

Advocating, engaging, and strategizing in DC



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Nurses focus on advocacy and engagement at ANA meeting

By Susan Trossman, RN

The importance of strengthening member advocacy and engagement was the prevailing message and a focus of action at the American Nurses Association's (ANA's) Membership Assembly held June 9-10 in Washington, DC.

About 300 attendees gathered at the Assembly, including representatives from ANA's constituent/state nurses associations (C/SNAs), Individual Member Division (IMD), and specialty nursing organizational affiliates (OAs), and observers. Eligible voting representatives also elected nurses to ANA leadership posts and adopted changes to the association's governing bylaws.

President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, opened this year's Assembly by looking back at the theme of her 2016 Assembly speech, "Leading in a Changing World," and its relevance today. She noted that since the outcome of the national elections on November 8, 2016, many nurses have been grappling with uncertainties surrounding the future of health care, human rights, climate change, and other important issues.

"November 8 was a watershed event in this country," Cipriano said. "Everything began to change in our world." She reported that the association delivered a letter outlining ANA's Principles for Health System Transformation to President-elect Trump in December 2016, and she encouraged nurses to continue to use their voices to oppose the American Health Care Act of 2017 passed by the U.S. House of Representatives and being considered by U.S. Senators.

Cipriano also addressed the ongoing stress that many nurses are feeling—no matter what they think about the election results—and that this constant stress can lead to exhaustion. "Our responsibility is to find the path forward," she said, adding that ANA has been focused on doing that for several months. "We realize it's important to have resilience and adaptation and to continue our work."

She further recounted some successful efforts of ANA and nurses, including helping nurse practitioners, certified nurse-midwives, and clinical nurse specialists gain full practice authority at Veterans Health Administration facilities and launching the Healthy Nurse, Healthy Nation Grand Challenge™.

Cipriano concluded by quoting Sir Winston Churchill: "Kites rise highest against the wind, not with it," and encouraged nurses to continue to fight for what's right.

"We have the strength in numbers," she said. "We have the intellect. And it's important that nurses are leading on this issue [of health care for all]."

Strengthening member advocacy

Focusing on a dialogue forum topic submitted by the Minnesota Organization of Registered Nurses (MNORN), participants engaged in small-group discussions on barriers, strategies, and resources to better prepare nurses to be effective advocates in an uncertain healthcare environment.



ANA President Pamela Cipriano

Among the identified barriers were nurses' competing priorities, a lack of confidence in policy-focused advocacy, and fear of retaliation. Recommended strategies included increasing mentoring and networking opportunities and providing nurses with virtual options to engage in advocacy.

As part of the forum, ANA Past President Karen Daley, PhD, MPH, RN, FAAN, shared her personal story of advocating for safer sharps devices after she was stuck with a needle protruding from a sharps container and contracted HIV and hepatitis C.

"Most nurses are oriented to the one-on-one advocacy we practice with our patients," said Daley, an ANA Massachusetts member, who noted that nurses may also engage in advocacy through legislative-focused activities, such as their state lobby day and ANA's Hill Day. "But we always need to think more broadly when it comes to advocacy and go to different tools in our toolbox," she said.

Daley's advocacy strategies involved building coalitions, engaging stakeholders, finding champions, and understanding how important every interaction is to one's cause. Because of her outreach efforts and the collective advocacy of ANA, C/SNAs, and nurses at the grassroots level, the U.S. House and Senate each unanimously passed safe-needle legislation, which President Bill Clinton signed into law.

Fostering member engagement

In a related forum proposed by the IMD, Assembly participants shared their ideas and practices on

fostering member engagement in association policy development. This greater engagement will help guide policy development to ensure that ANA, the C/SNAs, the IMD, and the OAs are strategically positioned as the healthcare landscape continues to evolve.

Participants raised challenges to strengthening member engagement, including nurses' time constraints, lack of awareness about the association's broad-based work, and burnout from high workloads. They also offered strategies, such as mentoring nurses on association opportunities, developing a database of nurse experts, and providing incentives for innovation.

