

The American Nurse

January/February 2008

The Official Publication of the American Nurses Association

Tried and true?

Nurses use, engage in research to improve care, enhance workplaces

By Susan Trossman, RN

Nurses always have had questions about nursing practice and health care procedures. But often, they've had no opportunity or the facility-sanctioned support to determine why they do what they do.

Times, however, are changing. Staff nurses are evaluating research and participating in studies in many ways — from suggesting ideas to collecting data to helping colleagues fine tune survey tools. And their involvement is leading to better patient outcomes, new workplace practices and professionally satisfied nurses.

What's that about capillary refill?

"As a staff nurse, I always want to provide the best and safest care," said Rose Hehl, BSN, RN, CRRN, a staff nurse on a rehab unit and Rhode Island State Nurses Association (RISNA) member. "But I didn't really understand how to read research properly, and I didn't see how it pertained to me as a bedside nurse."

Then Hehl, an associate degree-prepared RN at the time, saw an opportunity that she couldn't refuse. It was 2002 and research consultant Marlene Dufault, PhD, RN, had come to Newport Hospital to launch a program aimed at closing the "research-to-practice gap" and assisting the facility in gaining Magnet® status. It was the Magnet movement that really gave translational research (research-into-practice) the kick it needed to be embraced by more health care facilities, said Dufault.



Newport Hospital nurses examined whether music therapy would help ease their patients' post-op pain.

After surveying Newport nurses on potential topics, Dufault focused the first research roundtable on alternative comfort measures—such as music therapy, massage and guided imagery—for older adults undergoing joint replacement. At unit-based meetings, some 30 staff nurses reviewed research, which earlier had been compiled by RI nursing students, to determine whether they should potentially incorporate these new clinical approaches into their practice.

"When I went to that first research roundtable, I absolutely loved it," Hehl said. Armed with mostly classical and smooth jazz CDs and Walkmans, Hehl introduced her patients to the study. None turned her down, and all had good outcomes. On average, patients used the alternative therapy 35 times in the first

three days post-op.

An 86-year-old tap dancer, who was undergoing knee replacement surgery, was particularly enthusiastic about participating as long as she could listen to show tunes.

During a post-surgical pain assessment, Hehl observed the patient tapping her foot in tempo to her preferred type of music.

"That's when I realized how wonderful this new approach was," Hehl said. "I saw that by looking at research and our policies, we could make changes to our practice today that really make a difference."

As part of the process, participating staff nurses also learned how to collect data, complete patient consent forms and

See **Tried and true** on page 6

Health & safety wins for NJSNA nurses

Nurses in the "Garden State" closed out 2007 on a high note with the passage of two key pieces of legislation promoted by the New Jersey State Nurses Association (NJSNA). One measure focuses on safe patient handling and prevention of musculoskeletal disorders (MSDs), and the other addresses workplace violence.

"This was the best holiday present the Legislature could have possibly given patients, nurses and health care workers," said NJSNA President Linda Gural, RN. Nurses then received good news again when Gov. Jon Corzine (D) signed the measures into law Jan. 3.

The "Safe Patient Handling Act" (S1758) requires general and special hospitals, nursing homes, state developmental centers and state and county psychiatric hospitals to establish a safe patient handling program to reduce the risk of injury to both patients and health care workers.

The bill specifically requires a facility to: establish the program within 36 months of the date of enactment; develop written safe patient handling policies; conduct an annual program evaluation and make program revisions based on data analysis; and conduct staff training on lifting protocols and equipment. Further, it calls for the facility to establish a safe patient handling committee made up of at least 50 percent direct care workers or those selected by the collective bargaining unit. The committee will be responsible for all aspects of the development, implementation and periodic evaluation and revision of the facility's program.

It also ensures that a health care facility will not retaliate against any health care worker who refuses to perform a pa-

See **NJSNA nurses** on page 4

Steady study: Nurses make unique contribution to women's health
p.6

Election year 2008: ANA plans to be involved
p.9

From the RN Files: It's been quite a journey for longtime flight nurse
p.11

For all the latest nursing news, go to www.NursingWorld.org

Nurse's Career Center....

Targeted job opportunities specifically for nurses

ANA is excited to announce the *NEW* Nurse's Career Center, your convenient connection to over 10,000 new job opportunities targeted to clinical nurses. Don't waste time wading through job postings that do not match your skills. The *NEW* ANA Nurse's Career Center includes only those jobs that matter most to you – clinical nursing positions.

Visit the ANA's *new* Nurse's Career Center and experience the advanced features and benefits:

Personal Profile Page:

Create your own security protected site complete with URL.

Résumé Wizard:

Upload or create multiple résumés and make them searchable and visible to top employers.

Job search:

Free, fast, confidential access to a credible selection of targeted employer opportunities.

Search nursing jobs in your neighborhood or across the country at this one-stop resource for quality registered nurses.



ANA
NURSE'S CAREER CENTER

A member of *HEALTHeCAREERS* Network



Find a *NEW* world of opportunities at www.nursescareercenter.com

www.nursescareercenter.com • 888-884-8242 • info@healthecareers.com

'Safe Staffing Saves Lives'



President's Perspective

Does anyone reading this believe our nation's health care system is first class for all? Are you confident enough to be a patient today and not worry about your care? I continue to be frustrated both as a consumer and as a nurse.

A growing body of data indicates the likelihood that an adverse event will occur during your next health care encounter. If you doubt this, check out the Web site of one of ANA partners, the Institute for Healthcare Improvement (www.ihl.org), to read first hand about the frequency of adverse events. I am sure each one of us has numerous stories about things that went or almost went wrong. These adverse events are more than just statistics. These events affect human beings — loved ones who lose or have their lives altered and endure costly expenses.

Despite all the reports, the organizations focused on quality, and the United States' status as a world super power, we have certainly been slow to experience the widespread impact on health care quality needed. Compared to other countries in the world, our quality of health care is appalling. Check out the WHO Web site (www.who.int) and compare the United States to another developed country, and you will understand the magnitude of our problem.

It is time for a planned revolution to address this. I believe the ANA and the nursing profession have many of the solutions and answers to the crisis in health care. More hospitals than ever before are achieving or on the journey toward achieving a level of excellence for Magnet® recognition. Studies have shown that Magnet hospitals are a positive force in creating a preferred work environment and nursing's quest for quality.

In addition, ANA's quality database, NDNQI®, reached a new high with more than 1,200 hospitals at the end of 2007 participating in the largest nursing database of quality nursing indicators in United States. I admire and respect those hospitals that are making significant changes as a result of participating in NDNQI.

Today, I would like to recommend two new initiatives related to quality for ANA members to follow and participate in. Increasing interest and support exist to finally address the age-long issue of educational preparation for the RN workforce. Evidence clearly shows that higher levels of nursing education are linked with lower patient mortality rates, fewer errors and greater job satisfaction among RNs. Both New York State Nurses Association and New Jersey State Nurses Association are leading efforts to require the BSN after 10 years of initial licensure. Other states are now exploring this. This initiative will get

us closer to the proven and needed level of education that has long been the desired goal of our profession.

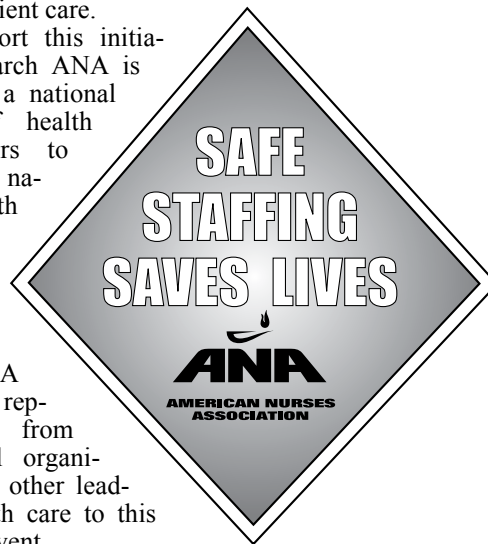
The second ANA initiative, launched in December 2007, has significant promise. A growing body of evidence demonstrates that adequate nurse staffing improves the health care outcomes of patients, resulting in fewer inpatient days, complications and deaths. These studies have demonstrated what most health care consumers already know: nursing care and quality patient care are inextricably linked. ANA's goal is to establish staffing levels that promote a safe and healthy working environment for nurses and to ensure the highest possible patient care.

To support this initiative, in March ANA is sponsoring a national summit of health care leaders to address our nation's health care crisis by addressing nursing staffing levels. ANA is inviting representatives from professional organizations and other leaders in health care to this important event.

In addition, we have launched a Web site, www.safestaffingsaveslives.org, to educate individuals why this is so important. Your involvement is just as critical as those attending the summit. As a nurse, you have tremendous credibility with the public and can make safe staffing a reality. Use the tools and resources on this site, such as *ANA's Principles for Nurse Staffing*, to get the facts and become a stronger advocate for safe staffing.

The nursing profession has many of the answers and can provide the resolution. All of these initiatives are essential and will make a difference. We need you and your colleagues to raise your voice and be heard to make this a priority and a reality in 2008. Let me hear from you (becky.patton@ana.org).

Becky



DEPARTMENTS	President's Perspective	3
	In Brief	4
	Center for American Nurses	7
	Political Nurse	9
	From the RN Files	11
	Donations at Work	12
	As the Web Turns	13
Media Briefs	14	

2008 The American Nurse

Volume 40, No. 1 (ISSN 0098-1486)

Published bimonthly: January/February, March/April, May/June, July/August, September/October and November/December. Copyright 2007 by the American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492, (301) 628-5000. Views expressed herein are not necessarily those of ANA. The publisher reserves the right to accept or reject advertisements for *The American Nurse*. All advertisers in this publication must employ without regard for age, color, creed, disability, gender, health status, race, religion, lifestyle, nationality and sexual orientations.

Chief Executive Officer	Linda J. Stierle, MSN, RN, CNAA,BC
Director of Communications	Laura Diamond
Editor	Phaedra Brotherton
Senior Reporter	Susan Trossman, RN
Production/Graphic Design	Christy Carmody
Circulation/Subscriptions	American Nurses Publication Center, (800) 637-0323
Director of Marketing	Betty Whitaker
Advertising Sales	Tony Ward, (301) 628-5210
President	Rebecca M. Patton, MSN, RN, CNOR
1st Vice President	Debbie Hatmaker, PhD, RN, SANE-A
2nd Vice President	Kathy Player, EdD, RN
Secretary	Susan Foley Pierce, PhD, RN
Treasurer	Anne McNamara, PhD, RN
Directors	Barbara Crane, RN, CCRN Elizabeth Dietz, EdD, RN, CS-NP Linda Gobis, JD, RN, FNP Ernest Grant, MSN, RN Patricia Koenig, BSN, RN Mary Maryland, PhD, APRN,BC, ANP William W. Mclean, RN, CEN Kate Steenberg, BSN, RN, CCRN Linda Warino, BSN, RN, CPAN Margarete L. Zalon, PhD, RN, APRN,BC Carrie Houser James, MSN, RN,CNA,BC, CCE, ex officio Alice F. Wyatt, MSN, APRN,BC, ex officio

Editorial Advisory Board
Cynthia Balkstra, MS, APRN, BC
Jeffrey Bevan, MSN, APRN
Janet Bryant, MA, MSN, RN
Jacqueline Gilbert, BSN, RN
Kathleen Outlaw, MS, RN
Jacquelyn Reid, MSN, RN, CNM

Address editorial comment and inquiries to Editor, *The American Nurse*, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492 or, via e-mail, TANeditor@ana.org

Postmaster: Send address changes to *The American Nurse*, Central Billing, American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492

Subscription to *The American Nurse* is included with membership in a state nurses association and ANA direct membership. Subscription rate for nonmembers, \$20 per year; for full-time nursing students, \$10 per year. Subscriptions begin approximately six to eight weeks after receipt of payment.

