Thank you to all who responded to the polling question on the MNORN Ballot and the SurveyMonkey asking for what you would like to see ANA representatives discuss at this year's Membership Assembly in June. Your responses pointed to the critical need to for more support for ALL nurses rather than helping nurses cope individually through self-care strategies. Instead, we need to address the system-level issues that are causing so much stress for nurses and other members of the healthcare team.

You might remember that this is the topic MNORN submitted to ANA last year. As it was not selected for the 2020 Membership Assembly, and it seemed even more relevant this year, the MNORN Board updated it to reflect what we have experienced during the COVID-19 pandemic and resubmitted.

MNORN's Dialogue Forum Submission for the 2021 ANA Membership Assembly: Building a Culture of Support for Nurses by Addressing Systemic Issues Related to the ANA Strategic Goal: Evolve the practice of nursing to transform healthcare.

How this proposal relates to the above strategic goal:

> *"After SARS hit Toronto in 2003, health-care workers at hospitals that treated SARS patients showed higher levels of burnout and post-traumatic stress up to two years later, compared with those at hospitals in nearby cities that didn't see the disease. That outbreak lasted just four months. The COVID-19 pandemic is now in its tenth month and far more widespread. "I've had conversations with people who've been nurses for 25 years, and all of them say the same thing: 'We've never worked in this environment before,'" says Jennifer Gil from Thomas Jefferson University Hospital in Philadelphia, who contracted COVID-19 herself in March. "How much can meditation or mental-health resources help when we're doing this every day?"*
>
> *The Atlantic, November 13, 2020*

The COVID-19 pandemic stretched our nation's healthcare system, highlighted pre-existing inequities in care, took over 400,000 lives, and disrupted the profession of nursing. Early in the pandemic, as nurses were lauded as America's heroes, in an ANA survey conducted in May 2020, 42% feared for their own risk at work due to a nationwide shortage in personal protective equipment (PPE) (ANA COVID-19 Survey). Many ICU's reported record staffing

shortages and yet nurses stood by, holding designated ICU iPads next to dying patients for final goodbyes with loved ones (govtech.com). This year like none since WWII, nurses also reported experiencing compounding grief, loss and moral distress shift after shift. ANA's July 2020 Mental Wellbeing survey summary reported that 51% of those surveyed felt overwhelmed; 48% consistently felt anxious; 60% had difficulty sleeping and 18% were using alcohol and/or had difficulty in their relationships (ANA COVID-19 Survey Results).

The safety instructions in a plane remind passengers to put on their own oxygen mask first as a reminder that we can't help anyone else if we don't have oxygen ourselves. In the midst of such compounding loss and grief, many nurses reported an inability to recover between shifts or "to put on their own mask first."

As our nation gains herd immunity in response to the COVID-19 vaccination program and as new healthcare systems emerge from the disruption caused by COVID-19, nurses will undoubtedly help lead transformational redesign. A key tenant for this transformational redesign must involve a strategic systemic redesign to support the health and wellbeing of our nation's nurses in the workplace. While ANA's attention towards supporting nurses' self care at home in the ANA COVID-19 Self-Care Package is an important part of the solution, self-care does not work to prevent to problems leading to burnout upstream, at the place of work. The key to preventing nursing burnout, moral distress and poor health and wellbeing lies upstream within the systems in which the nurse is employed. The National Institute for Occupational Safety and Health (NIOSH) office of Total Worker Health (TWH) offers a publicly available evidence based tool box with several case studies to assist health care leaders in making this step a priority (CDC). Only when healthcare systems address the inherent stressors in the workplace will nursing successfully mitigate the moral distress and burnout and the related consequences amongst the profession.

Why MNORN is submitting this proposal:

NURSING'S HISTORY

Long before COVID-19, nursing care was consistently organized and unit based; staffing shortages were expected and often resulted in physical and psychological burnout.

Susan Overby's book, *Ordered to Care,* about nursing care from 1850 to 1945 and Dana Beth Weinberg's book, *Code Green: Money-driven Hospitals and the Dismantling of Nursing* about the impact on nurses when hospitals began their transformation to systems and corporations, show consistent themes that are both historical and contemporary.

