

# The American Nurse

January/February 2010

The Official Publication of the American Nurses Association

## **Feeling the pain** **RN community works to address** **a widespread condition**

By Susan Trossman, RN

Many Americans are literally living in a world of pain, a crisis condition that ANA and nurses nationwide say must be addressed now.

Chronic pain affects some 70 million people in the United States and is a “tragically overlooked public health problem,” according to the recent report, “A Call to Revolutionize Chronic Pain Care in America: An Opportunity in Health Care Reform.” It also states that the “burden of chronic pain is greater than that of diabetes, heart disease and cancer combined,” and that even an estimated 20 percent of children are adversely affected.

Published Nov. 4, 2009, the report is the product of a special committee that was convened by The Mayday Fund, a family foundation dedicated to reducing human suffering caused by pain. Among the committee members were representatives from two nursing groups, ANA and the American Society for Pain Management Nursing (ASPMN), as well as physicians and others concerned about appropriate pain management.

“All individuals have the right to be pain-free—whether they are suffering from pain associated with injury, terminal illness, or chronic conditions,” said ANA Chief Programs Officer Mary Jean Schumann, MSN, MBA, RN, CPNP. “That’s the assumption ANA believed was key going into the Mayday committee meeting and other discussions around pain management.”

ANA has a strong record of advocating for effective pain management, including collaborating with ASPMN to create nursing standards, promoting nurse certification in this area, and pushing for greater RN advocacy and education through a House of Delegates (HOD) resolution. ANA’s board of directors also recently endorsed the Mayday report recommendations.



“There still is a huge learning curve when it comes to nurses’ and other health professionals’ understanding of pain and how to adequately control it,” said Diane Thompkins, MS, RN, assistant director for Certification Services at the American Nurses Credentialing Center (ANCC), an ANA subsidiary.

Pain is subjective, yet even health care providers sometimes can’t get past their own perceptions when it comes to assessing levels of pain and how they should be treated, she noted. Some also continue to confuse drug tolerance and addiction, which also can lead to ineffective treatment.

“Everyone has been or will be in pain at some point in their lives,” Thompkins said. “So this is an issue that we need to address now.”

### **Strategies from the** **Mayday report**

The Mayday Fund Special Committee on Pain and the Practice of Medicine recommended nine action steps that must be undertaken to ensure

access to high quality, cost-effective pain care in this country.

They include the following:

- Government agencies, health care payers, and health care providers should develop and use coordinated health information technology systems to track pain disorders, treatments, and patient outcomes to improve pain management. Quality and performance measures also should be developed and implemented.

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## **ANA, nurses** **respond to** **Haiti quake**



Photo courtesy IFRC/Eric Quintero/American Red Cross

By Susan Trossman, RN

After learning of the devastating earthquake that hit Haiti Jan. 12, ANA, its constituent member associations (CMAs) and affiliated specialty organizations, and RNs around the country immediately responded in several significant ways to help meet the needs of those affected by the disaster.

Some officials were estimating the number of dead at as many as 200,000, with an untold number of injured and missing in the densely populated capital of Port-au-Prince and surrounding area, as of press time.

At the request of the International Medical Corps (IMC) on Jan. 17, ANA began recruiting nurses with OR, post-op recovery, and post-surgical care of patients through its CMAs and affiliated specialty organizations. Within hours of that request, more than 100 nurses responded, and ANA began reviewing their information to pass on to the IMC. ANA further created a mechanism on its Web page to facilitate recruitment of nurses interested in responding.

ANA also had taken action immediately following the earthquake on several fronts, including urging nurses interested in becoming first responders to sign up through

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# A Happy and Healthy New Year!



## President's Perspective

It is hard to imagine that we are beginning a new decade with the year 2010. The past decade, although at times painful and disheartening, finished on a high note with an anticipated future of better times for our profession and for our nation. What will this new decade bring for our profession and the patients we serve?

Let this next decade be one that we call the "Decade of Nursing." Let us build in it a wave of momentum larger than previous decades. Let us take full advantage of opportunities to define, assist, and elevate our profession and our personal situations as RNs.

For so many reasons, 2010 begins much differently than did 2000. The growing focus on the nursing shortage and the small steps in Congress toward the critical national issue of health care and health system reform have brought nursing to the fore in the minds of the nation, and our contributions have never been more needed. ANA has a long, proud history of advocacy for nurses and nursing and is dedicated to addressing the major problems that affect all individual nurses and nursing as a whole—and producing solutions. This decade will be no different.

As a country, we can no longer accept or tolerate the status quo in terms of health care financing and delivery. Additionally, nurses must take the lead to focus on wellness versus disease management. We are poised to play a decisive role as caretakers of and advocates for the public.

ANA continues to use visits, meetings, and calls with White House officials to advance our agenda and issues of importance. We enter 2010 with a president, Barack Obama, who shows exceptional concern for issues affecting nurses—as evidenced by his personal comments about the nursing faculty shortage, the overall nursing shortage, poor working conditions for nurses, issues of low compensation, and the lack of respect nurses deal with daily. Most importantly, the president has shown an appreciation for the critical, unique role we perform.

At the other end of Pennsylvania Avenue, ANA's concentrated efforts on Capitol Hill ensure that nursing issues are being heard and understood by lawmakers—and that they place a high priority on those issues. As a result of ANA action in Congress, funding for nursing education has been increased by greater than 40 percent (or \$72.8 million) to a historic \$243.9 million in the next budget cycle. Additional funding for nursing education in the newly passed "American Recovery and Reinvestment Act," also known as the "stimulus package," totaled around \$200 million, which will be divided between the Nursing Workforce Development Programs (Title VIII)

and the Health Professions Training Programs (Title VII). That is real progress, but we will keep on pushing for more support in the coming decade.

ANA continues to build upon its strong relationships with other governmental agencies as well, such as the Centers for Disease Control and Prevention, the Occupational Safety and Health Administration, the Centers for Medicare and Medicaid Services, and others. Our work alongside these agencies and others involved in protecting our nation's health, well being, and safety continues to improve the working lives of nurses everywhere.

But ANA cannot do it alone in the next decade. The larger nursing community must demonstrate in this decade that it has the collective wisdom and strength to tackle the long-standing issues that hold back our

profession and endanger our patients. The lack of collaboration we suffered at times in the past decades does not serve our patients well. By working together, we can accomplish

great things in the coming decade.

And there are some tough issues to consider.

Not least of which is the long-standing issue of the basic nursing education standard. The science is clear and undeniable: Education matters in the safety and care of our patients. We have an opportunity and obligation to find a solution that will work to increase the level of nurses' education.

Several of our constituent member associations are working to enact legislation in their states that would require nurses to have at least a BSN on their 10-year anniversary as an RN. This approach does not mandate that a nurse have the BSN upon entry into the profession, but rather that it is obtained within 10 years of practice. This workable compromise would achieve the goal of continuing nurse education without setting up a barrier to entry into the profession.

Another goal for the next decade is to make real progress at the national level to address safe, appropriate staffing. The seemingly easy fix—mandated staffing ratios determined by our legislators—falls short of achieving meaningful safe staffing. The better solution, and the guarantee to safe staffing, is a principle-based solution that takes into account all variations that exist in a practice setting. We know that we cannot leave that determination up to a legislator, who likely has no real-life experience in patient care. In the new decade, ANA will continue our groundbreaking work to help states pass legislation that gives the bedside nurse a direct voice in determining the appropriate level of safe staffing.

The future of nursing and the impact this decade will have is yet to be known. But what we do know is that ANA's goals can be achieved, and that we can improve the lives of nurses and our patients. We look forward to implementing comprehensive changes to improve the work environment for America's nurses and to improve the quality of health care for everyone.

But regardless of what this decade holds in store, I know that you will always do your best for your patients. And I can assure you that ANA will always do its best for you. That is ANA's promise. I have no doubt that when 2020 rolls around, we will look back on this decade to see it as a pivotal point in transforming the lives of our nurses and the patients we serve.

*Becky*

**"Let this next decade be one that we call the 'Decade of Nursing.'"**

## Save the Date

### Upcoming events

March 30-Apr. 1  
**10th Annual Safe Patient Handling & Movement Conference**  
 Lake Buena Vista, Fla.

June 16-19  
**2010 ANA House of Delegates**  
 Washington, D.C.



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## In Brief

### Another big step toward health care reform

After months of negotiations, debate and filibuster threats, as well as pleas from nurses on the front lines, the Senate passed H.R. 3590, the “Patient Protection and Affordable Care Act.”

The landmark measure was passed Dec. 24, 2009, by a vote of 60 to 39.

ANA had urged passage of the legislation, and the association’s most recent letter of support, one of several sent to members of Congress, was read on the Senate floor by Majority Whip Dick Durbin (D-IL). ANA has been a tireless advocate for health care reform which creates a system that is responsive to the needs of consumers, provides access to safe, high-quality cost-effective care for all, and recognizes the vital role played by nurses.

“This is a victory for advocates of meaningful health care reform,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “We are poised to see the most significant piece of legislation passed in a generation—legislation that ensures millions of Americans receive coverage, strengthens the nation’s preventive and wellness care, and addresses critical shortages in the health care workforce.”

“As the voice for the nation’s largest group of health care providers, ANA will continue to play a part in the ongoing reform efforts to benefit the nursing profession and the patients we serve.”

Following the holiday break, House and Senate leaders were expected to create a combined, final piece of legislation that would be sent back to both chambers for a final up or down vote, and if passed, on to the president for his signature.

For more information about ANA’s health care advocacy work, go to [www.naction.org/healthcare](http://www.naction.org/healthcare).

### RNs most trusted yet again

For the eighth consecutive year, nurses have been voted the most trusted profession in America according to Gallup’s annual survey of professions. Eighty-three percent of Americans believe nurses’ honesty and ethical standards are either “high” or “very high.”

“It is with great pride that ANA recognizes the trust placed in us by the patients we serve,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “At this time, when issues regarding the quality and availability of care are at the forefront of the national debate, we find it especially rewarding to see that nursing’s integrity and commitment continues to be acknowledged.”

