nurses including prevention of constipation and urinary complications. These reviews were published in the March 2007 and September 2007 issues of the association's newsletter, SYNAPSE. In addition, the taskforce consulted with experts as needed such as leadership of the Society of Urologic Nurses and Associates (SUNA) on the bladder topic.

A descriptive study design using a survey developed from the review of the literature for best practices in preventing bowel and bladder complications generated data from certified primary and rehabilitation stroke centers. IRB approval was obtained and surveys were mailed to Joint Commission (JC) and State Primary Stroke Centers and rehabilitation centers throughout the northeast. The addressee was either the stroke coordinator or (nurse) manager for stroke or neuroscience. Participants were asked to respond to 26 items related to bowel management with the following lead in sentence: *Please check all that apply regarding your usual nursing practices related to **bowel** management in the stroke patient at*

your facility. There were 29 items about bladder management.

163 surveys were mailed with 37 returned (23% response rate). Responses came from 17—JC certified primary stroke centers, 21—state certified stroke centers (some centers were certified by both the state and JC), 4—JC stroke rehab certified, and 7—CARF accredited rehab centers. States represented included NY (17), NJ (10), MA (5), CT (4), and ME (1). Twelve facilities identified themselves as Magnet designated.

Twelve of the 26 bowel care practices were used by >50% of respondent. These interventions centered around 1) obtaining a detailed history, 2) encouraging prompt defecation, 3) education (fiber, fluids & physical activity), 4) use of bulk laxatives, stool softeners & stimulants, and 5) identifying patient goals. Obtaining a detailed history of bowel practices was used by 100% of the facilities. No one indicated use of acupuncture as a treatment option. Three of 12 best practices focused on medications.

Eighteen of the 29 bladder care practices were used by >50% of respondents. The focus of these interventions were 1) identification of risk factors, 2) obtaining a detailed history & contributing factors, 3) assessment of intake and bladder function, 4) use of an indwelling catheter & securing it, 5) handwashing, 6) maintaining a closed drainage system with unobstructed flow, 7) catheter removal without prior clamping within 48 hours & not using a specific change schedule, 8) cleaning the catheter insertion site, 9) using a standard protocol, 10) emptying the draining bag before it is full, 11) encouraging prompt voiding, and 12) consulting a specialist prn. 100% of the facilities assessed fluid intake. No facility reported using acid bladder washouts or citric acid maintenance solutions.

Overall there was a higher use of best practices (62%) with bladder management than that of the bowel (46%). Eleven of the 18 best practices for bladder management focused on the indwelling catheter itself.

In conclusion, nurses *do* use best practices when managing bowel and bladder issues in stroke patients. Nurses who responded to the survey indicated that they primarily focus on *assessment* of patient bowel and bladder related practices. Interventions for bowel management focused on basic medications and for bladder management, care of an indwelling catheter. The sample size for rehabilitation facilities was too small to compare practices between rehab and acute care.

This study was supported by a grant from the Northeast Cerebrovascular Consortium and presented at their annual meeting in 2008.



(L to R): HFNJ Board Chair Lester Lieberman, Newark Mayor Cory Booker, Leadership in Humanism Award winner Dr. Gloria McNeal.

2009 Humanism in Healthcare Awards

Gloria McNeal honored for dedication

Mayor Booker delivers special keynote at Healthcare Foundation awards event; Lester Z. Lieberman, Foundation Chair of the Healthcare Foundation, receives special Leadership Award

MILLBURN, NJ (July 20, 2009)—Gloria J. McNeal, professor of nursing and associate dean for community and clinical affairs at the University of Medicine and Dentistry of New Jersey School of Nursing, was honored today by the Healthcare Foundation of New Jersey (HFNJ) in Millburn as the 2009 recipient of its Lester Z. Lieberman Leadership Award for Humanism in Healthcare. The award, renamed this year in honor of Lester Z. Lieberman, founding chair of the HFNJ, was also presented to Mr. Lieberman for his vision, dedication, and passionate promotion of humanism in healthcare delivery over the course of the Foundation's thirteen year history.

McNeal, who was instrumental in establishing the School of Nursing's Mobile Healthcare Program, was recognized for her stellar community leadership when the HFNJ hosted its twelfth signature Humanism in Healthcare Awards Recognition Ceremony from 5:15 to 7:15 p.m. at the Hamilton Park Hotel & Conference Center, Florham Park.

The Mobile Healthcare Program, now called the NJ Children's Health Project, provides comprehensive preventive care and follow-up to children and adults throughout Newark, Irvington and Elizabeth. Dr. McNeal's vision in establishing the program was to provide a mobile medical home for people who would otherwise likely go without healthcare, such as the uninsured, the poor, and the disenfranchised.

Dr. McNeal devoted endless hours to the realization of her dream to build a mobile program and obtain and outfit a full-service van. She staffed that van herself until there was sufficient funding to hire full-time nurse practitioners. Today she is the director of the program.

McNeal said, "The UMDNJ School of Nursing's Mobile Healthcare Project was predicated upon the University's community service mission and conceptualized in recognition of the need for the delivery of compassionate and humanistic care that respects the dignity, beliefs and personal values of the patients it serves.

"Now in its third year of operation and having completed over 2600 scheduled patient visits, this initiative was made possible by the generous grant support of the Healthcare Foundation of New Jersey, awarded early on when the project was merely a concept on paper."