Speaker Kathi Koehn, MA, RN, FAAN, executive director of MNORN, described a formal process the organization uses to gain members' input on priority issues they'd like to see addressed at ANA's Assembly. And steering committee co-chair of ANA's Barriers to RN Scope of Practice Professionals Issues Panel, Kathy Baker, PhD, RN, NE-BC, noted that the important focus of the panel—nurses being able to practice to the top of their scope—lent itself to member engagement. Further, members remained engaged because they could see progress toward completing that goal.

Taking action

Following the forums, Assembly voting representatives recommended that ANA:

- highlight and promote the use of policy and advocacy resources
- emphasize policy development and advocacy as central to the role of all RNs
- use advance mechanisms to heighten the involvement of individual RN members in the generation of policy and advocacy topics.

In another action, eligible voting representatives adopted several bylaws changes, including one that ex-



Participants shared ideas and strategies with the Assembly.

pands the total number of voting seats to the Assembly to allow for more member engagement. Another change allows C/SNAs to include non-RNs, such as LPNs and respiratory therapists, in their membership. They would not be joint ANA members.

Assembly representatives also formally went on the record to reaffirm ANA's opposition to the American Health Care Act of 2017 passed by the House and to continue to promote ANA's Principles for Health System Transformation.

Future-focused, other opportunities

In her presentation, ANA CEO Marla Weston, PhD, RN, FAAN, highlighted some of ANA's achievements, including successfully amplifying nursing's voice through a variety of social media channels, electronic communications, and media interviews and by facilitating RN leadership in boardrooms across the country. She also addressed ongoing and future initiatives, including professional issues panels on moral resilience and "connected care," which encompasses telehealth and other electronic communication between a patient and a provider.

Weston then spoke of the importance of designing a healthcare system and nursing association for a future world and gave examples of emerging technologies that are already changing nursing practice and health care.

Assembly participants and observers also had the opportunity to network and participate in ANA's Political Action Committee (ANA-PAC) and American Nurses Foundation events, as well as attend lunchtime discussions on topics ranging from assessing the ethical climate to palliative care to social media advocacy and engagement. The ANA-PAC raised more than \$33,000, and the Foundation raised more than \$15,000 to further their missions.

— Susan Trossman is a writer-editor for ANA.



Membership Assembly attendees discussed critical issues during dialogue forums.

Nurses head to the Hill for ANA event, Washington listens

Nearly 430 participants in the American Nurses Association's (ANA's) Hill Day event shared their expertise, patient stories, and passion with Congressional members and staff during more than 300 scheduled and impromptu meetings June 8 in Washington, DC.

Representing the largest contingent ever, RNs, student nurses, and other participants from 48 states focused largely on urging federal lawmakers to protect access to affordable, quality health care and insurance coverage for all.

Visits also resulted in Congressional members on both sides of the aisle agreeing to support or co-sponsor other ANA-backed measures, including increased funding for Title VIII nursing workforce development programs, granting APRNs the authority to order home health services and develop treatment plans, and safe staffing.

Further, ANA's virtual Hill Day led to more than 1,000 actions, with advocates sending messages on protecting health care and other key nursing issues to lawmakers via calls, letters, and social media. The event hashtag earned over one million impressions—showing the long reach of nurses' advocacy.

Before they headed to Capitol Hill, ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, welcomed the group at a breakfast briefing. She emphasized that the presence of nurses on the Hill was critical because of potential legislative action in the U.S. Senate and other uncertainties surrounding the future of health care. "Tell your stories," Cipriano said. "There is nothing more powerful than one-on-one conversations with your members of Congress and



U.S. Rep. Ruben Gallego spoke to ANA Hill Day participants about protecting health care.

their staff. And we have a very clear platform and principles for [health system transformation] to share."

Also speaking to Hill Day attendees was U.S. Rep. Ruben Gallego (D-AZ), who further hammered home the message of protecting health care from potential threats. "If we do not push hard and fast, we will see the Senate kill the ACA (Affordable Care Act)," Gallego said. He added that people trust nurses, so it's important for RNs to educate the public and policymakers about what's at stake.

U.S. Rep. Alan Lowenthal (D-CA) spoke about the harmful effects of the American Health Care Act, which the House passed in May and ANA vehemently opposed. He spoke of a recent town hall meeting attended by some 1,100 of his constituents. "They are angry and terribly frightened about what is going to happen [with health insurance coverage]," he said.

