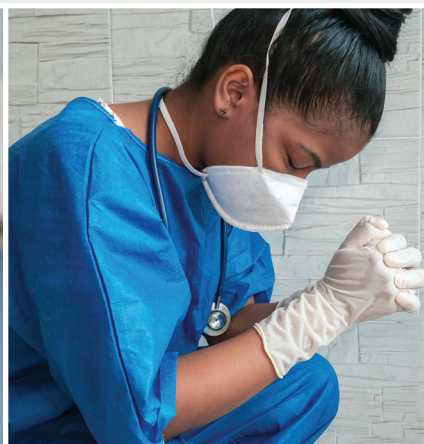


Reflection and recovery



“As we celebrate ANA’s 125th anniversary in these extraordinary times, I have never been more thankful for the dedication, competence, and responsiveness of our nursing workforce.”

— Ernest Grant, ANA President

■ Election results ■ Gratitude ■ Unpeaceful protest

ANA Membership Assembly gathers during 125th anniversary year

By Elizabeth Moore, MFA

As RNs continue to contend with effects of the COVID-19 pandemic, the 2021 virtual annual American Nurses Association (ANA) Membership Assembly convened on June 18 to conduct the business of the association. More than 400 representatives from ANA's constituent and state nurses associations (C/SNAs), the Individual Member Division, organizational affiliates, the ANA Board of Directors, and others attended the meeting.

Afterward, eligible voting representatives elected ANA officers and approved final recommendations from the ANA Professional Policy Committee.

A commitment to care

"As we celebrate ANA's 125th anniversary in these extraordinary times, I have never been more thankful for the dedication, competence, and responsiveness of our nursing workforce," said ANA President Ernest Grant, PhD, RN, FAAN, in his address. He praised nurses for their commitment to patient care during the pandemic. "No matter how tired and overwhelmed we were after torturous shifts, nurses persisted and persevered in caring for patients and their families, and Americans became more aware of the strains of our profession and our commitment to our communities."



Ernest Grant

Grant outlined the strength of ANA's response on behalf of nurses in 2020, noting the many resources the association deployed quickly for the entire nursing workforce, including webinars, videos, fact sheets, and web pages. "During a chaotic time, we sought to maintain high standards in clinical practice and promote safe, ethical work settings," he said.

In her remarks, ANA Enterprise CEO Loressa Cole, DNP, MBA, RN, FACHE, NEA-BC, FAAN, pointed to membership growth and the nursing community's acknowledgement that ANA was there for them. "We witnessed a renewed awareness among our members of ANA's value and support in advocating for them during this dangerous, stressful time for healthcare workers."



Loressa Cole

ANA earned increased credibility and visibility in Congress, Grant said, while drawing attention to sup-



ply shortages and how healthcare disparities contributed to the pandemic's disproportionate burden on communities of color. In addition, ANA supported the Biden administration's efforts to increase funding for mental health services.

ANA also was at the forefront of vaccine education for nurses and the public, with the goal of getting all Americans vaccinated, Grant said. Through the Center for Ethics and Human Rights, ANA rolled out Guiding Principles for Nurses and the COVID-19 Vaccines. The association partnered with other healthcare organizations to create many education tools, including the COVID Vaccine Facts for Nurses program, launched in March with the American Nurses Foundation and 18 other organizations.

Grant noted the association's participation in public service campaigns promoting COVID-19 vaccines. For example, "It's Up to You," an Ad Council-COVID Collaborative initiative, is one of the largest public education efforts in U.S. history.

In addition, ANA partnered with the Centers for Disease Control and Prevention and the American Academy of Pediatrics on Project Firstline, a collaborative effort to educate all U.S. healthcare workers with a foundational understanding of infection prevention and control.

"Other issues also required our response and engagement," Grant said. "The pandemic both exacerbated and shined a light on healthcare disparities and racism." He acknowledged that ANA and the nursing profession have a long way to go in recognizing and overcoming racism within. "Eradicating racism in nursing starts with us," Grant emphasized.

Establishing excellence

In her remarks, ANA CNO Debbie Hatmaker, PhD, RN, FAAN, recognized the association's 125th anniversary

and the American Nurses Credentialing Center's (ANCC) 30th anniversary. Noting several of the association's accomplishments, she observed that, "again and again, nurses have been faced with extraordinary circumstances and then demonstrated their skill and fortitude."