Since being included in the Gallup poll in 1999, nurses have received the highest ranking every year except in 2001, when firefighters received top honors. Results were based on telephone interviews with more than 1,000 adults.

### Savvy students help promote health worldwide

Johns Hopkins University School of Nursing’s (JHUSON) has tapped into a valuable source of innovation to help exchange health information worldwide: its informatics-savvy student body.

In the fall 2009 “Information Technology in Nursing” course, the school’s 130 students produced low-bandwidth digital modules for conveying vital health information to nurses and others who work in medically underserved communities here and abroad.

The projects target such diverse health imperatives as preventing HIV-AIDS among Bangladeshi sex workers and rickshaw drivers, addressing pediatric gastrointestinal conditions and halting the spread of swine flu in China, and improving prenatal care among Hispanic Americans.



Although filled with valuable information and presented attractively, the projects are digitally modest by design to account for the recipients’ low-bandwidth capabilities. The student-led projects were developed as podcasts, recorded and freely accessible multimedia online lectures, and radio broadcasts—many in the language of the target audience.

The student projects will be distributed on the JHUSON Global Alliance for Nursing and Midwifery Electronic Community of Practice (GANM e-CoP), a Web platform that allows health professionals to exchange knowledge even in areas with low bandwidth. The World Health Organization last summer re-designated GANM e-CoP as the only nursing collaborating center with Web-based information and communications technology as its focal point. At present 2000 nurses, midwives, and community health workers from 140 different countries are interacting in the GANM.

The nursing students’ educational projects reflect the nursing school’s commitment to “new-world education” and dramatically demonstrate that “It’s not your mother’s nursing anymore,” said ANA member Patricia Abbott, PhD, RN, BC, FAAN, FACMI, co-director of the JHU-

SON Collaborating Center for Knowledge, Information Management, and Sharing. “It’s about turning these young students loose and saying: What solutions can technology offer with low-resource places in mind?”

For more information, go to [www.ijhn.jhmi.edu/aboutIJHN\\_Class.asp?id=AboutPAHO](http://www.ijhn.jhmi.edu/aboutIJHN_Class.asp?id=AboutPAHO).

### April 16 is National Healthcare Decisions Day

Once again, ANA is promoting advance health care decision-making by participating in National Healthcare Decisions Day (NHDD) on April 16 and is urging nurses to also take part in this important campaign.

This year marks the 20th anniversary of the enactment of the “Patient Self-Determination Act.”

For more information on how to get involved, as well as information and tools on how to start conversations and execute written advance directives, go to [www.nationalhealthcaredecisionsday.org](http://www.nationalhealthcaredecisionsday.org). Advance directives include the health care power of attorney and the living will.

### ANA to open up nursing performance database

ANA has established a review board to evaluate proposals from leading health care researchers and scientists who are seeking access to the nation’s richest database of nursing performance measures, ANA’s National Database of Nursing Quality Indicators® (NDNQI®).

The NDNQI Research Council has created a system for submitting research proposals online and for reviewing and scoring the proposals to determine if they meet the criteria for access to the data housed by NDNQI, a program of ANA’s National Center for Nursing Quality® (NCNQ®).

“The NDNQI data program is on the cutting edge of quality improvement in health care and nursing care,” said ANA President Rebecca M. Patton, MSN, RN, CNOR. “The future direction of health care is decision-making based on evidence of what works best, and to have the evidence, you need to collect, compare and report the nursing-sensitive data like NDNQI does.”

“ANA is pleased to be able to open this valuable tool to highly-qualified researchers who will know how to identify and use the data they need to advance the profession of nursing and the quality of health care through their projects.”

The NDNQI program collects data quarterly from individual nursing units in more than 1,500 participating hospitals, and evaluates the connection between the quality of nursing care and patient outcomes on measures, such as patient falls, infections, and hospital-acquired pressure ulcers.

In any given quarter, more than 12,000

nursing units report data. The NDNQI data also can be used to determine links between nurse staffing levels, nurse skill mix, and patient outcomes, and to measure nurse satisfaction and the practice environment through surveys.

The 15-member council comprises nursing scientists, nursing practice experts, nursing administrators, and health information technology specialists, as well as ANA staff and leadership. It is co-chaired by NCNQ Director Isis Montalvo, MBA, MS, RN, and Nancy Dunton, PhD, research professor at the University of Kansas School of Nursing and NDNQI’s director since its establishment in 1998. The University of Kansas manages the NDNQI program under a contract with ANA.

ANA encourages scientists and researchers to submit research proposals to the council for review through the submission process on the NCNQ Web site ([www.ncnq.org](http://www.ncnq.org)). NCNQ advocates for nursing quality through quality measurement, novel research, and collaborative learning.

### New nurses have disconnect with quality improvement

Despite the strong focus on quality improvement (QI) in hospitals, 38.6 percent of novice nurses thought they were “poorly” or “very poorly” prepared in their nursing education programs to implement QI measures or “had never heard of” the term QI, according to a new study.

“New Nurses’ Views of Quality Improvement Education” appears in the January 2010 issue of *The Joint Commission Journal on Quality and Patient Safety*.

With support from the Robert Wood Johnson Foundation, researchers analyzed the survey responses from 436 newly licensed RNs in 34 states and the District of Columbia (a 69.4 percent response rate). While many nurses may observe problems and understand the need for improvement, many felt unprepared to undertake the actions necessary to do so.

“Nurses should enter the workforce prepared to participate in all efforts to improve health care quality,” said New York State Nurses Association member Christine Kovner, PhD, RN, FAAN, professor at New York University’s College of Nursing, author of the study, and one of the principal investigators on the RWJF project. “In this health care environment, quality improvement is a core skill, and nurses should not depend on health care organizations to provide hands-on experiences to develop these skills once they are out of school.”

Survey participants’ views of their QI preparation varied dramatically, depending on the specific content area. For example, a majority felt they were “very prepared” in patient-centered care, yet half of participants felt they were “not at all prepared” to utilize specific QI techniques, such as root-cause analysis.



## In Brief

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Those respondents who had earned bachelor's degrees reported significantly higher levels of preparation than associate degree program graduates when it comes to evidence-based practice, assessing gaps in practice, teamwork, and collaboration, as well as many of the research skills, such as data collection, analysis, measurement, and measuring resulting changes.

In an accompanying editorial, "Quality Improvement Education for Nurses: We Can Do Better," Peter I. Buerhaus, Valerie Potter Professor at the Vanderbilt University School of Nursing and Tennessee Nurses Association member, called the results "disturbing," and added that they "provide a wake-up call to educators and employers that they must do better."

Still, many novice nurses did not perceive their QI training from their employers as helpful, prompting the study authors to suggest that this finding required additional study. The authors also recommend that nurse educators partner with hospitals to implement more effective QI education, jointly introducing students to the methods that health care organizations use and make specific QI projects a requirement for graduation.

## Funding nursing programs

Federal lawmakers recently passed the "2010 Consolidated Appropriations Act," a spending bill which allocates nearly \$500 million in critical funding needed for Title VII and Title VIII Nursing Workforce Development Programs for fiscal year 2010. This represents an increase of more than 26 percent from the funding level in 2009 for these programs.

The legislation would provide funding for the nation's nursing education programs and recruit new nurses into the profession, promote career advancement within nursing, and recruit nurses into critical shortage areas. Check [www.nursingworld.org](http://www.nursingworld.org) for ANA's updates.

## Raising the minimum NCLEX-RN standard

The National Council of State Boards of Nursing, Inc. (NCSBN) voted in December 2009 to raise the passing standard for the NCLEX-RN Examination.

The new passing standard is -0.16 logits on the NCLEX-RN logistic scale, 0.05 logits higher than the previous standard of -0.21. The new passing standard will take effect on April 1, in conjunction with the 2010 NCLEX-RN Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-

level RN practice requires a greater level of knowledge, skills, and abilities than was required in 2007, when NCSBN implemented the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The board used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of nine nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute care settings, and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN board evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A free pdf of the 2010 NCLEX-RN Test Plan is available at [www.ncsbn.org/2010\\_NCLEX\\_RN\\_TestPlan.pdf](http://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf). An explanation of a logit is found at [www.ncsbn.org/02\\_18\\_05\\_brief.pdf](http://www.ncsbn.org/02_18_05_brief.pdf).

## Tool for aligning hospital performance with AACN standards

The American Association of Critical-Care Nurses (AACN), an ANA organizational affiliate, is offering a free, Web-based tool to help nurse managers and leaders align hospital unit performance with the AACN Standards for Establishing and Sustaining a Healthy Work Environment (HWE).

AACN's Healthy Work Environment Team Assessment—developed with VitalSmarts, a provider of corporate training and organizational performance products and services based in Provo, Utah—aligns the performance of any clinical environment, from single hospital units to entire health care organizations, with the following six HWE standards. Those standards are skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership.

AACN's Healthy Work Environment Team Assessment reflects data from "Silence Kills," a 2005 VitalSmarts-AACN study that explored avoidable errors and chronic workplace problems. The study prompted health care organizations to survey staff, compare performance, and develop step-by-step strategies to improve poor performance, patient safety, staff recruitment and retention, and healthy

workplace cultures.

Using AACN's Healthy Work Environment Team Assessment, team members rate online the health of their work environment. The nurse manager or leader receives aggregate scores with recommended actions and resources to improve workplace health and tracking tools to measure progress.

"Compelling evidence shows the domino effect that a toxic work environment can have on patients and staff," said Connie Barden, MSN, RN, CCRN, CCNS, executive editor of the AACN Standards for Establishing and Sustaining a Healthy Work Environment. "Now an evidence-based screening tool is

available to help nurses make their units and hospitals healthier and safer for patients and staff."

To access the AACN Healthy Work Environment Team Assessment, go to [www.hweteamtool.org](http://www.hweteamtool.org).

## Exploring the role of immigrants

As the public debate over health care reform continues to rage, mention is seldom made of the vital role that immigrants play in the health care workforce of the

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## Examining teen drug use

Methamphetamine use among teens appears to have dropped significantly in recent years, according to the National Institute on Drug Abuse's (NIDA) annual "Monitoring the Future" survey. However, declines in marijuana use have stalled, and prescription drug abuse remains high, the survey reported.

