

Finding joy in volunteering



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Advantages of altruism

Volunteering has positive impact on nurses' well-being

By Susan Trossman, RN

It's been said that it's better to give than to receive. While it may be difficult to say that one truly edges out the other, research shows there are health benefits associated with altruism.

Nurses also agree that volunteering has a positive payoff when it comes to their overall well-being, although that's not what ultimately drives them to help. What follows are some of their experiences and perspectives on volunteering and its rewards.

But first, the research

"There's research that shows that if you feel tired, going for a walk will give you more energy," said Dan Richmond, BSN, RN, CMSRN, an Oregon Nurses Association member who participates in a range of volunteer activities. "The same can be said of volunteering. And if you're feeling stressed or burned out, it can give you a new perspective and renewed passion for your day job."

Studies over the past two-plus decades have linked engaging in altruistic activities with mental health benefits, such as improved mood and feeling less stressed and more satisfied with life, particularly among older adults who donate their time. But there are other interesting results.

The authors of a 2015 article in the *Journal of Occupational and Environmental Medicine* examined volunteering, work-life balance, and health outcomes through an online survey of 746 busy Swiss workers who also volunteered at a nonprofit organization. The authors concluded that although volunteering may consume a portion of people's time and energy, "it may contribute to a greater sense of balance for people in the workforce, which might, in turn, positively influence health."



In a 2013 study released by UnitedHealth Group and the Optum Institute, 76% of 3,351 adult respondents reported that volunteering made them feel physically healthier, and 78% noted it lowered their levels of stress.

Fulfilling a need, a passion

Neysa Ernst, MSN, RN, describes herself and her husband Pat as long-time, "pathological" fundraisers and volunteers. However, what led her to give her time and energy to help adults with developmental challenges was a personal loss; their 24-year-old son Danny died suddenly in 2011.

"As a way to move us out of a constant state of grief and help us give back, we started Danny's Day Foundation," Ernst said. The foundation's mission is to advocate for, support, and enrich the lives of adults with developmental challenges, such as Down's syndrome and autism, in Anne Arundel County, MD. To accomplish this mission, Ernst spends several hours most weeks helping to plan and run fundraising events, including a golf tournament and a holiday party, as well as determining grant funding to organizations that align with the foundation's goals.

She also routinely volunteers for other activities, such as gardening projects and social events, at Providence Center, which provides services to adults with developmental disabilities in the region and has received foundation grants. Danny, who had been actively involved in charitable work with his parents since he was 5 years old, had become interested in helping this population and learning more about their challenges after becoming friends with a dishwasher, whom he worked with and who was a Providence Center client, explained Ernst.

"When you experience a sudden loss, it's easy to become depressed, inwardly focused, and isolated,"



said Ernst, a nurse manager in the endoscopy department at Johns Hopkins Hospital and a past president of the Maryland Nurses Association. “Although it’s not a replacement, starting the foundation gave me something concrete to do that honors his memory and that helps a disenfranchised population. And it provides meaning to something we can’t understand.”

Ernst also noted that her volunteer work is very rewarding, especially when she sees firsthand a socially withdrawn client engage in an activity for the first time, or witnesses the joy other clients experience at holiday parties.

Unique contributions

Dan Richmond believes that nurses bring many skills, expertise, and a unique perspective to any volunteer effort. “There are lots of opportunities out there just waiting for someone to show up,” said Richmond, who works in the float pool of an acute care hospital and is vice chair of the Oregon Nurses Association Constituent Association (CA) 4, which serves southern Oregon nurses.

Richmond knows whereof he speaks. For several years he volunteered on search and rescue missions in Jackson County, Oregon, where, for example, he helped to find and assist missing hikers on Mt. McLoughlin and search for a missing person last seen on remote, snowy roads. He’s taught wilderness first aid, which also requires rescuers to accurately assess the safety of the environment and improvise with limited resources.

In addition, Richmond spent time helping to restore natural vegetation on the Na Pali Coast in Kauai,



Hawaii, and he and his wife went on a medical mission to a remote area of Rwanda to teach local nurses and midwives simple, life-saving techniques to clear newborns’ airways, helping them to survive.

Through his volunteer role in his constituent association, Richmond now is working with nurse members to sponsor the Southern Oregon Swing Dance Convention as a way to boost the health and wellness of RNs and community residents.

