A perfect match
Nurses take on genetics, genomics—and make a difference

By Susan Trossman, RN

It seems as if not a week goes by without the media reporting on some new aspect of genetics and its link to health or disease. In midsummer alone there were genetics-related stories on lupus, Alzheimer’s disease, hepatitis C, ethnic-focused screening, and sleep.

And although it still may seem like genetics and nursing are more like a partnership of the future than the present, there are a number of nurses who can prove otherwise. For some time, a cadre of nurses has been involved in everything from developing educational programs on genetics and the broader science of genomics to counseling families about inherited risks to conducting wide-ranging research.

Since the mapping of the human genome was completed in 2003, these nurses say that genetics and genomics are no longer just the purview of RNs who decided to specialize in these areas. Rather, they contend that all nurses—no matter the setting or specialty—must understand the basics of genetics and genomics if they are to provide competent care to today’s patients and their families. Further, they believe the opportunities for RNs to make a difference in genetics and genomics will only expand as advances continue at a rapid pace.

Genetics is currently defined as the study of individual genes and their impact on single-gene conditions, such as sickle cell disease, Huntington’s disease, and muscular dystrophy. Genomics, on the other hand, looks at all the genes together, including their interactions with each other, and environmental, psychosocial, and other factors.

ANA has been promoting the importance of nursing and genetics and genomics for more than a decade. The association designated genetics as a nursing specialty in 1997, and worked with the International Society of Nurses in Genetics (ISONG), the global nursing specialty organization dedicated to fostering the scientific and professional growth of nurses in human genetics and genomics, to create the first scope and standards for genetics and genomics the following year. “We also are continuing our effort to make more nurses aware of the core competencies for genetics and genomics, and the importance of using them in their practice,” said Martha Turner, PhD, RN, assistant director of ANA’s Center for Ethics and Human Rights. These competencies include advocating for clients’ access to desired genetics and genomics services and resources, providing patients with accurate and appropriate genetic and genomic information, and being able to create a pedigree using pertinent family history. More information can be found at www.genome.gov/Pages/Careers/HealthProfessionalEducation/geneticscompetency.pdf.

To learn more about a new ANA online survey of issues in genetics and genomics in nursing practice, see page 2. To participate in the national survey, go to www.surveymonkey.com/s.aspx?sm=PSP_2biOuuz5LOdrM7SQTrHg_3d_3d.

Patients drive nurses’ interest

When she first came across genetics in the early 1970s, Diane Seibert, PhD, CRNP, FAANP, recalls finding it interesting.

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See Health care reform on page 9

ANA members joined President Barack Obama at a Sept. 10 White House press conference to urge legislative action on reforms that would provide affordable coverage options for the uninsured and offer consumer protections to those who already have private health insurance coverage. In his first public appearance since addressing a joint session of Congress on health care reform Sept. 9, the president referred to the RNs, who had come to the press conference from across the country, as “the bedrock of our medical profession.” He said that nurses understand why changes are needed in the health care system through their daily work with patients. After ANA President Rebecca M. Patton, MSN, RN, CNOR, introduced the president at the nationally televised event, he thanked her for “leading an extraordinary organization.”

In her remarks, Patton pledged that RNs “will stay on the frontline of reform because the cost of inaction is just too great.”

Members of Congress spent August in their home districts, taking constituents’ collective pulse on health care reform. Meanwhile, ANA

For all the latest nursing news, go to www.NursingWorld.org
In 2008, 48% of patients hospitalized on a psychiatric care center, had pharmacogenomic testing done to provide information for prescribing medications. Cytochrome P450 genetic testing uses a blood sample to determine an individual’s ability to metabolize medications requiring activity of identified enzymes. Nurses are expected to understand how to identify patients most likely to benefit from Cytochrome P450 testing, how to ensure informed consent for such testing, and how to educate patients about testing and test results.

- Nurses use genetics and genomics extensively in the ambulatory Hereditary Hemorrhagic Telangiectasia Center. The nurses call patients and gather pertinent family history information prior to clinic visits, construct electronic family pedigrees, provide counseling and education to patients and their family members, and serve as advocates as the patients address ethical, legal, social and cultural issues that may arise as part of their care.

More of our patients today expect nurses to understand the implications of genetics and genomics and to provide care accordingly. They report family history information to nurses and anticipate that this data will be used to personalize their care. They describe reactions to medications, both favorable and unfavorable, realizing there may be a genetic component. Patients ask many genetic and genomic questions of nurses and expect to receive responses that meet their needs and assist in making choices about their healthcare. Patients benefit when nurses are informed about genomics and are able to personalize care based on genetic and environmental information.

The Department of Nursing at Mayo Clinic in Rochester, Minnesota received the Magnet Prize 2005, the “Nobel Prize in nursing”, from the American Nurses Credentialing Center acknowledging exemplary innovation for implementing a Nursing Genomics Program. The multifaceted genomics program focuses on providing nurses opportunities to participate in a variety of ongoing education activities including staff development classes, continuing education offerings, and a nursing genomics website. One hundred and six nurses from a wide array of specialty areas are currently members of the Nursing Genomics Interest Group. Members are actively involved in teaching their peers about genomics implications, role modeling using genomics in practice, and engaging in publication and research activities to share knowledge and experiences with the nursing profession.

Following are three examples of how nurses are routinely using genomics in their practice:

- In perinatal obstetrics the healthcare environment has been transformed by an increasing focus on genomic elements of prenatal testing. Nurses are involved in helping patients understand their options, test results, and answering questions as to what the results mean for the pregnancy. Holistic nursing demands that nurses are patient advocates and provide support keeping attention on the human elements while utilizing state-of-the-art technological advances.

- In 2008 48% of patients hospitalized on the Mood Disorders Unit, an inpatient psychiatric care center, had pharmacogenomic testing done to provide information for prescribing medications. Cytochrome P450 genetic testing uses a blood sample to determine an individual’s ability to metabolize medications requiring activity of identified enzymes. Nurses are expected to understand how to identify patients most likely to benefit from Cytochrome P450 testing, how to ensure informed consent for such testing, and how to educate patients about testing and test results.

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Participate in the ANA online Survey of Issues in Genetics and Genomics in Nursing Practice

To participate in this important national research survey of nurses that will assist in the formulation of future nursing education programs go to: www.surveymonkey.com/s.aspx?sm=PSP_2biEUu5L0drM7SQTnHg_3d_3d

Approximate time for survey completion is 15-20 minutes. For more information contact Laurie Badzek, PI @ WVUSON 304-293-1694 or email laurie.badzek@ana.org. The WVU IRB has acknowledgment of this study on file.

Essentials of Genetic and Genomic Nursing: Competencies, Curricula Guidelines, and Outcome Indicators, 2nd Edition

This monograph succinctly addresses and articulates the competencies essential for all nursing practice, as well as the subsequent curricular guidelines for all nursing education. The outcome indicators are an adjunct to the essential nursing competencies and curricula guidelines for genetics and genomics and are intended to define for each competency the knowledge and practice indicators.

Developed by an independent panel of nurse leaders from clinical, research, and academic settings, this monograph reflects their goal: to establish the minimum basis for preparing the nursing workforce to deliver competent genetic- and genomic-focused nursing care.

To supplement its primary content, it also includes a comprehensive selection of resources that pertain directly to the competencies and guidelines. As a result, Essentials of Genetic and Genomic Nursing: Competencies, Curricula Guidelines, and Outcome Indicators, 2nd Edition, proves to be an essential resource for nursing professional development at all levels.

More information can be located online at: www.genome.gov/Pages/Careers/HealthProfessionalEducation/geneticscompetency.pdf

Genetics and Ethics in Health Care

ANA’s latest ethics title by Rita Black Monsen, DSN, MPH, RN, FAAN, explores ethical issues in health care associated with the latest advances in genetics and genomic science.

Order by phone at 1-800-637-0323 or online at www.nursesbooks.org
Health care reform gets personal

As a nurse, often you see and hear it all. Still, my heart ached and I was rendered speechless (something that seldom occurs) as I listened to the young, articulate woman in front of me relate what she hoped for in her future. Or was it my future? Or our nation’s future?

“Are you a nurse?” she asked, when she saw my ANA bag. She proudly shared that she was a new nurse; it was her lifelong dream. She told me that while money was short during her education, she worked in a hospital while going to school and was able to graduate. She talked as if she did not mind all the juggling and stress. She then told me that she and her mother were taking a quick trip to see her younger brother. She talked as if this might be their last chance to be together as a family.

I listened.

Some of what she shared was not surprising, as I noticed her physical condition and unconsciously assessed what was going on. Her hands and arms showed signs of old and new bruising. The neatly applied dressing over her upper chest was slightly noticeable under her blouse. She told me that she had graduated and had been working only a couple of months before she realized she was sick. She loved going to work every day and at first did not think much of her emerging symptoms. She had been tired before, she told herself.

But before long, her mounting symptoms became impossible to ignore, and a diagnosis revealed the worst: she had cancer.

She was at the point where she could no longer keep working while receiving treatment. But as a new employee, she had little sick or vacation days to cover all her lost time, and her illness and treatment resulted in the need to take leave from work. She eventually had to begin using COBRA for her essential insurance coverage. She was left with no job, expensive insurance coverage, and to add insult to injury—she had to fight the insurance company’s assertion that her cancer was a pre-existing condition that originated before her employment, and therefore exempted her from many of the plan’s benefits. This treatment denial dialogue with her insurance company even resulted in delayed care.

Yet, she considered herself lucky. She was still a nurse and hoped some day to return to work. And no matter what, she had realized her lifelong dream, even if it was only to be short-lived. Although she never shared it, I sensed she was resolved to her future, however short or long it might be. I prayed that night that the grace of my God would intervene.

