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ANA - NEW YORK NURSE WE MAKE A DIFFERENCE FOR NURSES IN NEW YORK STATE

October 2020

The Official Publication of the American Nurses Association - New York ANA - New York Nurse will reach over 72,600 New York nurses and schools of nursing.

INDEX

ANA-NY Announces Results of 2020 Board Election

President and ANA Membership Assembly
Representative
Marilyn Dollinger, Rochester, NY



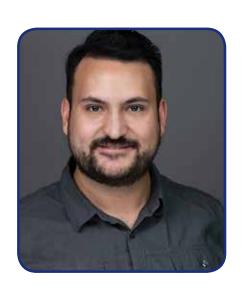
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MEMBERSHIP APPLICATION ON PAGE 17

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OUTGOING PRESIDENT'S MESSAGE



Evolution and Letting Go

Elisa (Lee) A. Mancuso MS, RNC-NIC, FNS, AE-C, President

I am honored and proud to have served as ANA-New York's second President for the past four years. What an awesome adventure this has been. It has enabled me to discover hidden talents, soar to new heights and



become an assertive leader who lovingly shares positive contributions to our nursing profession.

During the formative years of my presidency "I didn't know what I didn't know." Clueless and fearful of not meeting my responsibilities which could potentially impact the organization negatively by not getting or retaining engaged members and ultimately disappointing my colleagues were my primary concerns. I had committed my heart and soul from day one, but I needed guidance.

Thankfully, I have been blessed with superb mentors who offered a lifeline, assisted with confidence and competency development while encouraging my occasional delusional risk-taking projects. What began as a simple desire to Pay it Forward to ANA-NY evolved into an unparalleled journey of eclectic opportunities, collaborating with exceptional nurses across the state and culminating in rich experiences which have forever changed my life. I have been transformed from an excited novice to a seasoned expert leader who continues to strive for excellence no matter the cost.

I have been privileged to facilitate the amazing organizational growth from 4100 members to over 8000 members in four short but action-packed years. This has been a well-orchestrated team effort by our staff: Dr. Jeanine Santelli (ED), Jamilynne Meyers (Program Manager) and Shakira Hernandez (Communications Coordinator) in addition to the brilliant and dedicated board directors. Thank you does not do justice to your amazing talents and devotion to ANA-NY.

Our membership reflects interconnected components of professional accountability, unique perspectives and diverse experiences which enhances ANA-NY's collective expertise. Each nurse inspires one another and together we have achieved previously unattainable goals such as BSN in 10!

WHO's declaration of 2020 "The Year of the Nurse" could not have been more prophetic due to the COVID-19 pandemic and the dedication of our nurses on the frontline. Never has nursing's tenacity, grit and compassion been experienced first-hand by so many in

Helio Health

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such a compacted time frame and acknowledged globally. March 2020, New York City (NYC) became the epicenter with the highest number of COVID-19 cases and deaths. During the darkest hours, the nursing profession shined ever so brightly. Collectively our brilliance reflected passion, commitment, critical thinking, innovative solutions, and an inextinguishable flame lighting the way. Together with interdisciplinary teams, we creatively implemented vast changes; conference rooms and convention centers converted into ICUs, tents erected in parking lots for triage areas, nurses were reapportioned to new practice areas and hundreds of bodies were being stored in refrigerated trucks on the streets throughout

Too much, too fast and no time for grief. We were leaning on our colleagues physically and emotionally, and afraid to go home and possibly infect our families. There were so many questions yet to be identified and addressed. Nurses were and continue to experience horrific paralyzing mental health issues: Anxiety, PTSD, Insomnia and Suicide due to constant exposure to death, being in uncharted waters and an inability to battle this novel Corona virus successfully. Nurses now became high risk to themselves because of constant exposure with direct patient care, inadequate PPE, relentless patient and even colleague deaths and now being the only surrogate family member to ease their patient's transition as they passed on. The physiological and emotional toll was comparable to a Category 5 Hurricane constantly pounding nurses.

It is imperative that every nurse take time to acknowledge their own loses; friends, family, colleague's deaths, changes in one's daily routines, how we nurse and altered work environments.

Ellie Trice's article (July 2020) 'Why its so important to understand grief during Corona Virus" addresses the need to deal with unprecedented and inexplicable loss. Grieving for a former way of life, kids being home from school, Social Distancing = Social Isolation, financial challenges, policy changes and more uncertainty with no end in sight. To move forward you need to embrace the past and present situation.

- Recognize your loss/grief is real and valid. A sense of powerlessness that is constantly looming overhead.
- Spend time to emotionally process the loss. Grieve each part of what is gone. Be compassionate to vourself.
- Physically and tangibly set grief down to process it and move on.

Nursing's footprint must create a supportive and synergistic environment to inspire one another, promote resilience and stay the course. Embrace your passion for our profession with positivity and a dynamic transformative approach. This takes time, a concerted effort, and the ability to be inspiring and mentor others. Inspiration can be a simple act of kindness such as expressing faith in others and supporting them emotionally. Nurses have the inherent qualities to create a solid foundation of influence through authenticity, invaluable insight, integrity, courage, and perseverance.

While I am Stepping Down, I am Not Stepping Away.

Let us take stock of who we are, what we have done and where we are going. Nurses have the power. We have subtly demonstrated that repeatedly during COVID-19. Nurses are exemplar role models of professionalism, compassion, and dedication not only to our patients but for one another. I implore each nurse to be bold, use your talents, skills, and power expeditiously but wisely and bring ANA-NY and the nursing profession to the next

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- Must include the name of the author and a title.
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FROM THE DESK OF THE EXECUTIVE DIRECTOR

Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN,

My how time flies! It's hard to imagine that it has been four years since we all sat together in Tarrytown and both Lee and I began our blind leading the blind approach to association management. I recall Karen and I carefully watching the growth in ANA-NY membership and cheering when we hit the 4,000-member mark. Now, a mere four years later we have doubled in size. We have a steady social media following with an average of three posts a day, every day — you go Shakira! This newsletter reaches over 70,000 New York nurses thanks to the efforts of ALD Publishing. The news media reaches out to us for interviews and comments. Legislators contact us for our



opinions on pending legislation thanks to our dynamite lobbyist, Amy. Groups reach out wanting to collaborate with us.

We weathered the first wave of the COVID-19 pandemic with rapid pivots that included a current and relevant COVID-19 resource page on our website thanks to Jamilynne's organization and updates, regular connections of those with supply and those with demand through Shakira's social media monitoring, our first virtual lobby day coordinated by Amy and offered jointly with our CRNA colleagues, and our first virtual Annual Conference that Jamilynne orchestrated.

Don't think that we have just been sitting at home snacking and crocheting afghans while the virus derailed life – well maybe we did some of that! We have also restructured our office team (same faces, modified roles and title), begun work on the launch of a scholarly journal, drafted a proposed bill to garner support for in the coming state legislative cycle, written (and revised) a white paper on the use of simulation in nursing education, and testified on safe staffing.

Now I am transitioning from the newbie to the sage as we welcome a new president, Dr. Marilyn Dollinger, to raise the gavel and, along with the Board, Committees, and office team, lead us on the next leg of the ANA-NY journey. I can't wait – how about you!?!



INCOMING PRESIDENT'S MESSAGE

2020 October President's Remarks: ANA-NY Journal and Annual Meeting

Marilyn Dollinger

It is my honor to serve as the next President of ANA-NY. As a founding member of ANA-NY, I am committed to leading the organization into the future during these unprecedented times.

I see so many reasons to be hopeful and proud. This organization has grown from less than 1000 members in 2012 to over 8000 today. Thanks to our members, leaders, and staff for all of their efforts to help this organization prosper. We will continue this work to make ANA-NY a voice for nurses in New York and beyond.

During this global pandemic, nurses around the world have provided service and support that demonstrates our

profession's unconditional commitment to the public. When talking to others about nurses during the pandemic, I say of course — "nurses run toward the fire — not away from it—that is who we are." Of course-we should have the "gear" we need to run into the flames. No one asks players to be in the Super Bowl without a full line up and their helmets and pads! Advocacy is always important—even more so during times of crisis.

The pandemic has heightened the suffering of and given a national voice to so many who deal with poverty, disparities and the effects of racism. As the largest group of health care providers in the country, we must publically recommit that we will work towards a health care system and a society that takes action to promote diversity, equity, and inclusion for all. As leaders in the profession, we must embrace our responsibility to confront and take action on social justice issues.

The health care system faces many challenges: issues of access which are directly impacted by social determinants of health and integration of new models of care that strain current practice patterns during the transition from an unsustainable fee-for-service system to bundled payments and reimbursement based on outcomes, among others.

Meeting these challenges requires a health care workforce that is ready, willing, and able. We must be able to answer the question: How many — of what kinds of professionals — with what competencies — are needed to care for the U.S. population? Globally, the United States is behind most industrialized countries which have national and regional goals for workforce development based on skill mix and population needs. The U.S. reliance on self-regulation of the professions is based more on the needs of the professions and not the health care needs of the population.

We must make sure through strategic advocacy that we are at all "tables" to contribute our expertise to decisions about priorities and funding for health care workforce development. We must be present to help shape the evolving health care system when proposals for new workers like advanced home health aides, community paramedics, navigators, transition coaches, community health workers and care coordinators are proposed. We have expertise to contribute as important questions are studied and evaluated related to scope of practice, education and training, evaluation of care and outcomes as these new players support the public's health care.

Professional nursing organizations must have grassroots support from nurses across all practice areas to have our voice heard and exert the level of influence we need to achieve our goals. We need to diversify our membership to include nurses of all ages and from all racial and ethnic groups. We must continue to mentor a skilled and committed team of leaders and staff, and a deep bench of members prepared to move into leadership roles as we grow, to continue the work of the organization and its members over time. All of you, our members, are our most valuable resource and our future.

Nurses cherish our annual Gallup Poll standing as the most trusted among professions, but... we want to move to be among the most influential. Shaping the vison for this organization is a shared responsibility for all members. I look forward to hearing your ideas and discussions of our future with all of you.





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On behalf of our members, the Board of Directors:

- Lauded our administrative staff for orchestrating the switch from an in-person Annual Conference to a virtual format. Hope to 'see' you there!
- Revised the Annual Conference fees to allow multiple virtual attendance options.
- Congratulated Shakira on her new position as Communications Coordinator.
- Accepted the 2020 ANA-NY Awards recipients selected by the Awards Committee.
- Accepted the 2020 Legislative Priorities proposed by the Legislation Committee for submission for approval at the Governing Assembly.
- Thanked the Nominations and strong slate of candidates.

