

Extraordinary times, innovative practice



■ Advancing nursing ■ Well-being tools

A guide for the times

Updated scope and standards of nursing practice emphasize role of advocacy, invite reflection on the future.

By Genna Rollins

Each edition of the American Nurses Association's (ANA's) *Nursing: Scope and Standards of Practice* provides authoritative guidance on actions and behaviors all RNs are expected to perform competently, regardless of role, population, specialty, and setting. These documents—reviewed and updated every 5 years—also reflect the dynamic evolution of nursing practice. This is especially true for the 4th edition, which was issued in May 2021 during the COVID-19 pandemic and as society began awakening to the corrosive effects of systemic racism.

"In 2020 it was almost like a quilt was being unraveled and we had hold of this string in nursing. We would pull a little bit and every time we pulled there would be another thing to evaluate or address," said Carol Peyton Bryant, DNP, RN, ACNP, CCRN, of the 17-member workgroup's efforts. In 42 full workgroup meetings from August 2019 to November 2020 and in many other smaller sessions, the participants explored and debated some of the profession's headiest challenges since ANA's first code for professional nurses was articulated in 1950.

The workgroup—a diverse panel of ANA member-volunteers with a broad range of professional experiences and ably guided by Carol Bickford, PhD, RN-BC, CPHIMS, FAMIA, FHIMSS, FAAN, senior policy advisor at ANA—already was rethinking a conventional update when the pandemic hit, exposing longstanding inequities and leading many nurses to reconsider their purpose and scope of practice. Months later, George Floyd's death under the knee of a Minneapolis police officer sparked worldwide protests against racial injustice and deep reflection about how to achieve an equitable, just society.

In this atmosphere, the workgroup made notable changes and additions to the document, including a series of open-ended questions designed to encourage contemplation about current and future nursing practice across many domains. (See *Reflections on practice*.)

"We wanted people to deliberately think about what the future might be and how they could impact that future," said Barbara Brunt, MA, MN, RN-BC, NE-BC, FABC, an Ohio Nurses Association member. "Everybody has the opportunity to initiate change, and by doing that they can change the future."

The opening pages of the document present an updated definition of nursing with the addition of three key phrases. The revised definition notes that nursing "integrates the art and science of caring," alleviates



suffering through "compassionate presence," and advocates in care "in recognition of the connection of all humanity." The 2021 definition also favors "human functioning" over "abilities" in the context of nursing's role in protecting, promoting, and optimizing health.

These phrases reflect not only the obvious—that caring is a core concept of nursing—but also more complex notions about the process and purpose of nursing. "Compassionate healing," noted workgroup co-chair and ANA Massachusetts member Patricia Bartzak, DNP, RN, CMSRN, TNCC, ABLS, "is a bidirectional phenomenon. Meaning that as we provide presence, we can feel another's presence. And in this moment, there's a sharing of experience and energy."



Patricia Bartzak

Bryant, an Arizona Nurses Association member, had in mind that the updated definition—presented both in paragraph and bullet forms—might be a source of inspiration at a tough moment. "I wanted to make sure in the middle of a night shift when it's really bad and a nurse is about to quit but loves their job that

they can recite one little thing,” she said. “To be able to reassure oneself, ‘Nursing is the art and science of caring.’ That’s what I said when I thought I couldn’t do the tasks at hand anymore.”

The case against passive acceptance

The participants also introduced a new standard 8, “Advocacy,” the inclusion of which “resulted from all the issues we were seeing around supplies and social justice because of the pandemic,” explained Colleen Quesnell, DNP, RN, WHNP-BC, ANP-BC, CNM, a member of the Minnesota Organization of Registered Nurses.

Speaking during a free Nurses Month webinar introducing the 4th edition, Bartzak described two scenarios that animated the workgroup’s deliberations about the Advocacy standard. One involved a patient who had sustained, mildly abnormal vital signs that were followed over many shifts but not acted on. The other entailed a nurse educator, who was obligated by school policy to give a student a zero on an assignment, which she had missed because she was participating in peaceful social justice protests.

Passive acceptance was at the heart of both vignettes, but in the second the nurse educator felt compelled to advocate for the student and sought an opportunity for discussion with the college on the matter.

“Advocacy has many faces, but it begins with the acknowledgement that passive acceptance must be ad-



Professional nursing practice regulation model

ressed,” explained Bartzak. In the case of the nurse educator, she added, “Besides acknowledging passive acceptance, the notion of advocacy challenges the nurse to ask, ‘Is thinking so rigid that creative solutions can’t be explored?’”