It’s funny how these types of stories can impact us. One thing is for certain: If I were not convinced that we need immediate health care reform before meeting her, I certainly was after. Sadly, she is not alone in her dilemma. Every day this story is repeated across our country. Her story is so compelling; who would not support health care reform after hearing story after story just like hers? These real-life scenes make it crystal clear that we need to support reform now, not after more months or years of debate and discussion.

Yet, as a nation, we continue to struggle with this. Our elected representatives have not acted (unless you count all the useless rhetoric being spouted from atop Capitol Hill). I, for one, am tired of waiting. And I want to know why we elect members who cannot or will not take action when it is most needed. I know not all of us will agree on every part of the proposed reforms. We did not when Medicare was created, either. Still, ANA supported its controversial creation despite all the challenging debates, misinformation, and myths put out by its detractors. Some nurses and doctors were doubtful and did not support our efforts. In fact, ANA was the only health care organization that supported Medicare at its inception. But as a result of our efforts and those of the courageous lawmakers of the time, American seniors now have the guarantee that they will have access to health care. ANA never backed down then and we will not now.

Today’s health care reform debate is, like the Medicare debate before it, rife with misrepresentations, fact-stretching, and outright lies meant to spread fear and mistrust. ANA is working to set the record straight and make reform a reality this year. As nurses, we know firsthand how broken our health care delivery system is. We want a health care system that is patient-centered, comprehensive, and accessible, and delivers quality care for all. This is not something that should be a partisan or political issue. Nurses are the nation’s most trusted profession. Let’s use that trust and our nursing influence and know-how to secure a better future for all Americans.

To learn more about what ANA is doing to promote health care reform or to join in the fight, go to www.rnaction.org/healthcare.

The American Nurse
Volume 41, No. 5
(ISSN 0098-1486)
Published bimonthly: January/February, March/April, May/Jun, July/Aug, September/October, and November/December. Copyright 2009 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.

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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: 140,000
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.

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Save the Date

Upcoming events

Oct. 19
Future of Nursing Forum: Acute Care
Los Angeles

Oct. 19, 3 p.m. to 4 p.m.
Oct. 28, 11 a.m. to 12 p.m.
Webinar on the Consensus Model on APRN Regulation: What CMAs Need to Know
For more information contact ANA Senior Policy Fellow Lisa Summers, DrPH, CNM, at (301) 628-5058.

Nov. 5 to 7
The American Academy of Nursing’s 36th Annual Meeting and Conference
Atlanta
For more information, visit www.nursingworld.org/homepage/Category/UpcomingEvents/AAN-36th-Meeting-Conference.aspx.

Dec. 3
Future of Nursing Forum: Primary Care, Community Health, and Public Health
Philadelphia
Feb. 22, 2010
Future of Nursing Forum: Education
Houston
For more information about any of the nursing forums, contact Mary Jean Schumann, ANA chief programs officer, at maryjean.schumann@ana.org or (301) 628-5059 or Cheryl Peterson, director, Nursing Practice and Policy, at cheryl.peterson@ana.org or (301) 628-5089.
Experiencing violence in EDs

The nation’s emergency departments (EDs) are places to receive treatment for injuries, but for thousands of nurses, they are sources of injury. A new study by the Emergency Nurses Association (ENA) finds that more than half of emergency nurses report experiencing physical violence on the job, including being “spit on,” “hit,” “pushed or shoved,” “scratched,” and “kicked.”

One in four has experienced such violence more than 20 times in the past three years. Just as alarming, one in five nurses have experienced verbal abuse more than 200 times during the same period.

“People who work in helping professions shouldn’t have to put their physical and emotional well-being on hold to do their jobs,” said ENA President Bill Briggs, MSN, RN, CEN, FAEN. “Emergency nurses provide crucial health services. Their departments and their hospitals depend on them being able to deliver high quality care. They can’t do that if they’re in danger of being verbally or physically abused.”

More than half of the nurses surveyed for “Violence Against Nurses Working in U.S. Emergency Departments,” cited one or more of the following as precipitating factors when they experienced abuse: patients or visitors under the influence of alcohol or illicit drugs; psychiatric patients being treated in the ED; crowding; prolonged wait times; and shortage of ED nurses. Research indicates that such situations can cause frustration and feelings of vulnerability, which may result in physical and verbal abuse against ED staff.

More than two in three (67 percent) of emergency nurses rated their perception of safety in the ED at five or lower on a 10-point scale, and one in three said they or he had considered leaving her or his department or emergency nursing altogether because of the violence. Reports of violence were lowest among nurses in pediatric EDs and highest among nurses who worked night shifts and on weekends. Male emergency nurses were more likely than their female colleagues to indicate having experienced workplace violence.

The risk of experiencing workplace violence was lower for nurses who worked in facilities that had policies for reporting violence and responding to incidents, and those who worked for hospital and ED administrators who were committed to eliminating workplace violence against emergency nurses.

The risk for experiencing violence was higher in facilities that had barriers to reporting violent incidents. Among those barriers are the perception that reporting violent incidents might have a negative effect on customer service reports or scores; ambiguous policies for reporting incidents; fear of retaliation by ED management, hospital administration, nursing staff, or physicians; the perception that reporting incidents was a sign of incompetence or weakness; lack of physical injury as a result of an incident; the attitude that violence is to be expected; and lack of support from administration and management.

The report includes several recommendations to reduce ED violence and address the barriers to reporting that violence when it occurs. They include the following:

- Ensuring that ED staff know that senior administration is aware of the issues and support efforts to prevent and mitigate violence.
- Encouraging nurse executives to take steps to make the department safe.
- Establishing a culture of acceptance for reporting violent incidents.
- Developing clear and consistent procedures for reporting violent incidents.
- Providing access to medical care and follow-up counseling as needed for ED staff who are victims of workplace violence.
- Appointing an interdisciplinary task force to identify vulnerabilities in the ED and develop a plan for preventing, mitigating, responding to and reporting violence.

The report’s authors also recommend federal and state laws to protect ED nurses from violence. Currently, laws protecting emergency nurses vary widely by state, and several states have no such laws.

“Violence Against Nurses Working in U.S. Emergency Departments” is published in the July/August issue of the Journal of Nursing Administration.

The ENA surveyed 3,465 emergency nurses nationwide. The 69-question survey was conducted online for one month in spring 2007. The majority of respondents (87 percent) worked in general EDs; 64 percent worked as staff nurses, and more than half (52 percent) worked night shifts. The mean years of emergency nursing experience among respondents was 12. Nearly 84 percent of the respondents were women.

Patton named one of 100 powerful people

Demonstrating ANA’s growing leadership role in shaping discussions on health care reform, ANA is pleased to announce that President Rebecca M. Patton, MSN, RN, CNOR, made this year’s list of Modern Healthcare’s 100 Most Powerful People in Health Care. More than 25,000 people were nominated by Modern Healthcare readers initially; online voters picked the top 100 over several weeks.

Patton is one of seven nurses on the list, including American Organization of Nurse Executives CEO Pamela Thompson, Catholic Health Association President Sister Carol Keehan, UAN President Ann Converse, Sister Mary Jean Ryan, chairman and CEO of SSN Health Care, President and CEO of Health Services Care Corp Patricia Hemingway-Hall, and Medical Practice Act provision that prohibits retaliation for reporting to the medical board, and the Public Employee Whistleblower law.

“Two laws cannot prevent people from acting badly [by retaliating against whistleblowers], but they do provide a remedy for nurses who are retaliated against,” said TNA General Counsel and Government Affairs Director Jim Willmann, JD. “We are still just appalled that these nurses are being criminally prosecuted, but we’re glad to see they are fighting back against these outlandish charges and behavior.”

In support of the nurses, TNA and ANA publicly criticized their criminal indictment and noted that, under the Code of Ethics for Nurses, RNs have a duty to advocate for the health and safety of their patients. TNA also filed a formal complaint with the Texas Department of State Health Services, which licenses hospitals, against Winkler County Memorial Hospital.

The state nurses association also established the TNA Legal Defense Fund to support the two Winkler nurses and other nurses who are retaliated against because they advocated for their patients. Go to www.texanurses.org for updates and to make a donation.

Winkler County nurses fight back

Attorneys representing two former West Texas hospital nurses filed a federal lawsuit Aug. 28 alleging that the RNs were illegally retaliated against for their patient advocacy activities. The suit also alleges that the nurses’ constitutionally guaranteed civil and due process rights were violated, according to the Texas Nurses Association (TNA).

The federal lawsuit names not only Winkler County Memorial Hospital, but also Winkler County and key officials, the hospital administrator, and the physician.

The TNA nurses, Vicki Galle, RN, and Anne Mitchell, RN, reported to the Texas Medical Board concerns they had about the standard of care provided by a physician who practiced at Winkler County Memorial Hospital and at the Winkler County Rural Health Clinic. Both long-time nurses not only were fired, but also were criminally indicted on felony charges of misuse of official information.

Shortly after the June indictment, the state medical board wrote a letter to the Winkler County and district attorneys stating that it is improper to criminally prosecute people for raising complaints with the board; that the complaints were confidential and not subject to subpoena; and that under federal law, the board is exempt from Health Insurance Portability and Accountability Act requirements. Therefore there was no violation of any HIPAA laws.

At press time, no date had been set for the criminal trial.

As for the nurses’ federal complaint, it states that their termination and criminal indictment are violations of the Texas Nursing Practice Act, Texas Board of Nursing rules, and several other state laws: Health and Safety code provisions prohibiting retaliation for reporting patient care concerns, the
...percent leave within two years. Within a year of starting their job, 26.2 percent leave their first nursing employer when 18.1 percent of newly licensed RNs leave their first job.