 Committee for recruiting a
- Approved member Dr. E. Pajarillo's proposal for creation of a digitally published ANA-NY peer reviewed journal.
- Voted unanimously to disaffiliate from NEMSD as of December 31, 2020
- Recognized ED Jeanine Santelli for her visibility and actions in support of NY nurses during the COVID 19 pandemic.
- Financed the design and purchase of an ANA-NY neck gaiter celebrating our nurses which is to be sent to current and future members.
- Participated as observers with our elected representatives and alternates in the ANA Membership Assembly.

Details on these and other Board discussions may be accessed in the Approved BOD Minutes on the Members Only website.

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ANA-NY 2020 Award Winners

ANA-NY Friend of Nursing Award

Brandon Qualls

Brandon Qualls is the Coordinator for University of Rochester Medical Center Strong Memorial Hospital's Clinical Nursing Research Center. Over the past 14 years, he has provided research support to over 4,000 nurses and he also serves as co-faculty for a highly successful hospital-based nursing research internship program. In this program, bedside nurses participate in an immersive, nine-month long internship, which exposes them to various aspects of research. He mentors nurse interns on Institutional Review Board-related topics, data collection, and provides data analyses for their presentations to Nursing Practice leadership. He is the co-author of several manuscripts and, as first author, has several more currently under review. He has presented locally and nationally on these projects. In addition to his professional role, he is a



PhD student in the Department of Counseling and Human Development at the University of Rochester Warner School of Education and Human Development. This program is enabling him to develop his own program of research and better mentor bedside nurses. His research interest is on how the Ronald McDonald House Charities affects the health outcomes and development of neonatal intensive care unit babies whose families utilize its services. He has a feasibility grant to support this topic currently under review for funding. Brandon is truly honored to be recognized as a friend of nurses by the NY-ANA organization.

ANA-NY Mentorship Award

Diedre O'Flaherty

Deirdre O'Flaherty DNP, MSN, APRN-BC, NEA-BC, ONC, Senior Administrative Director, Patient Care Services, Surgical Nursing, Research and Evidence Based Practice, Orthopaedic Program Coordinator, Lenox Hill Hospital New York

Demonstrated progressive clinical, academic, research and leadership experience in emergency, trauma, perioperative and orthopaedic nursing. Graduate of Case Western Reserve University, Frances Payne Bolton, DNP program, with publications, presentation's and research in resilience, structural empowerment and engagement. ANCC certifications include; Nursing Executive-Advanced, Adult Nurse Practitioner and Orthopaedic Nursing Certification. Currently Serving as President — Alpha-Phi Chapter, Sigma Theta Tau International.



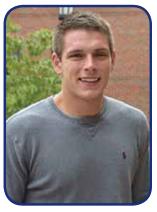
I have been a practicing RN since graduation from Misericordia Hospital School of Nursing and as a new graduate started working in the Emergency Department, St. Clare's Hospital in New York City. This was an exciting and great opportunity where I developed clinical expertise, critical thinking, leadership skills and a spirit of inquiry. Returned to Misericordia/Our Lady of Mercy Medical Center as Nurse Recruiter where my interest in global nursing first started. The opportunity to recruit nurses from all over the world and to assist in their assimilation into hospitals in New York City has been a continued interest and has with time blossomed into research of nursing resilience, diversity and international nursing perspectives.

Serving in academic roles as adjunct faculty in nursing programs has been a rewarding experience. I have developed strong relationships with students and have served as a mentor, role model, friend and colleague. Empowering and collaborating with nurses on projects, research and evidence-based practice initiatives has been insightful and rewarding. We have had the opportunity to present our work at national and international venues and I am humbled by their accomplishments. These relationships strengthen the bond of professional nursing and the value of mentoring, research and leadership. I am proud to be a founding member of the Frances Payne Bolton, Marian K. Shaughnessy Nurse Leadership Academy, Founders Circle a program that is designed to empower the next generation of leaders in nursing.

ANA-NY Nursing Practice - Early Career Award

Dillon J. Dzikowicz BS, RN

Dillon J. Dzikowicz BS, RN is an acute care registered nurse at Strong Memorial Hospital, Rochester, NY and doctoral (PhD) student at the University of Rochester School of Nursing. Under the advisement of Dr. Mary G. Carey PhD, RN, FAHA, FAAN, his research is focused on using big data analytics and quantitative electrocardiography (ECG or EKG) to develop a new risk marker for screening non-ST segment elevation myocardial (NSTEMI) in the emergency department. Dillon is fully committed to translating research into daily bedside practice, and frequently collaborates with unit staff and management on designing, implementing, and evaluating unit-based initiatives to ensure adherences to data-driven guidelines.



ANA-NY 2020 Award Winners continued on page 10

LEGISLATIVE UPDATE

A

By Amy Kellogg

As with all things, the COVID-19 pandemic upended the planned legislative session in New York. The traditional session concluded in March when everything in New York shut down. Though we have not returned to the traditional session, the legislature has continued to conduct business remotely. The two houses returned for a session at the end of May that was focused on COVID-19 issues, a session in June to focus on criminal justice and police reform, and the two houses returned in July for a session that served as something of a wrap up to the session with a focus on local legislation and other items designed to keep government functioning.

It is anticipated that while the bulk of the legislative business has been wrapped up for the year, we will see the two houses return to Albany to deal with the budget situation in New York. Currently, New York is facing a \$15 billion budget deficit. The State and municipalities have asked the federal government to include state and local aid in their next Coronavirus relief package. However, that package has yet to be negotiated, and at this time, it's not clear that a relief package would include aid to the states and localities. The legislature will have to return at some point to address the fiscal situation. If the federal government does provide aid, the legislature will have to return to determine how to allocate the funding and assess if funding cuts still need to be made. If the federal government does not provide aid, the legislature will have to return to determine what cuts have to be made, and how, as well determine if there are revenue raisers that could be implemented to help fill the budget hole and stem the needed cuts.

The division of budget has indicated that based on the current deficit, with no additional funding, the state is facing across the board budget cuts, to all areas, of 20%. This includes health care and education, which are usually not significantly impacted by budget cuts. Given the amount of the deficit, these areas would not be immune to cuts this time. Obviously, in the midst of a global health pandemic, any

cuts to health care would be especially devastating. We are monitoring this situation closely.

In addition to our work related to the legislative process, we've also been busy on the regulatory side. At the end of June, the New York State Department of Education released emergency regulations that implemented the provisions of the BS in 10 legislation from a few years ago. The legislative committee and board closely reviewed these regulations and after determining that regulations appropriately implemented the legislation, we submitted a letter of support for the regulations. After a 60-day comment period, the State Education Department will adopt the final version of the regulations completing the regulatory process for implementation of the BS in 10.

Of note, in mid-August, the New York State Department of Health issued a report on safe staffing. In April 2019, there was a provision included in the New York State budget that directed the Department to conduct a study regarding how staffing could impact patient safety and the quality of healthcare. The report was due by January 2020. In preparing this report, the Department held a series of stakeholder meetings and conversations. The ANA-NY participated in this process, last Fall, when ANA-NY Executive Director, Dr. Jeanine Santelli, testified at one of the hearings.

The report found that opinion and published studies differ as to whether mandating specific, statewide nurse-to-patient ratios is the most effective approach to improve patient safety and the quality of healthcare service delivery in hospitals and nursing homes. The report found that ratios contemplated at the level outlined in pending legislation on the topic would cost an additional \$1.8 - \$2.4 billion. The report also found that a staffing shortage through the next decade will make mandated staffing levels unachievable for some providers. As a result, the report concluded that ratios are not the recommended solution to the staffing issues. The report concluded that New York needs a comprehensive approach to nurse staffing to ensure that there is a highly trained, skilled nursing workforce that will continue to meet the needs of

patients and residents in a safe work environment. Certainly, this report does not conclude this issue, and we will continue to work to address the staffing issue and strive for a solution that ensures patient safety and adequate staffing levels at all facilities.

While we will be keeping a close eye on what will happen in any special sessions through the end of this year, we are also focusing on preparing for the next legislative session. The legislative committee has approved a legislative agenda for 2021 that will be reviewed and brought to a vote at the annual meeting in October. This agenda reflects the priorities of ANA-NY for the next legislative session with a focus on key areas of concern and interest. Unlike legislative agendas of the past, this one does not detail specific legislation. Instead, it focuses on topics of interest to allow maximum flexibility based on legislation that may be introduced in the coming session.

As a reminder, in case you've somehow managed to avoid it all, 2020 is an election year. In November, all 213 members of the New York State Assembly and Senate are up for reelection. Voting will look different this year for two reasons. First, New York now has early voting. For 10 days prior to the November 3 election, you will have the option to go in person to designated polling places to cast your vote. Second, there will now be a universal option to request an absentee ballot by mail because of COVID-19 concerns so that you don't have to in person to vote. Absentee voting has always been an option in New York, but the grounds for doing this were limited. A change to the law was made to allow anyone to vote by absentee ballot this year. As a reminder, if you are planning to vote by absentee ballot, you have to file an application to request an absentee ballot with your local county board of elections. No matter how you choose to do it, or who you choose to vote for, please make sure you vote.

If you have any questions about the legislative process or the priorities of ANA-NY, please contact the Legislative Committee at https://ananewyork.nursingnetwork.com/contact. As always, we welcome your questions, thoughts, ideas or comments on legislation or the bill track.

There's never been a greater need for highly skilled nurses.

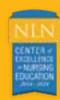
Has the COVID-19 health crisis inspired you to seek advanced training?

