Nurses Week MNORN Member Meeting

The Nurses Week MNORN Meeting was held on May 9th. The program was a policy cafe of the topics chosen for this year's ANA Membership Assembly Dialogue Forums. As you might remember, MNORN submitted two topics, on climate change and ethical care of immigrants. While neither of MNORN's topics were selected, the topics chosen provided an evening of stimulating discussion. Those topics are:

- Human Trafficking
- Vaccination Compliance
- DACA Recipients Eligibility to Take the NCLEX
- Geriatric Care in the US
- The Invisibility of Nurses in the Media

The first four topics were discussed using a policy cafe format. The leader for each topic made introductory comments, followed by discussion by attendees. Attendees moved from topic to topic, allowing for the topics to be discussed fully by all.

Here are the notes from the discussions. Following these notes is information about the final Dialogue Forum topic - The Invisibility of Nurses in the Media.

Human Trafficking:

(see pdf about Human Trafficking at end of this newsletter)

Introductory comments by Martha Turner:

- Human trafficking is a huge issue - it's everywhere
- At the federal level, the Departments of Transportation, Justice and Health & Human Service worked together to try to identify solutions, without success
- It is the third largest criminal industry in the world - modern day slavery
- Focus can be sexual or labor
- Fraud and coercion
- Victims are men, women and children
- Victims often have fear of authority, so friarly of anyone in uniform, including those in healthcare
- Important that healthcare providers have a clear message - "We are here to help"

Group Discussion:
- ID Students
- Program - add to curriculum, bathrooms, massage
- Education
- Help Numbers where privately seen
- Raise awareness among friends and family
- Social media
- Hot Line: 888-373-7888

Vaccination Compliance:

Introductory Comments by Eileen Weber:
- In Minnesota, have the ability to decline vaccinations for the following reasons - medical, religious or conscientious objection
- What exemptions should be tightened or eliminated?
- What about mandating healthcare workers to be vaccinated?
- Where does personal autonomy fit in?

Group Discussion:
- Come down on heavier side - public good
- Ok for employers to mandate nurses get flu shots, with allowing sick time for adverse reactions and for illness -
    - Another view: allow waivers if employee wears masks (have to have enough masks)
- Explore modified vaccination schedule e.g. allergies
- Need nurses in outpatient settings who can respond to "no" with assessment and motivational interviewing skills - use stories of children who suffered from complications of vaccine preventable diseases
- Most persuasive person for anti-tax parent is a pro-tax parent - possibly use social media to connect
- Discontinue conscientious objection exemption from state law (MN)
- Connect Gardisil to reproductive health services for adolescents

DACA recipients eligibility to take the NCLEX

Introductory Comments by Shirley Brekken:
Shirley began by sharing the story about a nursing student in Arkansas, Rosa Ruvalcaba Serna, who is a DACA recipient. She was told she would not be eligible to take the NCLEX because of an Arkansas-based citizenship requirement. Advocacy by Rosa and the Arkansas Student Nurses Association - and a first term legislator, Megan Godfrey, led to the passage of legislation to remove the citizenship requirement

from NCLEX eligibility. Rosa spoke at the National Student Nurses Association Convention earlier this spring.

Other comments:
- Diversity needed in the registered nurse workforce - and DACA can help
- Eight states completely allow DACA students to take NCLEX. Most of the other states are silent on this issue.
- Minnesota is one of the states that is silent, so DACA students can take NCLEX
- Issue: Is there a need for specific language for DACA students or is it better to be "silent"?
- Remember that nursing licensure is at that state level, so challenging to fix at the federal level.

Group discussion:
- What is faculty accountability to know how to advise students regarding the DACA issues?
- This is a justice and moral issue that nursing should address
- Risk/benefits to raising the issue - the responsibility we have to a diverse workforce
- Don't raise issue until it becomes an issue - let sleeping dog lie
- ANA create a plan to work with states who don't allow DACA students to take the test
- Collaborate with other licensure professions

Geriatric Care in the US:

Introductory Comments by Sara McCumber:
- The average age of RN's in the US is 51 according to 2017 NCSBN nursing workforce study.
- Areas for consideration-
  - -undiagnosed cognitive impairment
  - -cost of health care especially drug copays
  - -families are spread out and need to think of alternative support systems
  - -lack of workforce to meet future care needs
  - -need for effective, frequent advanced care planning and discussions of goals of care
- "The older you are, the worse the hospital is for you"
- As we are aging, tips for successful aging- keep mobile, importance of regular exercise and also avoid loneliness.

Group Discussion:
- Drop word "geriatric" - use "older adult" - less ageism
- What about older adults who don't have "daughters" to coordinate/advocate?
- Family members not being listed to by the provider
- Telehealth and technology resources
- Older adult mental health care
- Vulnerable adults unidentified and uncared for

- Financial exploitation of older adults by family members
- Advanced care planning
- Palliative care and hospice care
- Helps to have money
- Religious affiliation to caring facility seems to help
- Anything to keep people at home without loneliness
- Family centered care
- Every nurse needs to be a geriatric nurse
- What role does nursing have in assisted living new regulations being developed?
- Increasing use of technology to keep people at home - what to do with the day we capture - ethics of data collection
- Robotic cringing for elders - humans better!
- Need for geriatric-specific courses/education in undergraduate nursing education
- Need to have bigger discussion about choice and death. In Europe it's about fulfilled life. What is the role of health?
- Advanced care planning - the importance of the discussion

The Invisibility of Nurses in the Media

The fifth Dialogue Forum topic is the invisibility of nurses in the media. This is not about how nurses are portrayed in TV sitcoms and dramas. It is about how infrequently nurses are used as experts by journalists in articles about healthcare - both in print and on TV. And, if nurses are used, how infrequently their credentials are sited. Watch a story about a medical breakthrough on the evening news. The physician interviewed will have her/his credentials clearly identified. If there is a nurse, credentials are generally not included and her/his role is not identified. While an important aspect of the role of the registered nurse is translational - translating the language of medicine to a language more understood by our patients - that aspect is not appropriately utilized by the media.