The National Association of School Nurses (NASN), an ANA organizational affiliate, has joined with parents, survivors of meningococcal meningitis, and actress and mother Lori Loughlin (who appears in the new "90210" and "Full House" television shows) to increase awareness of this potentially devastating disease, which can take the life of a child in just a single day.

"Many parents are unaware that their preteen and teenage children are at risk for meningitis, and that vaccination is recommended to help protect preteens and teens 11 through 18 years of age and college freshmen living in dormitories," said NASN President Sandi Delack, Med, RN, NCNS, also a Rhode Island State Nurses Association member.

"School nurses are at the forefront of ensuring families in our communities know about meningococcal meningitis and vaccination—which is at the heart of our new Voices of Meningitis initiative," she said. "The national campaign aims to educate parents of preteens and teens about this disease and the importance of prevention."

Voices of Meningitis is a multi-year initiative comprising widespread national and regional awareness activities that encourage parents to consider vaccination for their preteen and teenage children. The initiative encompasses a multitude of national media and public service activities, including television and radio public service announcements featuring Loughlin. The program also will equip thousands of school nurses throughout the United States with comprehensive messages and educational materials to reach communities with this important health message.

In addition, Voices of Meningitis offers a comprehensive Web site, www.VoicesOfMeningitis.org, where visitors can hear the compelling stories of families that have been personally affected by meningitis and access information about the disease and the importance of vaccination.

Understanding, preventing departures by new RNs

A new research study finds that changes to the work environment where nurses begin their careers can help reduce turnover—an expense that can strain hospital budgets, exacerbate the nursing shortage, and negatively impact patient care.

The article published in the July/August issue of Nursing Outlook comes at a time when 18.1 percent of newly licensed RNs are leaving their first nursing employer within a year of starting their job, and 26.2 percent leave within two years.

Funded by the Robert Wood Johnson Foundation, the study analyzed the survey comments of 612 new nurses from 34 states and the District of Columbia. The researchers found that many novice nurses are dissatisfied with their first jobs due to a variety of unexpected situations they face in the primarily hospital-based environments where they begin their careers. Regardless of their negative perceptions, many of the nurses who responded to the survey felt hopeful that they could help reform work environments and patient care. Some suggested that improving the nurse-to-patient ratio was critical not only to improving professional, personal satisfaction but also patient safety.

"Nurses are on the frontlines of an increasingly demanding hospital work environment," said Yale University School of Nursing’s Linda Honan Pellico, PhD, APRN, lead researcher on the study. "Many feel they could be more effective caregivers to patients if they simply had more time to spend with them. Instead, they feel mounting pressure to rush through rounds and fill out paperwork, which is not why they chose to go into nursing."

Among the findings, nurses talked about the relentless pressure for speed and the difficulty of the many demands that are placed on them. Some nurses in the study told researchers that tasks in their first jobs do not reflect what they learned in nursing school. Many also expressed dissatisfaction with the lack of time they can spend with patients, while others felt their work was not appreciated by hospital physicians, administrators, and in some cases, more senior nurse managers. The nurses were particularly concerned with the communication patterns of those with whom they work.

Despite the economic downturn and tightening job market, the U.S. health care system continues to face a projected shortfall of up to 260,000 full-time equivalent nurses by 2025. Understanding why nurses leave their jobs within the first 12 months of their careers could help hospital managers better direct resources and keep their workforce stable, while helping to improve hospital finances—and patient care—in the process.

Many of the survey participants suggested that changes to nursing school pedagogy could better prepare them for some of the pressures they face after graduation. Survey respondents recommended that academic nursing programs include eight-hour clinical days for student nurses, more realistic patient-to-nurse ratios, and communications activities that teach students how to interact effectively with physicians during rounds, make proper notations in patients’ charts, and give and take change of shift reports.

"While the respondents’ suggestions for better patient-staffing ratios, smaller unit sizes, and decreases in mandatory overtime have financial implications, high new nurse turnover is extremely costly to health care institutions and may impact patient safety," said New York University’s Christine Kovner, PhD, RN, FAAN, principal investigator on the RWJF project and a New York State Nurses Association (NYSNA) member.

University at Buffalo’s Carol Brewer, PhD, RN, co-principal investigator and NYSNA member, added, “Findings in this study suggest that if organizations take specific steps to improve working conditions, they might be able to address one of their most significant, perennial staffing challenges.”

Scope and standards for forensic nursing

ANA and the International Association of Forensic Nurses (IAFN) this summer released Forensic Nursing: Scope and Standards of Practice, a comprehensive reference guide that identifies and defines the expectations for the role and practice of the forensic nurse.

Forensic nursing focuses not only on providing patient care, but its practitioners also collect evidence, counsel patients, and communicate with professionals in legal systems.

Developed by a panel of nurse experts convened by ANA and the IAFN, the guide outlines six standards for forensic nursing practice and nine standards for professional performance. In addition, the guide articulates the essentials of this specialty, its accountabilities and activities—the who, what, where, and how of its practice—both for specialists and generalists and those who work with them.

Forensic nurses are among the most diverse groups of clinicians in the nursing profession with respect to patient populations served, practice settings, and forensic and health care services provided. Yet all forensic nurses apply a unique combination of processes rooted in nursing science, forensic science, and public health to care for patients.

In addition to recommended standards of professional performance, the book’s summary discussion of the scope of forensic nursing practice—including characteristics, roles, and environments, and its ethical and conceptual bases—lends an informative and broad context for the reader’s understanding and use of these standards.

While Forensic Nursing: Scope and Standards of Practice is a reference primarily for practicing nurses and nursing faculty and students, it is also an essential document for other specialists in forensic care, such as health care providers, researchers, scholars, and those involved in funding, legal, policy, and regulatory activities.

Review copies for educators are available upon request by sending an e-mail to francine.bennett@ana.org. Educators should include name of school, contact information, course/program title, and student enrollment in course using the book.

Memory screenings offered

The Alzheimer’s Foundation of America (AFA) will hold its annual National Memory Screening Day on Nov. 17.

See In Brief on page 6

ANA president, CEO attend fifth annual Nursing Alliance Leadership Academy conference

On Aug. 22 and 23, ANA President Rebecca M. Patton, MSN, RN, CNOR, and ANA CEO Marla J. Weston, PhD, RN, attended the Nursing Organizations Alliance (NOA) Nursing Leadership Academy (NALA) conference in Louisville, Ky. Held at the Brown Hotel, the conference provided networking opportunities for ANA to meet with nursing leaders from organizations all over the United States.

“The NALA conference provided an invaluable opportunity for ANA to dialogue and network with leaders from other nursing organizations, and share an exchange of experiences and shared solutions to support nurses in addressing the myriad and complex issues that are currently facing the profession,” Weston said.

NOA was formed when two long-standing coalitions of nursing organizations united to create an enduring collaborative that would promote a strong voice and cohesive action to address issues of concern to the community of nursing. The purpose of the Alliance is to provide a forum for identification, education and collaboration building on issues of common interest to advance the nursing profession.
OJIN tackles health literacy

By Jackie Owens

The six new articles in the Sept. 30, OJIN topic, Promoting Health Literacy: Strategies for Healthcare Providers are devoted to health literacy. These articles, described below, emphasize individual, person-centered health literacy efforts and recognize the broader issues of health literacy within our society. They will be of value across health care roles and settings seeking to address this common, yet elusive, and often hidden, problem of low health literacy.

• “Health Literacy: Challenges and Strategies,” by Nichole Eghert, PhD, and Kevin Nanna,MSN, RN, BC-NE, provides a strong introduction to the topic of health literacy, including historical development, common definitions, and challenges of obtaining, processing, and understanding. It also covers health information.

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Go to www.nursingworld.org/OJIN to read these articles.

Jackie Owens is the associate editor of OJIN.

Media Briefs

Patton discusses nurses’ role in health reform in TIME

TIME magazine examined some of the major hurdles to achieving health care reform; chief among them is the issue of coverage vs. care. The article spoke of the shortage of primary care physicians being especially problematic when it comes to providing not just coverage, but care for the 50 million uninsured Americans. ANA President Rebecca M. Patton, MSN, RN, CNOR, spoke with TIME on offering nurses’ perspective.

The article referenced nurse practitioners (NPs)—the position that was invented in 1965, the same year that the introduction of Medicare created a greater demand for primary care providers. It noted, however, that the role of NPs has set up a conflict with primary care physicians, who, in some cases, try to restrict the services of NPs. “In some situations, it can be a turf battle,” acknowledges Patton.

By Mary McNamara

The TIME article referenced the “pros” of NPs: that they provide services less expensively and have a focus on patient-centered care and preventive medicine. “In the United States, we are so physician-centric in our health system,” added Patton. “But it should be about wellness and prevention, not about procedures and disease management.”

There are provisions currently in the House health reform bill that include language that would recognize NPs as primary care providers. NPs are hopeful that federal recognition of their role in primary care will lead to fewer restrictions at the state level.

Mary McNamara is the senior public relations specialist at ANA.

In Brief

Continued from page 5

The event offers free, confidential memory screenings and educational materials about memory concerns, successful aging, and local resources in communities nationwide. AFA expects tens of thousands of persons who are concerned about memory loss and others who simply want a point of comparison for the future to participate.

Qualified health care professionals will conduct the face-to-face screenings at myriad venues nationwide, such as senior centers, pharmacies, assisted living facilities, and physician offices. Among the screening tools used are the GPCOG, Mini-Cog, and Memory Impairment Screen (MIS), all of which take about five minutes to administer and consist of a series of questions or tasks.

The test results do not represent a diagnosis, and screeners encourage persons about memory loss and others who simulate want a point of comparison for the full health care exam.

Eric J. Hall, AFA’s president and chief executive officer, is encouraging health care professionals to get involved as screeners in their communities.