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- MS in Nursing Education
- MS in Nutrition (online)
- MS in Psychiatric-Mental Health Nurse Practitioner
- Master of Public Health (MPH)
- PhD in Nursing
- Doctorate in Nursing Practice (DNP)

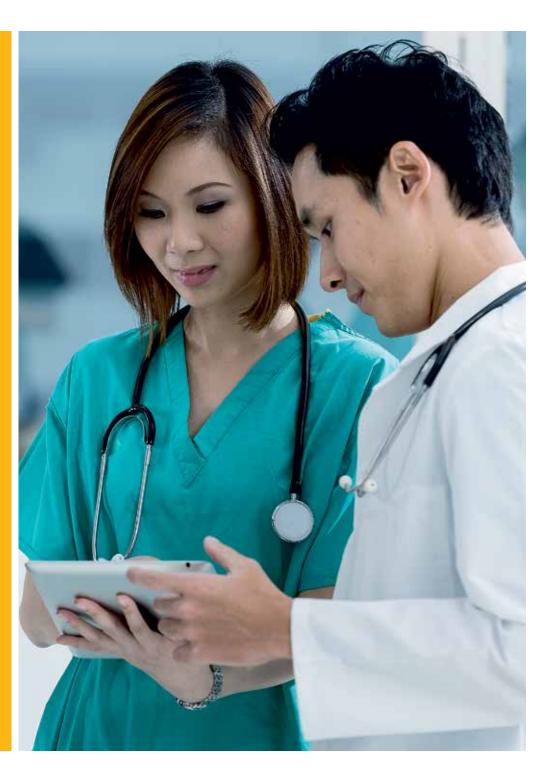
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Author: Melissa Davis DNP, RN

About the author: Melissa Davis is an Associate Clinical Professor of Nursing at Hartwick College. She earned her Doctor of Nursing Practice degree at Yale University, where she researched medication error and successfully piloted a high reliability organization medication safety curriculum for nursing students.

How the "Five Rights" is Wrong

In 2011, 50-year-old nurse Kimberly Hiatt made a mathematical error while administering calcium chloride to an infant, which proved to be fatal. Hospital administration investigated the incident and subsequently fired Kimberly after 27 years of service. Unable to secure a nursing position, she became isolated and depressed; seven months after the original incident, Kimberly took her own life (Grissinger, 2014).

Medical Error in the United States

In 1999, the Institute of Medicine (IOM) Committee on Quality Health Care reported an estimated 100,000 lives were lost annually to medical harm in the United States (IOM, 2000). When clinical documentation is reviewed with global trigger tools, devices which scan clinical records for hidden adverse event clues, estimates of medical error are far higher. Using such tools, Classen et al. (2011) estimated that adverse events in acute care are ten times greater than the original IOM 1999 figures. James (2013) estimated annual medical error deaths ranging from 210,000 to over 400,000 per year. The IOM report Preventing Medication Errors (2007) found that 1.5 million known adverse drug events occurred in the United States annually. Thus, despite wide public attention to medical injury and efforts to improve patient safety, only limited progress has been made to date (National Patient Safety



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Contact: Madonna Valencia, Human Resources Partner 203-276-7219 or apply via www.stamfordhealth.org/careers Foundation, 2015).

A subset of medical error, serious medication errors have these effects: 1) impact 3.8 million hospital admissions annually within the US; 2) injure 1.3 million patients; 3) lengthen inpatient stays (Hauck & Zhao, 2011); 3) kill an estimated 7,000 Americans; and 4) cost approximately \$16.4 billion (Network for Excellence in Health Innovation, 2011; WHO, 2017). Direct observation of nurses' drug administration techniques has revealed medication error rates ranging from 7.5 % (excluding wrong-time errors) to 27.6% (including wrong-time errors) (Berdot et al., 2012; Keers, Williams, Cooke, & Ashcroft, 2013).

The administration phase of medication treatment, which directly impacts nursing, has been found to have error rates ranging from 26% to 37% (Bates et al., 1995; Leape et al., 1993; Santell, Hicks, McMeekin, & Cousins, 2003). This finding has significant implications for nursing education.

Medication Safety and Nursing Education

The nursing profession lacks any one broad, singular approach related specifically to medication safety science or safety during medication handling processes. It is probable that nurse educators teach what they were taught - mathematics for medication such as dosage calculation; how to remove, prepare, and administer medications at the bedside; anecdotal wisdom gleaned from practice, such as avoidance of distractions or look alike sound alike medications; and some variation on the "Five Rights" of medication safety (right patient, right drug, right time, right dose, and right route).

The Five Rights: A Destination Without a Map

If a traveler were lost and seeking a route from Maine to New York City, it would hardly be sufficient simply describe New York City as a bustling, busy place where one finds Wall Street and the Statue of Liberty, without any discussion of potential routes to get there. Similarly, the Institute of Safe Medication Practice (ISMP) has called the "Five Rights" a "destination without a map," because it lists goals for safe medication administration, but fails to offer any meaningful insight toward attainment of those goals (Grissinger, 2010, p. 542). At best, the "Five Rights" is useful in description of a perfect provider's order for medications, listing all five required components of medication orders. At worst, the "Five Rights" concept describes perfection, utopia, and is upheld as not only a realistic, but a nonnegotiable standard for the competent and caring nurse. The destination is offered with no concrete direction, and many nurses suffer accidents along the way.

For the competent nurse to judge the safety and appropriateness of ordered medications, the nurse requires knowledge of many factors: the patient's complete medical history and comorbidities; current, thorough patient assessment findings; relevance of the patient's diagnoses to the medication's indication(s); drug-to-drug or drug-to-food interaction potential; any allergies and cross-allergies; dosage form, drug preparation and handling; compatibility with intravenous therapy, and more (Adhikari, Tocher, Smith, Corcoran, & MacArthur, 2014). Regardless of how many "rights" are added to the list, the "Five Rights" guideline fails to capture these and endless other necessary safety factors for safe medication administration. When offered as the sole tool for ensuring medication safety, as is done in many nursing education programs, the "Five Rights" also lulls nurses into a false sense of safety. They are told that, if they follow these simple guidelines, they will not err, ever. Following this premise is the common conclusion that nurses are solely to blame, the one faulty cause of negative outcomes (Pennsylvania Patient Safety Advisory, 2005).

Naming, Blaming, and Shaming

Because it is assumed that nurses will always achieve this perfectionistic standard, nurses are faulted when they err. They are deemed incompetent, uncaring, or both. Because the nurse has been charged with a standard of perfection, errors are subsequently pinned on individual nurses with ease. It is easy to dispense with defective nurses who are told, "you didn't follow your 'Five Rights.' " As a result, opportunity for analysis is lost, and systems are freed from responsibility and corrective action (Reason, 2000). Scapegoating nurses as the sole cause of medication errors also injures them emotionally, socially, and professionally, when they are already the second victims of their own errors (Cima & Clarke, 2012). Worse yet, the naming, blaming, and shaming of nurses perpetuates secrecy and denial of medication errors. There is no reflection, sharing, or improvement when near misses and errors are concealed.

Systems Complexity

Rather than considering medication errors as phenomena embedded in complex systems, the "Five Rights" limits medication safety to one nurse's individual instance of bedside administration. Those who blame nurses as the source of medication errors fail to account for wider systems and human factors which undoubtedly contribute to error. Nurses are always accountable for medication safety, and are but one part of a much more comprehensive, systems-wide process of medication packaging, delivery, ordering, administration, and treatment. While systems theory acknowledges a circular, web-like arrangement of interdependent factors, the outdated and overly-simple "Five Rights" isolates nurses in that web, distorting perspective in two ways: first, they are held as the sole cause of their errors, and second, their responsibility is confined to their own personal practice at the bedside, one instance at a time.

The Nurse as Potential Systems Change Agent

In other high-stakes, high reliability organizations (HROs) such as the aviation industry, the culture is nearly opposite of that in health care. There is an assumption that humans will err; employees who report near-misses and errors are rewarded for doing so. Because it is assumed that humans make mistakes, employees are taught to surveil constantly for conditions which permit error or are not "user-friendly." Rather than blaming individuals, these industries see errors as teaching opportunities. To envision this philosophy in the health care setting, consider this scenario: the nurse opens the Pyxis system to retrieve a vial of flu vaccine and, instead, removes a vial of a neuromuscular blocking agent with nearly identical labeling. Following the "Five Rights" mandate, the nurse apprehends his error and breathes a sigh of relief that he was careful enough to avoid the error. However, the next nurse, who has a migraine, is hurried by multiple demands, is answering a question while removing the vial, and is vulnerable to confirmation bias (as all humans are), removes the wrong vial and nearly kills several children. The first nurse acted diligently for his own practice in that singular instance, adhering to the "Five Rights" idea. However, had he been systemssavvy, accepting of error risks, and vigilant for errorprone conditions, he would have known to safeguard the system - and his own colleagues - in addition to his own practice. He could have removed both vials from the Pyxis and immediately reported the near-miss as a warning for all, preventing the second incident. Clearly, sophistication in high reliability organization principles serves the needs of not only each individual nurse, but the system itself.

A Call for Change

The World Health Organization has launched a global initiative to reduce medication errors by 50% by the year 2022, in all countries (WHO, 2017). Imagine the impact on medication safety if all nurses were educated in high reliability organization principles. They would have situation awareness - they would consider the bigger picture, and search continually for error prone conditions, reporting them for change. Accepting the imperfection which characterizes all humans, including nurses, they would embrace errors as learning experiences. One HRO principle states that people closest to the work are the most knowledgeable about that work. Prepared properly, the nurse is in a unique position to effect real change in health care harm.

It is now time for us to think critically and abandon the "Five Rights" as a realistic path to safety and take up the charge of educating nurses in systems thinking, human factors engineering, and other HRO principles.

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Continuing Education Post-Activity Questions

- 1. What is a global trigger tool?
 - A. A device that instantly alerts all personnel in a healthcare organization to an active shooter event.
 - B. An app that can be programmed to alert a recovering addict to the presence of triggers for potential relapse.
 - C. A device that can scan electronic medical records for clues to unrecognized adverse events.
 - D. An event that can have international repercussions.
- 2. According to a 2007 IOM report, how many known adverse drug events were occurring annually at that time?

- A. 500,000
- B. 750.000
- C. 1,000,000
- D. 1,500,000
- 3. What are some factors that a nurse must consider when implementing medication therapies? SELECT ALL THAT APPLY
 - A. The patient's complete medical history and comorbidities
 - B. The cost of the medication
 - C. Whether or not the medication is generic
 - D. Relevance of the patient's diagnoses to the medication's indication(s)
 - E. Any patient allergies and cross-allergies
- 4. If a nurse follows the 'Five Rights', the nurse will never be implicated in an adverse medication event.
- A. True
- B. False
- 5. The best reason to report a medication error is
 - A. identify and correct system problems.
 - B. maintain an accurate record of a nurse's competence.
 - C. comply with institutional policy.
 - D. maintain a correct tally of such events.
- A nurse finds that an incorrect medication has been loaded into the Pyxis. What is the best action for the nurse to take?
 - A. Pass on the information at the change-of-shift report.
 - B. Write an incident report and notify the supervisor.
 - C. Put a sign on the Pyxis that indicates the problem and that the supervisor is aware.
 - D. Immediately notify the pharmacy to come restock the machine with the correct medication.