> "Nurses' sense of professionalism and personal commitment made them ripe for exploitation. If resources were indeed too lean for nurses to provide safe care at a reasonable pace and within the boundaries of their shifts, then nurses' additional efforts and self-sacrifice allowed the hospital to realize cost savings at their expense." (Code Green, p.156-57)

In a recent blog on KevinMD.com, a nurse writes of her experience as a new nurse in the 1970s:

> *"We didn't have breaks; they didn't exist. We just kept working until it was time to go. You worked the shifts your manager told you to. There was no compromising. You just did what you were told to do. We were the new pioneers in this field of nursing, and we were quite proud of ourselves."*

Nurse entrepreneur, Chris Caulfield, wrote in Forbes Magazine about his experience as a nurse in today's healthcare environment:

> *"I have been a nurse for over nine years, and I know that nurses really care, but they're also incredibly burnt out. Nursing professionals like myself choose their line of work because they are answering the call to help others. In a recent survey, many nurses cited helping others as their favorite part of the job. But long hours on their feet, the wear and tear of a stressful job, and a lack of flexibility can lead to nurse burnout."*

TOTAL WORKER HEALTH

According to the World Health Organization (WHO), work is a social determinant of health, and burnout is a syndrome resulting from chronic workplace stress that has not been successfully managed. WHO asserts that burnout can be prevented or reduced by modifying and controlling hazardous exposures that lead to chronic stress,

Building on the framework of WHO, NIOSH created the Total Worker Health Initiative (TWH) in 2011. "Traditional occupational safety and health protection programs have primarily concentrated on ensuring that work is safe and that workers are protected from the harms that arise from work itself. Total Worker Health (TWH) builds on this approach through the recognition that work is a social determinant of health; job-related factors such as wages,

hours of work, workload and stress levels, interactions with coworkers and supervisors, access to paid leave, and health-promoting workplaces all can have an important impact on the well-being of workers, their families, and their communities"... To "address evolving challenges related to worker safety, health, and well-being (in response to COVID-19), the TWH program identified priority areas that are currently relevant to advancing worker well-being" (CDC).

Strategic relevant interventions outlined in the TWH platform include:

- Fatigue and stress prevention
- Work intensification prevention
- Safe staffing
- Overtime management
- Healthier shift work
- Reduction of risks from long work hours
- Flexible work arrangements
- Adequate meal and rest breaks

At least one health system, the Dartmouth-Hitchcock Academic Medical Center, has embraced TWH. The problems Dartmouth-Hitchcock chose to address are recognizable: unsustainable health care costs; siloed resources; a workforce that was sicker than their benchmark organizations - and the knowledge that patient safety depends on healthy employees. Their solutions involved creating a sustainable "culture of health" that would support population health and a strategic priority, "Live Well, Work Well" (CDC).

MNORN MEMBERS WEIGH IN

When MNORN members thought about Building a Culture of Support for Nurses in response to Healthcare Workout Burnout/Resiliency, these are some of the issues the nurses considered:

- In an effort to support the physical, emotional and spiritual wellbeing of our nation's nurses, engage employers in the CDC's Total Worker Health Strategies
- Long term effects on pandemic on nurse's professional and personal lives
- Long term mental health consequences related to COVID
- Healthcare worker burnout

- The impact of the pandemic on the image and influence of nursing
- Nursing practice in a post-covid world
- Nurse obligations to address the impact of bad health systems
- Nurses' role in promoting standardized infection prevention protocols to keep healthcare workers safe at work
- Nurses as key interdisciplinary team members, rebuilding the healthcare system post-election 2020

Why is this Topic of National Relevance?

Just google nurse burnout. The internet is replete with articles about nurse burnout, journal articles, pop culture articles, advice about how to overcome nurse burnout, how to recover from nurse burnout, even a nurse burnout quiz. A recent article in the Washington Post cites nurse burnout and its danger to patients.

> "Imagine a health-care system in which doctors and nurses are so exhausted and beaten down that many of them work like zombies - error-prone, apathetic toward patients and at times trying to blunt their own pain with alcohol or even suicide attempts."
>
> Washington Post, October 23, 2019

The public knows something is wrong, nursing cannot hide it. The public trusts nurses. Year after year the public has put its trust in nurses above all other professions. It seems that the public should trust nurses to figure it out, to heal our profession, for the public's sake if not for our own.

