
President's Address to the 2004 House of Delegates Friday, June 25, 2004

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Good afternoon. It's hard to believe it's already been a year since we last met and voted to revise ANA's bylaws – revised bylaws that enabled significant structural changes for ANA – changes that are designed to open the door to new and enhanced relationships with organizations and individuals.

Much has happened in this past year. At the last House of Delegates, both the United American Nurses (UAN) and the Center for American Nurses (CAN) were established as Associate Organizational Members of ANA. I want to congratulate both the United American Nurses and the Center for American Nurses on celebrating their first anniversary as associate organizational members and for all they have accomplished in that short period of time.

Let me also extend a special welcome to the representatives of ANA's organizational affiliates who join us for their first Constituent Assembly under our new bylaws. We look forward to your active participation at this meeting and the House of Delegates.

The theme of our convention this year is “Nurses: Your Voice, Your Health, Your Life.” To me, “your voice” speaks to our collective strength, “your health” speaks to how physical nursing can be and the need for us to tend to our own health, and “your life” addresses the need all nurses have to maintain a balance – a center. And it speaks to the collective “nursing” as well.

And I think there are many ways that ANA, its AOMs, its other organizational affiliates and other nursing organizations can work together in partnership – which strengthens us all.

Helping to add more people into the profession through expanded educational opportunities; retaining the nurses we have through better nurse staffing, improved work environments, creative approaches to utilizing the skills and experience of the mature and seasoned nurses and mentoring our new nurses; advocating on behalf of patients and nurses; preserving and protecting the rights of nurses on the job; and supporting strong Constituent Member Associations (CMAs) – it is our network of CMAs that makes ANA unique and strong.

These goals will require a combination of creative nurse recruitment and retention efforts to address the growing nursing shortage and collaboration among ANA's many partners to face the challenges that lie ahead. Working together, I know we can accomplish great things for our profession.

When we talk about recruiting nurses, we need to put aside the things we have always done in the past, and some of the programs we have been able to put into place are just now coming to pass, but we need to do more.

We need to encourage more people to consider nursing as a profession. We need to ensure that the faculty, clinical services and other resources are there to guarantee that anyone who wants to be a nurse has the opportunity to become a nurse. According to the American Association of Colleges of Nursing, more than 11,000 qualified students were turned away from baccalaureate nursing schools in 2003 due to limited numbers of faculty, clinical sites and classroom space, and budgetary restrictions. That's unacceptable.

That's why the Nurse Reinvestment Act and other federal programs must increase funding to attempt to level the playing field. That's why we have asked Congress for \$205 million for nursing workforce development programs for fiscal year 2005.

We've received strong bipartisan support from Members of Congress, and we need to continue to make our voices heard throughout the appropriations process. And we've done that in partnership with other nursing organizations.

In this day of continuing budget cuts, in this day of saving costs, of holding the line, to increase [funding] is an incredible success and points to the influence and the power we have. It is a fine example of why ANA was ranked 17th out of 171 lobbying organizations by Capitol Hill staffers last year.

But before we talk about recruitment, we should talk about retention. We have to do a much better job of keeping the nurses we have practicing safely and well and for as long as they wish to practice in our profession.

ANA conducted a Health and Safety Survey of nearly 5,000 nurses on the issue of mandatory overtime a few years ago, and a significant number indicated to us – more than three-quarters of the nurses surveyed – that they worked some form of mandatory or unplanned overtime every month. Of that group, nearly 10% said they worked mandatory or unplanned overtime eight or more times every month. That is not acceptable. We must stop that.

There must be limits on mandatory overtime. Federal rules limit the number of hours that airline pilots and truck drivers can work because of safety issues, but not nurses. Well, who is more important to the safety of our patients than we are? Introduced in February 2003, the Safe Nursing and Patient Care Act restricts use of mandatory overtime. And 10 states, most recently Connecticut, have passed laws or regulations that limit mandatory overtime. With this platform we can now reach to federal legislation. And, similar measures are proposed in at least 20 other states.