The survey is a series of classroom polls of eighth, 10th, and 12th graders conducted by researchers at the University of Michigan under a grant from NIDA, part of the National Institutes of Health.

The number of high school seniors reporting they used methamphetamine in the past year is now at only 1.2 percent—the lowest since questions about methamphetamine were added to the survey in 1999, when it was reported at 4.7 percent. In addition, the proportion of 10th graders reporting that crystal meth was easy to obtain has dropped to 14 percent, down from 19.5 percent five years ago.

"We are encouraged by the reduction of methamphetamine use, but we know that each new generation of teens brings unique prevention and education challenges," said NIH Director Francis S. Collins, MD, PhD. "What makes the Monitoring the Future survey such a valuable public health tool is that it not only helps us identify where our prevention efforts have been successful, it also helps us identify new trends in drug use and attitudes that need more attention."

The report says cigarette smoking was at the lowest point in the survey's history on all measures for eighth, 10th and 12th graders. For example, only 2.7 percent of eighth graders describe themselves as daily smokers, down from a peak rate of 10.4 percent in 1996. However, one area of concern is the rate of smokeless tobacco use. The rate of 10th graders using smokeless tobacco in the past month is 6.5 percent, up from last year and the same as it was in 1999.

Marijuana use across the three grades has shown a consistent downward trend since the mid-1990s, however, the decline has stalled, with rates at the same level as five years ago.

The survey also measures teen attitudes about drugs, including perceived harmfulness, perceived availability, and disapproval, which are often harbingers of abuse. For example, the percentage of eighth graders who view occasional marijuana smoking as potentially harmful is down to 44.8 percent, compared to 48.1 percent last year and 57.9 percent in 1991.

The 2009 survey indicates a continuing high rate of non-medical use of prescription drugs and cough syrup among teens. Seven of the top 10 drugs abused by 12th graders in the year prior to the survey were prescribed or purchased over the counter.

Nearly 1 in 10 high school seniors reported past year, non-medical use of Vicodin, and 1 in 20 reported abusing Oxycontin. Non-medical use of these painkillers has increased among 10th graders in the past five years.

For the first time this year the survey measured the non-medical use of Adderall, a stimulant commonly prescribed to treat ADHD. The survey reported that more than five percent of 10th and 12th graders reported non-medical use of the drug in the past year.

For more information on the survey, go to [www.drugabuse.gov](http://www.drugabuse.gov).





## In Brief

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United States, according to the Immigration Policy Center. Yet immigrants comprise more than one-quarter of all physicians and surgeons in the United States, and roughly one-fifth of all nursing, psychiatric, and home health aides.

Research recently released by the center finds the following:

- Immigrants are a critical component of the workforce at all skill levels in the nation's largest health care occupations.
- The Bureau of Labor Statistics predicts significant numbers of job openings in the health care occupations where most foreign-born health care workers are employed.
- Shortages of health care workers are expected to increase in the years to come, and immigrants will help fill the gap.

To read the full report, go to [www.immigrationpolicy.org](http://www.immigrationpolicy.org).

## Pushing quality at safety net hospitals

A two-year program recently was launched to enhance patient safety programs at public hospitals, which serve vulnerable and low-income populations.

The program, "Patient Safety Initiative at America's Public Hospitals" is a joint effort of Kaiser Permanente, the National Patient Safety Foundation, and the National Association of Public Hospitals

and Health Systems (NAPH).

Kaiser Permanente contributed \$718,010 to fund 85 hospitals for the two-year program. Forty-two hospitals from around the country were selected for the first phase, with the remaining 43 to be selected for the second phase this year. There is potential to expand this program to all 140 NAPH member hospitals.

The patient safety initiative aims to accomplish the following goals:

- Position public hospitals on the leading edge of patient safety and quality care.
- Establish a consistent and shared pool of patient safety knowledge, tool sets, and techniques.
- Develop a community of public hospital clinicians, patient safety and quality leaders, and hospital executives committed to this initiative.
- Garner measurable results in patient safety practices.
- Create patient and community programs fostering communication that engages, informs, and builds continued confidence in care and the public hospital system.

For more information, go to [www.kp.org/newscenter](http://www.kp.org/newscenter).

## Filling gaps in dental care

Searching for ways to ensure dental care for millions living in dentist-shortage areas, the W.K. Kellogg Foundation recently released a wide-ranging assessment of national and international experiences training and deploying new types of dental health care providers who could be used to help fill gaps in care.

In particular, the report suggests that

dental therapists, who perform preventive and basic dental services, could provide sorely needed care to millions of underserved Americans, working in collaboration with dentists while expanding their reach. Similar to a nurse practitioner or physician assistant in the medical field, dental therapists are envisioned as members of the dental team that is led by the dentist or dental specialist. Internationally, dental therapists have been used successfully for decades to address inadequate access to dental care.

"Training and placing new dental therapists under the general supervision of a

dentist in underserved areas could help ensure that more families, particularly those who are most vulnerable, can access quality, affordable dental care," said Sterling K. Speirn, president and CEO of the W.K. Kellogg Foundation. "Oral health is essential to overall health, yet too many Americans go without needed dental care. The dental therapy model, which has been successful internationally and here at home in Alaska, can help us address this glaring gap and increase racial equity in dental care."

The full report and executive summary are available on the Foundation's Web site, [www.wkkf.org](http://www.wkkf.org). ■

## CDC releases report on chemicals exposure

In December, the Centers for Disease Control and Prevention (CDC) released the "Fourth National Report on Human Exposure to Environmental Chemicals," the most extensive assessment to date of the exposure of Americans to environmental chemicals.

The report is a 527-page document that summarizes blood and urine levels for 212 chemicals, including levels for 75 chemicals that have never before been measured in a representative sample of the U.S. population.

Chemicals in the report include metals, such as lead, cadmium, uranium, mercury, and certain forms of arsenic; environmental phenols, such as bisphenol-A; acrylamide; perfluorinated chemicals; polybrominated diphenyl ethers; polychlorinated biphenyls; volatile organic compounds, such as benzene, styrene and methyl tert-butyl ether; pesticides; phthalates; and dioxins, furans, and related chemicals.

The data analyzed are based on blood and urine samples collected from about 2,400 persons who participated in the CDC's "National Health and Nutrition Examination Survey."

The types of exposure information found in the report can help health care providers and public health officials determine whether people have been exposed to higher environmental chemicals, as well as help scientists plan and conduct research about health effects. Much of the information has been previously published, but this is the first publication of all the data in one place. For more information, go to [www.cdc.gov/exposurereport](http://www.cdc.gov/exposurereport). ■



# ANA urges members to run for office

ANA is calling for nominees to run for ANA board of directors, the ANA nominating committee, and the Congress on Nursing Practice and Economics. The ANA nominating committee encourages each member of ANA to consider becoming part of the ANA leadership team. The newly revised ANA Elections Manual provides potential nominees with an easy, step-by-step process to becoming a nominee. In it, you will find a description of the duties, responsibilities, and terms of office for each position, as well as a section on the campaign and elections process.

"Serving on the ANA leadership team is a privilege," said Muriel M. Shore, RN, a member of the nominating committee and former ANA director. Shore has more experience than most, having served on the cabinet of nursing education, the board of directors, and, currently, the nominating committee. She related that the experience has been very positive: "What an education I received. Working side by side with ANA's distinguished leaders, I was inspired to contribute my knowledge and experience as we worked to enhance ANA and its mission."

Shore acknowledged that it can be intimidating to serve at the highest levels of the association, but notes that the rewards are more than worth it.

"Ascending to national office seemed awesome at first," she said. "However, I quickly realized that as part of the ANA leadership team, while I had much to learn, I also had much to contribute. You begin to more fully understand that nursing and health care issues have global reach and why ANA is the voice of nurses and nursing. With this broader understanding I was able to contribute to policy decisions affecting practice outcomes and opportunities to grow ANA and expand member services."

Shore, like many ANA members, had never considered running for office, and was unsure how to go about the process. She found that her colleagues and friends in nursing were more than willing to encourage her and help her succeed.

"While I never thought about running for office, others sought in me a passion for

my profession and a deep desire to make ANA membership a 'must' for all nurses," she said. "My own state nurses association [New Jersey] committed to help me with the election process, and I could not have had more volunteers attending the House of Delegates wearing my campaign T-shirts and handing out campaign literature and goodies," Shore recalled. "They helped me prepare my campaign speech for the candidates' forum and sat in the audience cheering me on. I can't emphasize how important it is to have such an enthusiastic campaign team in place."

Shore has some words of encouragement for any ANA member considering giving back to the association by running for office.

"Perhaps like me, you never thought about being nominated for office," she said. "Perhaps you think you need more experience before you run. If I could say one thing about this, I would say your passion and commitment to ANA are the two most important qualifications for running. ANA's vision is continually being shaped, and your leadership may be just what is needed."

Shore concluded by saying, "I am encouraged by all the new and seasoned talent I see within our association. Please consider being nominated for one of the open seats. I assure you it will be a professional life changing event. The future of ANA is dependent on strong leadership, especially during this time of health care reform."

In this year's election, there are five officer positions open (two-year terms); five directors at large positions open (four-year terms); 32 Congress on Nursing Practice and Economics positions open (of which 15 are two-year terms and 17 are four-year terms); and three nominating committee positions open (four-year terms).

Contact any member of the nominating committee to be considered for the slate of candidates. For committee names and more details go to [www.nursingworld.org/ANAElections2010.aspx](http://www.nursingworld.org/ANAElections2010.aspx). For more information about the nomination process please contact [anaelections@ana.org](mailto:anaelections@ana.org). ■

## Nursesbooks.org to host free Webinar on teaching IOM reports in the classroom

On Feb. 22, authors of ANA's newly revised quality title, *Teaching IOM: Implications of the Institute of Medicine Reports for Nursing Education*, Carole Kenner, DNS, RNC, FAAN, and Anita Finkelman, MSN, RN, will present a one hour Webinar that will include practical tips on how to use the Institute of Medicine (IOM) reports in the classroom and how to reshape nursing curricula to reference the book.