“Nurses work in high-stress situations, where we’re all try-

ing to do more with less,” said Richmond, who also is treasurer of the ONA collective bargaining unit at his hospital. “Volunteering gives you a new perspective on nursing and a chance to be part of the solution. And it makes you feel good.”

Abroad and at home

Germaine Williams, MSN, RN, CNOR, assistant nurse manager in a Johns Hopkins operating room department, has volunteered for two medical missions to Patzun, Guatemala, with The Healing Hands Foundation.

Immediately after arriving at the remote, mountainous region, Williams said she and the volunteer surgical team had to unpack supplies they brought with them—from bandages to defibrillators—to prepare for the upcoming surgeries.

“We operated from sunup to sundown, performing 71 surgeries in 5 days during one of those trips,” said Williams, a member of ANA and the Association of periOperative Registered Nurses. Surgeries included burn contracture releases, and repairs of hernias, ear deformities, cleft palates, and cleft lips.

“When I would be done for the day, I felt energized, not tired,” she said. “I also felt good about the work we were doing, to see the smiles on the faces of children who had surgical repairs and felt like they no longer had to hide their faces with their hair. And the good feeling lasts—especially when I share stories [about my experiences.]

“That area is very poor, and being there made me think about how we live so frivolously sometimes. We forget about the blessings in the United States, including health care.”

Jennifer Taylor, RN, an Oregon Nurses Association member and president of ONA CA 1, which serves nurses in Multnomah and Columbia counties, participates in a range of community outreach projects.

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Healthy Nurse

"I feel like volunteering is a civic responsibility," she said. "As nurses, we are trusted and looked at as role models of health and wellness and experts in prevention, so we should be sharing our knowledge."

"One of my passions is preventing head injuries," said Taylor, who works on an inpatient psychiatric unit and previously worked as an inpatient physical rehabilitation nurse for many years. Since 2007, she's been organizing ONA CA 1 community outreach projects, focusing on bike helmet and safety programs. So far, they've provided and fitted for free about 2,000 bike helmets to children and families in the Portland area. She also talks with children about the importance of wearing helmets and other protective gear whenever they ride a bike, scooter, or skateboard, or participate in sports, and she emphasizes to parents their need to use helmets and role model safe behavior for their children.

"I always tell kids and families that there is a chance of injuring their brain, which is the reason they need to wear a helmet," Taylor said.

Some of her other volunteer activities include serving as an ONA unit representative, testifying before the Oregon legislature, and volunteering through the Oregon state emergency registry to respond to disasters and public health threats. She's been deployed a couple of times: once to administer immunoglobulin and hepatitis vaccine after a local outbreak, and another time to perform lead testing in schoolchildren.

When Taylor thinks about the benefits of volunteering, she mentions that she feels joy and a sense of accomplishment knowing she has helped improve lives in her community in some way.

"It fills my heart and soul to give back," said Taylor, who encourages young nurses to use their enthusiasm to engage in altruistic activities.

Answering the call

"Whatever your specialty or passion, I think it's important to use your God-given gift to give back without remuneration," said Nancy Durbin, MS, RN-BC, who works full-time and is on the board of the



Registered nurse Jennifer Taylor ensures a child's helmet fits properly at a bike fair.

Health Ministries Association, an organizational affiliate of ANA. "Nurses should do some soul-searching, and even with time constraints, see if there is some way they can use their time, talent, and treasure [in a volunteer activity.] Maybe it's helping with a blood drive or teaching a CPR class."

What drives Durbin to volunteer is her faith and her family background.

"I feel like I've been blessed with many opportunities, so it's my responsibility to give back—whether it's rolling up my sleeves to help or writing a check," said Durbin, an ANA-Illinois member.

Durbin has volunteered with the American Red Cross since 1990, assisting in emergency response and disaster preparedness, and she has been involved in a range of non-nursing volunteer activities with her church.

When she volunteers, Durbin feels a sense of satisfaction that stays with her.

Getting started

Durbin and other nurses interviewed suggested that RNs who are considering volunteering start small, perhaps participating in a walk for a cause they believe in, or combining a vacation with an altruistic activity. They also say it's important to pursue activities and projects that they feel strongly about, including getting involved in their professional association, which also can boost confidence and self-esteem, and build skills.



Or maybe it's engaging in a random act of kindness. When Durbin got off a plane and was walking through the airport on a Sunday night a few months ago, she came across a group of young lawyers who were holding signs saying they were available to help with legal services.