Nurses were ready to advocate for preserving healthcare quality and access.

"With millions at risk of losing insurance [coverage], we need to advocate in a really strong voice to protect Americans' right to health care," said Kathryn Ormsby, MSN, FNP, ARNP, a Washington State Nurses Association board member and Hill Day participant. And Tiffany Jones, RN, a Pennsylvania State Nurses Association member, said, "Many of my patients are on Medicaid and are really sick. If they lose their coverage, I don't know what they'll do."

Following the daylong event, National Student Nurses' Association President Jennifer Kalenkoski said, "Never have I been more proud to be in nursing after a day like yesterday (Hill Day)."

To get the latest updates, learn more about ANA's advocacy, and take action, visit RNAction.org.



Participants brought nursing's messages to the Capitol.

ANA elects board, committee members

Eligible voting members at ANA's Membership Assembly elected four members to the nine-member board of directors. Ernest James Grant, PhD, RN, FAAN, of the North Carolina Nurses Association, has been re-elected as vice president. The newly elected board members are Treasurer Jennifer Mensik, PhD, RN, NEA-BC, FAAN, Arizona Nurses Association; Director-at-Large MaryLee Pakieser, MSN, RN, FNP-BC, ANA-Michigan; and Director-At-Large, Recent Graduate Amanda Buechel, BSN, RN, ANA-Illinois. Terms of service begin Jan. 1, 2018. The results were announced June 10.

The following ANA board members continue their terms: President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, Virginia Nurses Association; Secretary Patricia Travis, PhD, RN, CCRP, Maryland Nurses Association; Faith Marie Jones, MSN, RN, NEA-BC, Wyoming Nurses Association; Director-at-Large, Staff Nurse Gayle M. Peterson, RN-BC, ANA Massachusetts; and Director-at-Large Tonisha J. Melvin, MS, CRRN, NP-C, Georgia Nurses Association.



From left: Ernest James Grant, MaryLee Pakieser, Jennifer Mensik, and Amanda Buechel

Elected to serve on the nominations and elections committee are Thomas Stenvig, PhD, MPH, RN, NEA-BC, FAAN, South Dakota Nurses Association, who is chair-elect; Anthony King, BSN, RN, CPN, ANA-New York; Terry Throckmorton, PhD, RN, Texas Nurses Association; and Elizabeth Welch-Carre, MS, APRN, NNP-BC, Colorado Nurses Association.

Cipriano elected to International Council of Nurses Executive Board

ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, was elected to the International Council of Nurses (ICN) Executive Board. The election took place during the governing body meeting at the ICN Congress, held May 27 to June 1 in Barcelona, Spain. More than 8,000 nurses from around the world met to discuss global healthcare priorities and share knowledge during the Congress.

The ICN is a federation of national nurses associations, including ANA, which represents millions of nurses. Its board is composed of the president, three vice presidents, and 12 members.

Cipriano subsequently was elected to serve as first vice president. Board officers include Annette Kennedy, president (Ireland); Thembeke Gwagwa, second vice president (South Africa); and Sung Rae Shin, third vice president, (Korea).

As a member of the ICN Executive Board, Cipriano will help represent the nursing profession worldwide.



Officers of the ICN board (from left): Pamela Cipriano, Annette Kennedy, Thembeke Gwagwa, and Sung Rae Shin

Conflicting roles for a correctional nurse

To: **Ethics**

From: **Nurse in correctional setting**

Subject: **Team service**

As an RN in a state penitentiary, can I serve on the hostage negotiation team or the special operations team at my correctional institution? Hostage negotiation team members don't carry weapons, but special operations team members carry weapons and are authorized for use of force, if necessary.



Source: The American Nurse Project by Carolyn Jones.

From: **ANA Center for Ethics and Human Rights**

The ANA *Code of Ethics for Nurses with Interpretive Statements* and *ANA Correctional Nursing: Scope and Standards of Practice* are excellent tools to help you answer your question. Both documents offer guidance and express the ethical standards that are expected of a professional nurse in a correctional setting.

Correctional nurses recognize that promotion of patient and staff safety includes educational awareness and adherence to institutional security procedures to achieve a safe work environment. Additionally, correctional nurses are expected to have effective communications with security staff within the institution to support the mission of preserving safety. The scope and standards state that correctional nurses must collaborate with security staff, but this does not mean correctional nurses should take part in security activities, such as punitive disciplinary procedures.

