

The American Nurse

January/February 2005

The Official Publication of the American Nurses Association

Obesity on the rise Leads to workplace challenges, patient concerns

By Susan Trossman, RN

There's little doubt that obesity is epidemic in the United States, despite a federal agency recently backing down on its claim that this condition was about to surpass smoking as the country's No. 1 preventable cause of death.

Nurses report that they've been caring for an increasingly obese patient population for several years now. They also say that nurses can face many challenges—both physical and emotional—in providing quality care to these patients. And they acknowledge the reverse is true: It's not easy being an obese patient in many health care settings.

Roughly 60 million adults in the United States are considered obese, and 9 million can be categorized as extremely obese, according to an October 2004 report of the Agency for Healthcare Research and Quality. Like the general population, they enter the health care system for many reasons. One growing reason is for surgical treatment. The American Society for Bariatric Surgery was quoted as reporting that the number of bariatric surgeries performed in 2004 was expected to reach 140,000 nationwide, which would represent an increase of 125 percent from two years ago.

Challenges to quality care

"My background is in pediatrics, and what we've always said is that 'children are not little adults,'" said Jim Murphy, RN, BSN, COHN-S, a Massachusetts Association of Registered Nurses member who now works for an international company that specializes in patient lifting equipment. "We



should advocate for bariatric and extremely obese patients in the same way; they are not just 'larger adults.'

"There are so many aspects of their care that are different from other patients, from fluid shifts to their center of gravity. And many of the physiological differences are poorly understood by many health care professionals."

Those differences, however, are not lost on nurses who manage bariatric surgical programs, as well as those who have had to become experts in caring for obese patients.

Patients who want to pursue bariatric surgery, for example, must undergo a rigorous pre-procedure process, which includes blood tests to rule out nutritional and endocrine problems, a psy-

chological assessment, tests to evaluate co-morbidities, such as respiratory and cardiac problems, and proof that they have been adhering to a nutritionist-developed eating plan to lessen their pre-surgical weight, according to Jennifer Nalle, MS, RN, FNP, a clinical coordinator for a New York City hospital's surgical weight loss program.

That said, they are still at high risk for certain post-surgical complications, such as DVTs and pneumonia, said Nalle, a Tennessee Nurses Association member. So nurses caring for these patients must possess the knowledge and skills to prevent these complications, as well as know how to deal with patients' co-morbidities

See **Obesity** on page 4

CNA targets ANA members

Members reject divisive tactics

The California Nurses Association (CNA) is working to divide and weaken the voice of nurses across the country in an effort to build up its own organization. But RNs who are members of ANA and its constituent member associations (CMAs) are wise to the California-based union's plans, and they want to ensure nurses remain unified for the sake of the profession and their patients.

CNA is an independent union. It disaffiliated from ANA in 1995.

"California Nurses Association officials are willing to weaken nurses' voices and put our hard-won achievements at risk for their own narrow interests," said ANA President Barbara Blakeney, MS, RN. "This is a time when nurses need to remain united—not become divided—so they can continue to address staffing and other vital issues that affect our practice and our patients."

California Nurses Association leaders have stated publicly that their goal is to destabilize and decertify as many nurse bargaining units and as many ANA-affiliated state nurses associations as they can. Their actions include distributing false and misleading information to nurses across the country through a front group called the National Nurses Organizing Committee (NNOC). By working to divide nurses, CNA/NNOC is playing into the hands of those who oppose nurses on crucial issues, like safe staffing, forced overtime, workplace injury prevention and unsafe floating practices.

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Case History #581*

Name: Lynn Brown, CRNP, Kennedy Memorial Clinic

Case: Patient contended that the nurse practitioner who examined and prescribed medication for patient's lower back pain gave an incorrect diagnosis, citing "severe muscle spasms." Consequently, he sustained irreversible neurological damage. Patient contended that the initial incorrect diagnosis is responsible for causing his ongoing illness and loss of earning capacity.

Cost: \$1,000,000 - Settlement for the Patient
50,000 - Lawyers' fees
+ 20,000 - Deposition expenses

Total: \$1,070,000
- \$370,000 - Employer coverage paid
\$700,000 - Amount Nurse Brown is responsible for

This lawsuit was overwhelming to Nurse Brown – professionally as well as financially and emotionally. You see, she thought that the liability coverage her risk representative told her that she had through her employer was enough.

But it wasn't.

Now, Nurse Brown is financially devastated. As a result of this one lawsuit, she lost her personal savings. She even lost her home and automobile. Not to mention her reputation as a dedicated professional nurse that she worked so hard to build over the last 20 years. If she had her own Professional Liability Insurance, her situation might be a lot different.

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* The names of the nurse practitioner and clinic are fictitious; however, the facts of the case are real.
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100,000 Lives

The first time it happened, I was a senior nursing student. I was halfway through my MICU rotation, taking care of an elderly man for the third day in a row. The moment I walked into the room, I knew something was wrong. He just didn't look right. His BP was slightly lower than it had been, and his pulse was a little higher. His color was a little "off," he felt a bit cool to the touch—but not clammy—and his temperature was normal. I checked his most recent lab work. Everything was within normal limits. He was a bit slow to respond and said he just didn't feel right.

I knew something was wrong, but I couldn't figure out what. My instructor was dealing with an emergency and not available. So I called the resident, but he didn't feel there was anything to be concerned about. But I *knew* there was something wrong.

I wish I could have picked up the phone and called a rapid response team because an hour later he bled out and died. Could we have saved him? I don't know, but perhaps we could have given him a fighting chance. This was the first time I had such an experience, but it wasn't the last. I know you've experienced it as well.

The deployment of rapid response teams at the first sign of patient decline is one of six clinical initiatives the Institute for HealthCare Improvement (IHI) is proposing in an effort to save 100,000 lives between now and June 2006 and every year thereafter. Each of the following proposed changes has solid research to back it up:

- Deploy rapid response teams at the first sign of patient decline.
- Deliver reliable evidence-based care for acute MIs to prevent deaths from heart attacks.
- Prevent adverse drug events by implementing medication reconciliation.
- Prevent central line infections by implementing a series of independent, scientifically grounded steps called the "central line bundle."
- Prevent surgical site infections by reliably delivering the correct perioperative antibiotics at the proper time.
- Prevent ventilator-associated pneumonia by implementing a series of steps called the "ventilator bundle."