McNeal, PhD, ACNS-BC, APN, FAAN, is also the editor of *The ABNF Journal*; and Fellow, Robert Wood Johnson Foundation Executive Nurse Program.

The HFJN awards program was instituted by its board chairman, Lester Z. Lieberman, and other founding trustees, to recognize the principles and vital importance of compassion, empathy, respect and cultural sensitivity in the delivery of healthcare.

Lieberman said, "Healthcare goes much beyond fighting disease and infirmity. It is first and foremost about people. And so we honor the true heart and soul of healthcare, our special honoree, Dr. Gloria McNeal, and dozens of others who help patients and their families maintain their hopes, their dreams and their dignity."

15th Biennial Conference of School Nurse International—The Universality of School Nursing: The Privilege of Caring for The World's Children

by Laura Jannone, EdD, MSN, RN, CSN
Associate Professor, Coordinator of the
School Nurse Program

Marjorie K. Unterberg School of Nursing
& Health Studies
Monmouth University West Long Branch, NJ

The Marjorie K. Unterberg School of Nursing at Monmouth University hosted the 15th Biennial School Nurses International (SNI) Conference from July 27 through July 31, 2009. This conference is held every two years to provide school nurses from around the world with quality educational opportunities to advance the practice of school nursing and the care of school children globally. School nurses from public, private, parochial, charter and military schools come together for this event. The conference was supported by the National Association of School Nurses, New Jersey State School Nurses, and co-sponsored by the Marjorie K. Unterberg School of Nursing & Health Studies. Previous conferences were hosted in Singapore and Edinburgh Scotland.

This year's conference was co-hosted by school nurses from Delaware and New Jersey and chaired by Karen Farrell MEd, RN, CSN from NJ and Madalyn Schultz Petit BSN, RN, NCSN from Delaware. Featured speakers at this summer's conference include Mary Vernon-Smiley, MD, MPH, of the CDC, who spoke about strategies for improving health and education through coordinated health programs. Featured speaker Judith Coates, sponsored by Sanofi-Pasteur, presented Adolescent Immunizations. Sandi Delack, RN, BSN, MEd, NCSN, National Association School Nurses (NASN) president was the closing keynote speaker. Marie Peppas president of New



Closing cocktail party are (L-R) Kanako Okada, Professor at Chiba University Japan, Joel Jannone MD, Laura Jannone, Megumi Kagotani, graduate student at Chiba University and Professor Okada's daughter Megumi Okada.

Jersey State School Nurses Association (NJSSNA) welcomed the attendees along with Mary Henley (founder of SNI) and Sandi Delack, president of NASN.

Highlights of the conference included a Welcome All-American Barbecue, vendors and exhibitors, poster presentations, a trip to New York City including a Circle Line Cruise and dinner at Tavern on the Green. A closing reception and banquet was hosted by Monmouth University. Participants were from Hong Kong, Japan, Taiwan, Australia, Ghana and New Zealand along with many European countries. There were also many school nurses from the USA. Participants danced the night away Friday, July 31st. Over 100 school nurses attended. A good time was had by all.

The Philippine Nurses Association of New Jersey, Inc. (PNANJ) Awards Dr. Barbara Chamberlain with the Honorary Member Award

On September 25, 2009, Dr. Barbara Chamberlain, RN was given the Honorary Membership Award at the PNANJ Gala and Awards Night held at the Marriott, Liberty Airport in Newark, NJ.

Dr. Chamberlain has been a staunch supporter of the PNANJ, and an active participant in its many projects such as the national convention and educational conferences. She has supported other minority groups such as the Minority Nurses League Institute.

She is a strong advocate for nursing education and has personally donated money towards PNANJ nursing scholarships. Her leadership and strong commitment towards nursing is recognized by her colleagues in the PNANJ.

New Jersey State Nurses Association and the Institute for Nursing would like to congratulate President Dr. Barbara Chamberlain.

Associate Dean of Trinitas School of Nursing Receives Nurse Educator Award

Elizabeth, New Jersey:

The Philippine Nurses Association of America has named Roseminda N. Santee, MA, RN, NEA-BC, CNE, Associate Dean of Trinitas School of Nursing, its Nurse Educator of the Year. She has 30 years experience in nursing education as a faculty member and as an educational administrator.



Roseminda Santee

Ms. Santee was one of the first educators nationally to obtain the certified nurse educator credential (CNE) from the National League for Nursing (NLN) in 2005. She and other eligible faculty members of the Trinitas School of Nursing were the first nursing faculty in the nation to achieve 100% certification as nurse educators. The school later became one of six schools of nursing to be designated as a Center of Excellence in Nursing Education by the National League for Nursing for 2008-2011.

Active in professional organizations, Ms. Santee was among the founding members of the Philippine Nurses Association of America (PNAA) in April 1976. Later in August 1976 she and a small group of nurses founded the Philippine Nurses Association of New Jersey (PNANJ). She currently serves as a public advisory member of the New Jersey Board of Nursing Education Committee.

In addition to her administrative post at the Trinitas School of Nursing, Ms. Santee is also a faculty member of the New York Foundling Hospital's V.J. Fontana Center for Prevention of Child Neglect and Abuse. While a reservist in the US Army, she received the Nursing Excellence award from the 344th Combat Support Hospital. In 2007, she was honored as a "nursing diva" by the Institute for Nursing, New Jersey State Nurses Association.

