

Nurses make a difference



AMERICAN NURSES ASSOCIATION



■ Criminalizing medication errors ■ Strengthening nursing culture

Recognizing nurses and their positive influence on health

By Elizabeth Moore

Nurses make a difference no matter where they are—at the bedside, in the C-suite, conducting research, or educating their communities. For Nurses Month, we're telling the stories of four nurses who have made a difference through their leadership, advocacy, patient care, mentoring, and community engagement.

Opening doors to leadership

For Lindsey Harris, DNP, CRNP, FNP-BC, advocacy isn't something she does outside of her day job—it's an extension of her patient care. At the height of the COVID-19 pandemic, Harris worked with the Birmingham, Alabama, city council to connect with citizens and provide COVID-19 testing and vaccination information. She's continued to advocate by speaking with legislators about increasing pay for Alabama nurses (who are paid less than their counterparts in surrounding states) and helping to get CARES Act funds to nurses.



Lindsey Harris

"As nurses, we are all advocates—for ourselves, for our patients, and for our profession," Harris said. "It's part of my duty as a nurse that I'm passionate about."

This passion for caring for others is what led Harris on the path to her nursing career. As a child, when watching commercials for anti-hunger organizations, she would beg her parents to donate to them. "I've always had a heart for the vulnerable," she said. "And often, patients and their families are at their most vulnerable when they're in the hospital."

In 2020, Harris became the first Black nurse to be elected president of the Alabama State Nurses Association (ASNA). It was another step on a ladder she has been climbing since nursing school, when a professor encouraged her to join the Birmingham Black Nurses Association. She quickly moved from student representative to secretary and then president.

During this time, Harris also was seeking leadership opportunities on the job.

"I was that ambitious young nurse," she recalled. "Any time I saw an opportunity to join a committee, I did, because I wanted to learn everything I could to become a better nurse."

Harris, who currently works as a glycemic nurse practitioner, credits the mentors who saw her potential and spurred her to take on more responsibilities and make her voice heard. She's committed to mentoring

younger nurses and people who are considering a nursing career. She advises her mentees to be ambitious, ask questions, and to be open to constructive criticism.

To help support even more nurses, Harris, along with ASNA, established the Alabama State Nurses Association Endowed Nursing Scholarship at her alma mater, the University of Alabama at Birmingham School of Nursing. The scholarship promotes diversity by supporting students who are underrepresented in nursing.

"We have the opportunity to alleviate the inequities caused by unconscious bias," Harris said.

Educate and engage

Leaping from one leadership role to another, Zack Huddleston, BSN, RN, PHN, membership director of ANA\California, has been making a difference in his professional associations and on the job.



Zack Huddleston

Huddleston enjoyed his stints as treasurer and then president of his local chapter of the California Nursing Students Association. To take his leadership skills to the next level, he became western regional director of the National Student Nurses' Association. There, he gained experience running board meetings and committees.



Huddleston at a temporary COVID-19 triage tent at Methodist Hospital of Sacramento

As ANA\California's membership director, Huddleston spearheaded the association's website redesign, working with ANA\California's communications manager to make it easier for registered nurses to navigate and access their benefits.

Having a refreshed web presence was critical when the COVID-19 pandemic hit. ANA\California prioritized disseminating accurate information to members as quickly as possible. In 2020 and 2021, when protests brought attention to acts of racist violence in communities around the country, the association encouraged members to see racism as a public health issue.

"It's important that we as a nursing organization are very clear on our stance against racism," said Huddleston. "Because nurses who want to take a stand or speak to management about racism often don't feel empowered to do so in the workplace. Having your state nurses association affirm its position provides validation and empowers you to do the right thing."

Huddleston's leadership experience has helped him positively affect his patients at Methodist Hospital of Sacramento, where he works as an emergency department (ED) nurse. Recently, he was part of a team that implemented expanded use of ultrasound guided I.V. insertion.

"A lot of our patients come in with poor vascular access," he said. "That can lead to delays in medication, and more pain and discomfort for them." Huddleston and a colleague learned how to use ultrasound guided I.V. insertion and after seeing the benefits to patients, along with time savings and efficiency, they made a business case to the hospital to purchase better equipment and train more nurses in this method.

Huddleston believes that one of a nurse's most important roles is that of educator, especially for patients who are being discharged.

"I read through their discharge instructions with them and answer all of their questions," he said, even if that means taking extra time. "I want to prevent them coming back to the ED with the same problem."