Each of these interventions has been demonstrated to save lives by preventing complications. IHI is proposing that hospitals sign on to the 100k lives campaign by pledging to implement these practices. By doing so, we could save 100,000 lives between now and June 2006.

ANA has endorsed this campaign and will be working on its implementation. We think it makes good sense. Many of these changes are nursing interventions. These are small adjust-



President's Perspective

ments in our practice that can make a big difference.

I'd like to end by quoting Don Berwick, MD, MPP, the president and CEO of IHI:

"The names of the patients whose lives we save can never be known. Our contribution will be in what did not happen to them. And though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know their grandparents they might never have known, and that holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without this work would never have been."

As the daughter of a mother who died too soon, this resonates with me. As a nurse who can still see the faces of too many patients who died ahead of their time, this gives me hope.

If you're interested in learning more, please visit the IHI web page at www.ihl.org. Talk with your colleagues about joining the effort. Talk to your hospital about instituting these changes. Let's take this one on and save some lives.

'til next time,

The American Nurse trims down

A new year always brings changes; for *The American Nurse*, this entails trimming the size of our printed version. We're publishing just as much valuable information as ever, but now we're placing some of it exclusively on the Members Only section of www.nursingworld.org. Not only do we hope to save a few trees, but we also hope that you'll take the time to read our online content and get to know this indispensable Web resource better. If you haven't created a member account, why not take the time to do so now at <http://nursingworld.org/member/>.

We'd love to hear your feedback on our new approach. Please drop us a line at taneditor@ana.org.

Margaret Kay
Editor

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2005 The American Nurse

Volume 37, No. 1 (ISSN 0098-1486)

Published bimonthly: January/February, March/April, May/June, July/August, September/October and November/December. Copyright 2005 by the American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492, (301) 628-5000. Views expressed herein are not necessarily those of ANA. The publisher reserves the right to accept or reject advertisements for *TAN*. All advertisers in this publication must employ without regard for age, color, creed, disability, gender, health status, race, religion, lifestyle, nationality and sexual orientations.

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Director of Communications Joan Hurwitz

Editor Margaret Kay
Senior Reporter Susan Trossman, RN

Production/Graphic Design Christy Carmody
Circulation/Subscriptions American Nurses Publication Center,
(800) 637-0323

Director of Marketing Betty Whitaker
Advertising Sales Tony Ward
(301) 628-5210

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Address editorial comment and inquiries to Editor, *The American Nurse*, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492 or, via e-mail, TANeditor@ana.org

Postmaster: Send address changes to *The American Nurse*, Central Billing, American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492

Subscription to *The American Nurse* is included with membership in a state nurses association and ANA direct membership. Subscription rate for nonmembers, \$20 per year; for full-time nursing students, \$10 per year. Subscriptions begin approximately six to eight weeks after receipt of payment.

Indexed by: International Nursing Index; Cumulative Index to Nursing and Allied Health Literature; Hospital Literature Index of the American Hospital Association.

Circulation: 160,000

The American Nurse is available in microform from University Microfilms International, 300 North Zeeb Road, Ann Arbor, Mich. 48106. Periodicals postage paid at Silver Spring, MD, and additional mailing offices. ANA is an equal opportunity employer.

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<http://www.NursingWorld.org>



Obesity

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that may continue until weight loss is achieved.

But some nurses say that providing optimum care is not always easy because of a lack of adequate staffing and specialized equipment.

"Most hospitals are ill-equipped when it comes to helping staff meet the needs of obese patients, such as having adequate or any lifting devices," said Butch de Castro, PhD, MSN-MPH, RN, senior staff specialist for ANA's Center for Occupational and Environmental Health. "Several years ago, hospital administrators began to make changes to better accommodate an increasingly aging population. We need that same forward thinking when it comes to providing care to obese and bariatric patients."

Pennsylvania State Nurses Association member Kim Attwood, MSN, RN, agrees.

"For the most part, the health care system infrastructure is not designed for an increasingly obese patient population," said Attwood, a faculty member at a school of nursing in Pennsylvania and staff nurse on a surgical trauma unit at a hospital in the Lehigh Valley. Roughly 30 to 40 percent of the patients she sees in her practice are obese.

"The room sizes are small, beds are narrow, the chairs have arms and even larger blood pressure cuffs tend not to fit," she said. "And with narrow beds, for example, it's very difficult to reposition patients and have them maintain proper positioning to give them the care they need to prevent complications, such as respiratory and skin problems."

Her facility already has some specialized equipment available, such as large reclining chairs, and

it plans to build a new hospital with larger rooms in 2005.

Yet, like many nurses, she worries about what happens if a patient falls.

"Do we call a code or security?" she asked.

Wisconsin Nurses Association (WNA) member Robin Poedel, BSN, RN, has always seen overweight patients who come to her hospital's maternal-fetal care center in Milwaukee. However, over the past several years, she's been providing care to more morbidly obese patients, as well as to some who have undergone bariatric surgery.

Her center already has made some changes, such as supplying a range of BP cuff sizes, examining tables that can accommodate patients who weigh up to about 500 pounds, and chairs for non-stress tests that can accommodate a weight of roughly 350 pounds.

One major problem, however, centers on some diagnostic and assistive equipment that is typically used with pregnant women. To care for morbidly obese patients, there is a need for appropriate speculums to help health care professionals visualize the patient's cervix, adequate ultrasound equipment and better fetal monitors, according to Poedel. Her center has been purchasing specialized equipment with larger patients in mind, but administrators are still hampered by the limits of technology.

"It's really a challenge to ensure gynecological health and the health of the mother and the fetus when specialized equipment is not available," she said.

For the entire story, please go to www.NursingWorld.org/tan. 

Susan Trossman is the senior reporter for *The American Nurse*.