AAINJ 2 Hosts Educational Seminar "Integrating Diversity—Creating Change"

Saturday, June 13th, 2009, Union, NJ: The American Association of Indian Nurses of New Jersey, Chapter 2 hosted a one day **Educational Seminar: Integrating Diversity—Creating Change** at the Clinton Manor in New Jersey. The seminar was planned by staff nurses, nurse practitioners and educators of Indian origin from different hospital systems across the state of New Jersey.

The morning was inaugurated by a symbolic lamp lighting ceremony conducted by founding President Lydia Albuquerque, and Nancy Holecek, Senior Vice President St Barnabas Health Care system. Theresa Rejrat, Vice President and Chief Nursing Officer University of Medicine and Dentistry (UMDNJ), Dr. Omana Simon, President of National Association of Indian Nurses of America, Dr. Barbara Chamberlain, President of New Jersey State Nurses Association, Dr Lorraine Steefel, Janet Coughlin, Director of Nursing practice, Robert Wood Johnson University Hospital Rahway, Aleyamma Samuel, President AAINJ1 and Anju Bhargava, President of Livingston American Association of Indians and a Member of President Obama's Advisory Committee for Interfaith based groups.

After a warm welcome by President Lydia Albuquerque, Nancy Holecek was congratulated for her role in encouraging and supporting the formation of AAIN-NJ2. In her speech Ms. Holecek spoke of her delight at being able to attend the event and pledged to continue to support the organization's activities. In addition to being one of the main sponsors of the event, she presented a generous check to the organization on behalf of Barnabas Health Care system.

In attendance were leaders from all leading hospitals in New Jersey and over a 100 registered nurses—not only of Indian descent but also other minorities too who wished to take advantage of the seminar. The purpose of the daylong seminar was to equip foreign educated nurses with knowledge and skills necessary to face challenges of migration, integration and lifelong learning. Speaking on this issue was Dr. Kem Louie, PhD, APN, FAAN, an Associate Professor and Director of Undergraduate studies at William Paterson University in Wayne NJ, the past president of AAPINA. This first time event was a huge success.

A sponsorship from "The Johnson and Johnson Campaign for Nursing's Future" provided a tremendous boost to the fledgling organization and to display their strong commitment. In her address President Albuquerque said "to know that large companies are concerned about nurses' future in America is noteworthy. Collaborating with foreign educated nurses on issues concerning migration, integration, and lifelong learning is a step in the right direction."



L-R: Dr. Barbara Chamberlain, Varsha Singh and Nora Krick.

In a short span of three years, AAIN NJ2 has received encouraging support from the SBHCS, UMDNJ, HUMC, RWJUH, PNAA and NJBNA. Dr. Hemant Patel Past President of American Association of Physicians of Indian Origin presented an invitation to collaborate with them in contributing towards better health care. AAIN NJ 2 also plans to participate in a research project titled "South Asian Total Health Initiative" that has emerged out of UMDNJ and the RWJUH.

J. Barredo, Vice President International Recruitment of the St. Barnabas Hospital was also congratulated for her role in providing support and guidance to the foreign nurses while Leo-Felix M. Jurado, National President of Philippine Nurses Association of America promised continued encouragement, support and definite possibilities of working together to make the association grow in leaps and bounds.

With a vision to retain, recruit, encourage, support, promote, and facilitate the growth of immigrant nurses, in America, the Seminar's theme was apt, as it is estimated that one in three Americans is an ethnic minority. In her closing remarks, President Lydia Albuquerque summed it all up by quoting Robert Frost "The woods are lovely, dark and deep, but I have promises to keep, and miles to go before I sleep and miles to go before I sleep."

Confident Voices

The Q & A column for nurses and healthcare professionals facing difficult issues with communication, conflict and workplace dynamics

This column is reprinted with permission from ANA-Maine and the author with updated bio.



Beth Boynton

Dear Beth,

I am a Nurse Manager on a med-surg floor and have been in this position for almost two years. One of the full time nurses who reports to me has been employed by the organization for over 20 years and subtly creates tension and negativity on the floor almost every day. She groans, rarely smiles, and makes negative comments regarding other staff and various unit standards/procedures regularly. She shows little to no respect to the management in very careful actions which are hard to pin down. Clinically, she is a really sharp nurse and I learned a lot from her as a staff nurse.

I used to be a co-worker with her and we got along really well. I was one of her favorites then, but since I've become a manager I feel like there is constant resentment that shows up in criticism, snide remarks, and a frequent cold shoulder. Due to the way that she operates, many people are forced to walk on eggshells, including myself, no matter what approach we seem to take.

As the manager, I feel I should address this with her, but dread the very thought of it. Partly because some of her behaviors are so subtle that I'm not really sure they are things I can substantiate. This issue is wearing on me at work and at home. Many staff members say things about her like—"oh, deep down she has a heart of gold" or "her bark is worse than her bite."

Another reason that I haven't addressed this is that my supervisor tolerated her behavior for many years. She tends to be "hands-off" leader and though I have a good relationship with her, I am afraid that she'll think I can't work it out on my own and/or may feel like I am telling her that she didn't do a good job when she was in my role.