Not only are we being forced to work overtime, but now the Department of Labor is saying we may not get overtime pay for the hours we work. The Fair Labor Standards Act is being revised, and ANA and many other groups are opposed to any changes to the federal overtime pay rules that might harm RNs. The final rules, announced April 20 by the Department of Labor, were an improvement over where it started. More low-wage employees would be eligible for overtime pay, and categories such as police and firefighters, Emergency Medical Technicians (EMTs) and

Licensed Practical Nurses (LPNs) have overtime specifically protected. But the rules are vague for RNs.

The final rules were set to take effect August 23, 2004. And ANA signed on to a May 3rd letter to senators to support Senator Tom Harkin's amendment that no worker currently eligible for overtime pay would lose eligibility. On May 4, the Harkin amendment passed. At the same time, the Gregg Amendment also passed, which listed 55 occupations – including RNs – that would remain eligible for overtime pay regardless of the new rules. And this proposed legislation is waiting for action in the U.S. House of Representatives.

We are working very hard at both the federal and state levels to improve the work environment for nurses. And there are other things we are doing to improve the work environment, to promote “Your Voice, Your Health, Your Life” because we want to ensure that every nurse who wants to continue to work has the opportunity to do so for as long as she or he desires to and is able to. In order to support that, we have worked on a major ergonomic protection initiative called “Handle with Care.” In the ANA Health and Safety Survey I mentioned earlier, nearly 60 percent of nurses said that sustaining a disabling back injury was a top health and safety concern. According to the Bureau of Labor Statistics, nursing personnel are among the highest at risk for musculoskeletal disorders. [Nurses] rank higher than construction workers. Nursing assistants rank No. 1.

That's why Handle with Care has a goal. The goal is to have a national no-lift policy – a no manual-lift policy – in this country. We owe it to ourselves and to new generations of nurses to make sure that the technology is available to protect them and us from musculoskeletal injuries. We know that by using the technology already available, we can prevent injury and save worker's compensation charges. The Handle with Care campaign is aimed at preventing potentially career-ending back, neck and musculo-skeletal injuries among nurses. The mission is to mount an industry-wide effort in health care through greater awareness and training to increase the use of assistive equipment and patient-handling devices.

When I say that, I do not mean that we should use the old Hoyer lift device that is in the back of the closet, covered in dust. I am talking about state-of-the-art equipment that is in patients' rooms, which costs very little to install, and that will prevent a large majority of the injuries we suffer.

We want to reshape nursing education and federal and state ergonomics policies and convince [health care facility administrators] and others that the tried and true techniques that we were taught and that we continue to teach our students do not work. Manual lifting does not work. Therefore, we must change how we educate our students. I went to the National Student Nurses Association convention, and I said to them, “The way that you can help us with this whole thing is very simple: When you go for job interviews, all you need to do to help is to ask the recruiter, ‘Do you have a no-manual-lift policy for your institution, and what technology do you provide on the floor, so there is a means to accomplish that?’”

Can you imagine the energy if every new graduate that they interviewed declined to come because they didn't have a “no-lift” policy?

We were in partnership with WSNA on the “No on I-841” ballot initiative in November 2003, a mission to preserve ergonomics protections, organized by Washington state AFL-CIO. Although we were outspent by the business community and lost, the campaign provided lots of visibility for nurses. These regulations were so good that the United States Navy adopted them. But the business community put together a huge advertising campaign [that repealed the initiative]. My friends, we cannot let that stand. Ergonomic safety is a primary factor in our longevity as nurses. We must continue to take advantage of every opportunity to protect the ergonomic initiatives and the progress that we’ve made. To that end, we continue to support and sponsor safe patient-handling conferences. On March 3–5, we had a conference in Florida, and tomorrow on June 26 we will be having a pre-conference here in Minneapolis. We are providing that program and we hope you will participate – because strong ergonomic programs can save money and prevent injuries.

Under [another] one of the resolutions to be taken up by the House, delegates will be asked to consider a plan to promote implementation of recommendations outlined in the Institute of Medicine (IOM) 2003 report, “Keeping Patients Safe: Transforming the Work Environment of Nurses.”

Along with earlier IOM reports on patient safety issues, it affirms many of the strategies ANA has previously promoted to improve RNs’ working conditions and ensure safe, quality patient care. That combination that we use and advocate for our patients is one of our most powerful tools.

