Virginia Nurses Foundation Gala and the
108th Delegate Assembly a Great Success

Welcome new officers! (From left to right) Jennifer Matthews, Lindsey Jones Caldwell, Lauren Goodloe, Kathy Tagnesi and Becky Bowers-Lanier.

Secretary of Health & Human Resources, Marilyn Tavenner and Lorna Facteau, President of VNF acknowledge “the best of the best” among nurses who practice within Magnet facilities in Virginia with Nursing Excellence Awards.
This will be my last column in the Virginia Nurses Today as President of the Virginia Nurses Association. It has been an incredible honor and privilege to serve as the VNA President for the past four years. As the deadline for submitting each column would appear on my calendar periodically throughout my presidency, I struggled to choose which of many topics would serve as the priority item worthy of elaboration and dissertation. This column has always provided me with the opportunity to reflect on what the most important issue was at the time and to communicate that to all nurses in Virginia. This column will be no different. Now is the time to pursue excellence in nursing on a personal level, on an organizational level, and on the state-wide level as members of the VNA.

As I write my final column, I am returning home from the ANCC’s annual National Magnet conference. Magnet certification is awarded to only 5% of the nation’s hospitals—those that have subjected themselves to intense scrutiny by the American Nurses Credentialing Center and have demonstrated that they perform the type of work and possess the kind of practice environment that generates and supports nursing excellence in providing patient care. The ANCC national Magnet conference celebrates the hospitals that attained Magnet certification during the year and provides educational sessions designed to expand the attendees’ knowledge of the manifestation of ongoing nursing excellence within Magnet hospitals. Did you know that Virginia is one of eight states that have over 10 Magnet hospitals? Or that when considering acute care and community hospitals, Virginia has 11% of its hospitals designated as Magnet facilities? I was privileged to be a part of a panel that presented on an exciting Consortium that has developed among the Virginia Magnet hospitals. The Virginia Magnet Hospital Consortium began in March 2007, when the [then] nine Magnet hospitals gathered at a meeting hosted at UVA Health System and decided to form a group. In fact, since the Consortium began, VNA has seen an eight percent growth in membership, and two-thirds of that growth has occurred in districts that have a Magnet hospital within them. VNA staff provides meeting coordination services and maintains a mini-website for the Consortium. The 2008 VNA gala (which was a rousing success) adopted the theme of Celebrating Nursing Excellence to commemorate the Virginia Magnet hospitals. The Consortium also used this opportunity to establish two awards—Excellence in Clinical Practice and Excellence in Leadership. These awards will recognize two nurses who, in accordance with Magnet standards, represent “the best of the best” among Virginia nurses.

After the panel presentation at the ANCC Magnet conference, I was approached by a Virginia nurse who wanted to become more involved in health care policy. She told me she had not yet joined the Virginia Nurses Association, but, as a new graduate, has been focused on her starting her career. She expected that she would be able to join now. She described her interest in Home Health nursing and in health care reform. Her passion for making a difference was evident and she believes her nursing experience will provide her with a view of how policy translates to the front line of care giving. I completely agree. Needless to say, I provided her with the information she needs to join VNA and will assure that she gets connected with VNA’s Government Relations commission.

Four years ago, when I began my first term as president, I described the three components I believed would lead VNA to success as an organization. They are relevance, revenue and relationships. We have made great strides in each of these areas.

In terms of relevance, VNA embarked on a series of four-year plans, and emerged with a strategic and tactical plan that will allow VNA to focus both its talent and its resources to achieve, year after year, the mission of providing advocacy and education. VNA has provided educational sessions for nurses on topics such as the importance of nurse involvement in politics and health care policy; the establishment of minimal lifts environments and environmentally healthy workplaces; and safe staffing principles. VNA has also been at the forefront of legislation to improve data collection on nurse supply and demand and to achieve increases in nurse faculty salaries.

Revenue is a forerunner to financial stability. Over the past four years VNA has seen a steady increase in membership and has executed several successful non-dues revenue strategies. In addition to a careful stewardship of expenses, VNA is once again in a strong financial position.

My earlier discussion of the relationship VNA enjoys with the Virginia Magnet Consortium is perhaps the most recent example of the many (continued on page 3)
important connections that VNA has made over the past four years. In addition to external relationships, the teamwork among the VNA staff is very strong, and the leadership provided by VNA Executive Director, Susan Motley, has been instrumental in supporting a very ambitious agenda. While Susan, by nature, is a ‘can do’ person, she also helps establish limits for VNA so that we do not succumb to taking on more than we can deliver for the membership. VNA can celebrate many accomplishments and credit must also be given to a very committed Board of Directors. The VNA Boards that served during my tenure as President were willing to take on the tasks of disciplined planning, careful review of resources and the assignment of priorities to assure that VNA maintain a focus that would lead to success. The coordinated efforts of so many led to the success we now see in terms of relevance, revenue and relationships.

It would take many more paragraphs for me to thank all those that have contributed to VNA’s success over the past four years. But I must acknowledge my colleagues at the University of Virginia Health System. They have endured my frequent absences and my less-than-one-hundred-percent focus on my job. I look forward to re-engaging with them, with the rich perspective of having served VNA.

As I conclude my final column against a backdrop of rather dramatic political and economic times, I am encouraged that nursing is among one of the best and most secure professions in which to be employed. Nurses are not losing jobs and we enjoy a very high level of respect and trust from consumers and the general public. Membership in your professional association remains an investment worthy of both your money (dues membership) and your time. Remember, VNA chooses to send this publication to all nurses in Virginia. Therefore, you are not a member simply because you have a nurse’s license or receive this publication. I encourage those of you who are not members to join. VNA is a vital and relevant organization. We want every nurse to belong. Thank you for your support and for the honor of allowing me to lead this important organization.

As I write this the Virginia Nurses Association has just wrapped up their 108th Delegate Assembly. Any organization that has been in existence for more than one hundred years might find itself struggling to remain relevant to its members. Not VNA! Robust and engaged discussions surrounded the three resolutions that passed the Delegate Assembly. Detailed in this issue, all three are immediate issues of concern for nurses in today’s workplace: Safe Staffing, Lateral Violence, and Access to Care. These resolutions all passed unanimously.

The Delegate Assembly also took bold action on a bylaws change. Following an example set by the American Nurses Association at their annual House of Delegates meeting in June, VNA’s Board brought forth a motion to designate a new board position to a recent graduate. The bylaws change passed unanimously, and we are all looking forward to working with the nominations committee to tap into the talent of a recent nursing school graduate to ensure that VNA stays connected to the issues in education and the workforce.