I'd appreciate any ideas you have on handling this situation,

Signed,
Frustrated Nurse Manager

Dear Frustrated Nurse Manager,

Thanks for this great albeit difficult situation to discuss. Ultimately, it is your decision how to proceed and I offer the following comments for you to consider as you develop your strategy.

This nurse's behavior has become a chronic problem and one which seems to be tolerated thereby giving her permission to continue. It is always hard to change boundaries and will likely be a tricky and stressful process for you, her and anyone else involved. If it isn't addressed, however, it will likely continue and who knows the extent of damage this is causing in terms of quality, safety, morale, etc.

A two pronged approach should be considered i.e. one which addresses the culture of the unit and one which addresses the individual.

Addressing the Employee

Addressing the employee should include direct feedback. Think carefully about how you can frame this feedback from a kind and helpful way. Be clear in your own mind and heart. Would you want anyone to treat her the way she is treating you? Would you intervene on her behalf? She likely has an invaluable skill set in addition to a long committed career both of which deserve lots of respect. Finding ways to help her be more successful in her interpersonal work relationships or happier at work could be helpful frames.

I Statements with a true spirit of ownership can be especially effective given the subtlety issue. You have a right to your feelings regardless of her intention or cleverness in disguising comments/gestures. An example might be, "I feel frustrated when you roll your eyes and make inaudible comments with the tone you just used. It makes me feel like you don't respect me or what I am saying. I'd appreciate it if you would find a more respectful and constructive way of offering your feedback."

I wonder if you have honored the shift in your relationship somehow. Changes in power dynamics are tough even in the healthiest of cultures. This doesn't need to be a big deal. "Sometimes it is hard for me to be in this supervisory role and I miss our former relationship. I am committed to my new role though and I hope we can find a way to have a more respectful dynamic between us." Keep in mind that you cannot insist on her respecting you, but you can expect to be treated respectfully. If this is not successful or you do not feel safe, or she refuses to listen to feedback, then you may want to consider a progressive disciplinary approach.

Addressing the Unit Culture

At the same time, it is important that the unit begin the process of setting clear standards for interpersonal behavior. This would include creating or recreating norms and considering any training required to ensure ALL staff have the skills to practice them. This might include a variety of communication workshops. A plan for enforcing and monitoring new behaviors must be part of the process as well. It is helpful if the organization has consistent norms to fall back on.

I think it is critical to touch base with your supervisor somehow. Leadership commitment for any culture change is essential. You don't need to talk about why she didn't address the situ, but rather get her consent for you to. If she wants to address it, fine but this is about moving forward and we are ALL learning. Another reason to talk with her about it is to consider what support you might need. You can role model an assertive approach here too. Even if she is "hands-off" in a general way, this may be an opportunity for her to actively support you and you can consider what this might look like. A dry run though, a debriefing session after you have a conversation with the employee, a job coach, (if she isn't willing/able to play this role) or maybe just asking her to check in with you every couple of weeks for a few months to discuss progress. Another thought would be to get help/support in development of a clear expectation and how that may fit in with performance issues. At any rate, think about what YOU need from her and then ask for it.

Finally, it is important to realize that those who are offering excuses for her are also tolerating the behavior. You will be role modeling for them too that you expect to be treated respectfully. And that you expect EVERYONE on the unit to treat each other respectfully. The favoritism you mentioned when you were peers is probably another side of this dynamic. Perhaps there are some ways for you to get staff buy-in by asking what they need in order to get to a place where respectful verbal and non-verbal communication is the norm. In bullying school programs there is often a guideline: "No Innocent Bystanders".

Good luck, this crucial work will take time and persistence.

Beth

Dear Beth,

I am a Med-Surg staff RN and want to share a recent situation in our hospital regarding meal breaks. Apparently, our facility was reprimanded for the frequency of nurses not taking lunch or dinner breaks. Many of us don't have time and find it easier to skip the break rather than to try to leave the unit for a meal. As a result, HR has created a new policy that requires us to punch out for one meal break each shift. This has resulted in many of us punching out to meet the policy, but not taking the break. I personally resent being forced to take a break or lying about it, yet don't see any other options. Can you help?

Signed,

Punched-Out but Still On,

Dear Punched-Out, but Still On,

Thank you for a super example of nursing staff and administration becoming divided about something while an underlying issue may be lost or distorted. While the 'punch-out' policy,—may be a good faith effort to address a labor requirement, attempting to control it, as you can attest, seems to be increasing

resistance, contributing to a power struggle and creating a new problem.

I can understand your feelings of resentment about being forced to take a break or thinking that you have to lie about not taking one. I can also hear HR saying, 'we sent out emails to nurse managers who repeatedly informed staff about the importance of taking meal breaks, and it was the last straw when we got a warning from the department of labor.' I would understand their feelings of frustration too.

In addition to potential liability and labor issues about working while you are punched out, and which an attorney would be better suited to answer, I wonder if there is an opportunity hidden in this conflict. What would happen if you spent some time reflecting on the following questions?

1. How does this policy impact you?
2. What would you need in order to take breaks?
3. What questions could you ask HR that would help you understand their position?
4. What could you do to make breaks more feasible and what limits do you have?

Meanwhile, I would also ask HR and perhaps your Nurse Manager to consider a similar process where some time is spent focusing on these questions:

1. What is the impact on HR or the unit when nurses are not taking breaks regularly?
2. How might HR or the unit support nurses in efforts to increase compliance?
3. What questions might they ask nurses to gain a better understanding of their perspective?
4. What could they do to help; and what limits do they have?