ANA continues to lead the way in workplace improvements

For more than 100 years, ANA has advocated for nurses, the nursing profession and patients and consumers. Nurses who are part of ANA have a proven track record, and they constantly are working to ensure that RNs can practice safely and provide the care they know their patients need and deserve.

ANA nurses know the importance of safe staffing, and they have worked together to stem staffing shortages on several levels. One successful strategy has been federal lobbying, and ANA has long been the recognized voice for nurses on Capitol Hill. In 2004, ANA and its nurses won a \$9 million increase in federal funding for fiscal year 2005 that's earmarked for loan repayments and scholarships, basic nurse education, practice and retention programs. ANA also was successful at keeping other federally-funded nursing workforce programs roughly at current levels.

Another one of ANA's major strategies to combat staffing shortages centers on workplace improvements. With its state-based constituent member associations (CMAs), ANA has succeeded in having laws or regulations prohibiting mandatory overtime implemented in 10 states, and introduced similar measures in 15 other states in 2004. ANA also has actively campaigned for federal legislation limiting forced overtime to true emergencies.

ANA believes that direct-care nurses at the unit level are key to determining nurse-patient ratios, and its landmark document *Principles for Nurse Staffing* has been the basis of progressive contract language and proposed state and federal legislation. And ANA has been leading the fight to ensure RNs keep their right to overtime pay, despite changes in federal rules. In a joint effort with United American Nurses (UAN), AFL-CIO, ANA has fought attempts to classify charge nurses as "supervisors," which would rob them of their collective bargaining protection. (This commitment to staff nurses is not new; ANA led the charge to establish the eight-hour day, 40-hour week for nurses; set its first national salary goal for RNs in the mid-1960s; and won nurses' the right to organize and bargain collectively in the mid-1970s.)

In another strategy, ANA, along with its CMAs and specialty organizations, has launched an important project to quantify the economic value of nursing, which will give nurses solid data to show that staffing with RNs results in both quality and cost savings. ANA's National Database for Nursing Quality Indicators (NDNQI) already gathers crucial data on patient outcomes related to nursing care, including the frequency and severity of patient falls and pressure ulcers, correlations of these outcomes to nursing staffing and the skill mix of nursing staff, as well as multiple areas of RN satisfaction. So far 695 hospitals from all 50 states and the District of Columbia report their statistics to this database, giving staff nurses solid evidence of their contribution to quality care.

On the health and safety front, ANA launched in September 2003 its "Handle with Care" campaign aimed at preventing back and other musculoskeletal injuries in nurses. This educational campaign on safe patient handling techniques targets front-line nurses, health care administrators and nursing schools. Building on its previous success of winning federal safe needle legislation, ANA staff continues to work with nurses through its train-the-trainer program to show RNs how to create a needlestick prevention committee and ensure their facilities' compliance with OSHA regulations.

ANA developed and has been the "keeper" of the *Code of Ethics for Nurses*, a document spelling out nurses' ethical guidelines. This document applies to nurses providing care in all settings and gives RNs a solid basis to advocate for safe, quality patient care. ANA also developed the *Nurses Bill of Rights* to further clarify the rights and responsibilities for nurses with their employing institutions.

To date, ANA has developed defined scopes and standards of care in 23 areas in conjunction with specialty nursing organizations. These resources define and set the standard for nursing practice in areas that range from pediatrics to diabetic management to gerontological nursing.

For more on the breadth of ANA's work for nurses and patients, visit the ANA Web site at www.nursingworld.org. ■

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The College of Nursing at the University of North Dakota is seeking to fill two full-time tenure track positions for Fall 2005. Qualifications include a doctoral degree in nursing or a related field. One higher degree beyond the baccalaureate must be in nursing. Preference will be given to candidates with an established program of research. ND licensure will be required upon employment.

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Contact Helen Melland, Interim Dean, at 701-777-4555.

UND is an affirmative action, equal opportunity employer.

ANA-PAC makes its election cycle goal

As we look back on the 2003–2004 election cycle, ANA-PAC is proud of its success. Not only did ANA-PAC make its goal of \$825,000 for the cycle, but those contributions helped an impressive 82 percent of ANA-PAC–endorsed candidates to get elected to the 109th Congress.

With a strong ANA-PAC, ANA can help elect legislators who will support legislation to protect nurses. Investment and involvement in the ANA-PAC is one way that nurses are speaking with one strong voice about the critical health care concerns facing our country today.

The work of ANA-PAC would not be possible without contributions from ANA members. We would like to take this opportunity to thank all ANA members who contributed in 2004, and particularly the members who contributed at the highest levels. For a full list of ANA-PAC donors who contributed \$100-plus, please visit www.anapoliticalpower.org.

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Rise in Classroom Use of ANA's Foundation of Nursing Package

In 2004 Nursesbooks.org saw a dramatic rise in course adoption of many ANA books. The most widely requested was ANA's *Foundation of Nursing* package, which contains three of ANA's newly revised perennial best sellers; *Nursing: Scope & Standards of Practice*, *ANA's Code of Ethics* and *Nursing's Social Policy Statement*. This three book Package, appropriately named the *Foundation of Nursing*, define contemporary nursing practice and belong in the hands of every nurse regardless of level, role, or setting.

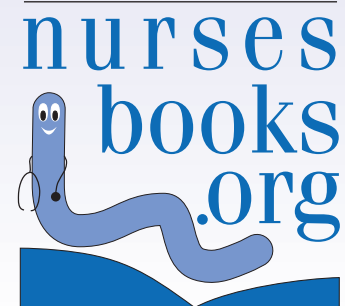
As far as courses goes, the *Foundation of Nursing* package has gained mass appeal particularly to college professors teaching fundamental nursing courses in Bachelor's programs nationwide, although there has also been a notable upswing in the use of these and other ANA publications in Master's and PhD nursing programs as well. Most recently, professors in accredited associate level nursing programs have begun reviewing this outstanding package for course adoption in their two-year programs starting in 2005.

