

## Advocacy and pandemic response



■ COVID-19 recovery ■ Patient privacy

# ANA advocacy focuses on core priorities for pandemic response, recovery

By Samuel Hewitt and Lisa Stand

In 2021, the American Nurses Association (ANA) is pursuing a full plate of nursing priorities in the 117th Congress. As in past years, core components of ANA's federal legislative agenda are promoting the critical role nurses play in the health of patients and the nation and guaranteeing a strong future nursing workforce. Following the events of 2020, ANA is engaged with policymakers on occupational safety, health equity, public health, and nurses' health and well-being. These priorities reflect ANA's strategic goals, positions, emerging issues, and the current political environment.

## Advancing nursing priorities

ANA remains committed to working as a respected nonpartisan voice for all nurses, to retain a seat at the policymaking table. A new political environment brings its own challenges. In 2021, ANA is getting to know key leaders in the new presidential administration, while also advancing nursing priorities with a new Congress. After an unpredictable 2020, ANA continues to be nimble and responsive in its efforts to promote nursing.

**Nurses' mental health.** An emerging mental health crisis has been called the second pandemic, following a year of shutdowns, quarantines, social isolation, and uncertainty in a public health emergency. The COVID-19 pandemic has certainly taken a toll on nurses' mental health, especially those early in their career. ANA's survey at the 1-year mark found that four out of five nurses age 34 or younger report feeling exhausted, and two out of three say they're anxious or unable to relax.

Fortunately, ANA has a close partnership with a strong community of mental health advocates. Together, we're pursuing federal support for mental healthcare, including interventions that are meaningful to frontline providers. Congress must not leave nurses behind as society tackles mental health challenges associated with living through the pandemic.

**Equity and disparities.** Disparities in risk for COVID-19 and access to care were starkly and immediately evident in how the disease affected Black, Indigenous, and People of Color, compared to White populations. Early on, ANA was prominent among leaders calling for Congress to prioritize equitable access to care and preventive measures and continues this work in 2021. Most recently, ANA has called for concerted action to provide communities of color with ongoing information and facts about COVID-19 vaccines and immunization.



American Nurses Association President Ernest J. Grant testified before the U.S. Senate Committee on Finance regarding the strain on the U.S. medical supply chain during the COVID-19 pandemic (June 2020)

As nurses well know, progress toward health equity requires policy changes across the healthcare system. ANA joins healthcare partners in support of bills aimed at improving maternal and infant health outcomes, especially to address disproportionate risks of death and complications that Black mothers and their children face. We also support legislative initiatives to diversify the nursing workforce, a critical component of health equity infrastructure.

**Personal protective equipment.** For months, far too many nurses cared for patients while experiencing shortages of personal protective equipment (PPE) caused by supply failures and surging COVID-19 cases. In some areas of nursing, supply appears to have improved. However, ANA's most recent survey found only 73% of nurses reporting they have adequate PPE.

The Biden Administration must vigorously enforce safety provisions that protect nurses exposed to COVID-19 and other infectious diseases and restore pre-pandemic standards for PPE without unnecessary delay. ANA believes such protections should be fortified with effective legislation that addresses flaws in the PPE supply chain and is actively engaging with Congress on options to redress the systemic failures seen during the pandemic. (See related photo above.)

**Public health infrastructure and workforce.** The nation's public health infrastructure and workforce have been underfunded for decades. While more funding for physical infrastructure and personnel will be an improvement, our nation lacks the capacity to educate and train future nurses and other healthcare



professionals to provide the care patients need.

ANA supports the Future Advancement of Academic Nursing (FAAN) Act (S.246/H.R.851), which would invest \$1 billion to strengthen nursing school capacity. Provisions would:

- diversify faculty to educate the future nursing workforce
- help modernize curriculums
- establish nurse-led intradisciplinary and inter-professional educational partnerships
- support schools of nursing and healthcare partners to establish or expand clinical education.