"I brought them some food from McDonald's, and they were so thankful," Durbin said. "No one asked them to be there, but there they were. The world would be so much better if we all gave back—even a little."

— Susan Trossman is a writer-editor at ANA.

Spreading happiness through therapeutic laughter

By Holly Carpenter, BSN, RN

“If you want to create positive change in your life, you first have to change your reality,” writes Shawn Achor, Harvard researcher, lecturer, and author of *Before Happiness: The 5 Hidden Keys to Achieving Success, Spreading Happiness and Sustaining Positive Change*.

Happiness is the August theme for ANA's Year of the Healthy Nurse, and to gain insight, ANA spoke with Arizona Nurses Association member Debbie Harbinson, MHI, RN, CNOR, HNB-BC, a Certified Laughter Leader.

What is a Certified Laughter Leader?

A Certified Laughter Leader receives substantive training in the science of laughter, psychology of humor, and the experience of mirth. The training program, “How to Create Therapeutic Laughter,” offered through the World Laughter Tour, prepares the participant to become a qualified leader for laughter clubs and other therapeutic laughter activities.

Upon completion of training, the participant is asked to subscribe to a code of ethics and traditional laughter club values. These values are best practices that enhance and nurture attitudes and emotions to improve health, increase happiness, and result in a satisfying life.

Though being a healthcare professional is not a requirement, many nurses, physicians, psychologists, counselors, activity therapists, health educators, marriage and family therapists, social workers, and healthcare volunteers find this role transforming in their personal and professional lives. I found growth in my own attitude concerning work-life balance as I taught the current scientific research and the ancient knowledge in mirth and play, which is critical in all stages of human development and organization.

What are the duties of a Certified Laughter Leader?

Certified Laughter Leaders may be called upon to work with any interested audience, including patients, and typically deliver current research and strategies on laughter and humor in a systematic and therapeutic format called a laughter club. The leader uses a combination of visual aids, playful activities, laughter exercises, and meditation to stimulate the mind, body, and spirit in a prescribed method. The laughter club may take place in various settings, such as hospitals, corporations, fitness centers, nursing homes, prisons, spiritual centers, and the community.



Can we, as nurses, increase our happiness quotient?

Absolutely! Try viewing a situation through a different lens. For example, Achor discusses how to rethink stress: stress is inevitable, but its negative effects are not. Turn your attention to research, which reveals that during the stress response, hormones are released that improve memory. Focus on your new-found memory improvement and how you can leverage stress in other areas of your life.

What are some happiness tips?

- Identify and spend time with joyful people in your life.
- Maintain a daily practice of laughter through cartoons, videos, jokes, or seeking out a laughter club.
- Remind yourself of your ability to change and sustain positive growth. Write down your three greatest occasions of change and keep them visible.
- Over 21 days, start each day with total attention and visualization of three things you're grateful for and then journal about them for 45 seconds.
- Your mind wants to keep you safe, scanning your environment for anything negative. So, turn off any unnecessary noise and pursue the information that will create success in your life.
- Fuel your day with nutritious food, exercise, and rest.

Finally, by being a nurse, you have the power to make a remarkable difference in people's lives. Realizing and contemplating your work as service can shelter you from depression and unhappiness.

— Holly Carpenter is the interim director, program operations, in Nursing Practice & Innovation at ANA.

Resources

Find happiness resources at www.NursingWorld.org/YearofHealthyNurse.

To become a Certified Laughter Leader, go to www.worldlaughtertour.com.

Veenema named Distinguished Nurse Scholar-in-Residence at National Academy of Medicine

Tener Goodwin Veenema, PhD, MPH, MS, RN, FAAN, has been chosen as the 2017-2018 Distinguished Nurse Scholar-in-Residence at the National Academy of Medicine (NAM). The program provides a year-long leadership opportunity to participate in shaping health policy.

Veenema plans to use the time to expand her leadership experience in advancing national preparedness and interprofessional workforce readiness in public health emergencies. "I am deeply honored to be selected for this wonderful opportunity to represent nursing and I look forward to working with colleagues at NAM to advance the science that underlies health policy for disaster and public health emergency preparedness," said Veenema, an ANA member.