More good news! Virginia Nurses Association and Bank of America have entered into an agreement that supports your association with $350,000 over the next five years. These guaranteed funds will be used to develop and enhance programs for our members. The funds are derived from our loyalty agreement with Bank of America for the VNA branded credit card and other financial services options they have developed especially for nurses. You do not have to be a member of the association to access this benefit — simply go to www.virginianurses.com and click on the card at the bottom of the homepage for more information.

VNA has a twenty year partnership with the Bank of America program. Evaluated against all others in the market with a product targeted for nurses, the Bank of America program is clearly the best option your association has to bring to you. I encourage you to take advantage of it. Be on the lookout for other products coming your way this winter, including an insurance package from Met Life. The Safe Staffing Advisory Council continues to meet and move forward with their plan of work. They are on target to make their recommendations to the VNA Board in mid-December. Composed primarily of staff nurses, this all volunteer group has been fortunate to have the input of many of you in the workforce. We have not turned away anyone from participating that felt they had something to offer the group. If you have questions regarding this group, please feel free to contact me at the office via phone or email to smotley@virginianurses.com.

Finally, as we move forward into a busy political season, make sure you are subscribed to the VNA Voter Voice public policy e-newsletter. You will not want to miss a single communication so that you know that you are up to date with the issues facing nursing. If you are not subscribed, simply send an email with the word “subscribe” in the subject line to smotley@virginianurses.com.

Thank you for your continued support of nursing issues in Virginia. If you are not a member, I urge you to join and become part of a group of people “on the record” for supporting nursing issues. There has never been a better time to be a member of the VNA!
Resolution: Lateral Violence and Bullying in the Workplace

WHEREAS, over one-third of healthcare workers have reported incidents of some type of bullying and almost half have reported experiences of verbal abuse (Center 2008); and

WHEREAS, workers who experience lateral violence and bullying can have physical and psychological symptoms, lower levels of job satisfaction, increased job stress, and a greater intent to leave a position (Guine, 1999); and

WHEREAS, nurses have an obligation to provide the best possible care to patients; and

WHEREAS, the workplace environment is known to impact quality aspects of care; and

WHEREAS, lateral violence and bullying among healthcare providers has a negative effect on the practice environment; and

WHEREAS, lateral violence in the workplace contravenes the Code of Ethics for Nursing Requirement that nurses treat patients, families, and colleagues with respect and caring; and

WHEREAS, the Center for American Nurses maintains there is no place for lateral violence or bullying in professional practice environments; therefore, be it

RESOLVED, that VNA support the position statement of the Center for American Nurses and their recommendations for eliminating lateral violence and bullying in the workplace including:

♦ Education on the dangers of lateral violence and bullying

♦ Education on ways to implement strategies designed to reduce lateral violence and bullying

♦ Adoption of zero tolerance policies regarding lateral violence and bullying.

Resolution: Safe Nurse Staffing in Virginia

WHEREAS, nursing care requires continuous patient assessment, critical thinking and expert judgment, advocating on behalf of our patients, and educating patients and their families. These activities are the essence of nursing care and are critical factors in avoiding preventable complications, injuries and avoidable deaths; and

WHEREAS, the number of nursing staff available to provide patient nursing care is linked to patient safety by substantial and growing numbers of research studies (Institute of Medicine, 2004) (Unruh, 2008); and

WHEREAS, adverse patient outcomes that are directly related to ineffective nurse staffing include urinary tract infections, upper gastrointestinal bleeding, longer hospital stays, shock, failure to rescue, and mortality within 30-days of admission (Needelman, Buerhans, et al., 2002); and

WHEREAS, A poll of over 10,000 nurses conducted by the ANA revealed that 73% of nurses do not believe that staffing on their unit or shift is sufficient and 59.8% of the respondents knew of someone who left direct care nursing due to concerns about safe staffing (ANA, 2007); and

WHEREAS, all healthcare organizations and professional registered nurses are accountable for promoting the health and safety of those in their care and it is in the best interest of patients, nurses and healthcare facilities to ensure that there are sufficient numbers of qualified nursing staff to meet the nursing care needs of the patient; and

WHEREAS, The American Nurses Association advocates the development of organization-specific plans, based upon ANA’s Principles for Nurse Staffing, that tailor nurse staffing to the specific needs of various patient populations and different patient care settings, and are based on factors including patient acuity, the experience of the nursing staff, the skill mix of the staff, available technology and the support services available to nurses; therefore, be it

RESOLVED, that the Virginia Nurses Association reaffirms the nursing profession’s responsibility to monitor staffing issues to assure safe and effective nursing practice, particularly during times of a nursing shortage; and
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Thanks to the VNF Gala Supporters for helping make this year a Huge Success!

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The 108th Delegate Assembly kicked off a weekend of education and celebration! First, a group of one hundred delegates and members met to discuss issues relevant to nurses today and vote on three resolutions that establish those priorities: Safe Staffing, Lateral Violence, and Access to Care. The delegates also passed a bylaws change allowing for a recent nursing school graduate to serve on VNA's Board of Directors. There is detailed information about these resolutions in this issue.

Saturday showed that staffing resonates with nurses in Virginia as the VNA, along with the Virginia Partnership for Nursing and the Legislative Coalition of Virginia Nurses joined for a fantastic program. Kicked off by Dr. Pam Cipriano, the day's speakers included those that could speak to the science of staffing, and to the state of polices and legislation in the U.S. and in Virginia. If you were unable to attend, you will find the materials from the day available at www.virginianurses.com.

Finally, the Virginia Nurses Foundation Gala gave everyone an opportunity to take a moment to celebrate excellence in nursing and the milestones achieved in Virginia. Chaired by Lorna Facteau, the trustees worked hard to raise funds for scholarships and nursing research projects. The event, thanks to honorary chair Secretary of Health and Human Resources, Marilyn Tavenner raised funds that exceeded our goals for the evening. We want to thank our presenting sponsors: Bon Secours Richmond; Carilion Clinic; Centra Health Inc.; Gannett Healthcare Group; University of Virginia Health System; Virginia Commonwealth University Health System and Winchester Medical Center.

While nursing was gathered together we took the opportunity to recognize nursing leadership in Virginia and our many successes. Karen Drenkard, Director, Magnet Recognition Program at ANCC helped recognize the ten facilities in Virginia who have achieved Magnet status. The first ever Magnet Consortium Award for Nursing Excellence in Leadership and Nursing Excellence in Clinical Practice were presented to two very surprised nurses from Inova—Pat Lane and Rachel Lewis-Bayliss. Capping off the evening, two very special “Friend of Nursing” awards were presented to Jeff Cribbs, CEO of the Richmond Memorial Health Foundation and Aryana Khalid, Assistant Deputy Secretary of Health and Human Resources. Both were recognized for their leadership in advancing the cause of nursing in Virginia.