And, while this is often presented as an acute-care issue, it is actually an issue throughout nursing. Strategies to improve nursing environments should be able to cross settings.

The impact of the topic on the Association, the Profession and the Public

In a recent survey of what MNORN members would like ANA to be talking about at the 2021 one member wrote: "What is the unique role of ANA in the national nursing landscape?" It could be argued that ANA's unique role, with its membership open to all registered nurses, no matter the role, education level, or practice setting, is uniquely qualified to tackle the issue of systemic barriers to creating a culture of support for nurses wherever there are nurses.

Provision 6.3 of the Code of Ethics for Nurses speaks to this issue: "Nurses are responsible for contributing to a moral environment that demands respectful interactions among colleagues, mutual peer support, and open identification of difficult issues…. Nurse executives have a particular responsibility to assure that employees are treated fairly and justly and that nurses are involved in decisions related to their practice and working conditions. Unsafe or inappropriate activities or practices must not be condoned or allowed to persist."

It is essential work for ANA to be leading.

Underlying issues:

ANA has been at the forefront of addressing the health and wellbeing of individual nurses through its Healthy Nurse Healthy Nation initiatives, recognizing the need for the nurse's responsibility to maintain physical and mental health in order to be effective. The Code of Ethics for Nurses supports this work in Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth. This mandate is further amplified in section 5.2 which addresses nurses' individual responsibility to maintain a healthy lifestyle, including diet, exercise, rest, maintain family/ personal relationships, engage in adequate leisure and recreational activities, and attend to spiritual needs. "Nurses in all roles should seek this balance, and it is the responsibility of nurse leaders to foster this balance within their organizations."

Nurses need to be as healthy as possible and nurse leaders need to foster that health through their organizations. This is clear in the Code of Ethics. Currently, the burden is on the individual nurse to maintain health and well-being working in healthcare systems that are, to a large extent, the cause of the nurses' lack of health and well-being.

ANA's *Call to Action: Exploring Moral Resilience Toward A Culture of Ethical Practice* reminds us that, "while nurses have responsibility for their own practice, cultivating meaningful and sustainable change is only possible when organizations and individual nurses align their efforts to create a culture that supports ethical practice and fosters individual moral resilience. Placing the onus on individual nurses to fix systemic issues will only exacerbate the problem. These recommendations include attention to both individual strategies to support individual nurses' capacities for moral resilience and organizational responsibilities to create an environment that allows them to uphold their commitment to ethical practice.

Recommended Actions:

- Become a member of the NIOSH Total Worker Health Affiliates, joining with the American Association of Occupational Health Nurses

- Partner with C/SNAs where there are Centers of Excellence for Total Worker Health to learn from these organizations. (Oregon Healthy Workforce Center; University of Iowa Healthier Workforce Center; Center for Health, Work and Environment (Colorado); Center for the Promotion of Health in the New England Workplace; The Harvard TH Chan School of Public Health Center for Work, Health, and Well-being; UIC Center for Healthy Work)

- Renew ANA's commitment to its report, Call to Action: Exploring Moral Resilience Toward A Culture of Ethical Practice, and take action on recommendations.

- Examine ANCC Magnet and Pathway to Excellence Programs for exemplars whose initiatives could be replicated. Consider also the AACN Beacon Prize for exemplars.

- Crosswalk the relationship between staffing and violence in healthcare settings.