We are also participating in patient safety and advocacy [efforts] to build awareness regarding high blood pressure through the “Take Action for Healthy Blood Pressure” campaign, which is a partnership among ANA, Novartis, American Society of Hypertension, the Department of Health and Human Services and the Centers for Disease Control and Prevention. As many of you know, we are participating in an active program with RNs across the country to help our patients know their numbers and keep their numbers low. This is a national initiative to address the growing crisis of uncontrolled high blood pressure. We also have a session on “Take Action for Healthy Blood Pressure” designed to educate RNs here in Minneapolis. This is a Continuing Education session, and it’s on Monday, June 28, and includes a free breakfast. Materials also will be sent to CMAs. As we roll out the program this summer, we will be conducting free blood pressure screening in 10 major cities as a kick-off to help consumers understand the importance of knowing their numbers and keeping their numbers low.

We’re also very active in efforts to reduce mercury in the environment. On March 16, I joined with leaders of a broad coalition of public health, labor, education and faith-based organizations in opposing a proposed Environmental Protection Agency (EPA) rule that would relax current standards on toxic mercury emissions from smokestacks. Under current law, mercury emissions from coal-fired power plants would be reduced by 90 percent by 2008. The technology is there. But the proposed EPA rule would delay these significant reductions for 15 years or more.

As a result of our activity and the activity by many others, the EPA announced on April 29 that it would extend the public comment period by two months and push back final action on the rule until March 2005. That signals to us that they have found an overwhelming response that they must not ignore.

This is just one of the many activities that ANA and the CMAs are engaged in to make the environment safer. We are modeling this behavior here by holding a “green meeting.” By posting all of the advance materials online for delegates versus mailing, ANA has saved 1.5 million sheets of paper!

In the meantime, we have a busy and important few days ahead.

Returning to the work of the profession, we have resolutions coming before the House of Delegates that will address a wide range of issues. We have HOD reports brought forth by several CMAs and ANA's Board of Directors, including:

- A report that deals with technology and the workforce. If approved by the HOD, ANA would push for greater RN involvement in deciding which types of technology should be used in the workplace to help nurses provide safe, quality care. Also, any technology should be viewed as an additional tool to provide safe care, and not a replacement for nurses' decision-making and judgment.
- An action report that calls for development of standardized process for extending clinical privileges to APRNs nationwide. Currently, hospital medical staffers are responsible for determining who can have clinical privileges – or oversee a patient's care – at their facilities, which means some APRNs are not able to practice fully.

In another action report, delegates will consider a measure to take politics out of research funding and preserve the integrity of the scientific peer-review process. This report points to recent efforts to block government funding for research. Nurse researchers are particularly at risk of losing funding if ideological measures are applied because their work often focuses on issues related to reproduction, risk-taking behaviors and vulnerable populations.

We will be looking at a proposal that examines the issue of the high cost of prescription drugs and strategies to ensure Americans have access to safe, affordable medicines. Another action report requests that ANA further build on its efforts to prevent and reduce environmental pollution and environmentally associated diseases. Specifically, delegates will consider asking ANA to develop principles that help RNs promote products and workplace practices that pose no threat to the environment, such as the use of mercury-free sphygmomanometers.

We will consider a report that examines the inappropriate use of antimicrobials in agriculture. It points to research that shows the majority of antibiotics used in the United States now are given as feed additives to livestock and poultry for non-therapeutic purposes. Delegates, therefore, will consider an action urging Congress, and others, to stop this agricultural practice, which promotes the development and spread of resistant bacteria.

While I am excited about the opportunities we have to move nursing's agenda forward together, we also face many challenges together. All of us need to grow our membership. Passing the bylaws package last year opened the door to connect with more nurses in different ways – but we know they are not a panacea. We must continue to work creatively to connect with the vast majority of nurses – 80 percent – who have no connection to any nursing association.

We need to support nurses at all ages and stages from the mature nurse, as CAN has done, to the new nurse, as ANA has done. The ANA Board has a Task Force on the Emerging Workforce that has begun to address the needs of our younger colleagues, and we are hopeful that our new individual affiliate or “virtual” membership will appeal to some of them. Part of our outreach is to create special online resources targeted to this community.