Huddleston passes this practice on to the nursing students he precepts.

"You've got to remember that you're an educator," he said. "Give your patient the resources they need and they're going to be happier and more satisfied with their care."

Embracing fathers

In the parenting classes and programs that Wrenetha Julion, PhD, MPH, RN, CNL, FAAN, facilitated while working on her doctoral degree, fathers rarely participated.

She and two nurse colleagues founded the Chicago Parenting Program in 2002. "It was a 5-year grant,

and during that time, we probably had five fathers total," said Julion, a member of ANA-Illinois. She wanted to reach more fathers, particularly those who weren't living in the home with their children. "That group of fathers gets a bad rap," she said, "particularly when they are fathers of color. They're put into a box labeled 'deadbeat' and they are rarely encouraged to be involved as a co-parent for the child with their mother."



Wrenetha Julion

When planning her doctoral work, she decided to focus on those underrepresented dads.

"It's important to look at who's not in the room and whose voices aren't heard," Julion said. "Very few fathers felt comfortable saying 'I need these programs and I want to learn.'"



Wrenetha Julion works with fathers and their children during a parenting program.

When developing what would become the Building Bridges to Fatherhood program, one of Julion's goals was for the participating fathers to know how important they are to their children's emotional, social, and developmental well-being.

Building Bridges to Fatherhood aims to build confidence in fathers who live outside their children's homes. Led by Black fathers, the sessions encourage peer support by showing videos of common parenting situations and encouraging attendees to discuss their own experiences.

"It's not a teach-and-learn model," Julion explained. "The discussions are meant to foster connections between the participants." When they see other dads going through the same things that they are, participants realize that what they're feeling and experiencing is common, and they can offer advice and support.

From 2014 to 2019, 183 fathers participated in the Building Bridges to Fatherhood program.

Julion, who is associate dean for Equity and Inclusion at Rush University College of Nursing, isn't done with dads yet. Her next project, Father Inclusive Prenatal Care, brings fathers to mothers' prenatal visits, and follows each couple throughout their pregnancy and after delivery.

This initiative aims to create a foundation on which the couple can build a successful co-parenting relationship. It offers facilitator-led discussions of parenting and relationship goals, along with education on parenting skills and childhood development.

Nurses should reconsider how they work with individuals who have traditionally been marginalized, said Julion. "It's too easy to blame the patient for their behavior" rather than look at the other factors at play, including social and economic inequities and the impact of structural racism.

"Nurses have a vantage point that allows them to see what's going on in a patient's life," she said. That opens opportunities for meeting deeper needs.

Getting to the heart of the matter

After years of high-intensity work as a cardiac surgical intensive care unit and transplant nurse, Pamela Mulligan, BSN, RN, NBC-HWC, decided to go deeper.

"I'd been working with the physical heart," she said, "but I didn't have the tools or training to help my own heart recover from vicarious trauma and empathic distress that eventually led to increasing symptoms of exhaustion and burnout."

Mulligan's journey into the heart inspired her to start her own integrative health coaching practice and co-found Replenish at Work™, which provides organizational programs, workshops and retreats to teach clinicians that giving care to others starts with caring for yourself. Unique to Replenish at Work™ is the concept of micro-restorative practices based on identified needs.

"As clinicians, we're not really taught how to process the vulnerable emotions that come with our work," she said. "We need to be able to take a moment to let our feelings land."

Mulligan drew on the work of Kristin Neff, PhD, who promotes self-compassion.



Pamela Mulligan



"Nurses tend to quiet down our own needs so that we can continue to meet the needs of others," Mulligan said. "We must include ourselves in the circle of compassion and care."

She encourages her clients to pause a few times a day and recognize how they're feeling. Doing these and other "micro-restorative" practices, as she calls them, helps clinicians refuel throughout their shifts so that they can continue to show up for others.

Fully embracing self-care and mindfulness in the workplace requires a culture shift, Mulligan said. She starts by coaching an organization's leaders as role models, which in turn encourages staff to feel more comfortable practicing it themselves.

Even when clinicians find time for breaks, they frequently use this pause to take care of other needs, like scheduling appointments and activities for their kids, or doing other tasks. "And before you know it, your break's over and you're back out on the floor" without replenishment, Mulligan said.

Mulligan, a Connecticut Nurses Association member, recognizes that in the current healthcare environment, with staff shortages and the ongoing pandemic, nurses find making room for self-care challenging.