Indexed by: International Nursing Index; Cumulative Index to Nursing and Allied Health Literature; Hospital Literature Index of the American Hospital Association.

Circulation: 157,000
The American Nurse is available in microform from University Microfilms International, 300 North Zeeb Road, Ann Arbor, Mich. 48106. Periodicals postage paid at Silver Spring, MD, and additional mailing offices. ANA is an equal opportunity employer.

The publication of any advertisement in *The American Nurse* is neither an endorsement of the advertiser nor of the products or services advertised.



<http://www.NursingWorld.org>



The American Nurse is the official newspaper representing the nation's registered nurse population with a circulation of 157,000 nurse members of the American Nurses Association. In addition, 26% of its readers pass it along to other nurse colleagues. Its readers are qualified, professional and influential nurses who are on the forefront of health care. This market has the purchasing power to make buying decisions.

That's one of the reasons they read *The American Nurse!*

To Advertise in *The American Nurse*, please call our advertising coordinator at (301) 628-5210 or visit our Web site, www.NursingWorld.org.



In Brief

Safe staffing saves lives!

ANA has launched a new Web site dedicated to safe staffing, which can be found at www.safestaffingsaveslives.org.

The site allows nurses to share their own stories and concerns and invites them to help strengthen the case of safe staffing legislation by completing a poll. Through the site, nurses also can stay informed about the latest developments on Capitol Hill and contact their members of Congress to support this nursing effort.

"ANA has been a persistent, driving force in the efforts to make safe staffing legislation a reality," said ANA CEO Linda J. Stierle, MSN, RN, CNAAC, BC. "The site gives nurses a strong voice and empowers them to take an active role in impacting their workplace environment."

ANA President Rebecca M. Patton, MSN, RN, CNOR, maintains that safe staffing saves lives.

"There is a growing body of evidence that demonstrates adequate nurse staffing improves the health outcomes of patients, resulting in fewer inpatient days, com-

plications and death. Implementing safe staffing levels should be seen as a critical investment in quality, cost-effective care, and ANA's goal with this Web site is to establish staffing levels that promote a safe and healthy working environment of nurses and ensure the highest possible care."

ANA supports the "Registered Nurse Safe Staffing Act of 2007" (S.73/H.R. 4138) and is asking nurses to urge Congress to co-sponsor this crucial measure. The new site also educates nurses about ANA's history of advocacy on staffing, provides updates on new developments and gives nurses tools to get involved.

The message is preparedness

ANA is part of a new multi-media campaign to spread the word to the public about preparing for a potential pandemic influenza outbreak.

The Centers for Disease Control and Prevention (CDC) and other public health experts contend that a pandemic will occur at some point, and being prepared is essential to reduce its wide-ranging and potentially deadly impact.

The U.S. Department of Health and Human Services' (HHS) campaign, "Take the Lead: Working Together to Prepare Now," is relying on ANA, and other health care, business and community groups to

use their membership network to reach out to the public.

ANA President Rebecca M. Patton, MSN, RN, CNOR, and AMA President Ronald M. Davis, MD, are featured in one of the ads asking nurses and physicians to use their leadership ability to help patients understand the risk of a pandemic and what to do about it. It refers readers to the Web site, www.pandemicflu.gov/takethelead, for an online toolkit and additional resources. The toolkit includes information about pandemic influenza, ready-to-use and ready-to-tailor resources prepared by HHS and CDC, and ideas and materials to engage organizations and leaders in the effort.

Patton also was among key leaders asked to participate in the campaign's five-week blog summit in 2007 to talk online with nurses and others about preparing for a pandemic. The blog was designed to allow leaders to discuss with their colleagues and other community members ways to communicate the need for preparedness at home and within workplaces and communities.

During the blog summit, Patton addressed the obligation nurses have to "preach the preparedness gospel."

In one of her entries she wrote: "We know that, as registered nurses, we must be ready to respond, both personally and professionally. Being prepared does not apply only to those of us who respond at the time of need; all citizens must take this seriously and begin to plan for any potential disaster that may occur in our own community."

She additionally addressed the concerns of nurses who responded online about the state of readiness of the health care system and the government, as well as the welfare of workers. For example, she described the need for the government, employers and health care personnel to work together to ensure that there are sufficient supplies of respirators and other personal protective equipment.

The campaign also made use of a traditional approach, a face-to-face forum. HHS Secretary Mike Leavitt brought together influential leaders from the business, faith, civic and health care sectors, including Patton, to further develop public-preparedness strategies.

Chemical exposures on the job may be linked to diseases in nurses

A first ever national survey of nurses' exposure to chemicals, pharmaceuticals and radiation on the job suggests there are links between serious health problems, such as cancer, asthma, miscarriages and children's birth defects, and the duration and intensity of these exposures. The survey included 1,500 nurses from all 50 states.

The results recently were released online at www.ewg.org/reports/nursesurvey by ANA, Health Care Without Harm (HCWH), the Environmental Working Group and the Environmental Health

Education Center at the University of Maryland School of Nursing. The survey was extremely detailed and is the first of its kind, but it was not a controlled, statistically designed study.

"ANA is dedicated to ensuring the health and safety of nurses and their patients," said ANA President Rebecca M. Patton, MSN, RN, CNOR. "We are pleased to work with our partners to bring attention to the growing concern over chemical exposures in the workplace, and ANA will continue its efforts on behalf of the nursing profession to create healthier working environments."

Every day, nurses confront low-level but repeated exposure to mixtures of hazardous materials that include residues from medications, anesthetic gases, sterilizing and disinfecting chemicals, radiation, latex, cleaning chemicals, hand and skin disinfection products, and even mercury escaping from broken medical equipment. There are no workplace safety standards to protect nurses from the combined effects of these exposures on their health.

"Nurses are exposed daily to scores of different toxic chemicals and other hazardous materials whose cumulative health risks have never been studied," said Jane Houlihan, vice president for research at Environmental Working Group. "Nurses ingest, touch or breathe residues of any number of these potentially harmful substances as they care for patients day after day, and face potential but unstudied health problems as a result."

"This survey is a call to action for nurses to demand the use of safer products and protective measures to control exposures to hazardous agents in the workplace," said Anna Gilmore Hall, RN, executive director of HCWH, an international coalition working to reduce the environmental impact of the health care sector.

The Centers for Disease Control and Prevention proposed a National Occupational Exposure Survey for the health care industry in 2002. To date, no such survey has been initiated to better understand the range of potentially hazardous chemical exposure in the health care industry and related illnesses.

"For many of the toxic chemicals in hospitals, there are safer alternative products or safer processes," said Barbara Sattler, DrPH, RN, FAAN, professor and director of the Environmental Health Education Center at the University of Maryland School of Nursing. "We must make these healthier choices for the sake of our patients, nurses and all hospital employees."

MNA staffing study

Minnesota residents expressed concern about RN understaffing levels and its effect on patient care in a recent research effort commissioned by the Minnesota Nurses Association (MNA).

Through a survey of nurse members and Minnesota residents, MNA determined that chronic understaffing is lead-

See **In Brief** on page 5

NJSNA nurses

Continued from page 1

patient handling task because of concerns about patient or worker safety, or the lack of appropriate equipment or aids.

Many of the hospitals already had some type of lifting equipment in place, said NJSNA Deputy Director Sharon Rainer, MSN, RN, APN, C. However this comprehensive measure — based on strategies developed through ANA's "Handle with Care" campaign — ensures that nurses and others who participate in patient handling have the ability to routinely evaluate and make decisions about which protocols and assistive devices are most effective.

The New Jersey legislation also may build support for similar measures in other states by supplying more hard data on safe patient handling's benefits, such as its overall cost-effectiveness and improved worker health, according to Rainer.

Since ANA's Handle with Care campaign launched in 2004, seven states have enacted safe patient handling legislation: Maryland and Minnesota (which passed bills in 2007), New York, Ohio, Rhode Island, Texas and Washington, with Hawaii approving a resolution.

The other legislation approved by New Jersey lawmakers is called the "Violence Prevention in Health Care Facilities Act" (A3027). It requires health care entities to establish vio-

lence prevention programs to protect health care workers. The bill defines "violence" or a "violent act" as a physical assault or physical or credible verbal threat of assault or harm against a health care worker.

It specifically requires a violence prevention program that includes at a minimum: the formation of a violence prevention committee; the development of a written violence prevention plan within 18 months of the measure becoming law; annual violence prevention training; the collection of data on violence acts against employees; and the formation of a post-incident response system. The bill also protects health care workers from retaliation for reporting an incident, and it applies to general and special hospitals, state developmental centers and state and country psychiatric hospitals.

Several of NJSNA members testified before the Legislature on the importance of addressing workplace violence, Rainer said.

"The number of incidents of violent acts against health care workers is growing, but this issue has not really been addressed as it should," Rainer said. This legislation will help workers and administrators start to solve this workplace hazard.

Both of these New Jersey health and safety measures were sponsored by the chairmen of the Senate and Assembly health committees: Sen. Joseph Vitale (D-19) and Assemblyman Herb Conway, MD, (D-7). ■



In Brief

Continued from page 4

ing to compromises in patient care.

“Adverse events, including deaths that could be prevented, are unacceptable to us as registered nurses,” said MNA President Linda Slattengren, RN. “We have a moral and professional duty to identify, address and correct the cause of this situation.”

One-third of Minnesota residents say the quality of care they or a loved one received during hospitalization was negatively affected by too few nurses on duty at the time, according to the research. Further, an astounding 90 percent of all Minnesotans surveyed expressed concern that RN understaffing is negatively impacting care.

The research also showed that 94 percent of nurses identify staffing levels as a major influence on their ability to provide safe patient care. When nurses are forced to work short-staffed, three quarters said

that patient care suffers through delays in their ability to follow through with orders, assess patients, monitor patients’ fragile conditions and find adequate time to appropriately delegate and oversee non-RNs.

Physicians’ failings?

The first national survey to broadly examine attitudes and behaviors related to medical professionalism finds that U.S. physicians overwhelmingly believe that incompetence and mistakes among peers should be reported. However, when face-to-face with these problems, nearly one-half fail to do just that, which can have harmful and even fatal consequences.

A survey of more than 1,600 physicians published in the Dec. 4, 2007 issue of the *Annals of Internal Medicine* shows that 45 percent of physicians with direct knowledge of impaired or incompetent colleagues in their practice did not always report them. Forty-six percent of physicians who knew of a serious medical error did not report it to authorities at least once, say findings from the Institute on Medicine as a Profession’s (IMAP) Sur-

vey on Medical Professionalism. IMAP, a New York-based organization affiliated with Columbia University that promotes medical professionalism, supported the research and an accompanying “Chartbook” with more detailed findings. To access a copy of the IMAP Chartbook, “Professionalism Among Physicians: Results of a National Survey,” visit www.imapny.org.

“There is a measurable disconnect between what physicians say they think is the right thing to do and what they actually do,” said lead author Eric Campbell, PhD, associate professor at Massachusetts General Hospital’s Institute for Health Policy and Harvard Medical School. “This raises serious questions about the ability of the medical profession to regulate itself.”

The authors reported other areas where individual physician behavior is at odds with what they believe is best for patients and the profession, including ordering unnecessary medical tests, managing conflict of interest and informing patients of a conflict of interest.

