

The American Nurse

July/August 2005

The Official Publication of the American Nurses Association

Who you work with matters

RN surveys reveal the importance of working relationships to job satisfaction

By Susan Trossman, RN

When it comes right down to it, nursing is largely about relationships. And although the nurse-patient relationship is a prime factor in recruiting and retaining people in the profession, it is RNs' relationships with other members of the health care team that can make or break their shift, their week or their entire work experience.

Rita Mack, BSN, RN, recalls working as a staff nurse at one hospital where she and other nurses were so busy they had no time to take breaks or lunch.

"When you can't take breaks, you don't have the opportunity to develop those workplace relationships that help you process things that happen on the unit," said Mack, a Pennsylvania State Nurses Association (PA Nurses) member and now a clinical research coordinator at a Philadelphia hospital. "You don't have peers that you can count on to willingly help you with, for example, a difficult stick, and just make the workplace more tolerable in general.

"And when it comes time to deciding whether you should leave a job or not, the decision is easier if you have no friendships to hold you there."

Added PA Nurses member Diane Daddario, BSN, RN, BC, CMSRN, "RN satisfaction simply is not about money. A major factor is how well nurses feel supported in their work. Do people listen to us — our managers, upper management, human resources?"

"Being able to communicate with each other — to be able to speak directly with your peers, physicians or



managers in a way that is non-confrontational — is really important to having good work relationships and to providing good care. You need to have mutual respect."

ANA Director of Nursing Practice and Policy Mary Jean Schumann, MSN, RN, MBA, CPNP, considers strong working relationships among RNs and other members of the health care team, including physicians, as essential.

"Good working relationships foster mutual respect and recognition for each others' contributions to patients' outcomes," Schumann said. "Patient care is a multidisciplinary activity, and cooperation among health care providers is vital to patient care. For example, when caring for a terminally ill patient, a good interdisciplinary working relationship allows for prob-

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Nurse leaders take on RN fatigue, health care reform at ANA's House of Delegates

ANA is launching an initiative aimed at promoting safer patient care and healthier, adequately rested nurses by addressing workplace practices that lead to fatigue among nurses.

At ANA's House of Delegates (HOD) meeting in mid-June, about 600 nurse leaders largely from ANA's 54 constituent member associations (CMAs), approved several crucial resolutions, including one that calls for ANA to disseminate information on the implications of fatigue on patient and nurse safety to a range of health care stakeholders.

In her annual speech to the delegates, ANA President Barbara Blakeney, MS, RN, detailed some recent ANA activities, from opposing federal attempts to cut Medicaid to educating the public about maintaining a healthy blood pressure.

She also spoke about the new CMA-ANA partnership plan, "One Strong Voice: Nurses Making a Difference Together," which is designed to grow and strengthen membership.

"We will focus our energies collectively to better serve our members and prospective members and to better communicate how to do the work that we must do to make a difference for nurses every single day," Blakeney said.

ANA Chief Executive Officer Linda Stierle, MSN, RN, CNA, BC, also addressed the HOD and highlighted some of ANA's many achievements.

She set the stage by noting how much the world has changed since she became CEO in 2000, when events

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Don't miss ANA's "Safe Staffing in the 21st Century" seminars!

Go to www.NursingWorld.org and click on ANA Coming to You for more information.

Case History #584*

Name: Marie Townsend, RN, Jackson Memorial Hospital

Case: Patient contended that the nurse who took admission history from patient and verbal orders of physician, failed to note patient's allergies of sulfa and PCN. Patient received a sulfa drip, and subsequently had a severe allergic reaction. Patient contended that the negligence of the nurse led to severe physical ailment and suffering.

Cost: \$1,000,000 - Settlement for the Patient
 150,000 - Lawyers' fees
 + 30,000 - Deposition expenses

Total: \$1,180,000
 - \$550,000 - Employer coverage paid
 \$630,000 - Amount Nurse Townsend is responsible for

This lawsuit was overwhelming to Nurse Townsend – 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 Townsend 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.

For as little as \$8 a month,⁺ Professional Liability Insurance may have protected her from lawyers' fees, settlements compensation awards resulting from a lawsuit.

Unlike employer coverage, the ANA-endorsed Professional Liability Insurance, offered through Marsh's Affinity Group Services and Chicago Insurance Company, follows you wherever you go, such as volunteer work and Good Samaritan instances.

Don't let what happened to Nurse Townsend happen to you. Apply for Professional Liability Insurance ***today.***

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* The names of the registered nurse and hospital are fictitious; however, the facts of the case are real.
* For \$2 million per incident, \$4 million aggregate for an employed Registered Nurse (not labor and delivery) in most states. Includes a 10% credit for one of the following: certification, participation in an approved risk management seminar or employment in a magnet hospital.

All rates and coverages are subject to the terms and conditions of the policy and may vary by state.

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I just thought you should know



President's Perspective

So, what's in your wallet? Yeah, I know: some cash, your driver's license, a few credit cards, pictures of the kids — the usual. Let me suggest that you add a couple of things when you go to work. Add the *ANA Code of Ethics*, the *Principles for Nurse Staffing* and the *Principles of Delegation* (to come). Put the ANA "Handle with Care" brochure, the newly updated ANA's Health Care Agenda — 2005 in your backpack, the bag you got at the last conference you attended or your locker. Download material on Magnet™ facilities, and for good measure, check out how many state nurses associations have joined with ANA to push legislation vital to nursing by visiting the legislation section on NursingWorld.org. While you're there check out the new "Nurse Competence in Aging" Web page, www.geronurseonline.org.

What is this, a homework assignment? Yes. I want you to see just a fraction of the work ANA and your state nurses associations do for you.

I want you to really look at the safe staffing legislation ANA is sponsoring in Congress. I want you to see that this bill puts the decisions about how many nurses you need on your unit in your hands, not the government's. I want you to see that this bill empowers you at the unit level to make the decisions needed to do what is best for your unit. Use the material you just put in your bag to help frame your decisions. It's there for just such a purpose.

I want you to really look at the Handle with Care campaign and see that it will make a significant difference in musculoskeletal injuries. I want you to know that ANA has sent every acute

care facility in the country a copy of the brochure. You have the tools already developed and available in your hospital to implement a program that will save your back and save the hospital money as well. Make it work for you. The material is there because ANA put it there. I want you to know that.