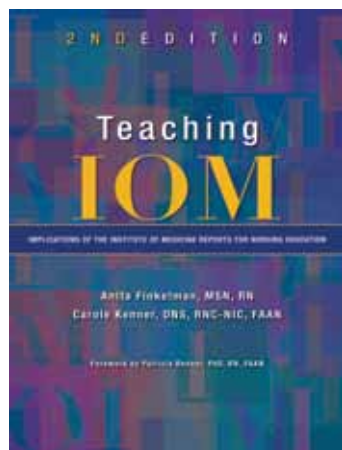
IOM reports are changing every aspect of health care delivery and patient care. This Webcast will show nursing educational institutions how to produce graduates capable of rendering safe, quality care in the context of the IOM reports.

First released in 2007 and revised in 2009, *Teaching IOM: Implications of the Institute of Medicine Reports for Nursing Education* has been well received by lead-

ers in the nursing profession and at top U.S. nursing schools. Clinical leaders have used materials from the book in training programs, and nurse educators have incorporated its contents into classroom teaching, learning strategies, and class materials.

The new edition provides more content, examples, and teaching-learning strategies. It describes additional IOM reports relevant to nursing, and the content on clinical implications, general nursing education issues, and the five health care core competencies has been expanded with more examples of teaching-learning strategies. Additions also include a list of abbreviations and a glossary.

To order *Teaching IOM: Implications of the Institute of Medicine Reports for Nursing Education*, go to [www.nursesbooks.org](http://www.nursesbooks.org) or call (800) 637-0323. To register for the Webinar, go to <http://ana.commpartners.com>. ■



## Texas nurses' cases proceed

Two former west Texas hospital nurses who were indicted after reporting a physician to the Texas Medical Board are expected to go on trial Feb. 8 in the state criminal case, as of press time. The federal civil case filed by the nurses, who say they were retaliated against for their patient advocacy activities, also is expected to proceed.

The Texas Nurses Association (TNA) has been rallying support for the nurses among RNs in Texas and nationwide since the nurses' plight began last summer. In addition to garnering donations for their defense, TNA is assisting the nurses' defense team on research around whistleblower issues in both civil and criminal cases. The association also is helping to identify nurses who can testify about RNs' duty to their patients and obligation to report unsafe care.

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

The nurses then filed a federal lawsuit saying they were illegally retaliated against for their patient advocacy activities and that their constitutionally guar-

anteed civil and due process rights were violated, according to TNA. The suit names Winkler County Memorial Hospital, Winkler County and key officials, the hospital administrator, and the physician as defendants. Court-ordered mediation in the federal civil suit filed by the nurses held Dec. 17, 2009, failed to produce any agreement by the parties, and any action on it most likely would occur after the resolution of the state criminal case against the nurses.

Donations to the TNA Legal Defense Fund, which are being used to help defray the RNs' defense expenses, continue to be accepted. TNA established the fund as a way to support the legal rights of practicing nurses in advocating for their patients. TNA has already distributed \$20,000 toward the Winkler nurses' defense costs, and more than \$1,000 to help cover pre-trial expenses.

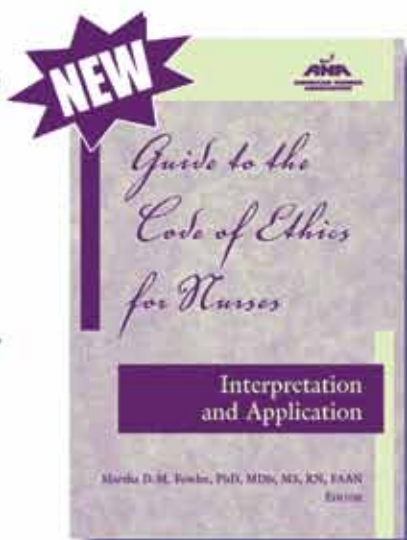
In one of the other previous actions to support nurses' ongoing practice and safe patient care, TNA filed a complaint with the Texas Department of State Health Services—the state agency that licenses hospitals—against Winkler County Memorial Hospital regarding its “self-review” policy. That policy prohibits nurses and other employees from reporting patient care concerns to outside agencies without first getting the hospital's permission.

For more information on the fund and the cases, go to [www.texasnurses.org](http://www.texasnurses.org). ■

## ANA Foundation of Nursing Package Upgraded

The upgraded package contains the March 2008 release of the *Guide to the Code of Ethics for Nurses: Interpretation and Application*. This new 200-page book contains the full text of the *Code of Ethics for Nurses with Interpretive Statements*. It guides nurses in understanding the specific implications of the ANA Code of Ethics.

These books are the basis of contemporary nursing practice. Each book may be purchased separately or as a set.



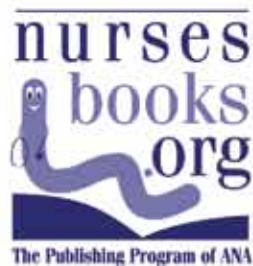
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## Feeling the pain

Continued from page 1

- Schools for health professionals, professional societies, and other stakeholders should ensure that every health practitioner and trainee has the skills to assess and effectively treat patients who experience chronic and acute pain.
- The U.S. Department of Health and Human Services should create an independent commission to reform the reimbursement process for chronic pain. The federal government should increase funding for a range of research on pain management.
- Health care providers and others should work to eliminate ethnic, socioeconomic, and other disparities in consumers' access to pain care.
- Government at all levels should adopt a balanced approach to regulation of controlled prescription drugs, particularly opioids.

To review the entire report and all recommendations in detail, go to [www.maydaypainreport.org](http://www.maydaypainreport.org).

Nancy Eksterowicz, MSN, RN-BC, immediate past president of ASPMN who represented that organization on the Mayday committee, said that many of the new

recommendations are in line with strategies that ASPMN already supports. (Go to [www.aspmn.org](http://www.aspmn.org) for more information on ASPMN actions.)

She specifically stressed the need for better access among minorities and other vulnerable populations to pain management, and the importance of taking an individualized and balanced approach to care.

"We often see a one-size approach to pain management," Eksterowicz said. "There also is the belief that there are good drugs and bad drugs, but really it's a matter of prescribing appropriately and recommending the correct treatments for both the person and the type of pain. For many sufferers, combinations of medications and complementary methods like massage therapy may be helpful.

"Most complementary therapies are expensive and unavailable to pain sufferers, however, and clinicians consider these therapies as alternatives rather than complementary."

And while pain management education and research over the past 25 years have helped nursing practice rise "head and shoulders" above where it's been, more of both is needed, Eksterowicz and Schumann maintain.

"There is lot of misinformation about pain, and particularly chronic pain, so there should be a practice requirement, like CPR, for all nurses," Eksterowicz

said. "However as nurses, our hands are sometimes tied because physicians aren't adequately educated on effective pain management.

"Some think that if they can't see pain on an X-ray or don't seem to be able to find a treatment that effectively addresses this chronic condition, then there is nothing they can do, at best, or think the patient is making it up or just trying to get opioids, at worst."

Added Dorothy Stratman-Lucey, MSN, RN, CPNP, former Illinois Nurses Association (INA) District 10 president, "And even though we have instituted many standards and pain measurement scales nationwide, numerous studies have shown that health care professionals continue to underprescribe and undertreat pain, often because they worry that their patients will become addicted or they fear greater oversight of their practice by the Drug Enforcement Administration."

Further, study after study has shown that if acute pain is not treated effectively, the brain can remodel itself and cause acute pain to evolve into a chronic condition.

Schumann, who represented ANA on the Mayday committee, said that care coordination also is a vital piece to ensuring adequate pain management for consumers.

"People often go from doctor to doctor legitimately seeking resolution for their pain, so they end up on different types of

medications, many of which don't even work for them," Schumann said. "So we need to ensure that someone—a nurse practitioner or primary care physician—takes charge of the patients' overall care and addresses their chronic pain."

On the public awareness side, Schumann added, "We need to educate consumers about what they could and should expect about having their pain alleviated, because everyone deserves to be free of pain if possible."

And that can start simply by asking the right questions in the right way.

"For example, you can ask an elderly patient if she is in pain, and she will shake her head 'no,'" Schumann said. "But if you ask her if she is uncomfortable or if she hurts, she may say 'yes.'"

That individualized nursing assessment, as well as non-pharmaceutical nursing interventions and treatment evaluation, can go by the wayside.

"When in a busy day can staff nurses find the time to really listen to or even rub their patients' backs to help calm them and ease their pain?" Eksterowicz said. That's why ASPMN, ANA, and other nursing organizations continue to fight for appropriate nurse staffing. With adequate time and resources, nursing activities can be performed to immediately address acute pain and prevent it from turning the corner toward chronic pain.

See **Feeling the pain** on page 9



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## Feeling the pain

Continued from page 8

### Actions taken, actions needed

In June 2006, nurse leaders from around the country resoundingly approved an HOD resolution called “Improving Pain Management.”

In passing the resolution, nurse delegates asked ANA to promote a number of strategies. They included supporting consumer and professional education on pain management; legislative and regulatory authority for advanced practice registered nurses (APRNs) to prescribe controlled substances; and the primacy of pain management over the fear of addiction when prescribing or administering controlled substances.

ANA took another step to improve the state of pain management when it collaborated with ASPMN to release *Pain Management Nursing: Scope and Standards of Practice*, which is available from Nursesbooks.org. The book contains standards of care and professional practice and their measurement criteria for both general and advanced practice.

ANCC and ASPMN also worked together to create a certification exam on pain management. The exam was first offered in 2005, and an updated test will be available in May 2010.

“This certification exam is designed for nurses practicing in any aspect of pain management, including those conducting pain assessments, managing patients with acute or chronic pain, or providing pain management education,” Thompkins said.

Test content covers the pathophysiology of pain, pain assessment, interventions, side effects, patient and family education and counseling, and collaborative and institutional issues. In addition to pharmacological treatments, it also examines other strategies, such as active and passive activities, massage, and positioning, spiritual care, and complementary therapies, such as acupuncture. (To learn more about the certification exam, go [www.nursecredentialing.org](http://www.nursecredentialing.org).)