**Workplace violence.** Preventing workplace violence continues to be a top priority for ANA. In April 2021, ANA members once again helped the House pass the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195). A previous version passed the House in 2019 but was not taken up in the Senate. This time, vote totals increased 254-166, and the bill passed with solid bipartisan support.

The bill directs the Department of Labor to promulgate a safety standard that requires employers in healthcare and social services settings to implement comprehensive plans to protect their employees from workplace violence. The department has had voluntary guidelines since 1996 but lacks enforcement mechanisms to ensure compliance. ANA will continue to push for passage of this legislation in the Senate. ANA thanks Rep. Joe Courtney (D-CT) for introducing and supporting the bill in the House.

**Nursing workforce.** Title VIII of the Public Health Service Act authorizes the Nursing Workforce Development Programs, which support RN and APRN education and training programs across the country. In 2020, Congress reauthorized Title VIII as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. For fiscal year 2022, ANA and partners are asking Congress to double the appropriation amount to \$530 million. The coronavirus pandemic showed the importance of investing in nursing and APRN workforces, which are so vital to public health

and the nation's capacity to manage future health emergencies.

**Opioid crisis.** The SUPPORT for Patients and Communities Act of 2018 granted nurse practitioners permanent prescriptive authority for buprenorphine to treat opioid use disorders and gave the other APRN professions authority for 5 years. In April 2021, the Biden Administration put out new guidance that would allow all providers to obtain authority without burdensome educational requirements for treating up to 30 patients in their care. They would need to take the educational courses to go above the 30 patient limit. While this is progress, it will not solve the crisis.

ANA has endorsed the Mainstreaming Addiction Treatment Act (H.R. 1384/S. 445), which will remove the requirement for additional continuing education to be able to provide medication-assisted treatment to opioid use disorder patients. It also will eliminate the sunset of other APRNs' authority to prescribe buprenorphine.

**Nurse staffing.** Every nurse knows the stress and risks from fatigue while caring for patients. Regulations to limit work hours have been in place since the 1930s for high-risk occupations. Unfortunately, healthcare has been slower to adopt work hour regulations, including policies regarding mandatory overtime for nurses.

Mandatory overtime has long been used as a short-term solution to staffing challenges and in many cases it is standard practice. ANA worked with Senator Jeff Merkley (D-OR) to introduce the Nurse Overtime and Patient Safety Act in 2019 and aims to have it reintroduced this year. If passed into law, some provisions will:

- limit mandatory overtime for nurses
- include whistleblower protections for nurses who file complaints against their employer
- impose civil penalties for violations
- preserve state laws that provide greater protections with respect to mandatory overtime for nurses.

## Giving nurses a voice

Through legislative efforts in 2021, ANA will continue to advocate on behalf of nurses and patients to elevate the role of nursing in America's healthcare system.

### ANA resources

- Get involved, take action, and learn more about critical nursing issues at [RNAction.org](https://RNAction.org).
- Stay up to date on the latest healthcare policy and advocacy at [ANACapitolBeat.org](https://ANACapitolBeat.org).



## Supporting COVID-19 vaccination for millions of Americans

The American Nurses Association (ANA), which supports the development, distribution, and administration of safe and effective COVID-19 vaccines, applauded the Biden Administration's accomplishment of delivering 200 million doses to eligible Americans. Vaccination of all Americans against COVID-19 is imperative and this milestone demonstrates significant progress in our nation's recovery from this pandemic.

"The mass distribution and the broader availability of COVID-19 vaccines to millions of Americans is commendable," said ANA President Ernest J. Grant, PhD, RN, FAAN. "This is an encouraging turning point in our nation's response efforts, but it does not mean that we are in the clear. We all want to get back to some sense of normalcy, but we are not quite there yet. We must stay the course and work together."