“It’s our responsibility to break through the enormous stigma, denial, and lack of recognition about memory problems that still exist today,” Hall said. “Memory screenings and open dialogue between health care professionals and their patients can lead to answers and appropriate interventions. This knowledge helps, rather than hurts.”

In a report, “Memory Matters,” released last December, AFA underscores the value of memory screenings, noting that current research supports screening as a “safe, cost-efficient intervention that can reassure the healthy individual, promote successful aging, and, when indicated, direct individuals to appropriate clinical resources.”

Among other new research, a study published July 16 in the New England Journal of Medicine, found that persons who learned through genetic testing that they possessed a gene that heightens their risk for Alzheimer’s disease do not suffer any psychological harm as a result of this knowledge.

AFA is a national nonprofit organization headquartered in New York and made up of more than 1,200 member organizations nationwide. More information is available online at www.alzfdn.org.

Retaining veteran nurses

A new study by the Robert Wood Johnson Foundation (RWJF) and coordinated by The Lewin Group offers strategies to retain experienced nurses at the bedside.

The study, “Wisdom at Work: Retaining Experienced Nurses,” finds that a number of health care organizations lowered turnover rates among experienced nurses by making a concerted effort to improve nurse morale and productivity. Successful strategies included innovative approaches to staffing; employee health and wellness programs; and training and development opportunities for veteran nurses.

“We know that there is no quick fix to the crisis in health care,” said RWJF Senior Adviser for Nursing Susan B. Hassmiller, PhD, RN, FAAN, a New Jersey State Nurses Association member. “But the approaches explored in our ‘Wisdom at Work’ initiative are pieces of a larger puzzle that will help health care organizations keep experienced nurses from walking out the door—and taking their expertise with them—just when we need them most.”

Companies that have successfully retained older workers cite the following reasons for their success: sustained commitments by corporate leadership; corporate cultures that value aging; and compensations packages that cater to older workers, offering benefits such as phased retirement options and flexible work arrangements.

For more information, go to www.rwjf.org/goto/wisdomatwork.

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By Mary McNamara

The American Academy of Nursing (AAN), a subsidiary organization of ANA, will hold its 36th annual meeting and conference Nov. 5 to 7 in Atlanta. The conference, “Creating An Agenda for a Healthy Society,” will cover ideas and topics related to the current push for health care reform and the role of nursing.

Speakers at the event will include Corinne Rieder, EdD, executive director and treasurer, The John A. Hartford Foundation; Kenneth Thorpe, PhD, Robert E. Woodruff professor and chair, Department of Health Policy and Management, Rollins School of Public Health, Emory University, and executive director, Partnership to Fight Chronic Disease; and David Satcher, PhD, MD, 16th Surgeon General of the United States and director of The Satcher Health Leadership Institute at Morehouse School of Medicine.

ANA’s “Raise the Voice” campaign “Edge Runners” will brief attendees on their innovative approaches to health care delivery. This year’s Edge Runner panel will focus on policy and breakthrough issues influenced by nursing as a cornerstone of health care reform.

For more information or to register, go to www.aannet.org.
Addressing nurses’ working conditions worldwide

By Susan Trossman, RN

ANA President Rebecca M. Patton, MSN, RN, CNOR, provided ANA’s perspective on RNs’ working conditions in the United States at the 15th annual International Council of Nurses (ICN) Workforce Forum held Sept. 14 and 15 in Reykjavik, Iceland.

Every year, representatives from 10 or more national nurses organizations from industrialized countries come together to address nursing workforce issues—looking specifically at global trends and strategies.

“The purpose of the forum is to learn about what’s happening in other countries and promote cross-country collaboration on strategies that will improve nurses’ working conditions worldwide,” said Cheryl Peterson, MSN, RN, director of ANA’s Department of Practice and Policy.

As part of the forum, participants provided an environmental scan of working conditions in their countries, their national associations’ activities around these issues, and how the society at large is affecting their workplaces.

Among topics discussed were flexible work practices, measuring workloads, anti-union activities, and primary health care, as well as the occupational health issues of fatigue, stress, and lateral violence.

National nurse representatives from the host nation, Iceland, presented a case study on the economic value of nurses and the recession’s impact on their health care system. Nurse representatives also attended a function at the home of the president of Iceland, Olafur Ragnar Grimsson.

Other participants included Barbara Crane, RN, CCRN, an ANA board member, and representatives of the national nurses organizations of Canada, Ireland, Japan, and the United Kingdom.

Susan Trossman is the senior reporter for The American Nurse.
Perfect match
Continued from page 1

... particularly Mendel’s garden pea experiments revealing the existence of dominant and recessive traits. Years later as a women’s health nurse practitioner, Seibert said there has always been an “undertone” of genetics to her practice. She routinely counsels patients about breast disease or the need and the results of perinatal and prenatal screenings.

But it wasn’t until 2003 that she began to delve more deeply into genetics and genomics. At that time she partnered with an OB/GYN medical geneticist at the Uniformed Services University of the Health Sciences in Bethesda, Md., to develop a 10-day cystic fibrosis (CF) "intensive" course for Army OB/GYN clinic nurses (RNs, midwives and nurse practitioners). The goal was to help them more effectively implement the American College of Obstetricians and Gynecologists’ CF screening guidelines for counseling patients and families.

“After meeting with renowned nurse experts on genetics, I helped develop eight simulations using real people for the training,” said Seibert, a Federal Nurses Association member. “For one case, I brought in a child with cystic fibrosis whom I knew and her mother to talk about the ‘lived experience.’ The whole experience expanded my interest in the area.”

So much so that now, as the director for the family nurse practitioner program for the Uniformed Services University Graduate School of Nursing, she has integrated genetics content into the curriculum so, upon graduation, every USU graduate has some basic competencies in genetics.

Her approach to her clinical practice also has changed.

“When I see patients now, I always do a three-generation pedigree (a pictorial representation of their health history),” Seibert said. “I found many clinicians just ask the routine, general questions like, ‘Does anyone in your family have heart disease, diabetes, cancer?’ That’s a population-based approach. Creating a pedigree is an individual-based approach that allows me to ask patients about the types of health issues that are occurring in their families, like thyroid problems or autoimmune disease, and then better plan their care.”

Seibert also is working with two other nurses to create genetics competencies for advanced practice registered nurses and is helping to develop a free online resource called “Gene Facts.” It is being written by and for primary care clinicians to help them rapidly locate relevant genetic information at the point of care.

Shortly after becoming a pediatric nurse practitioner, Janet Williams, PhD, RN, PNP, FAAN, began working as a nurse genetics counselor at the University of Iowa medical genetics program.

“I was really interested in pediatrics, patient teaching, and helping patients and parents solve problems that arose out of genetic conditions,” said Williams, an Iowa Nurses Association member. “I saw a number of patients who had Huntington’s disease in their background, and they had lots of questions around their risk of developing it.”

When Williams completed her doctoral program in 1989, researchers had located the gene that caused Huntington’s, which affects the central nervous system, and developed a test that could predict whether someone had inherited the mutation. Given that discovery and her clinical experience, she decided to focus her research on Huntington’s and subsequently became an expert on psychosocial responses to genetic testing for the disease.

“As health care professionals, we can help patients and families as they make decisions about whether to get tested—which can give them some hint about their future—and give them the information and support they need after testing,” said Williams, now the Kelting Professor of Nursing at the University of Iowa and co-director of its post-doctoral nursing genetics fellowship program.

In one of Williams’ first studies, she examined the concerns of persons who accompanied a family member undergoing genetic testing for the Huntington’s gene.

“Some family members thought a lot about how the test result would affect them and their loved one, while others knew very little about how the information would change their lives,” Williams said.

“People with this disease lose their ability to move, remember things,” she said. “This puts an incredible burden on family members who become caregivers, many of whom know they are at risk of developing the disease and the debilitating symptoms themselves.”

In a more recent study looking at caregivers’ concerns, Williams learned that a number of teenagers either relieve a parent caregiver from time to time or take on a significant role in providing care to a family member with Huntington’s.

That study’s findings show the need for health care professionals to develop support programs specifically targeting adolescent caregivers, she said.

In another genetics-related role, Williams serves on the board of directors of the National Coalition for Health Professional Education in Genetics (NCHPEG), which promotes health professional education and access to information about advances in human genetics (www.nchpeg.org). The development of the earlier mentioned “Gene Facts” is a NCHPEG project.

While attending graduate school in the late 1970s, Agatha Gallo PhD, APRN, CPNP, FAAN, began working closely with children with chronic conditions and their families. She frequently saw children with single-gene conditions, such as sickle cell disease and cystic fibrosis, who were admitted to hospitals and clinics where she practiced.

“When the human genome project was starting in 1990, I was really excited about its possibilities,” said Gallo, a professor in the Department of Women, Children and Family Health Science at the University of Illinois College of Nursing in Chicago and Illinois Nurses Association member. So she and two colleagues launched a research project that looked at families with genetic conditions to see how they obtained information and their understanding of it, who they shared information with, and what they told their children—all with the goal of improving care and education to these families.

Since that time, there has been a wave of clinical research and advances in genetics and genomics, including on conditions like cystic fibrosis, noted Gallo.

“In the 1960s, children with CF lived to be eight or 10 years old,” Gallo said. “Now the median age is well into their 30s. Our understanding of it is much better—we know that there are well over 1,400 mutations in the CF gene. And our treatments are much better.”

She added that parents of children generally don’t think of “the genetics” of the condition, at least not early on.

“Often they learned about their child’s condition through newborn screening,” Gallo said. “So they want to know more about the condition itself, what it means in terms of problems and treatment for their kids, and how to care for those problems. Later on, they might think about what they need to tell other family members about their risk for carrying the mutation or whether it can happen again with another of their children.”