Nursing professionals have begun to reference these books (most specifically the *Nursing: Scope & Standards of Practice*), along with their specialty *Scope and Standards*, to prepare for national certification exams. Several of ANA's specialty *Scope and Standards of Practice* are endorsed and recommended by the American Nurses Credentialing Center to aid applicants preparing for certification in several specialty areas including Nursing Administration, Gerontology, Pediatrics, Psychiatric-Mental Health, Nursing Professional Development, etc.

Another ANA title especially suitable for course adoption is the newly released *Florence Nightingale Today: Healing, Leadership, Global Action*. Nursesbooks.org is predicting a flood of requests for this book in the 2005 semester year.

Educators interested in reviewing this nursing package for possible course adoption should contact Francine Bennett at 301-628-5214 or e-mail fbennett@ana.org.

To order or request a Winter 2005 catalog, call 1-800-637-0323 or go to www.nursesbooks.org.



The Publishing Program of ANA

Six ANA books win Merit Awards

The Society for Technical Communication (STC), an international organization dedicated to advancing the arts and sciences of communicating technical information, has given ANA three Merit Awards for six books in recognition of the high quality of their writing, editing, design and integration. The winners are ANA's *Foundation of Nursing* package (*ANA Code of Ethics*, *Nursing's Social Policy Statement*, *Nursing: Scope and Standards of Practice*), the newly released *Soul of the Caring Nurse: Stories and Resources for Revitalizing the Professional* and ANA's *Pediatrics Package* (*Scope and Standards of Pediatric Nursing Practice and Family Centered Care: Putting It Into Action*). ANA co-published these last two books with the Society for Pediatric Nurses.

To order any of these publications or to request a winter 2005 catalog, go to www.nursesbooks.org or call (800) 637-0323. ■



In Brief

RNs 'Gallup' to the top

For nurses, it was a repeat performance: The public once again voted nurses as No. 1 when it comes to their honesty and ethical standards.

Nurses have taken the top spot in the Gallup annual survey since it was started in 1999—with one exception. In 2001, firefighters came in first and nurses second following the Sept. 11 attacks.

In the latest poll, 79 percent of Americans give nurses a "very high" or "high" rating, down slightly from 83 percent last year.

Generally, this year's honesty and ethics poll shows that Americans continue to give their highest ratings to public service professions, like military personnel, teachers and members of the health care profession.

Rounding up the top five were grade school teachers (73 percent), pharmacists and military officers (tied at 72 percent each) and medical doctors (67 percent). At the other end of the spectrum, the lowest on the list are car salesmen (9 percent) and advertising practitioners (10 percent).

Calling all kids

The Johnson & Johnson "Campaign for Nursing's Future" has launched *The Nursing Gang*[™], designed to spark the interest of children who are nine- to 11-years-old, in the nursing profession. (ANA is a partner in this national initiative aimed at stemming the nursing shortage.)

So far, one million calendars and book covers have been distributed to middle schools throughout the United States, according to the campaign Web site, www.discovernursing.com/gang.

The Nursing Gang is an animated group of pre-teens who are deigned to appeal to this age group. The Web site has games, nursing trivia, interactive workshops and other attractions. An animated television spot featuring *The Nursing Gang*—DeVaughn, Ashleigh, Kiki and Danny—is in initial development.

A halt to executions of Bulgarian nurses?

Five Bulgarian nurses no longer are facing death sentences in Libya, according to a Dec. 10 *Los Angeles Times* report.

The son of Libyan leader Moammar Kadafi said that the court might sentence the nurses to prison terms and that they might be expelled to Bulgaria.

ANA and its House of Delegates (HOD) had been rallying around the nurses and a Palestinian physician for months now. The HOD passed a resolution condemning their executions, and delegates asked ANA to continue to urge U.S. officials to maintain pressure on the Libyan government to repeal those sentences. The six health professionals had been falsely accused of spreading HIV in a children's hospital in Benghazi, Libya.

Calling out Dr. Phil

When Phil McGraw made outrageous comments about nurses on his nationally syndicated talk show, "Dr. Phil," ANA and other RNs worked quickly to set him straight.

On a show that aired Nov. 18, 2004, McGraw made comments about "cute little nurses" who are out to "seduce and marry" physicians because "that's their ticket out of having to work as a nurse."

In response, the Center for Nursing Advocacy initiated a letter-writing campaign, which it has since called off. The non-profit center's focus is to ensure the media and public have an accurate picture of what nurses really do.

In her e-mail letter to McGraw, ANA Presi-

dent Barbara Blakeney, MS, RN, told McGraw that his comments were "completely gratuitous and reeked of sexist stereotypes that do not reflect the proud profession of nursing or the hard-working men and women who practice nursing."

She asked for an apology to nurses and noted that ANA would be willing to work with him to develop a show looking at the complex causes of the nursing shortage.

And in response to the center's letter-writing campaign, nurses sent some 1,300 letters in five days. The center Web site (www.nursingadvocacy.org) posted a response from McGraw's media relations director saying McGraw did not intend to disrespect nurses. Further, McGraw promised to clarify his comments on an upcoming show. ■



In Brief

WEB-ONLY EXTRAS

You can find these important brief news stories in the Members Only section of www.Nursingworld.org.

Nursing crisis still looms

The number of RNs entering the job market appears to be on a steady incline, with a total employment growth of more than 200,000 nurses since 2001. But experts at the Vanderbilt School of Nursing say it's still not enough to prevent a long-term crisis that threatens to cripple the entire health care system. For more information, go to www.nursingworld.org/tan. 🔑

Tool to aid in patient safety

The federal Agency for Healthcare Research and Quality (AHRQ) recently introduced a tool to help hospitals and health systems evaluate employee attitudes about patient safety. For more information, go to www.nursingworld.org/tan. 🔑

Improving care to older adults

The *American Journal of Nursing (AJN)* and the Gerontological Society of America (GSA) are teaming up to improve the care of older adults. Through a three-year project called "A New Look at the Old," *AJN* and GSA will move best practices and deliver cutting-edge research information on the care of older adults to nurses and health professionals across all clinical practices. For more information, go to www.nursingworld.org/tan. 🔑

