



ED Corner: All Nurses Are Leaders

Writing this in early December, ANA is seeking signatures and stories from nurses about whether nurses are “professionals” deserving of higher loan limits for graduate education. By the time you read this, we hope ANA has used those signatures and stories to convince the Department of Education the importance of loans to allow nurses to become nurse educators, nurse practitioners, and other advance practice nurses.

Another conversation about nurses focused not on what a professional is but what a leader is. Being a leader is not the same as being a manager. As the Executive Director of the Colorado Nurses Association, an organization that operates primarily through the hard work of nurses volunteering their time across Colorado, I believe all nurses are leaders. Leaders in education of patients, families, future nurses, and current nurses; leaders in patient and self-advocacy; and leaders as the largest group of professional healthcare pro-

viders. While reviewing the articles submitted for this issue of the Colorado Nurse, I saw the writings of so many nurse leaders.

Nurses in the Workplace Advocacy and RN Sunset group, including Marissa Young and Courtney Hickey have put many hours of work into understanding and recommending “Safe Harbor” legislation to increase safety for nurses and their patients. Lauren Zobec and Sarah Duarte developed a new post-operative bra to reduce complications for their open-heart surgery patients. Alison Yowell, Ashley Chernak, and Jennifer Albery developed a new protocol for telephone triage, reducing the time it takes to get care for those with the most serious needs. Christy Deem and Roberta Bean, both CNA Regional Directors, work in southern Colorado to increase the professionalism and engagement of nurses in their community. Each of these nurses are nurse leaders, but you don’t need to develop legislation or get published in a

journal to be a leader. Keep leading others to be healthy, and if you have the time, join other leaders to make great things happen. That may be through your employer, through community connections, or through a professional organization like CNA.

I would be remiss in this ED Corner to not point out a nurse leader who has impacted my career for over a decade. Roberta Hills recently retired after many years with the Colorado Board of Nursing. During her time with the Board, Dr. Hills was my guide in better understanding the function of the Board and the Colorado statutes that impact nursing, including the nurse practice act. She also provided information and patience as we set up the LPN program at Front Range Community College and provided similar assistance to many others in nursing education. She, and all nurse leaders, are valued. ■

Safe Harbor Laws: Protecting Nurses and Patients

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Across the country, concerns about unsafe staffing, inappropriate delegation, and pressure on nurses to accept responsibilities beyond their scope remain persistent challenges in clinical practice. Safe harbor laws offer nurses a legal and ethical mechanism to protect both themselves and their patients when they are given a clinical duty, directive, or workload that may compromise safe care. These laws establish a formal process for nurses to voice and document concerns, decline unsafe responsibilities, and request review of situations that may violate a nurse’s duty to a patient without fear of retaliation. The goal is to strengthen professional empowerment and support safe patient care.

What Safe Harbor Laws Do

Safe harbor laws allow nurses to invoke a protected process when they are asked to perform a task, care responsibility, or clinical action that conflicts with their professional judgment. Ideally, this prompts a collaborative discussion with a supervisor, leading to immediate resolution. If concerns remain, the nurse may decline to proceed, and the situation undergoes review. Once safe harbor is invoked, the nurse is protected from disciplinary action or employer retaliation while the issue is evaluated, ensuring nurses can speak up without fear. This reinforces a nurse’s duty to advocate for safe patient care and supports a culture of transparency and accountability.

Texas: Safe Harbor Through Peer Review

Texas has the most established safe harbor framework in the nation, embedded within its Nursing Practice Act (Texas Occupations Code, Chapter 303). When a nurse believes they are being asked to engage in conduct that violates their duty to a patient, they may invoke safe harbor, triggering review by a nursing peer review committee. Texas requires facilities employing a certain number of nurses to establish and maintain these committees, which evaluate both clinical competence and safety concerns. While this system provides robust structure and clear procedures, it also requires significant organizational resources to implement.

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