She added, "Protecting the interests of nurses and patients has been foundational to the ANA legacy. Through our activity, policymakers began to recognize the essential role nurses play in healthcare."



**Debbie
Hatmaker**

Hatmaker quoted ANA's 1897 meeting minutes that outlined the original goals for the organization: "To establish and maintain a code of ethics; to elevate the standards of nursing education; to promote the usefulness and honor, the financial and other interests of nursing."

"We can take pride in how ANA is still relevant and contributing to the public health of the nation 125 years later," Hatmaker said, "and the impact of ANCC on nursing excellence."



AMERICAN NURSES ASSOCIATION

Critical issues

On June 1 and 3, Assembly representatives engaged in four online dialogue forums on topics of importance to the profession, convened by the ANA Professional Policy Committee. The Assembly subsequently passed these recommendations that call on ANA to:

- adopt the position to endorse universal health-care coverage that ensures equitable access to comprehensive nursing services, incorporating appropriate reimbursement of all needed services and full practice authority for all nurses in the healthcare delivery system; therefore, rescinding its 1999 House of Delegates approved policy endorsing single-payer as the most desirable option for financing a reformed healthcare system.

- launch a strategic initiative to integrate precision health and genomics into basic and advanced nursing practice.
- advocate for changes that would authorize APRNs to directly bill for services provided for skilled nursing care, long-term care, and home and community-based care, including those services provided as an employee.
- report back to the 2022 Membership Assembly on actions taken to further address crisis standards of care and advance the preparation of nurses and the profession to respond to future disasters and pandemics.

Additionally, the C/SNAs are to consider the information contained in the Committee's report and encourage the Leadership Council Executive Committee (LCEC), a representative advisory body that provides informed guidance and recommendations on professional issues in collaboration with the ANA Board of Directors, to coordinate sharing innovations, best practices, and lessons learned regarding crisis standards of care. It was requested that the LCEC report back to the 2022 Membership Assembly on efforts at the state level to advance preparation for responding to disasters and pandemics.

ANA members can view background documents and the final report from the Professional Policy Committee on the Membership Assembly website (bit.ly/3hq1Ede).

Racism in nursing

On June 14, Assembly representatives heard a report from the National Commission to Address Racism in Nursing, "Moving Forward: Addressing Racism in Nursing." ANA Scholar-in-Residence G. Rumay Alexander, EdD, RN, FAAN, a North Carolina Nurses Association member, shared findings from the "Summary Report: Listening Sessions on Racism in Nursing."

The report was based on listening sessions conducted in early 2021. Nurses who identified as Black, Indigenous, or People of Color (BIPOC) repeatedly echoed the same experience of being presumed incompetent with subsequent limited and denied opportunities. BIPOC nurses described the feeling of being challenged and having their knowledge minimized based on the belief that they are less than their White colleagues and therefore cannot provide qualified care.

The report, available to members on the Membership Assembly website, offered four recommendations: mentorship, accountability, allyship, and calling out racism.

Speaking up for safety and support

Cole, Grant, and Hatmaker emphasized ANA's advocacy on behalf of nurses and patients.

“ANA continues to lobby on issues our members care about,” Hatmaker said, citing examples of eliminating mandatory overtime, furthering payment models that reflect the value of nursing, and leading coalition efforts on APRN scope of practice issues.

Making the healthcare work environment safer is another priority. In April, the U.S. House of Representatives passed a bill that requires hospitals to develop violence-prevention plans. The bill, endorsed by ANA, has moved to the Senate for consideration.

Unprecedented needs

With nurses giving more than ever, they need more support. ANA has made nurses’ well-being a priority with programs and initiatives such as mental health resources and financial assistance.

Working with ANA and specialty nursing organizations, the American Nurses Foundation (the Foundation) established the Well-Being Initiative to support nurses’ mental health and resilience during the pandemic. This program helps nurses combat burnout, manage stress, and overcome trauma.

In addition, the ANA Enterprise developed the Nurse Suicide Prevention and Resilience Resource site to help nurses cope with depression, anxiety, and thoughts of suicide.

The Foundation’s Coronavirus Response Fund for Nurses provided \$2.6 million in direct aid to more than 2,000 nurses in 45 states.

