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Nursing News

Quarterly Circulation 25,000 to Registered Nurses, LPNs, LNAs, and Student Nurses in New Hampshire.

January 2009 | Official Newsletter of New Hampshire Nurses Association | Vol. 33 No. 1

Experts Inform Nurses of Innovations in Pharmacology

Over 160 nurses and nursing students learned from the experts about new innovations in drug therapy and their nursing innovations at the annual Fall NHNA conference: "Rx for RNs—Keeping up with Pharmacology". Participants chose from eight breakout sessions presenting a range of new developments in drug therapy from palliative care to psychopharmacology. A host of pharmaceutical (and other) exhibitors were also on hand, sharing information.

Also in this issue:

Pharmacist Margaret Kerns from Lakes Regional spoke on the culture of change and links to patient safety in medication administration. Nurse Practitioner Donna Pelletier presented the use of NSAIDs especially in patients with osteoarthritis. Pharmacist Steve Ottariano from the VA Hospital in Manchester discussed supplemental therapies including herbs. Nurse practitioner and cardiac expert Carmen Petrin reviewed new and old cardiac medications. Dr. Carolyn Crosby presented pharmacology of symptom management in palliative care. Nurse Practitioner Wendy Wright provided an extensive review of important changes in immunizations for children and adults. Diabetes Educator Liz Kennett provided the current information on insulin management while Dr. Michael McGee discussed new advances in pharmacology for psychiatric illness.

Some Pearls from NHNA Fall Presenters:

- A safety climate is palpable when a safety culture is the way of doing things. Climate develops from an organizational culture. To change the climate you must change the culture.
- Safety requires an informed, reporting, flexible and learning culture.
- 60% of medication errors are derived from communication problems.
- 90% of errors are blameless.
- Risky behaviors can be traced to drifting, to drift is human—we all do it depending on the circumstances.

—Margaret Kerns, R Ph

- Osteoarthritis affects over 20 million people in the US, most over 40 years old.
- Over 33 million Americans use over the counter NSAIDs.
- The value of ibuprofen over aspirin includes more specific focus, longer half-life and greater benefit with less risk of side effects.
- 20% of patients with asthma will have a hypersensitivity response to aspirin.
- Acetaminophen is appropriate for pain and fever but not inflammation.

—Donna Pelletier, MS, APRN

- The science of using plants as medicinals is described as phytotherapy.
- St. John's Wort is being tested on patients with mild to moderate depression with relative success. It is also used for SAD and neuralgic pain. A drawback is a half life of 25 hours and interactions with several commonly used drugs including warfarin, digoxin and phenytoin.
- Ginkgo Biloba increases blood flow to vascular areas and regulates vascular tone.

—Steve Ottariano, RPh

ANA President, Becky Patton delivers keynote.

Experts Inform Nurses continued on page 3

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55371

NURSING NEWS

Vol. 33 No. 1
Official publication of the New Hampshire Nurses' Association (NHNA). Published quarterly. Library subscription rate is $24. ISSN 0029-6538

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NURSING NEWS is indexed in the Cumulative Nursing Index to Nursing and Allied Health Literature (CINAHL) and International Nursing Index.

Statement of opinion is the responsibility of the author alone and does not imply an opinion on the part of the officers or the membership of NHNA.

VISION STATEMENT

To be the premier resource for professional practice and advocacy for nurses in New Hampshire.
Adopted: 11/15/99

MISSION STATEMENT

The New Hampshire Nurses' Association, as a constituent member of the American Nurses Association, exists to promote the practice of professional nursing, advance the development of professional nurses, and improve health standards and availability of health care services for all people of New Hampshire.
Adopted: 10/16/97

PHILOSOPHY

Membership and participation in the professional organization affords each nurse the opportunity to make a unique and significant contribution to the profession of nursing. The membership of the New Hampshire Nurses' Association, individually and collectively, has an obligation to address issues related to the development and maintenance of high standards of nursing practice, education and research. We participate in the proceedings of the American Nurses Association (ANA) and support and promote ANA Standards and its Code of Ethics.
We believe that the profession of nursing is responsible for ensuring quality nursing practice and that continuing education in nursing is essential to the advancement of the profession and the practice of nursing.
We believe that nurses function independently and collaboratively with other professionals to enhance and promote the health status of individuals, families and communities. We have an obligation to initiate legislative strategies to improve the quality of health and the delivery of health care services while promoting quality practice environments that advocate for the economic and general welfare of nurses.
Adopted: 5/80
Revised: 1991
Revised: 12/4/97

LETTER FROM THE PRESIDENT

Our Year in 2008 and Moving Forward to 2009

Louise Smith Cushing

We have certainly been busy here and I look forward to an even more productive year in 2009. The Presidency has been a steep learning curve for me and I appreciate the opportunity to serve for another year, having gained a clearer understanding of NHNA and the direction in which we want to move.

2008 gave me several memorable moments which I would like to share with you. The first took place at our Nurses' Week celebration, "Champagne and Scrubs." While welcoming everyone at the reception, I was startled by a very well-dressed woman who took the microphone from me to tell the crowd about her experiences with her physician husband in the Vietnam War. Later that evening I found myself overwhelmed with pride as I welcomed over 250 nurses to view the Emmy Award winning documentary "Vietnam Nurses with Dana Delaney" which was introduced by its creator, New Hampshire's own Dr. Margaret Carson. I asked the audience to applaud nurses present who served in the armed forces. The response was heartwarming.

In June, I was part of the NHNA delegation at the ANA House of Delegates (HOD) in Washington, D.C. I was moved to tears at the opening ceremony of the HOD as our National Anthem was played and I looked around to see 600+ delegates so dedicated to the nursing profession.

My scariest experience this past year came on the eve of our Annual Meeting and Fall Convention. I was to pick up ANA President, Becky Patton at the airport to speak at a long-planned "Dinner and Dialogue" meeting with over 40 nurse leaders from around the state–and then at the annual convention the next day. En route to Manchester I received the dreaded phone call. Mechanical trouble with the flight and a missed connection meant she would not be arriving until hours <u>after</u> the dinner meeting. (Luckily she was safe!) I was instructed to prepare to fill in for the event. Ugh! I called upon my NHNA Board of Directors colleagues to assist me and the evening went well.

- Moving beyond personal reflection–what has NHNA accomplished over the past year? We hosted three very successful educational conferences and a special nurses' week event with the support of the Commission on Organizational Affairs.

- The Commission on Continuing Education continues to work diligently in approving continuing education programs based on ANCC standards. They are also active consultants for nurse educators who need assistance with this process.

- The Government Affairs Commission and our lobbyist were active in the 2008 legislative sessions and are currently working on the issue of safe staffing.

- NHNA is also proposing a resolution supporting "Educational Advancement for Registered Nurses," affirming the need for increased numbers of RNs with baccalaureate degrees and higher to address the challenges of our complex health care delivery system and critical nursing faculty shortage.

- The Commission on Nursing Practice (formerly Professional Affairs) awarded a scholarship for a nurse interested in pursuing an advanced degree with the intention of teaching in NH upon graduation.

- The Bylaws Committee revised our bylaws which were approved by the membership in October at our annual meeting. Two major changes were made in our elected officers; we now have a President-Elect rather than a Vice-President with the intention that this person will be mentored by the President for one year and then move up to President. I strongly advocated for this change. Secondly, we will now designate one Director at Large position be filled by a recent graduate (within 5 years of graduation). We also changed the names of the two of the standing commissions to better reflect their roles in the organization. The purposes/goals were revised to reflect our position on workplace and workforce advocacy versus collective bargaining.

The Board of Directors met in August for a strategic planning session with facilitator, Margaret Franckhauser. The Board identified three priority areas: continuing education; membership and workplace advocacy–and specific goals for each. We have already moved forward on several identified initiatives:

- We have planned three conferences for 2009; another special event to kick off nurses' week (see centerfold of this issue) and three Certification Review weekends for either med surg or critical care.

- We have begun to engage more nurse leaders/executives in the mission and vision of NHNA–asking that they help promote the idea of professional membership.

- The NHNA Board of Directors voted to become full members of the Center for American Nurses (CAN) in September, affirming our commitment to workforce and workplace advocacy. We feel this action will equip nurses at all levels of experience to be their own best advocates in the workplace. The focus of CAN is the nursing workforce, recognizing the

Letter from the President continued on page 3

Letter from the President continued from page 2

challenges nurses face today including: 1) improving their practice environments; 2) meeting their personal and professional goals; and 3) promoting excellence in patient care. The Center for American Nurses offers tools, services, and strategies designed to help nurses meet these challenges in their work environment. Full membership in ANA-NHNA, includes automatic membership in CAN and access to all their services and publications. I invite you to visit their website: www.centerforamericannurses.org to find out more.

At the end of October, our Executive Director and I traveled to Silver Springs, Maryland to attend the ANA Constituent Assembly. The Constituent Assembly consists of the executive directors and presidents from the state associations (Constituent Member Associations/CMAs) and is an advisory body to the House of Delegates. Part of this weekend meeting focused on what President Patton referred to as the "elephant in the room"–that being trust between the CMAs and ANA. This was largely fallout from the historic House of Delegates in June when the Michigan delegates walked out and the subsequent disaffiliation of a few CMAs from the ANA. Sessions were tense at times, but concerns were expressed openly and the Assembly ended on a united and hopeful note.

As hard as NHNA's staff and volunteers have worked this year, there is still a lot we need to accomplish. My goal is to double our membership in 2009 to help us continue and expand what we offer to the nursing profession in the State. We have worked hard to gain sponsors for events and recruit new members, but we are falling short. If each current member recruited one new member, we could reach that target. I implore all NH RN's to consider NHNA membership to support our work on behalf of NH nurses.

Experts Inform Nurses continued from page 1

- Extended release beta blockers may be better tolerated if taken at night (hs).
- ACE inhibitors are indicated within the first 24 hours of the onset of myocardial infarction symptoms.
- ACE inhibitors should be taken on an empty stomach, 1 hour before or two hours after eating.
- When using nitroglycerin spray, spray first 5 priming sprays into air for first use; one priming spray if not used for 6 weeks. Do not shake spray. After use do not rinse mouth for 15 minutes.

—Carmen Petrin, MS, APRN, BC

- Polypharmacy is common for palliative care patients. The risk of drug interactions increases to 90% for patients on 9 or more medications.
- Opiods slow GI motility and dry out stool. Start laxatives when starting opiods.
- Tube feedings in terminally ill patients have never been shown to prolong life. TPN has been associated with decreased survival. IV fluids are associated with increased secretions, ascites and pleural effusions.

—Carolyn Crosby, MD

- There are currently 14 important vaccines.
- Chickenpox vaccine booster (Varivax) is recommended for children between 4–6 years old.
- Zostaavax, approved for individuals over age 60, can cut the risk of shingles by 60%, as well as reduce severity. It is a live virus vaccine.
- One million new cases of genital warts in the US each year.
- Age limit for Gardasil is 26 years old.

—Wendy Wright, MS, ARNP

ANA President Opens Conference

Rebecca Patton, President of the largest nursing professional organization in the United States, opened the New Hampshire Nurses Association's fall conference. Patton, ANA president, was re-elected by the constituent members at the June House of Delegates for a second two year term. An OR nurse who practices in Ohio, Patton reminded participants of the mission of ANA and the role of NHNA in being the voice for professional nursing. She stressed the link between nurses and patient safety as reflected in the nationally collected data on patient outcomes. Good sport that Becky is, she allowed herself to be "raffled off" and 6 drawing winners got to have "Lunch with the Pres."

"I've been going to nursing conferences for 15 years and this was the best one I've ever attended!"
—Sarah, RN

"Everything was great, informative and organized!"

"Enjoyed diversity of topics—excellent conference!"

"Nicely presented—lunch was a bonus—would definitely attend another NHNA conference."

Fall Conference photos continued on page 4

AVH Employee Earns Emergency Department Nurse Certification

Karen Peabody of Androscoggin Valley Hospital recently passed her CEN (Certification for Emergency Nursing) Exam, making her a Certified Emergency Department Nurse. Certification is dependant on the nurse's ability to complete at least 128 medical tasks in areas including cardiovascular; gastrointestinal; genitourinary/gynecological/obstetrical; maxillofacial/ocular; neurological; orthopedic/wound; psychological/social; respiratory; patient care management; shock/multi-system; medical emergency; professional issues; and substance abuse/toxological/environmental.

Karen, a graduate of Hudson High School in Hudson, Massachusetts, earned degrees from both Fitchburg State College and New Hampshire Community College. She was hired by AVH in June, 1994 as a Graduate Practical Nurse in the Medical/Surgical Unit. She continued to work in that Unit while passing her New Hampshire State Boards to become a Registered Nurse. She has also worked in the Hospital's Home Health and Emergency Departments. She has been a part of the Emergency Department team for several years.

"The entire staff of Androscoggin Valley Hospital is very proud of Karen's accomplishment" commented Russ Keene, AVH CEO. "She is a credit to this organization and consistently displays great service to those in need."

Fall Conference photos continued from page 3

Donna Pelletier & Sue Fetzer.

Attendees visit exhibitors.

Annual Meeting.

Anita Pavlidis & Doris Nuttelman enjoy the conference.

Keynote Speaker, ANA President, Becky Patton.

Diabetes presenter, Liz Kennett.

Presenter Carolyn Crosby.

One of our sponsors - Sanofi Pasteur.

More exhibitors.

Ginny Blackmer, Jim Biernat and State Rep Laurie Harding.

Breakout session on immunization.

Presenter Steven Ottariano.

Immunization speaker, Wendy Wright.

Mother Nature's Pharmacy.

Presenters Carmen Petrin and Donna Pelletier.