Provision 2 of the Code notes: "The nurse's primary commitment is to the patient, whether an individual, family group, community, or population." At times this commitment to care for the patient may conflict

with the importance of safety for staff and other inmates. A correctional nurse, even when acting as part of a negotiation team, should understand that safe patient care is paramount for all patients, including the inmate whose actions have resulted in the negotiation team alert. "Nurses strive to preserve the human dignity of prisoners regardless of the nature of the crimes they have committed," according to ANA's position statement on capital punishment, and must provide health care to their patients without judgment of criminal allegation, convictions, or histories, as noted in the correctional scope and standards.

When a nurse is in a practice setting with competing roles, it should be clear when he or she is not performing in a clinical role. As a correctional nurse, you must be able to clearly communicate the scope of your practice to other members of the hostage negotiation team. A corrections nurse acting within the role of nurse-negotiator must not take part in any type of actions that may negatively affect the nurse-patient relationship. If you choose to participate on a special operations team, where team members could use deadly force against inmates, it is recommended that you do not represent yourself as a nurse.

When the safety of the inmate population conflicts with an individual patient's care, the correctional nurse must be able to partner with security staff to ensure patient safety is protected. As the scope and standards state, "Correctional nurses have a primary role as patient advocates and champions for health care."

Response by Elizabeth O'Connor Swanson, DNP, MPH, APRN-BC, member of the ANA Ethics and Human Rights Advisory Board.

Selected references

American Nurses Association. *Correctional nursing: Scope and standards of practice*. 2nd ed. Silver Spring, MD: American Nurses Association; 2013.

American Nurses Association. *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: American Nurses Association; 2015.

American Nurses Association. *Capital punishment and nurses' participation in capital punishment*. 2016. www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Ethics-Position-Statements/CapitalPunishment-PositionStatement.pdf

Nurse leader Neville Strumpf brings vision, expertise to board presidency

As part of its ongoing initiative sponsored by the Rita & Alex Hillman Foundation to recognize nurses in board leadership roles, the American Nurses Foundation interviewed Neville Strumpf, PhD, RN, FAAN. Strumpf is a professor of nursing and dean emerita of the University of Pennsylvania School of Nursing. She serves as president of the Ralston Center Board of Directors, a Philadelphia-based organization committed to improving the health and quality of life of older adults in the city.



Neville Strumpf

What was your path to the Ralston board presidency?

I spent much of my career at the University of Pennsylvania's School of Nursing leading large groups of people, doing strategic planning, and dealing with large budgets. My nursing knowledge and gerontology expertise combined with my extensive administrative experience feels like optimal preparation for leading this particular organization at this time. In one way or another, the work I've done all my life has prepared me for this board leadership role.

What key lessons have informed your tenure as board president?

Leading a nonprofit board is like running a family. You have to be mindful of everyone's issues. You need exquisite interpersonal skills so you don't offend people and so everyone feels like they've contributed.

It takes a while to get people to trust you to take even well-defined, organizationally valid strategic risks. Despite the fact that I have wonderful relationships with the board and was aware of this dynamic beforehand, I can't just plow my way through and say, "This is what we're going to do."

There are important yet complex tensions between boards and staff. We have a very fine small professional staff composed of seven full-time people. The board's role is strategic and fiduciary; and operations are the staff's responsibility. There are lines between those roles. This has turned out to be more complicated than I realized.

What nursing-related values and skills do you bring to board leadership?

Values I've honed personally as a nurse and among the nurses I've trained include, above all, respect for people and a willingness to listen, compromise, and make decisions. These are all values of nursing and of any committed health professional.

Some of my nursing-related skills include consensus-building, strategic planning, organizational leadership, knowledge of the elderly, and strong networks of connections cultivated over decades among colleagues at many community-based organizations involved in elder services in Philadelphia. These long-standing relationships helped Ralston develop its more expansive mission and service-focused partnerships.

What have you found especially gratifying about leading this board?