In doing this, both sides show ownership of part of the problem, a willingness to help solve it and a curiosity about each other's position. This in and of itself is not the solution, but it does contribute to an environment of respect and collaboration. This will allow you and your organization to get at the underlying problem(s) that may include workload, staffing, trust and delegating skills.

Nurses work long hours in very stressful environments.

I remember working in Med-Surg and frequently not taking a break. In retrospect, I think there were several factors: unrealistic work assignments, an inability to articulate what I needed and a reluctance to include my break as a priority. Finding a way to take a rest or meal break is a healthy goal for you and your organization. Meditating, listening to music, or taking a walk may be alternative ways to take care of yourself for a few minutes during your shift and help prevent 'burn-out'.

Exploring underlying issues may shed light on a variety of related concerns. If you are willing to be assertive and ask for what you need, I'm betting you and your colleagues can come up with some creative problem-solving ideas.

Progressive healthcare organizations which recognize the value of collaboration and are seeking to improve retention, quality and safety, will listen. Who knows, perhaps you'll develop a new part-time 'break-nurse' position or differential, obtain training on assertiveness or pilot some new scheduling model. Maybe you and your nurse and administration colleagues will come up with something entirely new.

Good luck with this and thanks for submitting your scenario.

Beth

Beth Boynton, RN, MS, is an organizational development consultant and author of **Confident Voices: The Nurses' Guide to Improving Communication & Creating Positive Workplaces**. She is an adjunct faculty member with New England College and publishes the free e-newsletter: *Confident Voices for Nurses*. Please contact her at bbbboynton@earthlink.net with any comments, questions, and/or if you would like to have a situation considered for this column. More about Beth at www.bethboynton.com.

Introducing the Pathway to Excellence® Program

ANCC's Pathway to Excellence Program

Ellen Swartwout, RN, MSN, NEA-BC
Director of the Pathway to Excellence Program

The American Nurses Credentialing Center's (ANCC) Pathway to Excellence® credential is granted to healthcare organizations that create work environments where nurses can flourish. The designation supports the professional satisfaction of nurses and identifies best places to work.

To earn Pathway to Excellence status, an organization must integrate specific Pathway to Excellence standards into its operating policies, procedures, and management practices. These standards are foundational to an ideal nursing practice environment with a positive impact on nurse job satisfaction and retention. Pathway to Excellence designation confirms to the community that the healthcare organization is committed to nurses, recognizes what is important to nursing practice, and values nurses' contributions in the workplace. Nurses know their efforts are supported. They invite other nurses to join them in this desirable and nurturing environment.

ANCC grants Pathway to Excellence designation for three years. Any healthcare organization, regardless of its size, setting, or location, may apply for this mark of excellence.

Program History

In 2003, the Texas Nurses Association (TNA) established its Nurse-Friendly™ hospital program to improve the workplace and positively impact nurse retention. With the help of a five-year funding grant from the U.S. Health Resources and Services Administration (HRSA), the program sought to enhance both the quality of patient care and professional satisfaction of nurses working in rural and small hospitals in Texas. TNA designated its first Nurse-Friendly facility in 2005.^{13,14}

The program attracted many inquiries from other states about possible expansion. Texas Nurse-Friendly sought to transfer their program to a robust, collegial organization that could build on this success, while assuring the program's integrity as it expanded nationwide. ANCC was able to facilitate the expansion of the Texas Nurse-Friendly program into a national program and expand the high quality and superb reputation of the TNA Nurse-Friendly hospital program into ANCC's existing portfolio of credentialing activities. ANCC acquired the program in 2007.

In re-launching the Nurse-Friendly hospital designation to a national audience, ANCC renamed the program Pathway to Excellence®.

Healthy Work Environments Make a Difference

The impact of healthy work environments on nurse satisfaction and retention is evident in the literature.^{2,6,9} In addition, many studies have indicated a strong impact of a positive work environment on patient safety, patient satisfaction and quality care.^{1,3,4}

Research has shown the nurse practice environment greatly influences many factors that affect both the nurse and patient. One key priority in healthcare is the safe delivery of nursing care. The Institute of Medicine's (IOM) report indicated that between 44,000 to 98,000 deaths occur annually due to medical errors.⁵ Nurses are among the healthcare professionals who practice in a complex environment and can impact patient safety through their clinical practice.

At the core of the Pathway to Excellence program is a nursing practice environment that supports shared governance, interdisciplinary collaboration, leadership, quality, safety, professional development and work-life balance. Tested in Magnet environments, similar characteristics have translated into better patient outcomes, nurse satisfaction and quality care.^{1,10,11}

The ability for nurses to problem solve, collaborate with other disciplines and handle conflict is critical to quality patient care. In a study by Siu, Laschinger & Finegan (2008), positive work environments enhance nurses' conflict management skills, thus influencing the unit effectiveness.