This was a great weekend for celebrating nursing in Virginia and making sure that we all stay on the cutting edge of issues that face nursing practice in Virginia and across the United States.
A significant milestone was reached in the past several months; two documents are finally bringing congruency to the Advanced Practice Registered Nurse evolution in the US. These documents are the Regulatory Model and all related requirements, and regulatory facets (APRN, 2008; NCBSN, 2008). This achievement is the result of sustained efforts by committees by Jennifer Matthews to enhance patient care outcomes, alignment of the scopes of practice, create a regulatory model and regulatory statutes, and standardize education requirements for the APRN. This 15-year process has culminated in a unified model for Advanced Practice Registered Nurses and it consists of four prongs in regulation: licensure, accreditation, certification, and education (LACE) components of certifying organizations. More recently, since 2004, the next steps will be involvement by all nurses at all levels and the advanced practice nurse community to educate colleagues across the health professions, administrators, the care community, and legislators on the advantages of this model and to assist in the transition of the model into regulatory statutes. In the US, only 8% of the nurse workforce is the advanced practice registered nurse (Buerhaus, Staiger, & Auerbach, 2008, p. 3). All nurses will need to be politically and legislatively vocal to assure support of the model transition and to consider advancing themselves into recognized roles in advanced practice nursing. Please take the opportunity to talk with an advanced practice nurse and to schools of nursing to learn more about opportunities and challenges in advanced practice nursing. Jennifer Matthews, Ph.D., ACNS-BC is an advanced practice nurse with certification and licensure as a Clinical Nurse Specialist in Adult Health; she is Board Certified (BC) through the American Nurses Credentialing Center. She is the VNA Commissioner on Nursing Education.

The APRN Regulatory Model

APRN SPECIALITIES

Focus of practice beyond role and population focus linked to health care needs.

Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative Care.

POPULATION FOCS

Licensure occurs at Levels of Role & Population Focus.

APRN ROLES

Nurse Anesthetist

Nurse Midwife

Clinical Nurse Specialist

Nurse Practitioner

Important elements of the documents are:

- There are four categories of APRNs: certified nurse-anesthetist (CNA), certified nurse-midwives (CMN), clinical nurse specialists (CNS), and certified nurse-practitioners (CNP) with a specific population focus. These practitioners are considered licensed, independent, autonomous advanced practice nurses.
- Advanced practice nursing is defined as nurses who “build on the practice of registered nurses” and demonstrate to a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and significant role autonomy (ANA, 2004, p. 14). The scope of the APRN includes performing acts of advanced assessment, diagnosing, prescribing, and ordering; APRNs may serve as primary care providers of record, (NCBSN, 2008, p. 1).
- Licensure—will be solely by the state board of nursing (SIBON) and dependent upon the student completing program of study from an accredited program of graduate education followed by certification through an accredited agency. The titles CRNA, CNM, CNS, and CNP are protected and can only be used as deemed: the title of APRN is also protected.
- Accreditation of educational programs will be by nationally recognized accreditors which assure national standards are met in the structure, processes, and outcomes.
- Certification is by nationally accredited certifying boards that produce testing that is psychometrically sound with legally defensible standards for APRN examinations for licensure; these tests are based on relevant core, role and population-focused competencies.
- Education curriculum for each category is at the graduate level (Master or Doctorate of Nursing Practice (MSN or DNP)) and each must include graduate level courses in advanced physiology and pathophysiology, advanced health assessment of all human systems, and advanced pharmacology with pharmaco-therapeutics of all broad agents (NCBSN, 2008; APRN, 2008). Further specification of the APRN education includes that each student must have a minimum of 500 hours of clinical practice or case-number equivalency supervised by an expert advanced practice nurse who is certified in the same specialty area.
- The APRNs are educated in one of the four roles and in at least one of six population focus for their patient/population focused care. The APRN may have additional education and experience for specialization; however, the certifying exam and the licensure will reflect one of these focus roles. For example, an APRN may practice in oncology—

the APRN would then certify in family/individual across the lifespan and subsequently specialize in oncology. The role are focused on:
- family/individual across the lifespan—gerontology
- neonatal
- pediatrics
- women’s health/gender-related, or
- mental/behavioral health.

As these regulatory changes occur, advanced practice nurses should transition their credential marks to reflect the changes. The category of APRN should be evident immediately for the person reading the marks (abbreviations for degrees and certifications). For the nurse anesthetist and the nurse midwife, it will be still be CRNA and CNM. The CNS and the CNP will need to specify the population focus with a leading letter. The CNS with a specialty in adult health will indicate this with ACNS; the CNP in family specialty will denote it as FCNP, for pediatrics, PCNP. In that nursing does have an alphabet soup of initials that denote certification marks—exercising consistency in communicating these marks assists the profession in informing the public and other professionals of our earned qualifications and expertise.

Jennifer Matthews, Ph.D, APRN, BC
Commissioner on Nursing Education

[By Jennifer Matthews, Ph.D, APRN, BC Commissioner on Nursing Education]
It may come as a surprise to many nurses that all healthcare organizations have formal policies that address poor behavior, attitudes, or conflict within their workforce. The policies often speak in general terms concerning the intolerance of untoward behaviors that an organization deems unsupportive of their mission.

Despite the presence of these common human resource policies, unhealthy and unresolved conflict continues to flourish within healthcare organizations. To help understand more about the gap between policy and reality and the impact of conflict resolution, the Center for American Nurses spoke to Donna Yurdin, MA, SPhR.

As the former head of the Organizational Effectiveness Department for the healthcare system, HCA, Ms. Yurdin was instrumental in developing a workforce development strategy to identify tools and resources for leaders to define and execute learning strategy and accountability systems.

Center: Why do organizations have human resource policies and what are they trying to accomplish?

Ms. Yurdin: Aside from some regulatory and legal requirements that dictate the existence of some policies, organizations have come to rely on policies for organizational attributes that may or may not actually exist. Organizations adopt policies in order to provide structure, predictability, fairness, legal process, ethical standards, formulaic behavior modification, and a teaching tool for new managers/supervisors. Generally, they are a well intentioned communication of expectations for all employees and contractors. Sometimes they become outdated and irrelevant, applied because that is how it was always done. Organizations must be constantly assessing for organizational attributes that may or may not actually exist. Organizations adopt policies in order to plan how you will communicate this stance to employees. At least you will have a better understanding and seek to be understood.

