President’s Message

Entrepreneurship in Nursing

Are you a nurse entrepreneur or do you know a nurse entrepreneur? Nurse entrepreneurs are shaping the future of health care in a multitude of innovative, exciting ways. The American Nurses Association’s publication, Online Journal of Issues in Nursing, published the article, “Rising to the challenge of health care reform with entrepreneurial and intrapreneurial nursing initiatives” (Wilson, Whitaker, & Whitford, 2012), which discussed the social entrepreneurship approach for nursing and highlighted some exemplary nurse-led initiatives. Social entrepreneurship focuses on creating and achieving social good to meet the needs of populations. With approaches that are cost efficient, evidence-based and person-centered, effective outcomes have been actualized.

In this environment of continuing health care reform, nurses possess the knowledge, creativity and vision to lead social entrepreneurship initiatives that will result in positive health outcomes for the people of their communities, states and nation. Such initiatives align with the recommendations outlined in the Institute of Medicine and Robert Wood Johnson Foundation report (2010), The future of nursing: Leading change, advancing health.

An Oklahoma exemplar of a nurse-led social entrepreneurship initiative is discussed in an article of this issue of The Oklahoma Nurse. Clarehouse is a non-profit hospice home, funded entirely by charitable giving since its creation, with the mission of providing “a loving home, quality end of life care and access to hospice services to people in need.” This innovative model of care was the vision of Kelley Scott, a hospice nurse. Kelley brought together a diverse group of people in the Tulsa community, each with different areas of expertise, to shape her vision into a reality. Since opening its doors as a three bedroom apartment in 2003, Clarehouse has served thousands of people in need. In 2009 this innovative model of care moved to a new structure, a lodge-style home nestled in expansive, beautiful gardens. This nurse-led social hospice has been recognized nationally for “Innovation in End of Life Care Award” by the National Hospice and Palliative Nurses Association and its Executive Director and founder, Kelley Scott, was the recipient of the Pinnacle Award from the Tulsa Women’s Foundation and the Mayor’s Commission on the Status of Women. Clarehouse has also been honored statewide as the recipient of the award of excellence for Community Health Services by the Oklahoma Center for Nonprofits. Clarehouse is one of only a few organizations nationwide to implement this innovative model of care and is now positioned to empower other communities to adopt the model. As a result of its success, and sustainable framework, the vision for Clarehouse has been expanded to “foster a cultural shift toward the expectation of dying well through formalization of end of life education program.” The program will focus on clinical education, community outreach and sharing the Clarehouse model.

Oklahoma nurses applaud Kelley and all the people who have shared their time and talent to make Clarehouse a reality — what an inspiration! ONA would appreciate learning about other Oklahoma nurse-led entrepreneurship initiatives. We look forward to hearing from you.

Kindest regards,
Cindy

Cindy Lyons

Inside this issue

Executive Director’s Report .......................... 3
Welcome 2013-2014 Board of Directors .......... 4
Oklahoma Nurses Association
Region 2 Recognizes Two of Tulsa’s Special Treasures ........ 5
The Jonas Nurse Leaders Scholar Program and the Future of Nursing in Oklahoma .... 6
Humor is Awesome ................................. 7
Oklahoma League for Nursing .............. 8
Regeneration Room: Innovation to Address Staff RN Retention ................................. 9
Advocacy: Time to Take Another Look? .... 10
Mercy Emergency Medicine Co-workers Rush to Aid in the Philippines .......... 12
Oklahoma Nurses Association 2014 Legislative Agenda and Priorities ........ 13
Membership Application .......................... 14
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Region 7: Vacant

Oklahoma Nurse Editorial Guidelines and Due Dates

Submit Information for “The Oklahoma Nurse”

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Manuscripts are due on the second Monday of January, April, July, and October for consideration of publication in the following respective issue. Below, please read the revised submission guidelines.

Email a word processing document to ona@oklahomanurses.org; file extensions should be .doc, .txt, or .rtf.

Manuscripts are due on the second Monday of January, April, July, and October for consideration of publication in the following respective issue. Below, please read the revised submission guidelines.

Space limits:

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Jane Nelson, CAE
Executive Director, Oklahoma Nurses Association
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ONA works on issues for all nurses especially those that advance and protect nurses, nursing and the profession. Issues may include funding for protection of nursing regulation oversight, health care, access to health and behavioral health care, nursing workforce, safety issues and many other issues.

ONA can’t do this alone...it takes the members of the Oklahoma Nurses Association to get involved by contacting legislators, serving as Nurse of the Day and coming to the our day at the Capitol.

As a nurse it is your job to practice nursing in whatever setting you have chosen and it is ONA’s job is to represent you at Table – be it the Capitol or the other entities. Because if you are not at the Table...you’re on the Menu!