But she wants to work toward a system that makes well-being a priority for everyone. "In a dream world, I imagine us changing the way we work," she said, where organizations would have protected time and space for clinicians to come off the floor and recharge in peace.

"When we take care of ourselves first, we have more clarity," Mulligan said. "Then we're able to strengthen the compassionate and caring force we need to build this unit, this hospital, this community into a system that works to meet the needs of everyone."

— Elizabeth Moore is a writer at ANA.



Live virtual event caps Nurses Month recognitions

The informative, inspirational, and healing stories of nurses will feature prominently in the American Nurses Association's (ANA) You Make a Difference — Live Virtual Event celebrating Nurses Month on May 18 at 1 pm ET. This fete of nurse storytelling, audience engagement, wellness activities, and more will bring nurses together to honor and revel in the nursing profession and nurses' dedication and commitment not only during the COVID-19 pandemic but also throughout their careers. This event caps Nurses Month Professional Development Week, May 15-21, and will be made available on demand. Register for this free celebration at nurses-month.org/you-make-a-difference.

Self-care Week, May 1-7, invites nurses to cultivate and maintain optimal mental health and physical well-being by participating in challenges and free resources offered by Healthy Nurse, Healthy Nation™ (HNHN.org) and the American Nurse Foundation's Well-being Initiative (nursingworld.org/thewellbeinginitiative).

During Recognition Week, May 8-14, ANA and our constituent and state nurses associations are highlighting nurses' essential roles to policymakers, healthcare stakeholders, and the public. Nurses' stories will

be told in broadcast, print, and social media, and proclamations issued by states, counties, cities, and other governmental bodies will declare May as Nurses Month and recognize the nursing profession's contributions to our society. This elevation of nurses—the nation's most trusted profession and the largest segment of the healthcare workforce—will continue during Community Engagement Week, May 22-28.

All nurses, hospitals, and other stakeholders are encouraged to participate in Nurses Month to help recognize nurses and educate the public about the Nurses Month activities on social media channels such as Facebook and Twitter at #ANANursesMonth. With your help, this recognition event can raise the visibility of the nursing profession and express gratitude for nurses' enduring commitment and expertise. Learn more about Nurses Month and access a free toolkit at nursesmonth.org.



Virtual workshop primes new nurse managers for success

The American Nurses Association's (ANA) 2-day virtual New Nurse Manager Basics Workshop kicks off May 16-17, with sessions also offered in July and November 2022. This interactive program is designed to equip new nurse managers with skills, knowledge, and strategies for success in these essential roles.

Workshop leaders Sarah Locke, DNP, MBA, RNC-OB, FNP-BC, NE-BC, and Katie Koss, MSN, RN-BC, NEA-BC, will walk participants through five sessions covering stepping into a leadership role, communicating and collaborating in leadership roles, managing staff performance, and managing resources. They'll also

review next steps, such as promoting participants' ongoing development.

Locke (an Arizona Nurses Association member and an assistant clinical professor at the University of Arizona College of Nursing in Tucson) and Koss (assistant director of off-site clinics for the Monroe Carell Jr. Children's Hospital at Vanderbilt University Medical Center in Nashville) will explore the roles and responsibilities of a manager, and how to build trust, be an authentic leader, and adopt a coaching mindset. They also will describe how to master good communication, communicate effectively across generations, give constructive feedback, and navigate conflict.

In addition, participants will learn about coaching staff members to a higher level of performance, managing resistance to change, promoting staff resilience, and avoiding team dysfunction and incivility. Budget basics, healthcare reimbursement, and nurse staffing in a time of shortage will be covered as well.

Each workshop is accessible to all registrants for up to 90 days. ANA members receive a \$60 discount. Groups of four or more registrants will save more.

To learn more about the workshop and register, visit pages.nursingworld.org/nurse-manager-workshops2022.



Federal funding increased for nursing workforce priorities

The \$1.5 trillion omnibus that finances the Federal government through the end of fiscal year 2022, signed into law by President Biden on March 15, included funding for and actions on key nursing priorities for which the American Nurses Association advocated on Capitol Hill.

Notably, it increased by \$16 million funding for Title VIII Nursing Workforce Development programs (total \$280.5 million) and provided \$180.862 million for the National Institute of Nursing Research (NINR), a \$5.905 million increase.

