

## Healthy Nurse: Focus on Fitness



■ Healthy lifestyle ■ Palliative care ■ Transgender patients

# Saying yes to yoga

*Practicing—and teaching—yoga contributes to nurses' overall wellness and well-being*

By Apryl Motley, CAE

The physical and mental health benefits of practicing yoga are well-documented. One recent study focused on the benefits of yoga for nurses. In 2015, Gina K. Alexander, PhD, MPH, MSN, RN and her co-authors found that after completing an 8-week yoga intervention, yoga participants reported significantly higher levels of self-care as well as less emotional exhaustion and depersonalization than the control group, as reported in *Workplace Health & Safety: Promoting Environments Conducive to Well-Being and Productivity*. In addition, the Mayo Clinic indicates that “yoga may help reduce stress, lower blood pressure, and lower your heart rate.”

With its potential benefits, it's not surprising that 15% of U.S. adults practice yoga, according to the Yoga Alliance's report, “Yoga in America 2016.” And nurses are among them.

### Yoga for life

In fact, nurses who practice and teach yoga would be the first to tout its benefits for their peers and encourage them to join the ranks of people practicing yoga. As nurses and teachers, practicing yoga has become an integral part of their lives.

“As a nurse, I know chronic stress is widespread in and out of health care,” said Certified YogaNurse Kerry Churchill, RN, HN-BC. “For me, practicing and sharing yoga is an exercise in self-awareness or self-assessment”

A Kentucky Nurses Association member, Churchill believes, “Awareness allows me to detect stress, anxiety, and pain early on. When I apply my yoga self-care tools, I feel more relaxed, calm, and comfortable.”

Chicago-based Toni Scott, MSN, RN, founder of Yogatones, agreed. “I actually stumbled upon yoga when I first moved to Chicago and recognized how unhealthy I had become,” she explained. “After the first class, I knew that I had to go back. The first benefit I got from yoga was becoming more self-aware.”

“I lost weight by doing yoga because of my self-awareness,” Scott continued. “Instead of reaching for a cookie, I would take some breaths and think about what my body really needed besides food.”



**Kerry Churchill**

Scott is an ANA-Illinois member and chairs its local Healthy Nurse, Healthy Nation™ Grand Challenge.

Similarly, yoga has been an effective coping mechanism for Jemme Stewart, a nurse psychotherapist and co-owner of a mindfulness studio in Columbia, SC. “It's made such a huge difference in my life and work,” she said. In 2006, Stewart, a South Carolina Nurses Association member, was diagnosed with breast cancer.

“Yoga helped me during my illness,” she recalled. Shortly after she completed her treatment, Stewart's husband passed away suddenly. “That's when I started my teacher training,” she said. “I was attending four or five yoga classes a day, which grounded me during that time.”

### Each one, teach one

Besides yoga's benefits to them personally, these nurses are motivated to help others discover how yoga might improve their lives. For Scott, who began teaching in 2005, her main desire is to help others improve their health and well-being. “I teach because of the benefits I get from watching students change both mentally and physically,” she said. “I enjoy seeing their growth.”

Facilitating students' growth also helps the teacher to grow, according to Stewart. “Teaching has become one of the greatest joys of my life,” she said, “and it keeps me on my toes with my own practice.” In particular, teaching gentle yoga to students primarily in



their 50s to 80s has helped her learn more about how people can develop a meaningful practice despite their physical challenges.

“I want my students to experience the sense of being more fully alive that you feel when you are stronger, better balanced, and calmer,” she said. “One of the greatest benefits of yoga is learning to live in the moment.”

Churchill, who started teaching 4 years ago, has spent many meaningful moments with her students.

“By sharing my practice with others, I receive the gift of connecting with and learning from a variety of personal perspectives,” she said. “Most of my current work is with groups. I may have 100 nurses and students participate during a conference or ten people receiving care in an inpatient mental health setting.”

“My greatest joy is seeing smiling faces and noticing how many people are a little taller and brighter near the end of our time together,” Churchill continued. “It’s common for people to say that it was their first experience with yoga and they are excited to continue.”



Inside the mindfulness studio co-owned by Jemme Stewart.

### Commit to fit

Scott, Stewart, and Churchill would encourage nurses to give that first yoga class a try. According to them, once you get started on the path to better health, you’re more likely to continue on it, which benefits you and your patients.

“Remember, even small investments in self-care add up and have a positive ripple effect on your journey to better health,” Churchill noted. “Just as we assess and meet our patients where they are, regularly check in with yourself. Notice the areas that most need your attention and meet yourself there with compassion.”