In remembrance

The Assembly honored fallen nurses with the annual Nightingale Tribute, which includes nurses who died due to COVID-19, with a reading of a poem by Kansas State Nurses Association member Duane Jaeger, MSN, RN (nursingworld.org/nightingaletribute).

Innovation and inspiration

Cole noted in her address that nurse innovation thrived during the pandemic. “We [nurses] found ourselves at ground zero, having to innovate and collaborate our way through situations we had never encountered before,” she said. “The crisis inspired nurses to bring their ingenuity to solve everyday problems affecting COVID-19 patients and the hospitals treating them.”

Cole cited ANA’s commitment to building a culture of innovation with initiatives like the See You Now podcast, virtual Innovation Lounges, the ANA Innovation Awards, and other projects in development.

In addition, Cole reflected on nurses’ experiences over the past 15 months and looked to the future. “We are rethinking our roles as nurses, especially after COVID-19,” she said. “The respect we gained in the public eye during the pandemic has empowered us. Now we must build on these accomplishments, so the value of nursing is better understood and remembered well after the pandemic fades.”

—Elizabeth Moore is a writer at ANA.

ANA elects national officers and committee members

The American Nurses Association (ANA) annual leadership elections took place after the 2021 Membership Assembly, with Joan Widmer, MS, MSBA, RN, CEN, of the New Hampshire Nurses Association, and Amy McCarthy, MSN, RNC-MNN, NE-BC, of the Texas Nurses Association, newly elected as treasurer and director-at-large, respectively. Widmer and McCarthy will serve 2-year terms.

In addition, Vice President Susan Swart, EdD, MS, RN, CAE, of ANA-Illinois, and Director-at-Large, Recent Graduate Marcus Henderson, MSN, RN, of the Pennsylvania State Nurses Association, were re-elected to their 2-year terms on the board of directors.

The voting representatives of the ANA Membership Assembly elected leaders to serve in these positions and on the nominations and elections committee. Voting took place from June 18 through June 24. Terms for all positions will start on January 1, 2022.

Those continuing their terms on the ANA Board of Directors in 2022 include: President Ernest Grant,

PhD, RN, FAAN, of the North Carolina Nurses Association; Secretary Stephanie Pierce, PhD, MN, RN, CNE, of the Louisiana State Nurses Association; Director-at-Large, Staff Nurse Amanda Buechel, BSN, RN, of ANA-Illinois; Director-at-Large Jennifer Gil, BSN, RN, of ANA Massachusetts; and Director-at-Large Brienne Sandow, MSN, RN, NEA-BC, of ANA-Idaho.

Four individuals were elected to serve on the nominations and elections committee: Gayle Peterson, RN-BC, of ANA Massachusetts; Larlene Dunsmuir, DNP, FNP, ANP-C, of the Oregon Nurses Association; Nelson Tuazon, DNP, DBA, RN, NEA-BC, CENP, CPHQ, CPPS, CPHQ, FAAN, FANP, FACHE, of the Texas Nurses Association; and Linda Taft, RN, of ANA-Michigan.

ANA thanked Treasurer Jennifer Mensik-Kennedy, PhD, RN, NEA-BC, FAAN, and Director-at-Large Jeff Watson, DNP, RN, NEA-BC, whose terms run through Dec. 31, for “their strong and thoughtful leadership, steadfast commitment to the profession, and selfless service to ANA.”

ELECTION RESULTS

Virtual Hill Day spotlights three key issues

More than 300 enthusiastic and informed nurses attended nearly 325 virtual Congressional meetings from all 50 states during the American Nurses Association (ANA) Virtual Hill Day on June 10.

In videoconferences with Congressional offices, participants focused on three key issues and associated legislation. One priority involves boosting domestic personal protective equipment (PPE) production and promoting a more sustainable supply chain (PPE in America Act; S. 308/H.R. 1436). A second requires the U.S. Department of Labor to establish needed protections from workplace violence in the healthcare and social services sectors (the Workplace Violence Prevention for Health Care and Social Service Workers Act; H.R. 1195). Finally, participants urged continuing the expanded use of telehealth services to deliver cost effective and efficient care (CONNECT for Health Act; S. 1512/H.R. 2903).

Representative Rodney Davis (R-IL) spoke at a brief-



ing in advance of Virtual Hill Day. Co-vice chair of the House Nursing Caucus, Davis thanked the participants “for all the important work you do,” adding, “We know how much you did during this pandemic.”