I want you to know that every time you use a "safe needle" or a needleless system, it's because ANA and several of our state nurses associations got legislation passed to require that hospitals use them. Every time you use a safe needle, I want you to remember that ANA and your state nurses association protect you.

I want you to know that ANA works to improve your working environment by sponsoring programs to remove mercury and other harmful substances from the workplace and the environment.

I want you to know these things, and I want you to know that this is just a sample of what ANA and your state nurses associations do for you every day. We get the work done by doing the homework, by building the knowledge base, by creating the partnerships and the coalitions that are necessary to move big agendas. It doesn't always get the big headlines, but it gets the job done.

I just thought you should know.

'til next time,

ANA tweaks future convention, HOD schedule

Because of continuing challenges to reach as many members as possible with its convention, ANA is changing the way it will conduct its convention and other meetings. Rather than the traditional biennial convention, conventions will be held every four years beginning in 2007 and will be centered around a "hot" topic of interest to the larger nursing community. This quadrennial model reflects that of the International Council of Nurses.

Between conventions, ANA will reach out to individual nurses with its "ANA Coming to You" series. These traveling seminars, in cooperation with local constituent member associations, will attempt to cover as many states as possible in the four-year period between conventions. Each will include an opening statement from the ANA president or board representative and will highlight ANA's recent accomplishments and vital programs.

A 2003 change in the ANA bylaws similarly altered the schedule of the HOD, switching it from a yearly meeting to a biennial one, to be held each time in Washington, DC. ANA will have a HOD in 2006 and not again till 2008.

The 2006 HOD will be held in Washington, DC, June 23 to 25. ■

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In Brief

ANA and other health care groups sue EPA to prevent future mercury exposure

In an unprecedented action, ANA and three other leading health care groups filed a lawsuit against the U.S. Environmental Protection Agency (EPA) June 14 in D.C. Circuit Court to force the federal agency to strengthen its official rule on mercury pollution from coal-fired power plants.

The rule, finalized on March 15, fails to protect the health of the current generation of America's children. It delays significant reductions in mercury pollution from power plants by at least 10 to 15 years and allows dangerous levels of mercury to spew unabated.

Many Americans are exposed to unsafe levels of mercury from environmental sources, including power plant emissions, by eating contaminated fish. And mercury emissions from coal-fired power plants make up more than 40 percent of all emissions in the U.S. environment — the largest source of uncontrolled mercury pollution in this country. The "Clean Air Act" requires the EPA to make public health its first and only priority, and the law mandates that these plants reduce their mercury pollution by up to 90 percent of current emission levels by 2008.

According to widely accepted scientific research, mercury is a potent neurotoxin that can cause developmental and learning disabilities, reduced IQ and impaired motor skills in children, and altered sensation, impaired hearing and vision, and motor disturbances in adults. Further, EPA investigators have estimated that more than 600,000 newborns are born each year overexposed to unhealthy mercury levels *in utero*.

"Many young children exposed to mercury before birth will suffer subtle but irreversible brain damage," said ANA President Barbara A. Blakeney, MS, RN. "Preventing this tragedy, which affects not only families but entire communities, should be a national priority."

In addition to ANA, plaintiffs in the suit are Physicians for Social Responsibility, the American Academy of Pediatrics and the American Public Health Association. They are demanding that the EPA address the public health implications of a 15-year delay in reducing current mercury emissions from power plants, the risks of hotspots and the EPA's decision to favor industry by removing mercury from power plants from its official list of hazardous air pollutants.

More information is available at www.mercuryaction.org.

Additionally, ANA has long been a strong advocate on environmental issues and has pursued key changes to health care practices that affect the environment through its coalition work with Health Care Without Harm (www.noharm.org) and Hospitals for a Healthy Environment (www.h2e-online.org).

Needlesticks survey

Nearly 80 percent of nurses caring for patients with diabetes reported experiencing at least one needlestick injury, according to a new study published in *Current Medical Research and Opinion*.

The study, "Needlestick injury in acute care nurses caring for patients with diabetes mellitus: a retrospective study," is the first to quantify needlesticks in nurses caring for patients with diabetes.

The study was based on responses to an Internet-based survey from nurses caring for patients with diabetes in 381 hospitals throughout the United States. Of 400 nurses who responded, 313 (78.3 percent) reported experiencing at least one needlestick, 110 (27.5 percent) reported at least one within the past 12 months, and 44 of them (40 percent of the 110) reported multiple injuries. Nearly two-thirds of these injuries were punctures that drew blood, resulting in one case of hepatitis C.

Of the 110 sticks reported over the past year, disposable syringes were involved in 88 (80 percent), and half involved a needle device equipped with a safety feature that was ineffective, mostly because it was not fully activated or it malfunctioned. Nurses reported the injuries in accordance with current regulations and policies only 21.8 percent of the time.

For more information, go to www.cmrojournal.com.

Saving lives

ANA is helping to promote the Institute for Healthcare Improvement's "Saving 100,000 Lives" campaign, aimed at getting hospitals nationwide to implement care changes that have been proven to prevent avoidable deaths.

ANA is a charter partner organization in the campaign, and the Washington State and Wisconsin nurses associations are among the many other health care organizations that also have signed on.

The campaign wants facilities to commit to implementing some or all of the following six quality improvement changes:

- Deploy rapid response teams at the first sign of a patient's decline;
- Deliver reliable, evidence-based care for acute myocardial infarction to prevent patient deaths from heart attack;
- Prevent adverse drug events by implementing medication reconciliation;
- Prevent central line infections by implementing a series of interdependent, scientifically grounded steps;
- Prevent surgical site infections by, in part, reliably delivering the correct peri-operative antibiotics; and
- Prevent ventilator-associated pneumonia by implementing a series of interdependent, scientifically grounded steps.

For more information, go to www.ihl.org.

APRNs and Medicaid

ANA is backing recently introduced bipartisan legislation that would expand patient access to quality health care by requiring states to offer Medicaid coverage for primary health care services provided by APRNs.

Principal sponsors of the bill, H.R. 2716, "The Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2005," are Reps. John Olver (D-MA), Sherwood Boehlert (R-NY), Steven LaTourette (R-OH) and Lois Capps (D-CA).