Center: When the policy doesn’t fit the circumstances, what should I do?

Ms. Yurdin: Seek expert advice. Talk to the person or persons who are most expert about the intention of the policy and describe the situation. Talk about the impact of the policy on the individual, the team and the precedent it is setting for future situations. The policy may have been written without thought to this circumstance and may need to be adjusted with this situation in mind. Don’t take a policy at face value. Ask. Get input. Seek understanding and seek to be understood.

If the answer you get is that the policy will be strictly enforced, no exceptions, you then have to plan how you will communicate this stance to employees. At least you will have a better understanding of the policy’s intent.

Employees can continue to seek redress through the problem solving or grievance procedure. The manager’s role is to apply a policy fairly and consistently but to also seek guidance when the policy does not fully fit the situation.

Center: What are expectations of managers in utilizing and applying policies?

Ms. Yurdin: Managers are expected to stick to what the policy says: unfortunately policies cannot predict the nuances of human behavior and therefore, no policy can predict events absolutely and prescribe solutions perfectly. This breakdown between prediction and prescription is the sand trap for managers in applying policies without thinking about the intent of the policy and how the situation at hand may fit. The consequences of blindly applying policies can be the basis for conflict. It is ultimately a breakdown in communication. Communication between people is never perfect and policies are written by people, well intentioned but imperfect.

We human beings assume a lot in our conveyance of messages. We assume everyone is coming from the same point of view and has the same intentions or goals. Our expectations are that everyone thinks the same way we do. They don’t!!

Center: How can a policy prevent conflict?

Ms. Yurdin: I don’t believe a policy alone can prevent conflict. Nothing can ever take the place of honest, open, communication... and that includes honest, open, listening. Reliance on a policy with absolute certainty will likely be the basis for intragenerie in behaviors on all sides of the question. Policies should be the handrails not the handcuffs for human conversation. A policy put in place for the sake of safety to employees or customers may be misunderstood or not communicated to an employee who inadvertently wanders outside the bounds of the policy. Given proper information, training, and understanding, the employee and manager can agree on a new behavior within the bounds of the policy with no conflict. Conflict can most often be avoided through how the policy is communicated and applied.

Center: When there are processes in place for conflict resolution, what stands in the way of staff taking advantage of them?

Ms. Yurdin: Nothing. Nor should there be. The problem solving or grievance procedure is there for a reason. It is not there to second guess the manager. It is, in essence, a way for pressure to be released from the situation. Much like a tea kettle has a place for steam to escape, the grievance process allows the employee to get their view heard and ensures the resolution is considered fairly and not decided by one person who may have a preconceived notion or an axe to grind. Grievance processes are prescribed processes, open to any employee and, if done well, allow an employee to work through a resolution of problems and equal treatment by decision makers.

Center: How are the Joint Commission standards addressing this behavior going to affect healthcare?

Ms. Yurdin: It is true that what gets measured gets done. In January of 2009, the Joint Commission will begin applying the new leadership standards. In fact, the Joint Commission standards are catching up with reality. The effects of the new standards will likely be a greater focus by senior leadership on enforcing the behavioral standards and policies they currently have in place.

Center: What can fill the void between having a policy and making it reality?

Ms. Yurdin: Manager preparation is paramount. The ability of a manager to understand the intent of a policy, apply it consistently and fairly, communicate it to employees, respond to questions and make it clear that collective action is key. Listening to employees when they don’t follow a policy and hearing their side will allow you to know if there is honest misunderstanding or intentional disobedience.

A manager should not take a policy at face value but question whether it is still pertinent and valuable for both employees and customers. Leadership is another important component. Leaders who communicate the values upon which the policies are based and act accordingly... leading by example will make a difference in how policies are perceived, followed and questioned.

NOTE: Further information on conflict resolution and the Center’s draft policy on Lateral Violence and Bullying in the Workplace can be found at www.centerforamericannurses.org.

The Center for American Nurses Launches Online Library of Legal Resources for Nurses

The Center for American Nurses is pleased to release LEGAL BASICS FOR NURSES—a web-based library of legal resources for nurses. Whether seeking information on employment contracts, criminal law, administrative law and regulatory issues, or employment law, nurses are provided with legal expertise in nursing practice. The Center for American Nurses is pleased to provide in-depth information, tools, and webinars to guide nurses through the complex legal dilemmas they face today. These legal resources are available at www.CenterforAmericanNurses.org.

“Legal issues are an important aspect of every nurse’s professional life. Regardless of practice setting or position, it is vital that nurses understand legal issues affecting nursing practice. The Center for American Nurses is pleased to provide in-depth information, tools, and resources to guide nurses through the legal implications of nursing practice,” said Wylecta Wiggins Harris, MBA, CAE, Executive Director.

The first offering in LEGAL BASICS FOR NURSES is a library of articles addressing pertinent questions about the legal system and its relationship to nursing practice. Written by nurse attorneys, these articles offer a wealth of information ranging from “When a Nurse Should Contact an Attorney” to “What is a Malpractice Defense Attorney.”

The Center’s new Legal Webinar series, Centered on the Nurse, launched in October 2008. Offering cutting edge legal content developed by expert nurse attorneys with legal and courtroom experience and expertise in nursing law, this monthly webinar series will focus on the nursing aspects of civil, criminal, administrative, and employment law.
The Center of Nursing Excellence

The Center of Nursing Excellence (CNE) is an initiative of the Southern Virginia Higher Education Center (SVHEC). The CNE is a new facility that offers nursing education and training to students from entry level to the Master of Science in Nursing. It is located in South Boston, Virginia, and was opened on September 19, 2008.

The mission of The CNE is to support the delivery of a seamless continuum of nursing education for all levels of nursing by: providing a conducive learning environment that fosters success; collaborating with higher education partners, healthcare providers, and other community sectors to offer nursing education from entry level to the Master of Science in nursing; and offering innovative instructional technologies and high fidelity simulations enhancing the educational experiences.

The CNE is equipped with state-of-the-art technology and simulation equipment which will enhance the educational opportunities and enable the region to grow a strong core of future nurses.