### Assessing pediatric pain

On the quality front, ANA worked with nurse experts to create a nursing-sensitive measure that specifically looks at pediatric pain as part of its National Database of Nursing Quality Indicators® (NDNQI®). The database collects and evaluates unit-specific nurse-sensitive data from hospitals in the United States, and participating facilities receive unit-level comparative data reports to use for quality improvement purposes.

Currently, 312 general and pediatric hospitals are collecting data using the NDNQI indicator—pediatric pain assessment/intervention/reassessment cycle—to determine the frequency and complete-

ness of these activities.

“We want to be able to better recognize pain in children, how it manifests itself,” said Missouri Nurses Association member Susan Lacey, PhD, RN, FAAN, director of the Bi-State Nursing Workforce and Innovation Center and director of Nursing Workforce and Systems Analysis at Children’s Mercy Hospitals and Clinics in Kansas City, MO, who helped create the NDNQI pediatric pain measure. “And we hope we can determine and spread best practices in pediatric pain management based on the data.”

She specifically noted the need to understand the efficacy of certain pain medications for children. “Some medications may work better than others, particularly when you consider that most drugs were developed and approved for the adult population,” Lacey said.

### Technology, other pain management therapies

Another way that Lacey and the Mayday committee believe that the health care system can get a better handle on pain management in this country is by developing more effective, comprehensive, interactive information technology (IT) systems.

Currently, nurse researchers conduct studies on issues like pain management by laboriously looking back through numerous patient charts and other documents for key data, according to Lacey.

“We need IT systems that allow us to collect information more easily and in

real time,” Lacey said. “And nurses need to participate in building those IT systems, so those systems can include information that is vital to patient care, such as built-in triggers to a patient’s record that show which pain medications and dosages have been effective.”

“There are a few IT vendors who are doing a good job around this work, but still others miss the mark completely. Organizations should consider these issues before spending thousands of dollars on systems that will offer little to improve the care of patients.”

In yet another action that’s been occurring along with the national health system reform debate, ANA has continued to push for a more robust APRN workforce that can meet the ongoing needs of patients in primary care and other settings. In a parallel activity, ANA has continued to advocate for full prescriptive authority for APRNs to meet patients’ needs, including assistance with pain management.

In terms of individual nurse actions, Stratman-Lucey expressed the importance of including other modalities to address acute and chronic pain, such as distraction [often used with children], complementary therapies, such as self-hypnosis and myofascial release, and micro- and macro current stimulators the

patient regulates.

“Nurses really are better than most physicians about addressing patients’ pain, but we are still influenced too strongly by the medical model,” said Stratman-Lucey, the pain management coordinator at a children’s hospital. And often we don’t advocate as well as we should because it takes a lot of time and energy, which most working nurses have little of with tight staffing.

“We also need education on the use of complementary therapies, such as healing touch, emotional freedom technique (EFT), and

**“Pain has become a chronic, inadequately addressed problem in this country.”**

self-hypnosis.”

She said it is crucial that nurses also recognize and treat patients’ emotions, such as irritability, frustration, and anger that can make pain worse. EFT can assist with the emotions that accompany pain, especially for patients with chronic pain.

The bottom line is that chronic pain has become a chronic, inadequately addressed problem in this country. And it’s nurses who can help alleviate the suffering of so many through their education, advocacy, and openness to the use of all therapies. ■

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

## Nurses working in chronic pain

Among the millions of people who suffer from chronic pain are nurses, many of whom continue to take care of patients every day.

Patient handling tasks are recognized as the primary cause for musculoskeletal disorders among the nursing workforce. And of primary concern are back injuries and shoulder strains, which both can be severely debilitating, according to ANA’s Handle with Care® campaign fact sheet.

“With every unsafe lift, micro-tears [in the musculoskeletal system] can occur that can lead to severe injury, and potentially chronic pain and disability,” said Nancy Menzel, PhD, RN, a Nevada Nurses Association member and associate professor, Dept. of Psychosocial Nursing, University of Nevada, Las Vegas. An expert in safe patient handling and movement, she has conducted research on the prevalence of back injuries in nurses, and more recently, studies focusing on pain, depression, and the inflammatory response.

“Yet it’s amazing how many nurses are working with pain, because they still assume it comes with the job or because they

don’t want to formally report it,” Menzel said.

Although she said more research is needed, she attributes nurses’ decisions to work despite their pain to peer or employer pressure; disdain for the Worker’s Compensation process; and “the Florence Nightingale complex in us that causes us to put our patients first, and ourselves last.”

Today’s economic climate and pressure-cooker workplaces also don’t help.

In her 2006 study, “Back Pain in Direct Patient Care Providers: Early Intervention with Cognitive Behavioral Therapy,” Menzel called for not only the use of safe patient handling equipment in health care workplaces, but also cognitive behavioral therapy to help nurses manage their pain and stress—before their pain becomes chronic.

For more information on ANA’s Safe Patient Handling program, go to [www.safepatienthandling.org](http://www.safepatienthandling.org). Additionally, to register for the 10th Annual Safe Patient Handling & Movement Conference March 30 to April 1 in Lake Buena Vista, FL, go to [www.cme.hsc.usf.edu/sphm](http://www.cme.hsc.usf.edu/sphm). ANA is co-sponsoring the event. ■



# Haiti

Continued from page 1

established disaster response registries; creating a fund for much-needed donations through its charitable and philanthropic arm, the American Nurses Foundation (ANF); offering a “just-in-time” Webinar training on disaster response; and collaborating with key federal government agencies to offer support.

ANA leadership also sent a message through its Web site expressing deepest sympathies to those who suffered incalculable losses.



Photo courtesy: Talita Frenkel/American Red Cross

**An American Red Cross volunteer attends to an injured child. ANA urges nurses to work with groups, such as the American Red Cross, rather than travelling alone to Haiti.**

“ANA is keenly aware of the desire of U.S. nurses to respond to the tragedy that has occurred in Haiti,” said Cheryl Peterson, MSN, RN, director of ANA’s Department of Practice and Policy and expert on international nursing issues, at press time. “We are continuing to work closely with the federal government, the non-governmental response community, and other health professional associations to determine the type of assistance needed. In particular, ANA has been in contact with Project HOPE, the American Red Cross, and the International Medical Corps. And ANA has communicated with the International Council of Nurses (ICN) regarding our support for our fellow-ICN member, the *Association Nationale des Infirmières Licenciées d’Haiti*.

“This coordinated approach is key to getting the Haitian people the care they need while keeping all nurses safe.”

Beyond attending to immediate health care and basic needs, Peterson added that, as was the case after Hurricane Katrina and the Indonesian tsunami, nurse volunteers with a range of expertise will be needed for a year or more as the country

starts to rebuild its infrastructure, including health care facilities and nursing and other health professional workforces.

## Taking action

ANA urged nurses to sign up or learn more about becoming an emergency first responder by going to [www.nursingworld.org/VolunteerNow.aspx](http://www.nursingworld.org/VolunteerNow.aspx).

ANA has long supported nurses signing up year round with these established emergency response groups. They ensure that volunteers will have access to training and will be utilized according to the appropriate response plans. Further, the government and other responding agents were continuing to discourage spontaneous deployment to Haiti because of the continued instability of the region and concerns about security.

On an educational front, ANA, in partnership with the American Medical Association and the National Disaster Life Support Foundation, sponsored a live Webinar Jan. 16 called “Haitian Earthquake Response for Health Care Professionals: Just in Time Training.” The Webinar focuses on the kinds of injuries first responders are most likely to see and the common treatments necessary. About 250 persons participated in the call. (Nurses also will be available to access the Webinar presentation after the live event through a link on ANA’s Web site, [www.nursingworld.org](http://www.nursingworld.org).)

For nurses who are unable to give of their time but wish to offer financial assistance, ANA is encouraging members and concerned health professionals to donate through [www.anfonline.org/donatetohaiti](http://www.anfonline.org/donatetohaiti). Funds donated will go toward disaster relief, including rebuilding the Haitian nursing infrastructure through ANA’s partnership with ICN, and assisting the National Association of Haitian Nurses, *Association Nationale des Infirmières Licenciées d’Haiti*.

When donating, please type RELIEF in the “comment” field to ensure the donation is distributed appropriately.

ICN also established a fund for the Haitian nurses association, and more information on its efforts is available at [www.icn.ch/Haiti\\_Earthquake.htm](http://www.icn.ch/Haiti_Earthquake.htm).

Donations of money are most urgently needed at this point, and the Center for International Disaster Information ([www.cidr.org/incident/haiti-10a/](http://www.cidr.org/incident/haiti-10a/)) or the Clinton

Foundation ([www.clintonfoundation.org](http://www.clintonfoundation.org)) Web sites provide information on how to donate to legitimate organizations that are already established in Haiti.

Go to [www.nursingworld.org/HaitiRelief](http://www.nursingworld.org/HaitiRelief) for the latest updates on the situation in Haiti and relief efforts. The site also provides invaluable information regarding the personal and professional responsibilities for those responding in disaster situations, as well as ANA’s seminal publication “Adapting Standards of Care Under Extreme Conditions.”

ANA also is providing its CMAs with daily updates on conditions in Haiti and residents’ crucial needs.

## Other CMA, nurse efforts

On Jan. 15, Colonel John Murray, PhD, RN, CPNP, CS, FAAN, was helping train military nurses just before they headed for Haiti aboard the U.S. hospital ship, *Comfort*. Stationed in Bethesda, MD, Murray is president of the Federal Nurses Association (FedNA) and director of education, training and research with Joint Task Force National Capital Region Medical.

Many military nurses, including FedNA members, are participating in this humanitarian mission, and have undergone extensive training so they can provide acute and multi-dimensional care.

Murray, an expert on providing care to children affected by disasters, specifically provided information to deploying military nurses on how to best meet the acute health care, psycho-social, and emotional needs of this particularly vulnerable population.