So how are you involved in advocacy? Have you thought about how you can get involved in the Capitol or how you could make a difference with Legislation? ONA has a great opportunity for you and that is to serve as the Nurse of the Day!

ONA’s Nurse of the Day program serves as an effective advocacy tool for nurses across the state to talk one on one with Legislators. Every day of the legislative session from February 4 to May 30, the nurse has the opportunity to actively participate in the legislative process. The Nurse of the Day has the opportunity to visit with legislators, attend various committee meetings and assist in the First Aid station at the Capitol.

So that those participating in the Nurse of the Day or Doctor of the Day program are not tied to the First Aid station, there is a paid ER Nurse that oversees the care provided. The program allows nurses to voice their thoughts and opinions on currently legislation affecting nurses and healthcare.

Now that the session has started, many professional associations are trying to get legislators to take notice of their views. It is imperative that we have nurses to serve as Nurse of the Day. During the day the Nurse of the Day is introduced on the chamber floor at the beginning of the session and presented with a personalized certificate of appreciation. They are provided the privileges of the floor, which is reserved for elected leaders and to a few privileged people, which includes the Nurse of the Day. This honor allows the Nurse of the Day beneficial one on one time with the legislators to discuss their views on current bills.

Nurses are the largest group of health care providers in the state. There are many issues that will come before the Legislature that may affect the delivery of care, the nursing profession and nurses in general during the next session. It is imperative that Nurses are there to weigh in on these issues.

The Oklahoma Nurses Association’s Nurse of the Day has proven over the years that it provides visibility and an opportunity for nurses’ voices to be heard throughout the Capitol.

In general during the next session. It is imperative that Nurses are there to weigh in on these issues.

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Welcome 2013-2014 Board of Directors of ONSA

October 25, 2013 marked the end of another successful year for the ONSA, and also marked the start of yet another amazing board to keep this growing organization through the next year. My name is Derrick Lair-Becker, and I have the great honor of being the 2013-2014 ONSA President for the great state of Oklahoma. I have been bonded with an outstanding board that is dedicated to making this year a time to gain remarkable wisdom, not only for us as a board, but sharing that wisdom with the nursing students of Oklahoma.

The board is as follows:

1st VP: Sarah Heiskell OU Tulsa
2nd VP: Stephanie Greenfield Langston University Treasurer: Stacey Collier OU Tulsa Secretary: Kymdria Russo OCCC BTN Director: Shelly Ogle OCCC Community Projects: Katherine Chavez OCCC Legislative Director: Kelsey Payne OCCC Membership Director: Frannie Landrigan Northwestern OSU Newsletter Editor: Benjamin Shermer OU Tulsa Public Relations Director: Madeline Lisoey OU Tulsa Co-PR Director: Terra Corley OCCC Director At Large: Madison Farr BSN Graduate of the University of Central Oklahoma 2013

The ONSA board just finished our annual retreat on January 3rd-4th, 2014 where we discussed goals for the next year. Our goals included opening up the channels of communications with the students we serve, along with striving to increase membership, keeping students educated on topics affecting nurses and healthcare, developing resolutions at the NSNA Convention, developing more community projects for students to be involved, and fostering transition from student level leadership into the professional leadership structures of Oklahoma.

We, as an organization, have taken a step back to take a look at our past in order to best prepare for our future, not only in nursing but the betterment of us as an organization. We understand as a board, that in order to make a difference in our profession, we have to start at the first level, the student level. We will be dedicating our time and efforts to fully live by our stated purpose, which is:

“To assume responsibility for contributing to nursing education in order to provide for the highest quality health care. To provide programs representative of fundamental and current professionals interest and concerns. To aid in the development of the whole person, his/her responsibility for the health care of people in all walks of life. To aid those in furthering their nursing education to help improve the quality of education of healthcare providers.”

We hope to continue to build the relationship between ONA and ONSA. We are also looking forward, as we always do, to working together with ONA on Legislative Day for Nurses at the Capitol on February 25th. Let’s make this another incredible year. We also hope to see ONA at our 11th Annual ONSA Convention October 24th at the NCED Convention Center in Norman.

Let’s have a great year.
For the past several years, ONA Region 2 has chosen an agency to donate needed items to support during the holiday season. The agency for 2013 was Clarehouse with recognition of our member Susan K. Gaston, Ph.D., RN, who died in October. Dr. Gaston was Director of the School of Nursing at The University of Tulsa since 1991 and was well known in Tulsa, Oklahoma, and beyond. Dr. Gaston was always very supportive of nursing student experiences in a wide variety of community agencies and Clarehouse was definitely one of those agencies.

Clarehouse is a very special treasure which Tulsa is incredibly fortunate to have available to the citizens of our community since 2003. Clarehouse provides an end-of-life care home for guests during their final days. It is not a hospice, but fills a gap for comfort care only. Volunteers are a key element of Clarehouse. The future of Clarehouse is rich and the focus will be to share the Clarehouse philosophy, development, and implantation of similar places regionally and nationally. Educating students of multiple disciplines and the general community will direct the Clarehouse efforts.