Study to help drug-addicted newborns

Researchers in the Vanderbilt School of Nursing and School of Medicine are working together on a study aimed at helping the 350,000 babies nationwide reportedly born addicted to narcotics each year. They want to determine whether a new option

could mean less severe withdrawal symptoms for the newborns. For more information, go to www.nursingworld.org/tan. 🔑

Future of APRNs focus of ANA meeting

Representatives from more than 60 nursing organizations came together to determine the best path to carve for the future of advanced practice registered nurses (APRNs) — a future that will allow them to practice fully and in a range of recognized specialties. For more information, go to www.nursingworld.org/tan. 🔑

Styles receives prestigious international award

The International Council of Nurses has awarded its 2005 Christiane Reimann Prize to Margretta Madden Styles, EdD, RN, FAAN, a nurse scholar renowned globally as an international leader in nursing education, for her remarkable achievements and contributions to the nursing profession internationally. For more information, go to www.nursingworld.org/tan. 🔑

Newly named ANA Center for Occupational and Environmental Health

To better reflect the breadth of its work, the ANA has changed the name of its Center for Occupational Health and Safety to the Center for Occupational and Environmental Health. For more information, go to www.nursingworld.org/tan. 🔑

On the environmental health front

To help nurses better understand and promote the need for a healthy environment, ANA is continuing a number of activities designed to achieve that goal. Much of that work is being supported through a grant from the Beldon Fund, a New York-based philanthropic organization whose aim is to achieve and sustain a healthy planet. For the rest of this story, go to www.nursingworld.org/tan. 🔑

CNA targets

Continued from page 1

“How can this campaign help nurses when they are in negotiations with management or when they’re meeting with policy makers about some crucial piece of legislation?” Blakeney said. “It sends the message to management, politicians and our supporters that if nurses aren’t willing to work together, they don’t have to work with us either to address important issues or workplace problems.”

CNA/NNOC officials like to point out that only a small percentage of RNs—less than 20 percent—are organized, Blakeney said. Yet instead of concentrating their efforts and resources on organizing new collective bargaining units, they are raiding existing units and interfering with direct care nurses’ ongoing contract negotiations. This disruption impedes workplace changes that benefit current staff nurses, as well as harms efforts to bring more men and women into the profession.

In one of its tactics, CNA/NNOC sent a mailing to nurses in at least 13 states that contained false information about ANA, the United American Nurses, AFL-CIO (UAN), and CMAs in order to build its own membership. The mailing suggested that NNOC was formed at the request of direct-care nurses and unnamed “RN organizations” across the country who were clamoring for a new national union and professional organization for nurses. Yet, the real purpose of the mailing was to ask nurses who received it to supply more personal information about themselves—including their worksites—as well as circulate a petition designed to garner their co-workers’ names and addresses.

Furthermore, the CNA/NNOC mailing included a multi-page list of promises about what they will accomplish at the unit, state and national levels—all for just an annual membership fee of \$30. Many of these already have been achieved by nurse members of ANA and CMAs—such as contract language on mandatory overtime and floating, and the collection and promotion of evidence that links RN working conditions to standards of care. In a second mailing, CNA/NNOC is trying to lure more nurses to join its organization

under the guise of offering CE programs from January to April.

Empty promises

“CNA organizers will promise nurses anything without any basis in fact,” said Ana Silva, RN, CNA, BC, chairperson of Hawaii Nurses Association (HNA) Transition Board of Directors. “They really offended nurses’ sensibilities here.” The transition board was created to ensure that the organization could continue to conduct business until a permanent board is elected and seated.

Prior to the transition board’s formation, CNA officials launched a campaign to divide Hawaii nurses by promoting disaffiliation from ANA. At one point, a small group of Hawaii nurse leaders collaborated with the California union to physically take over the HNA offices—preventing long-time members and leaders from entering. A federal judge later ruled that the takeover was improper.

These strong-arm tactics are not new. In 2004, the National Labor Relations Board found that CNA representatives threatened nurses who were not supportive of their organizing drive at a California hospital. CNA representatives made threats against one nurse’s young daughters and threatened to kill another nurse’s pets. Further, the U.S. Department of Labor had to sue CNA to force it to follow established procedures for democratic elections.

“None of us expected an outside entity would come in to ‘fix’ our organization,” said Luanne Long, RN, an HNA transition board member and long-time collective bargaining nurse. “We are like a family, and we wanted to resolve everything within our family. But CNA organizers came in saying they wanted to help us, but everything they did created turmoil.”

She and Silva noted that CNA’s tactics—from urging lawsuits to distributing anonymously written fliers to hospital nurses—diverted resources away from Hawaii nurses.

“There were many projects we wanted to move forward on, including educating membership and bargaining officers, but all that came to a screeching halt,” Long said. CNA also tried to undercut HNA’s bargaining power with a health care system that operates several facilities where nurses are represented by HNA—putting these nurses’ futures on the line.

See **CNA targets** on page 10

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UAN calls on CNA to stop the raids, build the labor movement

These are challenging times for staff nurses, so it would make sense for all staff nurses to pull together to try to solve their problems. However, one nurses' union, the California Nurses Association (CNA), has decided to pit one group of nurses against another by launching raids on the largest national union for staff nurses, the United American Nurses (UAN).

"With nearly two million unorganized nurses in the United States, it is a mystery to me why CNA would attack staff nurses and their union," remarked UAN President Cheryl Johnson in a recent letter to CNA President Deborah Burger.

Staff nurses today face numerous problems, including workplace violence, on-the-job injuries, unsafe staffing, mandatory overtime and wages that are only now catching up to early 1990s levels.

The UAN is fixing these and other problems by organizing and providing strong representation at the bargaining table and in the policy arena.

California nurses also have their share of these problems. The California governor recently delayed the implementation of staffing ratios that were the result of many years of work by unions such as the Service Employees and CNA. Recently 2,700 CNA-represented nurses in the Sutter Health system were locked out for four days after attempting a one-day strike.

Instead of concentrating its energies on these problems, CNA has tried to dismantle ANA by disrupting the collective bargaining agreements of the UAN.