The workgroup reimaged a more inclusive and contemporary standard 9, “Respectful and Equitable Practice,” from the 3rd edition’s standard 8, “Culturally Congruent Practice.” Speaking about it in the Nurses Month webinar, Katie Boston-Leary, PhD, MBA, MHA, RN, NEA-BC, director of nursing programs at ANA, said, “We propose a long-term learning investment to achieve deep cultural humility, which is an endless commitment to learning to inform and continuously reshape our world view.”



Katie Boston-Leary

Two vital models

The workgroup also introduced ANA’s first-ever practice model and revised the closely related model for regulating professional nurse practice. The practice model emanated from the participants’ interest in inscribing who nurses are and what nursing work entails, according to Bartzak. It’s depicted as a flame representing the inner light of nurses and nursing, with ethics at the base, caring and values grounding

the profession on the left, and the wisdom and energy needed to practice on the right. The contributors would like future research to further validate and build upon this model, Bartzak added.

The revised professional nurse practice regulation model empowers nurses to define and manage their profession, according to workgroup co-chair Kahlil Demonbreun, DNP, RNC-OB, WHNP-BC, ANP-BC, FAAN, FAANP, who led the efforts to revise this model. “One of the best ways to be the owners of our practice is to be the regulators of our practice,” observed Demonbreun, a South Carolina Nurses Association member. “At a time when nurses seek greater voice, autonomy, and independence ... it is vital to appreciate the regulatory factors impacting this evolution.”



Kahlil Demonbreun

This updated paradigm features the practice model in the interior surrounded by a band of nine regulatory influencers, including the nursing code of ethics, organizational policies and procedures, and nurse practice acts. Safety, quality, and evidence bind these influencers.

As in previous editions of *Nursing: Scope and Standards of Practice*, the 4th edition delineates competencies for all RNs as well as those for graduate-level prepared nurses, including advanced practice RNs. The workgroup carefully considered how well these competencies correspond with current practice, and some, such as the Scholarly Inquiry standard (formerly Evidence-based Practice and Research), contemplate a more expansive role for RNs. “In the past, you had to have a graduate degree to do research,” said Brunt. “That’s not necessarily true now. A lot of [nurses with] BSNs are doing research and incorporating it into practice when initiating changes and improving quality.”



Barbara Brunt

As the workgroup members deliberated the content of the 4th edition—including considering comments from 260 respondents on the draft—they realized that participating in this process had changed their own concepts of nursing and nursing practice. Suzanne Sikes-Thurman, BSN, RN, a Louisiana State Nurses Association member, captured the sentiments of several colleagues. “It was a lot of fun and a huge educational experience,” she said. “Working on this document reminded me that nursing is much bigger than the patients I take care of during my shift.”

— Genna Rollins is a writer-editor at ANA.

Reflections on practice

- How will you self-educate so that you are empowered to plan, mitigate, and respond to local, community, and global threats?
- How are nurses in your practice setting actively involved in reducing costs and promoting cost-effective care?
- How can drones enhance healthcare beyond the delivery of COVID-19 testing kits to remote areas?
- How might residency and fellowship programs enable smoother practice and role transitions for nurses?



These are among the 25 questions the *Nursing: Scope and Standards of Practice, 4th Edition* poses across nine dimensions of practice, including disaster planning and management, structural competency, and aging in place. The 17-member workgroup that drafted the document developed these queries to encourage nurses to reflect on their current practice and the opportunities they might have now and in the future to innovate in providing care.

The authors also invited readers to share their ideas and feedback about the American Nurses Foundation’s Reimagining Nursing Initiative, which aims to elicit and assess practical, actionable ideas to transform nursing practice to improve healthcare access and outcomes for all Americans (nursingworld.org/foundation/programs/rninitiative).

Resources

Nursing: Scope and Standards of Practice, 4th Edition, is available for purchase as a paperback or e-book at nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-edit.

The webinar “Redefining nursing—reaffirming our practice: Introducing the *Nursing Scope and Standards of Practice, Fourth Edition*” is available for 3 years at anayearofthenurse.org/nurses-month-webinar; registration is required.

ANA affirms support for COVID-19 vaccination mandates, promotes safety of vaccines

As the Delta variant of COVID-19 continues to increase infection rates in some regions of the United States, the American Nurses Association (ANA) has voiced support for COVID-19 vaccination mandates for healthcare workers and other vaccine initiatives and campaigns.