Center to address nursing shortfall

The Robert Wood Johnson Foundation (RWJF) and the AARP Foundation recently announced a joint effort to address the 1.1 million nurse workforce shortage by creating the Center to Champion Nursing in America.

The Center is made possible by a \$10 million grant to the AARP Foundation from RWJF and dedicated funding from AARP.

Specifically, it will address the nursing shortage by pressing for:

- Greater state and federal funding to support expanded nursing education, particularly addressing severe faculty shortages at nurse training institutions across the country.
- Places for nurse leaders on the governing boards of hospitals and other health care organizations to provide critically needed perspective on improving quality and safety of care.
- Education, awareness and dissemination of research to better inform the public and policymakers about nurse workforce issues and the link between a trained and adequate nursing workforce and high quality health care.

“It was an honor to attend the RWJF press conference and witness the support from all parties involved that are working together for one common goal — to improve patient care for all Americans and address the growing nursing shortage,” said ANA President Rebecca M. Patton, MSN, RN, CNOR.

A RWJF-funded study by the Harvard School of Public Health found that concern about the availability of nurses is one of the top three reasons people think hospital care is poor in America — with two-thirds of those surveyed blaming poor quality on overworked, stressed or fatigued nurses.

“This Center is the result of a unique collaboration between organizations that are committed to addressing this problem,” said Center to Champion Nursing in America Director Susan Reinhard, PhD, RN, who’s also the director of the AARP Public Policy Institute and a New Jersey State Nurses Association member.

Additional information about the Center can be found at www.championnursing.org.

Focus on rheumatology

A new organization has been established to meet the unmet needs in rheumatology nursing.

Rheumatology nurses are responsible for monitoring blood work, pain response, symptoms, flares, medication effectiveness, medication management, reimbursement and patient counseling. But without an organization to turn to for support, each nurse has had to find his or her way in managing the rheumatology patient.

That lack of educational support and guidance prompted four nurses to form the Rheumatology Nurse’s Society (RNS). They are Therese Dexter, BSN, RN, an Arizona Nurses Association member, Elizabeth Grace, RN, Vicky Ruffing, RN, and Joyce Kortan, RN.

RNS, a 501(c) 6 non-profit organization, is committed to empowering nurses through professional development and education to benefit its members, patients, families and the community. The goal of the RNS is to become the gold standard of rheumatology nursing practice. For more information, go online to www.rnsnetwork.org.

Happy Birthday TAN!

40 years of *The American Nurse*

From ANA in Action, 1967

“ANA ...introduces a new membership publication, ANA in Action....designed to convey the “new” and the “now” in ANA...When you as a member speak for your Association, you need to know what is occurring at ANA and what ANA is doing. This is what ANA will be reporting every two months...”

Five years later in 1972, *ANA in Action*, expanded coverage and became *The American Nurse* to reflect the rapidly expanding scope of nursing practice and the changing health care system.



From *The American Nurse*, 1972

“Nurses have not only the right, but also the responsibility to influence these changes. To do so they must be fully informed of what changes are currently being considered and of the implications of those changes for patients, nurses and nursing care....ANA hopes that *The American Nurse* will prove to be a significant source of information and analysis to all nurses, nursing students and other health professionals...”



Tried and true

Continued from page 1

follow the prescribed interventions.

Following all roundtables, a team of clinicians works with advanced practice nurses to develop a best practice protocol. They then test it, evaluate its effectiveness and help determine whether it should become a hospital-wide standard of care or policy.

Dufault, a RISNA member and professor at the University of Rhode Island, already had a 20-year track record of helping RNs, student nurses, scientists and other clinicians collaborate on research-based projects that could lead to better clinical care. Although it's a small facility, Newport Hospital was committed to promoting clinical inquiry among nurses and other staff.



A school nurse determined that hand washing with alcohol gel helped decrease absenteeism among schoolchildren.

Dufault said staff generates many of the ideas for research projects that could lead to evidence-based practice changes, and between six and eight are selected each year for study. Among the projects tackled include home versus hospital laundering of surgical scrubs, the efficacy of nurse-to-nurse-shift hand-offs and DVT prevention for surgical patients. All projects must be approved by an institutional review board (IRB), and staff is required to learn certain research protocols, including informed consent.

No area is immune from staff nurses' investigation.

Based on a staff nurse inquiry, a research team of RNs looked at the value of checking capillary refill to assess circulation. The team's findings will be published soon in a professional journal, but the short answer is this: It's fairly ineffective.

"It's a dinosaur really, something we all carried with us from nursing school," Dufault said.

As for Hehl, she's now examining risk factors and potential interventions to prevent falls when older adults are back in the community.

Reaching out

Arizona Nurses Association (AzNA) member Alyce Schultz, PhD, RN, FAAN, has been preaching the gospel of staff nurse involvement in applied research for more 20 years, as well.

Through her work with health care facilities in Maine and now Arizona, she has always made sure that a staff nurse was a principal or co-principal investigator on projects using the Clinical Scholar Model. This develops clinical scholars, primarily baccalaureate-prepared staff nurses, at the direct point of care, to help ensure evidence-based practice.

"Oftentimes, people at the bedside think staff nurses can't evaluate or conduct research," Schultz said. "But if they have a mentor, then can take on a project and really go with it. And I've never had a problem with nurses not interested in

clinical practice issues."

This partnering of staff nurses and clinical research has led to rewards all around.

"It increases staff nurses' professionalism, and nurses feel more empowered and accountable for their practice," said Schultz, clinical professor at the Center for the Advancement of Evidence-Based Practice at Arizona State University (ASU) in Phoenix. "This partnership also leads to better patient outcomes, improved collaborative relationships, greater nurse satisfaction and a more positive work environment."

Both Schultz and Dufault also have worked to ensure that staff nurses publish and present their findings at local, national and international conferences, which help bedside nurses gain additional skills and recognition for their efforts.

Over the years, staff nurses and their colleagues have taken on many topics under Schultz's guidance. For example, in the mid-1990s — shortly after the Agency for Healthcare Quality and Research pub-

See **Tried and true** on page 8

Steady study: Nurses' participation make unique contribution to women's health

By Susan Trossman, RN

When RNs think about their contribution to health care, it's generally in terms of the services they provide directly to their patients, the public or the profession.

But for the past 31 years, more than 120,000 RNs have literally given of themselves by answering detailed, personal questions — with many also providing biological samples — all with the purpose of furthering research, health care practices and an understanding of women's health. They are the participants of the Nurses Health Study (NHS). And since 1989, another 116,000-plus have joined their ranks by participating in the Nurses Health Study II (NHS II). The two represent the largest ongoing studies of women.

And for the first time in its history, a nurse is leading the NHS as its principal investigator. In this role, Susan Hankinson, ScD, RN, oversees and helps shape the direction of the study. Hankinson, who started her career as a surgical unit staff nurse in Massachusetts, also continues to work on her own research.

"The Nurses Health Study is unique in several ways," Hankinson said. "The questionnaire (that respondents complete) is more in-depth and difficult for those without health care expertise to understand." So the information garnered from the questionnaire, in turn, is more in-depth.

Secondly, a large number of NHS participants also have provided blood samples that allow for study of biological markers, such as hormone levels and genetic markers. This collection was possible, because nurses have ready access to others with phlebotomy skills and they know the importance of maintaining the integrity of the sample. Hankinson said this type of large collection could not be done so readily with a general population sample.

And Hankinson said, "The women

have really stayed with it, because they see the value of the work coming out of the research. There's been 90 percent participation, and nurses understand the power of the data, especially over time."

The studies

The NHS cohort of nurses, comprised of married women who were between the ages of 30 and 55 in 1976, has contributed greatly to ground-breaking research. Initially, they were asked to provide information on health-related topics, such as smoking, hormone use and menopausal status, according to NHS Web-based information. Eventually, the breadth of the questionnaire grew, with nurses being asked to provide information on diet and nutrition to better understand potential links to chronic illness, as well as information on quality of life issues.

Nurses are surveyed every two years — with additional information gathered every four years. A large number also has submitted toenail samples and blood samples.

NHS II participants are women who were between the ages of 25 and 42 beginning in 1989. Initially, this cohort was chosen to gather information on oral contraception, diet and lifestyle risk factors. These nurses also fill out a questionnaire every two years, and some 20,000 have provided blood and urine samples timed to their menstrual cycle and another 10,000 have given un-timed samples, to assist in research efforts. Walter Willett, MD, DrPH, is the principal investigator for NHS II.

Both nurse studies have a range of researchers who work with the data. Access to the data occasionally is given to researchers outside the regular investigative teams following a stringent review by Hankinson and the NHS advisory committee, as well as the Brigham and Women's Hospital insti-

See **Steady study** on page 8



Susan Hankinson, ScD, RN

The multicultural health care work environment

By Diane E. Scott, MSN, RN

As the world has become more global, so have the demographic changes in the country's population. According to the United States Census Bureau, there was a dramatic 57.4 percent increase in the foreign-born population from 1990 to 2000. The trend toward a more multicultural population shows no signs of ceasing, as economic and political unrest throughout the world contribute to the largest immigration wave the United States has ever known.

Nursing demographics

According to the Sullivan Commission on Diversity in the Healthcare Workforce, a record 30 percent of the country's population now comes from minority backgrounds. Despite the increasingly diverse backgrounds of America's workforce, only 12 percent of nurses are of African-American, Hispanic, Asian and Native American ethnicity.

While the current percentage of minority nurses remains proportionally low, the competition for their skills and knowledge has significantly increased as the benefits of having a diverse workforce is becoming more evident. The impressive advantage of having a more diverse workforce has become a specific strategic initiative for the most astute health care organizations; they mimic the actions of the larger business sector in attracting the growing number of diverse customers living in the United States.

Joint Commission on Accreditation of Healthcare Organizations

The changing demographics in patients and the workforce have received extensive consideration from national accreditation organizations. The Joint Commission has declared an expressed interest in language, culture and health care. Their standards state that culturally and linguistically appropriate delivery of care is an important safety and quality issue and health care organizations should be encouraged to provide equitable treatment and services across diverse populations.

Defining cultural competence

As cultural competence is now being mandated in caring for the increasingly diverse and multicultural patient and workforce populations, the relationship between culture and competence is also evolving. For many years, the terms "diversity training" and "cultural awareness" have been used to describe programs to assist nurses in learning about multicultural populations. Early generations of programs designed to teach awareness were helpful, but often lacked specific standards for measuring and implementing the results of their training efforts. Currently, more progressive movement toward cultural competency implies a specific and measurable set of deliberate actions and results that increase the ability to provide care to diverse populations.

The National Center for Cultural Competence at Georgetown University (NCCC) states that cultural competence requires organizations to have a "defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally." Because people have a range of backgrounds and skills, the NCCC relates that the process for incorporating aspects of cultural competency into the policies and service delivery of an organization must be an evolving process that occurs continuously over an extended period of time. In addition, the NCCC directs organizations to have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge and adapt to the cultural contexts of the communities they serve.

Challenges of cultural competence training

Unlike many of the other courses given to nurses, truly effective cultural competence training involves examining one's own personal attitudes and beliefs. One's personal biases often reflect stereotypes learned in early childhood, prior to becoming educated as a professional nurse. In addition, many nurses have received little to no education about the concept of culture and may not believe it is relevant to their specific area of practice.

The first step for cultural competence training involves selecting a program that focuses on understand-



ing the rationale for the training and the link between becoming culturally competent and improving the quality of patient care. Selecting a program that incorporates the direct effect of cultural competency with enhanced patient outcomes may help transcend preconceived notions and past personal experiences, reinforcing the notion of nursing as a patient focused profession. Culturally competent nursing care results in improved patient outcomes and better work environments.