Registration Form

ame:
-mail address:
ddress

EVALUATION FORM

1.	The	learning	outcome(s)	for	this	activity	was
	met?	?					

_____ Yes _____ No

Phone number _

 I found this activity worthwhile for my professional practice. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

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3. This activity will enhance my knowledge/skill/ practice as a health care provider. (If you select "Disagree" or "Strongly Disagree," please provide a comment below.)

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

4. The authors were knowledgeable about the topic:

Strongly Agree - Agree - Neutral - Disagree - Strongly Disagree

5. As a result of this activity, please share at least one action you will take to change your professional practice/performance.

6. Was this independent study an effective method of learning?

7. What other topics would you like to see addressed in an independent study?

CONTINUING EDUCATION STATEMENT



The continuing education program is approved 0.75 contact hours. The Northeast Multistate Division is accredited as a Provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.



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MEMBERS ON THE MOVE



Leticia Rios, MSN, RN

For the second year in a row, NYU Langone Health has been named one of Working Mother's 100 Best Companies for our ongoing commitment to forward-thinking workplace programs, including parental, family support, flexibility, and career development. "The recognition from Working Mother speaks to



the many benefits, policies, and the inclusive workplace culture at NYU Langone Health that support our employees in their roles as parents, caregivers, and family members, as well as vice dean for Human Resources and Organization Development and Learning.

Each year, companies that receive this distinct are invited to select a "Working Mother of the Year" from among their ranks. Representing NYU Langone will be Leticia Rios, MSN, RN, Neonatal Intensive Care Unit (NICU) nurse educator at NYU Winthrop Hospital. As NYU Langone's 2020 Working Mother of the Year, she'll participate in a virtual awards ceremony with other Working Mother honorees from leading organizations this October.

Rios educates more than 120 nurses at Winthrop's NICU on current evidence-based practice to improve patient outcomes. "As the daughter of immigrant parents, academics were not supported when I was a young child," said Rios. "I recognized the need to take control of my future and am now very proud to have achieved considerable milestones in my nursing career while not losing sight of my motherhood and parenting responsibilities."

Rios is currently pursuing a PhD at Adelphi University with support from NYU Langone's tuition reimbursement program. She received a Master's degree in nursing education from Long Island University, where she previously obtained her nursing degree.

"College introduced me to a different perspective—I just knew, this is for me, this is what I love," Rios said of advancing her education. No one in her family had been a nurse. "I didn't know what career path to choose, but in pursuing nursing I found a group that supported and pushed each other, and I have never looked back." She feels lucky to have found a career and a professional home that have supported both her educational goals and her professional development.

Rios juggled those milestones with being a mother to her daughter, Jordyn, now age five, which brought challenges to her as a woman of color. She experienced complications after her daughter's delivery, along with difficulty receiving support to exclusively breastfeed. Recognizing that breastfeeding has the power to reduce the incidence of maternal and infant morbidity and mortality, she became an International Board-Certified Lactation Consultant and established a business to increase the initiation and duration of breastfeeding in women of color. She facilities the "Brownsville Baby Cafe," now conducted via Zoom due to the pandemic, to provide breastfeeding support—and address food insecurity and access—for women in underserved communities and shelters.

In addition, she educates physician offices on how to become breastfeeding-friendly, and has created networks to connect mothers with doulas, home-visiting programs, and midwives to improve maternal and infant outcomes. She is also volunteer for Birth Justice Warriors, a Long Island organization aimed at decreasing disparities in maternal-infant health outcomes among minorities.

Rios balances the professional development of NICU nurses and her passion for supporting underserved women with raising her daughter, striving to influence Jordyn's trajectory in the future by exposing her to early childhood education. "It's important for me to not lose myself in being a parent, while also making it a priority to help my daughter succeed," Rios said. "I'm present when I'm with her,a nd I'm present when I'm at work."

She added that she includes Jordyn in her community work, and her daughter is already being inspired by her mom's example. "She loves the fact that I take care of babies and teach other people how to take care of babies," Rios said. "She participates in the virtual support groups I lead at home—all the moms know her!"

NYU Langone Health continues to expand its offerings of family-friendly benefits to help working mothers, parents, caregivers, and families. NYU Langone offers eligible employees access to a subsidized emergency backup childcare and elder care benefit, and elder care benefit, and support programs for families with special needs. During the pandemic, a new benefit provided essential frontline employees with a subsidy to offset the cost of in-home caregivers during the Covid-19 emergency.



Rios in the NICU at NYU Winthrop Hospital, where she is a nurse educator.



MEMBERS ON THE MOVE





Rios educates more than 120 nurses at Winthrop's NICU on current evidence-based practice.



Rios with daughter, Jordyn

NLN Welcomes New Fellows Class into the Academy of Nursing Education

Induction Ceremony Set for 2020 Virtual Education Summit, September 23-25

Edmund J. Y. Pajarillo, PhD, RN BC, CPHQ, NEA BC

Washington, DC — Fifteen distinguished nurse educators have been selected for the fourteenth class of fellows to be inducted into the prestigious National League for Nursing Academy of Nursing Education. With previous classes, academy membership now totals 317.

These leading nurse educators teach in a range of programs across the spectrum of higher education and are affiliated with leading teaching hospitals and other organizations committed to advancing the quality of health care in the U.S. and globally. Following tradition, the induction ceremony will take place at the Honors Convocation during the 2020 NLN Education Summit, which has been retooled for a virtual format this year.

In a competitive application process, the Academy of Nursing Education Review Panel has a great deal to consider before recommending fellowship candidates to the NLN Board of Governors, the oversight body for the academy. Evaluations take into account applicants' contributions to innovative teaching and/or learning strategies; nursing education research; faculty development activities; academic leadership; promotion of public policy initiatives that advance nursing education; and/or collaborative educational, practice, or community partnerships.

"On behalf of the Board of Governors, I congratulate each of these outstanding individuals. They represent the enterprise, creativity and drive that is the foundation of excellence in nursing education, more evident than ever

in today's challenging pandemic teaching environment," said NLN President Patricia S. Yoder-Wise, RN, EdD, NEA-BC, ANEF, FAONL, FAAN, Professor and Dean Emerita at Texas Tech University Health Sciences Center and president of The Wise Group. "We applaud their critical role in preparing nursing school graduates to step right onto the front lines to deliver sustainable, accessible, culturally-sensitive care to a diverse patient population and demonstrate anew why nurses are considered the most trusted professionals in health care today."

The Academy of Nursing Education fosters excellence in nursing education by recognizing the wisdom of outstanding nurse educators. NLN CEO Beverly Malone, PhD, RN, FAAN, said, "Fellows support the mission and core values of the National League for Nursing and assist in the work required to prepare graduates from all types of nursing programs. They serve as mentors and resources for new educators and those in clinical practice who hope to someday enter the ranks of nurse faculty."

The complete class of 2020 fellows of the NLN Academy of Nursing Education is listed below. Application for admission to the NLN Academy in 2021 opens in November. Eligibility requirements and other details may be found at: http://www.nln.org/recognition-programs/academy-of-nursing-education?utm source=Nationa l+League+for+Nursing&utm_campaign=df6de494a9-EMAIL_CAMPAIGN_2020_05_14_07_45_COPY_01&utm_medium=email&utm_term=0_2b4a0f0e05-df6de494a9-355434133



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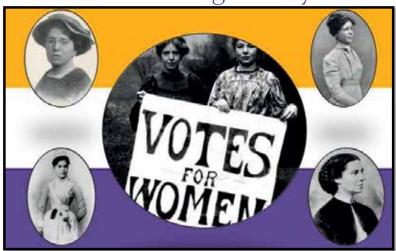
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MEMBERS ON THE MOVE

Eva Allerton Nursing History Lecture



DATE & TIME was held on September 29, 2020 6:30PM - Q&A to follow

NURSING CEU CREDITS

Application for nursing CE is pending from Rochester Regional Health. Rochester Regional Health Nursing Institute is an approved provider of continuing nursing education by ANA Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Completion of this program will award 1.0 continuing nursing education credits.

"Oh my daughter, I wish you were a boy": Women Activists' Voices from the Past Still Speak to Us Today Gertrude Buck Hutchinson, DNS, RN, MA, MSIS, CCRN-R

Join the Rochester Medical Museum and Archives and the Rochester Academy of Medicine as Gertrude Buck Hutchinson, DNS, RN, MA, MSIS, CCRN-R (Assistant Professor, Department of Nursing, Russell Sage College) discusses the connections between nursing and women's suffrage.

In the Centennial year of the ratification of the 19th Amendment, it is important to look back to the activists who championed women's enfranchisement. What were the antecedents of the Seneca Falls Convention of 1848? Women such as Elizabeth Cady Stanton, Emma Goldman, Lucretia Mott, Susan B. Anthony, Lavinia Lloyd Dock, and Clara Barton stood up for women's rights and enfranchisement. Dr. Hutchinson will speak about the antecedents, these activists and how their words are still relevant today.

ANA-NY 2020 Award Winners continued from page 4

ANA-NY Policy and Service Award Andréa Sonenberg, PhD, WHNP, CNM-BC

Dr. Sonenberg is a Health Services Researcher with more than 25 years of clinical experience as a Certified Nurse-Midwife and Women's Health Nurse Practitioner. She has Bachelor's Degrees in Biology and Nursing from Cornell and Syracuse Universities respectively, a Master's Degree in Midwifery from Georgetown University, and a PhD from Columbia University. Her passion and commitment is to improve access to care and



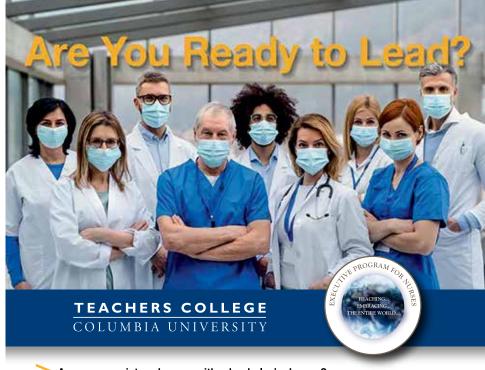
health outcomes for vulnerable and underserved populations through practice; policy research & advocacy; and educating graduate nurses. She has developed and managed public health practices in both urban and suburban communities, serving ethnically, racially, and socio-economically diverse populations. As a Professor of graduate nursing at Pace University, College of Health Professions, Dr. Sonenberg has taught advanced clinical management in women's health; research in advanced nursing; primary health care; health policy & advocacy; and leadership in advanced nursing. Her research focus is on the effects of social policies on population health, including health workforce regulatory policy, particularly relating to the utilization of advanced practice nurses in models of health care delivery, as a means to increasing access to care and improving health outcomes, globally. She has published and presented internationally, including chapters and commentaries on the impacts of health care reform on population health equity, disparity, and social justice.

