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In Memoriam



Leslie Herdegen Rohrer

Leslie Herdegen Rohrer, a General Assembly lobbyist and wife of Bert L. Rohrer, died peacefully at her home on the Northern Neck on November 11, 2008 after a long battle with cancer.

After beginning her career as legislative director for the Virginia Trial Lawyers Association, Mrs. Herdegen Rohrer devoted much of the past 20 years to advancing the causes of nurses, autism programs, and mental health issues in the Virginia General Assembly. Even after receiving her diagnosis in 2005, she continued that work until this fall.

She received numerous honors for her work, including the prestigious 2005 Gartlan Award for her advocacy on behalf of the Virginia Association of Community Services Boards, which provide Virginians with mental health services. The award was funded by the late State Sen. Joseph V. Gartlan of Fairfax, who was a tireless advocate for those in need of assistance.

In 2007, The Virginia Nurses Association established the Leslie Herdegen Rohrer Political Leadership Scholarship for Nurses to allow nurses to attend the Sorensen Institute for Political Leadership at the University of Virginia.

The American Academy of Nurse Practitioners will bestow its "Nurse Practitioner Advocate of the Year" award to Mrs. Herdegen Rohrer. The Virginia Council of Nurse Practitioners nominated her for the award, which will be presented posthumously next June.

"In a sometimes unsettling political environment, Leslie embodies what is good and right about the political and legislative process," the nominating document concluded. "She exhibits high values and integrity in her life and in her actions as a lobbyist and advocate. There is no one more deserving of this honor."

The Virginia Council of Nurse Practitioners also has established the Leslie Herdegen Rohrer Health Policy Lectureship in her name.

Last year, she was awarded the Human Rights Award by the Psychiatric Society of Virginia, and she also has received a service award from The Commonwealth Autism Service.

Before moving from Richmond to the Northern Neck, she served as chairman of the Richmond Behavioral Health Authority.

Mrs. Herdegen Rohrer was a native of Waynesboro, Pa. and a graduate of Rockford College in Illinois.

The Virginia General Assembly will be introducing a memorial resolution during the 2009 session in honor of her service. ♦

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President's Message

Greetings! I am so honored and humbled to begin my term as President of the Virginia Nurses Association, but I am also a little anxious about leading the organization that is the voice for nursing in the Commonwealth. I take this role very seriously and commit to you that I will advocate for nurses across all practice settings, across all districts and throughout the Commonwealth to support you in your advocacy roles for patients. Because the Virginia Nurses Association is considered the voice of nursing in the Commonwealth, I will start my column by reminding you that you receive the *Virginia Nurses Today* publication because you are a licensed nurse in Virginia. The VNA feels it is important for all nurses to receive information to keep you abreast of nursing news. Therefore, I encourage you to become a member of VNA in order to influence the voice of nursing.



Shirley Gibson

I would like to take this opportunity to honor and thank Terri Haller, Past President for the four tireless years that she contributed her time, talent, energy and intelligence to this organization as President. Terri has been instrumental in revitalizing the organization and steering it on a course towards success. She has made certain that VNA is at the table where ever nursing is represented or even mentioned. She has collaborated with all stakeholders to make certain as we are the voice of nursing in the Commonwealth that we are providing the right message and representing nursing appropriately. While small in stature, Terri is a giant in many respects and leaves very "large" shoes to fill. Terri, on behalf of the VNA members and the nursing community at large, I would like to thank you for your many contributions and your passion for nursing.

As I begin my journey as President, I would like for you to be informed and encouraged to know that VNA is very strong organizationally and financially; and has a Board of Directors with exceedingly outstanding credentials and talent. In addition, VNA has an Executive Director, Susan Motley who is transforming the organization to meet the needs and challenges of the environment. She is changing our landscape with

passion and energy that makes the role of President exciting! The Board and Susan have positioned VNA to meet its Mission and Strategic Plan. The Strategic Plan was framed by the work of Jim Collins' in his book, *Good to Great and the Social Sector*. His belief is "Greatness is not a function of circumstance; greatness, it turns out, is largely a matter of conscious choice, and discipline." The framework is outlined in the Hedgehog Concept:

"What are you deeply passionate about?"

"What can you be the best in the world at?"

"What drives your resource engine?"

VNA believes:

"We are deeply passionate about being the voice for nurses in the Commonwealth."

"We can be the best in the world at advocating for nurses and nursing."

"We can drive our resource engine to deliver superior performance relative to our mission."

Therefore, our Strategic Plan sets the direction and focus for our organizational goals and objectives and leads our decision making for being the voice for nursing. The three goals that will lead us in the next year are:

1. Public Policy and Legislative Advocacy
 - Enhance recognition of the nursing profession
 - Ensure positive legislative and regulatory climate for nursing practice
2. Enhance the Image for VNA
 - Develop and communicate messaging that distinguishes VNA
 - Use data driven methods to determine marketing and communication strategies
3. VNA will be the Resource to Empower Nurses to Attain a Positive Work Environment
 - Promote evidence based nursing practice to achieve nursing excellence
 - Empower nurses to attain a positive work environment

I invite you to join this journey and be involved in the work of your profession so VNA can be a strong voice for nursing to enhance the profession of nursing. I am grateful to be a part of the nursing profession because it is an altruistic endeavor. Nursing is an art and science and nurses always place the needs of others before their own needs. Nurses advocate for other people and particularly those who cannot advocate for themselves. These characteristics of nurses often transcend the care environment and become part of the nurse's ordinary life. It is no wonder that nurses' consistently receive the highest rankings on ethics and honesty in the Gallup Poll survey. While we are respected and advocate for others, we are not always advocates for ourselves and our profession. Being a member of VNA provides you an avenue to advocate for the nursing profession and ensure that your voice is heard.

I look forward with excitement, passion and anticipation working with the Board, Susan Motley, all VNA members and the community of nursing at large to achieve our goals over the next year. ♦

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The opinions contained herein are those of the individual authors and do not necessarily reflect the views of the Association.

Virginia Nurses Today reserves the right to edit all materials to its style and space requirements and to clarify presentations.

VNA Mission Statement

The mission of the VNA is to promote education, advocacy and mentoring for registered nurses to advance professional practice and influence the delivery of quality care.

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Alternative Approach

Finding Balance With A Creative Life!

by *Mona P. Ternus, PhD, RN, CNS, CCRN*

So many things in life to do and so many pressures every day! In some ways we are used to this... as nurses with the complex multitude of things that are always done on any given day in providing care to a patient or a whole hallway of patients... we have probably seen it all! But how to do it all and not go crazy? Well that is the trick... finding balance.

At one time I just balanced work, family, fun with **more work**. That was not the right answer. But times were tough, I had a young family, we needed the money, so I kept getting more jobs. And thought to myself that one job would balance the other.

There came a time when I had my PhD, was well on my way with my academic and military nursing careers, my daughter was off to college, and I decided it was time for me to get serious about creating balance in my life. I thought about the things I loved to do when I was younger... I had dabbled in photography (but still couldn't understand all those F-stops and lighting), music (not sure why I did that when I can't even carry a tune or have a strong sense of rhythm), and the creative arts—especially jewelry. And decided that was it! I had a jewelry class almost 30 years ago before I ever became a nurse and treasured those pieces that I still had to this day. I was fascinated by jewelry, loved it, and thought I always wanted to do this when I retire, but why wait?

I knew I was a beginner, and that this was a wide-open field... so I started locally. I had access to continuing education courses that included a beginners beading class making two pairs of earrings. I found I was good at it! I picked up several other

beading classes at local bead shops and made projects based on the patterns and designs of my teachers.

At the same time I wanted to get back into silver and working with metals. I again started with continuing education courses, only these were actually held in the Jewelry studio of Kristin Diener. Her designs were inspiring, and I was able to create my own pieces based on fundamental techniques that she demonstrated in both silver and gold.

Kristin also encouraged me to take university courses. Even though I was an Associate Professor, for some reason this had not occurred to me. I then took Metals I, Metals II, and Casting from the University of New Mexico, expanding my repertoire even further and more importantly opening up some new perspectives.