Those 'WEIGHTY' Resolutions…

Avery Morgan, Executive Director

I don't know about you–but I'd like to shed the 12 pounds that have crept on this year… *PLUS the 12-15 from the prior decade, actually!* There was a time that I could eat anything and not worry about it (ok–so I was 19 then!) but now, post-menopausal (loathsome phrase), I think my metabolism has slipped into a coma. This body is just not cooperating. It's morphing… shifting… spreading… holding onto each tasty morsel of fat or sugar that I have either willfully or absentmindedly allowed to pass my lips – and I've joined the 'sisterhood of the elastic waist pants'. *(Soon to be 'sisterhood of the traveling Spanx'.)*

When heading out on holiday errands yesterday I found myself pulling into a coffee-doughnut drive through that shall remain nameless (but the initials are D-D) and ordering a latte plus doughnuts. Driving away I thought, "Well **this** is probably not my best weight-loss strategy…" but consumed the lot anyway. After finishing some shopping I realized it was well past lunch time and I succumbed to more "fast food fat", this time in burger form – something I had totally banished from my life for several months, but then fell off the chuck wagon.

Next I proceeded to spend the rest of my Saturday doing some work at the computer, then catching a DVD movie and a couple of favorite TV shows. (I'm looking for an alternative to the term "couch potato"… but "sofa spud" or "loveseat lump" aren't any better and don't change the basic problem.) I glanced at the exercise equipment in the corner of my bedroom and thought, "I should really go back to using that…" – having bought a small TV last winter solely to inspire 'working out' while watching the morning and evening news. (I think that plan lasted a week.) *However, it doesn't have DVD capability... so–off to the living room couch.*

In a nutshell, life at both work and home has become quite sedentary (from bed to chair to car to computer to car to couch to computer… back to couch… to bed… and so on) as well as prone to more on-the-fly convenience food consumption. And I know better. I know I feel better when I eliminate certain foods and eat more fruits and veggies; drink more water than coffee, walk more in the fresh air and get regular sleep. If you're also someone who has fallen into less than healthy habits, I have no doubt that as a nurse you 'know' better as well.

But translating that 'knowing' into action is where we often get stuck, isn't it?

CLOSE YOUR EYES,
BREATHE DEEPLY AND RELAX…

What I learned during several years of studying, practicing and teaching hypnosis, is that it's not really our conscious mind that drives behavior–as much as we'd like to think we are always in conscious control. I used to use a large blow up of this iceberg photo for a simplistic visual analogy of the conscious vs. subconscious minds. The 5-10% of an iceberg that is actually visible above the water's surface represents the conscious mind. The SUBconscious, on the other hand, is more like the great mass beneath – which directs the ice flow. The subconscious includes the autonomic nervous system which controls so much of our physical functioning. It also stores all our memories (as in every thought / experience / dream we've ever had – often including in-utero memory); our emotions; our beliefs (about ourselves, others and the world around us); our motivations, habits / addictions… etc. *So which part do YOU think is really guiding your life / direction / behavior?*

For more of a computer age analogy, the subconscious mind would be like a collection of software programs… some running on screen…. some running but minimized and out of site… some dormant but easily triggered by even an inadvertent click… some with operating glitches or viruses. In brief, our beliefs and habitual behaviors / responses come from our 'programming'… and, *the good news*–can be reprogrammed / debugged!

It is often just a small incident, belief or association stuck in the subconscious that sabotages us and what we 'know' on a conscious level to be best for us. In the case of weight issues, it can be as basic as an old memory that equates food with love – or protection – or control – or guilt (stories of those starving 3rd world children cleaned many plates in the States!) As a nurse it's often easier to think about others than yourself – ('the patient comes first'… 'my family comes first'…) and that in itself can be detrimental.

If you have ever found yourself in a yo-yo cycle of taking off unwanted pounds only to have them show up again – bringing friends – you might consider finding a good local hypnotherapist. (If only Oprah would read this!!) Often just a few sessions are all it takes to exorcise (figuratively) that inner 'saboteur' and create lasting healthful change. (Also excellent for smoking cessation.) *I'm personally not a big believer in the one night hotel hypnotist method–though that can be enough for some highly motivated individuals.* A good therapist will teach you self hypnosis skills to use on your own.

WATCH YOUR LANGUAGE!

Whether or not you choose that route to a slimmer self, let me just share just a few tips around semantics that can make a difference to your success. When studying hypnosis you learn how much language really matters because the subconscious mind can be very literal. For example, the mind typically does not like to "lose" anything–so the very term "WEIGHT LOSS" can be self defeating. Shift that thought to either "releasing" those extra pounds–or preferably just affirm and visualize your ideal weight.

Also–just consider the first 3 letters of the word DIET… *hmmmm… who wants to go there?!* So think instead in terms like "eating plan" or healthier nutrition choices–and gradually it will become second nature to gravitate to those foods. Creating a list of "can't have" forbidden foods can result a resentful, deprived subconscious that triggers rebellious eating–even bingeing–and sends you completely off course.

Beware the word "TRY"… as in "OK–I'll TRY that diet…" or "I'll TRY hypnosis..." etc. It presupposes failure and is often a way to justify some inability to change. ("I tried that – IT didn't work.") You don't have to know Zen – only Yoda – to have heard the phrase: "There is no TRY there is only DO or not do."

Catch yourself if you ever say or think "I am fat"…" I am overweight"… "I am __(anything negative)___" for "I AM" is a powerful affirmation–and anything that follows is believed and clung to by the subconscious. Instead go for phrases like **"I AM making better choices every day for a long, healthy, happy life"** which is fairly 'all purpose'. *For affirmations in general, that present tense is important. Couching goals in terms of "I will_____" puts them always in the future and never achieved.* The best time for positive affirmations / visualization? Just before drifting off to sleep–and immediately upon waking in the morning when brain waves are in the Alpha to Theta range (a state of natural hypnosis) and the subconscious is highly receptive. *(Which is also why it's NOT a good idea to fall asleep or wake up to the TV "badnewscast"!)*

[Note: for those of you working on smoking cessation for 2009, these same basic concepts apply: you're not "giving up" cigarettes, you are choosing to be a healthy NON–SMOKER, and 'reprogramming' that behavior is much easier in a receptive hypnotic state.]

Generally counterproductive is obsessing about the scale. As simplistic as it may seem, **what we focus on E X P A N D S**–including weight / waistline! Put the scale away. You'll know you're slimming down by the way your clothes fit. Shift your focus from pounds and inches to making those healthier choices about food and exercise–"one day at a time", and you'll find yourself moving more, consuming less and shopping for smaller sizes!

Keep in mind this is not intended as an all inclusive 'how to' program – just a few central tips that I hope you'll find helpful. I share them in part because **"we teach what we need to learn"** – *or relearn in this case.* **So here's to a great and healthy New Year for all of us!**

Now where did I store those self hypnosis tapes? (Yes – I'll work on memory next…)

School Nurse Victory

SILVER SPRING, MD—The American Nurses Association (ANA) achieved a major victory in a California Superior court today by obtaining a court order to stop the unlawful use of unlicensed personnel to administer insulin to school children in California. Judge Lloyd G. Connelly issued a ruling in the legal case, American Nurses Association, et al vs. Jack O'Connell, State Superintendent of Public Instruction, el al immediately following an oral argument in which he stated that the Nursing Practice Act in California is the specific statute that governs the scope of nursing practice and that the issuance of a California Department of Education directive that was contrary to that Act cannot be implemented. Judge Connelly stated that the Department of Education does not have concurrent authority over the administration of medications and cannot override the Nursing Practice Act. Only persons specifically authorized to administer insulin are allowed to do so. The court gave deference to the interpretation of the California Board of Registered Nursing which was consistent with ANA's view. The court further held that federal law does not preempt state law. The judge declared that the actions of the Department of Education violated the state's Administrative Procedure Act by failing to publish for notice and comment the legal advisory that attempted to permit unlicensed personnel to administer insulin.

"Our faith in the judicial system has been well placed, because the judge recognized that the scope of practice for registered nurses is established by the Nursing Practice Act, with oversight by the Board of Registered Nursing. We are pleased that the judge specifically stated that the Department of Education did not have authority to re-define the scope of practice for registered nurses, even regarding issues that arise in the schools." remarked ANA President Rebecca M. Patton, MSN, RN, CNOR.

"This is a victory for all registered nurses, because ANA and its co-plaintiffs, ANA/C and CSNO, have established that state agencies cannot play fast and loose with the scope of practice for nurses. This is especially important when we are trying to prevent unlicensed personnel from administering insulin when that is not permitted by state law. The children of California deserve the best health care and ANA has helped them achieve that," said ANA Chief Executive Officer Linda J. Stierle, MSN, RN, NEA-BC.

ANA and its co-plaintiffs, ANA/C and CSNO, fully support students' rights to public education and appropriate accommodations for their health needs. ANA contends, however, that the California school system must comply with local laws in providing reasonable accommodations. The Nursing Practice Act specifies who may administer medication, and the exceptions to that are specifically delineated.

The American Nurses Association Works Toward a Consensus Agreement on a Core Set of National Priorities in Health Care

AMERICAN NURSES ASSOCIATION

Improving Performance Measurement and Public Reporting in the United States

The American Nurses Association (ANA), the National Quality Forum (NQF), along with representatives of 26 other major national health care organizations will join forces on Monday, November 17, 2008, by publicly releasing its report, *Aligning Our Efforts To Transform America's Healthcare Goals* designed to set national priorities and goals to achieve a high-performing, health care system delivering quality care to all.

"The National Priorities Partnership represents something unique in health care—a diverse range of high-impact stakeholders working to align their efforts on a core set of high-leverage areas of improvement. It is important for all partnerships related to health care quality to include the perspective of registered nurses order to transform the health care system. Nursing is the largest component of the health care workforce and provides the greatest amount of direct patient care. This collective force will deliver fundamental and transformative improvements to America's health care system," said ANA Chief Executive Officer Linda J. Stierle, MSN, RN, NEA-BC.

The priorities and goals of the partnership were selected to address four major challenges in health care: eliminate harm, eradicate disparities, reduce disease burden, and remove waste. The Partners focused only on National Priorities and Goals that would, if implemented broadly, dramatically improve our nation's healthcare quality.

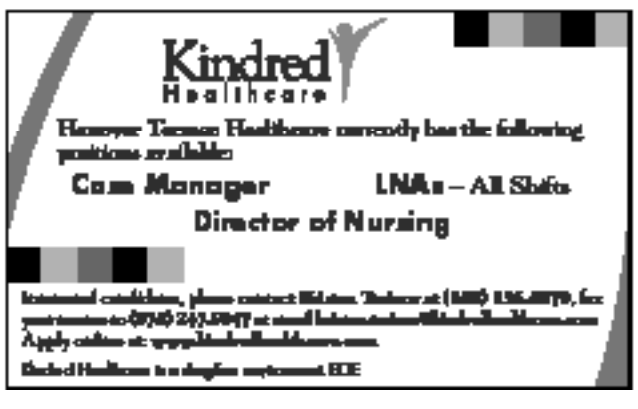
Working together the partners will:

- Engage patients and their families in managing health and making decisions about care
- Improve the health of the population
- Improve the safety and reliability of America's healthcare system
- Ensure patients receive well-coordinated care across all providers, settings, and levels of care
- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Eliminate waste while ensuring the delivery of appropriate care

The Partnership's core list of priorities will yield real dividends in the form of improved care, equity, safety, and efficiency over the next three to five years. The absence of national priorities and goals for performance improvement impedes the efforts of those involved in all facets of performance measurement, improvement, and reporting. A sizable amount of resources and energy are currently being invested in the development of performance measures by many organizations including accrediting bodies, professional societies and boards, government organizations, and others.

To date, NQF has endorsed approximately 400 performance measures and practices, and many more are in the "measure pipeline," some in the early stages of development and others moving through the NQF endorsement process. In spite of all these activities, it is unclear whether attention and resources are being focused on "high leverage" areas—aspects of performance for which improvement will yield the greatest gains in terms of better health and healthcare. ANA recognizes that national priority-setting must be a collaborative process with other key stakeholders who engage in priority-setting efforts of their own. In response, the National Priorities Partnership was established to address these concerns.

For more information, please visit http://nursingworld.org/HomepageCategory/NursingInsider/ANA-Works-Toward-a-Consensus-Agreement.aspx.



A Nurse Responds

The NHNA Board of Directors recently endorsed a position statement advocating "BSN in 10." An article in the August, 2008 issue presents the resolution and argues that the nursing profession and recipients of health care would benefit from a higher educated workforce. NH Nursing news received a single response on the position, printed below. ***It is noted that under the BSN in 10 proposal, any nurse already practicing nursing in the state would NOT be affected****, and only affect those entering nursing programs after any law would be passed. Critical to the proposal is the development of articulation agreements, financial resources and differentiated practice patterns.*

The mission of the New Hampshire Nurses Association is to promote the nursing profession to improve the health of all citizens. In the late 1970's, NHNA supported the sunsetting of the hospital diploma schools of nursing in New Hampshire. As a result, nursing was removed from under the direction of hospital administration and provided with autonomy in education. This decision was not popular at the time, and created angst among diploma registered nurses. However, those nurses when asked today often reply that it was an action that promoted the identity of nursing as a profession.

The New Hampshire Nursing News invites responses to this or any position and therefore shares with readers the following letter.

"I come from a nursing family. My Aunt was a nurse for 48 years. My mother in law was a nurse for 45 years. My husband was a nurse for 20 years, and would have gone on another 15-20 years if death had not taken him from me. I myself have been a nurse for 24 years, so far my son is in nursing school right now. My nephew just graduated in May, and another niece is considering starting at a program in 2009. As I said—we are a nursing family. And only one of us has the BSN you seem to think is necessary to professional practice.

"I do not support your organization for one primary reason. You press for that BSN. You say you don't, that they "only have to get it within 10 years of graduation" but it seems to me that all of the folks in my family with a more than 10 years of work history would have been forced out of being a practicing RN because of life events.

"My mother in law was widowed and alone with 6 children 10 years into her nursing career. My aunt developed breast cancer at about that time. My own father developed Alzheimer's and required considerable care at home. My husband chose to work full time and put his education/career ambitions on hold so that he could be present in his children's lives. It must have paid off—as I said, one of them is in nursing school now.