Resources for increasing cultural competence in patient care

The Department of Health and Human Services' Office of Minority Health has developed the Culturally Competent Nursing Modules (CCNMs) designed for nurses to increase awareness, knowledge and skills in caring for a more diverse population. The CCNMs state that "through cultural competence, nurses can help by providing more equitable and quality care to their patients that can, in turn, help reduce health disparities for minority populations."

The CCNMs clearly establish the connection between cultural competency and improved patient outcomes. The modules list several examples of health disparities related to race, ethnicity and socioeconomic status that continue to exist throughout the United States, including alarming statistics that provide evidence for the need for cultural competency by nurses.

The content of the CCNMs is centered on the three themes of the Culturally and Linguistically Appropriate Services (CLAS) Standards. CLAS standards are guidelines that have been established by the United States Department of Health and Human Services' Office of Minority Health and are mandated for all health care organizations receiving federal funds.

The CCNMs can be done at no cost for registered participants and offer continuing education credit for nurses who register and complete all three modules. These modules demonstrate the correlation between becoming culturally competent and improving the patient care that nurses deliver; they are designed around convincing evidence, presented online in user friendly formats and accommodate a variety of schedules.

As the increasingly diverse population brings new challenges to nursing, becoming culturally competent as a means to improve the care that patients receive directly correlates to the reasons why many people choose the nursing profession in the first place. Thanks to programs like the CCNMs, the ability to provide culturally competent care helps to make nursing a leader among professions in acknowledging, accepting and appreciating the richness of a more global and multicultural society. ■

LEAD 2008 SUMMIT
CENTER for AMERICAN NURSES

**Transforming Work Environments:
Centered by Vision...
Powered by Knowledge**

June 23-24, 2008
Washington Hilton Hotel • Washington, DC

www.LEADSummit2008.org

Save the Date

Featured speakers:

 Dr. Tim Porter-O'Grady
DM, EdD, ScD(h), FAAN
*A Glimpse Over the Horizon:
Creating the Future for the
Nursing Workforce*

 Audrey Nelson, PhD, RN, FAAN
*Cracking the Code
of Patient Falls*


www.centerforamericannurses.org

Leadership • Education • Advocacy • Development

This page was produced by the Center for American Nurses, an associate organizational member of the ANA. For more information, contact the Center at 8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3492; (301) 628-5063 or (800) 685-4076; info@centerforamericannurses.org; or go to www.centerforamericannurses.org.

Tried and true

Continued from page 6

lished guidelines on pain management — Schultz worked with pediatric nurses at Maine Medical Center to examine their pain management practices.

Jennifer Morton, MS, MPH, RN, one of the staff nurses involved in that research project, developed a toddler pain scale.

“I really came into the project through the lens of someone with no background in research, an AD degree and only six or seven years of practice,” said Morton, a NICU staff nurse and now also an assistant professor at the University of New England. “So I felt intimidated.

“You really need the commitment from administrators and nurse managers to ensure nurses have the time and resources for these types of activities. At Newport Hospital, for example, it’s become so ingrained that having basic research skills is now a job expectation for staff nurses up to the CNO.”

— Marlene Dufault, PhD, RN

“But I soon realized that having passion for what you are doing, the support of people like Alyce and a strong clinical research model allowed me to feel more confident and succeed.”

She soon moved on to her next project, which involved NICU patients.

“For many years, there were inconsistent beliefs and practices regarding pain assessment of infants,” she said. “Pain assessment, if documented, was often in the form of a narrative note that wasn’t measurable.”

She and her team decided to examine available pain scales. After conducting a literature review and discussing various scales’ merits, the nurses implemented a more effective tool. Nurses now assess neonates’ pain using physiological and behavioral measures, such as heart rate and facial grimace, and intervene appropriately.

Morton then took her new research skills on the road when she switched nursing roles. As a new school nurse, she conducted a study with Schultz’s help on the efficacy of using alcohol gel as an adjunct to regular hand-washing. This project was inspired in part by the age of the school building and its few available sinks for children to use. She determined that absenteeism dropped 43 percent with the introduction of this new regimen, which included an educational component.

Turning to the Southwest, Cassandra Berkley, BS, RN, BC, and the med-surg staff nurses she works with at the John C. Lincoln North Mountain Hospital in Phoenix, are just starting to see where their questions about practice take them. The

first area of nurse inquiry is patient falls.

“One of our staff nurses is also on our hospital’s safety committee,” said Berkley, a med-surg staff nurse turned unit-based clinical educator. “She noticed that 57 percent of the patients who fell in 2006 had scored at “minimal risk” on our risk assessment tool.

“That generated the question among nurses of whether this risk assessment tool is capturing the patient characteristics that we need to consider.”

Berkley and about 20 nurses attended a clinical scholar program of workshops to begin either using research in their practice or conducting their own research. Schultz is helping to launch the applied research program there.

Berkley and three staff nurses gained

IRB approval to begin collecting and analyzing data for a retrospective study using 75 randomly selected charts. They earlier had learned the ropes of conducting a solid literature review using CINAHL and other databases.

“We continue to collect and analyze our research data,” the AzNA member said. “We don’t know what we’ll find in the study, but it’s exciting to be an EBP [evidence-based practice] fellow so we can share what we learn with our colleagues.”

What also is exciting is the palpable culture change at Berkley’s facility prompted by the spirit of inquiry.

“It’s created a safe haven for nurses to discuss care, learn and grow professionally,” she said. “They know they can talk openly about procedures and their practice without being penalized.”

Opportunities, needs

Nurses can play various, vital roles in research activities, and the ANA’s *Code of Ethics for Nurses* speaks to this responsibility, according to Laurie Badzek, JD, MS, RN, LLM, director of ANA’s Center for Ethics and Human Rights. Specifically the code addresses nurses’ role in advocating for and collaborating with other health care professionals to ensure the best patient care interventions.

Aside from taking on translational research projects, Badzek said staff nurses can assist their colleagues in gaining new ground in research by helping collect data and previewing study questionnaires and assessment tools.

“For example, staff nurses at a local hospital agreed to pilot test a research survey that I planned to distribute,” said Badzek, a professor at West Virginia University School of Nursing. “I asked them to circle questions that were unclear and to time how long the survey took to complete. Their involvement wasn’t part of my data, but they helped get the study to where it should be.”

Additionally, staff nurses are invaluable in recruiting patients for studies and helping with logistics, such as determining appropriate times to meet with potential research subjects, she said.

When working in research activities, Badzek maintains that there are certain factors that must be considered. If nurses are involved in research, they should go through compliance training, which includes information on patient privacy, data collection and storage, and patient safety. All projects should be approved by an IRB.

Nurses must be able to communicate to patients the risks and benefits of studies and know that the project will be stopped if early results show promise — or harm. (The code also mandates nurses’ obligation to patient confidentiality and the protection of participants in research.)

And to build staff nurse involvement in clinical research, there needs to be institutional support.

“You really need the commitment from administrators and nurse managers to ensure nurses have the time and resources for these types of activities,” research consultant Dufault said. “At Newport Hospital, for example, it’s become so ingrained that having basic research skills is now a job expectation for staff nurses up to the CNO.”

Schultz said it’s also vital to build a network of mentors who can assist and perpetuate an environment that supports staff nurse involvement in best practices.

Advanced practice nurses are ideal candidates to serve as EBP mentors, which will help sustain evidence or research-based practice, according to Bernadette Melnyk, PhD, RN, FAAN, dean and distinguished foundation professor at the ASU College of Nursing and Healthcare Innovation who launched ASU’s Center for the Advancement of Evidence-Based Practice. Melnyk also is a recipient of ANA’s award for demonstration of the interdependence of practice, education and research and co-editor of the book, *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice*.

“Our center at ASU educates health professionals in EBP and assists health care institutions in implementing and sustaining evidence-based practice by working with multiple facilities within the state, nationally and internationally,” said Melnyk, an AzNA member. “We know that when patients receive evidence-based care versus care based on tradition, their outcomes are improved by at least 28 percent.

“We also know that when providers engage in evidence-based practice, they have more autonomy, are more satisfied with their work, have better group cohesion and a lower staff turnover rate.”

Added Hehl, “As staff nurses, it feels really good when we prove we’re giving quality care. And we’re enhancing the profession of nursing.” ■

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

Steady study

Continued from page 6

tutional review board, which oversees human subjects research. (ANA President Rebecca M. Patton, MSN, RN, CNOR, is on the advisory committee.)

“We’re very protective of the privacy of our subjects, but we always encourage good ideas,” Hankinson said. “A huge array of valuable information has come from the NHS data resulting in very important recommendations for women worldwide.”

According to NHS I and II news reports, research using these data revealed, for example, that:

- Walking for at least eight hours a week protects postmenopausal women against fractures to the same degree as hormones. Physical activity also lowers women’s risk of heart disease, diabetes and stroke.
- Women who work nights and extended hours have an increased risk of miscarriage.

- Preliminary results show that high carbohydrate intake appears to reduce the risk of breast cancer in lean women but increase the risk in heavier women.
- Researchers associated insulin resistance with greater memory problems in women. However, women can avoid rises in insulin if they maintain their weight, exercise and eat healthy.

Hankinson hopes to continue the breadth of NHS efforts — with research spanning everything from breast cancer to eye disease to infertility. Through her own research as an associate professor of medicine at Harvard Medical School and an epidemiologist at Brigham and Women’s Hospital, she is examining whether circulating estrogen and prolactin levels are good predictors of breast cancer risk.

For more information on NHS I and II, go online to www.channing.harvard.edu/nhs. ■

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

Election year 2008: ANA plans to be involved

Political
Nurse



By Carlos Jackson

The American Nurses Association's Political Action Committee (ANA-PAC) and government affairs staff will focus a considerable amount of energy on the upcoming 2008 federal elections. By the time you read this article, it's likely that ANA will have announced its endorsement decision for the 2008 presidential election. And later in the year, ANA-PAC will look to endorse both incumbent and non-incumbent candidates in a number of congressional races across the country. But why does ANA-PAC support certain candidates for federal office? Simply put, identifying and supporting policymakers who share ANA's commitment to the nursing profession is one sure-fire way to help address and advance the issues important to nurses and their patients.

ANA recognizes that political advocacy is one of the most important components of its government affairs program, and in fact such advocacy has contributed to a number of its successes. Fostering relationships with candidates and elected officeholders is vitally important

to ANA's efforts to positively influence public policy to the benefit of nurses and patients. Encouraging and maintaining these relationships goes a long way toward educating decision makers and building support for the issues that most concern nurses today, such as the nursing shortage, appropriate staffing, workplace safety and patient safety and advocacy.

Identifying and supporting policymakers who share ANA's commitment to the nursing profession is one sure-fire way to help address and advance the issues important to nurses and their patients.

To this end, ANA-PAC's political endorsements work to advance ANA's legislative agenda by helping ANA maintain a political presence in Washington, DC, and more fundamentally, by promoting the election of pro-nursing candidates

to federal offices. ANA-PAC does not make endorsements based on political parties or personal agendas. An ANA-PAC endorsement seeks to ensure the election of candidates of any party who demonstrate a commitment to improving our health care system and addressing the issues of concern to ANA and its members. Furthermore, all ANA-PAC endorsements reflect a very deliberate, nonpartisan process that carefully considers a variety of factors, including candidate viability, support for and interest in nursing and health care issues, and the relationship between the candidate and the respective constituent member association.