Gallo now is involved in developing an education program on the sickle cell trait and disease to help families and patients better understand the condition, genetic transmission, and their reproductive options. She also serves as the president of ISONG. Its goals include promoting the integration of the nursing process in the delivery of genetic health care services, providing education and support for nurses providing genetic health care, and advancing nursing research in human genetics (www.isong.org).

See Perfect match on page 11
ANA launches new health care reform Web site

By Hilary Hansen

As the fight for health care reform returns to Washington, ANA has launched a new health care reform Web site—www.RNaction.org/healthcare. This Web site is designed to be your go-to site to find out the latest updates on health care reform and what you can do to take action.

It has long been ANA's policy that access to quality, affordable health care is a human right. As nurses, ANA members see first-hand how the current system has failed patients and how greatly being uninsured or underinsured affects patients and their families. Members of Congress need to hear from you.

ANA's health care reform Web site is where nurses can go to take action. Here you can join with more than 3,000 other nurses and become a member of ANA's Health Care Reform Team. When you join the team, you'll have an opportunity to share your personal story about why health care reform is important to you. On the home page, you'll find a link to join the Health Care Reform Team, as well as a link to share the Web site with friends or colleagues. ANA has created a "myth vs. fact" document that looks at rumors surrounding health care legislation and seeks to dispel the myths circulating on the Internet.

There are quick links to take immediate action on important issues, such as urging members of Congress to support health care reform and to support inclusion of the graduate nursing program in Medicare as part of health care reform legislation.

The Web site includes a "Health Care Reform Toolkit"—a one-stop shop for everything you need to advocate for health care reform. Under the "Advocacy Tools" section of the site, ANA provides you with the resources needed to lobby your members of Congress. There you will find a sample letter that you can edit to send to your representatives on Capitol Hill, instructions on how to schedule a meeting back in your representatives' home district or state, talking points to call your members of Congress, and information on how to host a "health care reform house party."

The "background and resources" section of the toolkit provides you with information on specific legislation and outlines why you should support legislation to reform the health insurance system. The current focus has been on H.R. 3200, "America's Affordable Health Choices Act 2009," and ANA provides you with a link to the full bill, a summary of the bill, as well as a list of nursing provisions in the legislation. As the focus shifts to the Senate in the fall, ANA will continue to provide you with information on legislation as it is introduced. The toolkit also includes links to references and studies on health care reform by the White House, industry think tanks, and non-partisan organizations. The final section highlights ANA's activities on health care reform, and you will find a link to ANA's policy document "Health System Reform Agenda."

Throughout the Web site, you will see small icons to follow ANA on Twitter and Facebook. By following ANA on Twitter (@rnactionworld), you will get immediate updates on activities by ANA lobbyists and the latest on what's happening on Capitol Hill. On Facebook (www.facebook.com/AmericanNursesAssociation), you can join with other nurses in an ongoing dialogue.

Bookmark www.RNaction.org/healthcare and return often, as ANA will continuously update the Web site as the debate heats up this fall. Contact the ANA Government Affairs team at gova@ana.org for more information as we move through this health care reform process.

Hilary Hansen is a senior political action specialist for ANA Government Affairs.

ANA attends Republican national meeting in Wyoming

By Mary Behrens, MSN, RN, FNP-C

ANA has always been bipartisan in its approach to the political arena, educating, endorsing, and supporting Republican, Democrat, and Independent members for Congress who support nursing issues. It was because of this openness to work with both sides of the aisle that the ANA-PAC was asked to attend the Republican National Committee’s Summer National Meeting in Jackson Hole, Wyo., on Aug. 6. Angela Song, ANA-PAC administrator, and I, as ANA-PAC chair and a Casper, Wyo. resident, attended the three-day event.

Most Republicans have not voiced support for a public financing option. However, ANA is confident that there are still many areas of common interest that ANA and Republicans would be able to agree upon. Many Republicans who attended the conference were well aware of the trust nurses have with the public. Additionally, Republicans in Congress have historically been strong supporters of the Congressional Nursing Caucus, attending regular briefings on matters such as the nurse shortage, barriers to practice for advanced practice registered nurses, bioterrorism preparedness, health care reform, and patient safety issues.

ANA met with Lynn Cheney, wife of former Vice President Dick Cheney, RNC Chairman Michael Steele, former Speaker of the House Newt Gingrich, and many other notable Republicans. Liz Cheney, former deputy assistant secretary of State for Near Eastern Affairs and daughter of the former vice president, spoke with ANA about having five children and knowing that it was the nurses who took care of her during her labor, rather than the OB/GYN.

ANA had the opportunity to network with participants who openly and enthusiastically acknowledged that nurses are with patients 24/7, and know much about health care reform issues. ANA stressed that nurses have always had a strong interest in prevention and wellness, and recognized the strong role nurse practitioners play in our health system, as well.

ANA believes that it is important to keep the lines of communication open, even on issues for which we may not be able to see eye to eye. Because of the connections and conversations from this meeting, ANA is confident that nurses will be even stronger in our ability to communicate our concerns to the Congress and help shape health care policy that affects every American.

Mary Behrens is the ANA-PAC chair.

Health care reform

Continued from page 1

bolstered its advocacy efforts to make a strong case for a final bill that provides guaranteed access to affordable, high-quality health care for all, eliminates insurance company abuses, and recognizes the importance of nurses to the health care delivery system.

ANA tapped its grassroots networks to inspire close to 1,000 RNs to join a White House conference call Aug. 14 with high-ranking Obama administration officials, including White House Office of Health Reform Director Nancy-Ann DeParle, to discuss the status of health reform legislative efforts and future strategy. Obama is relying heavily on the nursing community for support, demonstrated by the president’s invitation to ANA to join him at a July 15 White House press conference urging congressional action on health reform and again following his address to Congress on Sept. 9.

ANA has launched a new action-oriented section on its Web site (www.RNaction.org/healthcare). This section is designed to get RNs involved in the effort to influence Congress to enact meaningful changes in health care. (For more information, see story above.) There RNs can join the more than 3,000 nurses who have signed up as members of ANA's Health Care Reform Team, fighting to move legislation through Congress.

Obama again made clear the importance of nurses’ support to his efforts in an Aug. 16 opinion-editorial he authored for The New York Times and distributed to other media outlets. In the op-ed, "Why We Need Health Care Reform," Obama noted that "...we can forge the consensus we need to achieve this goal. We are already closer to achieving health-insurance reform than we have ever been. We have the American Nurses Association and the American Medical Association on board, because our nation’s nurses and doctors know firsthand how badly we need reform."

While congressional representatives sponsored local “town hall” style meetings in their districts during the August recess, ANA worked to encourage members to attend the meetings and share their personal experiences about how shortcomings in the current health care system affects their patients. ANA also worked with local media outlets to include the nurses’ stories in their coverage of the events.

As part of its effort to engage more nurses in the battle for change that ANA has advocated for 20 years, ANA has produced a health care reform toolkit, a frequently asked questions document (FAQ) to educate the public on health care reform issues, and a video for its Web site entitled, "Nurses Have Power: Let’s Use It for Change." Go to: www.nursingworld.org/HCRResources to access these and other ANA resources for health care reform.

The next few months will be crucial in determining whether our country moves forward with substantial improvements to our health care system. RNs’ involvement will increase the chances for success. To join ANA in this important mission, go to www.RNAction.org/healthcare and sign up for the Health Care Reform Team.

Adam Sachs is the public relations writer at ANA.
ANCC announces new certification: Clinical Nurse Specialist Core

By Diane Thompkins, MS, RN

On Sept. 1, American Nurses Credentialing Center (ANCC), launched the new Clinical Nurse Specialist Core certification. This computer-based examination is the result of a collaborative project between the National Association of Clinical Nurse Specialists (NACNS) and ANCC to address a barrier to practice for a significant number of clinical nurse specialists (CNSs) in the United States: lack of CNS certification exams for all specialties. (Examples include: emergency, burn, perinatal, women’s health, urology, neurology, and cardio-pulmonary.) The core examination tests competencies expected and required for the role of the CNS across the lifespan regardless of specialty. This examination provides recognition of the knowledge, skills, and abilities for the role of the CNS. The examination will support future flexibility in the development of new CNS specialties as demand is created. The three-hour CNS Core exam is comprised of 150 test items. Candidates who pass this exam will earn the credential CNS-BC.

Eligibility
The candidate for the CNS Core examination is an RN prepared in a graduate (master’s, doctorate, or post-graduate) program and who meets all eligibility criteria:
- Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country.
- Hold a master’s, doctoral degree, or a post-graduate certificate from a clinical nurse specialist program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). A minimum of 500 faculty-supervised clinical hours in the CNS role and an identified specialty must be included in the educational program. The CNS graduate program must include separate comprehensive courses in advanced physical/health assessment, advanced pharmacology, and advanced pathophysiology.

For a limited time, alternate eligibility criteria allow access to this certification by experienced nurses who do not qualify under the standard criteria above. Eligibility options B and C allow applications from CNSs who graduated from a program that did not have separate comprehensive courses in advanced physical/health assessment, advanced pharmacology, and advanced pathophysiology.

Candidates must first apply and be determined eligible by ANCC to sit for the CNS Core exam, then must test by Dec. 31, 2009, to qualify for the $100 rebate. Interested parties are asked to turn in applications for the exam during this initial window, and in addition to any other discounts applicants are eligible for as a result of membership in ANA or NACNS. All rebates will be refunded based on the original form of payment. Score results for this initial testing window will be released by Feb. 28, 2010.