The strong representation and support from local and state officials at the Grand Opening confirms the significance of The CNE. Speakers included: W.W. "Ted" Bennett, Jr. (Executive Director of SVHEC); Bobby Howard (Chair of the Board of Trustees, SVHEC); Wayne Conner (Chair, HEF); Dr. Dietra Trent (Deputy Secretary of Education, Commonwealth of Virginia); William I. Fitzgerald (Chair, Halifax County Board of Supervisors); Carol Blackburn (Mayor, Town of South Boston); Chris Lumsden (Chair, Halifax Regional Health Systems); Charles R. Hawkins (Chair, Virginia Tobacco Indemnification and Community Revitalization Commission); Delegate Clarke Hogan (60th District); Senator Frank M. Ruff (15th District); Charles R. Hawkins (Chair, Halifax Regional Health Systems); Dr. Dietra Trent (Deputy Secretary of Education, Commonwealth of Virginia); and William I. Fitzgerald (Chair, Halifax County Board of Supervisors). More than 100 invited guests attended the Grand Opening with new opportunities and connections.

The Center of Nursing Excellence is an initiative of the Southern Virginia Higher Education Center. The SVHEC is advancing the region by providing educational opportunities and connections. For further information regarding The Center of Nursing Excellence contact the Associate Director, Cindy Crews, MSN, RN, CNE at cmcrews@svhec.edu or by phone 434-572-5561.
Fall into Lifelong Learning

by Susan Vorce Crocker, PhD, RN

“Because lifelong learning is increasingly being appreciated as an essential ingredient for ensuring high quality of patient care, it would seem that employers and employees need to be sensitive to and nurture all mechanisms that can facilitate this” (Gopec, 2002, p. 608)

Yes, it is already November! It is a time for football, cool evenings, the winding down of gardens and for some a return to school and learning. Learning is a primary goal of this year’s Focus on Health—assessing and learning what you need and want to do to improve your health!

Lifelong Learning

Lifelong learning is more than just education and training beyond formal schooling. A lifelong learning framework encompasses learning throughout the life cycle, from birth to grave and in different learning environments, formal, non-formal and informal. Lifelong learning provides opportunities for intellectual, social, spiritual, and cultural exploration and development. Frequently lifelong learners are individuals (or groups of folks with diverse backgrounds and shared interests) seeking to develop appreciation and knowledge in new areas. Life long learning involves self leadership and is self directed learning at its best.

Nurses have a responsibility to be self-directed, to grow both personally, and professionally. As nurses assume leadership roles in the health care system, we must strive to contribute to the improvement of nursing as a profession through innovation, evaluation, and participation in continuing nursing education activities that are both professionally and socially relevant. Lifelong learning, along with the employment of critical thinking, is essential to effective nursing practice and to the health and wellbeing of individuals and the profession at large. Competency issues and lifelong learning are well established in the literature (DeSiletts & Dickerson, 2008; Huggins, 2004) yet few of us may know that it is also good for our health!

In March, we reviewed the concept of resiliency as it relates to wellbeing. There is evidence to support the notion that life long learning has a positive effect on health outcomes. Participation in lifelong learning has been reported as having consequences upon health outcomes including well-being, protection and recovery from mental health difficulties, and the capacity to cope with potentially stress-inducing circumstances including the onset and progression of chronic illness and disability. These effects were mediated by fairly direct impacts of learning upon resiliency in terms of psychosocial qualities: self-esteem, self-efficacy, a sense of purpose and hope, competences, and social integration. Learning generated positive health outcomes when matched with the interests, strengths and needs of the learner (Hammond, 2004).

The Critical Thinking Element of Lifelong Learning

Critical thinking consists of mental processes of discernment, analysis and evaluation (Gambrill, 2006). It includes possible processes of reflecting upon actual or elusive things in order to form a solid judgment that reconciles scientific evidence with common sense. In contemporary usage “critical” has a certain negative connotation that does not apply here.

Critical thinkers gather information from all senses, verbal and/or written expressions, reflection, observation, experience and reasoning. Critical thinking has its basis in intellectual criteria that go beyond subject-matter divisions and include: clarity, credibility, accuracy, precision, relevance, depth, breadth, logic, significance and fairness (Critical Thinking Community, 2008). This is just the sort of process that is involved in personal holistic health assessments and in nursing practice at large.

Habits to Cultivate

Pause for a few moments now and critically reflect on your learning styles, needs, opportunities, and patterns. Do you want to improve your mental health, your resiliency, and your capacities? Are you seeking to renew life—explore new knowledge & enjoyments despite the challenges you face each day? What have you yearned for? Do you have a longing to become a master gardener, a sushi chef, a kennel owner, an advanced practitioner, or perhaps simply a more physically fit person?

Take an action. Many universities, local school districts, and private organizations have life long learning institutes or programs. Type ‘life long learning’ and your particular interest into your favorite search engine and see what you find. Check out some of the resources listed below. Join a book club. Take a class offered though your local parks & recreation department. You may find that you feel better and have more to offer yourself, your family and friends, and your patients! ♦
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, it 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 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 Versus 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 with increasing 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 happiest. 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.centerforamericanurses.org. Diane Scott, RN, MSN is the President of the Nursing Mentors Group and a consultant with the Center for American Nurses.◆

Looking for ways to improve our health and well-being, we often fail to notice the simplest solutions. Our health can be greatly improved by attending to the basics of relaxation, exercise, adequate rest, and a healthy diet. Exercise and diet capture our focus because these involve active engagement—“doing” something. Here, I hope to inspire you to attend to often neglected basics of wellness, relaxation and rest, and provide you with resources and ideas to do just that—BE! This month Focus on Health spotlights:

RELAXATION AND REST: Relaxation and wellness go hand in hand. Perhaps the single most important thing you can do for your overall health and well-being is to learn to relax. Not only is it important to take time to relax on a daily basis, but to learn to be more relaxed throughout the day.

SLEEP AND THE STRESS CONNECTION: Getting enough good quality sleep is absolutely essential to health and well-being. We will discuss why sleep is so important and how stress contributes to insomnia—along with tips for relaxing at bedtime, as well as lifestyle tips to ensure good sleep.

Nurses don’t need to be told that life is stressful, and that in many ways it is becoming even more stressful in the fast-paced, complicated world we live in. Not only does stress affect our quality of life by how it makes us feel, but most diseases are caused by or made worse by stress. We all need the ability to cope with stress.