"To recap briefly, a decision to mandate a BSN, even just 10 years into a nursing career, would have deprived the state of NH of 97 years worth of full time nursing services. And that is just my own family. You claim to want to help with the nursing shortage. But with tactics like these, I guess I just can't see it. And until I do see it, and you drop the educational notions and focus on the actual work of nursing, you can count me out in terms of membership and support."

Lori Wilkerson, RN
Manchester, NH

Center for American Nurses
Nursing That Works
Happiness at Work

by Diane E. Scott, RN, MSN

Being happy at work is a fundamental element of a person's life satisfaction. Because work is an integral part of a person's identity, the professional role that one assumes is frequently the means by which a person feels the most valued and derives their self-esteem. (1) Within the profession of nursing, there is a positive correlation between career satisfaction, self nurturance, and life satisfaction.(2) Given work's powerful influence in the measure of one's self-worth, is seems to reason that there are significant positive outcomes of experiencing happiness at work.

The business case for happiness at work

Experiencing happiness at work not only produces significant personal consequences for employees but is also a factor for business success. (3) Business and healthcare organizations are recognizing the direct connection between employee happiness and enhanced productivity and improved outcomes. Jessica Pryce-Jones is the co-founder of iOpener, a British based firm that works with businesses around the world to increase their employee's happiness. "Businesses and teams often focus on success and assume that people will be happy as a result, but success is not the same as happiness. It will not lead to long-term business commitment, loyalty, or motivation, whereas being happy at work does." Businesses value her firm's mission as demonstrated by Pryce-Jones' growing client list that includes the World Health Organization, Shell Oil and Baxter Healthcare.

The time you spend at work

Being happy at work is important, in part, because people spend the majority of their time working. According to the U.S Department of Labor, during the work-week, the average employed American spends more time working than with any other activity of daily life. (4) Because so much of a person's daily life is spent at work, it behooves a person to really look at the nature of what they do while they are at work.

"A person will not be happy with their job if they are spending too much time in activities that do not engage and energize them," states Pryce-Jones. She affirms that if an individual spends the greatest percent of their day doing what makes them happy, they become much more productive and committed. "You really can complete tasks much more efficiently and to a higher standard if a majority of your day is spent on the work that is most meaningful to you."

Job satisfaction verses happiness at work

Each year, healthcare organizations spend countless man-hours and considerable financial resources measuring employee satisfaction. Information obtained by these surveys can be valuable, but the danger exists when employees do not see concrete actions as a result of the information (5)

Pryce-Jones notes a distinct difference between satisfaction and happiness. She says, "The major difference between employee satisfaction and happiness is control. Satisfaction is determined by factors such as pay, working environment, and benefits. Happiness is a part of job satisfaction but really concerns what you can control and influence." Pryce-Jones clarifies that control is a fundamental element of happiness at work. "What people are in most control of is reaching their own potential."

The journey of happiness

Determining how to reach one's own potential and learning what truly makes them happy is an individualized process. It is unique for every person because people bring with them a host of past experiences and a full spectrum of natural tendencies. When healthcare organizations implement a one-size fits all strategy for employee retention, their well-intended efforts often garnish few concrete results because what makes a person happy and fulfilled is different for each individual. The greatest success will come by focusing on helping an employee with their personal journey to happiness.

A daunting task for nurses

Because caring for other's needs first and foremost has been the venerable mantra of nursing, it is not the traditional nature for a nurse to focus on their own emotional well-being. The journey to happiness at work may seem to be a daunting task.

Keeping in mind that every nurse's journey to career happiness is different, the Center for American Nurses has started a unique initiative designed to assist nurses increase their career self-awareness and discover what gives them energy and meaning at work.

In the fall of 2008, the Center for American Nurses will launch a career coaching program. Career coaches are not recruiters, but professionals with specific training in assisting people to discover their unique skills, talents, and passions. Through individual phone conversations, they provide tools to guide in the self-discovery process and help people consider career choices that will make them the most happy. These services are designed to be convenient and affordable, but most of all, designed with a mission to help individual nurses discover success in their journey to career happiness.

For more information, please go to www.centerforamericannureses.org. Diane Scott, RN, MSN is the President of the Nursing Mentors Group and a consultant with the Center for American Nurses.

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2. Nemcek, MA. (2007) Registered nurses' self-nurturance and life and career satisfaction. AAOHN Journal. 55 (8). 305-310.

3. Boehm, J.K. and Lyubomirsky, S. (2008) Does Happiness Promote Career Success? *Journal of Career Assessment*, 16: 101-116.

4. U.S Department of Labor. http://www.bls.gov/tus/charts/ Accessed September 2008.

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The American Nurses Association Launches New and Improved Web Site for Nurses

Site features improved usability and navigational elements

SILVER SPRING, MD—The American Nurses Association (ANA) has launched a re-designed Web site, GeroNurseOnline.org that is designed to serve as a comprehensive, rich resource for nurses and the public they serve.

"ANA's GeroNurseOnline.org Web site provides nurses with resources regarding clinical information, education and career certification instrumental in providing care for older adults, regardless of specialty. We encourage you to explore the Web site and stay informed of trends and developments in geriatric care," said ANA President Rebecca M. Patton, MSN, RN, CNOR.

The GeroNurseOnline.org's new features include:
- Career opportunities in geriatric nursing;
- Links to 55 specialty nursing associations' clinical offerings in geriatric care and geriatric websites;
- Resource organizations and related resource materials;
- Hospital competencies for caring for older adults for use in nurse orientation and evaluation;
- Online courses to prepare for ANCC gerontological certification; and
- ANA advocacy work on behalf of geriatric nurses.

GeroNurseOnline.org is the official geriatric nursing web site of the American Nurses Association (ANA). It was developed through the Nurse Competence in Aging Initiative, to provide information regarding nursing care of older adults. The Nurse Competence in Aging Initiative has been funded by a grant from the Atlantic Philanthropies to the American Nurses Foundation.

The ANA is the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 54 constituent member nurses associations. 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.

CONGRATULATIONS TO THE WINNERS OF OUR NURSING NEWS SURVEY GAS CARD DRAWING

If you're thinking "What survey?" ..."What drawing?"...you need to read Nursing News more closely!

$250 Winner: Evelyn Earley, RN
Thanks so much! I am the Medical Services Coordinator at Coos County Dept of Corrections. I just picked up the Nursing News for the first time and loved it, found the information within very valuable, and shared it with my colleagues. I filled out the survey because I was so impressed with the newsletter.

$100 Winner: Brenda Fletcher, RN
Wow this is great! I've been an RN for 25 years. I w
2 jobs - as school nurse at Goffstown High School an
also for Dartmouth-Hitchcock Clinic Manchester in th
Pediatric Department. I love reading NH Nursing Ne
it has so many articles about nursing - current events
practice information - it keeps me current with nation
and local changes. Thanks for all the great informati

$100 Winner: Amy Dooley BSN RN CPAN
WOW - I was excited to get your email. My certification is in perianesthesia nursing. I live in Nashua and work in the PACU at the Lahey Clinic in Burlington. I'm currently enrolled in MSN program at UNH. I love to read Nursing News because it's so up to date and keeping current is so important to my practice today.

$100 Winner: Allison Oleson, LNA
I'm thrilled to win. I enjoy Nursing News - and being
LNA for Extended Families and Interim Health Care,
in Portsmouth, NH. My career change at 62 was a g
decision for me. In home health care we are appreci
respected, challenged, and are a very important me
of a team of other LNA's, the family, the agency, an
case nurse. Together we work hard to enhance the
each client. I look forward to every shift and feel it is
privilege to enter their homes and their lives to help

$100 Winner: Holly Borrazas, RN
Thank you so very much for the gas card. I never win anything!! It is a pleasant holiday surprise. I'm an RN x 25 years I currently work 2 jobs: full-time a SkyHaven Internal Medicine in Rochester, NH and part-time at Philips Exeter Academy, Lamont Health Center. I enjoy reading Nursing News to keep updated on any legislative changes and nurses scope of practice. I also like looking to see if I know anyone making news in the field of nursing in NH.

$100 Winner: Peggy Dullinger, RN
Thank you so much this prize. I am pleased you see
feedback from your readers, and now I realize that y
reward them with more than great information! I am
RN at Portsmouth Hospital and am enrolled in the R
MSN program at Walden University. I enjoy NH Nurs
News because I can keep up with current informatio
format that fits with my busy schedule. Keep up the
work!

NHNA 2008 ELECTION RESULTS...

BOARD

PRESIDENT:
Louise Smith Cushing, RN, BSN, MS
Senior Educator
Catholic Medical Center
Field: Medical-Surgical

PRESIDENT ELECT:
James J. Biernat, BA, RN, MA
Director-Inpatient Psychiatry & IV Services
Dartmouth Hitchcock Medical Center
Field: Psychiatry

EDUCATION

ELECTED:
Deborah Hastings, RN, PhD, CNOR
Acting Dir. Continuing Nursing Educ.
Dartmouth Hitchcock Medical Ctr.
Field: Continuing Nursing Educ.

APPOINTED:
Judith Evans, BSN, MSN, EdD
Director of Nursing Education
Franklin Pierce University
Field: Education / Admin.

APPOINTED:
JoAnn Vatcher, RN, BSN, MS
Director of Education
Frisbie Memorial Hospital
Field: Nursing Staff Devel.
(photo not available)

ORGANIZATION

ELECTED:
Lisa Thomka, PhD, RN, CNS
Dir. Nursing Retention & Magnet Coord.
Dartmouth Hitchcock Medical Ctr.
Behavioral Health, Educ. / Leadership

ELECTED:
Barbara Barton, ADN
Educator
Catholic Medical Center
Field: Cardiology

NURSING PRACTICE

ELECTED:
Wendy Burke, BSN
Clinical Leader
Concord Regional Hospital
Field: Telemetry

ELECTED:
Mary Catherine Rawls, RN-BC, MS
Clinical Nurse Specialist
Dartmouth Hitchcock Medical Ctr.
Field: Adult Surgical

NOMINATING

ELECTED:
Cynthia Gray,
BS, MBA, CNAA
Clinical Leader
Elliot Health System
Field: Management

GOVERNMENT AFFAIRS

ELECTED:
Laurie Harding, MS, RN
Nursing Consultant
Armistead Caregiver Services
NH State Representative
Field: Community Health

ELECTED:
Sue Fetzer RN, PhD
Assoc. Professor, UNH
Field: Critical Care; Med-Surg;
Post Anesthesia Recovery;
Education & Research

ELECTED:
Linda von Reyn, RN, PhD
Acting Chief Nursing Officer
Dartmouth Hitchcock Medical
Field: Administration

APPOINTED:
Meg Bourbonniere, PhD, RN
Dir. - Evidence Based Practice
Dartmouth Hitchcock Medical
Field: Gerontology

APPOINTED:
Barbarajo (BJ) Bockenhauer,
MSN, ARNP, PMHCNS-BC
Asst. Director of Nursing
New Hampshire Hospital
Field: Psychiatric / Mental Health

APPOINTED:
Doris Nuttelman,
RN, MS, MAT, EdD
Field: Home Care; Administration /
Education / Clinical practice

APPOINTED:
Lea Ayers LaFave, RN, PhD
Sr. Project Director
Community Health Institute
FIELD: Community Health

APPOINTED:
Barbara Shaw, BSN
Staff Nurse
Bedford Ambulatory Surgical Ctr.
Field: PACU Endoscopy

APPOINTED:
Kathleen McMahon-Brown,
RN, BSN, BLS, ACLS
Staff Nurse
Cheshire Medical Center
Field: Intensive Care / Telemetry

EVENTS

APPOINTED:
Deborah Beck, ADN, RN
Staff Nurse
Elliot Health System
Field: Med-Surg / Oncology

APPOINTED:
Elizabeth Bouley, MS, RN, ACLS,
PALS, TNCC, ENPC
Mass. College of Pharmacy &
Health Sciences
Field: Critical Care / Cardiac

APPOINTED:
Camella (Cami) Granara, ADN
BSN student - Staff Nurse
Cheshire Medical Center
Field: Acute Care

Junior Nursing Student Rescues Patient

DURHAM, N.H.—The calm, quick reaction of a University of New Hampshire nursing student helped save a patient's life at Exeter Hospital in November.

Katherine Boucher, a junior from Lee, was providing direct care to a post-operative patient during her medical-surgical nursing clinical at Exeter Hospital. She noticed—before the patient did—that the patient was bleeding heavily from his surgical site. Thinking quickly and acting calmly, she attempted to stop the bleeding with some towels that were nearby and instructed the patient to keep pressure on the towels before summoning a professional nurse to assist.

"The patient had an angel watching over him," says Beth Evans, the UNH clinical instructor overseeing Boucher, adding that the bleeding was so heavy that the patient would likely have gone into shock soon without Boucher's care. Such life-or-death scenarios are nearly unheard-of for student nurses, who do not care for critical patients.

"Many students would have run out to get their instructor, which is one 'right answer,'" says UNH associate professor of nursing Sue Fetzer, who teaches the course. "But one of the things I have stressed in this course is setting priorities and making decisions when all the answers are correct. In this case, the best answer was what Katherine did, stopping the bleeding."

"She did exactly what a licensed R.N. would do," Evans adds.

Boucher credits her training as well as instinct with helping her stay calm. "Panicking was not only going to prevent me from thinking clearly, but I was also concerned about getting the patient panicked," says Boucher. "That could have escalated blood pressure and heart rate and made the bleeding worse. It was definitely important to keep myself and the patient calm." Boucher was so cool-headed, she says, "that the nurse I called told me she thought maybe the patient had just scratched a scab."

As news of Boucher's life-saving work spreads and causes excitement among her classmates, professors, and even the dean of the College of Health and Human Services, Boucher retains that sense of calm. "This is our job," she says of herself and her fellow nursing students. "It's what we're supposed to do. It's very important and obviously the patient involved is very appreciative, but things like this happen every day. We're lucky to have had this experience to learn about it."

"I'm really grateful to be at Exeter Hospital," she adds. "The nurses there are really wonderful with students."