It is my pleasure to share the story of Region 2 treasures for several reasons. Susan was my boss, mentor, and friend for many years (she hired me as TU Community Health faculty in 1993) because of initial connections through ONA. Clarehouse is near and dear to me as an outstanding clinical agency for my TU nursing students in a community health rotation. Susan was a strong advocate for the development of nurses and Clarehouse is a community resource that has been nurse-envisioned, nurse-created, and nurse-led. The connection between the two treasures came full circle when Susan chose to spend her final weeks of life as a guest of Clarehouse.

For more information about Clarehouse, you can visit their website www.clarehouse.org. Or you can contact me for details and remembrances related to Clarehouse or Susan! A special thanks to Kelley Scott, RN, Executive Director of Clarehouse, for assistance with this article and who envisioned the idea of Clarehouse in early 2000.
The Jonas Nurse Leaders Scholar Program and the Future of Nursing in Oklahoma

Helen M. Farrar, MS, RN, B-C
Jonas Nurse Leaders Scholar 2012-2014
Donald W. Reynolds Predoctoral Scholar 2010-2012
University of Oklahoma, College of Nursing,
D.W. Reynolds Center of Geriatric Nursing Excellence
Oklahoma City, OK

Beginning in 2005, philanthropists Barbara and Donald Jonas auctioned a portion of their collection of abstract artworks to seed the Barbara and Donald Jonas Family Fund. This fund supported the development of the Jonas Center for Nursing and Veterans Healthcare. The Jonas Nurse Leaders Scholar program was created in 2008 and expanded in 2010 and again in 2012 to support the educational development of new nursing faculty. Currently the Jonas Center supports over 250 Nurse Leader Scholars in 50 states, to work on recommendations made by the Institute of Medicine (IOM) in the Future of Nursing Report, published, October, 2010. Thirty-nine percent, or 119,000 of qualified applicants to pre-licensure nursing programs were turned away from schools of nursing in 2008 due to a nationwide faculty shortage (NLN, 2010). In addition, only half of existing nurse educators are prepared at the doctoral level (AACN, 2000). The Jonas Nurse Leaders Scholar program was created to address the crucial need for high quality nursing faculty who are trained at the doctoral level. This program works collaboratively with academic institutions that both nominate and share the scholarship support of selected scholars.

What is unique about the Jonas Nurse Leaders Scholar program is the initiative to develop faculty leadership through implementation of the IOM Future of Nursing recommendations. Mr. and Mrs. Jonas personally charged each Jonas Nurse Leader Scholar to become involved and substantially contribute to the actions of their home state’s efforts to implement the IOM recommendations while enrolled in their doctoral studies. As a 2012-2014 Jonas Nurse Leaders Scholar, I have the unique privilege of benefiting from the co-sponsored funding of the Jonas Center and University of Oklahoma College of Nursing to pursue doctoral education in nursing research at the D.W. Reynolds Center of Geriatric Nursing Excellence. The scholarship support from the Jonas Center also supports my involvement in the Oklahoma Campaign for Action which was founded in 2012, and is charged with implementing the IOM Future of Nursing recommendations at the state level.

My involvement with the Oklahoma Campaign for Action Network Coalition began in September, 2012, as a Jonas Nurse Leader Scholar. I believe that the best teacher is experience and my participation and exposure to nurse leadership in the Oklahoma Campaign for Action Network Coalition has benefited my own development as a future nurse leader. I had the opportunity to participate in monthly conference calls in which the Coalition workgroups; (Advanced Practice Nursing, Nurse Residency, Education, and Data) met to discuss our initiatives. These workgroups shared their experiences with tackling national and statewide issues affecting nursing and shared their insights as nurse leaders. The value in this experience was mentorship that was locally relevant, enabled awareness of nursing leadership across the state, and provided an opportunity for me to develop the Leadership workgroup based on this experience and knowledge.

The Oklahoma Campaign for Action Network Coalition Leadership workgroup was created in the fall of 2013 as part of my role as a Jonas Nurse Leaders Scholar. As a future doctorally prepared nurse scientist, I am passionate about IOM recommendation #7; in that order to advance the future of nursing, there must be a substantial effort to “prepare and enable nurses to lead change to advance health” (IOM, 2011, p. 282). With the mentorship of the Oklahoma Campaign for Action Network Coalition leaders, Jane Nelson and Jim Durbin, I serve as a workgroup leader to implement this recommendation in Oklahoma.