General exam launch
Those who miss the initial testing window of Sept. 1 to Dec. 31, 2009, will have to wait three months until the general exam launch on April 1, 2010, before they can take this exam. Those taking the exam after the general launch on April 1, 2010, will receive their scoring results on-site, immediately after completing the exam. More than 300 testing sites are available in the United States and internationally, ensuring convenient access for test-takers. Please visit ANCC’s Web site at www.nursecredentialing.org/NurseSpecialties/CNSCoreExam.aspx.

Initial testing window and $100 early bird rebate
The CNS Core examination launches with an initial testing window of Sept. 1 to Dec. 31, 2009. A $100 early bird rebate is available to everyone who sits for the exam during this initial window, and in addition to any other discounts applicants are eligible for as a result of membership in ANA or NACNS. All rebates will be refunded based on the original form of payment. Candidates must first apply and be determined eligible by ANCC to sit for the CNS Core exam, then must test by Dec. 31, 2009, to qualify for the $100 rebate. Interested parties are asked to turn in applications for the exam during this initial window, and in addition to any other discounts applicants are eligible for as a result of membership in ANA or NACNS. All rebates will be refunded based on the original form of payment. Score results for this initial testing window will be released by Feb. 28, 2010.

Diane Thompkins is the assistant director of certification at ANCC.

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Introducing the Pathway to Excellence® program

By Ellen Swartwout, MSN, RN, NEA-BC

The American Nurses Credentialing Center’s (ANCC) Pathway to Excellence® credential is granted to health care organizations that create work environments where nurses can flourish. The designation supports the professional satisfaction of nurses and identifies best places to work.

Pathway to Excellence health care organizations will be known for creating work environments where a collaborative atmosphere prevails and has a positive impact on nurse job satisfaction and retention. These organizations will be seen as best places to work because they encourage a balanced lifestyle and ensure that nurses feel their contributions are valued as partners in patient care and health care to the community.

Pathway to Excellence standards

Based on evidence and expert nurse input, the Pathway to Excellence Practice Standards represent qualities that both nurses and researchers agree are critical to high quality nursing practice, professional development, and job satisfaction. ANCC encourages the use of these standards in all nursing practice environments. The Pathway to Excellence practice standards are the following:

1. Nurses Control the Practice of Nursing.
2. The Work Environment is Safe and Healthy.
3. Systems are in Place to Address Patient Care and Practice Concerns.
4. Orientation Prepares New Nurses.
5. The Chief Nursing Officer is Qualified and Participates in all Levels.
6. Professional Development is Provided and Utilized.
7. Competitive Wages/Salaries are in Place.
8. Nurses are Recognized for Achievements.
10. Collaborative Interdisciplinary Relationships are Valued and Supported.
11. Nurse Managers are Competent and Accountable.
12. A Quality Program and Evidence-Based Practices are Utilized.

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12. A Quality Program and Evidence-Based Practices are Utilized.

By Ellen Swartwout, MSN, RN, NEA-BC

Pathway to Excellence designates that both nurses and researchers agree are critical to high quality nursing practice, professional development, and job satisfaction. ANCC encourages the use of these standards in all nursing practice environments. The Pathway to Excellence practice standards are the following:

1. Nurses Control the Practice of Nursing.
2. The Work Environment is Safe and Healthy.
3. Systems are in Place to Address Patient Care and Practice Concerns.
4. Orientation Prepares New Nurses.
5. The Chief Nursing Officer is Qualified and Participates in all Levels.
6. Professional Development is Provided and Utilized.
7. Competitive Wages/Salaries are in Place.
8. Nurses are Recognized for Achievements.
10. Collaborative Interdisciplinary Relationships are Valued and Supported.
11. Nurse Managers are Competent and Accountable.
12. A Quality Program and Evidence-Based Practices are Utilized.

The Pathway to Excellence program at ANCC.

For more information, e-mail the Pathway to Excellence Program Office at pathwayinfo@ana.org.

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC’s internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments; and support the Magnet Recognition Program® and the Pathway to Excellence® Program; and accredit providers of continuing nursing education. In addition, ANCC’s Institute for Credentialing Innovation provides distance learning opportunities, webinars, and online resources to support its core credentialing programs.

Ellen Swartwout is the director of the Pathway to Excellence program at ANCC.

CE Corner

1.8 contact hours, including 1.8 pharmacology contact hours, will be awarded to nurses who successfully complete this CNE activity.

The American Nurses Association Center for Continuing Education and Professional Development 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.

Cynthia Prows, MSN, CNS, FAAN, a clinical nurse specialist in genetics and director of the Genetics Education Program for Nurses at Children’s Hospital Medical Center in Cincinnati, said that an increasing concern is the explosion of new genetics technologies aimed directly at consumers.

“We need to be able to help consumers determine what types of genetic tests make sense for them to pursue and are founded on science, and which are not,” Prows said. “People can spend a lot of money on these tests and find out some scary information that may be based on limited science.”

Jean Jenkins, PhD, RN, FAAN, a West Virginia Nurses Association member and a senior clinical adviser to the director of the National Human Genome Research Institute, said that there also are ethical, legal, and social implications about genetics and genomics that nurses must consider.

One worrisome issue for many consumers is the confidentiality of genetic testing, particularly how it can affect their employment or insurance coverage.

There is a federal law that was passed in 2008 to protect the confidentiality of this information, according to Jenkins. (See www.genome.gov/Pages/PolicyEthics/GeneticDiscrimination/GINAInfoDoc.pdf). However, nurses must continue to be strong advocates to ensure patient privacy and confidentiality are always maintained.

And Seibert offers this final thought for nurses to consider: “At the end of the day, everything is genetics—all health, disease, and even people’s tendency to take risks. Nurses need to know what a crucial component it is, but also be able to advise patients on behavioral and other factors that can help them lead a better life.”

For more examples of nurses’ involvement in genetics and genomics read the TAV Web extra at www.nursingworld.org/ septoctwebextra.

Susan Trossman is the senior reporter for The American Nurse.

Cheryl Bell is a contributing editor for Nursing2009.

Treating patients to tame their hypertension

About 30 percent of Americans and as many as 60 percent of hospitalized patients have hypertension, which is commonly treated with a variety of medications. To avoid side effects and to identify them early, nurses need to be informed about the different types of medications used to treat hypertension, as well as the appropriate patient education.

Controlling hypertension can require a complex regimen of drugs, each with its own actions, adverse effects, and nursing considerations. Review what you need to know about the six classes of antihypertensives and what you need to teach your patients.

This CE article can be accessed at www.nursingworld.org/ce/echome.cfm.
Today’s assignment: Find more nurse educators

By Susan Trossman, RN

The current economic climate may have momentarily quieted the battle cry for more staff nurses and nurse faculty, but two things are certain: The nursing shortage is far from over and, unless more nurses are willing to consider teaching the next generation of RNs, it will only get worse.

Present-day vacancy rates for nurse positions can be deceiving, according to Mary Klitz Walker, PhD, RN, FAAN, professor, Loyola University Marcella Niehoff School of Nursing in Chicago.

“Some facilities that had been reporting 11 to 13 percent vacancy rates for staff nurses [before the recession] are now saying their rates are down to somewhere between 1 and 5 percent,” said Walker. “But these vacancy rates generally are down because of a number of staff positions were eliminated through budget cuts.”

And because some faculty members have postponed their retirement until the economic picture brightens, the substantial need for nurse educators in academia has been temporarily lessened within certain programs.

The average age of doctorally-prepared full professors is 59 years old, 56 for associate professors, and 52 for assistant professors, according to a 2008-2009 report by the American Association of Colleges of Nursing (AACN).

“We have a fairly mature workforce, and most nurse faculty retire at 63,” said AACN President Fay Raines, PhD, RN, professor and dean of the University of Alabama College of Nursing, Huntsville. “That means that a significant portion of nurse faculty will be retiring in the next 10 years.”

Based on anecdotal reports, qualified faculty will be especially needed in specialty areas, such as critical care, geriatrics, informatics, and genetics, Raines added.

To put an even finer point on the need for nurses in academia, AACN reported that nearly 50,000 qualified applicants were turned away from baccalaureate and graduate nursing programs in 2008 in large part because of an insufficient number of nurse faculty. And the overall nursing shortage in the United States is expected to build to 260,000 RNs by 2025—twice as large as any nursing shortage experienced since the mid-1960s, according to a June Health Affairs article by nursing workforce expert and Tennessee Nurses Association member Peter Buerhaus, PhD, RN, FAAN, of Vanderbilt University School of Nursing, and his coauthors.

Kathleen Ann Long, PhD, RN, FAAN, professor and dean of the University of Florida (UF) College of Nursing in Gainesville and Florida Nurses Association member, knows all too well the need for qualified faculty now and in the near future.

“We still have more qualified students than we can accept, so we’re in the process of searching for several faculty positions,” Long said. “But there is fierce competition for these academic positions.”

Walker added that private educational institutions also have other issues that impact hiring, such as whether the faculty candidate is a good match with the program’s overall mission and research agenda.

The shortage of nurse faculty, however, is not yet a runaway train. There are a number of nurse educators, organizations, and health care facility administrators who are working to build the nurse educator workforce with innovative thinking and other key strategies.

“But if we don’t attract more faculty, we will keep turning away students and the nursing shortage will never be ameliorated,” said Harriet Feldman, PhD, RN, FAAN, professor and dean of Pace University’s School of Nursing in New York and a New York State Nurses Association member.

Why the drought?

Beyond age, there are other factors that play a role in the faculty shortage. One is that there simply aren’t enough nurses being prepared in master’s and doctoral programs. In 2009, AACN learned that nearly 6,000 qualified applicants were turned away from master’s programs and about 1,000 from doctoral programs. The primary reason for these rejections was a shortage of nursing program faculty to teach and counsel them.