Last spring CNA set up the National Nurses Organizing Committee (NNOC) as a front group and began advertising for organizers in virtually all the states where nurses are represented by the UAN. As contract negotiations were about to begin between the UAN-affiliated Illinois Nurses Association (INA) and Cook County, the CNA disrupted the negotiations by launching a raid on staff nurses in six Cook County bargaining units. INA, with assistance from the UAN, continues to work at the bargaining table to improve nurses' working conditions, but management has taken advantage of the dispute with CNA and delayed meaningful talks.

Before the foray into Illinois, CNA was actively attempting to subvert the democratic

process within the Hawaii Nurses Association (HNA). CNA staffers and activists were agitating for HNA to disaffiliate with ANA and to bar consideration of affiliation with UAN. So disruptive were CNA's tactics that a federal judge stepped in and barred CNA executives from activity in the HNA.

Free of CNA's outside interference, staff nurses led a five-to-one vote in favor of remaining affiliated with ANA. HNA's internal disputes have now been settled, new articles of incorporation have been approved and elections for a new board will take place shortly.

Recently UAN members around the country have begun to report CNA activity in their areas. NNOC is fishing for organizing leads among staff nurses already represented by UAN in locations as varied as New York,

Georgia, Ohio, Oregon, Washington, Michigan and Kentucky.

"It is past time for CNA to stop the attempts to destroy UAN bargaining units and get on with the business of building a union and working with, not against, the labor movement," said Johnson in her letter.

CNA attacks on the UAN typically try to confuse RNs into thinking that the UAN is not autonomous and is not led by staff nurses. However, as Johnson pointed out in her letter, "As president of the largest national union for registered nurses, proudly and autonomously affiliated with the AFL-CIO and the ANA, and as a working staff nurse, I experience every day the value of a powerful RN union." The UAN is independently governed by and for staff nurses who make the important decisions about the organization's directions and goals.

"There is really no 'national' in the NNOC," points out Susan Bianchi-Sand, national executive director of the UAN. "They want to be like the UAN, but they aren't." The UAN remains the only union run by and for staff RNs that is truly national in scope.

Through its affiliation with the AFL-CIO, the UAN has joined the larger labor movement and works with an influential community of activists working to build a better future for all working families. Johnson called on CNA to join with the rest of the labor movement: "We have too many common enemies and too much work to be done to waste time pitting nurses against nurses." ■

"With nearly two million unorganized nurses in the United States, it is a mystery to me why CNA would attack staff nurses and their union."

— Cheryl Johnson, UAN President

UNION nurses in Michigan win trend-setting contract

The 1,800 bargaining unit members at Sparrow Hospital in Lansing, MI, are celebrating the ratification of a contract that continues their tradition of trend-setting, innovative provisions recognizing the value of nurses in providing quality patient care.

In addition to providing wage raises of at least 15 percent over three years on base wages, plus step and longevity bonuses, the Sparrow contract is believed to be the first hospital contract in the state of Michigan to protect employees from musculoskeletal injuries through a "no single lift policy." Starting this year, no individual will be required to lift a patient without either mechanical or human assistance.

The new agreement provides nurses with an increased level of retirement security through a new retiree health care trust fund administered jointly by Michigan Nurses Association and Sparrow Hospital. The plan will include annual contributions made by the hospital into individual employee accounts to be used by employees to fund post-retirement medical benefits.

The bargaining team recognized the evolving needs of the membership and the challenges of retaining experienced health care professionals. Kim Ford, chairperson of the Professional Employees Council at Sparrow Hospital bargaining team, stated that: "Our members are increasingly aware of the risks of disability and the need for post-retirement health care. This plan is a positive step forward in providing retirement security and will provide considerable savings to our members over the long haul."

Significantly, the agreement builds on the staffing standards of the previous contract. The hospital can no longer count assistant department managers in the number of direct caregivers—thereby increasing the number of nurses on duty. In addition to providing additional staff in critical units, the contract provides new language that gives nurses the right to exercise their nursing judgment when accepting a float assignment.

The new contract expires Oct. 31, 2007. ■

This page was produced by United American Nurses, AFL-CIO, an associate organizational member of the ANA. For more information, contact UAN at 8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3492; (301) 628-5118; (800) 924-8283; info@uanurse.org; or go to www.uannurse.org.

Who, why, what and how?

By Debbie Hatmaker, PhD, RN

It has been an exhilarating six months as president of the Center for American Nurses. I, along with members of the center's board and staff, have had the opportunity to visit state nurses associations and other organizations to address the questions: Who are we? Why do we exist? What do we do? How do we do it? Who, why, what and how – four very simple words. Yet the questions that lie behind these words are probing and insightful, and the answers are sometimes complex.

Who are we?

We are a professional association whose mission is to create a community of nursing organizations that serve individual, non-union nurses by providing programs, tools and policies that address their workplace concerns. More simply stated, we develop and provide workplace advocacy solutions for those nurses who are not represented by collective bargaining. We were founded in 2003 as the successor to the ANA's Commission on Workplace Advocacy, which was established in 2001 by the ANA House of Delegates to address the workplace needs of non-union nurses.

Why do we exist, and why was a new structure needed?

As organizations evolve, they recognize that what made them successful in the past may not keep them successful in the future. This can lead to different organizational structures to better advance pressing issues or opportunities. The focus of the Center for American Nurses closely resembles the focus of its predecessor, the Commission on Workplace Advocacy. However, the new structure places greater emphasis through dedicated resources on the important fact that every nurse needs and deserves the resources and skills to advocate for the best possible practice environment. Workplace advocacy strategies provide those nurses not represented by collective bargaining solutions with the tools and resources to self-advocate. As an organization whose sole focus is workplace advocacy, the center can explore creative opportunities while complementing the national overarching scope of ANA and supporting the state level needs of the constituent member associations that are members of the center.

What do we do?

We have spent the past six months developing a strategic blueprint that will guide the development and distribution of value-added products and services. Currently, we have several

publication titles that are available for use by our members and larger nursing community. Please visit our Web site at www.centerforamericannurses.org for more information.