And a self-check-in doesn’t have to take a long time. “Because nurses are so busy, it’s really hard to get them to try yoga,” Stewart said. “You can do 10 to 15 minutes of yoga a day and make a significant difference in your life.” The most effective way to break through this barrier to overall good health is for nurses to educate each other. Stewart challenges nurses who haven’t tried yoga to take six classes on faith. “Just do it,” she said. “I challenge nurses to take as good care of themselves as they do their patients.”

Scott echoed this sentiment. “Be open to improving your personal health and well-being. Then you’re able to help others do the same,” she said. “I hope more nurses begin to realize the importance of our individual health and how that impacts the people we care for. Nurses lead the way in the journey to health.”

“Empowering other nurses in self-care builds momentum to create healthier work environments and safer patient care,” Churchill noted. “I appreciate the vision of ANA’s Healthy Nurse, Healthy Nation Grand Challenge, and I’m proud that my role in sharing yoga is in alignment with this important initiative.”



Toni Scott

— Apryl Motley is a professional writer.

## Goals and actions for a healthy lifestyle

By Karen Gabel Speroni, PhD, RN, BSN, MHSA

**H**itting a milestone of 50 years or older can spark renewed attention to personal health goals, along with the recognition that there's much more to a healthy lifestyle than diet and exercise. What is (or is not) consumed, along with activity (or lack thereof) and how we practice a peaceful existence form the connections to our goal of achieving a healthy lifestyle balance.

### Healthy lifestyle goals

The process of achieving and sustaining a healthy lifestyle is not a momentary goal but a continuous state of mind that we must practice. Normal weight and a strong body and mind help us to enjoy all that life has to offer. But where does one start? Think of it this way: Never start a diet to lose weight; start a nutrition, exercise, and mindfulness plan to gain a healthy lifestyle.

### Healthy lifestyle actions

Research has shown that although nurses have knowledge regarding healthy lifestyle, knowledge doesn't always translate into self-care. As a first step, set your healthy lifestyle goal(s) and consider these actions to include in your healthy lifestyle plan:

- Join Healthy Nurse, Healthy Nation™ (HNNH) Grand Challenge of 3.6 million RNs leading the nation's journey to better health ([www.healthy-nursehealthynation.org](http://www.healthy-nursehealthynation.org), see p. 27 for more information).
- Set five goals adapted from the Nurses Living Fit™ research study:

**Goal 1:** Get 15,000 steps daily. Invest in a device that monitors your steps. Test yourself and see if this equation works for you: More steps = more activity; more activity = more energy!

**Goal 2:** Practice yoga weekly. If new to yoga, find a local yoga studio to learn the basics before joining yoga classes that don't focus on variances in yoga practices for beginners.

**Goal 3:** Practice mindful food and drink consumption. Consume foods that are healthy and natural. Avoid foods that are processed, and high in salt, fat or sugar. Practice mindfulness of portion sizes; portion distortion



= body distortion; big portions = big bodies, according to the National Heart, Lung, and Blood Institute.

**Goal 4:** Drink water. Be mindful when you're thirsty—your body is asking for water, not soda or juice. Don't mistake thirst for hunger.

**Goal 5:** Be in bed at least 8 hours before you have to get up. Sleep matters. If you can't sleep, meditate. Don't make the mistake of thinking you're hungry when you're really just tired.

- Study meditation, relaxation, and stress management techniques. When you're not sure where to begin, simply observe and catalog your life stressors. Instead of reacting to stressors, observe their frequency and effect on your body and mood. Trends may emerge over time and stress-related triggers may become more predictable. For those you can identify, evaluate how to best mitigate the stressors before they occur again.
- Evaluate workplace stress. Talk to a trusted mentor, review the literature, and study how to best manage stressors while practicing patience, civility, and compassion. Talk with your nursing leaders, human resource professionals, and fellow nurses about how to implement best practices for a healthy work environment in your setting. The literature is rich in improvement opportunities for stress management, healthy workplace foods/nutrition programs, exercise options, healthy lifestyle coaching, and health related events for both employees and the community.

Nurses working together for positive change can lead the way, one nurse at a time, for healthy nurses and a healthy nation! Ideally, you, your nursing career, the profession, and your patients will benefit when you meet healthy lifestyle goals.

— Karen Gabel Speroni is an independent nursing research scientist consultant and a consultant and educator for ANA.

Visit [www.americannursetoday.com/?p=26439](http://www.americannursetoday.com/?p=26439) for a list of selected references.