The proposed measure would restore a previous federal mandate to cover primary care services of NPs and certified nurse midwives. This mandate was eliminated by the "Balanced Budget Act" of 1997, which encouraged states to move Medicaid recipients into managed care and gave states the option to exclude APRNs as participants. The bill also proposes to expand Medicaid fee-for-service coverage to include direct reimbursement for all NPs and CNSs.

In addition, Medicaid managed care panels would be required to recognize the services of APRNs, including the pain management services provided by nurse anesthetists and mental health services provided by CNSs, thus clarifying the scope of providers required by managed care plans to specifically include APRNs.

"This is a long-awaited correction that provides both clarity and just reimbursement for advanced practice nurses in these categories," said ANA President Barbara A. Blakeney, MS, RN. "The ANA commends Rep. Olver for introducing this much-needed legislation, and we look forward to working with him to ensure its enactment."

Texas passes safe lifting law for hospitals, nursing homes

The state of Texas has passed Senate bill 1525, the first state legislation signed into law requiring hospitals and nursing homes to implement a safe patient handling and movement program. The legislation, a major priority of the Texas Nurses Association, was signed by Texas Gov. Rick Perry June 17, and will take effect Jan. 1, 2006.

The safe handling and movement initiative is part of ANA's Nationwide State Legislative Agenda on Staffing, where state nurses associations coordinate the enactment of legislation across the nation that is of importance to nurses and their patients. A number of other states continue working toward legislative protection of health care workers against preventable injury from manual patient lifting.

In 2003, ANA launched its "Handle with Care" campaign to promote safe patient handling and protect nurses from back and other injuries due to manual lifting.

The Texas legislation requires hospitals and nursing homes to adopt a policy "to identify, assess, and develop strategies to control risk of injury to patients and nurses associated with the lifting, transferring, repositioning, or movement of a patient."

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In Brief

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The policy must include “an evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment” and “restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient’s weight to emergency, life-threatening or otherwise exceptional circumstances.”

The law also requires the plan to include “procedures for nurses to refuse to perform or be involved in patient handling or movement that the nurse believes in good faith will expose a patient or a nurse to an unacceptable risk of injury.”

Clair Jordan, MSN, RN, Texas Nurses Association’s Executive Director states, “TNA sees this as a major success for our agenda on retention of RNs in places of employment. Nurses must feel a real commitment from their employers for their health and safety.”

Workers fear punitive action


A recent survey by the Institute for Safe Medication Practices has revealed that, despite widespread recognition that placing blame and doling out punishment for medical mistakes are counterproductive to patient safety, health care providers still fear punitive action from their licensing boards in the wake of a medication error.

More than 1,500 licensed health care providers, including RNs, LPNs, physicians and pharmacists, responded to the survey. Of those respondents, 93 percent believed that their licenses would be restricted in some fashion if they were involved in a fatal medication error. At least one in three respondents thought their license would be placed on probation or suspended, and about one in five thought it would be revoked.


Overall, physician respondents expected less punitive action from their licensing boards than pharmacists and nurses, particularly for intercepted or minor errors. For more information, go to www.ismp.org/MSAarticles/20050519.htm. ■

You can find these important brief news stories in the Members Only section of the Web site at www.NursingWorld.org/tan.

ED visits at all-time high

Visits to the nation’s emergency departments (EDs) reached a record high of nearly 114 million in 2003, but the number of EDs decreased by 14 percent from 1993 to 2003, according to a new report released by the Centers for Disease Control and Prevention (CDC). 

A tool for emergencies

The U.S. Health and Human Services Agency for Healthcare Research and Quality (AHRQ) recently released its “Emergency Preparedness Resource Inventory,” a new Web-based tool to help local, regional and state planners compile customized inventories of health care and emergency resources. 

ANA-PAC dishes it out at the ANA House of Delegates

Political Nurse



ANA-PAC dished out another round of appetizing events at the ANA House of Delegates in 2005 and launched some aggressive new campaigns. Some of the delicacies included a tell-all 2006 campaign lunch briefing for high donors, a SPAM of ANA-PAC Treasurer Mary Behrens, MSN, RN, FNP-C, and a political grilling featuring the comedy of the *Capitol Steps*. The three events, coupled with a state fundraising challenge and *Race for the Million* campaign, helped raise nearly \$68,000 for the PAC before the weekend concluded.

First, high donors of ANA-PAC were given the “inside scoop” on the 2006 elections by political analyst Amy Walter of the *Cook Political Report*. Speaking to a packed room of politically active delegates, Walter’s forecast of how the Democratic and Republican parties would fare kept everyone on edge waiting to hear predictions about whether their members of Congress would be returning to Washington or packing their bags on November 8, 2006.

Later in the day, high donors were introduced to an ANA-PAC first — a SPAM of Behrens. Behrens has been a steadfast advocate, top donor and fundraiser. The light-hearted tributes for her work on the PAC included poems, songs and stories about Behrens’ political life from her closest friends and supporters.

Following the SPAM and back by popular demand, the *Capitol Steps* used their razor-sharp wit to criticize political figures past

and present, and even managed to zing a few politicians who haven’t been in the headlines since Richard Nixon met with Elvis.

The proceeds from all the PAC fundraising events helped ANA-PAC push onward with its latest fundraising campaign — the *Race for the Million*. Having the support of thousands of donors in 2003 and 2004 helped ANA-PAC surpass its fundraising goal of \$825,000; the ANA-PAC Board of Trustees is now on a mission to return ANA-PAC to one of the top health care professional PACs in the country by raising \$1 million in 2005–2006. ANA-PAC engaged constituent member associations (CMAs) in *Race for the Million* by instituting its annual state challenge. In addition, ANA-PAC sought out the help of its development committee members to go on a scavenger hunt for donations.