Boucher, daughter of Phil and Penny Boucher of Lee and a graduate of Oyster River High School in Durham, has been in UNH's highly competitive nursing program since she was a freshman. She hopes to become a nurse-midwife.

The patient, who was returned to surgery to repair the wound, is now recovering—again in Boucher's care.

Nurse Practitioner, Leslie Goldman, ARNP, Joins Keene Practice

Leslie Goldman

Cheshire Medical Center/ Dartmouth-Hitchcock Keene welcomes Leslie Goldman, ARNP, to the Department of Family Medicine.

Ms. Goldman has 25 years of experience is a family nurse practitioner providing primary care to individuals from adolescents to the elderly. She has been instrumental in implementing specific healthcare improvement in primary care and chronic disease management in hospital and clinical settings. Ms. Goldman has also served as a preceptor of Nurse Practitioner students from the Universities of Massachusetts, Vermont and Hawaii.

Ms. Goldman earned a Master of Public Health at The Dartmouth Institute, Hanover, NH and a Master of Science in Nursing/Family Nurse Practitioner at Medical College of Virginia, Richmond, VA. She completed a Bachelor of Science in Nursing at Downstate Medical Center, Brooklyn, NY and a Bachelor of Arts in Biology at Clark University, Worcester, MA. Her professional memberships include the American Nurses Association.

Northeast Rehabilitation Hospital

Northeast Rehabilitation Hospital, located in both Salem and Nashua, is proud to announce the accomplishments of the following Registered nurses.

Attainment of Clinical Ladder Two:
Karen Mason, Cheryl Marin, Denise Rogers, Melissa Loader, Caroline Rossi, Kathy Gillis, Nancy Goes, Susan Habaj

The following nurses received their certification in Rehabilitation Nursing this past summer: Denise Rogers RN, Beth Scheffler RN and Jennifer Tucker RN

The Homecare Division of Northeast Rehab is pleased to announce that Karen Baggetta RN received her certification as a wound care specialist.

New Hampshire Receives an "A" in Palliative Care

America does only a mediocre job caring for its sickest patients. The nation, says a new report, gets a "C." New Hampshire gets an "A." The Journal of Palliative Medicine, in the October 2008 issue, published the study by the Center to Advance Palliative Care and National Palliative Care Research Center. Only New Hampshire, Montana and Vermont earned an "A," according to America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in our Nation's Hospitals. Three states—Alabama, Mississippi and Oklahoma—got an "F."

Ninety million Americans are living with serious illnesses such as cancer, heart disease, diabetes, Parkinson's, stroke and Alzheimer's. As the baby boomers age, this number will more than double over the next 25 years.

"The good news is that hospitals nationwide have implemented palliative care programs quickly over the last six years," said R. Sean Morrison, MD, director of the study.

The study suggests that in states with more palliative care programs, patients are less likely to die in the hospital; don't have to go to the intensive care unit as much in the last six months of life; and spend fewer days in intensive care or the coronary unit in the last six months. For state ratings, the report and recommendations, go to: www.capc.org/reportcard.

Palliative care can work best when patients are provided with the opportunity, early in their illness, to explore their life goals, their requirements for wellness and well-being, and having control over their disease. They become aware that they may not be able to prevent symptoms of their illness, but they can control how they deal with their condition. Hospital palliative care programs make patients facing serious and chronic illness more comfortable by alleviating their pain and symptoms and counseling patients and their families. Without palliative care, people with serious illnesses like cancer often suffer unnecessarily from severe fatigue, pain, shortness of breath, nausea and other symptoms from their disease and treatments.

The palliative care group at Cheshire Medical Center/ Dartmouth-Hitchcock Keene works as part of a larger group practice including oncology and geriatric medicine to help families and patients in decision making relative to end-of-life care. "The multidisciplinary group also includes a pain clinic with specialists in pain medicine, spiritual support by the hospital chaplain, and close cooperation with Hospice at Home Healthcare, Hospice & Community Services which makes for excellent medical care and smooth transitions for healthcare from clinic to hospital and home," said Pathologist and Palliative Care provider, Alex Bonica, MD. "This is an excellent situation rarely available in communities such as ours."

Nursing Students Helping the Community

Students at the Mass. College of Pharmacy & Health Sciences set a goal of creating 25 Thanksgiving dinner baskets for families in the Manchester area–and managed to more than double that goal with a total of 63! The group then loaded up their creations and delivered them to Saint Anselm College, which has partnered with Catholic Charities and Greater Manchester AIDS Project. The campuses' combined efforts gathered 230 baskets to provide families in the city of Manchester with a traditional Thanksgiving dinner.

New Domestic Violence Protocol for Healthcare Professionals

The state of New Hampshire Governor's Commission on Domestic and Sexual Violence has recently released an updated domestic violence protocol for health professionals: "Identification and Treatment of Adult Victims." The protocol is designed to provide healthcare providers with information about domestic violence, how to recognize victims and how to assist them. It is applicable for emergency departments, private medical offices and outpatient clinics, family planning clinics, dentists' offices, and other healthcare providers such as chiropractors or physical therapists.

Each year in New Hampshire, nearly 11,000 victims of domestic and sexual violence contact crisis centers for assistance. The U.S. Surgeon General's office has cited domestic violence as one of the major health problems facing American families today. According to a study from the Centers for Disease Control and Prevention, published in the February 2, 2008 issue of Morbidity and Mortality Weekly Report, domestic and sexual violence are pervasive and costly, and can create health problems that can last a lifetime. Many women are too embarrassed or afraid to admit the cause of their injuries. Others are ready to talk, but are confronted with disbelief or blame. Still others are only waiting to be asked. As many as 75% of battered women say they would have told a nurse or physician about the domestic violence if they had been asked the question.

The purpose of the domestic violence protocol for health professionals is to assure that women and men who present in healthcare settings are screened for domestic violence and provided with comprehensive medical and psychosocial interventions as indicated. It is the goal of the NH Governor's Commission on Domestic and Sexual Violence that all healthcare providers will be oriented to the domestic violence protocol and be familiar with the problem and indicators of such violence. For further information or copies of the protocol, please contact **Heather L. Farr** at 603-224-8893 ext. 307 or heather@nhcadsv.org.

Should I Stay or Do I Go Now: Eight Ways to Increase Loyalty and Retention

by: Susanne Gaddis, PhD, CSP, Elizabeth Cates, M.A.

With the current nursing shortage, nurses have a lot more choices of where they're going to work and how long they're going to stay. As baby boomers retire and younger generations of nurses enter the workforce, gone are the days where a nurse would start a career and then four decades later retire from the same position. With the rising demand for nurses in the coming years, it is crucial to create a welcoming and appreciative atmosphere.

Today, healthcare workers are on the move, and to encourage them to stay in one place, hospitals and nurse management are challenged to think of new and innovative ideas for creating loyalty and retention. In addition, each healthcare worker also has the responsibility of creating a healthy atmosphere in which to work, one where their co-workers will want to stay for the long haul.

As you are seeking to increase loyalty and retention, here are some things to keep both you and your colleagues motivated:

Listen. One of the quickest ways to increase loyalty and retention is to listen to your colleagues. People who feel heard are more likely to stay than those who believe their thoughts, ideas and feelings don't matter. Listening also works to build self-esteem, self-confidence and self-efficacy, a person's belief that he/she can achieve certain tasks.

The last thing someone wants to hear when they bring an idea forward is: "Oh, what do you know? You are new here. You haven't had the experience that I've had. You haven't walked in my shoes. I am in charge here!" While these statements may be true, they serve to create walls, not bridges. Words like these can have a long-term, damaging effect on even the most seasoned professional, making them want to run for the door.

Acknowledge Ideas. Although every idea and suggestion cannot be acted upon nor all requests granted, acknowledging a person's input can go a long way toward making him or her feel like an integral part of the team. Not only can you acknowledge the idea, you can also acknowledge the thought behind the idea, their unique perspective or skill set in formulating the request. All of these will help to create a sense of belonging.

Take for example, Sally, a new CNA, who during a routine vitals check discovered a patient had been receiving blood pressure medication for several days, even though the patient had no prior history of high blood pressure. After talking with the patient, Sally determined that the blood pressure cuff being used was too small, which caused the patient's vital signs to be drastically altered. Immediately she took this information to management and adjustments were made that quite possibly saved the patient's life. Administration took notice of Sally's quick problem-solving and analytical skills and rewarded her publicly for being a diligent patient advocate. More importantly, her co-workers gave her both respect and praise for her ability to take command in an emergency situation.

Be A Motivator. Find out what motivates your colleagues. This will be different for each person. Some are motivated by praise, while others are motivated by power and prestige. Still others are energized through more intrinsic factors, such as a sense of pride, meaning and value. The days of cookie cutter, one-size-fits-all motivation is over. To actively engage your co-workers, you need to find out what works for each person. Don't treat your co-workers the way YOU want to be treated, treat them the way THEY want to be treated. How do you find out what motivates them? Ask them!

Be Aware Of Information Overload. Be careful that YOU are not the cause of your colleague's demise by over-sharing. Sometimes you can cause undue stress by getting too in depth about challenging meetings, hospital politics, and your latest interactions with difficult people. This doesn't mean you can't share ANY of your personal life with your co-workers, but try to keep the negative to a minimum. After all, most people have enough on their plate without keeping up with your stresses.

A good rule of thumb is to try and keep conversations as positive and productive as possible. The latest research suggests that for every negative comment we make, we should say at least three positive statements. By keeping conversations focused on what you can do, what you are willing to do, and what you have done, you can decrease a colleagues' stress level.

Model The Behavior You Want. Be aware, from the time you arrive for your shift to the time you leave, you are visible to others. Your goal is to be as "positively visible" as possible. Become a model for the behavior you want to see in others. Remember that your colleagues often take their behavioral cues from you. If you greet them with a welcoming, "Good Morning," they are likely to do the same. If you maintain a professional atmosphere, you'll notice that they will follow suit. Yet if you call them out on their behavior without adjusting your own bad habits, they will see you as hypocritical and insincere.

Focus On Strengths Rather Than Weaknesses. There has been a trend for years to harp on weaknesses rather than develop strengths. If you look at most performance appraisal forms, you will first find an area for improvement. While continuous improvement is important, we now know that there are individuals who will excel at certain tasks. By working cooperatively with others, you can utilize the strengths of each individual.

For additional information, check out *Now Discover Your Strengths* by Marcus Buckingham and Donald Clifton, Ph.D. or take the Strengths Finder profile at: www.strengthsfinder.com.

Remove Obstacles. Another great way to increase loyalty and retention is to work diligently to remove roadblocks so people can be as productive as possible. By immediately addressing issues involving personal safety, sexual harassment, workplace violence and discrimination, you will help create an environment where your colleagues feel comfortable coming to work.

Supportive Care. While you can't completely change your environment, you can promote a sense of support and care among your fellow nurses to help them cope with the variety of difficult situations they face. By paying attention to your words and how you communicate, both verbally and nonverbally, you can create a healthy culture of communications.

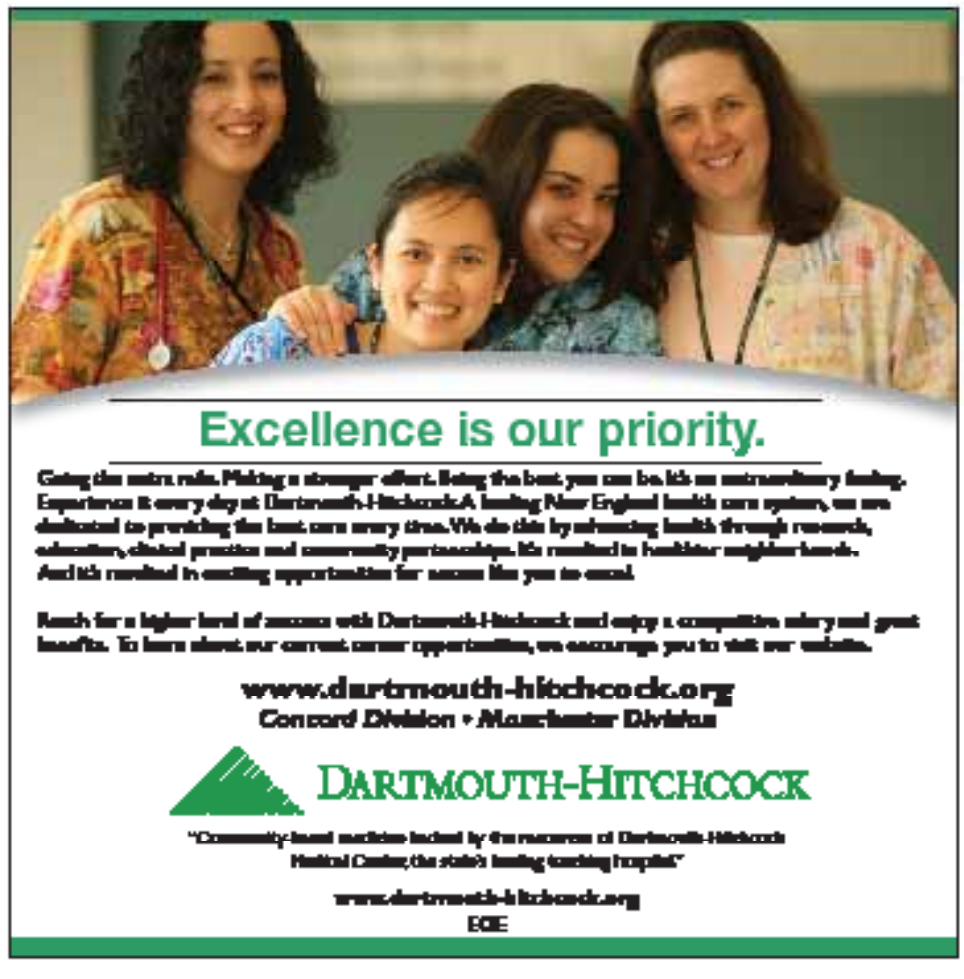
By applying these simple strategies you can dramatically increase your odds of receiving the answer, "I'll stay," when others are deciding, "Should I stay or should I go now?"