The law also increased by \$1.4 billion funding for the Health Resources and Services Administration (HRSA) and directed HRSA in its new funding announcements to prioritize public entities for training additional RNs in acute care settings. In addition, the legislation directed HRSA to give priority to applicants from states identified in *Supply and Demand Projections of the Nursing Workforce 2014-2030* as having the greatest shortages. HRSA also must submit a report within 1 year of the law's enactment that examines the impact of the current public health emergency on the nursing workforce, especially in rural areas, and summarizes strategies to mitigate and address these impacts.

The law raised by \$4 million funding for the Sexual Assault Nurse Examiners Program (total \$13 million), to expand training and certification of RNs, advanced practice RNs (APRNs), and forensic nurses to practice as sexual assault nurse examiners. It also lifted the salary caps for APRNs and physician assistants



at the U.S. Department of Veterans Affairs.

Several provisions extend and expand telehealth flexibilities for 151 days after the end of the COVID-19 public health emergency. These provisions extend the ability for federally qualified health centers and rural health clinics to furnish telehealth services and delay the 6-month in-person requirement for mental health services furnished through telehealth until 152 days after the emergency ends. The originating telehealth site also was expanded to encompass any site at which a patient is located, including the patient's home.

More about the legislation is available at anacapitolbeat.org.

Joint statement warns against criminalizing medical errors

In response to the conviction of former Vanderbilt University Medical Center nurse RaDonda Vaught, the American Nurses Association (ANA) and Tennessee Nurses Association (TNA) issued a statement that the two organizations are "deeply distressed by this verdict and the harmful ramifications of criminalizing the honest reporting of mistakes." The statement adds, "healthcare delivery is highly complex. It is inevitable that mistakes will happen, and systems will fail. It is completely unrealistic to think otherwise. The criminalization of medical errors is unnerving, and this verdict sets into motion a dangerous precedent."

Vaught was charged with and convicted of reckless homicide and abuse of an impaired adult in March after mistakenly administering the paralytic vecuronium bromide in 2017 to a 75-year-old patient rather than the sedative Versed (midazolam).

The patient had been prescribed midazolam for anxiety in advance of a positron emission tomography scan. According to court documents, Vaught overrode

automatic drug dispensing cabinet alerts when she initially typed "VE" and no results appeared.

Vanderbilt University Medical Center fired Vaught in 2018. The Tennessee Board of Nursing revoked her license in 2021. At trial, the defense argued that "Error is error. We're all human."

In their statement, ANA and TNA noted that the COVID-19 pandemic has exacerbated "an unfortunate multiyear trend" of the nursing profession being "extremely short-staffed, strained, and facing immense pressure." ANA and TNA stressed that the "ruling will have a long-lasting negative impact on the profession."

The associations also stated that "there are more effective and just mechanisms to examine errors, establish system improvements, and take corrective action. The non-intentional acts of individual nurses like RaDonda Vaught should not be criminalized to ensure patient safety."

A nurse's inappropriate language—an ethical issue

To: Ethics Advisory Board

From: Concerned nurse manager

Subject: A nurse's behavior frightens a patient

LR is a new graduate RN with 1 year of experience on our medical telemetry unit. As her manager, I now have received two complaints regarding LR's inappropriate, profane language. The first instance occurred in the breakroom among hospital staff, the second was in a patient's room. The patient reported that LR's language frightened her, and that she was concerned that her complaint might make her the target of retaliation.

When I spoke to the nurse after the first incident, she said, "I just got upset," implying that this excused her actions. While I know how to help new nurses build technical skills and improve their assessment abilities, how can I help LR understand that such language in the workplace and especially in front of patients is not only against hospital policy but also harmful and an example of unethical nursing practice?



healthcare team. Fostering these respectful, caring relationships becomes an expression of an ethical environment and reflects an expected culture of civility that treats everyone with dignity and respect.

In this case, the patient was frightened by LR's strong language, and then became doubly concerned that she (the patient) would be retaliated against when she reported her fears.

The duty to act to prevent harm is central to the standard of ethical conduct for nurses and other healthcare professionals. In this case, LR caused harm and distress to the patient.

LR clearly was treating her work as a nurse professional in a too casual, informal manner. She might benefit from a greater understanding of the emerging work on professional identity in nursing. The International Society for Professional Identity in Nursing (ISPIN) defines professional identity as "a sense of oneself, in relationship with others, that is influenced by the characteristics, norms, and values of the nursing discipline, resulting in the individual thinking, acting, and feeling like a nurse."