ANA is fortunate to have an informed and diverse membership base, with well-rounded views on a number of issues outside of the nursing spectrum. While ANA understands and respects that its members as voters will consider other factors — such as the economy, national security and education — in personally deciding which candidate to support, ANA-PAC considers candidates based only on their

political viability and record on nursing and related health care issues. No political support will be offered by ANA without thoughtful analysis of a candidate's past record and views on nursing. ANA does not presume to make decisions or represent anyone on non-nursing issues.

This year is shaping up to be an exciting year politically, especially with the upcoming presidential election. Add to that the November congressional elections, and it safe to say that ANA's political action committee and government affairs staff will certainly have their hands full with endorsement activities. Just keep in mind that the intent of ANA's political involvement is to advance the issues important to the nursing community — and these concerns only. To put it another way, nurses should view these endorsements as an indicator of nurse-friendly lawmakers. In this regard, ANA urges all nurses to be politically active in this important election season. ■

Carlos Jackson is a senior political action specialist at ANA.

ANA Membership has many rewards. Introducing one more...



The ANA Nursing Rewards+ Visa® Platinum Card



Caring for those who care

ANA Membership offers nursing professionals the opportunity to join with nurses around the country in speaking with one strong voice on behalf of your profession and health care, to influence decisions, to guide the profession, to stay informed, and to save money.

Visit us at NursingWorld.org for details about ANA Membership.

Need not be an ANA member to apply for the card.

Personal *and* Professional Rewards

Including Travel and Cash Back, plus ANA Membership and ANCC Certification Fees, all with no annual fee.



3 card designs to choose from...



Caring



Nova



Prism

Apply Today! Call Toll-Free 1-800-869-9569
24 hours, 7 days a week

or Online at www.MyANAvisa.com

Reservation Number ITAN0805

Put the ANA Code of Ethics to Work for You!

ANA's *Guide to the Code of Ethics for Nurses: Interpretation and Application* is a must-have for nursing students and conscientious nursing professionals who currently refer to and utilize the *Code* in their daily nursing practice.

This book guides nurses in understanding the specific implications of the ANA *Code of Ethics*. Each chapter discusses a single *Code* Provision, including:

- History
- Purpose and theory
- Application
- Case studies and examples

For easy reference, the book also features:

- Provision statement at the beginning of each chapter
- Full text of the ANA *Code of Ethics*
- Comprehensive index of key concepts

In today's changing and evolving health care environment, nurses frequently face complex ethical decisions. One enduring value expressed in the *Code* and further explained in *Guide to the Code* is service

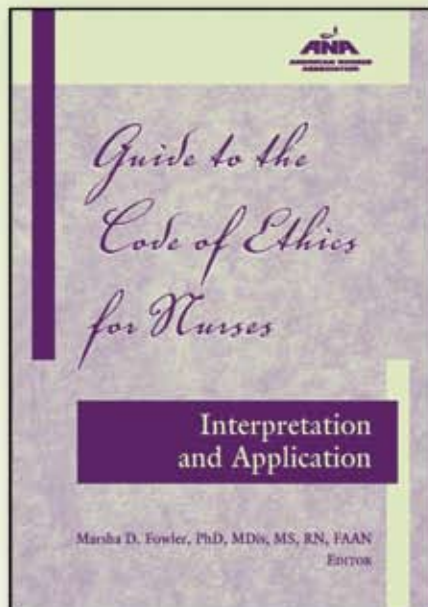
nurses
books
.org



The Publishing Program of ANA

to others. It is this value that has made nursing the most trusted profession.

From the classroom to professional practice, nurses will find *Guide to the Code* a powerful tool for learning how to apply the values of service in the *Code of Ethics* to their nursing practice.



Guide to the Code of Ethics for Nurses: Interpretation and Application

Marsha D.M. Fowler, PhD,
MDiv, MS, RN, FAAN
Editor

ISBN-13: 978-1-55810-258-3

**List price \$29.95 /
Member price \$23.95**

How to Order

Online: Nursesbooks.org
Phone: 800-637-0323
Fax: 770-280-4141
Mail: Nursesbooks.org
P.O. Box 931895
Atlanta, GA 31193-1895



ANA's new *Teaching IOM* gaining recognition among nurse educators at top U.S. nursing schools and health care facilities

Since its release in early 2007, ANA's *Teaching IOM: Implications of the Institute of Medicine Reports for Nursing Education* has generated a great deal of buzz, particularly among college professors in nursing programs nationwide. The momentum is spreading due to increased interest among members of the American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN). Many of the professors from these member schools are already using the practical information contained in this book to present the content in their coursework and are adapting their curricula to it.

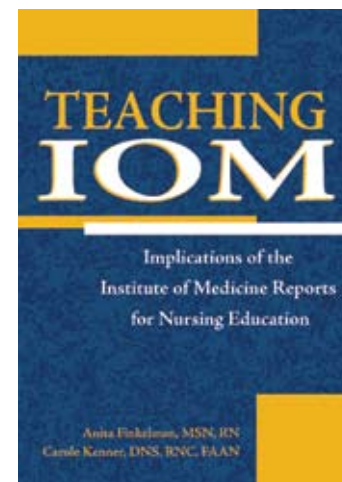
The book was first introduced to NLN members at the 2007 Education Summit, at which ANA was a platinum sponsor and exhibitor. NLN members were very interested in the book displayed at the exhibit booth and the word quickly spread among attendees who stopped by to inquire about the book and place orders.

Also, this past November, ANA co-author Anita Finkleman, RN, RNC, FAAN, nurse consultant and adjunct faculty member of the University of Oklahoma College of Nursing, presented on this book and topic at AACN's closing session during its 2007 Baccalaureate Conference in New Orleans. Her presentation was designed to show educators how to effectively incorporate this information in their coursework and curricula. The IOM reports have long been used by medical students as part of their professional training. Now this valuable information is available to prepare nursing students for professional practice. The session was well attended and followed by a book signing, where Finkleman also advised attendees on how to use this information in the classroom. Both co-authors, Anita Finkleman and Carole Kenner, DNS, RNC, FAAN, have been invited back as keynote speakers at AACN's 2008 Spring Annual Meeting, March 29 to April 1 in Washington, DC, to expand on how to incorporate this material in their coursework.

Teaching IOM synthesizes 12 of the IOM reports. It focuses on nursing education strategies and the core competencies derived from these reports and documentation on how to use the reports. The authors connect the need for quality nursing education with quality of care in nursing practice. The companion CD-ROM provides additional material for incorporating content from IOM experts into curricula and teaching-learning experiences, a sample exam of the critical elements of this content and an extensive reference and read-

ing list. The CD also contains PowerPoint presentations with notes on the book's five major topics: health care safety, health care quality, public health safety and quality, health care diversity and linkage between research and evidence-based practice.

Mary Gallagher Gordon, MSN, RN, CNE, clinical assistant professor at Drexel University School of Nursing, said, "This book has a refreshing way of introducing nursing faculty to the IOM reports. The book boasts a wealth of information that is presented in a way that the nurse educator can easily thread the relevant content into the course. The format employed by Finkleman and Kenner proves very accessible and user friendly, as the content is broken down into five parts. This allows for easy organization of topics by the instructor and subsequent communication of that content to the students. I have had the pleasure of



reading the book and utilizing the content in my nursing informatics class for both my undergraduate in the classroom and those students who attend online classes."

Teaching IOM is a valuable tool in the professional setting, as well as the classroom.

Barbara A. Brunt, MA, MSN, RN-BC, director of nursing education and staff development at Summa Health System in Akron, OH, commented, "Nurses need to understand the rationale for changes in the health care environment relating to quality and safety initiatives, and incorporate core competencies into their practice. *Teaching IOM* not only gives an overview of the report summaries and recommendations, but it provides a wealth of specific strategies that can be used to help nurses realize the implications of the IOM reports. I think this book would be helpful to faculty in schools of nursing, as well as staff development educators."

Linda Caputi, EdD, MSN, RN, professor of nursing and nursing education consultant, uses the book as a reference in her consulting work when helping schools develop their curriculum. She said, "The authors have taken important information that may have gotten lost in reports and turned it into usable knowledge. I use this book as a ready resource when consulting with schools of nursing on how to update their curriculum to meet today's health care needs. I would not consider writing curriculum for a new nursing program or updating an existing curriculum without this book at my side."

To learn more about this book and other ANA publications, or to order, go to www.nursesbooks.org or call (800) 637-0323. ■

It's been quite a journey for longtime flight nurse

By Susan Trossman, RN

Longtime flight and emergency nurse Renee Holleran, PhD, RN, always has been on the cutting edge of health care, and it appears that's the way she likes it.

She was in the first group of senior nursing students at Kent State University to rotate into the ICU for a clinical. She worked at the hospital that started the first ER residency program for physicians. As an ER clinical nurse specialist at that same hospital — the University of Cincinnati Medical Center — she participated in a research project that helped validate the National Institutes of Health Stroke Scale and discover which medications decreased the devastation caused by stroke. And, she helped launch its air medical program, University Air Care, by teaching team members the knowledge they needed to provide care during transport.

Early in her career, Holleran realized that she loved emergency nursing and wanted to advance her career in this new-found specialty. She earned her master's at Kent State University, while working part time. She then moved on to the University of Cincinnati Medical Center, where she worked as an ER clinical nurse specialist and eventually obtained her PhD in nursing research from Ohio State University.

"In that job, I did many things — teaching, clinical work," said Holleran, an Ohio Nurses Association member. Part of her teaching role involved orienting team members for the hospital's new flight program, University Air Care, which began in 1984 to transport patients to hospitals. A year later, she started working as an alternate flight nurse and eventually became the chief flight nurse.

"I will never forget my first transport," Holleran said. "The rest of the transport team was at a conference for the weekend, and I was one of the new staff left behind. We were called to transport a penetrating traumatic arrest. The flight physician wanted to do an open thoracotomy, but I knew that was probably not a good idea, because we were only five to seven minutes from our base. The EMS also was part of a research program studying the use of ventilators during transport — something we didn't know until we were in flight."

Unfortunately, the patient died.

"When I got back, I called the chief flight nurse and said I didn't think I was cut out for this," Holleran said. "She told me to hang in there, and the next day, we transported a sick, septic baby who did well because of our care."

Eighteen years later, Holleran still works in the field, now as the nurse manager for Adult Transport Services, Intermountain Life Flight in Salt Lake City.

In this role she directly or indirectly

supervises about 100 staff providing patient transport services. She also creates and implements policies and procedures for the state emergency services as a member of the Operations Committee, develops highly-skilled nurse leaders within the medical center, teaches an advanced trauma nurse transport course, and provides clinical care in the ED and on patient transports. Beyond that, she serves as the chairperson of

the research committee for Urban Central Region of Intermountain Healthcare, which obtained Magnet® status in 2006.

Air transport can be dangerous work. But aside from having some initial jitters and occasional bouts with air sickness when she first started, Holleran says she's always felt safe while going out on transports.

"Pilots have a 'no-go' checklist," she said. "And if anyone on the transport teams has concerns, he or she can call it off," Holleran said. "There also are many 'redundancy systems' within the aircraft and the program, and the type of helicopters and fixed wing planes used for transport have improved since the early days."

However, Holleran does acknowledge that the territory her flight program covers in Utah is mountainous and sometimes very remote. Intermountain Life Flight has the only civilian-based hoist program in the United States to take care of people who get themselves into precarious situations while hiking or climbing. Transport teams also care for a large number of cardiac patients, because the hospital has one of the largest mechanical heart programs in the country.