The Leadership Workgroup is charged with tackling the complex recommendation that all nurses, at all levels of training be prepared and enabled to lead change and advance health. One of the ways the National Campaign for Action measures leadership is the presence of nursing on hospital boards. The 2011 AHA Health Care Governance Survey Report found that just 6% of board members were nurses; 20% were physicians (AHA, 2011). Increasing the nursing presence on hospital boards is one of many ways to increase nursing leadership across the United States.

To better understand the characteristics of nursing leadership in Oklahoma, the Leadership Workgroup developed and completed a survey of nursing leaders across the state. These leaders included nurses working in academia, for profit and not-for profit clinical and private institutions as well as volunteer and community agencies. Soliciting input from these leaders, their opinions on competencies of nurse leaders as well as whether they used the RN designation in their leadership roles.

An additional benefit of this survey was the solicitation of nurse leaders who were interested in serving on the Leadership Workgroup of Oklahoma Campaign for Action Network Coalition. These individuals and those who volunteered through the Oklahoma Nurses Association website will comprise the new Leadership Workgroup.

My two-year term as a Jonas Nurse Leaders Scholar ends in May 2014, but my participation in the Oklahoma Campaign for Action Network Coalition will continue. The opportunity to learn about nursing leadership while becoming one is an invaluable experience. I am sincerely grateful to the Jonas Center, The University of Oklahoma College of Nursing, and the Oklahoma Campaign for Action Network Coalition for their support and mentorship.

This work was supported by a grant from the Donald W. Reynolds Foundation and the Jonas Center for Nursing and Veterans Healthcare.

For more information about the National Campaign for Action http://campaignforaction.org

References

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Humor is Awesome

Diane Sears, RN, MS

“They said I could become ‘ANYTHING’ so I became ‘AWESOME’, (T-shirt)

I have a nurse friend, who uses the term “awesome” on a regular basis. You probably have one too, if you’re not already a regular “awesomer” yourself. She instigated a curiosity about this awesome business that I just had to explore. Probably have one too, if you’re not already a regular “awesomer” yourself. She is ‘gross,’ and the other is ‘awesome’.” “Sure, Dad,” said his daughter. "What words," he began, "that I never again want to hear used in this household. One is ‘fear,’ and the other is ‘awesome’.” “Sure, Dad,” said his daughter. "What words," he began, "that I never again want to hear used in this household. One is ‘fear,’ and the other is ‘awesome’.”

Awesome is everywhere. The Awesome Foundation for the Arts and Sciences is devoted to forwarding the interest of awesomeness in the universe. It distributes monthly $1,000 grants to projects. One is “Wellness and Wishes,” designed to educate and improve the lives of young adult cancer patients by granting them an experience to make them feel like they were never diagnosed with cancer. (Awesomefoundation.org)

Awesome Quotes

- “Anyone can be cool but awesome takes practice.” (Lorraine Peterson Quotepix.com)
- “Awesome, that feeling when you’ve finished all your work and can enjoy the rest of the day.”
- “Cultivating awe is part of unlocking the truest sense of life’s purpose. It makes us feel warm and fuzzy toward those around us.” (Dacher Keltner)
- "When you spill something on your shirt and it doesn’t leave a stain.
- "Sleeping in new bed sheets.
- "You push the button for the elevator and it’s already there.
- "Waking up before your alarm clock and realizing you’ve got lots of sleep time left.
- "You put the button for the elevator and it’s already there.
- "Sleeping in new bed sheets.
- "Seeing somebody laugh in their sleep.
- "When you spill something on your shirt and it doesn’t leave a stain.
- "The laugh echo, when you laugh out loud after suddenly remembering something funny that happened a while ago.
- "Coming home after a long day to the smell of someone cooking dinner.
- "Remembering how lucky you are to be here right now.
- "The 3 A’s of Awesome: Attitude, Awareness and Authenticity.”

Nursing Awesomes

- Seeing a patient, who almost didn’t make it, come back to visit you.
- Being thanked by a physician for a critical patient assessment notification.
- Participating in the birth of a baby
- Hearing someone singing or whistling, while they work.
- Your patient laughing with you.
- Wearing pajamas scrubs to work every day.
- Progressing Teenage mom to NA>LPN>AD to BSN>Mgr to MS to Director of Everything
- Easing someone into their passing, while humming their favorite song.
- Having homemade beans & cornbread work lunch consultations with your BFF.
- Finishing that dressing, education, presentation, paper, policy, meeting, shift.
- Helping the new nurses become experts.
- The first gulp of fresh outside air, after completing your shift.
- Green lights all the way home.