Finally, ANA-PAC unveiled a new campaign to help selected CMAs with their PAC fundraising. The campaign, titled the STAR program — Strategies, Tools And Resources — is designed to increase state and federal fundraising receipts in a joint effort, therefore minimizing the competition for political contributions, as well as providing an assessment of a CMA’s PAC fundraising program using a fundraising plan, training and assistance with implementation. The North Carolina Nurses Association and Wisconsin Nurses Association will be two of the CMAs piloting this new program starting in fall 2005. ■




In Brief

WEB-ONLY EXTRAS

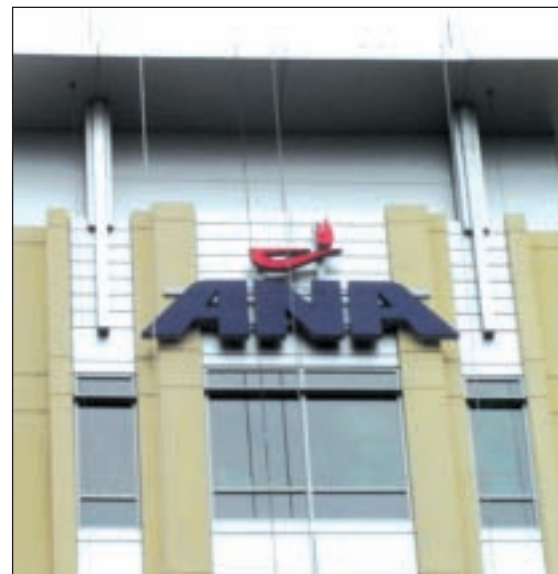
JCAHO releases 2006 patient safety goals

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently announced its 2006 “National Patient Safety Goals and Related Requirements” for each of its accreditation programs and its “Disease-Specific Care” certification program. 

Global resource on nurse migration

Two nursing organizations have launched an international resource to develop, promote and disseminate research, policy and information on nurse migration. 

Our name in lights . . .



New sign at ANA headquarters lights up downtown Silver Spring.

United American Nurses, AFL-CIO

Proud to be union nurses in Oregon

“Union membership allows us to make our voices heard,” said Julie Shuff, RN, from the Oregon Nurses Association. “One voice is backed up by a hundred voices, is backed up by thousands, is backed up by hundreds of thousands.”

That’s the message received by more than 500 people who visited the UAN booth at the AFL-CIO’s Union Industries Show in Portland April 29 to May 2. The event showcased union-made products and services available in Oregon and beyond.

At the UAN booth, Oregon nurses gave blood pressure checks and passed on valuable information about nursing schools and careers. They also discussed the many benefits of an ONA/UAN union contract with other nurses who attended, who were pleased to see union nurses represented at the show.

“We spoke to many nurses who were not represented for collective bargaining, and they painted bleak pictures of unsafe staffing and poor working conditions and morale,” Shuff added. “As nurses, we have a duty to advocate for ourselves as vigorously as we advocate for our patients. By being union members, nurses can advocate with the support of hundreds of thousands of union brothers and sisters behind them.” ■



Oregon nurses provide life-saving blood pressure checks to participants at the 2005 Union Industries Show in Portland.

Photo by Bill Burke/Page One Photography, 2005.

Staff nurse summit

Bedsides nurses from around the country will gather in St. Paul Oct. 20 to network, learn and advance new ideas, and discuss the impact of a global economy on nursing. UAN members and staff nurses from ANA are eligible for discounted rates for the Minnesota Nurses Association’s Safe Patient Handling Conference (Oct. 21) and Nurses Academy (Oct. 22 to 23). The latter will feature renowned nursing researcher Linda Aiken, radio personality Garrison Keillor and New York Times columnist Jane Brody. For more information, go to www.mnnurses.org or call (952) 582-2970. ■

Training to bargain in Hawaii

Nurses in Hawaii who are gearing up for negotiations at the “Big Five” hospitals this fall sharpened their skills in two UAN training sessions in June — one on health and safety issues and another on negotiations strategy.

The health and safety training “was a real eye-opener, especially around the discussion of management goals and union goals,” noted one participant. “The body mapping and hazards-mapping exercises were fun and quite an amazing insight into workplace injuries. For the first time, nurses are being trained by the union and not the employers.”

Members of the negotiating teams from all five hospitals — Queens, Kaiser, Kuakini, St. Francis and Kapiolani — participated in the negotiations training, which was led by UAN National Executive Director Susan Bianchi-Sand with assistance from UAN advisers and affiliate staff from Michigan and Minnesota. UAN member Maggie Flanagan, RN, partnered with Sharon Simon from the AFL-CIO’s National Labor College to teach the health and safety training, made possible through UAN’s affilia-



Hawaii nurses from the union’s “Big Five” hospitals gather for UAN negotiations training in June.

tion with the AFL-CIO, which provided funding and staff experts.

RNs in Hawaii are preparing to negotiate contracts covering 2,800 nurses at the state’s five largest hospitals. ■

NVAC elects new officers

Members of UAN’s National VA Council (NVAC) elected Alice Staggs, RN, of the Cincinnati VA Medical Center as president of the NVAC. She succeeds Mike Boucher, RN, (Durham, NC), who was elected to the position of director-at-large. Odell Anderson, RN, (Lake City, FL), also was elected to a term as director-at-large. All terms will run through 2007.

Other RN officers of the NVAC are Donna King (Washington, DC), vice president; Irma Westmoreland (Augusta, GA), secretary-treasurer; Diane Mayes (Tampa, FL), director-at-large; and Sandra McMeans (Martinsburg, WV), director-at-large.

UAN represents more than 6,000 nurses for collective bargaining at 21 VA facilities across the country. ■



2005–2006 National VA Council officers met at the NVAC’s annual meeting in Florida in May.

Central Michigan nurses choose MNA

The 107 nurse members of the Registered Nurses Association, a local independent union at Central Michigan Community Hospital, voted to affiliate with the Michigan Nurses Association (MNA) in June.

“The RN leadership at CMCH is committed to building a stronger union — by incorporating their work at the local level with MNA’s experience at the state level. Certainly, having MNA’s support and the force of our national union, the United American Nurses, creates a more powerful and dynamic partnership,” said MNA Associate Executive Director of Labor Relations John Karebian. “As health care systems become increasingly revenue-driven, independent RN unions are seeing the value of affiliating with a strong statewide union.” ■

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@uannurse.org; or go to www.uannurse.org.