On July 26, ANA released a statement in support of healthcare employers mandating that nurses and all healthcare personnel get vaccinated against COVID-19 in alignment with current recommendations for immunization by public health officials.

“Vaccination is both a significant public health victory and a scientifically proven strategy to slow the spread of COVID-19 and prevent the loss of more American lives,” said ANA President Ernest J. Grant, PhD, RN, FAAN. “As the largest group of healthcare professionals, nurses are critical to all facets of COVID-19 response efforts and must strive to remain physically and psychologically safe to function optimally to care for themselves, their patients, and their communities. Nurses must get vaccinated.”

ANA's decision to support COVID-19 vaccine mandates for nurses aligns with its longstanding position on immunizations, which emphasizes that effective protection of the public health mandates that all individuals receive immunizations against vaccine-preventable diseases. ANA also believes that the safety profile of authorized COVID-19 vaccines is stable, which includes the three COVID-19 vaccines being administered under the Food and Drug Administration's Emergency Use Authorization. ANA maintains its stance to not support philosophical or religious exemptions as reasons not to get vaccinated.

“A significant number of nurses working in a variety of healthcare settings across the nation have diligently fulfilled their ethical duty to protect themselves, their colleagues, patients, and loved ones by getting a COVID-19 vaccine,” Grant said. “We would absolutely be remiss to not acknowledge these nurses and applaud them for leading the charge and setting an example for their patients.”

Global call-to-action

In addition, ANA joined the International Council of Nurses (ICN) in calling for the urgent prioritization of COVID-19 vaccines to all nurses and healthcare professionals globally.

According to the World Health Organization, 135 million healthcare professionals around the world remained unvaccinated as of July. Many of these individuals are nurses on the frontlines of this persistent pandemic, providing care to communities in low- and



middle-income countries that lack a steady and sustainable supply of COVID-19 vaccines. ICN estimates that more than 2,000 nurses across 59 countries have died from COVID-19. However, this number is likely much higher as tracking among health workers is inconsistent.

“It is deeply concerning that at this point in the pandemic, many nurses abroad do not have access to the recommended dose regimen of COVID-19 vaccines,” Grant said.

ANA's guiding principles for COVID-19 vaccines state that “it is critical to establish and sustain an infrastructure to support global equitable distribution of COVID-19 vaccines.”

Joint public appeal to get vaccinated

In further support of increasing vaccination rates, ANA joined the American Hospital Association and the American Medical Association in a public service announcement (PSA) featuring their leaders urging the American public to ask questions, follow the science, and get vaccinated. The PSA stresses that COVID-19 vaccines are a safe and effective way to protect you, your family, and your community from the virus. The PSA was released in English and Spanish. View the English version at bit.ly/2WuOVOi.

This effort continues the work the three associations have done over the past year and a half to increase public acceptance of the essential actions to curb the spread of COVID-19.



Accelerating nursing, transforming healthcare: New research from J&J, ANA, and AONL

Nurses should leverage the leadership positions they moved into during the pandemic to drive organizational transformation, according to a report released on July 22 by Johnson & Johnson (J&J).

The report, “Accelerating nursing, transforming healthcare,” compiled the results of quantitative and qualitative research conducted to evaluate the impact of the pandemic on the nursing profession. The research was conducted as part of a partnership between the American Nurses Association (ANA), J&J, and the American Organization for Nursing Leadership.

According to J&J, the report will help define a progressive path forward for nursing, ultimately strengthening care delivery and elevating the role of nurses as change agents and innovative, transformative healthcare leaders.

In 2020, J&J conducted interviews with nurse leaders to derive critical lessons from the pandemic as well as determine next steps and best practices that will be essential to delivering the full potential of the nursing profession for healthcare now and in the

future. The report comprises an executive summary and three chapters of focused exploration.

The executive summary points out that the pandemic allowed many nurses to take on new leadership positions, which showcased their strengths “due to their unique combination of clinical, financial, administrative, and regulatory expertise,” and states that “nurses should continue to occupy positions of leadership even after the pandemic is over; committees, boards, and other leadership initiatives should be staffed with nurses to provide unique and actionable input and guidance.”

The report’s first chapter looks at care delivery, focusing on the changes that enabled nurses to lead amid the pandemic; chapter two explores organizational structure; and the final chapter, “Workforce of the future,” focuses on understanding the changes needed to build a stronger, more diverse nursing workforce to address the evolving needs of patients and support the healthcare systems of the future.