ANA President Ernest J. Grant, PhD, RN, FAAN, noted, “You don’t just continue to perform your work with grace and care; your presence here today is proof that you share my belief in the value of advocacy—for our profession and our patients.”

In conjunction with Virtual Hill Day, ANA launched a central call to action for all advocates to rally behind. This effort, centered on the PPE in America Act, saw over 2,500 advocates tell their stories and more than 6,000 emails sent to Congress.

ANA suggests that RNs contact their lawmakers to ask them to cosponsor and support the three bills recently introduced in Congress. Stay up to date and get involved at RNAAction.org.

Call for nominations: 2021 ANA National Awards

The call for nominations for the American Nurses Association (ANA) National Awards is underway. ANA members are encouraged 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 RNs to the delivery of healthcare.

ANA’s National Awards fall into four overarching categories:

Distinguished Practice in Nursing recognizes 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.

- Distinguished Direct Patient Care Award
- Early Career Nurse Leader Award—New
- Foundations of Nursing Practice Award
- Public Health Service Award

Nursing Pioneers recognizes outstanding contributions to social justice that removed barriers and advanced a culture of equity and inclusion in the nursing profession.

- Luther Christman Award—Reinstated
- Mary Mahoney Award—Reinstated

Nurse Exemplars promotes and underscores ANA’s continuing dedication to the principles of nursing ethics and the highest standards of nursing practice.

- ANA Hall of Fame
- Leadership in Ethics Award

Nursing Champions recognizes outstanding accomplishments in the area of advocacy for the profession of nursing and for ANA.

- Advocacy Award
- Champion of Nursing Award

Nominations will be accepted from individual ANA-constituent/state nurses associations (C/SNA) or Individual Member Division (IMD) members, C/SNAs, and organizational affiliates. Nominations must be submitted by 5 PM Eastern Time on Friday, October 1, 2021.

For more information, visit nursingworld.org/national-awards-program-guide. The ANA staff contact is Maureen Thompson, vice president for governance and planning, who can be reached at maureen.thompson@ana.org or (301) 628-5041.

ANA adds COVID-19 vaccines to immunization position

The American Nurses Association's (ANA's) longstanding position for all nurses and healthcare workers to be immunized against vaccine-preventable diseases now includes the three COVID-19 vaccines being administered under the Food and Drug Administration's Emergency Use Authorization (EUA) process. The ANA Board of Directors unanimously approved the position that all nurses should get vaccinated unless they have a medical issue that makes vaccination inadvisable. This position extends only to the three vaccines currently available under EUA and does not extend to any future COVID-19 vaccines that might become available under the EUA process.

ANA believes that the safety profiles of the authorized COVID-19 vaccines are stable and that the effec-



tiveness of these vaccines in preventing the spread of COVID-19, as well as in mitigating the risk of emerging variants, has been proven.

Nurses working in a variety of healthcare settings across the nation are getting vaccinated against COVID-19 and over the past few months, the number of nurses who have been vaccinated has increased. In a survey of over 4,500 nurses conducted by the COVID-19 Facts For Nurses Campaign from April 12 through May 4, 83% of nurses reported that they had received the recommended dose regimen of two COVID-19 vaccine shots. ANA applauds nurses who are getting vaccinated against COVID-19. Nurses have a professional and ethical obligation to model health maintenance, wellness behaviors, and prevention measures they prescribe to patients, families, and communities.

OSHA Emergency Temporary Standard protects nurses from COVID-19

The American Nurses Association (ANA) advocated for and supports the Occupational Safety and Health Administration (OSHA) Emergency Temporary Standard (ETS) requiring employers to better protect nurses from COVID-19 hazards in the work environment.

This standard recognizes that nurses must have the most stringent levels of safety protections to provide the highest quality care to their patients. Critically, the ETS requires employers to provide better protections for nurses by developing and implementing plans to identify and control COVID-19 hazards in the workplace. Nurses who care directly for patients with confirmed or suspected COVID-19 must be protected by approved respirators, which include single-use N95 respirators, elastomeric respirators, and powered air-purifying respirators. Employers also must provide gloves, gowns, and eye protection. This requirement applies regardless of a nurse's vaccination status. Employers are required to screen healthcare personnel daily for COVID-19, provide COVID-19 tests at no charge, and to support employees to receive COVID-19 vaccinations.