At the same time, I also became interested in dichroic glass. I took my stepdaughter for a class, and got hooked! I explored this for a few months at Sunflower Glassworks with Mary Datwyler, until I finally decided to get my own kiln and start setting up my own studio. I went crazy with the glass! It was very different then the metals but had its own sense of beauty and enjoyment. These pieces started to take me way outside of jewelry and I also made many Mezuzahs (Scrolls for the words of God) that are placed on the doorposts of your home.

Between the glass and metals, my studio was slowly growing! I was starting to think of my work as... "my work." But it wasn't work like nursing, it was its own portfolio of creative expression. And it had provided a whole world of thinking in a different way that complemented my nursing and military careers. I also had an intense satisfaction when I finished a piece or made something that I knew was just right.

Recently the importance of balance and this

artwork as a part of my life became very evident. Being a reserve nurse in the US Air Force, I had always had at least two jobs over the last 16 years, and moving to Virginia recently due to my husband's military move, I was confronted with two new jobs, a new house, and a husband with a new job. Even though my two new jobs were both wonderful, they were also demanding and responsible roles (military and civilian), and even though I loved them both, I was starting to feel overwhelmed. Can you just feel the stress? This is without all the kids or the attention needed for family.

I decided to set up the studio one day and stayed in the basement all day long to get it up and going and put a first load in the kiln. I immediately had a different perspective, a peace, and a centering. I realized that this was balance. That there are many different ways to create balance and some are purposeful and mindful, like what I have chosen. Others may be more mindless like playing solitaire, watching tv or reading a trashy novel (all of which I do too!). I have always told my students to balance their brains, and reset the pin-ball when the studying gets too intense... like going to the movies, exercising, or spending time with a friend. And, I had a sleep apnea physician tell me one time that there are different ways that we engage when we go to sleep, so that it would be better to read than play a computer game. I reflecting on all of this, I have come to the conclusion that we think and engage in so many ways, it is important to find the balance and the timing that works for you. One thing... you do have to make the time! Set aside some moments, even if it is only an hour a week, and find the something that allows you to awaken a different part of yourself. Creating balance is a mindful act and at times a challenge—you can do it! You are a nurse, you can probably do anything.

So have a goal... and have fun! ♦

News From VCNP

Diane Walker, RN, MSN, FNP-BC

The Virginia Council of Nurse Practitioners is proud to present our annual conference "Celebrating 35 years of Progress," in Williamsburg on March 18-21. We will again be offering courses in five tracks: women's health, acute care, pediatrics, mental health and general interest. Our pre-conference workshops will include a pharmacology focus entitled Antibiotics Primer; Lesions, Rashes and Biopsies workshop; Pediatrics Emergencies, Lifestyle Counseling in Obesity and Diabetes, and a clinical procedures course on Thoracentesis, Paracentesis and Central Line Placement.

Our keynote speaker is Janet Selway, DNSc, CRNP who will be speaking to us on changes in NP practice. This will include the APRN Consensus

model for future regulation and federal regulation impacting advanced nursing practice.

Our conference committee, led by Cindy Fagan, has worked hard over the course of the past year to design a conference with relevant clinical topics as well as professional information and health policy. You can see the conference brochure and register online at our website: www.vcnp.net. We hope that you will join us!

Government Relations

Over the summer, VCNP worked with interested stakeholders with the hopes of bringing to fruition some of the recommendations of the Governors Health care Reform Commission. These recommendations were made for the purpose of

increasing access to care by removing barriers that impede nurse practitioners in everyday practice environment. Unfortunately, no compromise legislation was agreed upon. I would like to acknowledge all of the time that the Government Relations Committee, led by Mary Duggan, spent in consideration of these changes. VCNP also would like to thank VNA for their resolution that was passed in support of these efforts.

VCNP will continue to engage in legislative activities that promote NP practice in Virginia. Nurse practitioners make a valuable contribution to health care.

Your active participation in VCNP and the relationships that you build with your legislators will help to shape our future. ♦

MAKE PLANS NOW!

Visit www.vcnp.net for more information!

VIRGINIA COUNCIL OF NURSE PRACTITIONERS

35TH ANNUAL CONFERENCE

March 18-21, 2009 • Williamsburg Lodge • Williamsburg, VA



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VIRGINIA COUNCIL OF NURSE PRACTITIONERS

35TH ANNUAL CONFERENCE

March 18-21, 2009 • Williamsburg Lodge



VCNP Annual Conference Highlights:

Five Pre-Conference Workshops

- *Clinical Procedures: Paracentesis, Thoracentesis and Line Placement*
- *Pediatric Emergencies: Issues of Assessment and Intervention in Respiratory, GI, Neuromuscular and Other Common Disorders*
- *Lesions, Rashes and Biopsies*
- *Lifestyle Counseling in Obesity and Diabetes*
- *Pharmacology Update: Infectious Diseases*
100% pharmacology credit!

Keynote Presentation

DNP, NSCBN Vision Paper, and the Changes in NP Practice
Janet Selway, DNSc, CRNP

Highlighted Speakers

- *Pediatric Pharmacology/Case Studies in Laboratory Diagnosis with a Focus on Renal and Hepatic Function*
Margaret Fitzgerald, DNP, FNP-BC, NP-C, FAANP, CSP
- *Immunization Update from the CDC*
William Atkinson, MD, MPH
- *NP Employment Contracts and Negotiations*
Michele Satterlund, Esq

Five Clinical Tracks

- *Acute Care* • *Mental Health*
- *General* • *Pediatrics* • *Women's Health*



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24th Annual Nurses Day



24th Annual Nurses Day Parade marches thru Richmond on their way to the capitol.



Janet Haebler, Director of Government Affairs ANA and VNA President Shirley Gibson.



Sandra Ryals, Director Virginia Department of Health Professions gave the Emily Couric Address.



800 students participated in the Nurses Day event. Most of the nursing programs from across the commonwealth came together to learn about healthcare policy in Virginia.



Former VNA presidents, Florence Jones-Clark and Teresa Haller. Terri Haller gave an update on VNA's safe staffing advisory council.

Nurses



Building A Healthy America

Money Matters

Understanding Your Credit Report

BANK OF AMERICA CONSUMER TOOLKIT

SCORE

While you are legally entitled to a free copy of your credit report, it will still cost you about \$15 to find out your actual score. You can contact each of the three credit reporting agencies – Experian, TransUnion, and Equifax – or visit www.myfico.com to purchase your score from any of the bureaus.

WHAT DOES YOUR SCORE MEAN?

You already know that when it comes to credit scores, higher is better. But do you know the factors that go into calculating it?

Your credit score is the result of a complicated formula developed by the Fair Isaac Corporation, and is also known as a FICO score. The national median FICO score is 723. If your credit score is higher, it is an indicator that you are less risky to a lender than about half of the population with a credit file.

Your credit score is based on five factors (in order of importance):

- Payment history – this component indicates your habit of paying bills on time. It also weighs delinquency, bankruptcy, and liens.
- Outstanding debt – calculated as a ratio of your available credit compared to the amount you owe. Debt should not exceed 20% of your income.
- Credit history – this factor reflects the length of time you have had a credit file, as well as time since the last activity on each account
- New accounts – the number of accounts you have recently opened and inquiries to your report by creditors
- Types of credit – the total number of credit card, mortgage, installment loans, and other accounts you have in use

You can receive a free credit report each year from each reporting agency. Visit www.annualcreditreport.com to request yours.

You need to know what is on your credit report so you can identify any problems or errors and take action to correct them. Contact the creditor immediately if you feel something on your report is not accurate.

Bank of America 



Call to Action

Please sign the **Nightingale Declaration for Our Healthy World** at <http://www.nightingaledclaration.net>.

Each year, nurses gratefully celebrate International Nurses Week around May 12, the birthday of Florence Nightingale (1820-1910). At this time in human history, however, the world needs much more than celebration.

Nursing shortages in the U.S. and globally are now critical—epidemic, worldwide. The problem is serious, complex and impacting health and well-being across the world. Nurses and healthcare providers—recognized as the ‘arms and legs’ of healthcare as well as the ‘heart and soul’ of healthcare implementation—need your help.