Susanne Gaddis, Ph.D., CSP, internationally known interpersonal communications expert in healthcare communication. She can be reached at www.CommunicationsDoctor.com.

Susanne Gaddis

Elizabeth Cates, M.A., is an Organization Development Specialist in Texas, including healthcare, education, government, and transportation. She can be reached at elizabeth.cates@att.net.

Elizabeth Cates



SAVE THE

HOT TOPICS in Professional Practice

MARCH 31, 2009
Holiday Inn
Concord, NH
8:00 - 4:30

TRACK 1 - MENTORING
FULL DAY WORKSHOP

~ OR ~

TRACK 2 - MORE 'HOT TOPICS'
FOUR GREAT 90-MINUTE SESSIONS

Remember Wishing for a Mentor?
Susan A. Boyer, M.Ed., RN
Executive Director,
Vermont Nurses in Partnership

In this day long session, Susan will offer the tools and process for establishing strong Mentoring programs within your workplace.

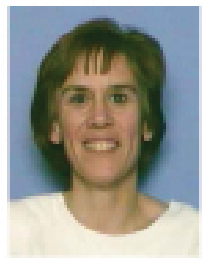
An overview of "mentorship" will be followed by templates for program development. Participant activities will showcase the leadership development and communications instruction that is needed for program success. This offering will address: roles and responsibilities of mentors/ mentees; guiding new staff in their professional, personal, and interpersonal growth; promoting mutuality and sharing based on the needs of the "newbie"; intro to electronic mentoring; and communications related to expectations, learning opportunities, and stressors.

Evaluation of program impact and "return on investment" is a vital consideration and an evidence-based tool for assessing the workplace impact of such programs will be shared with participants.

Who should attend: both mentors and educators who are responsible for program development. This presentation will include tools and activities that develop the capability of mentors, as well as templates for program implementation and evaluation.

"PRESENT ON ADMISSION" - What it means to your practice
Meg Bourbonniere, PhD, RN Evidence Based Practice - DHMC

The Centers for Medicare & Medicaid Services recently began a program to lower Medicare reimbursement for inpatient care delivered for eight conditions considered preventable. More are expected in 2009. If these conditions are not present on admission (POA), hospital reimbursement is vulnerable. Because many of these are nurse-sensitive, nurses are in key positions to contribute to patient safety and help hospitals overcome this challenge. Presentation will focus on the nurse's role in preventing hospital acquired conditions.

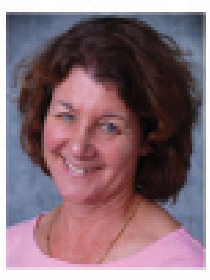


ON OUR WAY TO A BETTER CLIMATE – Yes we can!
Margaret P. Kerns, R Ph - Director Medical Safety - LRGH

The climate of an organization impacts every aspect of providing care. From patient safety to nursing satisfaction the benefits of a "great climate" are something for which every organization should be striving. How do we create the bonds between providers, nurses, and other departments that will get us there? See how you can individually help the cause for patients and feel better about your work environment at the same time!

BE READY FOR THE FUTURE WORLD OF HEALTHCARE
Margaret Franckhauser, RN, MS, MPH Community Health & Hospice

This session will guide nurses through a self assessment and identification of skills necessary for the future of healthcare - and how they can posture themselves for success in changing environments.



LEADERSHIP for the Evolving Healthcare System
Joanne Samuels, PhD, RN Assistant Professor - UNH

Leadership is an essential nursing skill in today's complex health care system - not only for those in management positions but for all nurses making decisions affecting professional practice and patient care. Session will focus on leadership skills for managing organizational culture and practice perspectives as elements of the change process- including: communication, conflict resolution, negotiation, team building, cultural awareness and self reflection in identifying problems, developing solutions, and implementing decisions.

NHNA

REGISTRATION MAIL TO: NHNA 210 N. State St. 1-A Concord, NH 03301 Credit card registrations may faxed to: 603-228-6672

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SE DATES!

January 14 Town Hall Forum - Concord Hospital 5-8:00 p.m.

Take part in reviewing healthcare related legislation being proposed this session and help decide which bills need active attention - or just a watchful eye! A chance to have your voice heard. **FREE** event - but limited seating. To reserve space, email: **office@nhnurses.org** with TOWN HALL FORUM in the subject line; include your name and employer or school.

April 1 / 14 Health Policy Days: morning sessions - Concord

A great way to learn the workings of the NH legislative system - and how nurses can make an important impact! See: **www.NHNurses.org** for more information and registration details.

May 4 - Kick off National Nurses Week 2009 at "LAUGH & LEARN" with Patty Wooten, RN, BSN, PhN

Patty Wooten is an international speaker and leading expert in therapeutic humor

At press time our plans for this special event in **Concord** include:

- Afternoon CNE workshop: "**Finding Comedy in Chaos? You've got to be Kidding!**"
- Exhibitors ...*including some of the 'pampering' variety* (free chair massage, etc.)
- An early evening social hour with great appetizers (cash bar available)
- A mini 'fashion show' - small silent auction - and door prizes
- Wrapping up with Wooten's wonderful wit & wisdom: **"What's so Funny About Nursing?"**

Tickets will be available separately for the workshop OR social event - as well as a combined event price. Watch the next issue of Nursing News - and our website - for more details and registration information. For information on our speaker, see www.speaking.com/speakers/pattywooten.html and her article in this issue.

June 8 - HOT TOPICS in Clinical Practice

Join us lakeside at Church Landing - Meredith, NH

A wide range of concurrent sessions being planned on clinical topics such as:

- Diabetes update
- Pediatric crises
- Pain management update
- News in cardiac care
- Wound care
- Infectious disease
- HIV *'forgotten but not gone'*

and others...

Watch the next issue of Nursing News - and our website - for more details.

October 22 - Fall Conference & Annual Meeting - Concord, NH

Theme in development at press time...watch future issues and NHNurses.org

ALSO COMING - THREE CERTIFICATION REVIEW WEEKENDS

MED-SURG review: May 9-10 in Manchester; July 11-12 in Hanover

November dates TBA: Med Surg or Critical Care based on interest polling.

Watch the next issue of Nursing News and our website for registration details.

In Memoriam

American Nurse Icon

Florence Wald, who is credited with founding hospice care in America, died at her home in Connecticut, on November 8, 2008 at age 91. Wald was dean of the Yale University School of Nursing from 1959 to 1965, leaving that post to work with Cicely Saunders from Saint Christopher's Hospice in London. When Wald returned to New Haven, Conn., she organized an interdisciplinary team from Yale to do research about the needs of terminally ill patients and subsequently opened the first U.S. hospice in 1971. Today, there are 4,700 hospices nationwide. Wald, RN, MSN, FAAN, received a Founders Award from the National Hospice Association, a Distinguished Woman of Connecticut Award from the governor of Connecticut, fellowship in the American Academy of Nursing, and three honorary doctoral degrees. She was inducted into the American Nurses Association's Hall of Fame in 1996. Wald continued working during the last decade of her life to bring hospice care to prisons in the United States

Nurse Midwife

Mary Susan Kania, 60, formerly of Salem, N.H., died Oct. 19, 2008, at Bethesda Memorial Hospital, Boynton Beach. She graduated from Mary Hitchcock Hospital School of Nursing and summa cum laude from the University of New Hampshire with a bachelor of science in nursing. She was a member of Sigma Theta Tau Eta Iota. She received a master of science degree in nursing at Case Western University and graduated from Frontier School of Midwifery and Family Nursing. Mary was a member of the College of Nurse Midwives and was previously employed at Lawrence General Hospital, Bon Secours Hospital and Brigham and Women's Hospital. She was recently employed as a nurse midwife at Bethesda Memorial Hospital in Boynton Beach.

Distinguished Army Nurse

Eleanor E. [Sweatt] Beaton died November 5, 2008 at her home in Claremont. A registered nurse for 45 years she served in the US Army in WW II earning the rank of lieutenant and serving in the Philippines. After being honorably discharged she practiced at Mary Hitchcock Hospital and Valley Regional Hospital until she retired in 1986.

Lactation Consultant

Louise D. [Sullivan] Kuslaka, 65, of Chester, NH, died October 12, 2008 in Hooksett. Louise graduated from Notre Dame School of Nursing. She practiced at both Catholic Medical Center and Elliot Hospital, where she retired as a labor, delivery and maternity nurse and specialized as a lactation consultant.

Louise Kuslaka

First Woman to Receive VFW Award

Margaret [Coney] Greenlaw, age 90, passed away on Wednesday, Nov. 12, 2008 in Littleton. Attending UNH before the War she entered the U.S. Army ANC in March of 1942, serving in Casablanca, North Africa, and Italy for 33 months during World War II, earning the rank of Major. She left active military service in February 1946 and worked for Trygve Gunderson, Ophthalmologist in Boston, Mass., until December 1950. Margaret was recalled from Army Reserves to service in January 1951 and was stationed at Valley Forge Army Hospital in Pennsylvania and West Point Army Hospital in New York until 1954 when she was sent back overseas to serve in the European Theatre in Wurzburg, Germany for two years. She returned to stateside duty at Fort Ord in California from 1956-1958 and Fort Dix in New Jersey from 1958-1960. She was the first woman in New Hampshire to receive a life membership to the Veterans of Foreign Wars.

Margaret Greenlaw

OR Nurse Benefactor

Muriel Devens Bond, 89, died at home on October 4, 2008. Muriel graduated from a Rhode Island Hospital nursing school in 1939 and moved into the nurses' home associated with Huggins Hospital in Wolfeboro. She practiced as an OR nurse at Huggins and later in Boston. After returned to New Hampshire, she became very involved with the VNA Hospice of Southern Carroll County. Before her death she created a scholarship fund through the New Hampshire Charitable Foundation for residents of Wakefield, Brookfield and Wolfeboro who are interested in professional education in the health care field.

Manchester Native

Kevin S. Wilkinson, 49, died October 1, 2008 in Maine. He was a lifelong resident of Manchester and attended Claremont Community Technical College, graduating in 1998, with his Associates Degree in Science with a major in Nursing. Mr. Wilkinson was employed as a registered nurse, working for Premier Medical Staffing.

Second Career Nurse

Katherine Joan Patterson, 51, of Manchester, died September 9, 2008 at the Concord VNA Hospice House after a long and courageous battle with cancer. After being a successful business woman, at age 40 she enrolled at the University of New Hampshire and in 2000 earned a B.S. degree with high honors in Nursing. After graduation, she was employed at Exeter Hospital and most recently at Webster Street Internal Medicine. She was extremely proud of her profession; a skilled nurse, leader and mentor, and a compassionate caregiver to her patients.

Katherine Patterson

Cadet Nurse Corps

Elizabeth "Betty" [Perry] Conley, 83, died Sept. 1, 2008, at Hanover Hill Healthcare Center. She graduated from the Cadet Nurses Program during World War II and was a member of the U.S. Cadet Nurses Corps. She was a Manchester resident since 1970 where she practiced in long term care.

Thoughts on National Nurses Week

Nurse's Week is held during the month of May, as a tribute to Florence Nightingale and corresponds with her birth date, May 12. This week was originally designed to honor nurses for their efforts in promoting health and wellness in addition to caring for the acute and chronically ill. As this is deserving of great merit, I pose another viewpoint as to the celebration of the work which nurses are engaged in day by day and hour by hour.

It seems to me, that as we look back into the works and words of Florence Nightingale, it is our duty to teach others about proper nursing and to engage every citizen in understanding the basic essentials of good health. It is with this thought in mind, that I encourage you to rethink the ways in which we can promote nurse's week 2009.

The theme this year is quite apropos for the 21st century: "Nurses—Building a Healthy America." We may ask ourselves "how can this be achieved since our population in the US is so diverse and spread out?" The answer can begin with a formal celebratory week in May when all nurses are unified in this very important battle.

Once again, we can refer to the words and ideas of Florence Nightingale as she prepares her notes on the art of nursing in the 1800's. As she looks towards the sick and dying, she realizes that prevention is the cure. Her words are as applicable today, as they were over 200 years ago. She states that the very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health or of nursing for they are in reality the same, obtain among the well as among the sick. These words hold as much strength for every aspect of nursing both in the hospital, clinic or home setting. It is our duty as nurses to promote health and wellbeing beginning with the very young.

During her lifetime, Nightingale promoted a healthy lifestyle. She stated that there are five essential points in securing the health of ones homes; pure air, pure water, efficient drainage, cleanliness and light. Today we can make these same points and perhaps, as fit for the times, state, proper nourishment, exercise, preventative care, healthy mind, and proper education. Based on these tenets we can begin to explore the many activities which can be adopted by the various nurses during the upcoming Nurse's Week.

First and foremost, education must begin with the young and I would venture to say, that we start in elementary school with simple art work promoting nursing. Young children can be asked to depict a nurse as part of a contest and the various nursing departments of area hospitals and clinic can be the judges and award nominal prizes to the individuals and to the classes. Upon receipt of these prizes, area nurse will have the opportunity to address the class for a short period of time focusing on the role of the nurse as well as choosing a health promotion topic. This serves two purposes, one being the promulgation of the profession of nursing and the other being an education regarding healthy living .

For school-aged children, I would suggest another contest in conjunction with either a science class or a physical education class. After discussion with the school's faculty, a topic could be decided upon, perhaps healthy eating whereas the students keep track of their daily food habits and prizes are given to those who are successfully in eliminating junk food from their diet. It can either be individuals or classes. Instead of a pizza party, give a healthy eating party filled with fruits and vegetables, even tortillas and salsa would be acceptable. This thought process can be brought forth through high school with the prizes and promotion being age adjusted. In addition, clinics could be scheduled with the dept of public health to assure proper vaccinations are in place or certain screenings take place.

For the adult population, various hospitals and clinics could hold screenings, i.e.: blood pressure, cholesterol, blood sugars, etc. Education regarding multiple common disease states can be made available, stroke, heart disease, cancer etc.