Center embarks on mission to learn what the future holds

When members of the Center for American Nurses (the Center) arrived at the annual membership meeting, “Mission: Possible — Sustaining and Developing the Workforce of Today for Tomorrow,” on June 15, they were immersed in a spy-themed world. Amid rendezvous points, confidential missions and a sea of secret agents representing CMAs from across the country, members were tasked with seeking the answer to the most elusive question in nursing: “What does the future hold?”

The activities kicked off with a pre-conference session, “Increasing Your Ability to Influence and Persuade,” part of the Center’s ongoing audioconference series. This session offered strategies for increasing persuasiveness in today’s health care environment.

Best practices showcase

Following the pre-conference session, a special session focused on best practices in workplace advocacy (WPA). Several CMAs presented programs they are already implementing in their states to address the challenges and opportunities that nurses may face in their work environments. Each presentation offered practical advice on how CMAs can change the future of nursing, whether they are getting started or seeking program sustainability.

- The Wisconsin Nurses Association presented “Tools for Building Workplace Advocacy Programs for Small-sized CMAs,” an overview of how a small organization can approach developing a successful WPA program. They identified strategies for structuring a WPA program and tactics for sustaining it through revenue derived from WPA products and services.



Agents on “The Pier of Possibility.”

- The Arizona Nurses Association (AzNA) has established a Professional Issues Steering Committee to guide WPA activities. The committee supports nurses in seeking solutions to problems and advocating for quality care, and with issues of conflict resolution. The work is rooted in a continuum of tools, including a “Quick Guide to Nursing Practice,” a guide on practice issues; “On Being a Professional Nurse,” an orientation to professional advocacy and the AzNA; and a Healthcare Leadership Academy for frontline supervisors.
- The Kentucky Nurses Association has created “NURSE TO NURSE: Skills for Professional Success,” a handbook for addressing WPA issues, such as conflict resolution, competency, mandatory overtime, delegation, staffing, the “Patient Safety Act” and whistleblower protection. It also contains some advisory opinions from the Kentucky Board of Nursing concerning practice issues, and recommendations for career development.
- The North Carolina Nurses Association has implemented “Hallmarks of Healthy Workplaces,” a recognition program for workplaces marked by the free flow of respectful, solution-oriented communication and constructive action among staff, managers, administrators and consumers. The program encompasses the entire range of workplaces, from acute care hospitals to ambulatory settings.
- The Oklahoma Nurses Association has developed a consultation service to assist nurses with difficult professional issues. Nurses can call the service and receive prompt, confidential support and advice



on resolving workplace dilemmas. The data collected are used to determine common workplace issues and areas of concern on which the association should focus.

- The Texas Nurses Association (TNA) has been developing the Nurse-Friendly Hospital Designation. This program allows hospitals to assist with the assessment of their work environments. It is designed to improve the quality of patient care and professional satisfaction for nurses by implementing nurse-friendly criteria intended to affect nurse retention. Collaboration between TNA and the East Texas Area Health Education Center has resulted in a \$1.2 million grant from the Health Resources and Services Administration to fund the program for more than five years in rural and small hospitals.

Day 2

Day 2 began mysteriously at Possibility Pier, where special agents from the Center met with members over breakfast at roundtables. Each table focused on one of nine hot topics being addressed at the Center, ranging from strengthening partnerships among ANA, the Center and the CMAs, to the status of the legal monograph.

At the council meeting, the Center shared updates on a host of subjects and projects. Topics included a financial update, the state demonstration projects, the policy workgroup, the mature nurses project and insights into the branding campaign. All were invited to participate in open dialogue sessions.

For all of those affiliated with the Center, the mission continues: To create ideal work environments in each state that allow nurses to thrive. While there are challenges ahead, it is clear that the mission is possible and the possibilities for the future are endless. ■

Call for grant proposals

Do you have a research project that will help nurses in the workforce? To promote collaboration and rapid dissemination of workplace advocacy findings, the Center is accepting grant proposals for projects that further its mission. To qualify, a project must address one or more of the Center’s strategic workforce advocacy priority areas, which include patient safety, appropriate staffing, workplace rights and workplace health and safety. Funding should be available for five grants with a maximum of \$10,000 each.

Selection criteria will include:

- Background on the project, goal and the organization’s qualifications
- Definition of the problem, informed by evidence
- A plan for collaborating with and reporting results to CMAs
- A description of how the project can be replicated
- A plan for sustainability
- A reasonable scope of project activities
- A plan for evaluation
- A detailed and justified budget.

Proposals are due by 6:00 p.m. EDT on August 19, 2005. To learn more, contact Vernell P. DeWitty at (301) 628-5246 or e-mail vdewitty@centerforamericannurses.org. ■

Mature nurses conference a success

On June 22, the Center hosted a roundtable event, “Workplace of the Future: Spotlight on the Mature Nursing Workforce,” in Washington, DC, that brought together a full house of stakeholders from an array of backgrounds. The next issue of *The American Nurse* will discuss the event in greater detail, and outcomes will be available on www.centerforamericannurses.org shortly. ■

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.

Who you work with

Continued from page 1

lem-solving, promotes better pain management and support for the family, and reduces unnecessary interventions, like blood draws.

“Positive relationships also foster loyalty to each other and to the institutions and the community it serves.”

Surveying Pennsylvania nurses

The health of nurses' working relationships is just one of many aspects explored in recent RN satisfaction surveys.

PA Nurses recently held four RN focus groups to ascertain how nurses felt about their jobs and the factors that affect nurse retention.

“Healthy RN satisfaction is equated with a healthy work environment,” said PA Nurses President Susan Simmons, PhD, RN. “And right now we have a crippled health care delivery system. We have a nursing shortage and, in some

cases, severe working conditions.”

Indeed, staffing was the most significant workplace issue among Pennsylvania nurses — both in terms of staffing ratios and having enough qualified support staff, according to a report prepared by PA Nurses Executive Administrator Michele P. Campbell, MSN, RNC. Nurse participants particularly voiced concerns about potentially making mistakes and not being able to provide safe, effective care.

The second most significant contributor to workplace satisfaction was relationships, and those identified as most important were RNs' relationships with their peers on their unit or in their department.

For example, nurses in the focus groups were quoted as saying:

- “A negative co-worker can bring you down. When you work with good people then things get done and the best care is given.”
- “When one of the nurses calls off, things collapse and the shift is ruined.”
- “The other nurses can make or break your day.”