Overcoming this crisis will require exceptional advocacy and leadership. To that end, the

Nightingale Initiative for Global Health (NIGH) is engaging in interdisciplinary dialogues for partnership. We are collaborating with nurses, midwives, related professionals and healthcare providers and other concerned citizens throughout the world. With focus on connection rather than specialization, NIGH is building a diverse and committed global network for addressing this challenge and implementing our objectives for education, empowerment and support during the upcoming decade.

By accessing the NIGH website at <http://www.nightingaledclaration.net> and signing the **Nightingale Declaration for Our Healthy World**, you will join over 18,500 citizens from 90 countries, and over 1,000 organizations in answering this call.

Why this **Declaration**? Signatures representing all 193 Member States of the United Nations will lay the foundation for accomplishing NIGH's proposed

adoption of two United Nations Resolutions that will be presented to the 2008 UN General Assembly declaring **2010: International Year of the Nurse and 2011-2020: United Nations Decade for a Healthy World**.

With these proposed UN Resolutions bringing visibility, recognition and value to nurses and healthcare providers, this action not only empowers them, but raises public awareness as to the crucial connection between empowered nurses and healthcare workers and the health of people everywhere.

In 1893, Florence Nightingale wrote: “Health is not only to be well, but to use well every power we have.”

Standing alongside Nightingale, each of us has an opportunity—right now—to use our power to make a difference. For the sake of our own health, our children's health and the world's health please join us by taking this first critical step and signing the **Nightingale Declaration for Our Healthy World!**

Practice Information

VNA Is Not A Union

by **Corinne Dorsey, Chairman**
VNA History Committee

This article has its origin in comments heard at the VNA Delegate Assembly meeting in October, 2008 when a number of comments were made that indicated that there are those people who believe the VNA is a union. For many years, VNA has had an interest in and has included in its programs activities that relate to workforce advocacy, it has never been a labor union for its members. The question arises from time to time and must be reexamined to continue to present a factual look at the reason the question continues to arise. Before looking at the history of the question, I offer the next paragraph to illustrate that apparently there is information at least in "cyberspace" that indicates that VNA is a union.

In the summer of 2006, Jan Marshall Johnson, Executive Director of the VNA, took a fantasy trip to Oz in the column in the *Virginia Nurses Today*. Actually she used the term DMOZ, an alternate world, to describe her Google search for VNA that led her to an erroneous statement that defined VNA as "...a union representing nurses in Virginia." Her initial response was "not so, no, no, not." She concluded the column as follows: "Will the misleading, incorrect definition be replaced on our computer screens anytime soon? The ether fog may not yield immediately: it has not as of this printing. And VNA is NOT a union." In mid-November, 2008, there is a statement at a Web site called "[ijive.com](#)" that states the following about VNA: "Union representing registered nurses in the state." During this same Google search for "VNA+union, one finally reaches the sixth page that points to *Highlights of Nursing History in Virginia* and quotes from that book that in 1982, the VNA obtained an exemption as a labor union listed with the National Labor Relations Board. This exemption remains in effect and has not changed in any way. The VNA is not a union and has no mechanism within its organizational structure that would allow it to function as a union.

Now for the historical perspective of the question, we know that the VNA began its study of its role in relation to the economic security of its members as early as 1954 with the appointment of a special Committee on Economic Security. This special committee monitored developments on the national level as state nurses associations (SNAs) were encouraged by the ANA to implement economic security programs at the state level. In 1959, the federal Labor-management Reporting and Disclosure Act (Landrum-Griffin) Act was signed into law. A news item in the Spring 1960 issue of the *Virginia Nurse Quarterly* included the following quote: "Because of the Economic Security Program, under which state nurses' associations may represent nurses as employees for the purpose of improving their terms and conditions of employment, the act has application for ANA." Thus, ANA was required

to "inform its members (the SNAs) concerning the provision of the act."

In 1960, the special Committee on Economic Security published a "Suggested Guide for Professional Nurses Working in a Hospital Where Organized Workers are on Strike." Statements found in the Guide said that "nurses will not leave their patients as long as their professional services are needed, therefore nurses will not go on strike and that nurses should remain strictly neutral during a strike.

In 1961, the name of the VNA special Committee was changed from Economic Security to Economic and General Welfare (E&GW). The VNA Board of Directors adopted a motion "that because of our concern for safe and improved patient care and the adequate supply of professional nurses, the Board of Directors supports the promotion of the principles of an economic and general welfare program for the members." I had the privilege of serving on the VNA Board at that time and recall the many and lengthy discussions and deliberations related to E&GW. There was no unanimity on the subject. It became more controversial as the ANA E&GW Committee increased its focus on improving employment conditions for nurses. In her President's Report in 1962, VNA President Erline Perkins said, "For the past 15 years, professional nursing has vigorously promoted an economic security program for nurses, and during this time our hospitals have, in the main, just as vigorously opposed it."

In 1963, the VNA voted to adopt an economic security program and the Committee on E&GW became a standing Committee. The program included, in part, the following: "VNA should support the democratic principles that nurses have a basic right to a voice in determining and improving employment conditions, to organize, and to choose representation by the professional association." The VNA Sections developed minimum employment standards and the Committee was charged to evaluate the E&GW Program periodically, provide educational programs, and to develop policies and procedures needed for the conduct of the E&GW Program. On the national level, hospitals put more and more nurses in supervisory job classifications in order to exclude them from collective bargaining units. Increasingly, Virginia district nurses' associations encountered problems with scheduling regular meetings in local hospitals and nurses in administrative and supervisory positions were pressured to drop their VNA/ANA membership and some did. However, there was never a time when VNA or any of its districts actively pursued action to organize or to represent local groups of nurses. I

believe that the primary reason the program was not implemented was the fact that the membership was not totally committed and there was limited funding available.

Another action at the federal level in 1974 had an impact on the question of nurses and collective bargaining. This was the amendment of the National Labor Relations Act to bring nonprofit hospitals within coverage of the regulations of the National Labor Relations Board. The following year, as stated in *Highlights of Nursing History in Virginia*, "Virginia nurses looking for assistance from the VNA in collective bargaining sponsored a resolution to explore the organization of the Virginia Nurses Economic Security Council (VNESCO). VNA also revised its bylaws to separate the collective bargaining process from the overall program of VNA." This action by the Delegate Assembly was in direct response to the amendment of the NLRA mentioned above. In 1976, the VNA established VNESCO as a structural unit within the organization with an elected representative from each district. Local units were to assist in the development and administration of the collective process. Although representatives from each district were identified, VNESCO never materialized as an organization. Again, the primary deterrent was financial support.

In 1979, the VNA learned that it must file papers with the US Department of Labor as a labor union. While the VNA was on an inactive list of labor organizations with the Virginia Department of Labor, it was listed as active with the US Department. After correspondence attempting to change this status, the VNA, assisted by legal counsel, C. Hobson Goddin, filed "under dire protest" because it was not involved in collective bargaining. In that same year, the Delegate Assembly acted affirmatively to change its bylaws to delete any reference that could be interpreted to mean that the VNA had any role in union activity or collective bargaining. VNESCO has ceased to exist and the Committee on EG&GW was deleted from the Bylaws. Barbara Bolton, the Executive Director of the VNA, with help from Mr. Goddin approached Congressman Thomas Bliley for assistance in having VNA decertified as a union. Again to quote from *Highlights of Nursing History in Virginia*: On August 28, 1982, VNA President Priscilla Jobe [Shuler] and Congressman Thomas Bliley held a press conference to announce that the VNA was no longer certified as a labor union with the US Department of Labor.

No further action has occurred on the subject—the VNA is NOT a labor union and has not been listed officially or correctly as such since 1982. ♦

Practice Information

Virginia Department of Health Professions Healthcare Workforce Data Center



- **By 2020 there will be a projected shortage of 1500 physicians and 22,600 registered nurses in Virginia.**
- **Currently Virginia there lacks accurate health care data.**
- **The area of direct support professionals (DSP) lacks the most data where there is a projected 45 % increase in demand by 2010.**

*from the Health Reform Commission Report,
September 2007*

The Governor's Health Reform Commission Report in September 2007 recommended the formation of the Health care Workforce Data Center. It is to be located within the Department of Health Professions (DHP) and last spring, Governor Kaine designated a \$275,000 Workforce Investment Act grant for fiscal year 2008-2009 for the development of the DHP Health care Workforce Data Center. In June 2008, Beverly Beck, RN, MBA, was hired to serve as the project Director.