Healthy weight can also be promoted. This can occur at places of work, housing centers etc. The nurse can be the central figure for all of this. Of course this does take some time and planning but looking at the large number of nurses in any community, this is certainly doable. If every nurse touches one person, we are a success.

Let us not forget the healthy mind. Relaxation techniques including yoga, classical music, reading, etc., can be added to the list of potential ideas for all ages.

It is also possible for local TV to depict nursing and how the profession has made a difference in the life of the community. The local media—both radio and print—may also be willing to spotlight nursing. I would encourage all nurse leaders to utilize the opportunities set forth as we promote our profession. In addition, I would engage the schools of nursing to stand strong with the various clinical institutions and take part in the various activities. This can only enhance their education by encouraging them to be a part of their community. Perhaps, they can also hold nurse's days at their respective institutions and call upon local schools to have their students attend a day of hands on education.

Honoring nurses does not always mean giving them t-shirts, parties, ice cream or any other trinket. Honor means to show respect, reverence, deference. What greater way to give homage to such a notable profession as to depict and act upon what we as nurses are most proud of mainly, the care of the sick and the well and the continuous promotion of health living. It is through all of our efforts that we can be a part of "**Building a Healthy America**."

Marie Sullivan RN, CRRN, MSN
VP, Patient Care Services
Northeast Rehabilitation Hospital

Skin Color, Not Race, Plays Larger Role in Injury Detection

(Philadelphia)—Female victims of sexual assault with dark skin are less likely than females with light skin to have their injuries identified, documented, and treated, leaving them disadvantaged in both the healthcare and criminal justice system, according to a new study published in the November issue of *The American Journal of Emergency Medicine*.

According to the National Crime Victimization Survey, black women have higher rape/sexual assault cases than white women, and one of the main reasons women do not report sexual victimization is "lack of [physical] proof" that an incident occurred.

"This finding is novel and important with respect both to clinical assessment and the decisions made within the criminal justice process," said Penn Nursing professor Marilyn Sommers, PhD, RN, the principal investigator of the study.

Dr. Sommers' study, in which 120 black and white volunteers underwent a forensic examination after consensual sexual intercourse, found:

- 55 percent of the sample suffered at least one, post-sex external genital injury (such as a tear, abrasion, redness, or swelling), with injuries identified 68 percent of the time in white women but only 43 percent of the time in black women. Significant disparities were only evident for external genitalia (as opposed to the internal genitalia or anus).
- Nearly three times the number of injuries to the external genitalia were identified in white women.
- The effects of race/ethnicity on injury detection became insignificant when skin color values were added to a model that predicts the occurrence of external genitalia injury, demonstrating the spurious relationship between race/ethnicity and injury prevalence.

"The novel findings from this study have clinical ramifications for those performing forensic sexual assault exams," said Dr. Sommers. "Practitioners need to increase their vigilance when examining individuals with dark skin to ensure all injuries are identified, treated, and documented."

Artika Rangan, M.S.Ed.
Associate Director of Communications
University of Pennsylvania School of Nursing

Mass. College of Pharmacy Graduates First Class

The Manchester campus of MCPHS graduated their first cohort of students in December. Thirty one students, family and friends as well as faculty attended the pinning ceremony in Manchester. The program awards a Bachelors degree in nursing. Students took classes at the Manchester campus, with clinical experiences in Lebanon, Concord, Manchester, Exeter, Nashua and Derry.

According to Liz Bouley, nursing faculty: "Our first cohort has done very well, and the assistance, mentoring, guidance and support by our clinical community partners has been a tremendous help. We are looking forward to our graduates transitioning into the role of professional Registered Nurse, and we sincerely wish them all the success they so richly deserve."

Calling all Med-Surg Nurses—Research Study Notice

I am currently conducting a qualitative research project to investigate nurses' perceptions of their commitment to holistic pain management. Interested volunteers should have at least 5 years of practice experience managing pain and caring for ill adults with diagnoses other than cancer. Participation would involve two digitally recorded interviews on off-duty time (each takes 35–40 minutes) at a mutually agreed upon site and time convenient for the nurse.

If you are interested in participating or learning more about the study, please contact Dr. Susanne Tracy at the University of New Hampshire at s.tracy@unh.edu or by phone at 603-862-0554. Thanks!

RN to BSN, a View from the End of the Tunnel

Stephanie Ayan RN BSN

At some time during their careers, most RNs contemplate whether or not to pursue a bachelor's degree in nursing. The choice to return to school may be made to increase marketability and career opportunities and is mindful of the need to balance work, home and money constraints. The decision is not always made easily, but it is one I made three years ago.

Admittedly, there are a multitude of reasons not to make this choice. Returning to school requires a personal commitment of time and effort. It can also be rather expensive if one is not fortunate enough to have a good education reimbursement program at work. There can be a plethora of family related issues including child or elder care needs. It may also become necessary to have a flexible work schedule when class availability is limited. And then there are the personal stumbling blocks, the self doubt that occurs when we are facing a change in routine or a new challenge. Negative comments from unsupportive co-workers or family members may seriously undermine one's potential commitment to pursuing continuing education.

Despite what can appear to be insurmountable obstacles, many nurses find a way to return to school. This return to academics is challenging and stimulating. It provides us with the opportunity to collaborate with nurses from all areas of nursing and provides us with new perspectives. It creates in us a drive to not only improve ourselves, but to work to advance our profession. It is an incredible opportunity for networking and many friendships have been formed as student colleagues work together on class projects.

As part of my final nursing class, I was required complete 120 clinical hours working with a baccalaureate prepared nurse. I was part of a small group that traveled to Metlakatla, Alaska where we worked at and Indian Health Service clinic. This clinical experience allowed us to observe rural nursing with a cultural perspective. We met wonderful people and had an opportunity to see some of the most incredible natural beauty our country has to offer. It was a once in a lifetime experience that would not have otherwise occurred if I were not in a BSN program.

With graduation right around the corner, I find myself now looking back and reflecting upon my BSN journey. Yes there were obstacles in the way, but they were dealt with and I was able to continue on my education path. And although the path was not always easy, the final product is me: a confident, well prepared baccalaureate nurse made all the more sweet by the fact that I faced the obstacles and reached my goal.

UNH Reopens Nurse Practitioner Admissions

The University of New Hampshire Department of Nursing announced recently that applicants for the Family Nurse Practitioner Masters program will be accepted for Fall 2009.

The Adult Nurse Practitioner track is being phased out with only currently enrolled students participating. According to Dr. Lynette Hamlin, Department Chair, "We have reviewed the needs of New Hampshire citizens for primary care nurse providers, and determined that our limited resources are best used to prepare FNPs for the future." Hamlin noted that the Department is discussing partnering with other nurse practitioner programs to expand the program specialties.

HEALTH REFORM

Time for Nurses to Tune In, Take On, & Turn Out

Registered nurses witness daily how a broken health care system endangers the health and safety of their patients and creates overwhelming barriers to care. The so-called "system" is largely held together through the efforts of registered nurses who must constantly find ways to fill the gaps in patient care, in addition to performing their many expected duties.

Americans trust RNs to advocate for them and look out after their interests. In annual national polling of various professions that people trust, nurses are consistently in the number one position. It is time to leverage that trust to campaign for guaranteed, high-quality, affordable health care for all. Nurses have a unique perspective to share and it is time, as we have before, to step up to the challenge of reforming America's health care system. It is an enormously complex and daunting challenge, but the current system is no longer sustainable. We must plunge in. The time is now.

The Goal: Guaranteed, High-Quality, Affordable Health Care for All

What's the Solution?

A national health strategy begins with the premise that health care is a basic human right.

The U.S. health care system must be restructured to guarantee high-quality, affordable health care for all. We must reshape the system, review priorities and reallocate resources to transform the current "sick care" system into a true "health care" system.

That means more emphasis on many of the professional services and skills in which registered nurses specialize: prevention, screening, health education, cultural competency, chronic disease management, coordination of care, and the provision of community-based primary care by advanced practice registered nurses (APRNs), to name a few. Registered nurses are the only clinical health care professional educated within a holistic framework that views the individual, family and community as an interconnected system that can keep us well or help us heal.

ANA believes a single-payer system is the most desirable structure for financing a reformed system. At the same time, any well-designed mechanisms or interventions that improve health care access, quality, equity and cost-effectiveness deserve our attention.

There is merit in reform plans that would create a public-private coverage partnership. In such partnerships, private insurance plans would be held to at least the same high quality standards and benefits design offered by improved public plans. In the coming debate, nurses must look through their patients' eyes, as well as their own, to evaluate all health reform proposals.

ANA's full health reform policy statement, *ANA's Health System Reform Agenda*, is available at www.nursingworld.org. Under Health Care Policy on top menu, click on Health System Reform. Document is located in "Resources" section.

Tune In to Health Reform

A Few Facts Nurses Should Know

It is a common belief that the U.S. has the "best health care in the world." However, it seems more accurate to state that "the best health care in the U.S. is the best in the world."

Unfortunately, an array of indicators suggest that many people in the U.S. do not receive its best health care.

Let's look at some of those indicators.

Access: Forty-seven million are uninsured in America, a figure that includes 9 million children. One in five Americans—59 million people—reported not getting or delaying needed medical care in 2007, up from one in seven—36 million people—in 2003. Strikingly, while access deteriorated for both insured and uninsured people, it was the insured people who experienced a larger relative increase in access problems.

Unmet medical needs have increased for low-income children, reversing earlier trends and widening the access gap between poor and higher-income children. (2008, RWJF)

Quality: The 1999 Institute of Medicine report, *To Err is Human: Building a Safer Health System* shocked the public and the health care community, reporting that up to 110,000 deaths per year in hospitals were due to preventable medical error. Almost a decade ago, this report estimated the total national costs of preventable medical error in the range of $17-29 billion.

The IOM has identified six major goals that can raise the quality of health care, and ANA has adopted those six goals as part of its own *Health System Reform Agenda*. Health care should be: safe, effective, patient-centered, timely, efficient, and equitable.

Cost: People reporting access problems increasingly cited cost as an obstacle to needed care, along with rising insurance rates plan out-of-pocket costs. (2008, RWJF)

The rising costs of health care have resulted in some deeply troubling consequences for America's families. According to a recent report by the Commonwealth Fund, which draws on four years of survey data, 41 percent of working-age Americans—or 72 million people—have medical bill problems or are paying off medical debt. This is up from 34 percent in 2005. An estimated 116 million people -nearly two-thirds of working age adults—in 2007:

- had medical bill problems or debt
- went without needed care because of cost
- were uninsured for a time or
- were insured but had high out-of-pocket medical expenses or deductibles relative to income (the category of "the underinsured").

Workforce: Most health reform plans claiming to be comprehensive omit the single most important feature required to implement the rest of it: the development and deployment of the health care workforce. The U.S. is projected to experience a shortage of 1 million nurses by 2020. Nursing does not have an adequate, stable funding stream to educate the nurses needed in the 21st century. A nursing faculty shortage stymies recruitment and education.

Retaining RNs once they have entered the workforce is another serious problem that affects the supply of nurses, which impairs patients' outcomes and threatens patient safety.

Primary care has not received the needed emphasis in a system that pays for procedures, not holistic care. Physicians specializing in primary care are diminishing in number, in part because of the current failure to adequately reimburse primary care services; APRNs are similarly affected by inequities in reimbursement. Government and private forces converge to create barriers to APRNs as primary care givers.

What ANA is doing?

Focus on Work Force

At the heart of ANA's health reform advocacy is ANA's Health System Reform Agenda, calling for guaranteed, high-quality, affordable health care for all. Among the many groups pushing for comprehensive reform, though, ANA stands almost alone in placing the issue of health care workforce on the table for discussion. ANA believes that the health care workforce issue cross-cuts all three of the "standard" issues categories–Access, Quality & Cost–that are used to describe the big themes of reform. If health reform doesn't include attention to the development and deployment of our health care workforce, it will fail.

Partnering to Amplify Nursing's Voice

ANA has partnered with a variety of coalitions seeking guaranteed, high-quality, affordable health care for all. Linking arms with other groups is an effective means of promoting and amplifying nursing's message and strengthening the national momentum for change.

Health Care First

ANA is a founding member of Health Care First, a collaborative of national organizations united in their urgent appeal for health reform. The collaborative was initiated by FamiliesUSA. Other founding members are the American Hospital Association, the Catholic Health Association, SEIU, the National Federation of Independent Businesses, and the American Cancer Society, among others. The coalition's major work right now is in urging the presidential candidates and candidates for the U.S. Congress to make health reform a top domestic priority in the new Administration and Congress in 2009.

In addition to a letter campaign and personal meetings, Health Care First is running a multi-million dollar TV ad campaign, urging the new president and Congress to tackle health reform early. Check out FamiliesUSA web initiative, Stand Up for Health Care, which is meant to empower ordinary Americans with the knowledge and opportunity to become leaders in the movement for health care reform. www.standupforhealthcare.org.

HCAN!

Health Care for America Now is a national grassroots campaign organizing millions of Americans to win a guarantee of quality, affordable health care for all. The group is grounded in organizations that can mobilize people at work, at home, in their neighborhoods, and online. Members include community organizers, nurses, doctors, small business owners, faith-based groups, organizations of people of color, seniors, unions and others seeking urgent change.

HCAN! sets out ten fundamentals for health reform, elements consistent with ANA's own *Health System Reform Agenda* to guarantee high-quality, affordable health care for all.

Learn more at: http://healthcareforamericanow.org. You can add your own signature, and urge your organization and Members of Congress to sign the petition at: http://healthcareforamericanow.org/site/action_center/

Herndon Alliance

ANA is also a founding member of the Herndon Alliance, a nationwide non-partisan coalition of more than 100 minority, faith, labor, advocacy, business, and healthcare provider organizations seeking health reform. The Alliance was formed to provide partner organizations a neutral forum to build momentum among many different groups for a long-term health reform movement. The unifying factor among members is a commitment to seeking guaranteed, high-quality, affordable health care for all.