“The peer relationship was clearly more important to them

than their relationships with managers or physicians,” Campbell said. And what also emerged when nurses discussed this aspect of their work lives was the role of generational differences. Some nurses expressed beliefs that nurses from different generations had different values, and those differences sometimes caused conflicts.

In terms of another key relationship — nurse to manager — focus group participants said that their managers were not often “visible” on the units or supportive, and they also raised concerns about managers' clinical competence. In her report, Campbell also noted that the nurses perceived that their managers care more about fulfilling the needs of administrators than responding to the needs of nurses and even patients.

“Nurses want someone who is going to help you, go to bat for you — and not be a ‘Berlin Wall,’” Simmons said. “It's not surprising that we need to have strong role models on the units. The Magnet™ program has shown that strong, effective nursing leadership is key to recruiting and retaining nurses.” (ANA's related entity, the American Nurses Credentialing Center [ANCC] awards Magnet status to health care facilities that place a high premium on nursing services.)

As for the nurse-physician relationship, the consensus among the focus groups was that nurses receive more respect from younger physicians and from those in academic institutions than from long-time physicians and those in community settings. Some also described being frustrated when administrators failed to respond to physicians' unacceptable behaviors.

Although the relationship between nurses and support staff was discussed when addressing overall staffing issues, some participants did report problems with inadequately prepared unlicensed assistive personnel (UAP). For example, one nurse said, “I don't always trust their [UAPs'] education and competency, so I do not always delegate because I'm concerned.”

Another said, “We do not have enough help because our hospital does not want to pay. The attitudes from ancillary [staff] toward the nurses is really bad, because we make more money than they do. So they tell us to do it [the tasks].”

Now that PA Nurses has data addressing RN satisfaction, the association and the Pennsylvania Center for Health Careers Health-

care Worker Retention Group, which Campbell co-chairs, is planning to schedule additional focus groups — this time comprised of health care administrators, middle managers and direct care staff — to determine barriers to implementing measures to retain RNs and other health care workers. The ultimate goal is to work with policymakers and employers to create healthy workplace environments.

And although neither Daddario nor Mack participated in the focus groups, they see ways to create better working relationships, and in turn, better workplaces.

“I think the managers set the tone for the units,” Mack said. “They need to help foster positive relationships with all the members of the health care team. It can make a world of difference.”

She said that many issues could be resolved if people would communicate better with each other. She believes assertiveness training might be a valuable addition to nurses' educational requirements.

Daddario said that her hospital has a strong shared governance system, so staff nurses routinely collaborate with each other on the unit level and with staff from other departments hospital-wide to address a range of issues, from those affecting nursing practice to quality management. That has led to other departments' staff having more respect for nurses.

She further believes it's important that experienced nurses work informally and formally, such as through mentorship programs, to create positive working relationships with student nurses and new nurses.

“Our hospital is in central Pennsylvania, and we'll plan trips to Manhattan, go to Broadway plays,” Daddario said. “We try to have fun outside of work, and I think those activities help get rid of potential generational or other conflicts.”

And nationally ...

ANA conducts an annual “RN Satisfaction Survey” through its National Database of Nursing Quality Indicators (NDNQI). The 2004 survey included responses from more than 75,000 RNs from more than 200 hospitals, representing one-third of the NDNQI member hospitals in 2004, according to Nancy Dunton, PhD, director of NDNQI.

See **Who you work with** on page 9

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Who you work with

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The survey revealed that nurses overall were “highly satisfied” with their interactions with other RNs, their professional status and professional development opportunities.

“Nurses reported being most satisfied with their peers,” said Peggy Miller, MS, RN, director of the RN Satisfaction Survey. “What makes intuitive sense to me is that as the work environment gets tougher, nurses band together because they are more dependent on each other to make it through the day.”

In other relationships, nurses reported moderate satisfaction with their nursing administrators, nurse managers and interactions with physicians.

Miller said results have been consistent over the three years of the survey. But what has struck her each year is that nurses’ level of satisfaction with various aspects of their jobs has been very different based on the type of units in which they work. For example, satisfaction with physician interaction was significantly different between ER nurses, who were most satisfied with this aspect, and peri-operative nurses, who were least satisfied with this aspect.

The 2004 RN Satisfaction reports that NDNQI issued to participating hospitals provide them with information gathered from nurses from their specific units, as well as comparison data from other hospitals participating in the survey.

“What’s important about their report is that it tells administrators what’s happening on their units — where they are doing well and where there are problems — so they can then develop interventions at the unit level that may help improve nurses’ job satisfaction and retention,” Miller said.

Although the survey does not measure actual turnover, RNs did report their job plans for next year. Seventy-nine percent of all RNs said they intend to remain on the same unit, while 8 percent indicated they intend to leave direct patient care or nursing entirely.

NDNQI is beginning further analysis of the survey results. One area of examination is the issue of generational differences among nurses, which will be explored by comparing nurse age and experience levels with their responses to the job satisfaction components, according to Miller.

‘Magnetic’ relationships in Florida

The term “Magnet hospital” comes from a 1983 American Academy of Nursing study that looked at 41 facilities that were able to attract and retain nurses and provide high-quality care despite the nursing shortage of the early 1980s. ANCC subsequently developed the Magnet Recognition Program to recognize health care organizations that provide the very best in nursing care and uphold the tradition of professional nursing practice.

One such facility is the James A. Haley VA in Tampa, FL.

Susan White, PhD, RN, CPHQ, FNAHQ, serves as the associate chief for Nursing/Quality Improvement at Haley and keeps current on RN satisfaction surveys conducted nationally and in other states. She uses that information to better understand nurses’ overall work experiences and identify whether certain RN satisfaction factors described in those surveys may be useful at her facility. (Haley also has teams in place to address work environment improvements specific to its organization.)

“We want staff to enjoy their work and feel fulfilled while providing patient care,” said White, a Florida Nurses Association member. “And we want nurses to practice their profession in the way they’re educated and help them make a difference in their patients’ lives, which is one of the reasons that most nurses entered the profession.

“We constantly are looking to see how we can support nurses to provide better patient care and a better work environment.”