The Health care Workforce Data Center's stated purpose is to improve the health care system in the Commonwealth by improving data collection and measurement of the Commonwealth's health care workforce through regular assessment of workforce supply and demand.

The initial year of the project will focus on supply and demand issues related to physicians and nurses.

Stated objectives for fiscal year 2008-2009 are as follows:

- Establish the administrative structure of the DHP Health care Workforce Data Center and include the center on the DHP website.
- Constitute the DHP Health care Workforce Advisory Council.
- Determine the Department of Health Professions in-house research capabilities and select initial research partners as needed.
- Revise current "minimum data sets" and begin collecting revised survey data by January, 2009.

By summer 2009 the goals are to

- Complete the collection of revised survey supply data from educational institutions
- Collect data on demand for physicians and nurses
- Evaluate research findings
- Determine the future direction of the DHP Health care Workforce Data Center with 2010-2012 goals and strategies

Once these objectives have been met, then the Health care Workforce Data Center will report its research findings to the Secretary of Health and Human Resource, the Senior Advisor to the Governor for Workforce, and the Chancellor of the Virginia Community College System.

A DHP Health care Workforce Data Center Advisory Council has been organized and consists of approximately 20 stakeholders including representatives from state agencies and constituent organizations knowledgeable about health care workforce issues in Virginia and nationally. In addition, there will be initially, three health care data advisory committees established during the first year of the project. They will concentrate primarily on workforce issues related to: 1) physicians; 2) nurses; and 3) database management.

For more information, contact Beverly Beck at Beverly.beck@virginia.gov.

Self Care: Rediscovering the Heart of Personal Vitality & Wellbeing

by Susan Vorce Crocker, PhD, RN

*To thine own self be true, and it must follow, as
the night the day, thou canst not then be false to any
man.*

~William Shakespeare

Embedded within the service, scholarship, and professional responsibility of clinical nursing is a central concept: caring. As nurses, we think we understand the concept of caring because that is "what we do;" we care for patients, staff, family, & friends. Listening is a crucial component of caring and I urge you to listen and reflect on your particular needs for care. This month's column offers opportunities to actively listen to your own care needs and offers encouragement to develop self care interventions to improve your health and wellbeing.

To begin, let's take a few moments and explore the notion of care. My goal is for you to gain new understanding of care as an ideal and an idea so you can better relate it to self care—your caring for yourself in this day of stress, overload, and uncertainty!

Mayeroff (1971) in a short but powerful volume on the notion of care describes several essential elements of human caring. He distills these to include: knowing, patience, honesty, trust, humility, hope, and courage. Mayeroff also conceptualized caring as "helping others to grow" and notes that:

"We sometimes speak of caring as if caring did not require knowledge, as if caring for someone, for example, were simply a matter of good intentions or warm regard... To care for someone, I must know many things. I must know for example who the other is, what his powers and limitations are, what his needs are, and what is conducive to his growth; I must know how to respond to his needs and what my own powers and limitations are. Such knowledge is both general and specific" (p. 13).

Certainly you recognize care in nursing practice but think about Mayeroff's description of caring in terms of your own health and self care choices. Who knows you better than you do or can best realize your unique limitations and potentials in both general & specific terms? Jean Watson (1999) discusses the relationship of human care as a moral idea—thought, plan, or initiative! Ethical or moral principles and choices are based upon individual, social, and professional values, beliefs, and standards. We think of these as defining what is "right" & "wrong" (Curtin, 2007). Can this mean it may be OK (not selfish) or even right to choose to care for one's own needs? Still, many of us ignore



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our own requirements in deference to those of others believing this is the 'right' thing to do.

Watson (1999) speculates, "The ideal and value of caring is clearly not just a thing out there, but is a starting point, a stance, an attitude, which has to become a will, an intention, a commitment, and a conscious judgment that manifests itself in concrete acts" (pp. 31-32). Clinical nursing practice is consumed with 'concrete acts' and so should be your attention to self care. If you are stressed, sleep deprived, hurried and unhappy, or experiencing somatic symptoms you are not at your best to care for others.

From its inception, nursing has been described as relational and situated in a perceptual awareness of holistic lived caring experience (Nightingale, 1860/1969). Envision a caring relationship with yourself in regard to your health & wellbeing. More than thirty-five years ago, Martha Rogers (1970) began a conversation on nursing theory with these words:

"People are at the center of nursing's purpose... nursing is a humanistic science dedicated to compassionate concern for maintaining and promoting health, preventing illness, and caring for and rehabilitating the sick and disabled. Man, whom nursing strives to serve, is a unified whole, a synergistic system, who cannot be explained by knowledge of his parts... The social significance of nursing comes into view as nursing's body of scientific knowledge is translated into practice... Nursing carries a signal responsibility in the great task of designing health and welfare services commensurate with changing times and human needs" (pp. vii-viii).

While you may think the notion of caring is all about patients and it is; don't forget the old saying, "Physician heal thyself!" I suggest that nurses, as caring experts, adopt a similar slogan "Care for thyself!" However, in order to focus on self care, we must gain insights in our own 'self care deficits'.

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The Self Care Deficit Model is essentially a three part theory that “focuses on persons in relations” (Orem, 1990, p. 49). Orem’s self care is action undertaken by someone who has determined how to take care of themselves within their own environment (self care agency). What actions do you take within your environment to take care of yourself? Orem (1995) further describes self care as “voluntary regulation of one’s own human functioning and development necessary for individuals to maintain life, health, and well-being” (p. 95). In review, self care is comprised of activities that are learned as one matures and are affected by cultural beliefs, habits, and customs of the individual, family, and society. The age, developmental state, or state of health of a person can shape one’s ability to perform these self-care behaviors. Orem teaches that nursing interventions are needed when individuals need

compensatory action (to overcome an inability or limited ability to engage in care) OR for action to help in the development or regulation of self-care abilities. I argue that nursing professionals must learn to devise personal self care interventions because we are too important to overlook. We intend to care but we fail to realize that in ignoring our own care needs we are not serving or caring for any one—least of all our own wellbeing—because exhaustion, frustration, and ‘guilt’ are not hallmarks of vitality. We must listen and then speak out, stand tough, and care for ourselves and each other!

In order for someone to “overcome an inability” for self care one must first see the need for self care. I challenge each nurse who reads the column to honestly appraise his/her own reality. Do you see the need for self care in your life? What, if any implication, does self care have in relation to you personal wellness and the wellness of your nursing colleagues? Caring professionals, like nurses, speak of being “burned out;” do you feel this way? What nursing interventions would you recommend to a colleague who does feel “burned out?” Have you considered the actions needed to keep your environment from overwhelming your abilities? Have you considered applying these actions in your own life?

Self Care Thoughts

- Engage in an honest assessment of your voluntary regulation of your own human functioning and development necessary to maintain life, health, and well-being.
- Consult with a colleague in the development of concrete acts that will aid you to grow, develop & perform daily activities in a culturally and meaningful context.
- Participate intentionally in wellness behavior that meets your particular need such as scheduled time off for relaxation and learning, time with significant others, Reiki, healing touch, therapeutic touch, selected types of physical movement, any type of massage/body

work, and a diversity of spiritual meditative practices or other approaches to invigorate and revitalize your well-being and vitality.

- Learn effective self communication skills and use them—be honest, seek help and recognize what you need to do for yourself when the needs of others overtake your own. Listen to your needs and take the time to meet them!

Nurses are vital to the health of our nation. Become intentional about self care for it is the heart of healthy wellbeing for you and for those for whom you care. You know what you need; listen and act as you would for a client, a patient, or a child in your care. Benner & Wrubel (1989) teach us that caring is primary; “Because caring sets up what matters to a person, it also sets up what counts as stressful, and which options are available for coping. Caring creates possibility. This is the first way that caring is primary” (p. 1). Create your unique self care possibilities recognizing that you matter! ♦

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Practice Information

Succession Planning: “Help Me Apply to Nursing School”

by Jennifer Matthews, PhD, RN
VNA Commissioner on Nursing Education

You are a nurse—and most likely you made a similar statement and now others share with you, “I want to become a nurse.... What is the process I need to follow?” This article will outline some of the considerations for the potential student and general requirements of nursing schools today.