By using surveys, polling data, focus groups, and other methods, the Alliance seeks to expand the base of people supporting affordable healthcare for all, and increase the breadth and depth of voices working and speaking out for healthcare reform. For more information, and tools you can use to convey the reform message effectively, check out www.herndonalliance.org.

Take On the Forces Resisting Health Reform

Will Public Concern about the Economy Push Health Reform Off the Table?

Health reform must be among the top priorities of the incoming new President and Congress. Yet, without strong public momentum, the eagerness of a new Congress to "do something" about the U.S. economy or gas prices will push health reform off the table.

Faltering job and income security make working families even more frightened that they may be one major illness or accident away from economic catastrophe.

While insurance companies and drug companies spend billions of dollars trying to influence the Congress and administration in the health care arena, they cannot obscure the effects of rising health care costs.

Health Reform continued on page 18

Health Reform continued from page 17

With health care comprising over 16% of the U.S. economy, and insurance coverage costs far outpacing inflation, we simply cannot fix the economy without fixing health care. Nurses have an obligation is to help educate the public and lawmakers about how the economy and health care are inextricably linked.

A Word About Drug Prices

Drug companies continue to fight efforts to allow the U.S. government to negotiate drug prices, based on bulk purchasing for the Medicare program. Medicare is the only federal program that doesn't negotiate a fair price for prescription drugs.

- From 2002 to 2007, prescription drug prices increased by 50 percent, more than 2 1/2 times faster than inflation. [AARP]
- 4 in 10 Americans report struggling to pay for medication prescribed by their doctors. [Kaiser Family Foundation]
- Twenty-nine percent of Americans go without prescribed medication due to its cost. [Kaiser Family Foundation]

Estimated annual cost to the US taxpayer: If Medicare were allowed to negotiate with manufacturers, the program would save approximately $90 billion a year, which could be passed along to the elderly in the form of lower costs or greater benefits. [Center for Economic and Policy Research]

Some Misconceptions about Health Reform

Misconception: Giving government an oversight or "watchdog" role in health care is the next step to "socialized medicine." Competition in the marketplace is the best way to reduce costs and improve care.

The Reality: The competitive marketplace is not the appropriate way to create an equitable, high-quality health care system for all. The inherent imbalance of knowledge and bargaining power, combined with individuals' need for services in a crisis, heavily favors insurance over the working family. Government's role is to facilitate and set high standards, hold plans accountable, keep deductibles low and benefits equitable.

Misconception: Health reform just needs to provide insurance coverage for the 47 million Americans who are currently uninsured. We don't need to turn the health care system upside down to solve the problems of a minority of people.

The Reality: "It's not just the uninsured person who suffers from not having health coverage. When millions of our neighbors don't have health care, it affects us all… We pay more in insurance premiums to offset the costs of care for those without insurance. We all suffer when emergency rooms are overburdened by people with major illnesses who lack the health insurance that would have helped them get the preventive and primary care to treat their conditions before they require urgent care. There are grave economic and health consequences, not to mention serious moral concerns, when almost one in six Americans goes without health insurance." Risa Lavizzo-Mourey, M.D., M.B.A., President and CEO, Robert Wood Johnson Foundation

Misconception: People will buy health care services more judiciously and sparingly when forced to pay a significant portion of the bill… when they have some "skin in the game." This is the theory behind Health Savings Accounts (HSAs).

The Reality: A recent Commonwealth Fund survey confirms earlier studies demonstrating that this approach is hurting Americans' health status. Many families are postponing or foregoing treatment, due to high deductibles or co-pays. Many put off seeing their health care professional when ill, and fail to fill prescriptions or skip ordered tests, treatments and preventive care. About half of those surveyed had difficulty paying their health care bills; many took out loans and/or mortgages, or incurred credit card debt to pay them.

Spreading the Word: What Can Nurses Do…?

- Talk to colleagues, patients and friends about the effects of the broken health care system on your patients and the care you try to provide them each day.
- Attend professional and educational meetings to learn and share information.
- Join a professional association and help amplify the powerful voices of Nursing.
- Be visible and vocal on the need for health reform.
- Tell your story in a letter to the editor of your local paper.

Questions Nurses Should Ask About Any Health Reform Proposal

1. Is it a truly inclusive system where no one is left out?
2. Does it improve people's access to health care?
3. Does it reallocate resources and infrastructure to support primary care and prevention?
4. Does it rely on evidence-based care and reward quality?
5. Does it tackle disparities in health care quality and outcomes, especially among vulnerable populations?
6. Is it affordable for working families? Does it protect families from financial ruin in cases where health care expenses are disproportionately large?
7. Does it offer affordable and predictable costs to businesses and employers?
8. Does it demand accountability, transparency and equity from the private health care marketplace? Does it invest in nursing?
9. Does it open the door for RNs to optimize their skills, knowledge and abilities in all roles and settings to help patients?
10. Does it provide a coherent national health care vision and strategy?

And perhaps most important for registered nurses: How will this affect my patients?

Reprinted from "The American Nurse", an ANA publication

Nurses: The Good, the Bad and the Difference Between Them

When your loved one is hospitalized, you quickly learn to recognize who's there to help and who's not.

by Marci Crestani
November 2008

Over the last two years, I have spent a significant amount of time in hospitals in L.A. and Chicago because of medical crises with various members of my extended family. And no matter how well- or little-known these hospitals are, one fact remains the same across the board: You know a good nurse the minute she/he walks into the room.

Good nurses in a hospital make me weak in the knees. For starters, they smile at their patients with the implicit understanding that you are members of the same species. Good nurses greet their patients by name and look them in the eye when they ask, "How are you doing?" They then respond to their patients' answers as if they actually heard them. Good nurses possess an air of confidence that does not refer to power.

Unfortunately, just as there are bad patients, there are also bad nurses. Bad nurses are like overworked and underpaid baggage handlers -- with your family member being the suitcase. I descend to a Darwinian "survival of the fittest" level of strategy when I encounter a bad nurse.

I once said to a bad nurse, "Oh, wow! I really like your clogs!" and then described in detail why her clogs were so cool -- even though I think clogs look like something that should be worn in prison yards. But my dad needed a pain pill and this gal needed yet another push to give him one. Her clogs were my way in. Worse yet, it worked.

No such luck, though, with the Super Bad nurses. They too operate at a Darwinian level and they can smell my fear. Their message back to me, laser beamed from their eyes directly into mine, is, "I'm on to you, honey, and your act ain't working with me."

Undaunted, I'll ask, "So, do you have any kids?"

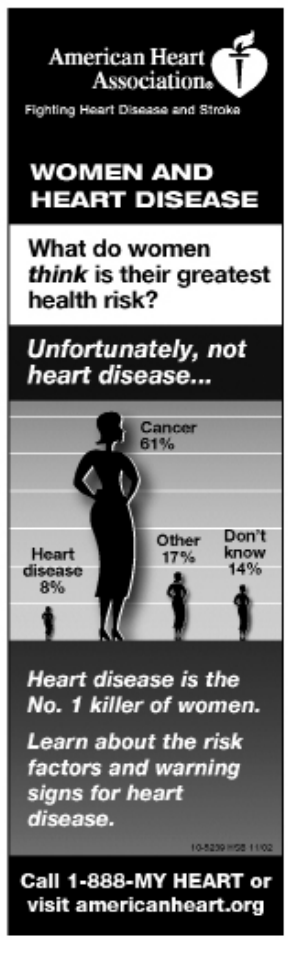
What differentiates good nurses from bad ones are the personal qualities they possess before they even enter a nursing program. Are they smart, careful, observant, precise, compassionate? These are attributes that can't be taught. Most important, though: Do they have a first-rate short-term memory?

Nurses need short-term memories with stratospheric storage capacity. They are continually interrupted by patients, family members and other staff with questions and requests. I can't even remember if I've taken my calcium pill for the day, so I'd hate to be trusted with remembering whether or not I gave someone morphine. "Well, I think I did" is not the zone you want a nurse to be operating in. A nurse's memory is vital in the dictionary sense of the word.

With good nurses you have a trust and rapport that is transcendent. They take the lead with the patient. Their nursing education is a launching pad not just for their career, but for their passion.

(And by the way, if I flatter a good nurse, we both know it's sincere.)

Originally published in the LA Times–Reprinted with the author's permission.



Laughter—The Perfect Antidote for Stress

Hi. I'm Patty Wooten, a nurse—first and foremost. I am also a humorist, a clown and a leader in the therapeutic laughter community.

Patty Wooten

For the last 25 years, I've had the opportunity to share with thousands of nurses around the world who validate my personal observations: opportunity for laughter is abundant and also essential for both the nurse and the patient.

I am honored to be your Nurse Week 2009 celebrity speaker for the NHNA "Laugh and Learn" day—Monday, May 4th. In the afternoon I will teach a 3 hour workshop entitled "Finding Comedy in Chaos" (earn CE contact hours as you laugh). We will discuss the scientific evidence behind the therapeutic benefits of humor and laughter and together, we will develop strategies to bring more laughter to our own lives and also for our patients. During the evening celebration we will continue our laughter and learning as I weave important concepts into a stand-up comedy routine answering the question: "What's so Funny about Nursing?" This program is guaranteed to help you laugh until your cheeks hurt and tears run down your leg.

To pique your interest, the article below and one in the next issue, will give you a preview of some of the topics we will explore. I look forward to laughing together with you next May!

• • • •

Got Stress?
If we want to reduce the unhealthy impact of stress, we should make opportunities for more humor, laughter and play. Our sense of humor gives us an ability to find the absurdity in any situation.

Some people see absurdity quite easily, for instance my co-worker Sally. It was 6:40 am on our telemetry unit and nurses were beginning to gather at the station. One of our "confused and yelling" patients was placed in a room near the nursing station for his safety. As Sally walked past his doorway, the patient began to yell and scream. Sally looked over at all of us, rolled her eyes and stated "Well, today is going to be a Xanax kind of day." We all laughed. We laughed in recognition of how frustrating it can be to care for a patient in this condition. We all were all on exactly the same wavelength in that moment of shared laughter. It is this shared laughter that lifts the team spirit and creates unity through the bond that only laughter can bring.

Why Nurses Need Humor
I am reminded of a poem written by critical care nurses who realized the importance of laughter and play, but noticed that many patients and visitors were confused or upset by hearing this in such a serious place. To help the visitors understand, they placed a copy of this poem in the waiting room.

If you are waiting....
You may possibly see us laughing;
or even take note of some jest;
Know that we are giving you loved one
our care at its very best!
There are times when tension is highest;
There are times when our systems are stressed;
We've discovered humor a factor,
in keeping our sanity blessed.
So, if you're a patient in waiting,
or a relative or friend of one seeing,
Don't hold our smiling against us,
it's a way that we keep from screaming.

Our ability to laugh and find the funny side of a situation helps us to maintain our balance and perspective during stressful times. As psychologist Moshe Waldoks stated, "A sense of humor can help you overlook the unattractive, tolerate the unpleasant, cope with the unexpected and smile through the unbearable." Our sense of humor gives us the ability to find delight and experience joy even when facing adversity.

One of the earliest and most extensive studies of humor and its use by health professionals was compiled in the early 1970s by nurse-educator Vera Robinson as part of her doctoral thesis. First published in 1977, her work was updated and released again in 1991. Today, almost 30 years later, it continues to be one of the most comprehensive studies of humor and its importance in nursing practice.

Humor, Laughter and Mirth
Humor, laughter, and the resulting emotion, mirth, nourish the body, mind, and spirit. Humor is a cognitive ability engaging the mind. Laughter is a physical activity activating the body. Mirth is an emotional experience that lifts the spirit.

Why does humor exist? One of the main reasons humor exists may be that it helps people adapt to the stresses in their lives. As a pioneer stress researcher, Hans Selye noted, "Stress is not the event, but rather our perception of the event." In other words, it is people's interpretation of events that causes stress, not the events themselves. And a sense of humor helps people to view difficult circumstances in a less stressful way.

Styles of Humor
Different styles of humor serve us in different ways. Hoping humor accepts the situation and laughs anyway. It gives us courage to face challenges. Coping humor laughs at the situation. It gives us a release for physical and emotional tension. Groping humor laughs in spite of the situation. It protects the caregiver from the emotional impact of witnessing tragedy, suffering and death on a daily basis. Here are some examples of hoping, coping and groping humor.

Hoping humor
How You Know It's Going To Be a Long Shift
- You step off the elevator and emergency room gurneys are lined up in the hall.
- The crash cart is not in its usual location.
- There are too many people in the nursing station.
- There is nobody in the nursing station.
- Housekeeping is scrubbing a large area of the floor.
- You get two admissions during report.

Coping Humor
Nurses often create humor to help them release feelings of hostility or frustration by making jokes about physicians. I'm sure that physicians do the same.

What do you call two orthopedic surgeons reading an EKG? A double-blind study.

How is a neurosurgeon just like a sperm? One in 200,000 becomes a human.

What does it mean when a physician writes WNL on the History and Physical? We Never Looked.

Groping Humor
Sometimes, caring for patients who are noncompliant, combative, demanding, or ungrateful can be frustrating. These patients are sometimes referred to as a "gomer"—an acronym created by Samuel Shem MD writing about his internship experience. GOMER is an acronym for Get Out of My Emergency Room. Over the years, several versions and additions to the gomer criteria list have evolved.
You know your patient is a gomer when:
- his old chart weighs more than 5 pounds.
- his previous address was the VA hospital.
- he keeps tying his pajama strings in with the Foley catheter.
- he can have a seizure and never drop his cigarette.
- he asks for a cigarette in the middle of his pulmonary function test.
- his B.U.N. is higher than his IQ.

It is important to note that groping humor, so therapeutic for staff, may not be appreciated by clients or their families.

Ho Ho Holistic Health
Humor, laughter, and play contribute to our health and well-being in many ways. Each touches our body-mind-spirit in its own way. Humor, as a cognitive process, is primarily a mental activity. The behavior of laughter affects the whole body, from cells to entire organ systems. Play and a playful spirit fill us with joy; connects us with others, and keep us focused on the present moment. Each of these can help us improve our ability to cope with stress.