Science is Awesome

- “Think like a proton, always positive.”
- "Awe an experience of such perceptual vastness you literally have to reconfigure your mental models & the world to assimilate it.” (Joe Silva, YouTube series, ‘Shots of Awe’)
- By gazing upon the Hubble space telescope photograph, Deep Field, you can mainline the whole of time through the optic nerve. (Ross Andersen)
- “Since the Big Bang, 14 trillion years ago, the universe has been expanding. Like a balloon being inflated. The distance between galaxies, as well as atoms, is increasing every moment of every day. The universe is expanding as does everything in it. Even Me. Or maybe you’re just eating too much. Nope, it’s science.” (Cyanide and Happiness Explosm.net)
- "You are not alone. There are roughly 1 trillion microorganisms that colonize our bodies. We are actually a ‘superorganism’ and our microbiome may be as personalized as our fingerprints.” (Medscape.com 10/25/13)
- "I impact the patient experience by going to infinity and beyond.” (Unit poster)

April is National Humor Month

Here are some unusual ways to celebrate the day with your co-workers.

- The Traveling Bouquet. Bring in a bouquet of flowers and present it to one of your co-workers. Tell him or her, I want you to keep this on your desk for the next half-hour. Then pass it on to someone else and tell them to do the same!
- Hire an on-site masseuse for the day.
- The Traveling Bouquet. Bring in a bouquet of flowers and present it to one of your co-workers. Tell him or her, I want you to keep this on your desk for the next half-hour. Then pass it on to someone else and tell them to do the same!
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- Hire an on-site masseuse for the day.

"If you can’t make it better, you can laugh at it”. (Erma Bombeck)
Linda Lyons Coyle, MS, RN, CNE, Past-President OLN

The 2013 OLN Nurse Educator of the Year award recipient is Ms. Thea Clark, MS, RN of Tulsa. Thea has been an OLN member for approximately 34 years. She has held several offices including President, at 2 different times, with the most recent being President from 2006-2010, for 2 consecutive terms. She has been secretary, treasurer, president elect and past president. Thea has also served on various workshop committees and special project committees for OLN. Her first committee assignment was on the Fall Workshop committee in the early 1980’s. The committee was comprised of members from the Tulsa area and was formed to develop workshops to be held in Tulsa. The annual spring convention was always held in Oklahoma City and the members in Tulsa wanted more participation from this region. This committee functioned until the late 1980’s when the OLN had a decline of leadership and membership.

For various reasons the OLN was relatively dormant throughout the 1990’s. Thea has been in nursing education for 37 years, most of them at Tulsa Technology Center in the Practical Nursing Program. Thea has been an instructor and Coordinator of the nursing program at TTC. She was the program Coordinator on 2 separate occasions for 5 years in the 1990’s and most recently from 2005 to 2010. She retired in January 2013 but has been working as an adjunct for the last year at TTC. During her time in nursing education, Thea has tried to advance the mission of the NLN. Thea has worked to help keep Practical Nursing Education involved in the OLN and other organizations for nursing education. She has served on advisory committees for other nursing programs in the Tulsa area. She was actively involved in the beginning of IONE and served as treasurer from 2008 to 2010. She was a member on various committees for IONE, the PN Coordinators organization and the Ok Department of Career and Technical Education.

As expressed by Dr. Joyce VanNostrand, a past president for multiple terms of office for the OLN, Thea has always been willing to “step up to the plate” when something needed to be done. Thea demonstrates a true commitment to OLN and the mission of NLN in advancing the nursing profession in various aspects of the profession. Thea joins Dr. Joyce VanNostrand and Marie Ahrens as a recipient of this distinguished award. Congratulations Thea!
Regeneration Room: Innovation to Address Staff RN Retention

Diane Smith, BSN, RN; Marcos Rodriguez, BSN, RN; Betty Kupperschmidt, EdD, RN (Diane and Marcos are students and Dr. Kupperschmidt, faculty, OUHSC College of Nursing)

Innovation Defined

Innovation is a powerful concept with the unique capacity to align people, foster creativity, and bring significant improvement to existing processes or transformational change to whole systems or industries (Lazarus and Felli, 2011). Additionally, disruptive innovation occurs when workers in an organization are supported by nurse leaders who encourage, foster, and support new and different thinking. Blakely and Carleton (2010) stress that disruptive innovation occurs by thinking differently and asking new and different questions in each situation. Disruptive innovation challenges the status quo, stimulates discussion, and advances originitive thinking. Disruptive innovation is called for to address staff RN retention.

Innovation Needed

According to the American Hospital Association, 14 percent of all hospitals have a severe nursing shortage. Among the many reasons commonly cited as causative factors for staff nurse turnover; job dissatisfaction, work stress and burnout, and the response to chronic emotional strain usually top the list. (See Exhibit 1). When job satisfaction decreases, the likelihood of nurses leaving their employment setting increases resulting in increased costs to healthcare organizations. It is clear that the time for disruptive innovation in nursing has come.