Relaxation Tips
- Smoother emotions—less anger, crying, anxiety, frustration
- Better problem-solving abilities
- Increased concentration
- Enhanced immunity
- Better sleep
- More energy
- Less headaches and pain
- Better digestion
- Increased productivity
- Improved mood
- Improved self-esteem
- Reduced blood pressure
- Slows the rate of breathing, increases blood flow to the muscles, and decreases muscle tension. As a consequence, many people experience:
  - More energy
  - Better sleep
  - Enhanced immunity
  - Increased concentration
  - Better problem-solving abilities
  - Greater efficiency
  - Soothing emotions—less anger, crying, anxiety, frustration
  - Less headaches and pain

Relaxation is perhaps the single most important key to health and well-being. It is the antidote to stress which is known to contribute to the development of disease. When we relax, our body has an opportunity to unwind. The benefits of relaxation have been well researched and some of these are summarized below. Relaxation gives the heart a rest by slowing the heart rate, reduces blood pressure, slows the rate of breathing, increases blood flow to the muscles, and decreases muscle tension. As a consequence, many people experience:

- More energy
- Better sleep
- Enhanced immunity
- Increased concentration
- Better problem-solving abilities
- Greater efficiency
- Soothing emotions—less anger, crying, anxiety, frustration
- Less headaches and pain

The biggest key to relaxation is taking time for it! It helps! When you are anxious and tense, you tend to stop breathing, or the breath is very shallow. Taking some slow, deep breaths helps to break that pattern and gives you an instant sense of calm. Let your breath go deep into your belly, bringing your awareness to your abdominal muscles and letting them relax. Relax with each breath! Simply bring your attention to your breathing. Observe the natural flow of the breath. Notice how it moves in and out, how it feels, how your body moves as you breathe. Take time to become aware of all the details of the experience of breathing.

- Stretch! Simple stretching can do wonders. When you sit at a computer or do any work that causes you to remain in the same position for long periods of time, it is highly stressful. Stretch your arms and legs, bring your attention to your body and notice how it wants to move naturally.
- Listen to relaxing music or a guided meditation CD. Make it a priority to have relaxing music on hand-in your car, a personal MP3 player to use in the staff lounge—and use it! A guided meditation CD can also be a welcome help—it’s often much easier to relax with a soothing voice guiding you.
- Lie down and rest—No guilt! Even five minutes of lying down can be refreshing. Don’t mind if you feel restless and your mind keeps coming up with reasons to get up. When you’ve been revving up the engine in a car, it takes a while for it to come to idle when you take your foot off the pedal. It can be like that when we take time to relax—we need to let the body and mind gradually unwind. Obtain a lounge chair in the nurse’s lounge and schedule staff “rest” periods just like meals!

Sleep and the Stress Connection
Are you getting all the ZZZs you need? Does it often take you more than 30 minutes to fall asleep at night? Or do you wake up frequently during the night—or too early in the morning—and have a hard time going back to sleep? When you awaken, do you feel groggy and lethargic? Do you feel drowsy during the day particularly during monotonous situations? If you answered “yes” to any one of these questions, you may have a “sleep debt” that is affecting you in ways you don’t even realize. And, you aren’t the only one. A recent National Sleep Foundation (NSF)
Sleep in America poll (2008) found that a majority of American adults experience sleep problems. Nevertheless, few of us detect the importance of adequate rest, or are aware that effective methods of preventing and managing sleep problems now exist. Edell-Gustafsson, Kritz, & Bogren (2002) examined self-reported sleep quality, perceived strain and health in relation to working conditions; the prevalence and severity of sleep disturbances and daytime distress arising from poor sleep in women on different work shifts. The results showed a persistently high rate of psycho-physiological long-term effects of stress related to working conditions. They concluded that sleep initiation difficulties, troubled sleep and exhaustion significantly predicted reduced sleep quality outcome with decreased resilience to stress and vulnerability to psycho-physiological disorders. We all know that many of us struggle in these areas—let’s begin our assessment.

Principal “Sleep Stealers”

Psychological Factors: Stress is considered by most sleep experts to be the No. 1 cause of short-term sleeping difficulties. Frequent triggers include school- or job-related pressures, a family or marriage problem, and a serious illness or death in the family. Usually the sleep problem disappears when the stressful situation passes. However, if short-term sleep problems such as insomnia aren’t managed properly from the beginning, they can persist long after the original stress has passed.

Lifestyle Stressors: Without realizing it, you may be doing things during the day or night that can work against getting a good night’s sleep. These include drinking alcohol or beverages containing caffeine in the afternoon or evening, exercising close to bedtime, following an irregular morning and nighttime schedule, and working or doing other mentally intense activities right before or after getting into bed.

Shift Work: Nurses are among the 17 percent of employees in the United States who are shift workers & for whom sleep may be particularly elusive. Shift work forces you to try to sleep when activities around you—and your own “biological rhythms”—signal you to be awake. One study shows that shift workers are two to five times more likely than employees with regular, daytime hours to fall asleep on the job.

Healthy Sleep Tips

If you are having a sleep problem or feel sleepy during the day, many recommend lifestyle changes that can help promote sleep. Keep in mind that what works for some folks may not work for others. Therefore, your best bet is to find out what’s useful for you and stick with it. In general, try to build into your schedule time for eight hours of sleep, and follow this routine as regularly as possible—even on the weekends or your days off. Here are a few tips that you may find useful:

1. Avoid caffeine, nicotine and alcohol in the late afternoon and evening. Caffeine and nicotine can delay your sleep, and alcohol may interrupt your sleep later in the night.
2. Exercise regularly, but do so at least three hours before bedtime. A workout after that time may actually keep you awake because your body has not had a chance to cool down.
3. Don’t use your bed for anything other than sleep or sex. Your bed should be associated with sleep.
4. If you have trouble sleeping when you go to bed, don’t nap extensively during the day, since it affects your ability to sleep at night.
5. Consider your sleep environment. Make it as pleasant, comfortable, dark and quiet as you can.
6. Create a relaxing bedtime routine that will allow you to unwind and send a “signal” to your brain that it’s time to sleep & steer clear of exposure to bright light before bedtime.
7. Give yourself time to get ready for bed slowly. Delight in the moments of winding down as you wash your face, brush your teeth, and change into your bed clothes. You can use aroma oils, soft music—be creative! If spirituality is important to you, include a prayer.
8. Keep your bedroom cool, quiet, and dark. (Usually a cool room promotes sleep, but you will have difficulty sleeping if you feel cold, so experiment. If your feet are cold in winter, warm them up before bed.)
9. Drink a cup of warm milk (you can add nutmeg for its sleep inducing properties) or a relaxing tea, like chamomile.
10. Massage your feet, especially with warm oil, right before bed—it’s very relaxing.
11. Stretch a bit before you lie down. You can literally stretch out some of the “kinks” and tension of the day. Stretching makes some people more energetic and some more sleepy, so experiment and find out what works for you.
12. Overdo it—stretch just enough to help you relax.
13. Taking a hot bath can be extremely relaxing. Light some candles. Add relaxing aroma oil, such as lavender oil, to the water. Savor it!
14. Once you are in bed, listen to relaxing music or a relaxation or sleep CD to help you shift gears and relax into sleep.
15. Learn to relax and make relaxation a part of your routine. This may be the one most important thing that you can do, and there are many different kinds of programs and tools to help you to do it.
16. If you can’t go to sleep after 30 minutes, don’t stay in bed tossing and turning. Get up and involve yourself in a relaxing activity, such as listening to soothing music or reading, until you feel sleepy. Remember: Try to clear your mind; don’t use this time to solve your daily problems.