Work-life balance and recognition for one's contributions in the workplace are important factors in the prevention of burnout. In a study that tested the Nursing Worklife Model, which measured the relationship between the nurse work environment and patient safety outcomes, it was demonstrated that the quality of the nurses' work environment mediated

with burnout and engagement, influenced patient safety outcomes.⁷ Another study of the Nursing Worklife Model, indicated that a professional practice environment had an impact on predicting nurse burnout.⁸

Each Pathway to Excellence practice standard supports the essential components of a healthy work environment. The evidence indicates that organizations that embrace the elements of a positive nursing practice environment have a great impact on nurse satisfaction and retention, a key component of a Pathway to Excellence designation. Results have also demonstrated an influence on patient safety and quality care as well. It is evident that a healthy work environment does indeed matter for both nurses and patients.

The Vision for the Pathway to Excellence Program

A vision is a statement about the desired future. When thinking about the future, Pathway to Excellence healthcare organizations will be known for creating work environments where nurses can flourish. They will be places identified as nursing practice settings where a collaborative atmosphere prevails with a positive impact on nurse job satisfaction and retention. They will be seen as best places to work because a balanced lifestyle is encouraged, where nurses feel their contributions are valued as patient care partners in health care to the community.

Pathway to Excellence Standards

Based on evidence and expert nurse input, the Pathway to Excellence Practice Standards represent qualities that both nurses and researchers agree are critical to high quality nursing practice, professional development, and job satisfaction. ANCC encourages the use of these standards in all nursing practice environments. The Pathway to Excellence practice standards are:

1. Nurses Control the Practice of Nursing
2. The Work Environment is Safe and Healthy
3. Systems are in Place to Address Patient Care and Practice Concerns
4. Orientation Prepares New Nurses
5. The Chief Nursing Officer is Qualified and Participates in all Levels
6. Professional Development is Provided and Utilized
7. Competitive Wages/Salaries are in Place
8. Nurses are Recognized for Achievements
9. A Balanced Lifestyle is Encouraged
10. Collaborative Interdisciplinary Relationships are Valued and Supported
11. Nurse Managers are Competent and Accountable
12. A Quality Program and Evidence-Based Practices are Utilized

What Makes this Program Unique?

ANCC's Pathway to Excellence Program® recognizes the *foundational elements of an ideal nursing practice environment* whereas, the Magnet Recognition Program® recognizes *excellence in nursing and patient care*. Pathway to Excellence standards focus on the workplace, a balanced lifestyle for nurses, and policies and procedures that support nurses on the job. Written documentation and a confidential, online nurse survey confirm the standards are met.

Is Your Organization Ready?

Use the Pathway to Excellence self-assessment tool at www.nursecredentialing.org to determine if your organization is ready to begin the application process.

E-mail the Pathway to Excellence Program Office at pathwayinfo@ana.org if you have questions.

Learn More

Watch for upcoming articles with more information about the Pathway to Excellence program. Topics include:

- The Many Benefits of Pathway to Excellence Designation
- Getting Started: Organizational Assessment and Gap Analysis
- The 12 Practice Standards and Elements of Performance
- How to Apply for Pathway to Excellence Designation

- The Pathway to Excellence Designation Evaluation Process
- Case Study: A Pathway to Excellence Facility

About the American Nurses Credentialing Center

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments through the Magnet Recognition Program® and the Pathway to Excellence® Program; and accredit providers of continuing nursing education. In addition, ANCC's Institute for Credentialing Innovation provides leading-edge information and education services and products to support its core credentialing programs.

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“Penny Shots For Naughty Nurses:” Why The Naughty Nurse Matters

Excerpt from *Saving Lives: Why the Media's Portrayal of Nurses Puts Us All at Risk* (Kaplan Publishing) by the leaders of The Truth About Nursing Sandy Summers and Harry Jacobs Summers. Learn more about the book and their work at www.TruthAboutNursing.org.

After nurses persuaded shoe company Skechers to stop including images of pop star Christina Aguilera dressed as a naughty nurse in global ad campaigns in 2004, Aguilera posed for photos in a naughty nurse costume at her October 2005 Las Vegas Halloween party. As *People* reported and the photos confirmed, she was “playing doctor” with her scrubs-clad music executive fiancé. Take that, little nursies! And in December 2006, sometime Italian prime



Sandy Summers

minister and media mogul Silvio Berlusconi found a novel way to thank his nurses at the Cleveland Clinic, where he had just had a pacemaker implanted: “Italian nurses are better-looking . . . These ones scare me a bit. Don’t even think about leaving me alone at night with one of them.” In April 2008 a nursing student reported that a bar on Pittsburgh’s South Side had been running the following promotion: “Penny Shots for Naughty Nurses.”

The naughty nurse image might be good for some free drinks and social activities, but nurses and their patients pay in the long run. And one way they pay is in the loss of respect and resources nurses really need—pennies for nurses!

Naughty nurse images add to the chronic underfunding of nursing research, education, and clinical practice. Health care decision makers—many of whom are sadly uninformed about what nursing really is—are less likely to devote scarce resources to a profession that has become so degraded in the public mind. This negative image also holds little appeal for career seekers. The naughty nurse isn’t just

promiscuous. She’s either submissive and dim, or else comically aggressive or evil. And she’s always female. If a profession is constantly associated with female sexuality, it’s not going to attract and retain many men. Nursing remains more than 90 percent female. When you combine the lack of respect, the low appeal to the more powerful gender, the intense training nursing actually requires, and the difficulty and stress of real nursing practice, it’s no surprise that the profession remains in the midst of a global shortage. This is the difference between sexual images of female nurses and, say, female FBI agents, or for that matter, male firefighters. Those challenging professions are not being undermined by the idea that their members are sex-crazed twits. Nursing is.