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Potential 2021 ANA Dialogue Forum Topics - Top SurveyMonkey Results

Here is what you told us about what you would like ANA to be talking about at the 2021 Membership Assembly:

1. What broad topics would you be most interested in having ANA discuss at the 2021 Membership Assembly? Top selections:
    - scope of practice/models of care/workforce (50.79%)
    - anti-racism/equity (44.44%)
    - nursing education (42.86%)
    - public health/COVID-19 (41.27%)

- healthcare worker burnout/resiliency (41.27%)
- health system reform (41.27%)

2. What topics would you be most interested in being included in Scope of Practice/ Models of Care/Workforce? Top selections:
   - all nurses working to their full scope of practice (31.15%)
   - emerging models for the future of community health nursing (27.87%)
   - full scope of advanced nursing practice in every state (16.39%)

3. What topics would you be most interested in being included in Anti-Racism/Equity? Top selections:
   - encouragement of a national-level agenda towards equity in social and behavioral determinants of health (17.74%)
   - reducing health disparities (17.74%)
   - structural racism (16.13%)
   - rural hospitals and health disparities (16.13%)
   - equitable access to healthcare for all (12.90%)

4. What topics would you be most interested in being included in Nursing Education? Top selections:
   - nursing education to include changing roles (42.37%)
   - continued efforts to BSN as entry to practice (22.03%)
   - more money for nursing education (20.34%)
   - pandemic education (15.25%)

5. What topics would you be most interested being included in Public Health/COVID-19? Top selections:
   - improvement in how to handle a community health outbreak - leading to things such as current pandemic (32.79%)
   - life with COVID - nursing practice in a post-COVID world (32.79%)
   - the impact of the pandemic on the image and influence of nursing (9.84%)
   - Vaccine COVID-19 issues (8.20%)

6. What topics would you be most interested being included in Healthcare Worker Burnout/ Resiliency? Top selections:
   - in an effort to support the physical, emotional and spiritual well-being of our nation's nurses, engage employers in the CDC's Total Worker Health strategies (43.55%)
   - long term effects of pandemic on nurses' professional and personal lives (14.52%)
   - is our empathy being used against us? (12.90%)
   - long-term mental health consequences related to COVID (12.90%)

7. What topics would you be most interested being included in Health System Reform? Top selections:
   - nurses as key interdisciplinary team members, rebuilding the healthcare system post-election 2020 (65.57%)
   - patient-centered care vs community-centered caring (34.43%)

MNORN joins with other nursing organization to congratulate Rear Admiral Susan Orsega for being named by President Biden as the Acting Surgeon General.

Rear Admiral Susan Orsega MSN, FNP-BC, FAANP, FAAN is a member of the American Nurses Association and the American Academy of Nursing (AAN).

AAN President Eileen Sullivan-Marx's words express well why the nursing community is celebrating this appointment:

For decades, this national leadership role has been a trusted voice to ensure the public has the most critical scientific information that advances the nation's health and wellness. Rear Admiral Orsega— an accomplished nurse leader, infectious disease specialist, and public health expert— is the leader the nation needs as the COVID-19 pandemic continues to surge in communities across the country and heightened vaccine education remains paramount.

Rear Admiral Orsega is a powerful champion for public health. Throughout her career, this has been demonstrated by her valiant actions to combat the HIV/AIDS epidemic, her leadership during the aftermath of the 9/11 attacks, her response to the Ebola outbreak, as well as her completion of 14 other national and international disaster and humanitarian deployments. President Biden's appointment of Rear Admiral Orsega as Acting Surgeon General is a clear recognition of her accomplished public service and the unique contributions nursing science and leadership bring to the health of the nation. As Acting Surgeon General, Rear Admiral Orsega will be the nation's leading public health advisor, communicating on how to keep our communities safe during COVID-19. She will also serve as Vice-Admiral of the U.S. Public Health Service Commissioned Corps, overseeing the operations of the U.S. Public Health Service Commissioned Corps (USPHS).

Rear Admiral Orsega will serve in this role until the confirmation hearing of Vivek H. Murthy, MD, MBA as U.S. Surgeon General.

Letter from Melissa M. Sherrod, President, American Association for the History of Nursing

As we begin a new year, I'd like to share some thoughts about our profession and the ambiguities of working in a complex environment while providing care to human beings, especially as we navigate the pandemic. I increasingly hear hospital administrators tell the public that ICU beds without ICU nurses will do them no good if they need intensive care. This seems obvious, but until recently nurses were the invisible, unseen key component of health care. ICU nurses, by virtue of advanced education and training, are unique. They are used to technology, can manage complexity and yet, maintain a safe environment that recognizes the humanity of those in their care.