As new cases of the highly contagious COVID-19 variant (B.1.1.7) surge across many communities with an uptick in hospitalizations in some areas, ANA urges the public to remain diligent in practicing the effective and scientifically proven preventive measures—wearing a mask, hand washing, and social distancing. Additionally, the public should continue to stay updated on the spread of COVID-19 in their communities and seek reliable information from public health officials on vaccines, variants, and recommendations for resuming travel and other activities.

"Many Americans remain apprehensive about getting vaccinated against COVID-19," Grant said. "Consistent efforts to engage with all Americans about the importance of immunization and address concerns about COVID-19 vaccines remain urgent. As trusted voices, I especially urge nurses and healthcare professionals from all walks of life and backgrounds to connect with their patients and communities to help disseminate culturally relevant information and have



meaningful conversations to answer questions."

Providing COVID-19 vaccine education and resources to build vaccine confidence aligns with ANA's long-standing commitment to immunization as a critical component of public health. ANA has developed key COVID-19 vaccine principles for nurses, created a focused COVID-19 video education series ([nursingworld.org/Covid-19-Videos](https://nursingworld.org/Covid-19-Videos)), and collaborated with the Department of Health and Human Services as a founding partner of the COVID-19 Community Corps ([wecandothis.hhs.gov/covidcommunitycorps](https://wecandothis.hhs.gov/covidcommunitycorps)). ANA also works with leading organizations and coalitions such as the Ad Council and Made to Save to deploy dynamic content to reach consumers about the importance of getting vaccinated against COVID-19.

ANA continues to work closely with the Centers for Disease Control and Prevention as a key partner for Project Firstline ([nursingworld.org/project-firstline](https://nursingworld.org/project-firstline)) as well as the Advisory Committee on Immunization Practices and many other entities to ensure nurses' voices and perspectives are included in critical conversations. All nurses and the public can stay connected and learn more by visiting ANA's COVID-19 Resource Center ([nursingworld.org/coronavirus](https://nursingworld.org/coronavirus)).

## ANA joins Made to Save coalition to address vaccine inequities

ANA has partnered with Made to Save, a new initiative working to save lives by increasing access to COVID-19 vaccines in communities of color, which have been disproportionately impacted by the pandemic and continue to confront access and information barriers to the vaccines.

As of March 2021, every state providing racial breakdowns of vaccination rates is reporting racial disparity. This is no accident—but



rather the direct result of systemic inequities in our public health system, which have led to worse health outcomes for communities of color. Made to Save will empower community-based organizations to run grassroots outreach programs that increase access to the vaccines and trusted information.

Learn more about Made to Save ([madetosave.org](https://madetosave.org)) and how you can be part of this work.

## ANA responds to verdict in Chauvin trial

In April, a jury found former Minneapolis police officer Derek Chauvin guilty on all charges for the killing of George Floyd.

“As a nation, we witnessed the murder of George Floyd as Derek Chauvin knelt on his neck for an agonizing 9 minutes and 29 seconds in May of 2020. Like many men and women before him and others after



him, I wondered if justice would be served to a white person for taking a Black life. As a Black man, I am relieved by this verdict and what it stands for—accountability,” said American Nurses Association (ANA) President Ernest J. Grant, PhD, RN, FAAN.

“The verdict is a pebble in the river of social justice where true justice can only be served when the senseless killings of unarmed Black people end. Just mere minutes before Chauvin’s verdict was delivered, Ma’Khia Bryant, a 16-year-old Black girl, was shot and killed by a police officer,” Grant continued.

“The simple truth is this: George Floyd should be alive today. Daunte Wright, Breonna Taylor, Ahmaud

Arbery, Tamir Rice, Elijah McClain, along with countless other Black men, women, and children who have lost their lives to acts of police brutality and racism should be alive today. I continue to lift up all the families left behind to grieve and navigate the lifelong trauma of losing a loved one to violence.

At its core, racism is a public health crisis that impacts a person’s mental, spiritual, physical health and overall quality of life. As a nurse, the *Code of Ethics for Nurses with Interpretive Statements* obligates all nurses to be allies and to advocate for and speak up against racism, discrimination, and injustice. We must respect the human dignity of all people and take a stand against the social injustices that divide our nation.”