Exhibit 1. Job Dissatisfaction, Stress, and Burnout I implications

- Poor retention of licensed personnel due to job dissatisfaction is at an all time high.
- 72 percent of nurses in one study reported poor working conditions.
- RN turnover rate is twice the turnover rate as other professions with similar education levels (interesting point)

Work stress can result in:

- Lost productivity
- Increased absences from work
- Impaired employee well-being and health

Burnout can lead to:

- Increased financial burden to replace and train employees
- $30,800-$64,000 to replace one experienced RN
- Compromised quality of patient care

The nursing shortage has resulted in nurses experiencing increased patient load and working increasing numbers of extended work shifts and overtime. Increased work stress and fatigue have been shown to positively correlate with increased errors in patient care (Stone et al., 2004). The urgency of decreasing RN job dissatisfaction demands an innovative plan to address staff nurse retention. This short article presents just such an innovation: Regeneration Rooms.

Planned Innovative Change: Regeneration Rooms

Making the most out of what have been referred to as regeneration breaks can minimize the side effects of an employee’s high stress level. Regeneration activities range from an employee taking purposeful breaks from work, including lunch breaks, to spending time in a Regeneration Room. Regeneration activities help employees regain/ regenerate energy and maintain high job performance following the breaks. Fritz, Lam, and Spreitzer (2011) point out that breaks during the workday aid in recovery from work with increased reports of sustained energy and reduced fatigue. The critical recovery gained during breaks increases employee well-being, performance capacity, and improved performance related outcomes (Fritz, et al., 2011).

Specific lunch break activities effective in providing recovery from work include relaxation, mastery experiences, and a sense of control. Employees who achieve higher levels of relaxation experience better concentration and decreased feelings of fatigue. In addition, mentally distancing one’s self from work and reflecting on the positive aspects of work during lunch break decreases job related burnout (Fritz et al., 2011). Mastery experiences are associated with improving employees’ feelings of competence and self-worth. The authors propose refurbishing a specific room that will serve as a Regeneration Room; a room that allows nurses to take breaks in an environment separate from the work area. Computers with computer programs that target relaxation, learning, and reflection must be provided. The room should be painted a cool, restful color with attractive prints on the wall. Furniture should include a CD player, two (2) comfortable lounge chairs, a computer, and a small table with 4 chairs. Being mindful that a Regeneration Room addresses staff RNs’ individual differences, physical, mental and spiritual well being, a variety of quiet activities should be provided. (Exhibit 2) It is also important to develop guidelines that clearly delineate the difference between break rooms and the Regeneration room. As with all aspects of the development and implementation of this innovation, staff input must be obtained and integrated into the guidelines for use of the Regeneration Room.

Exhibit 2. Items for Regeneration Rooms

Physical regeneration activities – to keep one’s hands busy
- Lego Blocks
- 1000 piece jigsaw puzzle

Mental regeneration activities - to keep one’s mind busy (yet quiet)
- Crossword puzzle books
- Word search books
- Sand/Zen garden

Spiritual regeneration activities - to uplift one’s spirit
- Wisdom literature
- Poetry

Note: it is important to assure materials are in good condition

A change agent can be selected and encouraged to use Havelock’s Theory of Planned Change (Dates, 1997) to effect this innovation.

- Unfreezing Phase
- Moving Phase
- Refreezing Phase

The change agent must be informed about the innovation purpose and process. He or she should educate staff RNs about the physical, mental, and spiritual toll of continual stress at work and the benefits derived from a purposeful Regeneration Room break.

The change agent partners with staff in implementation of the Regeneration Room. The change agent schedules work sessions to receive input and potential buy in from all levels of organizational members to make the regeneration idea a reality.

Conclusion

It is past due time to address the need for staff RNs to be physically, mentally and spiritually regenerated as needed, especially when they work extended shifts.

References


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Advocacy: Time To Take Another Look?

**Betty R. Kupperschmidt, Associate Professor, Program Director OUHSC College of Nursing**

Nurses are taught patient advocacy in basic nursing programs. However, I wonder if we really understand what we are agreeing to when agreeing to be patient advocates. Patient advocacy is an ethical duty of professional nurses. This article provides a brief overview of some classic and current thoughts about advocacy.

### Some Early Thoughts on Advocacy

Advocacy is defined in many ways in the literature (Exhibit 1). In her insightful 1980 article, Kohnke operationally defined advocacy as the act of informing and supporting a person so that person can take a more active role in their care. Kohnke felt advocacy was two fold: informing patients of their rights and making sure they have necessary information to make an informed decision and then supporting patients in their decisions. She acknowledged that advocacy is psychologically difficult because at times being an advocate may contradict nurses’ belief that as a professional, they know best. Kohnke strongly urged nurses to avoid the Karpman Triangle, the victim-rescuer-persecutor triangle.