Recently, Dr. Sonenberg served as co-editor on 'Socio-environmental context of our actions Building a culture of health,' Journal of Health and Human Services Administration-Symposium on Member Health. She has established partnerships with nursing academic centers in Haiti, Brazil, Colombia, and Chile supporting establishment of the advanced practice nurse role to Latin America. Currently, she is serving a one-year interim appointment at Pace University as the Coronavirus Coordination Officer.



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Applications are now being accepted for our Spring 2021 or Fall 2021 cohort

Upcoming virtual information sessions are scheduled for:

- ➤ Wednesday, October 28 at 8:00 PM
- Monday, November 9 at 12:00 PM
- Tuesday, November 24 at 8:00 PM
- ▶ Wednesday, December 9 at 12:00 PM

Future of Nursing NYS Action Coalition Launches a Face Mask Campaign

By Deborah Elliott, MBA, BSN, RN; Susan M. Foley, PhD, RN; Catherine Galla, MSN, RN, CENP, and Deborah C. Stamps, EdD, MBA, MS, RN, GNP, NE-BC

The New York State Action Coalition (NYSAC), The Future of Nursing: Campaign for Action leadership entity in NY, unveils its campaign to urge the public to wear face masks to minimize the spread of COVID-19. This pandemic is far from over and nurses continue to risk their lives as they care for the most vulnerable and severely ill. Nurses understand the importance of prevention. They have seen the devastation of this pandemic: the severity of illness, the rapid decline, the sheer number of lives lost, the isolation, the mental anguish, the lost moments spent with loved ones. They understand that wearing a mask is a necessity in the current environment. As Dr. Robert R. Redfield, Director of the Center for Disease Control stated, "We are not defenseless against COVID-19....face coverings are one of the most powerful weapons we have to slow and stop the spread of the virus-particularly when used universally within a community setting."

Complementing national efforts including Governor Cuomo's "Mask Up America" campaign and the American Nurses Association's recent public service announcement regarding the importance of face masks, NYSAC's is launching the "Wear One, Share One, Spare One" campaign. NYSAC's campaign message urges everyone to continue to Wear a face covering when in public, and asks nurses to Share their expertise and influence with family and friends encouraging them to continue to wear a mask in order to Spare someone from contracting the virus. NYSAC believes the 500,000+ RNs and LPNs in New York can be influential in encouraging others to continue to wear a mask in public. The campaign will solicit commitment from all nurses, nursing organizations, nursing schools, and employers of nurses across NY by asking for their pledge to be the ambassadors for continuing the use of face coverings until this pandemic is over. The hope is that all nurses in NY will unite around this issue, demonstrating our ability to positively influence the health of this great state.



In 2010, the Robert Wood Johnson Foundation, AARP Foundation, and AARP founded The Future of Nursing: Campaign for Action", a nationwide initiative designed to "harness the power of nursing to help all Americans lead longer, healthier lives" by implementing the recommendations of the 2010 Institute of Medicine's (IOM) landmark report, The Future of Nursing: Leading Change, Advancing Health. Established in each state and Washington, D.C., the 51 action coalitions work to guarantee the public's access to high-quality, affordable care and ensure health equity. The underlying premise is that nurses are intricately woven into the fabric of the community and are uniquely positioned to be a powerful part of these efforts. The NYSAC was formed in 2010, one of the first states to form a coalition. It is currently housed at the Center for Nursing at the Foundation of NYS Nurses (https://www.cfnny.org/ future-of-nursing-2/about-coalition/).

The **vision** of the NYSAC is that all New Yorkers will have improved experiences of healthcare, higher levels of health, and lower health care costs.

The **mission** of the NYSAC is to facilitate and provide leadership for the implementation of the eight recommendations set forth in the IOM Report The Future of Nursing: Leading Change, Advancing Health within New York State.

Current co-chairs, Cathy Galla (downstate), Debbie Stamps (western region) and Deb Elliott (northeast and central regions) and the NYSAC leadership team which includes representatives from seven regions across the state, meet regularly to plan and monitor progress with several activities focused on the IOM recommendations.



A brief summary of some of the NYSAC initiatives and ongoing activities follows.

- 2012-2016 Academic Progression in Nursing (APIN) grant
- 2012 Report on doctoral-prepared and doctoral education programs in NY
- 2012 & ongoing Future of Nursing booth at the annual Great NYS Fair, Syracuse
- 2014 & ongoing National Nurses on Boards Coalition (NOBC)
- 2015 Developed a Diversity and Inclusion Took Kit for nurses (for update in 2021)
- 2016 Developed a Nursing Profession Resource Guide for School Counselors
- Annual Summit to share pertinent information and updates held in various regions around the state (with the exception of 2020 due to the pandemic)



The current initiative, "Wear One, Share One, Spare One" can only be successful if nurses and nursing organizations across New York become united behind this campaign effort. The power of nursing is in its omnipresence and the day-to-day decisions made in the course of

professional practice. We care for individuals in the hospital, in long term care facilities, in various community settings, in schools, and in the home. We meet people during the greatest times of their lives and at their most vulnerable times and we support them through and across the continuum of care, no matter their age or diversity. People connect with us. For almost two decades, nurses have been ranked as the most trustworthy profession. Gallup's ethics poll has ranked nurses above all other professions in ethical standards and honesty. We now find ourselves, as nurses, in a unique situation. From our position of trust, enhanced through recent events, we are obligated to serve as advocates for a reasoned approach to both minimize resurgence of COVID-19 and to address societal inequities which lead to greater suffering and death among our most vulnerable. The ability to appreciate and respond to any challenge and traverse healthcare and societal chasms in pursuit of meeting care needs are nurses' greatest strengths and enable us to meet our lofty goals. If the 500,000 nurses in New York state work together to reach out to the patients and families they encounter, through the trusting, caring relationships they establish, we can reach so many New Yorkers and encourage them to wear a mask. Please take the time to pledge your support for "Wear One, Share One, Spare One" https://www.cfnny.org/wear-one-share-one- spare-one/ Nurses Together. NY Tough. Mask Strong.

For more information about NYSAC visit:

https://www.cfnny.org/future-of-nursing-2/about-coalition/

To access a copy of the IOM report *The Future of Nursing: Leading Change, Advancing Health* visit https://campaignforaction.org/resource/future-nursing-iom-report/

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FROM THE DESK OF NURSING HISTORY



Keynote Address Excerpts

Gertrude B. Hutchinson, DNS, RN, MA, MSIS, CCRN-R Russell Sage College School of Nursing

This column is a little different from others I have written to date. What follows are excerpts from my Keynote Address entitled "Oh my daughter, I wish you were a boy": Women Activists' Voices from the Past Still Speak to Us Today" given on September 29, 2020 at the 2nd Annual Eva Allerton Nursing History Conference. These excerpts focus on the roles of nurses on behalf of woman suffrage.

"In 1840, our nation was 64 years of age. Over half – ALL women and male citizens of color – had no rights recognized under the Declaration of Independence or the Constitution. No rights to own property once a woman married, no right of the vote. Citizens of color had it even worse as they were enslaved south of the Mason-Dixon line, were forbidden to learn to read/write, and if born free in the North, the specter of capture/kidnap always hung over their heads. Many voices started to speak out against these offenses. Those speaking out firmly believed that until women were recognized as full and equal citizens, America would not realize her full potential.

"Oh my daughter, I wish you were a boy." Can you imagine hearing those words when you were mourning the death of your brother?, ... even though you realized the enormous grief which served as the nexus of those words? Can you imagine hearing those words as you were trying so hard to fill your brother's shoes with your



female feet? Elizabeth Cady (pictured here) not only imagined, she heard them as they were directed at her by her father. She did become a wife, a mother many times over, and an outspoken advocate for the rights of women — single, married, and of color.

Please meet the woman who was born with one name and became known by another. She was born during 1797 in Ulster Co., NY, thus increasing the chattel of the Hardenbergh household by one slave named "Isabelle." This family was Dutch, hence Dutch was Isabelle's first language. This proved a significant detriment when she was sold at 10 years of age to an English-only chapting man He heat here



speaking man. He beat her for her incomprehension of English.

What turned Isabelle Van Wegeman/Van Wegener into an activist? Two events: her free son was captured and sold across NYS lines into slavery- a violation of NYS law. She tracked him, fought his wrongful kidnapping and sale and won!; her heavy involvement in African mysticism and mystical Christianity help her hone her preaching and speaking skills. At this time (1843), she struck out on her own and changed her name to **Sojourner Truth.** After hearing her speak, one journalist wrote this observation, "The unlearned African woman had magnetic powers over an audience [it] is perfectly astounding."

At another meeting, when critics in the audience challenged her gender because of her oratorical skills, she shut them down immediately by opening her dress an exposing her breasts to everyone. That took great courage and conviction.

Let's turn our attention to our sister nurse activists who championed the cause of enfranchisement for all women and especially for nurses.

Harriet Tubman is known as a major conductor of the Underground Railroad (UGRR) who safely led hundreds of enslaved adults and children to freedom in the northern United States and Canada. Her infamy earned her a head bounty of



\$40,000. Despite that, she continued on as a nurse for these injured on the journey north, a voice for reason, and the abolition of slavery, and enfranchisement for women. She faithfully attended suffrage meetings in Upstate NY and was introduced as a "Living Legend" in 1905 by none other than Susan B. Anthony. The next year, 1906, she had to sit up all night in the Rochester train station until sunrise and walk to the gathering site because of a lack of accommodations for women of color attending the meeting.

In her more senior years, she utilized her \$20/month pension to open her Auburn (NY) home to care for the ill and elderly. Tubman died in her home six years before the 1920 ratification.



Clara Barton is best known for her work as a nurse during the U. S. Civil War, establishing the cemetery at Andersonville Prison, and as the founding Executive Director of the American Red Cross (ARC). Despite her lifelong friendship with suffragist Susan B. Anthony, they often argued about Barton's lack of public advocacy for suffrage at every opportunity. Barton followed Florence Nightingale's charge to refrain from deleterious actions and Barton often refrained out of concern of saying something that could be interpreted as deleterious to the cause of enfranchisement.