Learn more and explore the research at nursing.jnj.com/accelerating-nursing-transforming-healthcare.

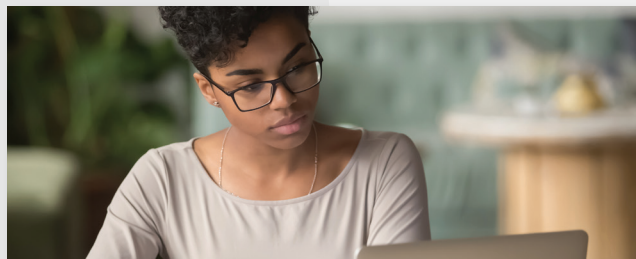
COVID-19 Video Education Series addresses timely issues

New videos in the American Nurses Association’s (ANA’s) COVID-19 education series cover topics relevant to the evolving pandemic. The videos, offered in hour-long full versions and shorter “quick videos,” are available to all nurses free of charge.

“Managing patients with long-term effects of COVID-19: Nursing priorities and interventions”—Most people who’ve had COVID-19 recover completely within a few weeks, but far too many continue to experience symptoms and negative impact after their initial recovery. This includes a variety of possible symptoms, such as cognitive impairment, fatigue, headaches, shortness of breath, kidney dysfunction, and many others. This topic provides valuable information on nursing care to help these patients recover.

“Reducing COVID-19 racial disparities”—Black Americans and Native Americans represent a disproportionate number of COVID-19 deaths. Nurses are in a key position to have a direct and lifesaving impact on the recognition, care and treatment, and recovery from COVID-19 in these vulnerable populations. Learn how to recognize when there might be implicit bias and advocate for your patients.

“Boosting vaccine confidence in minority populations”—COVID-19 vaccine engagement and education in minority populations, especially Black nurses



and patients, significantly trails the overall population. This webinar covers leading indicators affecting COVID-19 rates in racial and ethnic minority communities; current data on vaccination rates, access, and distribution; the social determinants of vaccine acceptance; and key elements of conversations with patients that will boost confidence in vaccination.

“Ethical challenges and moral distress”—This series of videos provides insights and tools for coping with the difficult ethical aspects of the pandemic. Topics include how to manage the transition in standards of care from conventional to contingency or crisis standards, strategies for managing scarce resources, and managing moral distress—how to survive the darkest days of the pandemic.

Access ANA’s free COVID-19 video education at nursingworld.org/Covid-19-Videos.

Promoting nurses' well-being during COVID-19

To: Ethics Advisory Board

From: ANA member

Subject: Nurses' well-being

I was a senior in my bachelor of science in nursing program last year during COVID-19 when there were challenges for clinical rotations at our health-care practice sites. Now my coworkers and I are experiencing stress and anxiety related to caring for patients with COVID-19 and the accompanying long hours, makeshift units, and family demands. Does the American Nurses Association (ANA) offer resources that would help us address these issues, improve our health and well-being, and enhance the health outcomes of our patients?



From: ANA Center for Ethics and Human Rights

ANA is concerned with nurses' well-being because promoting a healthy work environment improves job satisfaction, retention, safety, and quality of patient care. The ANA position statement, "Addressing nurse fatigue to promote safety and health" (bit.ly/3iTLJ6t), states that "registered nurses and employers in all care settings must collaborate to reduce the risk of nurse fatigue and sleepiness associated with shift work and long hours." ANA further explains that it's the "responsibility of the employer to promote a culture of safety and a healthy work environment to reduce the risk for job stress and the potential for negative outcomes associated with fatigue." The Joint Commission reported that "an emerging method to do this is by developing and fostering resilient environments and individuals." Research by McCann and colleagues examined the development of these types of environments to reduce negative, and increase positive, outcomes of stress for health professionals.

The *Code of Ethics for Nurses with Interpretive Statements* (the *Code*, nursingworld.org/coe-view-only) states that "fatigue and compassion fatigue affect a nurse's professional performance and personal life. To mitigate these effects, nurses should eat a healthy diet, exercise, get sufficient rest, maintain family and personal relations, engage in adequate leisure and recreational activities, and attend to spiritual or religious needs." In addition, the *Code* (5.2) states that "nurses in all roles should seek this balance, and it is the responsibility of nurse leaders to foster this balance within their organizations."