In her 1982 book titled simple Advocacy, Konkne asserted informing presupposed that nurses have the information, patients agree to receive the information, nurses have the time to inform, and patients have a right to know. Kohnke (1982) notes that other nurses, team members, and the patient’s family may not want the patient informed for a number of reasons. Nurses and family members may fear that the more patients know, the more questions they may ask and nurses feel they lack education and time to effectively answer patient and family’s questions. Balancing the role of informer and supporter without assuming the role of rescuer can be very challenging.

Millette (1993) used Murphy’s 3-pronged model to study advocacy. This model is comprised of bureaucracy advocacy, the nurse owes allegiance primarily to the institution with needs of patient secondary; physician advocacy, the physician is given chief consideration with all other factors secondary; and client advocacy, the client is given chief consideration. Her study revealed that professional nurses preferred the client advocacy.

### Current Thoughts About Advocacy

Bu and Jezewski (2006) conducted a concept analysis of patient advocacy. They identified three core attributes, including safeguarding patients’ autonomy, acting on behalf of patients, and championing social justice in the provision of health care, integral to advocacy. Benner (2008), commenting upon the formation of ethical comportment in students, asserts that “patient advocacy is alive and well in the everyday aspirations of student nurses” (p. 47). Benner’s definition of advocacy is very broad, including empowerment and clarifying confusion about treatment.

Several researchers differentiated nurses’ advocacy role based upon patients’ disposition. Day (2006) expressed strong concern with advocacy as protection for critically ill patients. She felt this image of advocacy diminished critical care nurses’ openness to collaboration with patients, families, and multidisciplinary teams. Heli and Leino-Kilpi (2011) found that clients perceived advocacy to be patient advocacy, which is a misunderstanding of advocacy. Salmon (2012) addressed difficulties experienced when nurses advocate for a critically ill patient who is a time-limited patient. She felt this image of advocacy diminished critical care nurses’ openness to collaboration with patients, illness trajectory. Salmon (2012) recommended that staff share information with the nurse-as-family-member to increase collaboration and support the nurses’ efforts at advocacy. Hanks (2007) presents an excellent concept analysis of barriers to advocacy, noting some barriers are internal to the person and some within the environment. Selected barriers are listed in Exhibit 2 and readers urged to read this very informative paper.

One 2012 issue of Online Journal of Issues in Nursing (OJIN) is dedicated to advocacy. Selander & Crane (2012) paint a picture of Nightingale as a transdisciplinary leader who used advocacy to demonstrate egalitarian human rights. Maryland and Gonzalez (2012) demonstrate how nurses can use their hands-on patient care experiences to influence policy and to advocate in the legislative arena. Tomajan (2012) depicts a format for a 60-second speech to facilitate advocating for the nursing profession. She discusses basic advocacy skills, problem solving, influence, communication and collaboration, as essential to overcome advocacy barriers.

### Enhancing Ones’ Advocacy Competencies

As professional nurses, we must develop and/ or hone competencies required to advocate effectively. These competencies include high level problem solving skills, enhanced communication skills, carefronting where indicated (Kupperschmidt, 2006), enhanced understanding of evidence-based collaboration models, and embracing the premise that high quality practice includes advocacy as an integral component of professional practice.

### Summary

In conclusion, patient advocacy is an ethical duty of each professional nurse. It is incumbent upon us, regardless of practice venue, to assure that we give thought to, take a second look at, our awesome responsibility and blessing to be advocates.

**Exhibit 1. Definitions of Advocacy**

- Helping patients to become clear about what they want
- Informing the patient of his / her rights and supporting and protecting his / her rights and interests.
- Pleading the cause of or defending one’s patient
- Supporting patients’ choice and / or decisions
- Informing and supporting patients so they can make the best decision possible

**Exhibit 2. Barriers/ Constraints to Being Patient Advocates**

- Perceived lack of organizational support
- Feelings that one lacks basic education needed to effectively advocate
- Perceived threat of organizational punishment
- History of subservience to medical profession leading to perceived lack of empowerment
- Fear of job loss, retaliation, intimidation and ostracism
- Fear that the more patients know, the more questions they may ask
- Fear of giving patients their voice
- Family’s established pattern of interaction that mitigates against patient’s making a decision
- Institutional constraints that mitigate against sharing information if that sharing means increased time required to answer patients’ questions

**Exhibit 3. Selected Advocacy Skills**

- Problem solving
- Influence
- Communication
- Collaboration

**References**


Kupperschmidt, B. (2012). Carefronting; Caring enough to confront. A reprint. The Oklahoma Nurse, 51(2) 22-23.


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OKLAHOMA (Jan. 2, 2014) – Reagan Hightower, RN, 25, and Dr. Dan McKinley, 29, have never met – but shared an incredible experience.

At a moment’s notice, the two of them bought plane tickets to the Philippines to help survivors of Typhoon Haiyan, the deadliest typhoon on record: a category five super typhoon that ripped through Southeast Asia early November 2013. Dr. McKinley was there Nov. 22 - Dec. 5, 2013 and Reagan was there Dec. 8 - 18, 2013.