## Calling for all nurses to lead and transform palliative care

**A**NA and the Hospice & Palliative Nurses Association (HPNA) have partnered to issue *Call for action: Nurses lead and transform palliative care*. This call for action supports the belief that seriously ill and injured patients, their families, and communities should receive quality palliative care in all care settings.

“Every nurse should have the knowledge and ability to facilitate healing and alleviate suffering through the delivery of safe, quality, and holistic person-centered primary palliative care,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN.

In January 2016, ANA and HPNA convened the Palliative and Hospice Nursing Professional Issues Panel. This panel was tasked with completing an environmental assessment, examining palliative care nursing within today’s healthcare system, and identifying steps and strategies for nurses to lead and transform palliative care. The call for action, which has been approved by members of the ANA and HPNA Boards of Directors, outlines 12 key recommendations that support the conclusion of the call for action and indicate the steps necessary to achieve quality primary palliative nursing, regardless of setting:

1. Adopt the End of Life Nursing Education Consortium curricula (core, geriatric, critical care, pediatric, advanced practice registered nurse [APRN], and online for undergraduate nursing students) as the standard for primary palliative nursing education for pre-licensure, graduate, doctoral, and continuing education for practicing registered, vocational, and practical nurses, and APRNs.
2. Petition the National Council for State Boards of Nursing to increase palliative care content on the NCLEX-RN and NCLEX-PN exams.
3. Encourage state boards of nursing with continuing education re-licensure requirements to mandate inclusion of palliative care content.
4. Advocate the use of the National Consensus Project for Quality Palliative Care *Clinical Practice Guidelines for Quality Palliative Care* in the development, implementation, and evaluation of specialty, evidence-based palliative care services for all organizations.
5. Recommend that all specialty nursing organizations review RN and APRN practice standards to include primary palliative nursing care and develop resources and position papers to support and advance primary palliative nursing.
6. Fund, develop, and evaluate innovative palliative care models to address workforce challenges and the needs of communities of color, underserved populations, and other vulnerable groups,

such as Native Americans, persons with intellectual and developmental disabilities, and others in rural and urban areas.

7. Convene a thought-leader summit to address practice barriers and develop initiatives to implement primary palliative care.
8. Incorporate primary palliative nursing as part of the American Nurses Credentialing Center Magnet Recognition Program® and Pathway to Excellence Program®, American Association of Critical-Care Nurses Beacon Award for Excellence, Academy of Medical-Surgical Nurses Prism Award, and other organizational and unit-based credentialing and recognition programs.



9. Conduct intervention studies that test strategies to alleviate compassion fatigue and moral distress to maintain a healthy workforce.
10. Promote equitable reimbursement and reduction of barriers by all payers for RN and APRN services related to palliative and hospice care.
11. Support the funding and development of palliative care services for communities with limited resources.
12. Position nurses at decision-making and policy-setting venues, such as healthcare and regulatory boards, to address palliative care needs.

Nurses are encouraged to lead and transform palliative care in practice, education, administration, policy, and research. Opportunities abound for nurses in community hospitals and clinics, academic medical centers, underserved and rural communities, home, and other healthcare settings to provide primary palliative nursing care when specialists are unavailable.

Access *Call for action: Nurses lead and transform palliative care*, an extensive compendium of valuable resources and additional action opportunities at <http://nursingworld.org/CallforAction-NursesLeadTransformPalliativeCare>.

# Overcoming marginalization in the transgender community

By Sharon A. Morgan, MSN, RN, NP-C and Liz Stokes, JD, RN

**D**iscrimination and stigma cause health disparities and differences in access to care that are closely linked to social, economic, and environmental disadvantages. In particular, members of the lesbian, gay, bisexual, transgender, and queer (or questioning) (LGBTQ) community experience societal, legal, and healthcare related barriers. Specifically, healthcare professionals may be unintentionally biased or have limited knowledge of the culture. Yet, RNs are called upon to provide quality, culturally sensitive care to the LGBTQ population.

The term transgender encompasses a wide range of behaviors and identities that reflect gender expression that differs from the sex assigned at birth. About 0.3% to 0.5% of the world's population (25 million people) identify as transgender, according to the World Health Organization. And in a 2015 international study on gender identities by Tarynn Witten, 8% viewed themselves as neither 100% male nor 100% female. Hence, gender is increasingly being viewed and studied as a spectrum, not a binary "either-or."