Jestfully yours,
Patty Wooten
www.jesthealth.com

Nurses Voted Most Trusted Profession

SILVER SPRING, MD—For the seventh consecutive year, nurses were voted the most trusted profession in America in Gallup's annual survey of professions for their honesty and ethical standards. Eighty-four percent of Americans believe nurses' honesty and ethical standards are either "high" or "very high."

"It's a proud day for nurses and for nursing," remarked ANA President Rebecca M. Patton, MSN, RN, CNOR. "The fundamental principles of nursing are compassion and respect for the individual patient. They are what inspire each nurse to strive to promote health, prevent illness and alleviate suffering. It's gratifying to see those principles recognized by the public we serve."

Since being included in the Gallup poll in 1999, nurses have received the highest ranking every year except in 2001, when fire fighters received top honors. Results were based on telephone interviews with more than 1,000 adults.

Behaving Badly?

Joint Commission Issues Alert Aimed at Improving Workplace Culture, Patient Care

by Susan Trossman, RN

Sticks and stones may break my bones, but names will never hurt me.

Downplaying the effects of verbal abuse has been the way of the world for decades in both the schoolyard and the workplace. But things are changing; The Joint Commission recently issued a "sentinel event alert" that's aimed at stopping rude and disruptive behavior among health care professionals.

"Intimidation and acting out behavior creates a high-stress environment that's incompatible with the culture of safety that we're trying to promote in health care," said Grena Porto, MS, RN, ARM, CPHRM, a patient safety and risk management consultant who serves on The Joint Commission's Sentinel Event Advisory Group, which issued the alert. "It's behavior that's not limited to one group, and it's been tolerated within health care organizations for too long.

"One of the underlying drivers is stress, partially because we have a staffing shortage. So people already come home feeling like they've gone several rounds in a boxing ring. We don't need to add to it by allowing these behaviors."

Long time coming

In promoting the alert, the Joint Commission noted that rude language and disruptive behavior are not just unpleasant for health care professionals who may be on the receiving end, but they also pose a serious threat to patient safety and the overall quality of care. The Joint Commission issues an alert to identify a specific sentinel (potentially harmful) event, describes its common underlying causes and recommends ways to prevent occurrences in the future.

The Joint Commission also is introducing new standards requiring more than 15,000 accredited health care organizations to create a code of conduct that defines acceptable and unacceptable behaviors and to establish a formal process for managing unacceptable behavior. The new standards take effect Jan. 1, 2009 and affect a range of organizations, from hospitals to home health agencies to laboratories.

"Most health care workers do their jobs with care, compassion and professionalism," Joint Commission President Mark Chassin, MD, MPP, MPH, said in a statement. "But sometimes professionalism breaks down and caregivers engage in behaviors that threaten patient safety. It is important for organizations to take a stand by clearly identifying such behaviors and refusing to tolerate them."

Since it came out, nurses who have been exploring the issue for several years say that much of the press around the alert has focused on bad behavior on the part of physicians.

Porto, founder and principal of QRS Healthcare Consulting, LLC, explained that studies have shown that physicians who act out have a more profound effect, because of their relative power.

There also have been several celebrated cases reported in the media of physicians having temper tantrums. Case in point: In August, the Boston Globe wrote about an orthopedic surgeon who threw a pair of scissors in the OR, narrowly missing a nurse.

Many nurses can speak to their reluctance to phone certain physicians for fear of incurring their wrath. Nurses exploring workplace bullying, however, say their colleagues must look beyond the nurse-physician relationship when developing and implementing the new Joint Commission standards and alert recommendations.

"When I heard about the Joint Commission alert, I was absolutely thrilled and felt it was long overdue," said Col. John Murray, PhD, RN, CPNP, CS, FAAN, president of the Federal Nurses Association (FedNA). In 2006, FedNA successfully gained support from nurse leaders nationwide for a resolution introduced at ANA's House of Delegates and aimed at stopping unhealthy work behaviors, such as bullying, hostility, lateral (peer-to-peer) abuse, intimidation and abuse of authority.

FedNA introduced the HOD resolution because nurse members recognized bad workplace behaviors as an escalating problem occurring in all settings where nurses practice, learn, teach, research and lead–and in hospitals and academic institutions, large and small, rural and urban.

Murray frequently speaks on workplace bullying throughout the United States and beyond. And when nurses who've been in abusive situations approach him afterward, none describe their perpetrators as physicians. Instead, they generally mention nurse leaders, such as nurse managers and executives. Also nurses who report problems may not be taken seriously.

Ramon Lavandero, MSN, MA, RN, FAAN, director of Communications and Strategic Alliances for the American Association of Critical-Care Nurses (AACN) has seen the lack of follow through on reports of abuse and hopes the Joint Commission alert will serve as a galvanizing force for workplace change.

In 2006, AACN co-conducted a workplace survey of some 4,000 critical care nurses, who averaged 17.5 years of experience. Sixty-five percent reported experiencing at least one incident of verbal abuse in the past year from a physician (the most common), nurse manager, other RN, patient or other person. Although 47 percent said their facility had zero tolerance policies in place outlawing this type of abuse, only one in four nurses reported that their facilities were fully committed to enforcing them.

On the case

A developmental pediatric nurse practitioner, Judith Vessey, PhD, CRNP, MBA, FAAN, began delving into the world of teasing and bullying in relation to its effects on children. The Boston College nursing professor has since been engaging in a series of studies on nurses and bullying with an eye toward developing effective interventions to ensure a better workplace.

In one of her more recent projects, Vessey and colleagues created an online, 30-question, nationwide survey to capture a snapshot of the experiences of RNs, including staff nurses, educators and administrators. The survey also included an open-ended question that allowed nurses to expand freely on bullying in the workplace.

She defines bullying specifically as something that is repetitive, has a real or perceived power differential between the person doing the bullying and the targeted person, and has an intent to harm. (Lateral or horizontal abuse takes out the power differential, but still is designed to cause upset. Harassment has many of the same qualities of lateral abuse, but is covered by a set of legal protections.)

"At the time, we didn't think we'd get many responses to the open-ended question, but two thirds of the nurses responded and wrote paragraphs and even pages describing their experiences," said Vessey, a Massachusetts Association of Registered Nurses member. "Many of the nurses talked about lateral violence or harassment. In their minds, it's all the same."

Through their research, they discovered that nurse-to-nurse bullying is a major problem in need of evidence-based interventions. She added that individuals who are most at risk for being bullied are those who are different from the group, such as new nurses, float nurses or those of a different race, ethnicity or gender.

The fact that nursing is a traditionally female profession that exists in traditionally hierarchal environments doesn't help.

"When bullying others, boys have tended to use fisticuffs, and girls have used social toxicity [for example, ostracism or manipulation through gossiping and rumor-spreading]," Vessey said. "And if social toxicity worked for them in sixth grade, it may work for them on the unit."

Through his interactions with nurses, Murray said that a prime factor behind health care professionals participating in rude, condescending or other abusive behavior seems to be more about personality type than just working under stressful conditions.

Dianne Felblinger, EdD, MSN, WHNP-BC, CNS, RN, believes incivility is far more prevalent in nurses' workplaces than actual bullying. She defines incivility as a behavior of low intensity, of ambiguous intent to harm and in violation of workplace norms. It includes behaviors such as refusing to work collaboratively, gossiping and emotional tirades.

"Civility matters, and it needs to be part of orientation and annual continuing education programs, like CPR and bloodborne pathogens," said Felblinger, also an expert on inappropriate workplace behaviors and a professor at the University of Cincinnati's College of Nursing.

However, she noted that when bullying occurs, the targets of abuse wait an average of 22 months before they report it. Nurses and others who are bullied can experience a great deal of anxiety and depression, as well as post-traumatic stress disorder and physical problems.

And then there is the issue of patient care.

Nursing requires quality teamwork, and a direct cause and effect of bad behaviors on patient outcomes is not always obvious, according to Vessey.

If nurses are dissatisfied with their jobs because of the work environment, they don't want to go to work or be fully engaged. This leads to an unstable and disengaged workforce and ultimately poor patient care conditions.

Added Felblinger, "In health care, we've always taken a stern approach to our roles, because what we do is so serious and important. But how we treat ourselves and each other are tied to patient safety and quality of care. So changing the culture would be very, very helpful to health care professionals and patients."

Education and enforcement

AACN has been a leader in working to promote healthy workplaces for RNs—devoid of bullying, condescending behaviors, a refusal to answer questions, angry outbursts and physical contact.

In 2004, the association issued a position statement calling for zero tolerance toward abuse. In that position statement, it noted than 12 percent of nursing turnover was directly attributed to factors associated with verbal abuse. A year later, the association produced the AACN Standards for Establishing and Sustaining Healthy Work Environments, the first national standards to address key workplace practice components. These include the need for nurses and other health care professionals to achieve skilled communication, true collaboration and meaningful recognition of what each group brings to the table.

The standards support provisions outlined in ANA's Code of Ethics for Nurses and "provide a framework to assist nurses in upholding their obligation to practice in ways consistent with appropriate ethical behavior," according to the AACN standards document. The document identifies critical elements of skilled communication, for example, noting that organizations' policies should eliminate abuse and disrespectful behaviors in the workplace. It also requires facilities to establish systems in which individuals and teams formally evaluate how communication affects clinical, financial and work environment outcomes.

Another standard calls for nurse leaders to embrace, as well as authentically live and engage others in achieving a healthy work environment. Among the elements needed to meet this standard is one that requires facilities to develop mentoring programs for all nurse leaders. Another states that facilities give nurse leaders the financial and human resources needed to sustain a healthy work environment.

Behaving Badly continued on page 21

Behaving Badly continued from page 20

"AACN believes that maintaining a healthy workplace is a shared responsibility between the individual and an organization," said Lavandero, a member of the Guam Nurses Association. "An organization can establish all the policies it wants. But if it doesn't foster the positive development of the skills needed and individuals don't embrace them, it's a senseless policy. It's also unethical"

Porto was instrumental in creating the alert and knows that health care organizations have been reticent to admit that they may have a workplace culture problem.

"I saw this as a huge issue while working with facilities to establish a culture of safety and build teamwork," Porto said. "There was a lot of denial. Or if a nurse complained, a colleague or manager would say, 'Oh grow up—so he's a jerk. Just do your job.'"

She added that nursing supervisors often enabled abusive behavior by assuming a referee role and not a focusing on stopping the abuse—particularly when it came to working relationships with physicians.

"None of the professions have taught their students how to talk with someone who gets out of control, or how not to get out of control themselves," Porto said. "Training and education are important, but that doesn't change the behavior by itself. You need zero tolerance, and it has to be enforced. That's what is called for in the alert.

"And discipline is an appropriate response to this type of behavior," she contended. "If somebody throws a knife at you in the OR, it shouldn't be a 'let's go get a cup of coffee and talk about this' response."

To help put an end to intimidating and disruptive behaviors among physicians, nurses, pharmacists, therapists, support staff and administrators, the sentinel event alert recommends that health care organizations take 11 specific steps, including the following:

- Educate all health care team members about professional behavior, including training in basics, such as being courteous during telephone interactions, business etiquette and general people skills;
- Hold all team members accountable for modeling desirable behaviors, and enforce the code of conduct consistently and equitably;
- Establish a comprehensive approach to addressing intimidating and disruptive behaviors that includes a zero tolerance policy; strong involvement and support from physician leadership; reducing fears of retribution against those who report intimidating and disruptive behaviors; and empathizing with and apologizing to patients and families who are involved in or witness intimidating or disruptive behaviors;
- Determine how and when disciplinary actions should begin; and
- Develop a system to detect and receive reports of unprofessional behavior, and use non-confrontational interaction strategies to address intimidating and disruptive behaviors within the context of an organizational commitment to the health and well-being of all staff and patients.

When determining workplace actions that deal with bullying, however, care must be taken to not unwittingly escalate this behavior and drive it underground, Vessey noted. Colleagues who are being bullied, for example, may not want to put someone else's position in jeopardy if a facility's policy seems too rigid.

Felblinger recommended educational programs that utilize both case studies and role playing that can be accomplished through online and small group participation.

"Through those programs, nurses also can learn how to deal with abusive situations—whether it's something that is said or done under stress or not. We all should be able to give meaningful apologies where one offers regret, takes responsibility and offers a remedy to correct what's occurred.

"And a person getting an apology also has the option of accepting it or not."

As for other policies that health care facilities develop as a result of Joint Commission alert, Felblinger said they must be practical, helpful and useful for nurses working at the bedside. And they must be measurable to ensure they are effective.

"We know there's a problem," Felblinger said. "We've looked at it enough. Now we need the interventions."

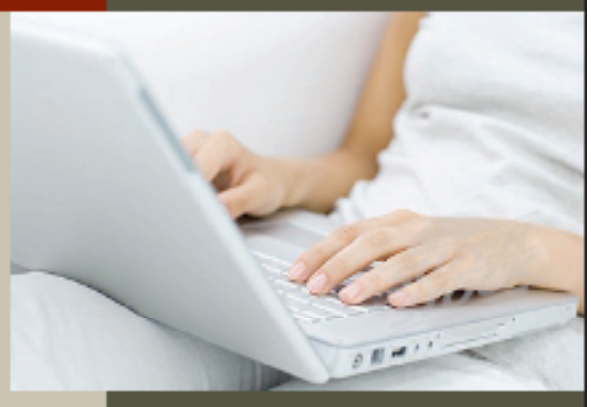
Concluded Murray, every health care organization has a responsibility to its nurses to ensure that they all feel safe in their workplaces and feel safe to report an abusive act.

"The nursing shortage isn't a good excuse for bad behavior," he said. "We're not doing our profession any good if we use that as an excuse."

For more information on the alert, go to www.jointcommission.org. For more on AACN's standards, go to www.aacn.org/hwe, and for more on strategies, see Murray's article in the July issue of *American Nurse Today.*

Susan Trossman, RN, is the senior reporter for *The American Nurse.*

Reprinted from "The American Nurse"… an ANA publication



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