“Nurses need to understand that children’s reactions to a disaster will be different, based on various factors, such as their immediate exposure to the disaster, whether they lost family members, friends or teachers, and the seriousness of their own injuries,” Murray said. “We also want to make sure care is provided in a cognitively, developmentally and age-appropriate way.”

He added that deployed nurses initially will focus on triage and prioritizing interventions, but over time will help identify adult caregivers, educate surviving parents on how to help their children cope, and locate local resources to assist families in the long term.

Stateside, Murray and other nurse staff will help develop plans of care for children based on on-the-ground assess-

ments, and distribute educational packets that can help adult care-takers.

Meanwhile in Florida, Willa Fuller, RN, executive director of the Florida Nurses Association (FNA), has fielded numerous calls and e-mail from nurses wanting to help in some way.

“We have—and will continue to provide—information to nurses who want to volunteer their time or make financial contributions to the Haiti effort,” Fuller said. “We also have been working with nurses who are members of both FNA and the Haitian American Nurses Association to coordinate efforts to send aid to Haiti in many different forms, including cash, medical supplies, and nurses, physicians and other health care professionals.”

FNA is creating a list of volunteers at the request of Florida Rep. Ronald Brise. And, the state association has been working with state officials, including a nurse-legislator who is Haitian, to allow nurses licensed in other state to practice in Florida and provide care to what’s expected to be a large influx of injured and displaced Haitians into the state.

In Washington State, Jan Bussert, RN, is one of the many nurses who signed up with emergency response registries and who can be called to help with disaster response at any moment.

“I wouldn’t hesitate for a minute to go if nurses are needed to help in Haiti,” said Bussert, a current nurse organizer with the Washington State Nurses Association and



Photo courtesy: Talita Frenkel/American Red Cross

**Volunteers treat a girl rescued after she was trapped under debris for five days.**

former ANA board member who provided care to Hurricane Katrina victims. “The important thing is that nurses should not try to go to Haiti independently, but rather hook up with groups, like the American Red Cross.”

For an online article on nurse volunteers and disaster response registries, go to [www.nursingworld.org/OJIN/disasterresponse.aspx](http://www.nursingworld.org/OJIN/disasterresponse.aspx). ■

# ANA-PAC thanks 2009 Leadership Circle donors

By Angela Song

Whether it's health care reform, funding for workforce development, decreasing barriers to advanced practice registered nurses' practice and reimbursement, ad-

vancing cost-effective solutions to improve the workplace environment or other vital nursing issues on the Hill, ANA-PAC is working on behalf of all nurses. We would like to thank all of our ANA-PAC 2009 Leadership Circle donors as of Dec. 9, 2009.

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# Volunteer reviewers bolster Handle with Care Recognition Program

By Adam Sachs

ANA has recruited four RNs to serve as volunteer site reviewers for the new ANA Handle with Care Recognition Program™, which will award health care facilities that have established a comprehensive program to create a safer work environment through the use of assistive equipment and devices.

The volunteer site reviewers are an essential element of the recognition program, which is aimed at reducing nurses' risk of musculoskeletal injury disorders from manual patient handling.

The recognition program is an outgrowth of the ANA Handle with Care® campaign, launched in 2003 to promote actions and policies that would result in the elimination of manual patient handling, including lifting, repositioning, and transferring patients. Numerous studies have shown that significant numbers of nurses were leaving the profession for good because of musculoskeletal injuries related to patient handling, or were transferring to a different job or taking leave from work.

The site reviewers will spend several days evaluating the safe patient handling programs at health care facilities that apply for recognition, examining whether they meet ANA's stringent criteria for assessments, planning, policy, and training, and whether actual practices are in line with policies.

The reviewers include: Susan Letvak, PhD, RN, associate professor at the University of North Carolina at Greensboro; Kelly Moed, MSN, RN-BC, staff development instructor at Staten Island University Hospital (NY); Emily Becker, MN, RN, COHN-S, facilitator of the UPLIFT Program for Greenville (SC) Hospital System; and Linda Stones, MS, RN, CCRN, director of nursing at Madonna Rehabilitation Hospital (NE).

"We will be looking to see that hospitals are actually taking action and doing what they're putting on paper," Letvak said. "Sometimes there's a disconnect between policies or reports, and watching something in action. Do the nurses know what the policies are, and are they following the policies? On-site review is critical. Anyone can write a report. It's the evidence that will speak."

The site reviewers say that nurses typically think more about their patients than their own health on the job, and often accept chronic pain as part of the job. But they say that it shouldn't be that way.

According to Moed, nurses need safe patient handling programs in their hospitals to protect the longevity of their careers and "to be comfortable and satisfied in their job." Moed further notes that, "[nurses] do a lot of hands-on work, [so] we need to be protected. This is good way to do it."

Moed added that the ANA Handle with Care Recognition Program will help recruit and retain nurses. She noted that nurses in her area may prefer to work in New Jersey hospitals since safe patient handling legislation was passed there, rather than in New York. "I feel a lot of nurses will go where they don't have to kill themselves, where they don't have to hurt themselves every day and put themselves on the line," Moed said. "I do feel that the Handle with Care Recognition Program is going to attract nurses. They're going to want to stay at hospitals [that have the ANA recognition]."

The Greenville Hospital System implemented a safe patient handling program four years ago. Becker said it has made a big difference in the safety of nurses and patients, noting that each of the system's six hospitals has had a decrease of at least 50 percent in patient-handling injuries.

Each of the nurses said they are eager to learn about best practices for safe patient handling through their reviews around the country, and promote the program as an incentive for hospitals.

To learn more about the program, visit: [www.ANAHandleWithCare.org](http://www.ANAHandleWithCare.org). ■

Adam Sachs is public relations writer for ANA.



# These mannequins can say ‘ouch!’

## Arizona simulation center tests RN skills

By Susan Trossman, RN

Nurses and physicians have often learned clinical skills under the “see one, do one, teach one” approach. This method is not exactly a confidence-booster for new health care professionals, let alone the safest way to approach patient care, according to some nurses and researchers.

In a February 2009 article in *Quality and Safety in Health Care*, Jose M. Rodriguez-Paz, MD, and colleagues wrote that “physicians-in-training may expose patients to harm” when trying to gain skills. He and his co-authors suggested a new training paradigm that includes a medically simulated environment.

Nurses also have noted the benefits of shifting to simulation as a way to acquire clinical skills. High-fidelity patient simulators “allow for repetitive hands-on learning in a safe environment where mistakes can be safely made,” wrote editors Wendy M. Nehring, PhD, RN, FAAN, FAAIDD, and Felissa R. Lashley, PhD, RN, FACMG, FAAN, in the preface of “High-Fidelity Patient Simulation in Nursing Education.”

Those benefits, along with a desire to standardize staff training, were front and center when Banner Health opened the \$12 million, 55,000-square foot Banner Simulation Medical Center in fall 2009. Reportedly the largest of its kind in the United States, the 55-bed, high-tech training center includes more than 70 computerized mannequins controlled by onsite technicians simulating various medical scenarios. The mannequins are wired to computers and can talk, breathe, sweat, bleed, become cyanotic, and mimic a menu of health ailments. They function as close to human beings as electronically and synthetically possible.

That’s why nurse trainees can suspend belief and think of the mannequins as more than plastic, especially when they talk back to the nurses (clinical educators serve as the patients’ voices through a sound system built into patient rooms), according to Jaime Cowgur, RN, who went through the simulation training.

“If they start to crash, you don’t want them to die on you,” she said. “You feel responsible for what’s going on, even if they are not real.”

### Getting up and running

Providing the bones of the simulation center is the former Banner Mesa Medical Center—complete with med-surg rooms, ICU, NICU, ER, L&D, and OR and current technology so nurses and other health care professionals can train in realistic surroundings.

When the old Banner Mesa facility stopped functioning as a hospital, administrators converted some of the building space to offices but wanted to explore other potential uses, said Carol Noe, Banner Health’s regional director of simulation and innovation.

They determined that the demand for simulation training at a smaller simulation center located at their Banner Good Samaritan Medical Center in Phoenix was reaching its saturation point. Additionally, an audit revealed that there was no system-wide orientation program for nursing staff.

“We were all doing it differently, even though the patients were not different,” Noe said. “So we wanted to develop a quality, standardized orientation program that was more robust and evidence-based for nursing staff no matter where they worked [within the Banner Health system in Arizona].”

Banner Health owns or manages 22-acute care hospitals and other facilities in seven states, and currently the simulation medical center serves as the routine training site for only Arizona facilities. However, it has the capacity to take up to 2,000 trainees a year, including physician groups and other health care-related staff nationwide, Noe added.

The simulation medical center also is expected to be used to test staff’s annual competencies, and be available to nurses who are shifting to new areas of practice. There, they can practice and master new skills, such as inserting fetal monitors during labor and assisting in the delivery of a baby mannequin.

### Practice makes perfect

All nurses hired to work in Banner Health’s Arizona facilities are required to complete an orientation program at the new simulation medical center, Noe said. And as of Nov. 5, 2009, 54 nurses participated in simulation training, 30 of whom were new grads, as well as 125 physician conference attendees who practiced peri-operative skills on the interactive, high-fidelity mannequins.

New nurse graduates participate in a three-week orientation program. Their first week is spent at their respective hospitals attending general orientation sessions,

including bloodborne pathogens training. Their second week includes two full days at the simulation medical center practicing—and getting signed off on—vital nursing skills, such as inserting Foley catheters and performing a sterile dressing change.

“We then measure new nurses’ performance of procedures and assess practice readiness domains, such as critical thinking, and provide that information to their manager, preceptor, and clinical educator about areas where they might need extra help clinically, as well as areas where they excel,” Noe said. “We also measure ourselves to make sure our testing is reliable and valid.”



All photos courtesy: Banner Health

During the third week, recent graduates are placed on a simulation unit that reflects the type of unit where they will be working. For example, if they are hired as ICU staff nurses, they are placed in the simulation ICU and given training scenarios that reflect that patient population.

Mary Larson, RN, is one of the clinical educators who runs the simulation scenarios.