## The marginalization of the margins

The 2015 U.S. Transgender Survey (USTS) is one of the largest surveys examining the experiences of transgender people in the United States, with over 27,000 respondents from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases. The survey findings reinforced continued marginalization of the transgender community in numbers far exceeding national averages. For example, close to one-third (29%) of respondents were living in poverty, compared to 14% in the general U.S. population, and 30% reported termination, denial of promotion, or mistreatment on the job in the prior year based on their gender identity.

In health-related concerns, close to 40% of respondents reported psychological trauma in the month before the survey compared to 5% in the general population, and approximately 40% had attempted suicide over their lifetime, nearly 9 times the national

average. More than 75% of respondents reported mistreatment while in school (K-12) that has continued through adulthood, with nearly half of respondents reporting harassment or attempted sexual assault in their lifetime. For those identifying as transgender and also an ethnic minority, percentages of stigmatization and abuse were 6% to 10% higher.

## Health care for the transgender community

In 2011, The Joint Commission issued a communication guide for appropriate, culturally congruent care of the LGBTQ community. Despite advances made in addressing the health needs of LGBTQ persons, disparities persist, particularly for individuals who identify as transgender. For example, in the Human Rights Campaign 2017 Health Equality Initiative (HEI), 70% of transgender respondents reported some type of discrimination in health care, as opposed to 56% who identified as lesbian, gay, or bisexual. Of the 590 hospitals and healthcare facilities participating in the HEI, 53% indicated they didn't have an ombudsman or resident expert to facilitate transgender care and 27% of facilities acknowledged they didn't provide any transgender specific services. While 93% of participating facilities reported having readily accessible nondiscrimination policies, only 61% of the policies included both sexual orientation and gender identity.

Clinicians themselves are ill prepared to deal with distinct transgender issues such as the transitioned male-to-female (MTF) or female-to-male (FTM), or those undergoing hormone therapy. In a recent study on transgender health in endocrinology, although 80% of the 411 respondents indicated they have treated a patient identifying as transgender, 80% stated they had never received training in transgender health needs. Barriers to formalized specialty training in transgender health topics included faculty inexperience and lack of interest.

## ANA and culturally congruent care

ANA published the third edition of *Nursing: Scope and Standards of Practice* in 2015, and for the first time, the Standard of *Culturally Congruent Practice* was included. Per the standard, "Culturally congruent practice is the application of evidence-based nursing that is in agreement with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and other stakeholders." By embracing a culturally congruent mindset, nurses are in the best position to demonstrate inclusiveness, ensure better outcomes, and reduce health disparities.

*Nurses are ethically obligated to respect every patient.*

### Delivering culturally congruent care

There are simple ways to demonstrate culturally congruent care:

- Ask patients how they wish to be addressed and use the pronouns with which patients identify themselves.
- Ask only clinically relevant questions.
- Encourage gender-neutral language such as “partner” or “significant other”; “relationship status” instead of “marital status.”
- Encourage the incorporation of transgender issues in continuing education and certification.
- Lead by example and step in when you witness insensitivity. It’s not necessarily about understanding, but it’s always about respect.

Learn more by reading “Nursing communication and the gender identify spectrum” (p. 6).

### Nursing’s ethical obligations to the transgender community

Nurses have a social mandate to effect change in society where health, human rights, and human dignity are harmed. Nurses must be united leaders in health care to assist society and the healthcare system in overcoming transgender invisibility, unjust transgender discrimination, and social or cultural barriers to care, writes Marsha D. Fowler, PhD, in the *Journal Nursing Inquiry* in 2017.

ANA is concerned with the human rights of all individuals and is committed to address actions that are contrary to the respect of human dignity. Recently, ANA joined the Gay and Lesbian Medical Association and 18 other professional organizations in a friend-of-the-court brief to the U.S. Supreme Court supporting the scientific consensus outlining the harms associated with denying a transgender person use of facilities, including bathrooms that correspond with the individual’s gender identity.

Nurses are ethically obligated to respect every patient who requires and receives care. Furthermore, the *Code of Ethics for Nurses with Interpretive Statements* obligates nurses to practice with “compassion and respect for the inherent dignity, worth, and unique attributes of every person.” Factors such as sexual orientation and gender expression should be considered in individualized care planning to promote health and wellness, without introducing discrimination or bias.

— Sharon A. Morgan is senior policy advisor in Nursing Practice & Work Environment at ANA.  
Liz Stokes is senior policy advisor at ANA’s Center for Ethics and Human Rights.

Visit [www.americannursetoday.com/?p=26441](http://www.americannursetoday.com/?p=26441) for a list of selected references.