Grant called on leaders and policy makers at the local, state, and national level to commit to sustainable actions to address racism and discrimination, police brutality, and basic human rights.

ANA is committed to actively advocating to address all forms of discrimination and inequity in our health-care system and across our communities. Consistent with this obligation, ANA has taken positions against racism, discrimination, and healthcare disparities and is advocating for human rights.

## American Nurses Foundation and CALNOC establish research fund

Earlier this year, the American Nurses Foundation and the Collaborative Alliance for Nursing Outcomes (CALNOC), the nation’s first database of nurse sensitive measures and a pioneer in health services research, announced the establishment of the CALNOC Research Fund. The \$2.5 million gift from CALNOC to the newly created fund will support and foster health services research in the ambulatory setting with a focus on the nursing profession’s contribution to improving healthcare delivery. This gift is the largest endowment in the Foundation’s history.

The substantial endowment is a testament to and a celebration of the past efforts of CALNOC researchers and nurse scientists, as well as the contributions of nurses and nursing leaders and executives who have championed quality and safety measurement to improve patient care.

“This endowment ensures the legacy of CALNOC will continue and flourish through the American Nurses Foundation,” said Mary Foley, PhD, FAAN, chairperson of CALNOC, who is also past president of ANA and an ANA\California member. “We are grateful for the Foundation and American Nurses Credentialing Center (ANCC), for their support and stewardship of this endeavor.”



The Foundation will use the fund as a vehicle for innovative research and scientific inquiry on the contributions of nursing practice in ambulatory care to patient care, safety, and quality. The Foundation, with counsel from ANCC, will provide grants from the fund.



## ICN Annual Report looks back on an extraordinary year

The 2020 International Council of Nurses (ICN) Annual Report covers a momentous year in the organization's history. While the International Year of the Nurse and Midwife started with celebration, it soon became one of the most challenging times most nurses have ever experienced.

The COVID-19 pandemic put unbearable pressure on nurses and other healthcare workers, noted ICN President Annette Kennedy in the report's opening message, but also "brought the work and the challenges of nursing to the forefront in ways we could never have imagined."

*The Global Voice of Nursing in the Year of the Nurse and the COVID-19 Pandemic* ([icn.ch/sites/default/files/inline-files/WEB\\_ICN\\_RA%202020.pdf](https://icn.ch/sites/default/files/inline-files/WEB_ICN_RA%202020.pdf)) provides updates on ICN's strategic plan, which includes four goals: global impact, membership empowerment, strategic leadership, and innovative growth.



Highlights of the report include ICN's work with the World Health Organization (WHO) and other international partners, release of the first *State of the World's Nursing* report, which provides an unprecedented analysis of the size and nature of the global nursing workforce, and advocacy on behalf of nurse health and safety around the world. The report also details ICN's involvement in several webinars and programs designed to prepare nurses to take on leadership roles.

Separately, ICN produced a report covering its work during COVID-19 ([indd.adobe.com/view/f618d9a4-9dee-4aa2-9521-ef1460c491f8](https://indd.adobe.com/view/f618d9a4-9dee-4aa2-9521-ef1460c491f8)), including advocacy for adequate personal protective equipment for nurses throughout the pandemic, collecting data on healthcare worker infections and deaths, and calling for nurses to be prioritized once vaccines were approved and available.

The American Nurses Association (ANA) is a member of ICN, and ANA past president Pamela Cipriano, PhD, RN, FAAN, is 1st vice-president of ICN.

## Focus on men's health in June

During Men's Health Month in June, the Men's Health Network (MHN) is encouraging all men to eat right, get moving, and make an appointment for their routine check-up. The reasons to do so are many.

Currently, men are dying an average of 5 years younger than women and lead 9 out of 10 of the top causes of death, according to the Centers for Disease Control and Prevention. Men have a higher suicide death rate than women and account for 92% of fatal workplace injuries. Also, 14.9% of men age 18 or over are in fair or poor health.