In 1886, Barton was asked the following question: "What would happen if women came to Congress?" and gave an answer; but two years later, at the New England Woman's Suffrage Association meeting in Boston, MA, she was still pondering the question and answered it this way,

... this privilege [suffrage] for women ... of whom should I ask? Who possessed the right to confer it? Who had the greater right than woman her than woman herself? Was it men and if so, where did he get it? Who conferred it upon him? He depended upon woman for his very being — existence, nurture, rearing — more fitting that she should have conferred it on him.

Miss Lavinia Lloyd Dock packed a lot of life into her 98 years. She was a woman of small stature who stood very tall and left a large footprint on her chosen profession. She chose to become a nurse and speak out against social injustice wherever she found it. Entering Bellevue Training School for Nurses (NYC) in 1883, she graduated in 1886 and began her career as a public health nurse with Miss Lillian Wald at the Henry Street Settlement. During this time, she authored Materia Medica for Nurses (1890), and started her work as an activist. She later authored Hygiene and Morality and co-authored *The History of Nursing* with M. Adelaide Nutting.

At 50, Dock left active nursing to devote more time to her activism such as championing the 8-hour work day, decreasing or eliminating child labor, improving women's health, and working for enfranchisement. In 1907, she addressed the issue of women's enfranchisement and why nurses should be attentive to and involved in its attainment writing:

[It] embraces the whole consideration of the many fields in which women are striving for a secure foothold, that they may live and express themselves and share those rights of life, liberty, and the pursuit of happiness which Thomas Jefferson declared as inalienable.

She closes with this exhortation:

[L]et me close with this prophecy: Until we possess the ballot, we shall not know when we may get up in the morning to find that all we had gained has been taken from us. Dock again championed the cause of enfranchisement from the 1907 convention platform of the Nurses' Associated Alumnae of the United States (the organization that became the ANA in 1911) exhorting the nurses to think beyond the clinical aspects of nursing to fulfill its mission by also supporting the social and moral issues of the day by addressing the topic of enfranchisement.

Pushback against formal endorsement came from desk of Sophia Palmer, editor of the AJN. In the September 1908 issue, she wrote:

The letters which are appearing in the *Journal* and which come to the editors personally, on the suffrage question, are evidence of a misunderstanding of the *Journal's* position on this matter. This magazine is a professional journal, devoted to the interest of nursing. On every nursing subject, it has a definite policy. On all other broad questions its attitude is neutral Our correspondence is open to free expression of opinion, but it must be understood that the *Journal's* policy, editorially must of necessity remain neutral.

Wearing her suffrage banners and pins, she organized marches and at the age of 54, joined about 500 women who marched about 10 miles a day in cold, snowy December weather from New York City to Albany to present their case for suffrage to Governor-elect William



Sulzer. Two months later, she led another march from Newark, NJ to Washington, DC. Between 1917 and 1918, Dock was arrested three times, and counted them as a high point in her activist career.

Another NYS nurse suffragist Emma Goldman was as much of an enigma to many today as when she lived. She emigrated from Russia to live with her sister and family in Rochester, NY in 1885 finding work as a garment worker. Leaving Russia was her first act of rebellion – rebelling against the "restrictiveness of her gender in an Orthodox Jewish home where marriages were



arranged. She witnessed the Bolshevik Uprising, fell in love with radicalism, and became further indoctrinated while following current events of 1886 in Chicago and moving to New York City. She eventually became labeled as a "woman who prefers hell to heaven," "the high priestess of anarchy, and "Red Emma."

Belle Adah Samuel Thoms, a graduate of the Lincoln Home and Hospital School of nursing was a passionate advocate for the rights of nurses of color. As one of the founders of and spokeswomen for the National Association Colored Graduate Nurses (NACGN), she recognized importance enfranchisement for women



and nurses of color. She knew how to lobby and she championed for admission of black nurses into the U. S. military to care for soldiers during the Great War.



October 2020

Lillian Wald is best known as the creator of the Henry Street Settlement in the lower Eastside tenements, but she was so much more. She gained her first exposure to the tenements as a nursing student at New York Hospital School of Nursing. Upon graduation in 1902, she wanted to make a difference in the health of women, immigrants, and children and so she

returned to the tenements. She addressed the honesty and intelligence of women in this way:

The best women are coming to be practical idealists. They do not get sentimental about their ideals ... Men and women are equal, but that does not make mean identical. Given a big outlet, women do big things - they moralized in constructive social work - they stand ready to make political life profit by having a spiritual force added to politics.

Wald's views on women's health issues. enfranchisement came to the attention of the leadership of the American Union Against Militarism. Wald was a pacifist and desiring peaceful solutions to the Great War, brought her into conflict with many other nurses. Because of her membership in this organization, Wald was labeled a socialist because she participated with over 1500 women marching for peace down New York City's Fifth Avenue on the August 29, 1914.

Two final NYS nurses who participated for enfranchisement are Margaret Sanger and Hattie Frances Kruger.

Much has been written about Margaret Sanger's work and political turmoil created through her work as an advocate for women's health, contraception, and the founder of the first birth control clinic in the country



located in the Brownsville section of Brooklyn. The name of Hattie Frances Kruger was unknown before researching for this address.

Hattie Frances Kruger's place of birth varies depending on the sources you read. Some say she was born in Buffalo, NY, others identify her birthplace as Munich, Germany. She received her nursing education and student training at Buffalo General Hospital's School of Nursing and gained experience at the Erie County Almshouse in 1901. She was a chief nurse in the NYS Hospital



for the Care of Crippled and Deformed Children until she got married. As Mrs. Maynard, she joined in political activism for suffrage and like Dock, she was arrested and incarcerated, but unlike Dock, she served her sentence along with 33 other women at the Occoquan Workhouse where she initially survived the "Night of Terror" a fortnight in squalid conditions. She was banned from testifying in court because of her weakened condition. Although she recovered and resumed her job at the hospital, she was subsequently fired for her ongoing political activities and following a failed attempt as a candidate for NYS treasurer, she retired to domestic life on Staten Island.

So what lessons have we learned from this protracted struggle to gain women's enfranchisement? One lesson is the power of perseverance in goal attainment. To put this struggle into context, nurses and nursing leaders in New York State championed, presented evidence-based research, rallied, petitioned their state legislators and lobbied for over 30 years to achieve the passage of the "BS-in-10" legislation. Our foremothers and suffragent supporters fought that good gift for 90 years! 90 years!! That I submit is truly a testament to perseverance.

Our foremothers (and forefathers) advocating for suffrage issued a call to action through the decades of their advocacy for enfranchisement. Lavinia Dock linked gaining the vote with nursing becoming a profession. The 2017 National Nursing Workforce data revealed that we, Professional Registered Nurses, number 3.8 million souls That is an enormous voting block - provided we're all registered to vote. Pollitt (2018) wrote:

The right to vote is fragile and can be suppressed if we are not vigilant in preserving this right for all citizens. To honor these strong, intelligent, and brave suffragists, nurses must register to vote, cast our ballots and run for office.

As this address draws to a close, I am going to leave you with some words from one of my heroes and role models, the late Congressman John Robert Lewis. In 2014, addressing the graduating class at Emory University, he quoted his aunt who said, "Make the way out of no way." Isn't that what we have all been doing during this COVID-19 pandemic? Continuing with Lewis's words from his 2018 commencement address at Boston University, he shared his philosophy of life: When you see something that is not right, not fair, not just, you have a moral obligation to say something, do something, to stand up, to speak out! In that same address, he charged anyone who would listen to "Be bold; be courageous, speak out!"

Is that not what Sojourner Truth, Elizabeth Cady Stanton and others such as Lucretia Mott and Susan B. Anthony did as citizens and as women? Is that not what Lillian Wald, Harriet Tubman, Hattie Frances Kruger, Emma Goldman, Lavinia Lloyd Dock, Adah Belle Samuel Thoms and Margaret Sanger did as citizens, as women, as nurses? I ask you this question: Should we do any less? As nurses, Be Bold! Be Courageous! Speak out in your communities, in your places of employment, for you patients or clients, and at the ballot box!

Thank you.

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9 of the "Black 18": Photo courtesy of the David Graham Du Bois Trust, and the Special Collections and University Archives, University of Massachusetts Amherst Libraries Lillian Wald: http://jspacenews.com/lillian-wald-first-public-

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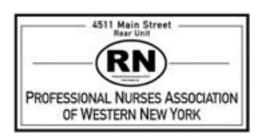
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Application of nursing process: Learning to facilitate student wellbeing and self-care

Kathleen Cino PhD, RN and Sherry Manansingh Ed.D, MS, RN

Nursing process is a major curricular component of pre license nursing education. Nursing process based on the American Nurses Association (ANA) Scope and Standards of Nursing Practice is a lens with which faculty and students unpack the body of nursing knowledge during the first semester curriculum (2015). So, for instance, students learn empiric evidence-based content, safety, and ethical comportment. Additionally, the authors teach a course that expands theory exposure to include aesthetic ways of knowing in a course on the art of nursing. In this course, the self-care project is designed as a nursing care plan. The students assess, set goals, and evaluate an individualized self-care plan to learn and reinforce knowledge and behaviors to support wellbeing.

Wellbeing is a contemporary concept that designates individual or group achievement in physical, emotional and mental, relational, environmental, and social aspects of health. Burnout is an experience of negative wellbeing. Wellbeing and burnout are foundational concepts in the nursing curriculum because self-care is a necessary part of professional practice. The nurse practice environment may or may not overtly encourage self-care practice, but academia must teach and model it as vital to patient care. Ultimately, nurse wellbeing and burn out have consequences for patient care outcomes. In the integrative nursing model of wellbeing designed by Kreitzer, there are six areas that determine wellbeing and one area is personal health (Kreitzer, Delagran, & Uptmor, 2019). Personal health is a resource that student nurses rely upon to accomplish the competing demands inherent in high stakes professional education.

In a course that among other learning outcomes determines the contributions of healthy nurses to the technology driven health care environment, this project asks students to assess their own health profile as a baseline to a self-care plan coupled with a nurse coaching intervention. The goals and objectives of the activity are to promote empowerment and wellbeing of the student nurse, develop health coaching skills for communication and teamwork, and engage in self- reflection and self-care to promote life-long learning and professional growth as a nurse. The learning activity teaches nursing process (ANA, 2015), facilitates integrative wellbeing and health (Kreitzer, et al., 2019), goal setting for self-care, and encourages teamwork and classroom participation.