Currently, Veenema is associate professor of nursing and public health at the Johns Hopkins School of Nursing and the Center for Humanitarian Health at



Tener Goodwin Veenema

the Johns Hopkins Bloomberg School of Public Health. She serves as a member of NAM's Standing Committee for the Centers for Disease Control and Prevention Division of Strategic National Stockpile. Veenema is the editor and author of the book *Disaster Nursing and Emergency Preparedness for Chemical, Biological and Radiological Terrorism and Other Hazards* and has published more than 50 peer-reviewed journal papers. She received the Certificate of Distinguished Service from the National American Red Cross and was awarded the Florence Nightingale Medal of Honor from the International Red Crescent.

The Distinguished NAM Nurse Scholar-in-Residence program is supported by the American Academy of Nursing, the American Nurses Association, and the American Nurses Foundation. Gifts to the Academy's Rheba de Tornyay Development Fund and the Foundation's Annual Fund support the Scholar-in-Residence program.

2017 ANA National Awards: Call for nominations

The Committee on Honorary Awards is now accepting nominations for ANA's National Awards and encourages you to take this opportunity to acknowledge exceptional colleagues for their outstanding contributions and achievements. By identifying those who exemplify the very best, you honor the individual, advance the profession, and educate other health professionals and the general public about the significant contributions of registered nurses to the delivery of health care.

ANA's 14 National Awards fall into the following categories:

- **Distinguished Practice in Nursing:** Excellence in the practice, science, and art of nursing and outstanding professional contributions of an ANA member in the areas of clinical care, direct patient care, or public health
- **Diversity in Nursing:** Significant contributions by an individual nurse or a group of nurses to enhance integration/inclusion within the nursing profession



- **Nurse Exemplars:** Dedication to the principles of nursing ethics and the highest standards of nursing practice
- **Nurse Leadership:** Excellence in the areas of national nursing leadership, academic leadership (nurse education/research), community leadership, innovation, or entrepreneurship
- **Nursing Champions:** Outstanding accomplishments in the area of advocacy for the profession of nursing and for ANA.

Nominations will be accepted from ANA members, constituent/state nurses associations, or organizational affiliates. All required nomination components must be submitted by Monday, Oct. 2, 2017, at 5:00 pm ET.

For a list of awards, criteria, eligibility, and other information, visit the ANA National Awards Program at <http://nursingworld.org/Nationalawards> program.

If you have questions, contact Maureen Thompson, director of Leadership Services at ANA, at maureen.thompson@ana.org or (301) 628-5041.

Altruistic organ donation

To: **Ethics**

From: **Concerned nurse**

Subject: **Living organ donation**

The nurse manager at a dialysis clinic recently donated a kidney to one of her patients. This seems like a collapse of professional boundaries as well as showing favoritism. Recently, the healthcare organization gave this RN an award for her actions. How should this situation be addressed?



From: **ANA Center for Ethics and Human Rights**

Living kidney transplants have been performed for over 60 years with approximately 6,000 living kidney donations occurring annually, according to Reese, Boudville, and Garg. Two ethical considerations nurses must make in situations with competing values are altruism and professional boundaries.

Altruism. The *Code of Ethics for Nurses with Interpretive Statements* defines altruism as “Disinterested or selfless concern for the well-being or benefit of others as a virtue, principle, and motivation for action.” Interpretive Statement 6.1 holds that compassion, honesty, altruism, and courage are moral characteristics that might not be expected of everyone, but are expected of nurses. Yet, provision 5 of the Code holds that, “The nurse owes the same duties to self as to others.”

In this case, a nurse is not required to place herself in potential or actual physical or financial harm by volunteering to be a living kidney donor for the express purpose of benefiting a person who the nurse only knows professionally. During the informed consent

process, the potential donor must be able to articulate that the decision to donate is truly voluntary and was not the result of coercion by others or financial or professional incentives.

Professional boundaries. “The intimate nature of nursing care and the involvement of nurses in important and sometimes highly stressful life events may contribute to the risk of boundary violations,” the Code states in Provision 2.4. The nurse should consider not only the motivation for being a living donor, but also analyze why this specific patient should be the recipient of her kidney. In other words, what makes this patient’s need for transplantation more urgent or exceptional than the other current or future patients receiving care in the dialysis center? In addition, since this nurse manager served as a living donor for a patient, current and future dialysis patients may unrealistically expect other staff (nursing and non-nursing) to become living donors.