I'm very excited about our initiatives, launched in 2016, to make West Philadelphia a model age-friendly neighborhood. We're working to make public parks and public places such as bus shelters safer and more inviting; increase access to aging resources and supports, and alleviate social isolation; and improve access to fresh food and strengthen social connections through communal cooking.

"Values I've honed personally as a nurse and among the nurses I've trained include, above all, respect for people and a willingness to listen, compromise, and make decisions."

— Neville Strumpf

What's on your wish list for an effective board member?

We're a small nonprofit with a big mission, and we expect a lot from our board members in terms of their contribution of time and expertise.

Key traits for new board members include eagerness to be an advocate for the organization's mission, willingness to participate and bring expertise to the board, readiness to make a financial commitment at whatever level they can, and desire to encourage and link us to others who might be interested in contributing.

Leadership readiness is also important. Board presidents truly shape organizations, and this leadership role can't just be handed off to the next person in line. Every board should do leadership succession planning. You can't and shouldn't do this work forever! After we conclude our 200th anniversary celebrations, my next focus will be to identify and groom a successor board president who will continue to revitalize the Ralston Center.

To read the full interview and learn more about the initiative, visit <http://anfonline.org/NurseLeaderProfiles>.

ANCC awards first National Healthcare Disaster Certification™

The new American Nurses Credentialing Center (ANCC) National Healthcare Disaster Certification™ is the first interprofessional certification designed to verify the competence of the individual disaster healthcare professional. ANCC has awarded its first National Healthcare Disaster Certification to Wesley L. Marsh, Jr., MBA, CCHW, FAEM, CHEP, NHDP-BC, system safety/life safety and emergency manager at Brooks Rehabilitation in Jacksonville, Florida.



Wesley L. Marsh, Jr.

Before his current position, Marsh worked for the Florida Department of Health as a Strategic National Stockpile, Cities Readiness Initiative, and Medical Reserve Corps coordinator. He currently serves as vice president of the First Coast Disaster Council and is Medical Service Corps Officer in the U.S. Air Force Reserve.

“The ANCC National Healthcare Disaster Certification immediately communicates competence,” Horahan noted. “It assures

employers and the public that healthcare disaster professionals have mastered an interprofessional body of knowledge and skills related to all phases of the disaster cycle.”

Actively licensed individuals, including RNs, APRNs, emergency management professionals, public and behavioral health specialists, social workers, and other healthcare workers are candidates for ANCC National Healthcare Disaster Certification. Candidates must have experience in an actual disaster or disaster exercise and a certificate of completion for at least one Federal Emergency Management Agency emergency management course.

“This certification will support the mission and vision of the hospital,” which was recognized as an ANCC Magnet® Hospital last year, said Joanne S. Hoertz, MSN, RN, CRRN, senior vice president of nursing at Brooks Rehabilitation.

“We recognized the need to develop a customized credential that would validate the expertise of national healthcare disaster professionals,” said ANCC Director of Certification Marianne Horahan, MBA, MPH, RN, NEA-BC, CPHQ.

Obtaining the certification was a key next step in Marsh’s professional development because, according to him, “it validates your mastery of specific skills and demonstrates that you have the knowledge to perform your job effectively, which in turn improves patient and staff satisfaction.”

“I was very impressed with its thoroughness,” Marsh said of the exam he was required to pass in order to be awarded his credential (NHDP-BC). “It covered a broad base of topics, especially in terms of healthcare disaster decision making.”

What’s New in OJIN?

Check out the May 2017 issue of *OJIN: The Online Journal of Issues in Nursing*, which features five new articles on the topic of *Healthcare Reform: Nurses Impact Policy*. As noted in the overview and summary, the articles “demonstrate the breadth of settings and discovery that nurses experience and advocate for as they strive to make healthcare reform equitable, affordable, and accessible to all members of society.”

Here is the list of articles:

- The state of play: healthcare reform in 2017
- Nurses advancing telehealth services in the era of healthcare reform
- Opiate crisis and healthcare reform in America: a review for nurses
- Nurse led reform: is it time to rethink the nursing unit?
- Healthcare transformation: a bibliometric analysis of a global endeavor

Visit www.nursingworld.org/OJIN to read new and past articles.

Search and connect with other ANA members

The ANA member app was created to help bring together a community of nurses to support each other. It’s available on Apple and Android smartphones and tablets.



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