

Those words became a source of strength, reminding us that confidence is built through experience, not perfection.

Challenging NLRN's with intention is effective as the best preceptors asked questions, prompted clinical reasoning, and encouraged leadership in patient care. Though demanding at times, these moments fostered critical thinking and revealed a not yet discovered potential. Paired with encouragement and constructive feedback, these challenges served as powerful tools for our growth.

Others described the profound impact of preceptors who modeled compassion and patient advocacy. The simplest of actions—pulling up a chair to listen, validating a patient's fears, and demonstrating respectful collaboration with the healthcare team—revealed how nursing extends as both a science

and an art, one focused on human presence, connection, and belonging.

Across all our experiences, one theme consistently emerged: preceptors made us feel seen, supported, and capable. They helped us find our voices, trust our instincts, and believe that we belong in this profession.

Celebrating Preceptors: Shaping the Future of Nursing One Resident at a Time

Our lived experience transitioning into practice, coupled with the instruction of our preceptors, has defined our success during our nursing residency. We feel deeply fortunate to be learning from those preceptors that go above and beyond. Although the transition period for residents can be marked by stress and uncertainty, these key preceptors make a difference by fostering growth, resiliency,

and confidence as we begin to develop our own professional identities. By demonstrating professionalism, compassion, and clinical excellence each day, preceptors show us what it truly means to be a nurse. While they may not recognize it in the moment, their early support is key to our success.

To every nurse who has served as a preceptor, or will do so in the future, we celebrate you today and always. ■

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Why Nurses Belong in Civic Leadership

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Recently I attended a seminar on the topic of Nurses Running for Office. One of the speakers described the experience of campaigning as “exhilarating.” I was reminded of my own experiences as a candidate for Cleveland Heights City Council.

While I had worked on campaigns most of my adult life, I had never planned to run myself. A significant barrier for me personally was the known financial cost. I was approached by my neighbors and others in the community, including nurses who felt, like me, that my neighborhood was not being fully represented on our City Council. Having encouraged other nurses to run for years, I could not decline the call. The suggestion became more palatable once colleagues offered to raise money and a volunteer stepped forward to be Campaign Treasurer.

A few of my nurse colleagues questioned why I would want to put myself through such an undignified course of action. After all, politics is “so dirty.” Perhaps this

sentiment helps explain the disappointing historically low numbers of nurses in public office. The majority of my nurse colleagues shared my vision about the role of nurses in civic engagement and politics and were some of the most enthusiastic supporters of my campaigns. That vision is shaped in part since we chose to be nurses because we want to help others. We advocate for patients in the clinical setting and have been called to extend that advocacy to influence health policy.

That shared vision is also shaped by the profession's Code of Ethics (2025). Provision 9.2 of the American Nurses Association's *Code of Ethics for Nurses* states “Individual civic engagement and nursing's civic professionalism embody nursing's covenant and affirm the mutual expectations and responsibilities between nursing and society.” (ANA, 2025, p. 8) Provision 9.5 states “nurses have a role at every level of the democratic process. This includes informed voting in local and national elections; running for office;

combating voter suppression; and working closely with local, state, and federal elected officials to develop, promote, and facilitate the passage of health and social policy change.” (ANA, 2025, p. 41). Thus, nurses are expected to be leaders in the community.

Campaigning for office is not an easy process but it offers the exciting opportunities and challenges of learning about new issues and complex topics. In Cleveland Heights, for example, the city was under a consent agreement at the time with the United States Environmental Protection Agency due to the inadequate, outdated sewer system. To be an informed decision maker I had to learn the intricacies to bring the sewer system up to date.

Economic development was similarly an eye-opening experience. Cleveland Heights, like many other cities, had a shopping center that was state of the art when it was built in the 1970's. Over the years shoppers' preferences changed, leaving the location predominately vacant. I needed to understand the complexities of zoning regulations, eminent domain, construction issues, landlord-tenant relations as well community sentiments to respond to voters' questions.