Nursing is *the* critical health profession and the image of nurses is strong as RNs enjoy status as *the* most trusted professional year after year. There are 2.85 million registered nurses in the US and 2.50 million RNs are employed—and we know a shortage still exists. We, as professionals, need to participate earnestly in succession planning—our own and for our profession. To ensure our image remains strong, we need to answer the questions of the prospective

student and provide each with career guidance that is realistic for that person. Also we must be on the look-out among the individuals in our circle of family and friends who show potential to be a nurse to consider the profession as a career choice. Individuals who seek nursing maybe students in high school, someone seeking a second career, an individual who sought other live experiences before considering nursing as a career, someone with a para-medical background... and the examples are endless.

Share with them the characteristics of nursing today (without some of the exaggerated profile media portrayals). Nursing is...

- Based on the sciences—biologic and social
- Grounded in evidence-based research
- A passion, not just a job
- Critical thinking
- Fast paced and exciting

- High Tech
- ...and High Touch... part of the art of Nursing
- The knowledge capital at the patient-side
- Part of an increasingly complex health care work environment
- There are many roles in nursing—some considered traditional and many considered non-traditional roles.

You should have the individual explore some aspects of him/herself generally not revealed in casual conversation; you may need to ask questions or cue the individual in these areas. And, your own experience and practice may guide you in probing into other areas. The aspects fall into the categories of:

Aptitude and Attitudes

- The need to sort through the individual's desire and motive of wanting to become a nurse. Is genuine passion part of the desire?
- The individual may have a kind and caring heart but is there also emotional intelligence shored up with dedication and commitment?
- Can the individual be a positive team player and function courteously in groups such as group assignments, student organizations, patient-team assignments, and projects?
- Is the individual flexible and able to adapt to rapidly changing situations?
- Does the individual have emotional strength as he or she may engage in challenging situations during the education journey. These include accepting feedback from faculty, witnessing difficult patient care situations, encountering ethical dilemmas, or experiencing the emotions of the lived experiences in nursing.

Academics

- Are there strong foundational high school courses in Math; Biology; English—both composition and literature?
- Does the individual have strong study skills and the ability to organize and prioritize?
- Are the average of the grades in pre-requisite science-based courses such as anatomy, physiology, microbiology a “B” or better?
- Does the individual understand the nursing course work can be rigorous and that the pace can be demanding?
- The course—clinical schedules are intense and conflicts may arise between academic responsibilities and personal commitments that the individual must balance and sort through.
- All academic and clinical work requires excellence in communication and writing skills.
- Can the individual provide examples of his/

Legal Issues with Chemically Dependent and Chemically Impaired Nurses
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November 18, 2009

December 16, 2009

January 20, 2010

For more information visit: www.centerforamericannurses.org or call 1-800-685-4076. ♦

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her problem-solving abilities or the ability to integrate knowledge to reveal the ability to critically think through situations?

- Is the individual comfortable using technology, computers, and electronics?

Nursing Education Programs Approved in Virginia

As you get a sense of sincerity and earnestness of the individual inquiring about nursing, you can begin to explore with them the types of educational programs available. The regulatory agency in Virginia, the Virginia Board of Nurses approves four types of program courses that lead to eligibility to take the NCLEX (National Council Licensure Exam). (see VaBON, 2009)

- Associate of Science Degree in Nursing—ASN or ADN. In Virginia, there are about 31 programs offered in community college settings, university settings, or by for-profit proprietary businesses.
- Diploma in Nursing is a three year program at one of six Virginia hospitals; some course work may be taken at a community college.
- Baccalaureate—Bachelor of Science in Nursing (BSN) from a 4-year degree granting institution at the college or university level; there are 18 programs.
- Online programs leading to RN licensure. As online education programs develop, the VaBON has provided a *guidance document* listing the four nursing education programs that meet its requirement of a minimum of 500 hours of direct client care supervised by qualified faculty.
- [For practical nursing (LPN), there are more than 75 programs in Virginia.]

Entrance requirements

These will vary by school; each school has a webpage that is easily accessed through the internet and can provide contact information and the requirements. The VaBON has the most up-to-date listing. The following are general guidelines that you can share:

- In Virginia, a graduating high school student's GPA (grade point average) should be above 3.0 although some schools of nursing may admit students conditionally with averages below this; other schools may require a higher GPA.

- In addition to the GPA, some schools may require the SAT/ACT test scores of graduating high school students. The minimum scores are set by the schools.
- Many schools require an entrance test with a minimum score determined by the school. Three examples of these tests are the
 - HESI—the Health Education Systems, Inc which is a self-evaluation test in the areas of math, reading comprehension, grammar, and vocabulary: <http://www.hesitest.com>.
 - TEAS—Test of Essential Academic Skills™ from the Assessment Technologies Institute (ATI); this assesses reading, math, science, and English and language usage: <http://www.atitest.com/global/students/entering-nursing-school.aspx>.
 - NET—Nursing Entrance Test that assesses critical reading ability, math, written expression, study skills, & learning ability: <http://www.eriworld.com/>.
- Each program-type (ADN/BSN/Dip) requires
 - 8 credits of anatomy and physiology
 - 4 credits microbiology
 - General education
 - English—2 semesters
 - Psychology
 - Sociology
 - Math
- ADN Community College programs
 - Generally have waiting lists
 - Require pre-requisite completion before admission to the 'nursing program'
 - May require student to have a Certified Nursing Assistant (CNA) certificate
- Diploma schools
 - generally have waiting lists
- BSN programs require specific courses in
 - Chemistry (prerequisite)
 - Pathophysiology
 - Pharmacology
 - Leadership and Management
 - Community Health
 - Theory and Research
- These programs may not have waiting lists if they have rolling admissions
- Some BSN programs begin students in nursing courses as freshmen while others are a "2+2" model where all foundational general education courses are taken in the first two years and then at merit acceptance into the nursing program, the final two years are the nursing courses.

Financial considerations

Generally the community colleges have lower tuition rates than the other programs. The costs increase at the state-funded universities and then

the private universities, and for-profit schools. Students have a choice of scholarships and grants and the eligibility is spelled out by each funding source. Recently, uniformity of application for many organizations has been established with use of the US government FAFSA form—Free Application for Federal Student Aid at <http://www.fafsa.ed.gov/>.

- The Nursing Student Loan program provides long-term, low-interest rate loans to full-time and half-time financially needy students pursuing a course of study leading to a diploma, associate, baccalaureate or graduate degree in nursing (<http://bhpr.hrsa.gov/DSA/nsi.htm>).
- HRSA nursing programs address the nation's registered nurse shortage by supporting nurse education, practice and retention with scholarships, loans and loan repayments to nursing students, registered nurses and nursing faculty and provides grants to registered nurse education programs to help them increase the number of nurses, improve their skills and keep them in the nursing field. (<http://bhpr.hrsa.gov/nursing/>).
- Federal Pell Grants provides need-based grants to low-income undergraduate and certain post-baccalaureate students to promote access to postsecondary education. <http://www.ed.gov/programs/fpg/index.html>.
- The State Council of Higher Education in Virginia (SCHEV) lists scholarships and grants at its website and includes categories for nursing students and for students attending private universities. (<http://www.schev.edu/students/undergradFinancialAidPrograms.asp>).

Trends in health care and nursing

In the past ten years, evidence-based research supports the need for BSN-prepared nurses with emphasis on expanded critical thinking skills, research, and evidence-based practice that result in improved patient outcomes (Aiken et al, 2003; NACNEP, 2008). Since 1965, ANA has supported the BSN as the professional entry level into nursing. At the June 2008, ANA House of Delegates, ANA gave support to the "BSN-in-10" requirement that applies to individuals applying for initial licensure in states where legislation requires them to attain a BSN in ten years of enactment of the legislation (ANA, 2008, p. 29). New York and New Jersey are developing model legislation to require the BSN degree and to require RNs to achieve their BSN degrees within 10 years. Hospitals often provide tuition reimbursement or facilitate academic advancement through creative partnerships with education institutions. New Magnet criteria requirements for leadership to be BSN or MSN prepared are in place; 75% of nurse managers must hold a BSN by January 01, 2011. Currently, 45.4% of nurse leaders hold a graduate degree.