We are developing derivatives of existing products and designing several new products and services. For example, the "Nursing that Works" series will be upgraded in the near future so that we can offer CE contact hours. Our online communication/leadership series *The Healthcare Collaborator*, a benefit available in the Members' Only section, will be complemented this spring by a communication/leadership teleconference series. The series will provide information and resources on conflict management, negotiating strategies and persuasion and influence strategies. Prominent speakers will be featured in the three-part series, and continuing education contact hours will be offered. More information on the series will be provided in the next edition of *The American Nurse*.

Interest in the center's "Mature Nurse Survey" conducted in 2003 continues to increase. The next steps associated with this project are expected to yield valuable information that will benefit individual nurses and health care institutions. We will share the plan after the board completes its review of the proposed next steps.

How do we do our work?

We primarily reach individual nurses through the 38 constituent member organizations that are members of the center. A complete list of our members can be found at www.centerforamericannurses.org. Our members support the Center in numerous ways—serving on task forces, writing articles for the center's publications and pilot testing proposed products and services. We are currently recruiting members to serve on the state demonstration project task force and the workplace advocacy policy advisory group. To learn more about these two groups, please contact the center's program director, Vernell Dewitty, at vdewitty@centerforamericannurses.org.

Another important way that we accomplish our work is through collaboration. The authors of the book *Collaboration: What Makes It Work* note a number of reasons why organizations should look to collaboration as a means to achieve strategic goals. Partners in parallel organizations often bring a creative



Center for American Nurses

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Debbie Hatmaker

perspective and are less likely to be competitive. Factors that influence the success of collaborative ventures include shared vision, clear roles, mutual respect, policy guidelines, favorable political climate, the ability to compromise and open, frequent communication.

ANA is an important partner for the center. To date, many of the collaborations between ANA and the center have focused on operational issues. As we continue to explore the new relationship between the Center and ANA, more programmatic opportunities for collaboration such as the "Handle with Care" campaign and Tobacco Free Nurses (collaboration between United American Nurses, ANA and the center) will emerge. The center is working on several

other collaborative opportunities that will yield benefits to our members. I will share more information on these partnerships as they are finalized.

Whether we are developing products and services or identifying collaborative opportunities, our focus is how we can best meet the needs of our members and prospective members by offering products and services that will positively impact their practice environment.

I anticipate that "who, why, what and how" will continue to be questions poised by the nursing community. Each time the questions are asked, the center's board and staff are afforded the wonderful opportunity to share our mission and strategic directives. As we continue to grow and evolve, so will the questions that we must address. It will be through the questioning and probing process that we develop the value-added products and services to support our profession.

I look forward to the continued dialogue and will share more specifics on the "what" and "how" in upcoming editions. ■

This page was produced by the Center for American Nurses, an associate organizational member of the ANA. For more information, contact CAN at 8515 Georgia Ave., Suite 400, Silver Spring, MD 20910-3492; (301) 628-5063 or (800) 685-4076; info@centerforamericannurses.org; or go to www.centerforamericannurses.org.

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For more information on either of these opportunities, please contact:

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CNA targets

Continued from page 7

HNA votes to stay with ANA

"But our members made their feelings very well known," Long said. In July 2004, Hawaii nurses voted by an overwhelming majority at a special HNA House of Delegates to continue their affiliation with ANA. And in October 2004, nurse members gave their full backing to a unified HNA and again to continued affiliation with ANA.

"We have banded together, and we don't need any help from other outside organizations, especially those who are competing with ANA's affiliates," Long said.

Attempted raid in Illinois

In Illinois, the Cook County nurses' negotiating team was making progress in winning another strong contract for some 1,900 members that called for significant workplace improvements when CNA/NNOC began a raid of the bargaining unit represented by the Illinois Nurses Association (INA).

CNA/NNOC is trying to force a vote that would ask bargaining unit members to switch their representation from INA to CNA.

"Their actions undermine nurses at the table," said Ned Burke, INA program director for Economic and General Welfare. "Their organizers are running around the hospital, disrupting patient care and creating conflict between nurses on some units."

And they are spreading a message that nurses shouldn't ratify any contract that INA brings forward, he said.

Burke reported that INA has filed two measures before the State Labor Relations Board, including an unfair labor practice claiming that CNA and Cook County management are colluding to oust INA as the bargaining representative.

Long-time Stroger (formerly Cook County) Medical Center nurses Betty Kennedy, RN, and Yolanda Valencia, RN, agreed that there is a small, core group of CNA/NNOC supporters who have been very vocal and disruptive. But they believe that the group's disruptive tactics have not been effective at driving a wedge between nurses who have worked side by side for many years.

The two, however, added that every time they present information updating their members about the

negotiating team's progress, CNA/NNOC organizers put out information designed to confuse bargaining unit members about the merits of any INA contract language proposals.

"CNA is trying to put doubt in the minds of nurses about whether our contract proposals are really good," said Valencia, a nurse clinician.

Although CNA/NNOC came out publicly to raid the Cook County group in September 2004, Burke believes that the California state union may have been linked to a group called the American Federation of First Responders. That group disrupted some INA events earlier in the year and tried to interfere with negotiations between the INA-represented state nurses and management.

"It's about money, power and revenge," said Burke, who said CNA/NNOC probably has spent about \$250,000 on its raid attempt at Cook County thus far. INA nurses also were sent the CNA/NNOC mailing calling for a national union and professional association.

INA interim Executive Director Marge O'Brien, RN, who was a staff nurse for 26 years with the Cook County Department of Public Health, noted that the executive director of CNA/NNOC is not a nurse.

"Rose Ann DeMoro doesn't know what it's like to be a nurse and to walk in our shoes," O'Brien said. "Yet she's willing to take the hard-earned dues money of nurses back in California and use it for raids and other campaigns around the country."

"Where's the accountability to their dues-paying members?" asked O'Brien.

Striking out in Arizona

Arizona Nurses Association (AzNA) Executive Director Marla Weston, RN, also expressed amazement at the amount of money CNA/NNOC has been spending in Arizona, a right-to-work state, without one concrete outcome. CNA/NNOC has been trying to organize nurses at St. Joseph's Medical Center in Phoenix for at least three years and opened an office in Tucson two years ago.