Recommendations

First, if a nurse does in fact feel an altruistic need to serve as a living donor based on his or her personal and professional values, the nurse could pursue paired kidney exchange, where

a potential donor is matched with a compatible unknown recipient. Identities of the donor and/or recipient may remain anonymous and would allow the nurse to donate without stressing nurse-patient boundaries or creating expectations for other clinic staff.

Second, nurses should contact their organization’s ethics mechanism, which will be able to review this situation objectively from both a clinical and organizational ethics perspective. The ethics mechanism may decide to pursue the creation of an organizational policy regarding employee living donation to patients.

Response by Marcia Sue DeWolf Bosek, DNSc, RN,
associate professor in the department of
nursing at the University of Vermont.

Selected references

American Nurses Association. *Code of ethics for nurses with interpretive statements*. Silver Spring, MD; 2015.

Reese PP, Boudville N, Garg AX. Living kidney donation: Outcomes, ethics, and uncertainty. *Lancet*. 2015; 385(9981): 2003-13.

ANA speaks out against harmful cuts to health care

This summer, the American Nurses Association (ANA) continues to lead efforts to protect access to health care for millions of Americans.

ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, joined a press conference with U.S. Sens. Debbie Stabenow (D-MI), Jeff Merkley (D-OR) and Maggie Hassan (D-NH) on June 22, outlining the harmful effects of eliminating the essential health benefits currently available to millions of families across the country.

These benefits and access to Medicaid are threatened by both a draft healthcare proposal unveiled by Senate GOP leadership June 22 and amended July 13, and the American Health Care Act passed by the U.S. House of Representatives in May.

"In addition to eliminating the benefits that I just described, the Senate Republican draft healthcare bill's changes to Medicaid would be disastrous for our nation's most vulnerable," Cipriano said.

Lori Chovanak, MN, APRN, chief executive officer of the Ohio Nurses Association, and Jeanette Klemczak, MSN, RN, FAAN, of ANA-Michigan, also addressed the impact that having affordable, quality health-care insurance has on patients, healthcare facilities, and the nation. Access the recording on YouTube to hear what nurses and Senators had to say (www.youtube.com/watch?v=k84KkcZuZiw).

In addition, ANA members, area nurses, and nursing



At a national press conference, Pamela Cipriano emphasizes the importance of essential healthcare benefits.

students participated in an "Emergency White Coat Fly-in" with our coalition partners to #ProtectOurCare. Following a press event featuring nurses and physicians and organized by Rep. Raul Ruiz (D-CA), House Democratic Caucus Members, Leader Nancy Pelosi (D-CA) and Whip Steny Hoyer (D-MD), the group met with senators to persuade them to protect health care.

ANA continues to provide ongoing policy analysis and advocacy. Stay up-to-date on ANA efforts on health system reform (<http://nursingworld.org/Health-SystemReform>) by signing up for the ANA Capitol Beat Blog, and get involved at www.rnaction.org.

Shifting toward family-centered care in ICUs

Family members of critically ill patients, once relegated to the waiting room, are increasingly being welcomed into the patient's room. New guidelines encourage hospitals to engage family members more actively as collaborative participants in patient care.

The shift is part of a growing recognition that critical illness affects other people besides the patient, and critically ill patients and their families can experience persistent negative effects on their health and overall quality of life after patients are discharged from the hospital.

Research published in *AACN Advanced Critical Care* explores perceived elements that influence critical care nurses' inclusion of family caregivers in the care of critically ill patients.

The article, "Factors influencing active family engagement in care among critical care nurses," also examines relationships in the ICU work environment, patient acuity, nurse workflow, and attitudes toward family engagement.

"Effective implementation of active family engagement begins with the endorsement of the bedside nurse," said Breanna Hetland, PhD, RN, CCRN-K, a postdoctoral fellow at Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, who served as principal investigator and lead author.

For the study, the researchers developed a 15-item questionnaire on factors that influence family engagement to measure nurse perceptions of the physical environment and culture of the ICU, clinical stability of the patient, disruptive workflow, and the attitude toward family engagement in ICU care. A total of 433 critical care nurses completed the online survey.

Nurses were most likely to invite family caregivers to perform or assist with simple daily tasks, such as applying lotion, feeding the patient, washing the patient's hands, and communicating with the patient. They were less likely to include family members in activities that were more intimate, invasive, or technically skilled.

The National Institute of Nursing Research funded the study.