Of course, there’s nothing wrong with being seen as sexy—as long as that’s not your dominant image in the workplace. An article published in *Psychology of Women Quarterly* in late 2005, based on research by Lawrence University professor Peter Glick, suggested that more sexualized work attire actually lessens respect for female workers in responsible jobs like management, causing others to see them as less competent and intelligent. Constantly associating nursing with sex has the same effect.

Consider the inordinate amount of sexual abuse that nurses suffer at work. It’s hard to prove the extent to which such abuse is caused by naughty nurse stereotyping, but it is reasonable to believe that the image has a real-world effect. If a profession is an object of endless sexual mockery and contempt, that status will invite sexual abuse, especially from those who are mentally altered, such as by drugs or mental illness.

Some say that naughty nurse imagery is just a “joke” or “fantasy” and no one believes nurses really are that way. Of course most people probably don’t think the average nurse goes to work in lingerie, looking for sex. And it may be hard to see how one naughty nurse image could matter. But each image is a tiny part of a global wave of media imagery, all suggesting nursing is about hot females bestowing sexual favors. In the aggregate, decades of that message will have an impact. Even humor and fantasy images affect how people act, as explained in chapter 2. And suggesting that nurses are primarily sex objects in turn conveys the idea that nursing work consists of satisfying the sexual needs of patients and/or physicians, or at best, that nursing is so unimportant that nurses have time to focus on sex while caring for patients. Few people would accept “just joking” as an excuse for stereotyping of other disempowered groups.

Some claim that objections to the constant association of nursing with sex indicate prudishness. But there is a big difference between objecting to sexual images generally and objecting to the use of nursing as a marker for shallow, servile, sexually available females. The naughty nurse targets a life-saving profession in crisis.

Of course, sexual desires and fantasies do not instantly go away just because certain media images become less prevalent. But we doubt that something as specific in time as the naughty nurse image of recent decades is biologically predetermined or unchangeable, at least on a society-wide basis. It seems to us that the image is largely the result of specific cultural information, though it may incorporate some broader elements, such as the eroticism of apparent innocence. Some aspects of human attraction may evolve over time. For instance, common standards of human beauty do not appear to be the same today as in past centuries. It is in humanity’s long-term interest to consider new ways to think about nurses.

One could argue that the work of nurses is so intimate that it will always be subject to some level of sexual fantasy. But the work of physicians is intimate, and they don’t seem to suffer from the idea that they are submissive and sexually available.

At ground level, the devaluation of nursing translates into an underpowered profession that may not be strong enough to save your life when you need it to do so. The naughty nurse isn’t going to catch deadly medication errors, intervene when a patient is about to crash, or teach a patient how to survive with a life-threatening condition. It’s time for her to change into something a little more comfortable.

AARP, American Medical Association, and American Nurses Association Survey

by Gerard Rainville, *AARP Knowledge Management* | September 9, 2009

New Poll Shows Concerns with Current Health Care System Remain High AARP, AMA and ANA Jointly Release New Data

WASHINGTON—New polling released shows that Americans 50-plus remain concerned with the current health care system, underscoring the need for reform.

Data released jointly by AARP, the American Medical Association (AMA) and the American Nurses Association (ANA), show that about half of people over 50-years old are concerned that there won't be enough nurses or doctors to provide care in the future, and two-thirds of those polled are either very or somewhat concerned that the current system limits their ability to see the doctor of their choice.

"The fact that we need to strengthen our health care system may have been lost in some of the media coverage over the last several weeks, but this survey of Americans shows that the need is as great as ever," said AARP Executive Vice President Nancy LeaMond. "Tonight the President will address Congress, and while AARP hasn't endorsed any of the bills, it is critical—especially based on this polling—that any solution ensures that people can see the health professional they want, when they want—particularly for people on Medicare."

The polling found that nearly nine in ten people (87 percent) believed it was important for doctors to be reimbursed adequately so they continue to accept patients on Medicare.

"This summer we've heard a lot of misinformation about health reform proposals on the table. The poll we're releasing reminds us that people have serious concerns with the health system in place now: The status quo is unacceptable," said AMA Immediate Past President Nancy H. Nielsen, M.D. "Currently, 46 million Americans don't have health insurance, and the Medicare physician payment formula threatens seniors' access to care by projecting steep cuts just as the baby boomers enter Medicare. We need to cover the uninsured, implement insurance market reforms and repeal the flawed Medicare formula to ensure all Americans access to the care they need."

The poll also revealed that most people believe there are not enough nurses to support the current health care system, and that the nurse shortage will remain a problem in the near future.

"Two-thirds of the poll respondents are sensing what we have recognized for the last decade—that we are experiencing a critical nursing shortage and that it will worsen as the rates of registered nurse retirements and aging Baby Boomers requiring health services each increase," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "Health care reform must ensure that the RN workforce is sufficient to make universal access to quality care a reality, not just theory. We can catch up with growing demand through increased investments in nursing workforce development and educational programs."

Also of note—more than three-fourths (78 percent) are worried that some day either they or someone they know might incur a health care cost that wouldn't be covered by their health insurance.