"The day before the St. Joseph's nurses were supposed to vote in December on whether they wanted to be represented by CNA/NNOC, the union canceled the vote," Weston said. "They have scheduled votes a number of times, but none have occurred."

See **CNA targets** on page 11

CNA targets

Continued from page 10

"They've been unable to win a single election among nurses in Arizona in all this time," she said.

What also has offended AzNA nurses is that CNA/NNOC doesn't seem to be interested in issues important to nurses until the 11th hour, and then its leaders criticize the work that RNs have done, according to Weston. For example, AzNA members lobbied and won whistleblower protection legislation in 2003.

"But instead of acknowledging the incredible effort to get this type of legislation passed, they nit-picked at the measure," Weston said. "Nothing would have been accomplished if nurses waited for CNA/NNOC to act."

INA member and staff nurse Kennedy said that she initially supported CNA/NNOC's bid to represent Cook County nurses, and she even asked her co-workers to sign cards seeking CNA/NNOC representation.

"But when I thought about it logically, I realized that INA is the best way to go," Kennedy said. "If we selected CNA/NNOC as our union, everything would be run out of California."

Valencia added that the CNA/NNOC efforts have led to her becoming more active in her INA unit.

"I researched CNA and didn't like what I saw or heard," Valencia said. "I want to stay with INA. And our local has a big voice in INA, and that voice would be lost if we joined CNA." ■

For more information about ANA or to report a concern about activities in your state, contact ANA at taneditor@ana.org or (301) 628-5027, or visit www.nursingworld.org.

ANA launches nationwide educational seminar series targeting individual nurses

To better reach individual RNs at the local level, ANA will be offering one-day, single-topic educational seminars on pressing nursing-related issues at various locations around the country this year.

The educational series called "ANA is Coming to You" will focus on two to three nursing "hot topics," such as RNs' health and safety, ethical behavior in the workplace, political activism and staffing issues. The seminars will be held in cooperation with ANA's largely state-based constituent member associations (CMAs).

"ANA recognized that nearly 80 percent of nurses do not belong to any professional nursing organization—mainly because of budget constraints," said ANA President Barbara Blakeney, MS, RN. "That's why we are introducing this series—to make sure all nurses have an opportunity to become familiar with and get involved in important national nursing issues through direct interactions with the nation's largest and most powerful nursing organization and to discover new ways to become active in the profession."

The seminars also will provide ANA with opportunities to assess individual nurses' concerns and needs and build RNs' involvement in ANA's advocacy efforts at a more direct and local level.

And finally, the seminars will provide nurses with exposure to ANA's membership options, which are designed to meet the changing needs of today's nurses.

Through the seminars and new membership options, ANA will continue to address its five "core issues" relevant to all nurses: the nursing shortage, appropriate staffing, workplace health and safety, workplace rights, and patient safety and advocacy.

More information on the series will be posted on ANA's Web site, www.nursingworld.org. For more information on ANA's membership options, go to www.nursingworld.org/affil or call (800) 274-4262. ■



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ANF awards year 2004 Nursing Research Grants

The American Nurses Foundation (ANF) Board of Trustees announces the awarding of the 19 grants totaling approximately \$117,500 under the year 2004 research grants program. The Nursing Research Grants program is designed to encourage nurses to pursue and develop careers in nursing research. This program is supported by contributions from individuals and organizations wishing to invest in nursing research while supporting the nursing profession and the health care consumer. Applicants must be licensed registered nurses who have been awarded a baccalaureate or higher degree in nursing. The awardees, the name of the awards received, the university/organization affiliation and the research topic can be found at www.nursingworld/anf/.

The ANF thanks the year 2004 Nursing Research Grant Committee for volunteering its services in peer-reviewing the applications received for the 2004 Nursing Research Grants program.

Members of the year 2004 Nursing Research Review Committee were: Jill M. White Winters, PhD, RN, chair 2004; Linda L. Davis, PhD, RN; Mary Z. Dunn, PhD, RN; Julie Reed Erickson, PhD, RN, FAAN; Barbara Habermann, PhD, RN; Beverly Horn, PhD, RN, CTN; Mary R. Lynn, PhD; Janet C. Meininger, PhD, RN, FAAN; Joan Uhl Pierce, PhD, RN, FAAN; Marti Rice, PhD, RN; Barbara A. Smith, PhD, RN, FAAN, FACS; Roxanne Struthers, PhD, MS, RN.

The year 2005 ANF Nursing Research Grants application packet are now available in print. If you would like an application packet or know of someone who might be interested in applying, call the ANF grants hotline at (301) 628-5298 to be added to the mailing list or e-mail name and address to ANF@ana.org. For general information regarding the Nursing Research Grants program call (301) 628-5227. The application also is available online on the Web site www.ANFonline.org. 



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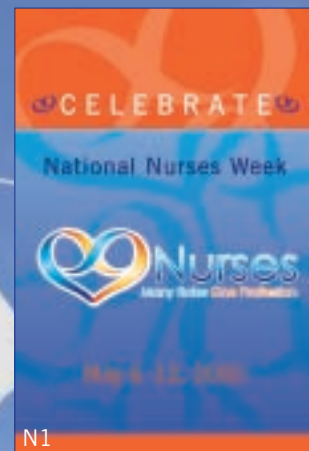
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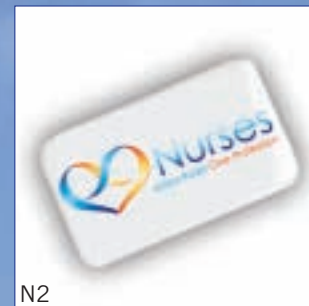
N21 New! Illusions Tote Bag - This great tote bag features elongated handles so you can carry it on your side or over your shoulder. Made of polypro. 14.75" x 1" x 14.50" 1-49 \$8.75, 50-99 \$8.49, 100-149 \$8.25, 150-199 \$7.99, 200-249 \$7.49, 250+ \$6.99

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N1



N2



N10



N18



N21



N39



N66

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