Initially, students complete and score The Health Promotion Lifestyle Profile II (HPLP) inventory designed by Walker and Hill-Polerecky (1996) prior to class. This is an open education resource (OER) in the public domain with approval for use in noncommercial venues. The Likert style inventory is comprised of 52 statements and higher scores indicate greater agreement with the statement, one = never to four = routinely. The six dimensions of the inventory are health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management.

The students meet in class to discuss their inventory score with a student partner who is in the role of health coach. The coach attempts to create a safe place for the conversation, that is, stay mindful (listen actively and remain focused), and respond thoughtfully with meaningful questions. Afterwards each student creates a self-care action plan based on the inventory score, personal preferences, and conversation with the coach. The written self-care plan includes two goals each with three interventions that support the targeted health outcome. Periodically in the semester students meet in class with the coach to discuss their experience of self-care. The student reflects in writing at mid semester and at the end of the semester. The assignment grade is based on the initial plan and written reflections submitted to the faculty member. In the reflection we ask, please restate your self- care goals for the semester, what strategies did you use to care for yourself? What interfered with self-care? Have you learned any new ways to care for yourself? If yes what? If no why? What is your grade for this project?

The majority of students' results were physical activity and nutrition. The students discussed how they were going to proceed based on the results.

The students self- care plan for physical activity:

- Set goals for physical activity
- Perform a moderate to vigorous exercise daily
- Time frame 30 minutes a day

Strong evidence demonstrates that moderate-to-vigorous physical activity improves the quality of sleep in adults. It does so by reducing the length of time it takes to go to sleep and reducing the time one is awake after going to sleep and before rising in the morning. It also can increase the time in deep sleep and reduce daytime sleepiness. Evidence based exercise can be utilized therapeutically to improve activities of daily living and quality of life (U.S. Department of Health and Human Services, 2018).

ANA-NY to Launch its Inaugural Scholarly Journal

In its August 2020 meeting of the Officers and Directors of the ANA-NY, the proposal to launch the ANA-NY journal was unanimously approved. As a professional organization, members need a venue to disseminate their research, evidence-based and quality initiatives, and applications of current studies.

The journal will be called the Journal of the American Nurses Association of New York. Its acronym will be *JANANY*, the official, peer-reviewed, international, scholarly journal of the American Nurses Association - New York (ANA-NY) dedicated to disseminating quality and rigorous research, evidenced-based and quality improvement initiatives, case studies and reviews or applications of research to improve nursing practice, education and health care policy.

If you have any questions or have a manuscript to submit for consideration, please email <u>Journal@anany.org</u>.

The students self- care plan for adequate nutrition

- Set goal for nutritional diet
- Focus on the food groups and needs of the body
- Drink more water instead of sugary drinks
- Read labels on food items and drinks

The students decided to change their habits while in the nursing program. Well-balanced diet is important for overall health of the human body. The student went through trial and error method to find the diet beneficial to meet the needs of the body.

The students discussed that they felt (in the early stages of the program) to be consistent with their physical activity and nutrition would help to decrease stress level, maintain a healthy diet, and maintain health and wellbeing.

The students enjoyed the self-care project as it gave them an insight of the importance of caring for themselves and how they can help others. The students discussed that they would continue to go to the gym, kickboxing, and yoga and felt that after the self-care project that they can utilize stress relieving techniques. Students should not do harm to themselves. Stress is experienced by everyone and it is important to identify stressors and respond in healthy ways. It takes discipline, consistency and motivation. It is important to care for oneself and be proactive in order to be able to care for others.

This is a "how to" on self-care to increase wellbeing. The value of this activity is supported by the evidence of self-care as a theme in professional nursing. Nursing education and professional organizations support self-care through educational offerings, position statements, and coordinated effort to improve the work environment. Teaching self-care to undergraduate nursing students is interesting, valuable and students and faculty alike enjoy this assignment. The use of the nursing process and self- care assignments facilitates learning about personal wellbeing and healthy lifestyle.

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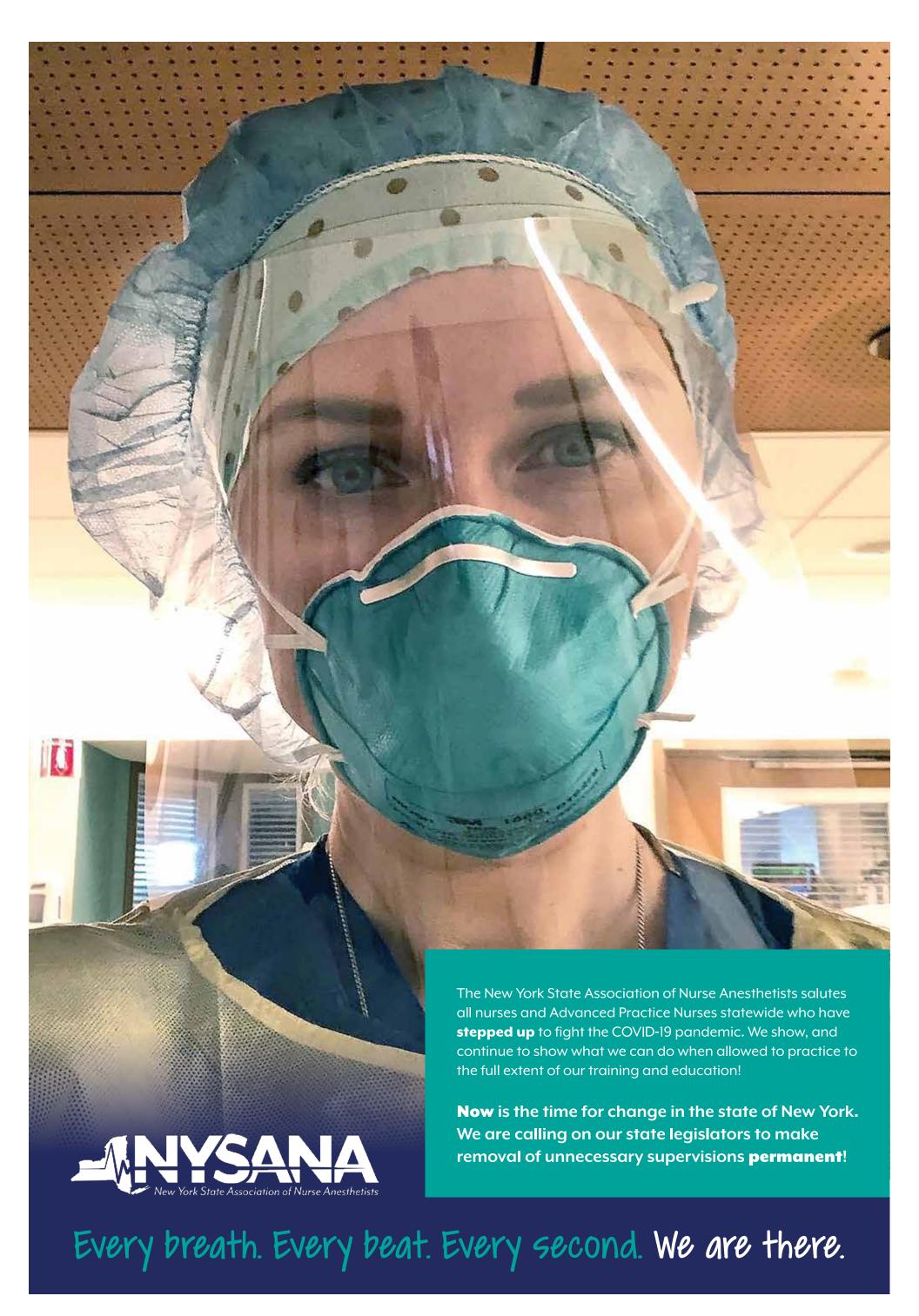
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This Is the Time for **Nursing Research**

Jessica Peterson, PhD, RN, **NODNA Director of Research**

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Many nurses' eyes glaze over when thinking of research. Perhaps they are remembering a class in school emphasizing knowledge of endless terminology and statistics that seemed so removed from daily practice. This aversion can carry over to evidencebased practice (EBP), which most nurses would likely define as applying research in practice. However, research is only part of the EBP story, and there hasn't been a better time to start changing nurses' minds about EBP and nursing research.

EBP is about applying research in practice; however, it's also about integrating research with one's own clinical expertise, and with patient preferences and values when making health care decisions (Polit & Beck, 2017). Taylor et al. (2016) make the distinction between defining EBP as "implementation of interventions that are based on evidence," a traditional definition, and defining EBP as "a way of practicing that is supported by evidence." The difference, though subtle, reflects the difference between an attitude of EBP as a one-time intervention with a start and an end, to an attitude of "this is how I practice" (Taylor et al., 2016). An example may help clarify the difference. In my practice as an orthopedic nurse caring for patients following hip and knee replacements, one of my goals was to control pain so patients could ambulate as quickly as possible. Research showed the importance of movement in this population (Guerra et al., 2015). However, some patients did not want to take opioids for pain management, fearing the addictive effects. Integrating patient preferences into my practice meant that I needed to use my clinical judgment to work with my patients to find options that respected their preferences and allowed us to meet the treatment goals of early mobilization. I was by no means unique. Nurses do this every day. There are many examples of care standards based on research, such as using sterile technique for central line dressing changes, turning immobile patients every two hours, and hand hygiene before and after patient contact. Nurses take these standards and individualize their care to each patient. This is how evidence is integrated into daily care and leads me to say: EBP is "the way we practice."

The COVID-19 pandemic has presented many challenges to nurses, not the least is that there is lack of evidence to guide practice. However, we can learn from research conducted during or following previous pandemics. From these we have seen reflected the moral dilemma that health care workers' face when balancing their dedication and professional commitment to patient care with the fear of exposing themselves and their loved ones to a virulent pathogen (Ehrenstein et al., 2006; Fernandez et al., 2020; Maben & Bridges, 2020). Research has provided evidence of the importance of support strategies for those working during crises, such as self-care and peer, team, and leader support (Maben & Bridges). Many of these practices can be and are implemented in work settings to support nurses and health care workers. As time progresses, it will also be critical that we monitor for potential long-term effects that have been found following previous crises (Maben & Bridges; Wu et al., 2009).