I recently read a tweet from an ICU nurse who entered the room to assess her patient after shift report. The young woman, critically ill with COVID-19, had ten pumps, was on a respirator and was placed in a prone position. This was not particularly unusual, but the incoming nurse noticed something that was. The woman's long hair was plaited in a perfect French braid. A recognition that this was someone special.

I've also seen physicians remark that there have been instances before they intubate, that the nurse asks them to pause while they call the family, for what could be the last words spoken among family members. Or physicians looking at the ICU nurse for guidance on what to say to a grief-stricken family on Zoom after a family member dies.

How is it that nurses have become so familiar and even comfortable with technology while humanizing patient care? Sandelowski [1](2000) calls nurses boundary workers, who regularly traverse the terrain between care and cure and move between sympathy and skill, subject to the ambiguities of boundary work. These ambiguities are seen in the use of electronic health records in hospice care; the role of the nurse practitioner serving the diverse needs of vulnerable populations; or public health nurses working to reduce the community spread of COVID-19 in rural communities. These examples reflect a continuing desire to embrace direct, embodied care with the use of science and technology.

Nurses are so comfortable working with technology that we don't really think about it anymore. We train nursing students in simulation labs where manikins breathe and communicate. Their vital signs change in an instant, causing students to react, if they notice. Nurses care for patients with artificial joints, transplanted organs and implanted pacemakers. And we rely on computers to tell us when we've made a medication error or alert us when prescribed medications are incompatible. While technological innovations

[1]Sandelowski, M. (2000). Devices & desires: Gender, technology and American nursing. The University of North Carolina Press.

have enlarged the scope of nursing practice and improved care in many instances, they are only part of what makes nursing and nurses indispensable.

We also don't really think about the emotional investment that nurses make on behalf of those in their care. The small things they do, such as calling the patient by their name instead of their diagnosis or room number, putting pictures of their grandchildren where they can be seen in the ICU, or bringing pets to their hospice room. The unseen, key component of care that nurses provide, when no one is watching, in the terrain between boundaries, is still the essence of nursing.

I will end this letter with the words of a colleague, who works in an ICU and navigates the terrain between sympathy and skill in working conditions that can only be described as impossible:

"Please know that even if you can't visit your loved ones, conscious or not, nurses still quietly comb their hair, talk to them, tuck them in warm blankets & maintain their humanity. These are some of the most important things we do, even if - especially if - no one sees us.

There is so much quiet dignity maintained in dark, still rooms between unconscious patients & their nurses. We talk about their families, we explain what we're doing, we apologize for painful interventions...and we SEE them even when no one, including the patient, can see us.

Much of nursing is done behind the scenes - behind respectfully closed curtains, inside the always humming mind of a busy nurse, quietly whispered between nurses bouncing ideas off one another. The best parts of nursing are done from the heart, with the mind, through the hands."

I marvel at all of the good work nurses are doing in all corners of the world in the middle of the worst public health disaster in 100 years. I'd love to hear your thoughts.
Thank you for reading.

Melissa M. Sherrod, PhD, APRN, AGCNS-BC
1/12/2021
m.sherrod@tcu.edu

If you want to volunteer to give COVID-19 vaccinations, sign up for the Medical Reserve Corps

VOLUNTEER!

Minnesota Responds Medical Reserve Corps

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Username: Password:

Log In

Forgot Username or Password?
Not Registered?

What is Minnesota Responds?

Minnesota Responds is a partnership that integrates and engages local, regional, and statewide volunteer programs to strengthen public health and health care, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities.

If you are currently licensed to give vaccinations in the state of Minnesota, please register with the State Vaccination Group (SVG). Please see below for more information.

Thank you for your interest in volunteering for Minnesota during the COVID-19 response.

We need you to **be ready to respond** by doing the following:

- Become a qualified volunteer. Please request membership in your local public health agency's MRC or volunteer unit and complete your MN.Responds profile. Qualified individuals may also request membership in the State Vaccination Group (SVG).
- If you are currently registered in Minnesota Responds, please update your profile and licensing information. Qualified individuals may also request membership in the State Vaccination Group (SVG).