Most of our health professions colleagues enter careers at the bachelor or master levels of practice; many are moving to the practice doctorate, such as nursing's doctorate of nursing practice (DNP). As we guide and advise those interested in nursing as part of our responsibility in succession planning, we need to assure that we help them understand the aptitudes, attitudes, academics and requirements of nursing. We must also be certain they understand the options and the potential professional changes needed to continue careers as RNs. We can give them information and advice; then direct the perspective student to counselors or faculty at a school of nursing. ♦

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Practice Information

The Online Option for Continuing Your Nursing Education

by Diane E. Scott, RN, MSN

For many professional nurses, distance learning by the internet has become an increasingly popular means by which to continue their nursing education. During the past decade, the online options for continuing an advanced or graduate nursing degree has led to an unprecedented amount of choices, options and flexibility to nurses at all stages of their nursing careers.

To learn more about the online option for continuing nursing education, the Center for American Nurses recently talked with Ann H. Cary, PhD, MPH, RN, A-CCC, the Director of the School of Nursing, Loyola University New Orleans and a Robert Wood Johnson Executive Nurse Fellow for 2008-2011.

Center: What do you attribute the popularity of online courses as a means for nurses to continue their education?

Dr. Cary: We lead busy lives with work, family and personal commitments. For many people, being in one place for set times each week does not meet their lifestyle and actually may interfere with work and family commitments. Taking courses online allows the student to pace the engagement within the timelines set by the instructor.

In addition, pursuing online options for education gives nurses many more choices of schools as they are not limited to educational opportunities within their own geographic area. At Loyola University in New Orleans, we have students throughout the country that attend our BSN completion and/or graduate degree programs that may never step foot in the state of Louisiana until graduation.

Center: How difficult is it for nurses that are not computer savvy to learn to take courses online?

Dr. Cary: The key to mastering this is your attitude and openness for learning new ways of working and relating in courses. Regardless of your comfort with technology, there is a learning curve to taking an online course. You will need to get used to the "feel" for how information is displayed, located and responded to. It is like looking for different doors in a room. Once a learner gets used to the style of the course, they will find they can more quickly navigate through the course. It is quite common for tutorials to be provided and real time 24/7 help via the phone or email to be provided as well.

While investigating an online course, most providers will describe the minimum technology and connectivity requirements. A learner who is techno-phobic will have a harder time grasping the value of the learning

experience because they may be so distracted by the technology learning curve.

Center: How do courses offered online differ than the traditional on-campus method?

Dr. Cary: The instructional design of online courses utilizes technology to provide the learning environment for cognitive, affective and behavioral interactions. Student interaction with their classmates and faculty require the ability to "connect" with the course either synchronously (real time) or asynchronously (on their own time) and thus can provide convenience to "attend" the class anytime: 24/7. Discussions take place among classmates one by one like in an instant messenger format if students and instructor happen to be online at the same time. Students need to have access to software and hardware that will support the learning management system which supports the course. Exams may have to be proctored if taken off site. There are no travel and parking issues with online courses.

Center: What factors should students consider when choosing a program?

Dr. Cary: Reputation of the faculty who actually teach in these programs, accreditation of the program and institution, success of their graduates in the job market and for further education, satisfaction of the students/graduates/alumni, and match with your professional goals and the quality of the program area.

Students need to select programs that are of quality and have the accreditation credentials to match the "brick and mortar institution" programs. Faculty should be well credentialed and part of a regular institutional faculty who come under the same hiring, promotion and evaluation policies as on-campus programs. Beware of diploma mills—either in on-campus or online programs.

Center: How is the faculty/student relationship fostered in an online program?

Dr. Cary: We do this by starting out with ice breaking exercises to let the students and faculty get to know each other. Students/faculty is asked to read all about their classmates through their postings and to respond to commonalities and differences as they explore their partners in the learning experience. Students can also reach out to others in the course off line to explore personal interests. I have seen where students who have been in courses together respond to these with questions about how a person or their family is doing since last semester, sharing journeys/challenges they have encountered in their work lives, and even swapping recipes and instituting cookie



exchanges at the holidays as they mailed their best cookies across the country. Important to the faculty and student relationship is faculty responsiveness in a timely manner to the student's questions and projects so that students feel like the faculty is there and interested in them and their learning.

Center: What types of students thrive in an online program?

Dr. Cary: All students can thrive in online programs with an open attitude to learning different ways to learn. Online learning allows the student to be more reflective in responses before they write their responses and thus I have found that often the students appear more thoughtful in their approaches and have had time to integrate their learning materials. Independent students who like to move at their own pace and enjoy being a partner in the learning process do well.

Center: Are there any pitfalls to these types of programs?

Dr. Cary: If a student lives in a geographic area challenged by connectivity issues, they will be frustrated with the lack of ability to dial up, log on or get into cyberspace. If a student is traveling during the course, they may travel into regions or time periods in a region where connectivity becomes an issue. Having your own laptop and wireless provider can enable a student to rarely miss connections when travelling.

Center: What about the clinical practicum, how is that done in an on-line program?

Dr. Cary: Practicum preceptors are identified in the community where a practicum is held. The faculty member for the course needs to provide the same oversight of the student and preceptor as they would in a local, on-campus course. More frequent communication between the faculty member and preceptor may be warranted due to distance. Clear expectations and orientation of the preceptor and student by the faculty member is important. A learning contract where all agree to the processes and outcomes is a frequently employed instrument to guide the learning experience. ♦

Diane E. Scott, RN, MSN is the President of the Nursing Mentors Group and a consultant with the Center for American Nurses.



Sallie Eissler and Shirley Gibson speak to Virginia's Attorney General, Bob McDonald at the Capitol Square Bell Tower despite the cold and occasional snow flurry, it was a great send off for nurses and students preparing to visit their legislators.



Shaun Flynn, Director of Government Affairs with the New York State Nurses Association spoke about grassroots and "issue fatigue."



The 800 strong procession of nurses and nursing students approach the gates to Capitol Square.

Is It More Than “Winter Blues?”

by Ann Cross, RN, MS, MBA

We've all heard it or perhaps said it ourselves, “This weather is so depressing.” Is it just those winter days that are long on darkness and short on sunlight inviting us to stay indoors with cold temperatures? Or is it something more? While many of us enjoy winter for the winter sports or the chance to curl up with a book by a warm fire, some people suffer from very real symptoms of depression during winter months that are significant enough to severely impair typical daily activities.

Seasonal Affective Disorder, or SAD, is a mood disorder characterized by depression that is seasonal in its occurrence and may be related to the seasonal change of light and the advent of winter. According to Mental Health America, half a million people are affected by SAD every winter. Particularly susceptible are people living where winter days are very short and the nights are long. Seventy five percent of people with SAD are women; the illness typically begins in a person's twenties although onset has been reported in persons as old as fifty five years old.

People with SAD experience a depressed mood as the seasons change, characterized by sadness, hopelessness, and despair. They tend to be anxious, irritable, and have difficulty concentrating. Oversleeping with daytime fatigue and difficulty staying awake are common. Feelings of fatigue can lead to inability to engage in normal activities and loss of interest in

what is usually pleasurable activity as well as social withdrawal. SAD sufferers crave sweet or starchy foods resulting in weight gain.

The specific causes of SAD are unknown. Most likely, SAD is related to our bodies' internal clock, the circadian rhythm. It may be that seasonal variations in light disrupt the regulation of the circadian rhythm that keeps us on a sleep-wake schedule. Disruption to the body's “knowing” when to wake or sleep may lead to depression.

Other researchers relate SAD to the production of melatonin, a sleep-related hormone. Production of melatonin increases in the dark. The theory is that as daylight is in short supply, increased production of melatonin leads to a depressed mood.

Yet another theory involves the neurotransmitter, serotonin. Serotonin production is stimulated by sunlight. A reduction in light results in less serotonin production, a reduction of which contributes to depression.