Yet, men don't see providers for a physical exam nearly as often as women and men are more likely than women to be uninsured.

In addition, the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services notes that the health status of racial and ethnic minority men continues to lag behind the general population.

During Men's Health Month, OMH encourages men to take control of

their health, and for families to teach young boys healthy habits throughout childhood. The OMH campaign, Five Plays for Men's Health, reminds men and boys that they can improve their health by seeking medical advice, making healthy food choices, staying active, quitting smoking, getting regular checkups, and taking care of their mental health.

The MHN's Men's Health Resource Center ([menshealthresourcecenter.com](https://menshealthresourcecenter.com)) lists various disease categories to help men learn more about different health topics and how health issues are interrelated, for example, how being obese can affect the cardiovascular system and how fully managing diabetes can lead to a healthier life.

To participate, observe Men's Health Week from June 14-20, and wear blue for men's health on June 18. Engage on ANA's social media channels and use hashtags #menshealthmonth and #wearblueformen. Download the Men's Health toolkit at [menshealthmonth.org/mens-health-month-toolkit.html](https://menshealthmonth.org/mens-health-month-toolkit.html).



# Protecting privacy while supporting nurses

To: Ethics Advisory Board

From: Concerned emergency department clinical manager

Subject: Patient/family privacy and nurses' well-being

A patient was brought to our emergency department (ED) from home hospice care and received aggressive resuscitation, with eventual transfer to the ICU. During an interdisciplinary staff debrief several weeks later, nurses were struggling with moral distress, feeling they had caused patient suffering at the end of life. A physician shared that the patient and family received excellent support in the ICU for several weeks and that they expressed deep gratitude for the expert care they received in our organization and for the compassionate end-of-life care they received in the ICU. The nurses, visibly relieved, asked about regular updates on patients following care in the ED to alleviate concerns and to sustain them in their work.

I want to support my nurses, but I worry this was a violation of the patient's and family's privacy and confidentiality, and not something we ought to make routine. How can I support my team within appropriate ethical, regulatory, and legal constraints?



From: ANA Center for Ethics and Human Rights

Thank you for your care and support for your team. Your account reflects an understandably challenging struggle of competing interests. In this case, the obligation to protect privacy and maintain confidentiality as core ethical commitments central to professional practice is in tension with the self-regarding duties essential to our own well-being.

The *Code of Ethics for Nurses with Interpretive Statements* (the *Code*) ([nursingworld.org/coe-view-only](http://nursingworld.org/coe-view-only))

makes clear that personal information about individuals, families, and communities shouldn't be disclosed without consent. Although HIPAA's privacy protections describe that an individual's health information can be shared between healthcare professionals without authorization, it's appropriately narrowly restricted to those professionals' consultation or direct care of the patient.

Similarly, the *Code* states that patient information "used for purposes of continuity of care, education, peer review, professional practice evaluation, third-party payments, and other quality improvement or risk-management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must ensure that the rights, safety, and well-being of the patient remain protected. Information disclosed should be directly relevant to a specific responsibility or a task being performed" (p. 10).

State statutes on privacy vary, so in addition to clarity about your own organizational policies on privacy and confidentiality, seeking support to understand how your legislative context applies to this situation is useful.

The *Code* also notes the inherently personal nature of our work as nurses, recognizing that nurses are closely involved in patients' and families' critical, stressful life events. The intimacy and intensity of these experiences can blur the edges of whose story, primarily, we are in. Experiences such as the one you describe can contribute to moral distress if those involved only have part of the story, but having the full story isn't the only path to closure.

The *Code* underscores how important continued professional and personal growth are to ethical practice. Your description of an interdisciplinary team debrief sounds like an excellent forum in which to reflect on ethical issues, such as competing interests, moral uncertainty, and values in tension. Accessing ethics resources like your ethics consult service or ethics committee to support and facilitate inquiry and exploration of moral adversity can serve to deepen the individual and collective ethical competence that sustain us in our work. Your advocacy and support for your team are invaluable.