Time and the costs also can be a barrier. “I’ve heard from nurses who have said that they’d like to teach, but they can’t take on the debt load to earn their doctorate, which can take two to four more years, depending on the graduate degree,” said Marion Broome, PhD, RN, FAAN, distinguished professor and dean of Indiana University School of Nursing and Indiana State Nurses Association member. And traditionally, nurses have been encouraged to work as clinicians for five or 10 years before pursuing advanced degrees.

“By that time, they often have a mortgage and two or more children, which makes it even more difficult to think about earning their doctorate,” Broome said.

Further, once they reach their career goal, many nurse faculty generally make less money than other nurses with advanced degrees. AACN reported in March 2009 that master’s prepared faculty on average earned just shy of $69,500, while noting that the average annual salary of a nurse practitioner, across settings and specialties, is $81,000.

Yet another contributor to the faculty shortage centers on new nurse educator retention.

“Some nurses can be really good clinicians, but that doesn’t mean that teaching will come naturally to them,” Feldman said. “And looking beyond the quality of their teaching, some nurses have to start from square one, such as learning how to develop a test question or a syllabus. They need tools to help them, but often those tools aren’t available to them.”

Broome contends that the traditional educator role can be very stressful and isolating, which can lead to new nurse faculty leaving their teaching positions. The NFMLD program, therefore, is designed to assist new faculty in gaining the skills, resources, and mentors they need to succeed. (For more information on the program, go to www.nursingsociety.org).

“Having a mentor helps new faculty understand the system and politics, set priorities, and think through research,” Broome said.

Working to fill the gap

Nursing program deans firmly believe that the benefits of being a nurse educator in academia far outweigh the drawbacks.

“When I ask nurse faculty around the country why they teach, they come up with a thousand reasons,” said Broome, who has been an educator for 35 years. But two “incredibly important” reasons they cite involve being able to influence the next generation of nurses and the ability to create new knowledge through research that benefits nurses and patients.

Walker said faculty she’s worked with express the same feelings about their role.

“One of the most rewarding things is to teach another person something you yourself really love,” Walker said. “Being able to share with another generation the art and science of this wonderful profession is really a privilege.”

Other positive aspects often raised are the flexibility of the work schedule and the variety of the role from day to day. As varied as the traditional role is, so are the approaches to increasing nurse educator numbers.

One currently employed practice that is expected to gain even more traction involves developing and funding even stronger and more innovative partnerships with area educational institutions.

In 2005, Pace University’s School of Nursing obtained a U.S. Department of Labor grant to lead an effort to address its regional faculty shortage. Pace developed a plan in which health care facilities agreed to release nursing staff with master’s degrees on a part-time or full-time basis to serve as clinical instructors at Pace and other area nursing school programs. In exchange, the health care facilities received either educational credits or programs that would assist them in developing their staff, according to Feldman.

One of the nurses who participated in the exchange program ultimately decided to continue as a full-time educator at Pace, contributing to the hospital’s agenda. A second will start in the fall, through the generosity of the same institution.

In another initiative, Pace began offering a clinical faculty track to master’s prepared, specialty-focused nurses. Nurses in this track do not have to meet the tenure requirements and workload, Feldman said. Five nurses are now employed in this track.

Pace also is beginning its “grow our own” program, and is currently looking for graduate program alumni willing to participate, Feldman said. Under this program, nurses would teach undergraduate clinical courses, while earning either an EdD or PhD. Pace will pay for most of the educational costs. And in return, nurses who complete their doctoral programs must work for the university for three years in a tenure-track position.

Long said that UF has forged partnerships with clinical facilities, and she believes these types of partnerships are both an important short- and long-term strategy to address the faculty shortage.

Another important faculty-building strategy, and one that UF offers, is a fast-track BSN to PhD program, which includes ample practice hours for students to build their clinical specialty expertise, according to Long.

Working together to alleviate the shortage

One legislative intervention, supported by ANA, AACN, and more than two dozen other national nursing groups, is the “Nurse Education, Expansion and Development Act” (S. 497/H.R. 2043). This proposed federal legislation would provide capitalization grants to schools so they can increase both the number of faculty and students.

Another vital measure is “The Nurses’ Higher Education and Loan Repayment Act” (S. 1022/H.R. 1460), which would

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Nurse educators
Continued from page 12
provide current students and graduates of nursing master’s and doctoral programs with reimbursement for student loans. If selected to participate in this program, these nurses would be required to teach for four years in an accredited school of nursing. Additionally, the program would fully reimburse the educational loans of nurses who are pursuing or have completed a doctoral degree.

Broome said that ensuring adequate financial assistance for nurses who want to pursue their doctorate degrees is crucial, so they can complete their studies in a timely manner and without accumulating considerable debt.

“We need to keep pushing Congress for funding,” added Feldman, “and to eliminate the disparities that exist between faculty salaries and those of other nurses with advanced degrees.”

In another national effort, ANA/California member Linda Burns Bolton, DrPH, RN, FAAN, vice president for nursing and chief nursing officer at Cedars-Sinai Medical Center, Los Angeles, and former Secretary of the U.S. Department of Health and Human Services Donna Shalala are heading a study committee that will review innovative models of nursing care and education with the goal of producing a report that will address issues facing the profession and transform the way Americans receive health care.

The Institute of Medicine is conducting the initiative with sponsorship of the Robert Wood Johnson Foundation.

Among the expert committee’s tasks is to produce recommendations on expanding nursing faculty, increasing the capacity of nursing schools, and redesigning nursing education to assure that it can produce an adequate number of well-prepared nurses able to meet current and future health care demands.

In yet another faculty-enticing strategy, Raines said that all nurse educators need to identify undergraduate and graduate students and nurses in clinical settings who can follow in their footsteps. Some say that nurse faculty need to start recruiting among even younger students—at high schools and middle schools—to start them thinking about a rewarding role that combines nursing and teaching.

Broome and others see an immediate need to take an aggressive approach to solving the faculty shortage.

“It took a long time for everyone to start working together on strategies to address the overall nursing shortage,” she said. “Now we need to come together and develop an agenda to address the nurse faculty shortage.”

Susan Trossman is the senior reporter for The American Nurse.

ANA 2010 elections—call for nominations

The ANA Nominating Committee has issued a call for nominations for a slate of candidates to be presented to the House of Delegates at its June 16 to 19, 2010, meeting in Washington, D.C. For details, including the 2010 Election Manual, please log on to the “Members Only” section at www.nursingworld.org, select “Governance” from the left menu, and then “ANA Elections.” The deadline for ANA’s receipt of all complete nominee packets for the initial slate is Feb. 1, 2010. Nominations will be accepted thereafter as described in the 2010 Election Manual. Please see the 2010 Election Manual for information on completing the nomination packet. ANA places high priority on diversity and seeks to encourage and foster increased involvement of minorities and staff nurses at the national level.

ANA Board of Directors

Five Officer Positions (two-year term)
- President
- First Vice President
- Second Vice President
- Secretary
- Treasurer

Five Director-At-Large Positions (four-year term)
- One Director-At-Large, Recent Graduate
- Two Staff Nurse Directors-At-Large
- Two Directors-At-Large

Congress on Nursing Practice and Economics
Thirty-two (32) Congress on Nursing Practice and Economics Positions
- 15 members (two-year term)
- 17 members (four-year term)

ANA Nominating Committee
Four (4) Nominating Committee Positions (four-year term)
- Three Committee Members – member with the highest number of votes will be the Chairperson-Elect
- Alternate

New safe patient handling Web site

ANA has launched a new Web site dedicated to safe patient handling intended to help reach its goal of eliminating manual patient handling in health care facilities and creating a safer work environment.

ANA has long advocated for the use of assistive lifting equipment and devices to reduce the incidence of musculoskeletal injuries and pain suffered by nurses, episodes which are often career-ending and increase work-related health care costs. ANA launched its ANA Handle with Care® campaign in 2003 to establish a national no-manual-handling policy. In 2009, ANA created the ANA Handle with Care Recognition Program™ to formally recognize health care facilities that have comprehensive safe patient handling programs.

The new Web site, www.ANASafePatientHandling.org, provides opportunities for nurses’ involvement and action, such as writing to Congress and joining ANA’s Safe Patient Handling Team. The site also allows nurses to share their personal stories about why safe patient handling is important to them. In addition, the site features background information and resources on safe patient handling, solutions to creating effective injury prevention programs, and information on state and federal legislation.


Nurses can visit www.ANASafePatientHandling.org to learn more and see how they can become involved.

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Health care workers: Roll up your sleeve
Campaigns take aim at seasonal influenza, H1N1

By Susan Trossman, RN

Hospital-based staff nurses generally start thinking about seasonal influenza in the fall—when vaccinations are offered and predictions are made about how hard it will hit this year. However, nurses and other health care providers at Emory Healthcare in Atlanta think about seasonal influenza year-round, because they are on a mission to raise the vaccination rate among their health care workers yet again. And this year, they also want to make sure staff are prepared for a potential resurgence of H1N1 influenza, formerly referred to as swine flu.

The mission to improve the seasonal influenza vaccination rate among Emory nurses and other health care providers began in early 2006 and was prompted by some national statistics. That data showed a decade-long history of only 31 to 43 percent of health care workers nationwide being vaccinated during influenza season.

“At that time, Emory’s [influenza vaccination] rate was about the same,” said Cindy Hall, RN, Cohn-S-SCM, associate director of Employee Health Services. “But we had a core group of leaders, from nurses to infectious disease doctors, who had a passion to make a change.”

So in preparation for the 2006-2007 influenza season, Emory’s employee health department launched its “No Flu Zone” campaign with the goal of vaccinating 65 percent of its health care workers. The campaign included developing a consent form, a logo that appeared on T-shirts, posters, and other campaign materials; hosting vaccination clinics at every work site and during all shifts; and communicating key influenza and vaccination messages through print, telephonic, and electronic communications.