Regardless of the theory, the key to SAD is most likely the body's response to a decrease or lack of sunlight. The good news is that there is treatment, and doctors most frequently recommend light therapy as treatment. Light therapy is usually prescribed as a daily “dose” of light; sitting in front of a light box daily through the fall and winter months when the SAD sufferer is typically depressed. Exposure to the bright light emitted from the light box, which mimics natural outdoor light, is thought to alter the circadian rhythms

and suppress the body's natural release of melatonin. Light therapy is usually discontinued in the springtime when enough outside sunlight is available.

Additional treatments that may help are antidepressants and cognitive behavior therapy. Learning about SAD and how to manage symptoms can be especially helpful.

So what if you think you have SAD? If your symptoms are severe, consult a mental health professional and comply with the treatment plan that is developed. Remember the importance of light. Open curtains and blinds. Let light into your home. Go outdoors when the sun is shining, even in winter. A brisk walk on a sunny winter day will not only get you the light that you need, but the exercise will help to relieve stress. Feeling better physically can help to lift your mood. Practice good health habits; a balanced diet, exercise, getting enough rest and relaxation. Practice stress management techniques. Reach out to friends and family that you enjoy being around. And if you can.... try a change of scenery to a warmer and sunnier climate for a vacation or a more permanent solution. ♦

Resources:

National Alliance on Mental Illness <http://www.nami.org>
Mental Health America <http://www.nmha.org>

American Academy of Family Physicians <http://familydoctor.org> MayoClinic.com <http://www.mayoclinic.com>

Ann Cross, RN, MS, MBA, is a member of the Vanderbilt Nurse Wellness Committee, Nashville, Tennessee.

District News

District 7

In collaboration with STTI, AMSN, and the Monticello Chapter of AACN VNA District 7 presents *An Evening Discussing the Nurse Staffing Imperative* on Wednesday, March 25.

Guest Speakers are Dr. Pam Cipriano, PhD, RN, FAAN and Dr. Sharon Eck Birmingham, DNSc, RN.

The doors open at 5:30 pm and the program begins at 6:00 pm at the University of Virginia School of Nursing, McLeod Auditorium.

For Further Questions or directions Email or call Linda Dedo, President District 7 at lsd4m@hscmail.mcc.virginia.edu or 434-987-4479.

District 9 Upcoming Events

Monday, March 2nd there will be a dinner and program at the Texas Steakhouse in Staunton. In addition there will be Raffle to help benefit District 9. Please e-mail Lucia Fernandez at healnrn@comcast.net to register.

James Madison University is calling all nurses and nursing students to join in their Professional Day—“Clinical Nurse Scholar at the Bedside” on Monday, March 30, 2009. It is sponsored by Pi Mu International at Large of Sigma Theta Tau. Contact: www.jmu.edu for further information and registration.

District 12 News— Legislative Activities

On September 10, 2008, VNA District 12 and the local chapter of the Virginia Coalition of Nurse Practitioners hosted a “Meet and Greet” with Judy Feder, Democratic Candidate for US Congress to discuss her campaign platform. This gathering allowed nurses and nursing students to educate Ms. Feder on how to support nursing at a national level if elected. Topics included the impending nursing shortage, the need to expand APRN practice to meet the health care needs of our communities and health care coverage for all U.S. citizens. Ms. Feder has three decades of health care policy experience and began her career researching ways to make health care more affordable. A “Meet and Greet” was also arranged with incumbent Frank Wolf in October; however, due to scheduling issues, Congressman Wolf was unable to attend.



VNA/VCNP Members and Nursing Students with Judy Feder (5th from left)

VNA Officer Induction

On September 16, 2008 at Winchester Medical Center, District 12 held an Instillation of Officers Ceremony for those elected in 2007 and 2008. WMC Parish Nurse Reen Markland RN conducted the ceremonies and outgoing President Kathy Tagnesi addressed those in attendance. Special music was provided by Kristina Simpson RN.



Left to Right—Marcia Perkins—Vice President, Gilda Gilbert—Secretary, Penny Holt—Board of Directors, Julie O'Brien—Board of Directors, Jennifer Matthews—Board of Directors, Carolyn Guinn—President—(not available for induction Marty Marrow—Board of Directors)

Magnet Status Recognition

On October 25, 2008, members of District 12 who also practice at Winchester Medical Center (WMC) attended the VNF Gala to be recognized for their achievement as the 10th Magnet Hospital in the state of Virginia. Winchester Medical Center received Magnet Recognition in September 2008.



Left to Right—Gilda Gilbert RN—District 12 Secretary and Surgical Services—SCIP Coordinator WMC, Carolyn Guinn RN—District 12 President and Magnet Director WMC, Kathy Tagnesi RN—Outgoing District 12 President & Delegate and CNO/VP of Nursing WMC, and Mary David RN—District 12 Member and Administrative Director—Heart and Vascular Services WMC

Community Food Drive

The winter months bring not only the cold but the need for hot meals for those in need. Due to the increasing rates of unemployment and economic downturn in our own community, citizens of District 9 are in greater need of food assistance than in prior years. During the months of November and December 2008, District 12 in conjunction with the Magnet Nurses of Winchester Medical Center conducted a food drive for the Knights of Columbus Soup Kitchen in response to this need. This effort resulted in providing critical food supplies that assisted the city of Winchester Knights of Columbus organization in serving 63 homes with weekly deliveries of 4 meals each (128 meals) and in serving over 50 community members with hot meals at the weekly Soup Kitchen (over 400 meals). In January 2009, the Knights of Columbus representative John Tagnesi presented Carolyn Guinn RN MSN—District 12 President with a certificate of appreciation recognizing this support. ♦



WMC Magnet Nurses/VNA District 12 Members: Front Row L to R—May Khodr, Carolyn Guinn, Judy Pennypacker, Lisa Shaffer, Kathy Tagnesi, Janet Palutke, Della Reed. Back Row L to R—Desiree Brunelle, Gena Swisher, Susan Hohm, Cheryl Dumont, Della Reed

News Briefs

Have You Looked For Missing Money?

If you've never looked for Missing Money you're missing out. The Virginia Department of the Treasury has received over a billion dollars in customer overpayments, insurance claims, dividend checks and other items. To find out if Virginia is holding your funds go to www.VaMoneySearch.org. To check for unclaimed property in another state of residence go to www.MissingMoney.com. There is no cost for recovering unclaimed property from the Virginia Department of the Treasury. **One in seven Virginians has unclaimed property.** Are you one of them?



Bryant & Stratton To Offer RN Program

CHESTERFIELD, Va.—Bryant & Stratton College has been approved by the Virginia State Board of Nursing to offer a degree program that will prepare graduates to be licensed as Registered Nurses.

The new program will begin with the College's spring semester April 29, 2009.

Because of expected high-demand for the new program, David Mayle, Director of Admissions, said applicants for the registered nursing program should contact the college at 804-745-2444 as soon as possible to seek admission.

"With RNs in high demand, our new nursing program marks a real milestone in our growth as an outcomes-based career college serving central Virginia," said Beth Murphy, Bryant & Stratton's Richmond Campus director. "Our planning for this new program has spanned well over 18 months and has resulted in a truly state-of-the-art program, ready to receive applicants for enrollment in our spring semester."

"Our nursing program is the first step in exciting plans we have to expand our health care offerings to meet demand for qualified professionals in that burgeoning field," she said.

Nina Beaman, a veteran Bryant & Stratton College educator, has been named Director of Nursing. Beaman has written several medical textbooks that are used by a number of colleges across the country. She joined Bryant & Stratton in 1993.

The College's nursing program will incorporate classroom, laboratory and clinical experiences in a contemporary curriculum designed to prepare graduates for work in the health care field and to provide them with a foundation for life-long learning.

The College takes a life-long interest in its graduates in all programs with job-placement assistance as well as professional career counseling. The College has a better-than-90-percent record of placing graduates in the fields they have studied for.

Bryant & Stratton's nursing degree will be an Associate Degree in Applied Science.

Bryant and Stratton is a private career college specializing in highly flexible personalized attention to student goals. The college is regionally accredited and the Richmond campus has an enrollment of approximately 1,500 students per year in a flexible variety of day, evening and online offerings.