We have a new need to ensure that we are relevant and that we provide service to our current members. To succeed here, we need to work together to ensure that our CMAs are strong. Membership is the lifeblood of an association, and CMAs are the linchpins in the membership structure of ANA.

We also have a new need to rally together against external threats. We know that there are groups out there who would like to replace ANA as the “voice for nursing.” They are aggressive, well-funded and patient — they are willing to wait for the right opportunities. We must not let them succeed!

So, there are both challenges and opportunities that face us in the days ahead. It is only by tackling these proactively and creatively that we will achieve our goal “To be the unifying force to advance quality health for all.”

In addition, we have a very exciting convention, with a keynote address from U.S. Surgeon General Richard Carmona, plenary and educational sessions, exhibits and other special events.

We also have some special celebrations going on. The ANA-PAC is celebrating its 30th birthday this year at the ANA-PAC event Saturday night. You won't want to miss that. And there is a rumor that the PAC knows how to party! I suggest we go and test that rumor.

On Saturday, ANCC is celebrating 30 years of certification and will be recognizing a group of nurses who have held certification for all those 30 years at the ANCC reception, also Saturday night.

On Sunday morning during the convention Opening Session, we will induct two new members into ANA's Hall of Fame. And on Monday evening at 7 p.m. at the Hilton, Honorary Awards will be bestowed on 11 of nursing's best, a celebration that is open to all. Following the Honorary Awards, we will hold the “Celebration of Nursing” reception at 8:30 p.m., Monday night at the Hilton. This is a \$35 ticketed event. Tickets can be purchased at the Convention Center Registration Desk.

So, we all will have a busy and exciting week.

I believe that nurses can and must play a critical role in bringing about the kinds of changes that are needed in health care and in our own work force and work place. I believe all of you sitting in this audience today have a critical role to play. And I encourage you to stay involved in trying to make nursing an even better profession.

In closing, I would like to borrow from the words of the first president of the American Nurses Association which, in those days, was called the Nurses' Associated Alumnae of the United

States and Canada. Her name was Isabel Hampton Robb, and she was president from 1897 to 1901.

The original goals of the association were:

- To establish and maintain a code of ethics,
- To elevate the standards of nursing education, and
- To promote the usefulness and honor the financial and other interests of the nursing profession.

We have kept faith with Ms. Robb and her contemporaries all these years.

At the very first convention, more than 100 years ago, she said:

“The objects as outlined in our constitution may seem simple and few... and yet concealed in each there lies folded up the seed of many a plan and purpose that can only come to maturity in the fullness of time, when the work shall be lifted from our hands... and carried onto loftier ideals and higher aims by the strong, young hands, hearts and brains of future nurses.

“Many nurses have asked and more will ask, ‘What is there in it for me if I join the... association?’ In answer we would say through the alumnae association of your school and the national associations, all the possibilities that we have pointed out will be opened to you...

“It is impossible to make too strong an appeal to your esprit de corps. Each member should see that the association and its work is loyally sustained in the years that are to come. Such work, though it may be well organized, will always need this individual attention and feeling of personal responsibility from the members, if we would look toward the day when the ideal nurse will be the rule and not the exception; her influence felt in the home, the hospital, our educational institutions and over the broad land.”

I challenge us today to recommit our energy and our enthusiasm to the words that Isabel challenged us with so many years ago. She is right, my friends. The individual attention and the personal sense of responsibility to support the work of this association and the work of our profession sits with us. We have an obligation to pass on the challenge she presented to us, and on the other hand, to pass onto a new generation of nurses a profession that is stronger, bolder and better than we found it. The place to do that is here. The time to do that is now. We cannot let anyone or anything interfere with that obligation and that responsibility. We cannot succumb to distractions. We cannot succumb to a sense that the issues are different – they are not. But it is up to us. It is our generation. It is our time. If we want to pass on those loftier ideals and higher aims to the young, strong hands, hearts and brains of future nurses, the work must begin and continue here. I invite you to participate in it. Thank you very much.