— Response by Heather Fitzgerald, DBe, MS, RN, vice chair of the ANA Ethics and Human Rights Advisory Board.

Do you have a question for the Ethics Inbox?  
Submit at [ethics@ana.org](mailto:ethics@ana.org).

# Applying the phases of disaster response to COVID-19 recovery

By Marla J. Weston, PhD, RN, FAAN

**T**he end of the COVID-19 pandemic is in sight. Nurses may think the mental and emotional stressors experienced at the height of the pandemic will abate and things will return to “normal.” But evidence from other disasters indicates that mental and emotional recovery will take time—as long as a year or two, according to the U.S. Department of Health and Human Services Phases of Disaster, 2020 ([samhsa.gov/dtac/recovering-disasters/phases-disaster](https://samhsa.gov/dtac/recovering-disasters/phases-disaster)). What we know about disaster response is mainly from one-time dramatic events—such as hurricanes, floods, or man-made catastrophes—but nurses can apply this evidence to plan for recovery from the pandemic. The more nurses understand the disaster response, the more they can guide their own and others’ recovery.

Nurses can certainly recall the initial phases of disaster response from the early months of the pandemic. During the **impact phase** the focus is on doing what’s necessary to survive. Not surprisingly, most people initially respond with denial, disbelief, or confusion. The **heroic phase** involves people rallying to help, even self-sacrificing to make a difference. The **honey-moon phase** occurs as a result of sharing the catastrophic experience and giving and receiving support. Community bonding typically is high with a short-lived sense of optimism that together we’ll navigate the crisis.

During these initial phases, individuals begin to assess the reality of the situation and recognize the limits to making a difference. As people take inventory, they frequently become physically exhausted as a result of multiple demands, unexpected pressures, and the stress of responding. Typically, the initial optimism transitions to the **disillusionment phase**, marked by discouragement and fatigue, as losses and limited resources become apparent. Discouragement and stress continue to exact a toll and people may feel abandoned or resentful. Triggering events, such as the anniversary of a disaster or, in the case of the COVID-19 pandemic, ongoing surges, individual and societal stressors, and public policy that impedes recovery all exacerbate the stress of the disaster. Watching the larger community that’s less affected by the disaster return to business as usual can be particularly discouraging and alienating in this phase. In contrast to the community camaraderie experienced earlier, divisiveness and hostility frequently undermine community cohesion and support.

Ultimately, the **reconstruction phase**, characterized by an overall feeling of recovery, will occur. Individuals and communities will rebuild their lives and adjust to a new “normal” as they continue to grieve losses.



Even after a one-time disaster, the disillusionment phase can last months or even years. Nurses should recognize that it will take time to process the experiences and emotions of responding to the pandemic. Additionally, nurses should resist the tendency to believe that they need to be “resilient” and just power through their pain. In addition, nurses should recognize that disaster stress and grief responses are normal, adaptive reactions to an abnormal situation.

Every nurse should acknowledge the need to invest the time in their own and others’ recovery process. Nurses should talk about and deal with experiences and grief, as well as explain to patients,

**Well-Being**  
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friends, and families the healing benefits of talking about their feelings as part of the recovery process. Resources such as

the American Nurses Foundation’s Well-Being Initiative ([nursingworld.org/thewellbeinginitiative](https://nursingworld.org/thewellbeinginitiative)) are available to help. Reaching out for help as much as is necessary is part of the healing process. Recovery from the pandemic will require physical, emotional, and spiritual rebuilding. Ultimately, we’ll appreciate the courage, resilience, and resourcefulness with which we navigated this challenging time.

Marla J. Weston is CEO of Weston Consulting, LLC, providing expertise in leadership development, organizational strategy and growth, and future trends. Weston served as CEO of the ANA Enterprise from 2009 to 2018.