“I just couldn’t stop thinking about it,” said Hightower, a nurse in the emergency department at Mercy Hospital Oklahoma City. “I really wanted to get over there, but I figured it would be restricted to Red Cross workers. Then, I found an organization online and submitted my application. They called me that same day and I bought my ticket.”

An hour and a half south on Interstate 35, Mercy Hospital Andmore’s emergency medicine physician Dan McKinley was packing for his birthday trip to New York City. His plans and pack changed significantly when he was asked to assist another organization’s medical relief mission.

“I knew I wanted to help and started reaching out to some of the organizations I have done relief trips with in the past,” McKinley said. “One of my colleagues referred me to a group and I soon had an email asking me to be ready to go on November 22, my birthday.”

After travelling for almost 24 hours, the two met their respective teams. Hightower was with Heart to Heart, International, an organization whose mission is to provide ongoing medical care and supplies to communities in need worldwide. McKinley was with Remote Area Medical (RAM), a group that focuses on quick response disaster medicine around the globe as well as providing health care in underprivileged areas across the United States.

Making his way through the airport and与其他医疗小组汇合后，麦金莱在2010年海地地震后，前往塔尼桑进行灾难医学救援。海特沃尔回忆说，她在塔尼桑工作期间，她被指派去塔尼桑和尼加拉瓜工作，今年她已经完成了对这两国的救援任务，并在Mercy’s Moore, Okla. 转诊中心工作。

Some of the team members had no idea what to expect but McKinley helped in the 2010 Haiti earthquake relief efforts and had experience with disaster medicine. Hightower wasn’t new to the experience, either. She was 19 when she went on her first mission trip to Tanzania. Since then, she’s been on missions to Haiti and Honduras and – this year alone –has gone on medical missions to Costa Rica and Rwanda and served in Mercy’s Moore, Okla. 转诊中心。

Although she hasn’t decided her next trip, Hightower echoes McKinley’s sentiments.

“On these missions, you connect with people from a completely different life and culture than you,” she said. “It’s neat to be able to serve like that. It’s an incredible way I get to use my profession skills to fulfill my passion for serving Christ.”

When Di Smalley, regional president of Mercy in Oklahoma, heard that these co-workers had taken it upon themselves to answer the call to help, she was inspired.

“Reagan and Dr. McKinley’s initiative and self-sacrifice speak to the incredible passion our co-workers have for helping people – here, and around the world,” Smalley said. “I’m really proud of them and their leaders for making arrangements so they could go, too. What an uplifting and selfless group.”

This April, McKinley plans on going to the Dominican Republic for yet another medical mission and in July will return for a pediatric cardiac surgery mission.

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Oklahoma Nurses Association
2014 Legislative Agenda and Priorities

Oklahoma Nurses Association (ONA) is the professional association representing the state’s registered nurses. ONA is involved in the shaping of public policy about health care which is consonant with the goals of nurses, nursing and public health. ONA is committed to ensuring that the registered nurse is an essential provider in all practice settings and advocates for access to quality health care services for all individuals.

Therefore, ONA will support legislation and health care policy which:
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- Incorporates nurses at all levels of policy-making and decision making regarding the health care system
- Assures funding to meet health care needs including recognition and remuneration for services rendered by nurses
- Assures the delivery of health care by duly qualified providers as a means to protect the consumer
- Recognizes the Oklahoma Board of Nursing as the sole regulatory authority for professional nursing practice, including adequate resources for the agency
- Promotes funding for professional nursing education and research at both the basic and advanced levels

Legislative Priorities
- Governance – Preserving the Board of Nursing’s oversight and regulation of nursing practice
  - Nursing is the largest group of healthcare providers: LPN, RN and APRN, each one with its own unique scope of practice, is already a consolidated Board. Ensuring professional nursing oversight of this board provides for the critical health and safety of the public. This self-sustaining, non-appropriated Board contributes revenue to the state general fund while providing for efficient, focused regulation of the nursing profession.
- Scope of Practice
  - Access to efficient, competent health care is supported when licensed Nursing professionals practice to the full extent of their scope of practice. Protection of the Nurses’ Scope of Practice ensures the health and safety of every Oklahoman.
- Funding
  - Ensure adequate funding for health promotion, disease prevention and health care related services so that Oklahomans will be healthy productive citizens. Shortfalls in health and behavioral services will lead to fragmented care causing severe consequences for individuals, families, and communities, placing even stable communities at potential risk
- Public Health – Improving Oklahoma’s Health Status
  - Improving Oklahoma’s health status will improve the physical, emotional, and economical well being of the individual, the family, and the community.
- Education
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**Contact Information**

**Comanche County Memorial Hospital**

Phone: 580.510.7000

Email: humanresources@comchonline.com

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