One way that her facility has worked to create strong peer and interdisciplinary relationships is through a shared governance system.

“The shared governance model was a natural evolution in our Magnet journey to expand the role of staff nurses in decisions about their practice and patient care,” White said. “Nurses participate on councils at the unit level that focus on issues that they believe are important. This pushes decisions to the level closest to the patient with staff working together.”

See **Who you work with** on page 10

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Daily newsfeed service from Topix.net on Members Only

The ANA recently launched a daily newsfeed service in its Members Only Web site on NursingWorld.org. In its agreement with ANA, Topix.net offers up to five articles from its nursing and allied health news category every day. Topix electronically scans more than 5,000 sources, and each timely news item includes the headline and an imbedded hyper-link that opens to the full text article. In addition, Topix.net will "crawl" NursingWorld content and post highlights to its health and nursing news category sections with links back to ANA's Web site. To keep informed on a daily basis, go to www.nursingworld.org/member to logon.

Some of the recent headlines include:

More nurses needed for baby units

Almost three-quarters of neonatal units for premature or sick babies have had to turn cases away because of staffing levels, new research has shown.

Better scheduling of elective surgery influences errors, demand for nurses

The proof is in Boston Medical Center, which cut nursing expenses by \$130,000 a year through more efficient scheduling of vascular and cardiac surgery.

Darton grant to put more nurses in field

Albany- Four hundred and fifty nine thousand dollars will help Darton College put more nurses to work. ■

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There also are nursing service councils that bring together nurses and staff from other departments to tackle a range of issues, from recruitment, retention and recognition, to employee and patient safety. These staff-led councils form the foundation to address professional nursing practice and are critical to building relationships among nurses across all the facility's settings.

Because the nurse-manager relationship is so important, Haley recently held a leadership academy for nurse managers to help them gain skills needed to be supportive and be role models for their staff. This training, as well as a newly created "Nurse Manager Forum,"

provides the opportunity for nurse managers to learn how to better support staff growth and development.

Given that the average age of RNs within the VA exceeds the national average, White said that her facility already is preparing for an exodus of many long-time nurses through retirement and an influx of new nurses. The key will be how to ensure that nurses' strong working relationships continue, particularly when their ages, backgrounds and educational levels may vary greatly.

Continuing, she said, "The nurse-patient relationship is so important; it's the meaning of nurses' work. But even if you have great relationships with your patients, where you work and who you work with is important to providing effective care and to bringing you joy in your work." ■

Visit NursingWorld.org to see what's new on nursing's most popular Web site. Get up-to-the-minute nursing news, by nurses for nurses, by signing up to receive the ANA e-newsletter, *NursingInsider*, at www.NursingWorld.org/listserv/signup/lsignup.htm.

As the Web Turns



New on OJIN

In the latest Patient Safety article, "Vigilance: The Essence of Nursing," from the *Online Journal of Issues in Nursing (OJIN)*, the authors call for two types of nursing diagnoses, central and surveillance, to expand standardized nursing diagnosis terminology so that the contribution to patient safety by the vigilance of nurses may be effectively communicated and documented.

http://nursingworld.org/ojin/topic22/tpc22_6.htm

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HOD

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such as Y2K, the mapping of the human genome and the bombing of the U.S. Navy destroyer Cole dominated the news.

"The profession of nursing and ANA are very much engaged in the larger world, and our work has been shaped by world and national events," Stierle said. "And while our agenda is impacted by these events, we have also continued to lead our profession and make strides in our cornerstone and core issues work." (That work includes ethics, nursing standards, appropri-

ate staffing and workplace health and safety.)

Both Blakeney's and Stierle's speeches can be found in the Members Only section of www.NursingWorld.org.

Taking on RN fatigue

There has been extensive research published on the impact that prolonged work hours have on employees' ability to perform safely in many industries, and that work led to limiting work hours among railroad, trucking and airline employees.

In 2004, the Institute of Medicine targeted the health care indus-

try with its report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*. And a study by nurse researcher and Maryland Nurses Association member Alison Trinkoff, ScD, RN, FAAN, also demonstrated a relationship between fatigue and acute and chronic health problem in nurses who worked more than 12 hours a day.

The comprehensive HOD resolution asks ANA to disseminate information detailing the effects RNs' fatigue, long work hours, insufficient break time and rotating shifts have on patient safety, quality of care and the personal safety of RNs so that these effects are taken into account when scheduling decisions are made.

The HOD action also asks ANA to provide information on the legal and ethical obligations that RNs and employers have when RNs' work hours extend beyond what constitutes a safe environment for nurses and patients. In addition, the measure asks that ANA advocate for research that looks at the financial impact of RN fatigue on institutions, as well as on nurses, when nurses work differing shift lengths and total hours in a given time period.

Other patient safety and advocacy actions

In another wide-reaching measure, the Minnesota and Colorado nurses associations won overwhelming delegate approval for an HOD resolution on health care reform. Numerous delegates spoke on the need for changes in the health care system that will improve consumer access and cut down on costs.

The Minnesota Nurses Association report noted that every year since 1965, health care expenditures have risen at rates two to four times the rate of economy-wide inflation. Further, some 44 million persons are uninsured and tens of millions are significantly underinsured, which impedes their access to adequate health care services.

The HOD-approved measure asks ANA to use its leadership role



CEO Linda Stierle addresses the 2005 House of Delegates in Washington, DC.

Did you bop 'til you dropped at the ANF hop?

The American Nurses Foundation (ANF) celebrated its 50th anniversary in style at the 2005 ANA House of Delegates (HOD) in Washington, DC, in June. When the dust settled the ANF 50th anniversary sock hop, silent auction, booth and wall signing at ANA headquarters had brought in more than \$20,000 for the work of the Foundation. Donations are still coming in from delegates who wanted to be involved.

The silent auction alone raised \$11,050 from the winning bids placed on the nearly 200 items. Hot items included the American flag flown over the U.S. Capitol, "The West Wing" script signed by Martin Sheen, the Blackband Nurses ring, a White House cookbook to be personally dedicated by President Bill Clinton, and prints *The Clinic Shoes* and *Ponsette - 2004*.