One of the somewhat surprising aspects

of my experience was realizing how much of local government is public health. Much of the housing stock in the city was over 80 years old so lead abatement programs were needed. Sanitation issues besides the sewer involved the entire garbage disposal and recycling systems. And I learned that auto accident prevention systems such as “road diets” had pros and cons. Parks, bike and hiking trails, tow paths and maintenance of tree canopies are also related to public health by promoting a sense of well-being.

In talking with other nurse candidates, there was consensus that the most rewarding part of campaigning was the face-to-face contact with individuals and listening to their stories. I too found that to be most rewarding aspect. It was a gratifying experience to meet so many new people and gain a different perspective on how others faced the everyday challenges of living. Nurses are educated to be skilled listeners, ask probing but unobtrusive questions, and be astute to

what’s not being said. (Patton et al., 2023) Whether learning about the challenges of the rural farming community or seeing the heart-wrenching impact of a recession on diverse families, nurses have a natural empathy to function in a public health capacity by providing resources to those in need.

The Honorable Ann Marie Donegan, former Mayor of North Olmstead, Ohio noted that conversations on the doorstep often set the priorities for future legislation. “I recognize we have a nation comprised of so many different kinds of people with so many different needs. I was able to recall some of those conversations when I needed to set priorities for what I would propose as legislation.” (A. M. Donegan, personal communication, January 24, 2026) Similarly, a current state representative expressed that these stories help her represent her constituents in Columbus. Current City Council member Megan Coy of North Olmstead, running for Ohio State Representative shared her experiences when children, especially, teen agers

show their interest when she knocks on the door. “It makes what we are doing more meaningful. After all, it is their future we are fighting for.” (Megan Coy, personal communication, January 25, 2026) She also shared how gratifying it is when she sees parents role modeling for their children by bringing them to the polls when they vote.

Underlying any campaign experience is that while one is doing everything one can to win, there is always the possibility one may lose. As someone who has won then lost, I admit it hurts. Even so, I would do it all again. I passionately believe in the power of the democratic process to promote significant social change for the good of all citizens. ■

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2025 Fall Ohio Nursing Organizations Leadership Summit Report

Contributing Author: Sally Morgan, MS, RN, AGCPNP-BC

ANA-Ohio hosted the Fall Ohio Nursing Organizations Leadership Summit on December 5, 2025, at Chamberlain University at Easton Town Center. Eighteen nursing organizations were represented and a total of 33 people attended.

ANA-Ohio President Rebecca Patton opened the summit, and Dr. Terra Downs, Executive Dean Academic Operations at Chamberlain University, welcomed the attendees. Latisha Chastang, MNM (Masters of Nonprofit Management and Leadership) presented “Cultivating Commitment: Engaging Members and Preparing Tomorrow’s Leaders” and facilitated a discussion on recruitment, retention, and succession planning for

organizational membership. After a networking lunch, Jan Lanier provided the General Legislative Update with input from organizational leaders who have current legislative issues.

Erin Keels, DNP, APRN-CNP, Ohio Board of Nursing President, and Jack Brubaker, Legislative Liaison at the Ohio Board of Nursing (OBN), reported on several key issues/changes with OBN. These included NCLEX updates and scoring trends, changes in Continuing Education Rules, New Safe Haven Program, mandatory reporting rules, and legislative update involving OBN.

Mary Cook, DNP, MSN, RN, CNE, Executive Director, Ohio League for

Nursing (OLN), ended the summit with a discussion of “Emerging Strategies to Strengthen Nursing Education and Practice Readiness”. Dr. Cook described the current landscape in nursing education and discussed strategies for practice readiness which included competency-based education, simulation and virtual learning, and transition-to-practice models. With the emerging issue of faculty and preceptor capacity, Dr. Cook also discussed preparation for effective teaching and developing collaboration and partnerships. The 2026 Spring Ohio Nursing Organizations Leadership Summit is tentatively scheduled for April, 17, 2026. ■