Over the years, Holleran, like many nurses, has collected both happy and sad memories.

"I once transported a baby who had gone into respiratory arrest while he was nursing," she said. "That baby is now a 17-year-old, and I get a Christmas card from the family every year."

On the downside, she also recalls having to help with a C-section in the field on a dying woman. The neonate made it through the flight, but died several hours later.

"Flight nurses are storytellers," Holleran contended. "That's the way we debrief. We talk about what happened that day, how we listened to patients — some of whom we knew wouldn't make it."

Along the way, Holleran married and had two children, while she created a ca-



Renee Holleran, PhD, RN

reer that's been both forward-focused and broad. To say the least — Holleran, who's also certified in emergency, critical care and transport nursing and is a fellow in the Academy of Emergency Nursing — is a very busy person. And that's a fact acknowledged by nurse colleagues.

"I don't really know how she manages to do all she does," said Eileen Frazer, RN, CMTE, CLNC, the executive director of the Commission on Accreditation of Medical Transport Systems (CAMTS). "I wish I had her secret." So does Denise Treadwell, MSN, CRNP, CEN, CFRN, CMTE, president of the Air and Surface Transport Nurses Association (ASTNA). "Renee is the kind of person who has it all together," Treadwell said. "In transport nursing, so many nurses are solely career-oriented. Renee is so proficient and does so many things as part of her career, but she also finds time for her family and other interests."

Her nursing journey

After graduating from Kent State in 1975 and psyched to work in critical care, Holleran headed for full-time work as an ICU nurse, first at a hospital in Ravenna, OH, and then in neighboring Akron. Two years later, she had the first of her two daughters, an event that spurred a strong desire to spend more time with her family. So she decided to take the only job that was available that allowed her to work part time and in the afternoons — a staff nurse position in the ER. This experience prepared her well for her flight nurse career.

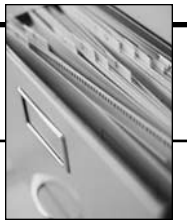
Both Treadwell and Frazer said it's Holleran's empathy and interpersonal skills that make her a role model for flight nurses and others in the profession.

"She's very approachable and down to earth," said Treadwell, previously the chief flight nurse for AirMed International, LLC, and now its director of medical services. "She also has excellent judgment and practical skills."

"To be a good flight nurse, you need to be comfortable being autonomous and making tough decisions. You also need to be assertive and yet diplomatic. Renee epitomizes all those qualities."

Frazer added, "When you talk to Renee, you know she is doing what she's doing because she cares — not only for patients, but for the people she supervises and everyone else who she interacts with

From the RN Files



professionally. She really represents nursing well."

The writer inside, other activities

One of the activities that Holleran likes to engage in outside of her regular work role is reading. And as the editor-in-chief of the *Journal of Emergency Nursing*, she ends up reading, editing and writing about nursing issues.

"I find it relaxing, and I also like seeing what other people in the profession are doing," she said.

Holleran also has written or edited several books, including ASTNA's *Air and Surface Patient Transport: Principles and Practice*. She has helped guide the national accreditation process for transport teams through her work with Frazer and CAMTS, and has served in many leadership positions. For example, she was president of the Emergency Nurses Association in 1996 and is currently on the board of ASTNA. Back in Ohio, she helped lead an effort to gain a statewide trauma system.

Nursing also plays a prominent role in her volunteer work. Two years ago, Holleran was part of a team that provided health care at a hospital about 100 miles outside of Ho Chi Minh City in Vietnam. During her two-week trip with the humanitarian organization Interplast, she worked as a float nurse in the OR and burn unit. She also taught nurses there about spinal immobilization and other patient care issues.

"The philosophy of Interplast is that you give health care professionals the education they need, so they can provide the care to their population without your help," said Holleran, who hopes to go on another humanitarian trip soon.

For Holleran, caring is a vital part of what it means to be a nurse.

"Not to sound hokey, but I believe there is a calling to be a nurse," Holleran said. "You need to really want to do it, because it involves so much more than having clinical skills. Especially in the ED, you are dealing with a very diverse population with many social issues."

Outside of nursing, she enjoys hiking with her family and friends, including trips into Utah's famous Bryce Canyon. She also runs 15 miles a week and participates in charitable and fun races. This year, she and her husband celebrated their 33rd anniversary.

And finally, although her daughters have "Googled" her and reported the multiple entries they have found, this is one extracurricular activity that she herself has not engaged in.

Said Holleran, "I really haven't had the time." ■

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

Recognition from the Heart - Honor a Nurse



The gift of recognition is priceless! The American Nurses Foundation (ANF) thanks individuals who continue our tradition of *Honor a Nurse* in celebration of nurses everywhere! Each of these nurses were honored with a special gift to ANF! Thank you to all for your support to ANF, to nurses and to the nursing profession!

All Nurses

Margaret G. Tyson

All Nurses at Montgomery Regional Hospital, Blacksburg, VA

In honor of your work everyday and especially April 16, 2007

Anonymous

Anne Arundel Medical Center Critical Care Unit Nurses

Elizabeth Chotkin

Vidalia P. Amaral, RN

Michael Amaral

Maria Blaney, BSN

Doris Blaney, EdD, RN, FAAN

Brenda Bare, MSN, RN

Virginia Anne Scott-Fredrickson, MSN, APRN, BC

Erin Bates

Margarete L. Zalon, PhD, RN, APRN, BC

Katherine Beam, MSN, RN, CNS

Susan Riley

Becky Boas, RN, Graduate of Purdue University SON

Irene E. Pollert, RN, BSN, MSN

Captain Beth Brauchli, BSN, RN, US Army

Margarete L. Zalon, PhD, RN, APRN, BC

Elissa Brown, MSN, CNS

Elizabeth O. Dietz

Patricia Brown, RN

Lillian E. Brown, MPA, RN, FAAN

Darene Cahill, NP, RN

R. Kevin Mallinson, PhD, RN, AACRN

Doris E. Carpenter, RN

April Hart, MSN, RN, FNP-BC

Captain Kaitlyn Cogan, BSN, RN, US Army

Margarete L. Zalon, PhD, RN, APRN, BC

Kathleen Dracup, DNS, RN, FAAN

Zina Mirsky, EdD, RN

Captain Kelly Dunn, BSN, RN, US Army

Margarete L. Zalon, PhD, RN, APRN, BC

John F. Garde, CRNA, MS, FAAN

Michael Kremer, PhD, CRNA, FAAN

Lee Harsh, RN, FI

Pamela K Turner, RN, CFN, D-ABMDI

Evelyn R. Hayes, PhD, APRN, NP

Nancy G. M. Miner, MSN, APRN, BC

Frances Herrmann, MSN, RN

Peter J. Pollachek, APN, CRNA, FAAPM

Mary Holt-Ashley, PhD, RN, CNA, BC

Viola L. Herbert, Rachelle A. Nurse, Pamela R. Russell & Martha Stancil

William L. Holzemer, PhD, RN, FAAN

Zina Mirsky, EdD, RN

William L. Holzemer, PhD, RN, FAAN

Suzanne Bakken, RN, DUSC

In Memory of Elizabeth M. Maloney, EdD, RN

Mary R. Ramshorn, EdD, RN

First Lieutenant Amy Martino, BSN, RN, US Army

Margarete L. Zalon, PhD, RN, APRN, BC

Jean Marvin, BSN, RN

Cheryl K. Schmidt, PhD, RN, CNE, ANEF

Patricia R. Messmer, PhD, RN, BC, FAAN

Imogene M. King

Kathryn Mooney, PhD, RN, FAAN

Linda K. Amos, EdD, FAAN

Deborah F. Mulloy, PhD (c), CNOR, RN

Pauline Robitaille

Mary R. Timmons Neher, RNC, 50 years of loving service to people in need of loving care

Dr. Robert T. Neher

Amy Neigeborn, MSN, RN, MPH

Linda Rosengart, BSN, RN, MPH

North Carolina Nurses Association Board of Directors

Susan Foley Pierce, PhD, RN

Rebecca M. Patton, MSN, RN, CNOR, ANA President

Charlene Phelps, MSN, RN, FAAN

Rebecca M. Patton, MSN, RN, CNOR, ANA President

Barbara Wright

Luella Pakieser, RN

Katherine Pakieser-Reed, PhD, RN

Gail Pruett, RN, MSN, Program Director, North Carolina Nurses Assn.

Susan Foley Pierce, PhD, RN

In Memory of Barbara C. Resler, EdD, RN

Linda J. Shinn, MBA, RN, CAE

Captain Margaret Rykowski, Landstuhl Regional Medical Center, Germany

Gail Tuohig, PhD, RN

Dennis Sherrad, EdD, RN, Immediate Past President, NC Nurses Association

Susan Foley Pierce, PhD, RN

Linda J. Stierle, MSN, RN, CNA, BC, CEO of ANA

Susan Foley Pierce, PhD, RN

Clarice Sunderland, RN

Bill McLean, RN, CEN & Teresa McLean, RN

Joanne Stevens, MSN, RN, Lobbyist, North Carolina Nurses Association

Susan Foley Pierce, PhD, RN

Neville E. Strumpf, PhD, RNC, FAAN

Valerie T. Cotter, MSN, FAANP

Pat Tanner, MSN, RN

Wilma Jones, BSN, RN

Juanita Tate, PhD, RN - Chairperson School of Nursing

Betty Smith-Campbell

Sarah Vanderwagen, BSN, RN, BA

Fatima Ramos-Marcuse

Jane Vaughn, RNC

Wanda S. Jones, MSN, APRN-BC

In Memory of Lt. Phyllis J. Verhonick, Founding Fellow American Academy of Nursing

Colonel Lois A. Johns (Retired), PhD, FAAN

Donna Vizier, RN

Laura Hanggi-Myers, DNS, RN

Sandra E. Ward, PhD, RN, FAAN

Susan K. Riesch, PhD, RN, FAAN

Donna Warzynski, MSHA, RN, C, CNA, BC

Linda Gobis, JD, RN, FNP

Cathryne A. Welch, EdD, RN

Sylvia M. Barker (Retired) MS, RN, CNA

Danuta Wojnar, PhD, RN

Kristen M. Swanson, PhD, RN, FAAN

Alice Fehrer Robinson Wyatt, BSN, RN, MN, FNP-C

Thomas D. Wyatt Jr.

Professor & Dean May L. Wykle, Frances Payne Bolton School of Nursing

Ruth M. Anderson, PhD

Leading the way in research on women and heart disease

The American Nurses Foundation (ANF) was founded as the educational, scientific and charitable arm of the ANA. Over the years, ANF has played a vital role in providing support for some of the major scientific studies of the profession. Back in 1955 when ANF was founded, our nursing leaders had the foresight to recognize how important it would be to support nursing research. Since then, more than 950 researchers have made extraordinary contributions to our science, providing a foundation for our future practice.

Throughout the year, ANF will give inside looks at the paths taken by outstanding nurses who began their research careers with funding by ANF and how their studies have shaped and continue to influence nursing practice. Today, we introduce you to Jean McSweeney, PhD, RN, FAHA, FAAN, who has always been interested in the human heart. She worked for many years as a critical care nurse, where she routinely provided care to cardiac patients in the ICU. So when she was exploring a dissertation topic, it was only natural for her to look to heart attack victims.

"I soon realized that we didn't know enough about women and cardiovascular disease," said McSweeney, an Arkansas Nurses Association member. "Many women were excluded from cardiovascular studies because their fluctuating hormone levels created a cumbersome variable."