Beyond learning from and applying previous research to practice, there is a need for more nursing studies. Because COVID-19 is a new virus, there has been little conclusive research regarding treatment and nursing care. As a new infection, there were so many questions in the beginning, such as: what are the presenting symptoms? How is it spread? What risk factors lead to some to severe illness? While we are starting to get answers to some of these questions, there is still much that is unknown. This presents many opportunities for nurses. Certainly, there is an enormous amount of research being conducted on the effectiveness of different medications for treatments for COVID-19. There are news stories almost daily about research for a vaccine. Nurses are likely collaborating with other health care disciplines and scientists involved in these studies and trials. But there are many questions related specifically to nursing

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care as well. What are nursing best practices in caring for patients with COVID-19? How do we best support patients and their families? How can nurses across all areas of practice (e.g. community and public health, long-term care, acute care) best care for patients from prevention of Covid-19 to recovery?

I typed "COVID-19" into the PubMed search engine in early March, shortly after the first case in Louisiana was confirmed. If memory serves correctly, there were 700+ citations at that time. In early June, I found over 18,000 citations when running the same search. I, for one, am looking forward to learning from the contributions of my fellow nurses who are adding to this body of evidence.

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DONATE LIFE NEW YORK STATE

Representation Matters in Organ and Tissue Donation Too

Donate Life New York State (NYS) is the non-profit organization dedicated to increasing organ, eye, and tissue donation in New York State through collaborative advocacy, education, promotion, and research. This article was written with insight from Aisha O'Mally, a heart transplant recipient and clinical assistant professor in the



Organization and Human Resources Department at the University at Buffalo.

Throughout August, Donate Life New York State observed National Minority Donor Awareness Month, a collaborative initiative of the National Organ, Eye and Tissue Donation Multicultural Action Group to save and improve the quality of life of diverse communities by creating a positive culture for organ, eye and tissue donation.

Minorities are disproportionately affected by chronic conditions like hypertension and diabetes, which often lead to end-stage renal disease and the need for dialysis or a kidney transplant. This directly contributes to a higher number of minority patients on the transplant waiting list. In fact, minorities make up 65% of the 9,200 New Yorkers currently waiting for a lifesaving organ transplant.

In addition, the need for more donors from ethnic minority groups is critical. In 2019, 1,301 minority patients received organ transplants in New York State, yet only 205 deceased donors were from multicultural

populations. According to the United Network for Organ Sharing (UNOS), transplants can be successful regardless of the race or ethnicity of the donor and recipient; however, the chance of longer-term survival may be greater if the donor and recipient are closely matched in terms of their shared genetic background.

As a woman of color and a heart transplant recipient, Aisha O'Mally, 41, knows all too well the impact of donation and the resistance it often faces in the Black community.

O'Mally has volunteered with the Finger Lakes Donor Recovery Network (FLDRN), an organ procurement organization (OPO) in Rochester, NY, to raise awareness at health fairs and special events. She also conducted community research with FLDRN over the past eight years to explore and determine best practices to communicate the importance of organ donation, specifically to minority populations and to the general public. O'Mally continues to work with FLDRN, Donate Life New York State and other community partners.

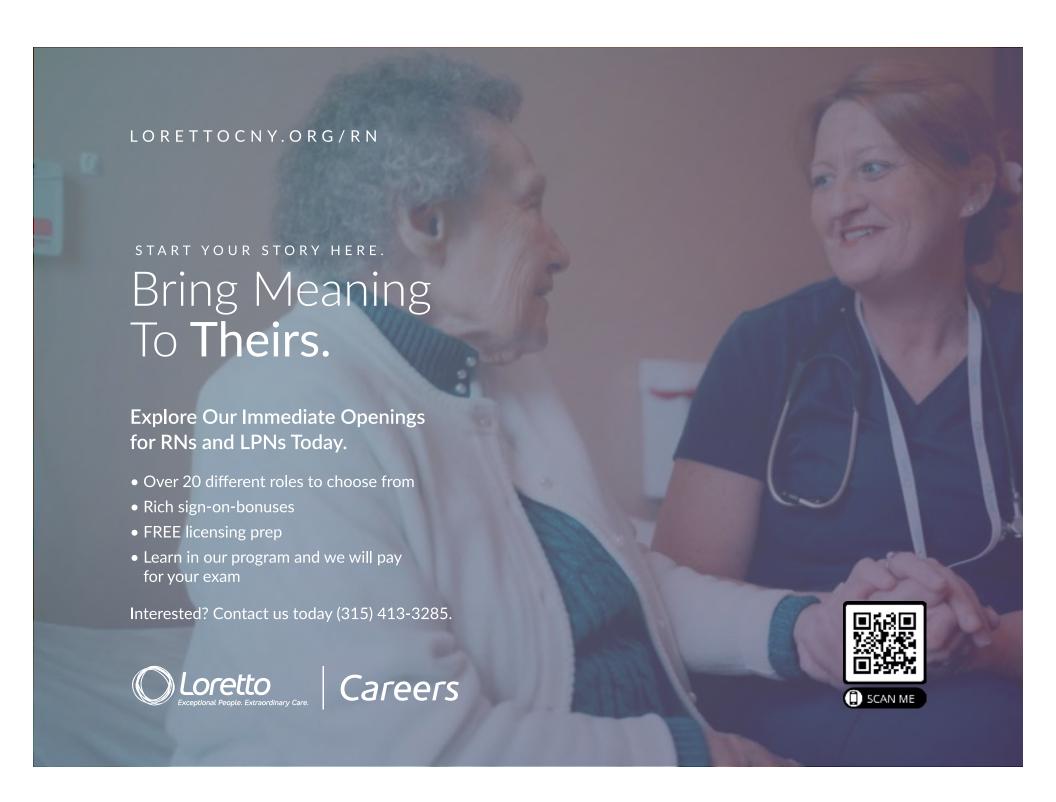
O'Mally says, "I have experienced both more willingness and still some hesitance among the minority population around organ and tissue donation. The topic is no longer as taboo as it used to be among the Black and Hispanic communities. We are making headway and signing more people up for the organ and tissue donor registries. However, our work must continue because there are many people who still don't really understand what donation means. Reaching the older generations within the minority community is challenging. Many of them experienced negative treatment from the medical community and so their mistrust is deep. There are

additional minority populations that need our attention, such as our indigenous population. This country is big and we have a big message to spread. It requires continued effort."

O'Mally tries her best to educate people on facts to combat common misconceptions. "People think that once physicians find out they are organ donors, they won't try to save them," she says. "The truth is that information is not even released until all efforts have been taken to save the individual's life. FACT. A benefit I have is that I went through the process of a receiving a heart transplant. I have a lot of knowledge to share, and I do every chance I get."

O'Mally encourages nursing staff to bring up the subject, talk about it and educate as many people as possible. "Arming people with information and facts equips them to make an educated decision. Nurses are on the front lines so they are in a great position to share the importance of organ and tissue donation. I encourage all health professionals to be mindful and empathetic to the multicultural population they serve, as most have medical mistrust due to medical mistreatment. Approach the topic with warmth and care. A friendly approach, something nurses excel at, will relax and defuse so that people can take in the message."

Each year, more than 2,000 lives are saved in New York by organ donation and transplantation, and many more are impacted by eye and tissue donation. For more information, please visit <u>donatelifenys.org</u> or <u>email communications@dlnys.org</u>.



Nurses Educational Funds (NEF) Scholarship Application Process Begins On October 1, 2020

October 1, 2020 Nurses Educational Funds opens its online application process for professional nurses in master's or doctoral nursing programs. NEF is the largest professionally endorsed source of scholarships for

advanced nursing study in the US.

The need for nurse leaders is critical. NEF- funded scholars have become outstanding faculty and deans of schools of nursing, renowned researchers, and experts in healthcare delivery, administration, and policy - all leading change in every arena across the country and globally. Funding scholarships for graduate nursing education is an ongoing and challenging process that has been the key focus of NEF's volunteer board of directors.

If you are seeking to elevate your career by returning to school for a master's or doctoral degree and seek financial assistance, our annual completely online application process at www.n-e-f.org opens on October 1 each year and closes on February 1 of the following year. A description of the requirements for NEF Scholarship application follow:

About the Scholarships:

- Scholarships are based on academic performance, a personal essay, reference letters, and validated study already in progress in graduate programs throughout the United States.
- Scholarships are provided directly to students for their use in supporting their studies.

- Since 1912 over 1300 professional nurses have received a Nurses Educational Funds, Inc. Scholarship.
- Each student's application is reviewed and scored by two separate nurse reviewers from NEF Board of Directors who do not consult with each other regarding their reviews. The review scores are then tabulated by the Criteria and Eligibility Committee nurse members, for the final scholarship application determination.

About the criteria:

- GREs are not required as part of the application process.
- Student applicants must be licensed registered nurses in the United States with a bachelor of science in nursing degree (or the equivalent accredited nursing program requirement).
- References are required from the student's professional academic, employment, and colleagues.
- Scholarship awards are given to students in nursing research, clinical practice, education, and administration.

Nurse Philanthropy:

Since 1912, Nurses Educational Funds, Inc. has depended solely on donations to advance our only mission, to promote leadership through scholarship support for professional nurses seeking masters and doctoral degrees in nursing education, practice, research, and administration. You can read about our work on our website: www.n-e-f.org. Charitable contributions to NEF are tax deductible to the extent allowed by law.

As professionals, we can also be philanthropists, while helping others understand the need for philanthropy. Nurses Educational Funds, Inc. will only continue to be a successful graduate nursing scholarship provider if we can mobilize a give- back spirit among our colleagues. Individual nurses can give as part of their legacy. Nurses are essential to their communities and health care but need to help their communities understand their vital health care delivery contributions. It is imperative that NEF continue to expand the number of graduate nursing scholarships if we are to facilitate and sustain nursing faculties, nurse researchers, and nursing leaders. With a give-back spirit nurses can greatly contribute to graduate nursing scholarship support.

For further information about Nurses Educational Funds, Inc., please see our web site at: www.n-e-f.org or contact our Executive Director, Jerelyn Weiss, at: <u>jweiss@n-e-f.org</u>, (917) 524-8051, Nurses Educational Funds, Inc., 137 Montague Street, Ste. 144, Brooklyn, NY 11201.

Resources:

Jerelyn Weiss, Executive Director

Bowar-Ferres, S., Fitzpatrick, M.L., McClure, M.L. (2014, October). One hundred years and still counting, The story of NEF: yesterday, today, and tomorrow. Nursing Administration Quarterly, 38, (4) 303-310.





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