ISPIN describes professional comportment—one of the four domains of professional identity in nursing—as "a nurse's professional behavior demonstrated through words, actions, and presence." With a greater understanding of the depth and breadth of one's professional identity in nursing, LR might gain a greater appreciation for self-reflection while pondering her duties and obligations as a professional nurse.

— Response by Nelda Godfrey, PhD, ACNS-BC, RN, member of the ANA Ethics and Human Rights Advisory Board. Godfrey is immediate past Advisory Council chair of the International Society for Professional Identity in Nursing.

From: ANA Center for Ethics and Human Rights

I applaud your plans to address this situation from both an organizational—and perhaps disciplinary—perspective as well as from an ethical viewpoint. Ethically, LR's actions frightened the patient, causing emotional distress and concern about her own care.

This indeed is an ethical issue. The *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/coe-view-only) states that respect for persons extends to all individuals with whom a nurse interacts. This means that nurses need to maintain professional, respectful, and caring relationships with patients, colleagues, visitors, families, and all members of the

Professional comportment: A nurse's professional behavior demonstrated through words, actions, and presence.

Reference

International Society for Professional Identity in Nursing. kumc.edu/school-of-nursing/outreach/consulting/professional-identity/about.html

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

Seven steps to strengthen nursing culture

By Jessica Stein Diamond

Nurses need a supportive work culture more than ever as they cope with pandemic era stresses compounded by a national nurse staffing shortage.

“Nurses just like the rest of the population are re-thinking whether we have the right balance of work and life,” said Kathy Driscoll, MSN, RN, NEA-BC, CCM, Humana’s chief nursing officer, an ANA-New York member, and president of the American Nurses Foundation Board of Trustees. “Nurses’ burnout is real. A strong nursing culture with a sense of community and the support of peers and clinical leaders can help. Having the feeling that people understand and listen to nurses is rewarding and brings joy to the workplace. That’s important for all of us.”

Drawing from Driscoll’s experience building a nursing culture for Humana’s community of nearly 10,000 nurses, she offers seven suggestions to help nurses develop or find a work environment with a strong nursing culture:

1. Assess. If you want to strengthen the nursing culture where you work or are evaluating an employment opportunity, ask:

- Do you see nurses in leadership roles?
- Does the organization support nurses’ well-being?
- Are there defined pathways for career development in clinical, business, and leadership roles?
- Do you feel supported by peers and supervisors?
- Do you feel a sense of belonging and of being fulfilled, supported, and happy to go to work each day?

2. Start small. Think about change you need on your team or at your work setting. Talk with nurse colleagues about common needs, stressors, and priorities. Research possible solutions. As a group, set a reasonable, achievable single goal. Share facts and research supporting your recommendations with decision-makers. Once you achieve your first goal, find people who can help publicize what you did. This helps positive change spread, which builds momentum for the next change.



3. Help nurses be heard. Seek opportunities for nurses to offer feedback on priorities and action, and have a voice at the table to influence decisions. That isn’t to say everything should happen exactly when or how nurses suggest. However, when nurses feel our values and priorities are heard and are part of solutions and change, this supports retention and a positive workplace.

4. Ask for and help develop shared governance. Nurses need validation that our input matters and impacts care quality, the way we work, and leadership-level decisions.

5. Urge employers to value nurses’ expertise. Nurses should be invited to provide expertise, informed by our clinical and leadership responsibilities, to help improve clinical outcomes, nurses’ well-being, and patient and workplace experiences. Some of the biggest mistakes healthcare employers make occur when they implement a change or new technology, and then ask how it’s working for nurses.

6. Seek opportunities for growth and development. Healthcare employers benefit when nurses advance their skills. Offer suggestions to help your employer prioritize and support continuing education, and formal and informal mentoring for next-level opportunities to work on a project or team so nurses can highlight their capabilities to senior leaders.

7. Encourage nurse-focused communications. Urge your employer to communicate with nurses in ways that are relevant to our interests, transparent, and frequent. Nurses need to feel heard and valued. Their voice and input should influence strategic decisions.

“Healthcare is a hard space to be in these days,” Driscoll noted. “A positive and supportive work culture, a feeling of belonging and trust, are more essential than ever for nurse well-being. Sometimes, it’s as simple as a colleague saying, ‘I know you’re overwhelmed today. Let me take that task over so you can go outside and walk for 10 minutes.’”

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