Then for her first post-dissertation research in 1993, she decided to focus on women - specifically what they believed caused their heart attacks and the potentially risky behaviors they were willing to change.

Through that study, she learned that some women attributed their myocardial infarctions (MIs) to smoking, being overweight, or a lifestyle that was either too stressful or too sedentary. One of her key findings was that women were willing to change whatever they viewed as the primary cause of their heart attack, such as quit smoking. However, women also reported experiencing different symptoms surrounding their MIs. At the time, researchers and clinicians assumed that the symptoms that men exhibited prior to a MI would be the same for women.

McSweeney was able to pursue that initial research with an ANF grant, which she applied for at the urging of her mentor. Now, she encourages others to look toward ANF to kick start their nursing research careers.

"Getting that grant led to the whole trajectory of my career," said McSweeney, a professor at the University of Arkansas for

Donations at Work



Medical Sciences in Little Rock, AR.

McSweeney now is a leader in clinical research on women and coronary heart disease (CHD) and MI symptoms. Because of her work, women no longer are looked at as carbon copies of men when addressing cardiac risks and heart attack symptoms, such as crushing chest pain. Her body of work includes developing and testing an assessment tool to identify women at risk for CHD, examining black, Hispanic and white women's symptoms of CHD, and pinpointing women's early warning symptoms of acute MIs.

Over the years her work has gained both national and international attention. She's been asked to speak at major conferences of nursing and physician groups, and her research has led to changes in practice. For example, board-certified emergency physicians are now expected to know the gender differences in MI symptoms when evaluating women.



Jean McSweeney, PhD, RN, FAHA, FAAN

And her work has been featured in mainstream media, including the "CBS Evening News" and *Good Housekeeping*. CNN interviewed McSweeney about her groundbreaking 2003 study

that identified unusual fatigue and sleeplessness as early warning indicators of heart attack in women.

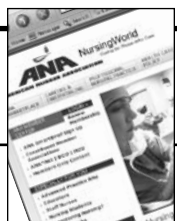
Currently, McSweeney is involved in a five-year study funded by the National Institute of Nursing Research to predict CHD events in black and white women and hopes to develop a rapid screening tool.

"If we pick up early CHD symptoms and a positive CHD risk score, women could be immediately referred, evaluated and treated, possibly preventing progression to MI," she said.

McSweeney said she owes a "debt of gratitude" to ANF for believing in her and funding her research. "I like the idea of nurses helping nurses. If everybody gave \$10 to support nursing research, they could help nurses in so many ways - from research to clinical application."

The 2008 Nursing Research Grant application will be online only until Jan. 31, www.ANFonline.org with a May 1 deadline. ■

As the Web Turns



Visit NursingWorld.org to see what's new on nursing's most popular Web site. Get up-to-the-minute nursing news, by nurses for nurses, by signing up to receive the ANA e-newsletter, *NursingInsider*, at NursingWorld.org.

OJIN: The Online Journal of Issues in Nursing

New topic

"First Genetics, Now Genomics: What Do Nurses Need to Know?"

New on previous topics

New article for the *Partnerships and Collaboration: What Skills Are Needed?* by Broschious, Darby and Loftin that describes challenges encountered by an interdisciplinary research team representing faculty from three non-research-focused universities as they sought to conduct research in addition to their teaching responsibilities.

Another new article adds to the ever popular *Nursing Shortage: Is This Cycle Different?* topic. Author Emerson Ea discusses strategies health care agencies can implement to facilitate a smooth transition and successful acculturation of foreign-educated nurses into the U.S. health care system and mainstream society.

New columns

Parker's Ethics column, "The Power of One," focuses on the forces each nurse will want to consider in obtaining the power needed to practice in an ethical manner, including nursing knowledge and skills, ethical principles and models, relationships and activity. The legislative column by Unruh and Hassmiller, *Economics of Nursing Invitational Conference Addresses Quality and Payment Issues in Nursing Care*, summarizes presentations, recommendations and future plans made at this June 2007 conference sponsored by the Robert Wood Johnson Foundation and the Rutgers Center for State Health Policy.

New online CE now available on NursingWorld.org

Tuberculosis Today: Fighting an Ancient Adversary
(1.5 contact hours)

Herbal Facts, Herbal Fallacies
(1.6 contact hours, including 1.0 pharmacology contact hours)

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

ANA is approved by the California Board of Registered Nursing, provider number CEP6178.

ANANurseSpace.org

Connecting nurses with nurses

Be sure to visit ANANurseSpace, a new member benefit offering protected online space for nurses to connect, coast to coast and beyond. ANANurseSpace is an online social network (think MySpace or FaceBook, but professional and for only nurses and student nurses) where members connect with nurses on the issues they choose.

Your first step will be to create a professional profile to show others where you are working and what your interests are. Then you will be able to initiate and participate in discussions about hot issues in your everyday practice; read (and maybe even write) blogs about nurse experiences; find other nurses in your area or from your nursing school; share documents, pictures and ideas with your fellow nurses; comment on ideas that you see; and connect with those that you chose to. The goal is to create and build online nursing communities to connect the way you want to – personally and professionally – with other nurses.

How do I get to ANANurseSpace?

To participate in ANANurseSpace.org, simply go to www.NursingWorld.org, click "Members Only Content" on the left side menu in the Member Center. Log in and look for the ANANurseSpace link.

What if I know nothing about participating in online communities?

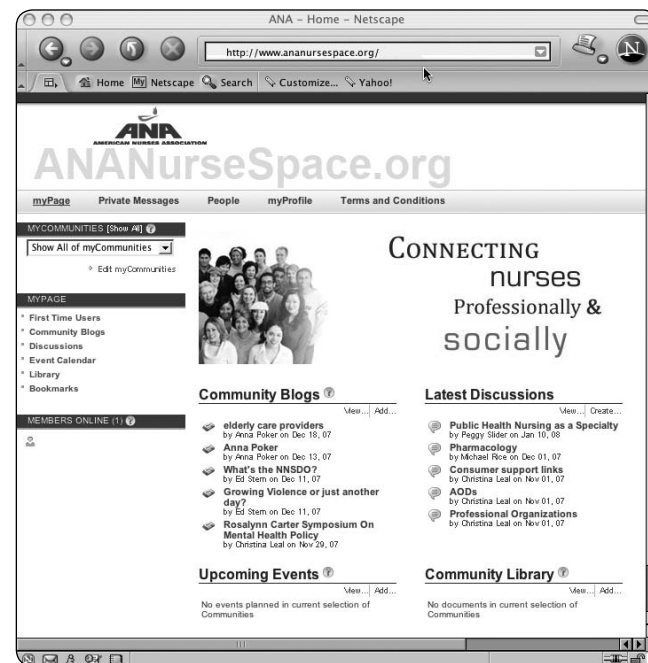
ANANurseSpace will have a tutorial for first-time users and helpful information throughout the site. Look "First Time Users" or "Get Started" to help set up your initial information and look for the yellow circle with '?' for help understanding what items are throughout the site.

The best way to learn is to try it. There are no mistakes – you can get as much out of it as you wish and you choose, if and when you participate.

How will I know if something happens that I want to participate in?

The site brings the info you want to your e-mail box, but only if you want it. ANANurseSpace is set up so you can choose what you want to be notified about and when. Choose if you want notification sent to your e-mail about entries into discussions or communities you are participating in, and notification of messages from other participants. Choose to have notices sent to your e-mail immediately, daily or weekly.

This tool is for you – ANA hopes you find it a new asset in your complex personal and professional life as a nurses. Please come and join in. ■



Social networking terminology

Not familiar with all the terminology around social networking? Here are just a few terms that will help you get started

Online social network – an online Web space that allows participants to connect with others within a community. For ANA this will be ANANurseSpace, an online, password protected community for ANA members and nursing students, housed in ANA's Members Only Section of www.NursingWorld.org.

Community – a group of participants, focused around specific interest or commonality. An example would be a Staff Nurse Community, Educator Community, Advanced Practice RN Community, Student Nurses Community.

Blog – a Web log – is a series of entries by one or more authors, written in chronological order and displayed in reverse chronological order so that the most recent entry is at the top. Blogs can be formal, presenting resources, expert content, or informal, presenting stream of thought ideas, or anywhere in between.

Online 'discussions' – read other people's ideas, documents, invitations or blogs and comment on them by posting your own entries of any length, connected directly with the item that you are responding to. When reading discussions, you are able to see the initial idea and the responses from others, as well as comment yourself. This process allows multiple ideas to be presented.

Rate postings – this is a feature on the site that allows participants to rate the different content (blogs, documents, videos, discussions) posted on ANANurseSpace, from one star (you did not like it) to 5 stars (it is great material). The average of all ratings is visible to other participants.

Professional profile – this is where you record information about you, where you work, your education and what your interests are. This helps you find other nurses like yourself – by location, work experience, interests – who you can reach out to and connect with. It also allows you to find friends from the past. ■

NIOSH sets maximum for safe lifting

Hospital Employee Health reported on the issue of safe patient handling in its December issue. The National Institute for Occupational Safety and Health (NIOSH) set a new recommended weight limit for manual lifting for health care workers, calculated from its lifting equation. The new guidelines set the maximum lift per nurse at 35 pounds. Health care workers can use the lifting limit to determine when they need to use safe lifting equipment to avoid injuries often associated with heavy lifting.

Speaking about health care workers, Nancy Hughes, MS, RN, director of ANA's Center for Environmental and Occupational Health, remarked, "They need to have an awareness of the risk they're facing." Other factors should also be taken into account when lifting a patient, such as whether or not the patient is uncooperative, the distance or height of the lift and the frequency of lifts.

Diversity in the workforce

Workforce Management Magazine reports that the Hispanic workforce will climb by 30 percent by 2016, according to the Bureau of Labor Statistics (BLS). The latest data show that Hispanics entering the nursing profession make up the largest increase of any occupational group. However, an aging population is contributing to a decline in what is called the labor force participation rate, the portion of the population that is actively employed or seeking employment. Nowhere else is that statistic more troubling than in the nursing profession.

Nurses will be among the most sought-

after employees. According to the BLS, 587,000 new jobs will be added for registered nurses between 2006 and 2016, representing the largest increase of any occupational group. There will be almost 3.1 million total jobs for RNs by 2016.

Employers will have to work hard to hold on to skilled talent, said Cheryl Peterson, MSN, RN, senior policy analyst for the ANA. She recommended several measures, including competitive salaries and pension benefits, to retain workers. "Nurse turnover is particularly painful for employers," Peterson said. "Once one leaves, it is difficult to find a replacement because there just aren't enough trained individuals out there."

Hazardous chemicals in the workplace

The St. Louis Post-Dispatch reported on a study which suggests a link between nurses' exposures to chemicals, pharmaceuticals and radiation on the job and health problems they develop such as cancer, asthma, miscarriages and children's birth defects. The study, in which the American Nurses Association participated with the environmental working group Healthcare Without Harm, and the Environmental Health Education Center at the University of Maryland, included 1,500 nurses from all 50 states. The study was detailed and the first of its kind, but it was not a controlled, statistically designed study.

ANA President Rebecca M. Patton, MSN, RN, CNOR, highlighted the need to "create a healthier working environments" for nurses due to the "growing concern over chemical exposures in the workplace."

Currently, there are no workplace safety standards to protect nurses from

the combined effects of these exposures on their health. The Centers for Disease Control proposed a National Occupational Exposure Survey for the health care industry in 2002, but to date, no such survey has been conducted. The ANA and other health care groups are calling for federal research into the issue of chemical exposure in the workplace.