“When learners come in, they are given report by a ‘charge nurse’ on their patients for the day, and then turned loose to begin their work day,” Larson said. “For new grads, we are looking at how they organize their day, prioritize and perform tasks, and apply their knowledge and skills in caring for their patients.”

For example, if a nurse is assigned a post-op thoracotomy patient, Larson looks to see if the nurse examines the incision, assesses chest tube drainage, and even checks the wrist ID band before giving medications. The nurse also may have to catch an incorrect med order

### Shift Report



dosage—100 mg of Lasix instead of 20 mg—or check hemoglobin and hematocrit levels of a patient who suddenly starts to deteriorate.

While Larson said she may give some guidance to nurses the first day of these simulated work shifts, the rest of the time they must handle patient-care decisions and the workload on their own.

“We also do a lot of role-playing in which the nurses have to take calls from the lab or talk with a physician who is short-tempered,” she added.

After completing simulation training, new nurses continue with their orientation with preceptors on their designated units.

### ‘Risk free environment’ helps new nurses

Cowgur graduated from her nursing program in May 2009, completed her simulation training in October 2009, and is now a staff nurse in the neuro-ICU at Banner Good Samaritan.

“When I was a student, I did most of my critical care clinicals in neuro-ICU and fell in love with it,” Cowgur said.

That’s not to say that she wasn’t nervous when she entered the simulation medical center. During the first couple of days, she performed skills, such as a sterile central line dressing change and tracheotomy care.

“For the most part, the mannequins feel real,” Cowgur said. “And it was nice to be able to practice skills, like keeping sterile technique and pushing the IV catheter in using only one hand, without there being any bad consequences for the patients.”

On the other days, Cowgur was given two ICU patients—one patient had sepsis, the other was intubated. She recalled having to watch for new orders, administer blood, get report, and give report among her many responsibilities. And she admitted that the first day wasn’t her best.

“I felt uncomfortable, because I’m really an organized person by nature, but I didn’t feel that way that day,” Cowgur said. “But having to deal with things that weren’t going well the first day allowed me to gain confidence going into the second day. It really was a great learning environment.”

Like Cowgur, Diana Diez, RN, also fully embraced the simulation experience to better prepare herself for her new staff nurse role. Also a new graduate, Diez initially was assigned to a



# What's new on OJIN?

## OJIN: The Online Journal of Issues in Nursing posts new topic

telemetry unit but recently transferred to the neuro-stroke floor at Banner Boswell in Sun City, AZ.

"When I was at the simulation [medical] center, I was given four patients in the telemetry unit," Diez said. "One of my 'patients,' who had a history of angina, told me that she was not 'feeling right' and had pain in her chest."

That led Diez to implement a series of interventions, including placing the patient on oxygen, performing an EKG, and calling the physician. The patient, as it turns out, suffered an M.I., but survived—given Diez's assessment and actions.



Diez said that the simulation experience also helped her gain confidence.

"When I was in school, I tended to doubt myself and double-check with my instructors before doing certain things," she said. This experience, including the debriefings held at the end of each day, allowed Diez to trust her clinical judgment.

Larson has witnessed many new nurses gain confidence with each passing day in the simulation center.

"When they get here, they often are afraid because they are now licensed on their own," Larson said. "They have a lot of stimuli coming at them and they have to sort it out, but it's all happening to them in a risk-free environment."

Although some experienced nurses have been put off by using simulation to validate their skills, Noe is quick to point out that it's only one training modality used to ensure safe patient care. Noe also insists that it's a valuable and forward-thinking strategy.

"Nurses and other health professionals can be nervous doing new procedures, but the center allows them to do the same skill over and over again until they gain confidence," she said. "And the good news is, the patient is plastic."

In other words, no multiple sticks, no harm.

Said Noe, "I can't believe that we've been doing it [gaining clinical skills] any other way." ■

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

The new OJIN topic, "Promoting Healthy Work Environments: A Shared Responsibility," posted on Jan. 31. The new topic emphasizes the importance of a healthy work environment for nurses and describes strategies to achieve a positive atmosphere in various settings.

- **"Growing Future Nurse Leaders to Build and Sustain Healthy Work Environments at the Unit Level" by Rose Sherman, EdD, RN, NEA-BC, CNL, and Elizabeth Pross, PhD, RN**

This article presents a review of the literature regarding the importance of healthy work environments in health care organizations and the significant role of nurse leaders in building and sustaining these healthy environments. It also discusses the development of leadership skills for leaders at the unit level.

- **"Strategies for Enhancing Autonomy and Control Over Nursing Practice" by ANA CEO Marla J. Weston, PhD, RN**  
Clinical nurse autonomy and control over nursing practice (CONP) have been associated with increased nurse satisfaction and improved patient outcomes. This article outlines strategies for enhancing autonomy, as well as strategies for enhancing CONP. In addition, the critical role of nurse leaders and the need to influence the social, political, and economic factors affecting nursing practice are discussed.
- **"A Healthy Work Environment: It Begins with You" by Betty Kupperschmidt, EdD, RN, NEA, BC; Emma Kientz, MS, BS, CNS, CNE; Jackye Ward, MSHRM, RN, CNAA-BC; and Becky Reinholz, MS, RN**  
In a healthy work environment professionals use skilled communication to achieve positive outcomes. This article focuses on the individual nurse's responsibility to become

a skilled communicator. It describes five behaviors that help nurses reach their goal of becoming skilled communicators.

- **"The Complex Work of RNs: Implications for a Healthy Work Environment" by Pat Ebright, DNS, RN**  
This article addresses the complexity of the RN work environment, suggesting four important areas to consider in maintaining and sustaining healthy work environments: supporting the new RN, focusing on the direct care function, designing and implementing technology, and "designing out" system barriers to care.

- **"Combating Disruptive Behaviors: Strategies to Promote a Healthy Work Environment" by Joy Longo DNS, RNC-NIC**

Disruptive behaviors among health care workers threaten the safety and well being of both patients and staff. This article reviews the nature, origins, and consequences of disruptive behaviors. Strategies to address disruptive behaviors are discussed

and specific steps managers and staff nurses can take to combat these behaviors are provided.

- **"Healthy Nursing Academic Work Environments" by Marilyn S. Brady, PhD, RN**

Healthy work environments in the nursing academic setting are essential for the recruitment and retention of faculty; they also serve to promote excellence in nursing education. The categories of the National League for Nursing's Healthful Work Environment Tool Kit© are used to explore ways that nursing faculty and administrators can work together to enhance the health of academic work settings.

To access all these new articles or to read previous topics on other subjects, go to [www.nursingworld.org/OJIN](http://www.nursingworld.org/OJIN). ■



## When Breathing is a Burden: How to Help Patients with COPD

With COPD statistics worsening, RNs need to learn everything they can about the causes, clinical features, and management of this condition. This CE article will provide RNs with information that promotes their effectiveness in caring for patients with COPD, and will address the following objectives:

- Describe appropriate assessment for patients with COPD.
- Discuss pharmacologic and nonpharmacologic interventions for COPD.
- Explain nursing management of patients with COPD.

This CE article can be accessed at <http://nursingworld.org/ce/cehome.cfm>.

**Accreditation:** Expires Dec. 31, 2012

## CE Corner



1.9 contact hours, including 0.5 pharmacology contact hours, will be awarded to nurses who successfully complete this CNE activity.

The ANA 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.

By Mary McNamara

## H1N1 prompts action from ANA

ANA—a vocal supporter of the H1N1 vaccine—called on all health professionals to get immunized in the midst of the current pandemic.

The *American Journal of Nursing* and Nurse.com published an open letter from ANA President Rebecca M. Patton, MSN, RN, CNOR, which addressed the potentially dire circumstances.

“ANA urges nurses to lead the way to increasing vaccination rates among health care workers. The seasonal influenza vaccine rate among health care workers remains disappointingly low, below 50%,” Patton said.

“When you go to get your seasonal influenza and H1N1 vaccines, bring a previously unvaccinated co-worker with you on your immunization visit. This is one way we can succeed in raising the vaccination rate among health care workers, and help ensure that they are healthy and on the job when most needed during a pandemic.”

ANA’s message was also carried in ADVANCE, emphasizing the importance of nurses and other first responders to improve the vaccination rate, “in light of the public health emergency posed by the H1N1 pandemic.”

## ANA takes on EPA over mercury

The Environmental Protection Agency (EPA) will put controls on the emissions of hazardous pollutants, such as mercury from coal-fired power plants, for the first time by November 2011, as part of a lawsuit settlement against the agency.

ANA was among the groups who worked together to file the suit and demand changes that would lead to a reduction in hazardous pollutants.

As reported in the *St. Louis Post Dispatch*, the *Kansas City Star*, and numerous papers across the country, the issue surrounded enforcement of the “1990 Clean Air Act.” Other polluters were forced to reduce emissions of toxic material such as mercury, arsenic, and lead after the Clean Air Act was strengthened in 1990. But power plants, the largest source of mercury pollution, aren’t subject to nationwide rules.

“Nurses see firsthand the negative effects the pollutants have on the patients they serve,” ANA General Counsel Alice Bodley said. “It’s a long overdue, but welcome, commitment from the EPA. Once finalized, these regulations should provide a higher level of protection for hundreds of thousands of people, especially young people.”

The EPA said in a statement that, “addressing hazardous air-pollutant emissions from utilities is a high priority for EPA.” The agency noted that the efforts began in

## Media Briefs



July with the procedural step of asking for public comments on its plan to collect information on emissions from utilities.

The EPA is “committed to developing a strategy to reduce harmful emissions from these facilities, which threaten the air we all breathe,” the statement said.

Frank O’Donnell, the president of Clean Air Watch, a nonpartisan clean-air watchdog group and partner with ANA in the legal action, said that the decision ends “a long-running scandal” that has allowed toxic pollution to poison the air and water.

## ANA president profiled in hometown paper

Noting ANA’s high profile in the continuing health care reform debate, The *Akron Beacon Journal* interviewed ANA President Rebecca M. Patton, MSN, RN, CNOR, on the need for reform and the role nurses and their patients can play.