As health care experts, you probably are aware of many of the ideas above, and can find plenty of others on the web, but the challenge is to actually incorporate these ideas into your life. That takes motivation and a commitment to self-care—a return to the self leadership that this column continues to emphasize. A good night’s sleep is well worth the effort! Rest and relaxation are vital to our well-being—and to our ability to care for others. ♦

References


**District News Briefs**

3rd Annual Petals of Potpourri Conference

This event is co-sponsored by VNA District 3 and Central Virginia District of Nurse Practitioners. The conference will take place Saturday, April 4, 2009 at First Colony Conference Center, Lynchburg General Hospital beginning at 8:00 am and ending at 1:00 pm. Application for 4 contact hours pending. Cost is $50 including materials, continental breakfast and mid-morning break. Lunch will not be included. More information to follow in January, 2009. Contact Melanie Harris at CentraRN@aol.com for details.

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**Teresa Polk is Virginia's School Nurse Administrator of the Year**

Teresa Polk, supervisor of school health services for Prince William County Public Schools, has been named School Nurse Administrator of the Year by the Virginia Association of School Nurses, Inc. (VASN) for exemplifying the professional standards for school nursing set forth by the National Association of School Nurses and the American Nurse Association. She was honored at the VASN annual conference in October.

Polk is responsible for coordinating school health services that are provided by a staff of 72 nurses for an enrollment of approximately 73,000 students in 88 schools. When she joined Prince William County Public Schools in July 2001, Polk initiated a formal school nurse program complete with a new nurse orientation and training. She collaborates with school and central office staff, colleagues in the Office of Student Services, community agency representatives, and health advocacy groups. She is the School Division's liaison between the Prince William County Health District and school medical consultants. Polk also serves as the chair of the School Health Advisory Board which is composed of school staff, students, and parents, along with community agency representatives.

Polk is a “champion of student health,” said Benita M. Stephens, principal of Potomac Middle School, in a letter nominating her for the award. “She is a hands-on administrator, visiting schools and giving her expertise on difficult issues.”

“Under [Polk’s] leadership and vision for a World-Class health program, the school nurses in Prince William County Schools provide a quality of care that supports our students as they pursue their education,” said Superintendent of Schools Steven L. Walts.

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**by JoAnne Henry, EdD, RN**

Director, Nurse Leadership Institute

Maureen H. Schnittger, PhD, RN, has accepted the position of Faculty Coordinator for the Nurse Leadership Institute of Central Virginia. Maureen has already begun working and is excited about working with Fellows and Virginia partners and leaders.

Dr. Schnittger has significant nursing leadership experience as the Director of Nursing at Western State Hospital, Staunton, VA and before that as Director of Clinical Services at Catawba Hospital, Catawba, VA. Prior to accepting the position at Catawba Hospital, she served on the faculty of Radford University. Her professional leadership positions include: the Virginia Nurses Association, the Virginia Partnership for Nursing and she has served as a Board member of the Mental Health Association of Augusta. In 2006, Governor Kaine appointed her to the Governor’s Healthcare Reform Commission Workforce Work Group. Virginia’s Health Reform Commission made recommendations to the Governor for important changes in Virginia’s policies for health care.

The Nurse Leadership Institute of Central Virginia (NLI) is a part of the Partners Investing in Nursing’s Future Program—a national collaborative of the Robert Wood Johnson and Northwest Health Foundations, the Richmond Memorial Health Foundation, the Cameron Foundation and a number of local partners.

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My Best Investment
by Terri Gaffney, BSN, MPA, RN
Commissioner of WorkForce Issues.

While attending the 2008 Virginia Nurses Association (VNA) Delegate Assembly, it occurred to me that I have been a member of this professional nursing association for 18 years. Wow, where did the time go? Looking back, I can easily say that VNA has been an important element in my career path—offering networking opportunities, professional development sessions and lots of fun times.

There are few organizations where I have been so warmly welcomed and given the opportunity to work with a vast array of exceptional nurses. VNA’s education programs and legislative days gave me the occasion to meet chief nurses of large and small facilities, deans from Virginia’s noteworthy schools of nursing, leading nurse researchers and awesome staff nurses. Among these folks I found fabulous role models and mentors. I even found my first nursing school roommate, whom I had lost touch with years earlier.

VNA membership also provided me with unique and innovative professional development opportunities. For example, district meetings are wonderful venues to hone presentation skills and serving on district boards are great ways to develop leadership skills. As a volunteer, you never know what you’ll be invited to do. Last year I had the privilege of driving ANA President Rebecca Patton to the 2007 VNA Delegate Assembly and awards dinner. We chatted, shared stories, and laughed. Driving President Patton around town gave me a chance to get to know the person behind the presidency.

Participating in VNA’s delegate assemblies helped me develop an appreciation for the policy making process that shapes our practice. I recall attending one of my first delegate assemblies as a young mother accompanied by my then three year old daughter—worried about juggling family responsibilities and professional obligations. My worries were unfounded as my daughter was instantly embraced by my nurse colleagues thus allowing me the chance to learn the workings of the organization. Who could ask for a more supportive environment?

This past June, I had the privilege to represent VNA as a delegate to the ANA House of Delegates and the Center for American Nurses Council meeting. I was humbled by the important work which engaged the national professional association and honored to help elect Virginia’s nurses to leadership positions in both bodies. My daughter accompanied me once more; however, now 17 years old she took advantage of room service and other amenities the hotel had to offer instead of joining my colleagues and me at the meetings.

While my term on the VNA board as the Commissioner on Workforce Issues has concluded, my commitment to the association will continue. After all, it is the best investment I made in my career.

VNA HALL OF FAME

Purpose: The Virginia Nurses Association established the Virginia Nursing Hall of Fame in 2001 to promote the history of nursing in the Commonwealth and the legacy of those nurse leaders whose achievements and dedication have profoundly influenced the nursing profession.