The telephone survey was conducted from September 4-7, 2009 by Woelfel Research, Inc. The RDD sample consists of 1,001 United States residents at least 50 years old. The results from the study were weighted by age and gender. The margin of sampling error is $\pm 3.1\%$.

The executive summary of the polling is available at: http://www.aarp.org/research/surveys/care/health/hcreform/articles/hcr_concerns.html

About AARP

AARP is a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice and control in ways that are beneficial and affordable to them and society as a whole. AARP does not endorse candidates for public office or make contributions to either political campaigns or candidates. We produce AARP The Magazine, the definitive voice for 50+ Americans and the world's largest-circulation magazine with over 35.5 million readers; AARP Bulletin, the go-to news source for AARP's 40 million members and Americans 50+; AARP Segunda Juventud, the only bilingual U.S. publication dedicated exclusively to the 50+ Hispanic community; and our website, AARP.org. AARP Foundation is an affiliated charity that provides security, protection, and empowerment to older persons in need with support from thousands of volunteers, donors, and sponsors. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

About the American Medical Association

The American Medical Association (AMA) helps doctors help patients by uniting physicians nationwide to work on the most important professional, public health and advocacy issues in medicine. Working together, the AMA's quarter of a million physician and medical student members are playing an active role in shaping the future of medicine. For more information on the AMA's health system reform efforts, please visit www.hsreform.org.

About American Nurses Association

The American Nurses Association (ANA) is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 51 constituent member nurses associations and its 24 specialty nursing and workforce advocacy affiliate organizations that currently connect to ANA as affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.

Nurses House, Inc.— Nurses Helping Nurses

Welcome to Nurses House, the only nurse-managed, non-profit organization dedicated to helping registered nurses in need.

Nurses everywhere are indebted to Emily Bourne. In 1922, through a charitable bequest, she created a respite facility for registered nurses that became known as Nurses House. The beachfront home, a stately mansion in Babylon, Long Island, could hold up to sixty residents at any given time. It was often filled to capacity during busy summer months as accommodations were peaceful, restful and provided privacy to nurses that came to stay. As times and needs changed the property was eventually sold, but the funds were used to establish a national fund for nurses in need.

Today, Nurses House, Inc. operates as a charitable organization, run by a nurse staff and volunteer board of directors, offering assistance to nurses throughout the country facing hardship. The mission of Nurses House is to provide short-term assistance to any registered nurse in need as a result of illness, injury, disability, or other dire circumstance. A volunteer group of nurses carefully evaluates the needs of Nurses House applicants and disperses funds to assist with everyday living expenses such as food, medicine, health care, rent, mortgage or utility bills.

In 2008 Nurses House offered over \$130,000 in grants to nurses in need, but the need has never been greater. Nurses House depends on contributions from nurses and the nursing community to fulfill its mission of helping nurses.

To make a contribution, to request assistance from Nurses House, or to learn more about their work, visit www.nurseshouse.org or call (518) 456-7858.



The original Nurses House in Babylon, Long Island offered a place where registered nurses could rest and recuperate between cases. In 1959 the beachfront home was sold to create a fund for nurses in need, known as "Nurses House" today.

Membership Myth #1:

"I must be a member, I get your Institute for Nursing Newsletter."

That's one we hear a lot! The truth is the newsletter is published and distributed at no charge to all NJ nurses for whom we have addresses. It is currently mailed to over 140,000 homes. If you are not paying dues you are not a member of NJSNA.

Ways to Support the Association

- **Membership: JOIN!**
- Already a member: **Recruit colleagues.**
- Attend NJSNA **events & programs** (membership not required but members do get discounts!)
- Apply for and use the **NJSNA Bank of America** card for your credit purchases.
- **Make a general contribution.** Support the organization that supports you!
- Need insurance, looking for travel discounts? See the **Member Benefits** on the "Just for Members" page of the website.

www.NJSNA.org

Some of the Ways NJSNA Supports YOU...

- Our lobbyist monitors NJ legislation and creates alerts on health policy related bills that impact your practice or work environment.
- We have successfully advocated for many changes to the Nurse Practice Act that have improved practice environments.
- We regularly provide testimony on behalf of NJ nurses to promote public health and safety.

Membership Myth #2:

"NJSNA must have thousands of members—they don't need dues or help from me."

Sadly-not true. Similar to public TV or radio which benefit all listeners whether or not they are paying members, NJSNA provides information, political advocacy and other services which benefit all NJ nurses, but receives financial support from only a small percentage.

Membership Myth #3:

"NJSNA is made up of all nurse managers--they don't represent staff nurses."

Our membership and elected leadership include a wide range of nurses from new grads and other direct care staff to managers, educators and retirees.

NJSNA Needs Your Help So We Can Continue to Provide:

- A strong voice for NJ nurses
- Valuable member benefits
- Educational programs—with savings for members
- Promotion of ANA Standards of Practice and the Code for Nurses

Please see inside back cover for YOUR NJSNA membership application

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- Cutting-edge professional educational offerings

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Home Phone _____ Cell Phone _____ Work Phone _____

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Email Address (Required) _____

License No. _____

Membership Level

- Direct (State Only) \$134.00
- Dual (State & National) \$304.00

7% of your NJSNA annual dues is a voluntary contribution to the Interested Nurses Political Action Committee. You may choose to decline to contribute

- I decline, redirect this portion of my dues to the General Fund

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