“Taking care of patients, you see the unfairness of our health-care system every day,” said Patton, a Northeast Ohio native. “We’re on the frontlines as we take care of our patients each day. But I have to tell you, we’re also on the frontlines in the national discussion on medical reform.”

The article noted that in recent months, “[Patton has] been attending high-level meetings with President Barack Obama, White House staff, and members of Congress to advocate for changes to the health care system, including a public option for people who lack insurance.”

“We believe that the public option is the only way you’re going to get true health care reform and competition,” Patton explained.

Patton also spoke about what nurses and their patients can do to contribute to the reform discussion: contact their federal lawmakers.

The article noted that Patton spoke to a group of nurses, explaining, “If 25 percent of you will leave today and call a legislator and let them know we want health reform passed, that would be a home run for me.”

When asked by an audience member how she would respond to people who are concerned health care reform is being rushed, she responded by saying, “What we need to do is act now.” ■



## Donations at Work

By Patricia R. Messmer, PhD, RN-BC, FAAN, Sande Gracia Jones, PhD, ARNP, CS, ACRN, FAAN, Charlotte Dison, MSN, RN, NEA-BC and Barbara Russell, MPH, RN, BSHSA, CIC



## Nurses Charitable Trust contributions to the American Nurses Foundation

The Nurses Charitable Trust (NCT) has provided support for the American Nurses Foundation (ANF) since 1981. It has its roots in Florida and grew to be an important source of funds for research and scholarship under the leadership of long-time Florida Nurses Association (FNA) member and former FNA President Undine Sams, RN, a 2000 ANA Hall of Fame inductee.

NCT focuses its national support on the development of nursing science through the ANF Nursing Research Grants Program. From 2001 to 2005, NCT donated funds for a named ANF grant ranging from \$5,000 to \$10,000 in honor of Sams’ induction into the ANA Hall of Fame. From 2006 to 2009, NCT dedicated an ANF grant in honor of Eleanor Bindrim, RN, the last of the founding NCT trustees and one of the first nurses to belong to Association of periOperative Registered Nurses (AORN), which is an ANA organizational affiliate.

NCT was born in 1978, when land owned by FNA District V was sold and the \$350,000 proceeds were placed into a new trust called the FNA District V Charitable Trust. Sams served as its first president, and in 1980 six other nurses were named by the District V members to serve as charter trustees alongside Sams: Bindrim, Edna L. Hicks, BSN, RN, Charlotte Liddell, RN, Maureen Finney, BS, RN, Judith Hallerberg, RN, and Christine Mitchell, RN.

Adhering to the trust’s declaration rules, the District V trustees subsequently established the Florida Nurses Foundation with the Freda Norton Research Grant, secured financial investments, distributed funds, and projected a philanthropic and ethical decision-making image to the nursing community at the local, regional, state, and national levels.

The trust was a leading contributor to the “Nursing on the Move Campaign,” which raised more than \$1 million and in 1992 culminated in ANA’s move to Washington, DC. In appreciation for its generous financial support, the ANA dedicated its Washington, DC, boardroom to the FNA District V Charitable Trust and immortalized the trustees’ names on a plaque outside the room.

The trust formally changed its name to NCT in 2009. NCT’s current trustees and officers are Chair Patricia R. Messmer, PhD, RN-BC, FAAN; Vice Chair Sande Gracia Jones, PhD, ARNP, CS, ACRN, FAAN; Treasurer Charlotte Dison, MSN, RN, NEA-BC; Secretary Ann Marie Clyatt, BSN, RN; Barbara Russell, MPH, RN, BSHSA, CIC; JoAnn Gottlieb, PhD, ARNP-BC. Nina Brookins, RN, is trustee emeritus.

NCT’s unstinting generosity has supported a wide range of research projects that include the following:

- 2001: Janice Penrod (Pennsylvania State University) Processes of minimizing the disabling effects of osteoporosis.
- 2002: Roxie Foster (University of Colorado Health Center) Piloting an attending nurses caring model with children in pain.
- 2003: Patricia Pearce (University of North Carolina at Chapel Hill) Designing with children, for children: physical activity recall.
- 2003: Mary Sue Gorski (Loyola University) Quality of care in nursing homes: The relationship between state level health care policies and selected quality measures.
- 2004: Robin Knobel (University of North Carolina at Chapel Hill) Physiological effects of thermoregulation in transitional ELBW infants.
- 2005: Angela Chen (Arizona State University) Understanding Chinese immigrant youth: Depressive symptoms and risky behavior.
- 2006: Debra Wiegand (University of Maryland) Withdrawal of life sustaining therapy after life-threatening exacerbation of a chronic illness: The family experience.
- 2008: Anna Gawlinski (University of California, Los Angeles) Comparison of high frequency chest wall oscillation versus chest physiotherapy on patients’ pain, dyspnea and preference while maintaining lung function among post-lung transplant patient.
- 2009: Mary DeGrezia (University of Maryland) Exploration of coping strategies and health behavior motivators in community dwelling HIV positive older adults with chronic co-morbidities.

For more information on ANF, the ANF Legacy Wall, Nurses Rock the Foundation campaign, the Honor a Nurse program, ANF endowments and estate planning, go to [www.ANFonline.org](http://www.ANFonline.org) or call (301) 628-5227. ANF is a not-for-profit, 501(c)3, organization. Donations are tax-deductible to the fullest extent allowed by law, and support the mission of ANF and the work of ANA. ■

## Did you know ...

Tafford Scrubs offers ANA members a 10% discount on all of their high quality, fashionable scrubs? To take advantage of this exclusive offer, visit [www.nursingworld.org](http://www.nursingworld.org) or call 1-888-TAFFORD and mention promo code 9ANA10.



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## OJIN: The Online Journal of Issues in Nursing

**New letters to the editor** – Read a recently posted letter to the editor on the March 2006 ethics column, “Ethics: Is the Doctor of Nursing Practice Ethical,” with reply from the authors.

**Other letters to the editor have been posted on the following OJIN topics, as well:** The Doctor of Nursing Practice (DNP); Need for More Dialogue; Power to Influence Patient Care: Who Holds the Keys?; and Obesity on the

## As the Web Turns



Rise: What Can Nurses Do? Read all of them at [www.nursingworld.org/OJIN/LetterstotheEditor](http://www.nursingworld.org/OJIN/LetterstotheEditor).

## New NursesBooks.org e-newsletter

As a companion to its newly redesigned Web site, ANA's publishing program, Nursesbooks.org, has launched a new e-newsletter. This new periodical will be sent quarterly and will feature best picks, new publications, special offers, and other highlights from ANA's publishing department. Sign up today at [www.NursesBooks.org](http://www.NursesBooks.org). ■

# Celebrating ANF Scholars in Nursing Research

The American Nurses Foundation (ANF) applauds the recipients of the 2009 Nursing Research Grants (NRG). The work of these respected scholars in pursuing research and education that promotes the public health is at the heart of ANF's mission. ANF is grateful for the generosity of funders during the last 55 years who have made it possible to award more than \$4 million to nearly 1,000 beginning and experienced nurse researchers.

### Arax Balian, PhD, RN



*Maternal and Child Influences on School-age Children's Milk and Soft Drink Intake*  
Case Western Reserve University  
Sanofi Pasteur/ANF Scholar

### Susan Blaakman, MS, PMHNP-BC



*Self-Determination Theory and Caregiver Smoking Bans for Asthmatic Children*  
University of Rochester  
ANA Presidential/ANF Scholar

### Lauren Matukaitis Broyles, PhD, RN



*Patient Acceptability of Nurse-Delivered Alcohol Screening, Brief Intervention, and Referral in the Inpatient General Medical Setting*  
Center for Health Equity Research & Promotion, VA Pittsburgh Healthcare System  
Council for the Advancement of Nursing Science (CANS)/ANF Scholar

### Bonnie S. Dean, PhD, RN



*Evaluation of the Synergy Model-Simulation Appraisal Tool (SM-SAT)*  
Duquesne University  
Anne Zimmerman, RN/ANF Scholar

### Mary DeGrezia, MS, RN, ACRN



*Exploration of Coping Strategies and Health Behavior Motivators in Community Dwelling HIV Positive Older Adults with Chronic Comorbidities*  
University of Maryland  
Nurses Charitable Trust of Greater Miami, Florida/ANF Scholar

### Amany A. Farag, PhD, RN



*Keeping Patients Safe: Impact of Leadership Style, Unit Climate and Safety Climate on Safe Medication Administration Practices and Medication Errors Reporting*  
Case Western Reserve University  
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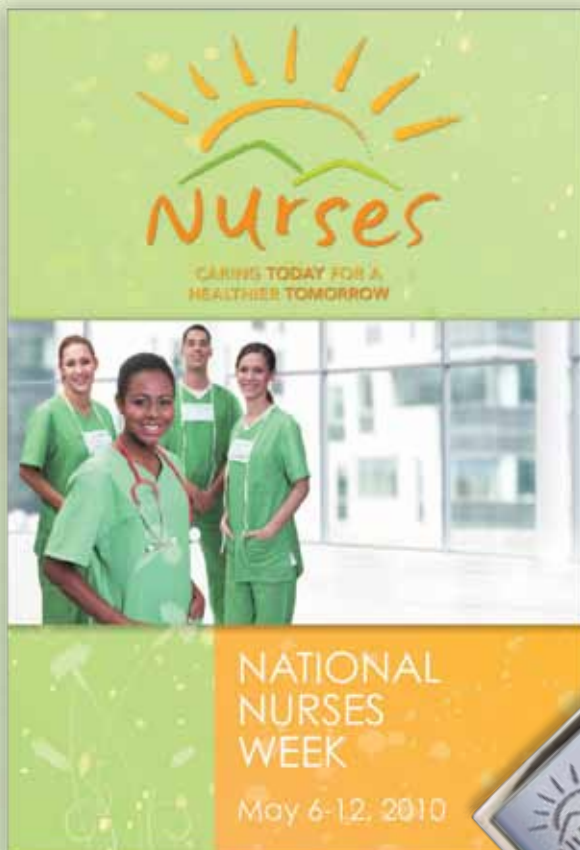
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