Description: In keeping with the technology available at the beginning of the 21st Century, a virtual Hall of Fame displaying a picture and brief biographical sketch for each inductee was established in 2001 as a part of the Centennial Celebration of the organization of the Virginia Nurses Association. The Hall of Fame is housed and maintained as part of the Nursing Archives at the Tompkins-McCaw Library at Virginia Commonwealth University and is available at www.library.vcu.edu/tml/speccoll/vnfame

Induction: 

• Inductions of no more than 5 individuals shall occur every 4 years, with an appropriate activity to announce the inductees at a time and place to be determined by the VNA Board of Directors.
• The Selection Committee shall be comprised of members of the VNA History committee, 3–5 representatives from other Virginia nursing organizations, and the Archivist at the Tompkins-McCaw Library, VCU.

Selection Criteria:

• The nominee must have demonstrated leadership that affected the health and/or social history of the Commonwealth of Virginia through sustained, lifelong contributions in or to nursing practice, education, administration, research, economics, or literature.
• The nominee must have worked or resided in Virginia.
• The achievements of the nominee must have enduring value to nursing beyond the nominee’s lifetime.
• The nominee must be deceased.

Please attach to this form, a statement as to how the nominee meets the criteria.

Photograph/Picture is required. If the photograph is from a publication, please provide all information necessary to obtain permission for use from the publisher.

Nomination submitted by: Name: ___________________________
Address: ____________________________________________
Phone: _____________________________________________
E-mail: __________________________

Additional information is available from www.virginiaNurses.com or by contacting the VNA office.

The Virginia Nursing Hall of Fame may be visited at www.library.vcu.edu/tml/speccoll/nursing/vnfame.
Planned Obsolescence and the Political Process

by Diane Walker RN, MSN FNP–BC
Virginia Council of Nurse Practitioners

I recently decided to approach my kitchen in a preventative maintenance mode. My appliances were 19 years old and starting to show their age. As I shopped for new appliances, I was fortunate enough to find a rather forthright salesman. “These new appliances will last you for about eight years, ma’am,” he said. “Their parts are made with plastic and they don’t hold up over time. All of the brands are made this way.”

I was stunned. I thought about the implications for our livelihoods, for our resources, and for the cost to the consumer. I thought about American technology and that we know how to make a product that lasts, but have chosen not to. I thought about retired people and how this drives up the cost of retirement by having to budget for replacement. As a consumer, I was being told that I have no choice.

As we are watching the financial crisis unfold, I am struck by how corporate America has made decisions based on profit margins, rather than by what is for the overall good of our country. They have been doing this for a while now. We, as citizens, along with our elected officials have either been complicit or asleep at the wheel. I am outraged by what I see.

Do you see this in health care? I do. I see it when nurses are replaced with unlicensed personnel because they cost less up-front, but more in the long run. I see it with health insurance being unavailable or unaffordable. I see it with medications being unaffordable for our citizens in part because pharmaceutical lobbyists have blocked re-importation of lower cost pharmaceuticals produced abroad.

We, as nurses and nurse practitioners, have a voice in the political process. It is time that our voice becomes that of a roar. We, as nurse practitioners, provide safe, cost effective health care. We want patients to have access to the excellent care that we provide. We want to be directly and fairly reimbursed.

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We, as nurses and nurse practitioners, have a voice in the political process. It is time that our voice becomes that of a roar. We, as nurse practitioners, provide safe, cost effective health care. We want patients to have access to the excellent care that we provide. We want to be directly and fairly reimbursed for the cost saving care that we do provide. And, we want to remove the barriers to care that do exist.

Nurse practitioners are part of the solution to our healthcare crisis. What can you do? Make sure that your elected official knows what a nurse practitioner does. Vote. Visit your elected representatives. Participate. Volunteer. Contribute to the nursing political action committee and to the candidates of your choice.

Make sure that every patient you encounter knows that you are a nurse practitioner and what that means. Include the question “Are you familiar with what a nurse practitioner does?” or “Have you ever worked with a nurse practitioner before?” in your introduction to your patient.

Nursing shortages and healthcare shortages will mean that solutions will be found. Whether we agree with those solutions or not is influenced by our own participation.

A September, 2007 report commissioned by the Governor of Virginia, “Roadmap for Virginia’s Health: A Report of the Governor’s Health Reform Commission,” makes recommendations for removing barriers to provide greater access to healthcare for Virginians. Based on these recommendations, we anticipate legislation will be put forth by the Governor in the 2009 legislative session, and it is imperative that we all are politically aware and involved!

In getting the Health Reform Commission’s recommendation to this point, the Virginia Council of Nurse Practitioners (VCNP) was an active participant in the public forums held throughout the Commonwealth by the Health Reform Commission. We had an opportunity to meet with the consultants that formulated these recommendations and to provide input on how nurse practitioners could assist in solving the healthcare challenges that face Virginians. VCNP was also invited to serve as a resource, as well as an interested stakeholder, in the discussions related to the possible legislation. This gave VCNP a first-hand opportunity to share our expertise and experience in recommending how best to remove barriers and provide greater access to health care for Virginians.

Recognize your power. Help shape the world with your actions and voice, not only to ensure the healthcare of your future, but for the future of all Virginians!
## Welcome New & Returning Members

- **District 1–Far SouthWest**
  - Marilyn Pace
  - Ann Rebera
  - Mary Beth Slagle
  - Jean Correll-Jones

- **District 2–New River/Roanoke**
  - Eileen Andreoli
  - Mary Baylor
  - Catherine Bishop
  - Madonna Dailo

- **District 3–Central Virginia**
  - Katherine Boaz
  - Gerlinde Friedewald
  - Tabatha Klein

- **District 4–Southside Hampton Roads**
  - Joan Pettrell
  - Carmelita Pineda
  - Rosebud Rizzuto
  - Christy Russell

- **District 5–Richmond Area**
  - Margaret Bagnardi
  - Sue Klasssen
  - Sarah Payne

- **District 6–Mid-Southern Area**
  - Shala Ramirez
  - Amanda Thomas

- **District 7–Piedmont Area**
  - Evelyn DeGolyer
  - Rebecca Gilbert


## State Nurses Association Membership Application

### State Nurses Association Membership Application

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### State Nurses Association Membership Application

**MEMBERSHIP NEWS**

- **American Journal of Nursing**
  - Various amounts are for subscriptions such as the annual dues on each month.

- **Annual Credit Card Payment Authorization**
  - Signature * SEE BELOW

- **Sponsor, if applicable**
  - Virginia Nurses Today

- **SNM membership #**
  - www.VirginiaNurses.com