That first year, Emory improved on its rate and vaccinated 66.9 percent of employees. The following years, they added to their campaign activities, which resulted in increasingly higher numbers of workers, visitors, and family members agreeing to be vaccinated. (ANA has recognized Emory twice for boosting its employee vaccination rate through ANA’s Best Practices in Seasonal Influenza Immunization Campaign, a project funded by Sanofi Pasteur.)

Hall describes herself as a “firm believer” in the seasonal influenza vaccine. “We are taking care of vulnerable patients, and it is in our power to protect them against the flu by getting vaccinated, practicing good hand hygiene, staying home when we are sick, and encouraging our patients and families to also get vaccinated,” Hall said. “These are simple steps that can really make a difference.”

Getting ready for 2009-2010

For the upcoming influenza season, Emory nurses and other campaign leaders have even greater plans and goals. They want to improve on last season’s vaccination rate of 71.2 percent of all employees.

To address both seasonal and H1N1 influenza, Emory also has developed a new, broader slogan, “Stop the Spread…Together,” which will appear on posters, fliers, T-shirts, computer screen savers, and other campaign materials.

The overall goal is to educate Emory’s nearly 10,000 employees as well as its visitors, traveling nurses, and the community about both seasonal flu and H1N1, said Celeste Walker, RN, nurse manager of Emory Employee Health Services.

Added Hall, “Nurses want—and need—that education to make informed decisions for themselves. Our hope is that they can then help their patients, family members, and other people in the community make informed decisions as well, and get vaccinated.”

Campaign leaders also strengthened its declination form to gain an even better grasp of why workers refuse the vaccine. Chief among past refusals are personal reasons, such as fear of the side effects; the belief that the vaccine doesn’t work; and the myth that people might develop influenza by getting the injection, according to Hall and Walker.

As for the vaccine administration component of this season’s campaign, once again its leaders are working to improve on their long-standing strategy of making vaccination easily accessible and convenient for all employees—no matter which shift or day of the week they work.

“Each year we schedule several 24-hour ‘marathon’ sessions during the first few weeks of the campaign to reach as many people as we can quickly,” said Emory Gill, RN, a “flu champion” and an evening administrative supervisor at Emory University Hospital, one of several facilities within the hospital system.

In his role as one of about 20-plus flu champions system-wide, Gill helps plan the campaign, organize the marathon sessions, and train nurses giving the vaccine, among other responsibilities.

“In the past, I’ve engaged staff nurses throughout the hospital to learn more about seasonal flu and to participate in administering the vaccine,” Gill said. “Nurses who’ve been part of past marathons are not only willing to be part of the campaign again, but now they are also engaging other staff nurses to join them.

This year the marathon sessions will last 48 hours, and they will be offered periodically beginning Sept. 14 for the first four weeks—with seasonal influenza vaccination availability continuing until Feb. 1, 2010. Seasonal influenza typically runs from November to March.

Although stopping the spread of seasonal influenza is serious business, campaign leaders always try to make the marathon vaccination sessions as events—offering food and small giveaways, such as bottles of alcohol-based hand cleanser and ID bands, which in the past have carried the message, “Immune? Save Lives.” The ID bands also help to move the message to those who haven’t yet taken advantage of the free vaccination.

“We also try to have enough nurses administering the vaccine, so people don’t have to wait,” Hall added. In terms of numbers, nurses have administered roughly 2,000 injections in a 24-hour marathon session.

Emory has been using real staff in campaign materials whom employees in different departments can identify with and who give the program “the human touch,” Hall said.

Other keys to success are the support of staff nurses and Emory administrators, strong education materials, and solid training for nurses who administer the vaccinations.

Nursing leadership has dedicated an hour for training and education about the influenza vaccine and its potential side effects and contraindications, as well as reviewing bloodborne pathogen information and the use of safety needles, Walker said.

Added Hall, “Without the nurses, we couldn’t really do this large-scale vaccination program.”

Hall and Walker also are continuing to keep an eye on H1N1’s spread and vaccine development, which currently is in clinical trials.

“As for H1N1, our goal at this point is to make sure all our staff are educated about the virus and the status of the vaccine, as well as answer any questions they may have to relieve their anxiety,” Walker said. Hospital leaders and expert staff also are reviewing their emergency plans if a major outbreak were to occur.

And if the vaccine is available, Emory nurses who will be administering it will undergo additional training, Hall added.

“We believe offering both vaccines is the way to keep patients, staff, and the community safe,” she said.

ANA takes action to promote vaccinations

Over the years, ANA has continued to collaborate with numerous federal and other health care groups to address a range of issues related to seasonal influenza and potential pandemics, and this year is no exception.

ANA also has been urging nurses to get vaccinated against seasonal influenza for some time—first launching its “Everybody Deserves a Shot at Fighting Flu” campaign in 2005, and then its “Best Practices in Seasonal Influenza” campaign to promote the successes of institutions that increased their seasonal influenza vaccination rates.

“We believe that the upcoming influenza season will be very busy, given the combined activity of both seasonal influenza and H1N1,” said Katie Brewer, MSN, RN, senior policy analyst in ANA’s Nursing Practice and Policy department. “So we want nurses to roll up their sleeves and get vaccinated against both types of influenza. We also want nurses to serve as messengers who will encourage vaccination among their colleagues, patients, and families who fall within the CDC-recommended groups, such as children and pregnant women.”

To that end, ANA is promoting seasonal and H1N1 vaccination among nurses, and in turn, the public. This may include a range of educational and promotional materials and strategies. Go to www.nursingworld.org/H1N1 for more information.

As key health care workers, nurses are among the groups the CDC has targeted for both the seasonal and H1N1 vaccinations. Seasonal influenza vaccine is already available, but H1N1 vaccine, which could require two doses, is not expected until mid-October. ANA is working with its CMAs to provide input to state H1N1 vaccine distribution plans.

Beyond getting vaccinated, ANA urges nurses to talk with their employers to determine whether their disaster response plans include measures to address pandemics; provide their input to those plans as they are being developed or reviewed; and ensure they have access to appropriate personal protection equipment as needed, Brewer said. And if nurses become ill, ANA recommends that they stay home and that employers ensure their right to do so.

Susan Trossman is the senior reporter for The American Nurse.

Shift Report

September/October 2009 • The American Nurse • www.NursingWorld.org
ANF 2009 Nursing Research Review chair exemplifies leadership

By Holly A. Blackledge

In August, American Nurses Foundation’s (ANF) 12-member Nursing Research Review Committee (NRRC) awarded more than $85,000 in ANF Nursing Research Grants (NRG) funds for the 2009 cycle. Linda Chlan, PhD, RN, chaired the 2009 NRRC to complete her third and final year on the committee. Chlan joined the NRRC in 2007 and was named vice-chair in 2008 and chair in 2009.

Chlan was responsible for leading more than 70 reviewers through the high caliber and rigorous scientific review, then guiding the NRRC through a two-day conference call, during which final reviews were held and the 2009 grants awarded to the most highly qualified applicants. She led with professionalism, focus, and commitment, ensuring the integrity of the overall process.

On Aug. 10 and 11, the 2009 NRRC met by conference call to review the applications ANF received for funding. After intense review, the NRRC recommended to the ANF board of trustees that prestigious grants be awarded to the nurse researchers. Along with NRRC Vice-Chair Patricia Flannery Pearce, PhD, MPH, FNP-BC, Chlan was highly praised by the NRRC members for her careful direction and valuable input to future NRG review cycles. Her humor and concentration on the goal at hand culminated in the 2009 process’ success.

Chlan serves as associate professor at the University of Minnesota, School of Nursing. Her specialty areas of research are outcomes and effectiveness of nursing interventions and testing non-pharmacologic relaxation and anxiety management techniques with critically ill patients receiving mechanical ventilatory support, specifically music intervention.

One of Chlan’s active research endeavors is a National Institute of Nursing Research-funded, multi-site clinical trial that is testing patient-directed music intervention for anxiety self-management in patients receiving mechanical ventilatory support. Chlan and her team of investigators are also studying the feasibility of patient-controlled sedation in critically ill patients who are receiving mechanical ventilatory support. Chlan feels that patients should be more involved in the management of their symptoms, even in the ICU. Scientifically sound research and appropriate interventions led by nurses can promote this goal.

For 2010, Pearce will step in as the NRRC chair, with Joachim Voss, PhD, RN, serving as vice-chair. ANF wishes Chlan continued career success in nursing research and education.

Since 1955, ANF, as the philanthropic arm of ANA, has been in the business of promoting the welfare and well-being of nurses, advancing the nursing profession, and enhancing the public health. This vital work is possible through the nurse researchers who proudly call themselves ANF Scholars. Over the past 54 years, ANF has awarded more than $4 million to 1,000-plus beginning and experienced nurse researchers. Many of these ANF Scholars have gone on to become leaders in nursing research, the profession, and their own communities.

For more information on ANF, visit www.ANFonline.org. ANF is a not-for-profit, 501(c)3, organization. Donations are tax-deductible to the fullest extent allowed by law in support of ANF’s work and mission.

Holly A. Blackledge is the director of the American Nurses Foundation.

Correction

The profile of Rose Constantino, PhD, JD, RN, FAAN, FACFE, in the July/August issue was missing its byline. It was written by Margaret L. Zalon, PhD, RN, ACNS-BC.
I AM TIRED...

of wheeling patients to the doors knowing they are not ready for discharge

of finding out that patients have not been taking medications because they cannot afford them

of families losing their homes and filing for bankruptcies because of medical bills

of insurance companies deciding what a patient needs or should have done - instead of the patient and the healthcare provider making those decisions.

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www.rnaction.org/healthcare