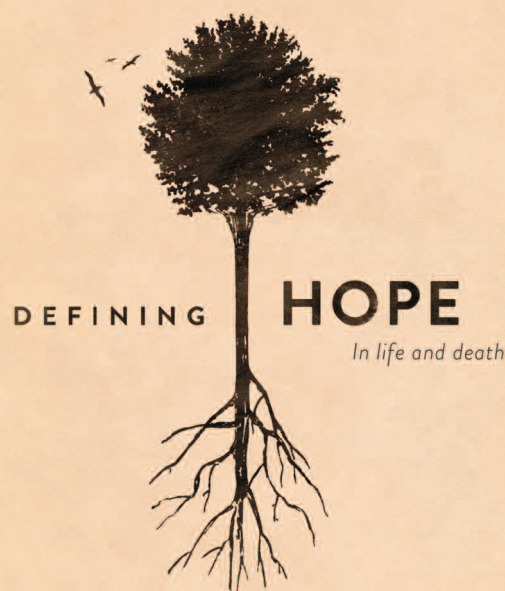
### New film: *Defining Hope in Life and Death*

A new film by award-winning documentary filmmaker Carolyn Jones debuts nationwide on November 1, 2017, to coincide with National Hospice and Palliative Care Month.

*Defining Hope in Life and Death* follows nurses and their patients with life-threatening illnesses as they make choices about how they want to live, how much medical technology they can accept, what they hope for, and how that hope evolves when life is threatened.

The film is supported in part by a grant from the American Nurses Foundation.

Bring the film to your city, town, workplace, and home. Learn more at [www.HOPE.film](http://www.HOPE.film).





## Now open: 2017 call for nominations for appointed positions

The ANA Committee on Appointments, a committee of the ANA Board of Directors, is accepting nominations until June 23 for the following appointed positions on ANA committees and boards:

- American Nurses Credentialing Center Board of Directors
- Committee on Bylaws
- Committee on Honorary Awards
- Committee on Honorary Awards Subcommittee
- Committee on Nursing Practice Standards
- Minority Fellowship Program National Advisory Committee
- Reference Committee

All members are invited to become more involved by seeking out a volunteer leadership position on one of ANA's committees and boards. Serving as a volunteer leader offers great opportunities to build your professional network with other nurses from across the nation. In addition, volunteer leaders provide an important level of support to ANA by participating in the association's governance.



Current joint members of ANA and its constituent/state nurses associations and members of the individual member division may nominate themselves and others to be considered for a committee or board position by completing the online form at [www.nursingworld.org](http://www.nursingworld.org). All nomination materials must be **received by 5:00 p.m. Eastern Time on Friday, June 23** to be considered for appointment.

For additional information about the appointments process, contact the ANA Leadership Service department at [leader@ana.org](mailto:leader@ana.org).

## 2017 candidates for ANA national office

The ANA Nominations and Elections Committee has prepared the slate of candidates for ANA's national elections. The slate will be presented at the 2017 ANA Membership Assembly June 9-10:

### ANA Board of Directors

#### Vice-president (*elect one*)

Ernest Grant, PhD, RN, FAAN  
North Carolina Nurses Association

Daisy Galindo-Ciocon PhD, ARNP  
Florida Nurses Association

#### Treasurer (*elect one*)

Sarah Moody, DNP, RN, NEA-BC  
Texas Nurses Association

#### Director-at-Large (*elect one*)

Elizabeth Fildes, EdD, RN, CNE, CARN-AP, APHN-BC  
Nevada Nurses Association

Jennifer Waterbury, MHA, RN, BSN, CM, LNC  
Kentucky Nurses Association

MaryLee Pakieser, MSN, RN, FNP-BC  
ANA-Michigan

Norma Rodgers, BSN, RN, CCRA  
New Jersey State Nurses Association



#### Director-at-Large, Recent Graduate (*elect one*)

Amanda Buechel, BSN, RN  
ANA-Illinois

Kelly Hunt, BSN, RN  
ANA\California

#### Nominations and Elections Committee (*elect four*)

Anthony King, BSN, RN, CPN  
ANA-New York

Thomas Stenvig, PhD, MPH, RN, NEA-BC, FAAN  
South Dakota Nurses Association

Terry Throckmorton, PhD, RN  
Texas Nurses Association

Elizabeth Welch-Carre, MS, APRN, NNP-BC  
Colorado Nurses Association

If you have questions about the election slate, contact Bianca Fornari, law clerk, ANA, at (301) 628-5125 or [bianca.fornari@ana.org](mailto:bianca.fornari@ana.org).