The ANF booth was hopping as delegates made contributions in support of Foundation programs, including Nursing Research Grants (NRG), Tobacco Free Nurses, Food-Safe Schools, Adolescent Health, Leadership Enhancement and Development and Nurse Competence in Aging. Delegates also gathered information about these programs and chose a special thank-you gift from the lunch bags, backpacks, beanbag ducks, nursing stamps, special ANF 50th anniversary wooden box and *Postcards in Nursing* book.

Bobby socks and dancing shoes came out to play at the ANF 50th Anniversary sock hop on Saturday night. Poodle skirts, saddle shoes, rolled-up jeans, jackets and more were donned by more than 175 hoppers who danced to music spun by DJ Steve. Dance instructors were on hand to separate the right feet from the left in the packed dance hall. Fifties-style food included devilled eggs, fluffer-nutters, 50s candies, hamburgers and the popular floats and shakes station. A stroll contest, a twist contest and a hula-hoop contest rounded out the fun.

Back at ANA headquarters in Silver Spring, MD, delegates who toured the new facility had the opportunity to make a donation to ANF and sign the 2005 "Wall for Nurses," raising \$800 for ANF. ■



ANA President Barbara Blakeney and ANF President William Holzheimer step lively at the ANF sock hop.

HOD

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ty to report prisoner abuse and advocate for the care of all patients.

The HOD requests that ANA adopt principles that advocate for prisoners' and detainees' right to health care and humane treatment, ensure that RNs do not voluntarily participate in any deliberate inflic-

tion of physical or mental suffering, and hold the *Code of Ethics for Nurses* as a set of precepts that encompass all nursing activities and that may supersede specific policies of institutions or employers.

The resolution also asks for ANA to condemn interrogation procedures that are harmful to mental and physical health, and to advocate for counseling and support for RNs who speak out about acts of torture and abuse.

being charged with the crime of child abandonment.

In approving the resolution, the HOD asks ANA to join with its CMAs and other state-based organizations to develop a public awareness campaign aimed at health care providers and the general public.

Nurse leaders from the Kansas, Tennessee and Florida nurses associations asked the HOD to approve another resolution that focuses on the safety of children.

Between July 2000 and June 2001, at least 78 children under the age of 14 died and nearly 9,200 were injured when they were left unattended in and around motor vehicles, according to a 2002 national report. The dangers that children are exposed to include being inadvertently backed over in a driveway or parking lot, being left in a vehicle where temperatures can reach deadly levels within minutes and strangulation by a power window or sun roof.

To keep children safe, the HOD approved the resolution, which calls for ANA to collaborate with other national nursing and other child advocacy organizations to secure a nationwide, Ad Council campaign to educate parents and others on the dangers of leaving children unattended in and around motor vehicles.

RN tribute & presidential endorsement

The HOD welcomed a Kansas State Nurses Association program, called "The Nightingale Tribute," that honors deceased nurses. Delegates specifically want ANA to promote the availability of the tribute nationwide, including working with the National Funeral Home Directors Association.

The tribute is a structured honor given to an RN at the funeral service, and it includes a short synopsis of the nurse's career, a reading about the nursing profession and the presentation of a white rose by colleagues to symbolize their appreciation for the nurse.

A ceremony also was held at the HOD, and CMAs were given the



ANA-PAC Board members JoAnne Penn, Susan King, Erin Murphy, Linda Gobis, Audrey Ludmer and Linda Warino pay colorful tribute to fellow PAC Board member Mary Behrens.

opportunity to honor their deceased nurse members by reading their names aloud. Those names will be part of a memorial book that will be displayed at ANA's headquarters, and ANA will include a Nightingale Tribute at subsequent HODs.

The resolution also asks ANA to add to its Web site a tribute to deceased nurses, particularly those who were given a Nightingale Tribute, and an opportunity to direct contributions in memoriam.

In yet another action, the HOD considered — but ultimately did not support — a resolution proposed by the Alabama State Nurses Association that would have ended ANA's endorsement of U.S. presidential candidates beginning in the 2008 election cycle.

ANA changes & other actions, events

Delegates approved a set of bylaws changes, including one that requires a two-thirds vote of a state nurses association's entire CMA-ANA membership before it can disaffiliate from its national nurses association. This ensures that nurse members will not be denied their democratic right to continue their vital connection to ANA.

Another bylaws change involves increasing the number of delegate seats at the HOD from 630 to 675 to make room for additional representatives from specialty nursing associations. And another approved change allows for nurses to join ANA directly if their CMAs categorically exclude members of certain nurses groups from holding elective offices in CMA governance. ■



ANA President Barbara Blakeney addresses the delegates.

Protecting children

To prevent the deaths of an estimated 85 abandoned newborns each year, the North Carolina Nurses Association asked nurse delegates to approve a resolution that promotes public awareness of "safe haven" laws. Forty-five states currently have programs that allow parents to take unwanted infants to a safe place without fear of exposing their identities or

Increased demand for ANA's Foundation of Nursing Package for course adoption in 2005

Since early 2004, ANA's Foundation of Nursing Package has generated mass appeal, particularly to college professors teaching fundamental nursing courses in bachelor's, master's and some doctoral-level nursing programs nationwide. Most recently, professors in accredited associate-level nursing programs have adopted this package in their two-year programs for Fall 2005. Sales of this package have already exceeded 2004 sales in the first six months of 2005.

This three-book package, named the "Foundation of Nursing," contains three of ANA's newly revised perennial best sellers: *Nursing: Scope & Standards of Practice*, *ANA's Code of Ethics for Nurses with Interpretive Statements* and *Nursing's Social Policy Statement*. These three books define contemporary nursing practice and belong in the hands of every nurse regardless of level, role or setting. Each book now has its very own bookmark that serves as a quick reference tool for students and nurses.

These core documents are not only for nursing students. Nursing professionals in a variety of specialty settings reference these books (most specifically the *Nursing: Scope & Standards of Practice*), along with their specialty scope and standards, to prepare for ANCC certification exams. For more information on ANA's new Certification Resource Packages go to nursesbooks.org online bookstore.

Educators interested in reviewing this nursing package for possible course adoption should contact Francine Bennett at fbennett@ana.org. To order this package or request a fall 2005 catalog, go to www.nursesbooks.org or call (800) 637-0323. ■