The ETS also empowers nurses to advocate for meaningful safety improvements during the duration of the emergency standard, as well as providing whistleblower protections for employees who raise safety concerns.

"ANA has been calling for specific safety protections from COVID-19 since the start of the coronavirus pandemic," said ANA President Ernest J. Grant, PhD, RN, FAAN. "While this ETS is beneficial, it is not a replacement for a permanent standard with strong respiratory protections, which remains a necessity."

ANA encourages nurses and healthcare personnel to learn about the new requirements, and to understand how to report violations, by visiting [osha.gov/coronavirus/ets](https://www.osha.gov/coronavirus/ets).

OJIN spotlights the pandemic

The COVID-19 pandemic is the topic for May's *OJIN: The Online Journal of Issues in Nursing*. The eight articles cover an array of practice and economic concerns related to the pandemic, including its impact on the nursing workforce and the need for nurse financial safety nets. Other articles cover

- what nurses need to know about vaccination
- disproportional effects of COVID-19 on Black, Indigenous, and People of Color communities
- nurse practitioners and reimbursement parity.

Read these stories and articles on previously posted topics at ojin.nursingworld.org.

Protesting and accountability

To: Ethics Advisory Board

From: Confused protestor

Subject: Sanctioned for expressing my moral point of view

I participated in what was planned and advertised as a peaceful protest; however, people were gravely injured and property was damaged during the protest. My employer saw my photo and actions at the rally in a social media post, and I was fired from my position as an RN for “unprofessional behavior.” My state’s board of nursing also was made aware of my participation and has notified me that I’m being investigated for “moral turpitude.” I thought that the code of ethics allowed nurses to express their own moral point of view, which I was doing when I participated in this protest. What should I do now?



From: ANA Center for Ethics and Human Rights

Protests and demonstrations are common in response to perceived social, political, and civic injustices. At many points throughout history, nurses have participated in demonstrations in various capacities. They might provide nursing care or serve as observers or active demonstrators. Advocacy toward social justice is a critical operation of nurses, especially when it comes to health and health equity, human rights, and health diplomacy. The *Code of Ethics for Nurses with Interpretive Statements* (the *Code*) (nursingworld.org/coe-view-only) states that all nurses need to commit to advancing health, welfare, and safety so that communities develop to their fullest potential and live with dignity. The *Code* also maintains that the nursing profession must respond when human rights violations occur, especially against vulnerable groups.

In addition to this general support for nurses’ role in advancing health, welfare, and safety, the *Code* states that morality refers to personal values, character, or conduct of individuals or groups within communities and societies.

Provision 5.3 articulates that nurses have both personal and professional identities, and authentic expression of one’s moral point of view is a duty to self. However, the *Code* also specifies that while expressing moral claims, nurses must engage in discernment. This compels nurses to carefully assess their intentions, reflectively weigh all possible options and rationales, and then formulate clear moral justifications for their actions. Committing acts that potentially bring harm to people or violate a nurse’s obligation toward human rights and dignity might not fall within the confines of moral expression, especially if this expression becomes an act of moral turpitude.

Cornell Law School describes moral turpitude as “wicked, deviant behavior constituting an immoral, unethical, or unjust departure from ordinary social standards such that it would shock a community.” Specifically, conduct that involves, “an act of baseness, vileness, or depravity in the private and social duties which a man owes to his fellow men, or to society in general, contrary to the accepted and customary rule of right and duty between man and man.”

Provision 5.3 of the *Code* also asserts that nurses must be aware of the potential undue influence of their professional roles, and that when encountering a conflict with their own personal beliefs, must render compassionate, respectful, and competent care. Provision 4.3 confirms that nurses are always accountable for their judgments, decisions, and actions. This means that while nurses may express their own moral point of view, doing so will not necessarily be protected from formal or informal consequences.

You might consider all these provisions of the *Code* in your response to any decisions by the state board of nursing and to the actions taken by your employer.

— Response by Danisha Jenkins, PhD, RN, CCRN, NEA-BC, a member of the ANA Ethics and Human Rights Advisory Board.

Do you have a question for the Ethics Inbox?
Submit at ethics@ana.org.