National health care in the spotlight

With America in the thick of the presidential elections, the issue of health care is a hot topic on the campaign trail. *Marketwatch* took a closer look at the health care plans favored by health care professionals.

"Medical professionals are turning up the heat in favor of a universal, single-

Media Briefs



payer system that represents a radical departure from what most of the major presidential candidates are proposing. They know that such a system is a long shot at this point, but the numbers in their camp are growing," reported *Marketwatch's* Russ Britt.

Medical professionals are contributing in record numbers to candidates' campaigns, so they're likely to get the ear of at least some of the candidates. The American Nurses Association said that it plans to sit down with all the candidates to discuss the idea. ■

ANA receives publications award for NDNQI monograph and *Teaching IOM* book

ANA has long promoted the importance of nursing's contribution to quality in health care. Now, two ANA books have received the 2007 Awards of Excellence from the Washington, DC, Chapter of the Society for Technical Communication (STC):

Transforming Nursing Data into Quality Care: Profiles of Quality Improvement in U.S. Healthcare Facilities, by Isis Montalvo, MS, MBA, RN, and Nancy Dunton, PhD. In 1998, ANA established the National Database of Nursing Quality Indicators (NDNQI®) to develop and report on 10 evidence-based nursing-sensitive quality indicators. In this book, 14 of the participating facilities share their NDNQI experiences in the words of the nurses who worked with the indicator data to improve patient outcomes in their facilities.

Teaching IOM: Implications of the IOM Reports for Nursing Education, by Anita Finkelman, MSN, RN, and Carole Kenner, DNS, RNC, FAAN. In 1999, the Institute of Medicine (IOM) began publishing a series of technical reports on quality in health care, starting with *To Err is Human*, which discussed patient safety and health care errors. Since then, reports have been published on such topics as quality of care, leadership, nursing care, workplace environment, diversity, public health, and health professions' education. This book and CD-ROM provide innovative strategies and instructional material on how to incorporate the IOM reports and their implications for quality into nursing education programs.

The STC is the largest individual membership group in the world dedicated to promoting technical communication.

The Washington, DC, Chapter of the STC holds its technical publications competition annually. Judges and participants in the competition come from Washington, DC, technology and research and development firms, government agencies and institutes, non-governmental organizations, university presses and professional associations. In granting the awards, the judges recognize the quality of the content, writing, editing and design, as well as the total integrated quality of the publications. ■



A close-up view of the uninsured

A new documentary is putting an intimate, human face on the health insurance crisis by chronicling the struggles of a diverse group of uninsured Americans battling critical illness over a two-year period. The unforgettable subjects of the film, "Critical Condition," discover that being uninsured can cost them their jobs, health, homes, savings and even their lives.

The purpose of the film is to raise public awareness and address the plight of the uninsured at town forums, the upcoming presidential debate, film festivals, online, community groups, churches and health care organizations.

The 90-minute documentary film will air on PBS in September or October of 2008.

ANA is promoting the documentary as part of its wide-ranging campaign to address the need for better access to health care services in this country. ANA embraces an ongoing commitment to the principle that all persons are entitled to affordable, readily accessible, high quality health care services. It has pursued this mission through an integrated series of public and private sector advocacy and education efforts using, as its foundation, the tenets of *ANA's Health Care Agenda 2005*.

To view the statement, go to www.nursingworld.org, click on "health care policy" and then "health system reform." ■

INTERPROFESSIONAL FELLOWSHIP PROGRAM IN PSYCHOSOCIAL REHABILITATION AND RECOVERY ORIENTED SERVICES



The U.S. Department of Veterans Affairs (VA) announces openings for the 2008 - 2009 academic year of its Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services for veterans with serious mental illness. The Fellowship Program is a state-of-the-art, clinical training program that focuses on the theory and practice of psychosocial rehabilitation and recovery. Individualized, mentored clinical and research training is combined with a curriculum that emphasizes a comprehensive psychosocial rehabilitation approach to service delivery, education, and implementing change in a mental health care setting. Fellows will work with veterans with serious mental illnesses and receive training in delivering a range of evidence-based practices. The purpose of the Interprofessional Fellowship Program is to develop future mental health leaders with vision, knowledge, and commitment to transform mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery. The Fellowship Program is offered at seven VA sites.

Applications are solicited across a range of disciplines (including nursing, psychology, psychiatry, social work, vocational rehabilitation, and occupational therapy). The program is either full or half time for nurse fellows and all nurse fellows must be graduates of accredited masters or doctoral programs in nursing. All fellows must be U.S. citizens. Stipends are competitive and are based on location and discipline. Full time fellows are eligible for health and life insurance benefits. All fellows earn leave and are entitled to Federal holidays.

Applications will be accepted and reviewed at each site until all positions are filled. Application requirements and specifications may differ across sites, so please contact the Fellowship Director at each site of interest.

Bedford, MA:

E. Alice Van Ormer Ph.D.
Psychology Service (116B)
200 Springs Road
Bedford, MA 01730
Alice.VanOrmer@va.gov or (781) 687-3015.

Durham, NC:

Daniel Bradford, M.D., M.P.H. or Loretta Braxton, PhD
508 Fulton Street
Durham, NC 27705
Daniel.Bradford@va.gov or (919) 286-0411, ext. 7151
Loretta.Braxton@va.gov or (919) 286-6935.

Little Rock, AR:

Erin B. Williams, Ph.D. or Roger Williams, PhD
4300 West 7th Street (116B/NLR)
Little Rock, AR 72205
Erin.Williams3@va.gov or (501) 257-1679
Roger.Williams8@va.gov or (501) 257-1669.

Palo Alto, CA:

Joyce Bell, LCSW or Robert Whelan, LCSW
Social Work Service
3801 Miranda Ave
Palo Alto, CA 94304
Joyce.Bell@va.gov or (650) 493-5000, ext. 27150.
Robert.Whelan1@va.gov or (650) 493-5000, ext. 25161.

San Diego, CA:

Eric Granholm, Ph.D.
VA San Diego Healthcare System
3350 La Jolla Village Drive (116B)
San Diego, CA 92161
egranolm@ucsd.edu or (858) 552-8585, ext. 7768.

Waco, TX:

Wayne Gregory, Ph.D. or Bruce Allen, Ph.D.
4800 Memorial Drive
Waco, TX 76711
Wayne.Gregory@va.gov or (254) 297-3541
Bruce.Allen@va.gov or (254) 297-3323.

West Haven, CT:

Anne Klee, Ph.D.
Errera Community Care Center
114 Orange Avenue
West Haven, CT 06516
Anne.Klee@va.gov or (203) 479-8035.

For other information, please contact:

Richard Goldberg, Ph.D.
Co-Director of Psychosocial Rehabilitation Fellowship Hub Site
VA Maryland Health Care System
10 N. Greene St.
Baltimore, MD 21201
Rgoldber@psych.umaryland.edu or (410) 706-8473.



The Department of Veterans Affairs is an Equal Opportunity Employer

CELEBRATE NATIONAL NURSES WEEK, May 6-12, 2008

National Nurses Week is the time each year when you can demonstrate the importance of nursing in healthcare. Show your support for your profession, staff, colleagues, or friends with gifts from the American Nurses Association. Our exciting collection of new Nurses Week gifts is sure to make this year's celebration the best ever!

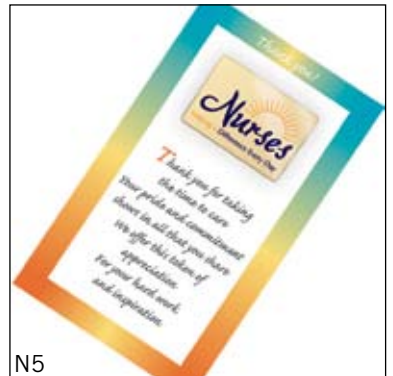
N1 Poster - Specifically designed for the 2008 National Nurses Week celebration, this 15" x 22" poster will help promote Nurses Week to your entire facility. \$4.99 each

N2 Contemporary Tote - Get the Nurses Week logo noticed on the everywhere you go with this contemporary tote. Features front pocket with Velcro closure and large main compartment with snap closure. 4.5" gusset and 22" shoulder straps. 16" x 11 1/2" x 4 1/2"
1-99 \$8.99, 100-199 \$8.49, 200-299 \$7.99, 300-499 \$7.49, 500+ \$6.99

N3 Sport Bag - Front slip pocket, zippered closure on main compartment, carrying handles with sewn grip, shoulder strap, front water bottle pocket, metal D-ring and contrasting stitch detail. 18" x 9 1/2" x 8"
1-99 \$9.49, 100-249 \$8.99, 250-499 \$8.49 500+ \$7.99

N4 New! Alicia Klein® Bookmark - As seen in high end department stores, this pebble-grained vinyl (you won't believe it's not leather) bookmark holds wallet size (1" x 1.5") photo and features a debossed logo. 6.62" x 0.10" x 1.62"
1-99 \$4.75, 100-249 \$4.49, 250-499 \$4.25, 500+ \$3.99

N5 Lapel Pin - This beautifully crafted cloisonné lapel pin, vibrantly colored by hand on 22K gold plate, will help you accessorize. Add this year's pin to your collection! Comes mounted on a Thank-You card. 1 1/8" x 7/8"
1-99 \$4.99, 100-249 \$3.49, 250-499 \$2.75, 500-749 \$2.49, 750+ \$2.25



N1

N2

N3

N4

N5

Ship to: (Please print clearly)

Name _____
 Institution _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Phone: (____) _____
 Fax: (____) _____
 E-mail: _____

Method of Payment (check one)

- Pre-Payment: make check payable to Jim Coleman, Ltd.
 - VISA/Mastercard/American Express phone: 800-445-0445, fax to 1-847-963-8200, or online: www.JimColemanLtd.com/ana
- Card # _____ Exp. Date _____
- Purchase Order (\$100 minimum) Fax to 1-847-963-8200 **NO PHONE ORDERS**
1. The vendor on your purchase order must be Jim Coleman, Ltd.
 2. Submit a copy of the actual purchase order document with completed order form—purchase requisitions are not acceptable. If faxing, do not mail confirmation.
 3. Purchase orders under the \$100 minimum will incur a \$5.00 invoicing fee. Please include this charge as a line item.



Visit us online for additional products and to order or download the complete 2008 catalog!
www.jimcolemanltd.com/ana

†Shipping & Handling Charges
 \$4.99 or less.....\$3.50
 \$5.00-\$25.00.....\$7.50
 \$25.01-\$60.00.....\$9.95
 \$60.01-\$100.00.....\$11.50
 \$100.01-\$149.99..\$14.95
 \$150.00 and above add 10% of the subtotal.
 Orders outside the continental United States: double shipping charges.

ITEM	QUANTITY	PRICE	TOTAL
N1 Poster		\$4.99	
N2 Contemporary Tote			
N3 Sport Bag			
N4 Book Mark			
N5 Lapel Pin			
		Subtotal	_____
		8.75% Tax (IL only)	_____
		Shipping/Handling†	_____
		Invoice Fee	_____
		Total	_____

Mail Your Order To:

Jim Coleman, Ltd.
 Dept. NNW-07
 428 S. Vermont St.
 Palatine, IL 60067

VISA & MasterCard Orders:

Phone: 800-445-0445
 Fax: 847-963-8200
 Order Online at:
www.JimColemanLtd.com/ana

Customer Service Call:

847-963-8100
 or email:
service@JimColemanLtd.com

Visit us at www.JimColemanLtd.com/ana to place an order!

Please allow 3-4 weeks for delivery. Order by April 20, 2008 to ensure delivery by National Nurses Week.