The **State Vaccination Group** is a group of volunteer medical providers who are currently licensed to give vaccinations in the state of Minnesota. This group was created to help state and local governments in their efforts to vaccinate Minnesotans in response to the COVID-19 pandemic.

As a member of the **State Vaccination Group**, you may be asked to supplement local public health staff at Point of Dispensing (POD) sites or supplement state staff at larger community sites.

As a **State Vaccination Group** responder, you will be required to register in Minnesota Responds, as well as take online and on-site training appropriate for this response. Your State Vaccination Group volunteer coordinator will contact you with details.

State Vaccination Group volunteers registered in Minnesota Responds responding to a call for assistance are afforded certain liability protections under state law and are deemed an employee of the state for purposes of worker's compensation and tort claim defense and indemnification.

Volunteers in the **State Vaccination Group** will be provided proper personal protection equipment (PPE) for all assignments. If volunteers are not already vaccinated, they will receive the COVID-19 vaccination upon arrival at their first vaccination clinic shift. Volunteers are never required to respond, and deployment will be based on availability, licensure and proximity to the vaccination site.

Volunteers must register for this group if they are interested in joining. If volunteers are already enrolled in a Minnesota Responds local public health unit, they will remain enrolled in their local unit and may also be called upon to help as part of that unit.

Thank you for your assistance in protecting the health of our communities. Your willingness to volunteer for your local public health agency and Minnesota is crucial to the success of our preparedness and response efforts.

REGISTER NOW

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Minnesota Responds Medical Reserve Corps 1-651-201-5700 minnesotaresponds@state.mn.us
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A MINNESOTA DECLARATION ON CLIMATE CHANGE AND HEALTH

CLIMATE CHANGE IS A HEALTH EMERGENCY

As Minnesota public health, environmental health, patient advocacy, healthcare, nursing, and medical organizations, we declare climate change a health emergency and call for immediate action to protect the public's health from the current and future impacts of climate change. Our organizations agree that:

- The health impacts of climate change demand **immediate action.**
- The **science is clear**; MN communities are **experiencing the health impacts** of climate change, including:[1] [2]
  - Enhanced conditions for **ozone** and **particulate** air pollution, linked to asthma attacks, cardiovascular disease and premature death;
  - **Extreme weather patterns, such as heat and severe storms** that destabilize communities, increase economic stress and poverty, reduce access to essential healthcare, and increase risk for mental health concerns such as PTSD, depression, anxiety, aggressive behavior, and relational and social unrest;
  - **Amplification of health impacts** when broad social emergencies like pandemics and social unrest impact our communities, reinforcing personal and ripple ecologies of historical trauma[3] and existing social inequities;[4]
  - **Wildfires** and dangerous wildfire smoke that spreads for thousands of miles;
  - Increased **vector-borne diseases** by expanding seasons and geographic ranges for ticks, mosquitoes, and other disease-carrying insects; and
  - Longer and more intense allergy seasons.
- Those **most at risk** – including children, seniors, pregnant women, low-income communities, communities of color, Indigenous communities, people with disabilities and people with chronic disease, including mental health conditions – disproportionately bear the health impacts of climate change.[5]
- The structural racism that permeates economies, policies and civil society in Minnesota and throughout the U.S. is a cause of disproportionate climate change impacts on people of color and Indigenous people, including:
  - Greater harm from extreme weather events such a hurricanes, heatwaves, and flooding, due to underlying disparities in health, health care access, and lack of resources for community resilience;
  - Pollution of lands, waters, neighborhoods and communities due to fossil fuel and mineral extraction, processing, storage and transport;
  - Higher exposure to air pollution from vehicles, industrial facilities, coal burning and other sources;[6]
  - Some of the worst in the nation health disparities, including: shorter lifespan; higher rates of infant and maternal mortality; and higher incidence of asthma, diabetes, heart disease, cancer and other diseases;[7] and
  - Exacerbation of all cumulative impacts of structural racism that already work through all the social determinants of health to expand inequalities and increase health care costs and reduce the overall resilience of society as a whole.

[1] Minnesota Department of Health, Minnesota Climate and Health Profile Report, health.mn.gov/climatechange.
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While these are challenging times for all of us, be assured that there are little ones watching us and taking steps to be the next generation of nurses!