How practicing gratitude helps nurses avoid burnout

By Jill Suttie, PsyD

Burnout and emotional exhaustion were ongoing risks for nurses long before the COVID-19 pandemic. Now these hazards have only worsened. According to the National Institute of Health Care Management, 62% of RNs report feeling sadder and more depressed than they were before this public health crisis.

As nursing and healthcare leaders explored ways to combat burnout among nurses, some focused on the practice of gratitude. A 2013 study by Bono and colleagues published in the *Academy of Management Journal* found that practicing gratitude at work improves how people handle stress and boosts health.

This research highlights the benefits for nurses in particular: When nurses feel grateful and express thanks to a colleague, it helps build positive relationships and increases their sense of meaning and satisfaction on the job. Further research done by Adair and colleagues, published in 2020 in the *Journal of Medical Internet Research*, also found that practicing gratitude is linked to lower emotional exhaustion among nurses and other health professionals.

“After studying the literature around resilience, well-being, burnout, and gratitude, I became a full convert,” said Perry Gee, PhD, RN, a nurse scientist, and an American Nurses Association (ANA) member studying wellness. “Gratitude is one of the main interventions we could use to help increase nursing resilience.”

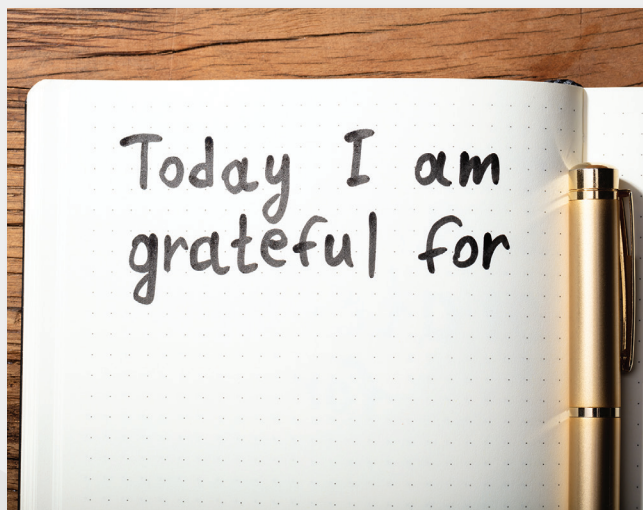
gratitude

Which gratitude practices are right for nurses?

For nurses, wellness interventions need to be fast, easy to implement, and effective. The following practices can be easily adopted as daily or weekly habits.

Gratitude journaling. The basic instruction for keeping a gratitude journal is to write down two to five things you are grateful for, two or three times a week. Express gratitude for things small or large, and always something specific and personal to you.

Gratitude letter. Writing a gratitude letter involves thanking someone who touched your life considerably but who you never properly thanked—then, ideally, reading the letter to this person. According to research published by Adair and colleagues in 2020 in *The Journal of Positive Psychology*, taking just 7 minutes to write a gratitude letter is enough to significantly improve the well-being of health professionals, suggesting it's possible to weave this practice into a nurse's busy schedule.



Gratitude huddle. This is an opportunity for people to share things they're grateful for in a group setting and build a sense of community. Huddles can happen during a staff meeting or routine shift changes.

Gratitude as part of an overall wellness program for nurses

Evidence suggests that practicing gratitude can improve nurses' resilience, but it's not a cure-all. Organizations need multipronged strategies for nurse wellness, and nurses shouldn't be forced into gratitude when an overall approach to caring for their safety and well-being is absent.

Introducing gratitude programs seems to work best when viewed as authentic and part of workplace culture rather than as one-off exercises. If nurse leaders embrace gratitude and practice it consistently, this approach is more likely to substantively help nurses thrive.

“Just pausing every day to say, ‘thank you’ to a colleague feeds the giver as well as the receiver, which definitely builds resilience,” said Laurie Combe, MN, RN, NCSN, president of the National Association of School Nurses, an organizational affiliate of ANA. “We need to take these moments for our own self-care if we want to be able to care for our patients.”

Learn more about how to bring the science of gratitude into nursing by visiting the Gratitude Practice for Nurses (gratitudeforurses.org) campaign, run by the American Nurses Foundation (which also provided funding) and UC Berkeley's Greater Good Science Center.

— Jill Suttie is a staff writer and contributing editor for *Greater Good*. Portions of this article were previously published in *Greater Good*, the online magazine of the Greater Good Science Center at UC Berkeley (greatergood.berkeley.edu).