Strategies for nurse well-being include programs such as the ANA Enterprise Healthy Nurse, Healthy Nation™ (hnhn.org), a national initiative to improve the health of the country's 4.2 million RNs. HNHN includes resources such as a health risk appraisal and other tools to address physical activity, rest, nutrition, quality of life, and safety. Monthly challenges focus on different topic areas and offer daily tips or suggestions for RNs to consider.

Additionally, the Well-Being Initiative (nursingworld.org/thewellbeinginitiative), launched by the American Nurses Foundation, offers free tools and apps to support the mental health and resilience of all nurses. Among other resources, visitors can access podcasts with nurses discussing coping mechanisms, take a stress self-assessment, connect with compassionate listeners to talk about self-care and wellness, and participate in an expressive writing program.

Dzau, Kirch, and Nasca proposed that healthcare systems should promote clinicians' well-being within organizations through activities such as integrating the work of chief wellness officers, ensuring psychological safety, and developing well-being programs. These authors also recommended allocating federal funding for mental health support and epidemiological tracking programs to report on intervention outcomes.

— Response by Teri Chenot, EdD, MS, MEd, MSN, RN, CCE(ACBE), FAAN, FNAP, member of the ANA Center for Ethics and Human Rights Advisory Board.

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

Standing desks ease health impact of seated work

By Jessica Stein Diamond

Working from home had an unexpected effect on Linda Curtsinger, RN. “At first, I thought it was going to be nice to work at home and to rest more,” said Curtsinger, who became a telephonic care manager with Humana in 2019 in Harrodsburg, Kentucky, after nursing jobs in hospice, hospital critical care, quality, and infection prevention. “But I felt stuck at my desk, and that took a toll on me.” She gained 10 pounds in 2 months and experienced pain in her hips, neck, back, and shoulders.

Late last year, Curtsinger, a Kentucky Nurses Association member, participated in a 3-month pilot study with Humana’s telephonic nurses on the health impacts of using a height-adjustable standing desk. She began standing during much of her workday and within weeks felt pain-free and more energetic. “Participating in this research has enriched my life more than I ever thought possible,” she said.

Among the study’s findings: The 101 nurses who used standing desks spent 3 fewer hours a day sitting and reported relief from lower and upper back, neck, and shoulder pain. They also experienced 2 more days per month described as physically and mentally healthy (using the Centers for Disease Control and Prevention’s validated Healthy Days metric). The study’s control group of more than 150 nurses without standing desks had a slight increase in unhealthy days per month (and have since received their own standing desks).

“These marked improvements, achieved in a surprisingly short amount of time, have impacted Humana’s vision for the workplace of the future,” said Kathy Driscoll, MSN, RN, CCM, Humana’s chief nursing officer, an ANA-New York member, and a member of the American Nurses Foundation’s (Foundation) Board of Trustees. “If you can cut absenteeism and support productivity, morale, and retention among people who are engaged in their jobs, the costs become minimal after a short period of time.”

“I like to think of our nurses as pioneers,” Driscoll added. “For the past few years, we had been hearing from folks who work virtually that sedentary work was detrimental to their physical and emotional health. We heard their ideas for possible solutions and tested standing desks with a small group.” Lessons learned from that research will influence Humana’s infrastruc-



Being able to stand during two-thirds of her workday has helped Linda Curtsinger reach her goal of 15,000 steps a day and has boosted her energy for after-work walks with her family and dog.

ture plans for its 48,700 employees, a large percentage of whom work at home.

Building on Humana’s ongoing partnership with the Foundation and ANA, the company’s study shows how investing in nurses’ health makes a difference.

This is important given the Foundation’s December 2020 Pulse of the Nation’s Nurses survey (bit.ly/3srBqB) of nearly 12,881 nurses. Just 52% of respondents agreed or strongly agreed with the statement, “My employer values my physical health and safety.”

Another pilot study participant, Roni Adams, MSN, RN, a telephonic care manager with Humana since 2019, experienced distressing symptoms after transitioning from a more active role as a critical care nurse. “This was a complete change from being mobile all the time to sitting all the time,” said Adams, a Florida Nurses Association member. “Four months into the position, I developed tingling, numbness, and pain in my neck and arms, and headaches.”

Within months of using her standing desk, Adams felt much better. “Today, when I’m talking with my patients, I’m able to give them my undivided attention because I have zero pain.”



Roni Adams finds it most comfortable to stand while she speaks with Humana members (patients) and lowers the desktop to sit while she documents calls.

— Jessica Stein Diamond is a professional journalist who specializes in healthcare, engineering, behavioral health, education, and equity topics.