FOR ADDITIONAL INFORMATION, CONTACT:

Beth Murphy, Bryant & Stratton Campus Director—804-745-2444

Doug Blue—804-344-3299 ♦

Virginia Nursing Hall Of Fame Final Call For Nominations For Induction In 2009

The Virginia Nurses Association unveiled the Virginia Nursing Hall of Fame in 2001 and inducts new nurses into the Hall of Fame every four years. Nominations for induction in 2009 must be received at the VNA office by March 1, 2009.

- 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.

The nomination must include the following:

Nominee's Name: _____

Birth and Death: _____

Education: _____

Employment History: _____

Professional Organizations Activities and Memberships: _____

Honors and Awards: _____

List of Publications: _____

Please include 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. ♦

MEMBERSHIP NEWS



State Nurses Association Membership Application

8515 Georgia Avenue • Silver Spring, MD 20910 • (301) 628-5000

DATE _____

Last Name/First Name/Middle Initial _____ Home Phone Number _____
 Credentials _____ Work Phone Number _____ Basic School of Nursing _____
 Preferred Contact: Home _____ Work _____ Fax Number _____ Graduation (Month/Year) _____
 Home Address _____ Date of Birth _____ RN License Number/State _____
 Home Address _____ E-mail _____
 City/State/Zip _____ County _____ UAN Member? _____ Not a Member of Collective Bargaining Unit _____
 Employer Name _____ Member of Collective Bargaining Unit other than UAN? (Please specify) _____
 Employer Address _____
 Employer City/State/Zip Code _____

Membership Category (check one)

M Full Membership Dues—\$244.00
 Employed - Full Time
 Employed - Part Time

R Reduced Membership Dues—\$122.00
 Not Employed
 Full Time Student
 New graduate from basic nursing education program, within six months after graduation (first membership year only)
 62 years of age or over and not earning more than Social Security allows

S Special Membership Dues—\$61.00
 62 years of age or over and not employed
 Totally disabled

Choice of Payment (please check)

E-Pay (Monthly Electronic Payment)
 This is to authorize monthly electronic payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize my Constituent Member Association (CMA/ANA) to withdraw 1/12 of my annual dues and any additional service fees from my account.

Checking: Please enclose a check for the first month's payment (\$20.83); the account designated by the enclosed check will be drafted on or after the 15th each month.

Credit Card: Please complete the credit card information below and this credit card will be debited on or after the 1st day of each month.

Automated Annual Credit Card Payment

This is to authorize annual credit card payments to American Nurses Association, Inc. (ANA). By signing on the line, I authorize CMA/ANA to charge the credit card listed in the credit card information section for the annual dues on the 1st day of the month when the annual renewal is due.

Annual Credit Card Payment Authorization Signature * SEE BELOW

Payroll Deduction

This payment plan is available only where there is an agreement between your employer and the association to make such deduction.

Signature for Payroll Deduction

Please mail your completed application with your payment to VNA or to:
AMERICAN NURSES ASSOCIATION
 Customer and Member Billing
 P.O. Box 17026
 Baltimore, MD 21297-0405

* By signing the Monthly Electronic Deduction Authorization, or the Automatic Annual Credit Card Payment Authorization, you are authorizing ANA to change the amount of \$10.33 by giving the above-signed thirty (30) days advance written notice. Above signed may cancel this authorization upon receipt by ANA of written notification of termination twenty (20) days prior to deduction date designated above. Membership will continue unless this notification is received. ANA will charge a \$5 fee for any returned drafts or chargebacks.

Please Note: \$5.42 of the CMA member dues is for subscription to *The American Nurse*. \$16 is for subscription to the *American Journal of Nursing*. Various amounts are for subscriptions to CMA/DNA newsletters. Please check with your CMA office for exact amount.

State nurses association dues are not deductible as charitable contributions for tax purposes, but may be deductible as a business expense. However, that percentage of dues used for lobbying by the CMA is not deductible as a business expense. Please check with your CMA for the correct amount.

Monthly Electronic Deduction Authorization Signature * SEE BELOW

Full Annual Payment
 Membership Investment _____
 ANA-PAC (Optional—\$20.04 suggested) _____
 Total Dues and Contributions _____

Online: www.NursingWorld.org
 (Credit Card Only)
 Check (payable to ANA)
 Visa MasterCard

CREDIT CARD INFORMATION

Bank Card Number and Expiration Date _____

Authorization Signature _____

Printed Name _____
 Amount: \$ _____

TO BE COMPLETED BY SNA:

STATE _____ DIST _____ REG _____
 Expiration Date _____ / _____
 Month Year
 Employer Code _____
 Approved By _____ Date _____
 \$ _____ AMOUNT ENCLOSED CHECK # _____
 Sponsor, if applicable _____
 SNA membership # _____

MEMBERSHIP APPLICATION

Welcome New & Returning Members

District 1-Far SouthWest

Madeline Card
 Susan Moore
 Kandy Morris

District 2-New River/Roanoke

Joy Arrington
 Theresa Cyr
 Maria Theresa Ramos
 Whitney Pugh

District 3-Central Virginia

Sharon Adams
 Kathy Traylor

District 4-Southside Hampton Roads

Holly Bonds
 Fraulein Calla-Zarate
 Sue Coughlin
 Louella Daquioag
 Rebecca Deal
 Jennifer Delnero
 John Dool
 Kathleen Kurth
 Carla Manning
 Theresa Marshall
 Stephanie Ruen

District 5-Richmond Area

Diane Bengtson
 Billie Carter
 Michelle Challenor
 Janice Fitch
 Wendy Harrington
 Jorelynn Intal
 Mini Peechatt
 Melissa Phillips
 Denise Snodgrass
 Mallory Trickett
 Mollie Tuttle

District 6-Mid-Southern Area

Lydia Shelton

District 7-Piedmont Area

Susan Goins-Eplee
 Gloria Johnson
 Vickie Lambert
 Teresa LaSalle
 Meredith Leonard
 Sarah Mossburg
 Nancy Roberts

District 8-Northern Virginia

Mary Davis
 Jane Dawkins
 Cynthia Dullea
 Geraldine Jones
 Constance Klare
 Clinton Lambert, Jr.
 Marcia Schissler
 Tanya Singleton
 Michael Tylek
 Latrice White
 Megan Wholey

District 9-Mid-Western Area

Kimberly Caron
 Freddy Conley
 Nancy Stikes
 Ambi Zeller-Hahn

District 10-Peninsula Area

Lisa Amick

District 11-Eastern Shore

Deborah Booy

District 12-Northern Shenandoah Valley

Elaine Clary

Membership News

Danville Regional Medical Center, a 350-bed Medical Center located in the Southern Virginia Historic Dan River District, is the areas leading healthcare facility, where you will become a part of our family of caring and dedicated staff.

For additional information call 1-800-688-3762 option 3 or go to our website www.danvilleregional.com

VNA and MetLife

MetLife Auto & Home® has worked with the Virginia Nurses Association Inc. to bring you a program with superior insurance discounts and benefits, that beats the competition hands down.

Created expressly for members of the VNA, this group auto insurance program offers a variety of auto policy discounts to make insurance more affordable for you. Even if you recently switched insurance carriers to save money, you could save more with these group program discounts. What's more, you could get even better coverage than you have now.*

MetLife Auto & Home is dedicated to providing drivers with great value in the industry. That starts with superior service. So, whether you're calling for free quotes or to report a claim, you can be sure you'll get a fast response. In the event of a claim, you'll find a caring, friendly voice available 24/7. Additionally, insurance consultants are empowered to make decisions right on the spot, so you get the answers you need.

Take advantage of easy and affordable payment

options. You could earn additional reward points or miles when you choose automatic monthly payments to your Visa or MasterCard. Or, pay your premium through monthly automatic bank account deduction and save 5% right away. Other billing options are also available.

You'll get a great value and outstanding service on all your auto insurance needs.

This program is now available. ♦

*Auto coverage forms in MA and NC reflect industry-wide state-mandated terms and conditions.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Metropolitan Casualty Insurance Company,

Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company, and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Coverage, rates, and discounts are available in most states to those who qualify. L10072267[exp0910][xGU,MP,VI]