This phenomena was studied in 1998 in the ***Woodhull Study on Nursing and the Media: Health Care's Invisible Partner*** and recently re-examined to see if there have been any changes. And, guess what? Nothing has changed!

Here is the link to information about the Woodhull revisited study: **Click here for more information about the Woodhull Study Revisited** Included in this information is a link to a YouTube interview with Diana Mason, one of the principal researchers of the study. We watched that interview during the MNORN Member Meeting.

The following article was published by the Poynter Institute, an organization for journalists, that has a mission of connecting the varied crafts of journalism to its higher mission and

purpose. "From person-to-person coaching and intensive hands-on seminars to interactive online courses and media reporting, Poynter helps journalists sharpen skills and elevate storytelling throughout their careers." It is exciting that an article that focuses so clearly on the strengths of registered nurses as sources in healthcare stories has been written to journalists.

The article identifies barriers both internal to journalism and to nursing and some possible solutions. It is well worth the read….

There are three nurses for every doctor in the U.S. But nurses appear as sources in only 2% of health care stories.

Combination of gender bias and professional culture keeps health care's most trusted providers out of health news

May 13, 2019 Kathleen Bartzen Culver

Jennifer Garrett was beginning to think she wasn't very good at her job.

As a content strategist for the School of Nursing at the University of Wisconsin-Madison, one of her duties was to get nursing issues into news stories and her nursing faculty in those stories as expert sources. She was trying different approaches — picking people she thought would resonate as sources and cultivating them — but she wasn't getting the kind of traction she thought her program deserved.

And then she saw the headline: "Woodhull Study Revisited." Published in 1998, Woodhull was a landmark look at the invisibility of nurses in news coverage of health care. Nurses accounted for just 4% of sources and quotes in health stories in leading national and regional newspapers and just 1% in industry publications like Modern Healthcare. A team from George Washington University's School of Nursing had redone the research 20 years later and found that nothing had changed. Nurses accounted for 2% of health news sources. (While this was down from 4% in 1998, the difference was not statistically significant.)

The Woodhull study showed Garrett's experience was representative of health journalism in the United States, where nurses are all but completely overlooked as sources. Garrett wasn't bad at her job. But Woodhull begged the question: Were journalists bad at theirs?

While it would be easy to credit gender bias for the invisibility of nurses in news, the full story is more complex. A combination of gender, journalistic routines and constraints and the culture of nursing itself explains the Woodhull results. Understanding that combination also

offers a path forward for both news and nurses, ultimately giving more voice to health care's most trusted profession and improved coverage for patients.

Journalism's gender problem

The U.S. news industry faces widely reported gaps between men and women, both in who produces the news and who is represented in it. A 2017 study by the Women's Media Center found that men account for 62% of bylines and other credits in U.S. news stories across all outlet types, while women claim 38%. Those numbers closely mirror the 2015 Global Media Monitoring Project, which found disproportionate representation among expert sources featured in news stories. While women were seen more frequently in news stories than in the 2010 monitoring, they still accounted for only about a third of expert sources.

The Woodhull authors noted Bureau of Labor Statistics data, showing nurses — at 3.5 million — are the largest group of health professionals in the United States. The country has three nurses for every one doctor, and Gallup polls consistently demonstrate nurses are the most trusted of health care professionals. In 2018, four out of five Gallup respondents rated nurses' honesty and ethical standards as "high" or "very high." Yet they appear as sources in 2% of health care stories studied. Why? The study authors argue part of the reason is that 90% of nurses are women.

"There's no way to have this conversation without calling out the elephant in the room — that this is a female-dominated profession," says Gina Bryan, a clinical professor in the UW-Madison nursing school and one of Garrett's go-to sources for journalists. "That brings with it some of the cultural components of what it is to be a woman, how we communicate, how we're held up as experts. You can't ignore that piece of it."

A Misunderstood Profession

Yet Bryan and other experts emphasize that it's not enough to highlight gender bias. It certainly is one of the veils between nurses and health care journalism, but it combines with other shades that hide nurses and their impact. Diana Mason, who led the Woodhull Revisited study with her team at George Washington, said ***a fundamental misunderstanding of the range of nurses' skills and expertise also explains journalists' failure to use nurses in sourcing.*** Preliminary results from the second phase of her study, which involved qualitative interviews with journalists, showed some stuck in old stereotypes.

This resonates with Katharyn May, former dean of UW-Madison's School of Nursing. She points to iconic images of Florence Nightingale, arguably nursing's most important historical figure, and paintings showing the caring nurse tending to soldiers in the Crimean War. The "lady with the lamp" takeaway, May argues, creates an "angel imagery" that attaches to

nurses to this day. But Nightingale wasn't simply comforting those soldiers. By lamplight, she was building sophisticated statistical analyses of the dead and dying that she was sending to political leaders to influence policy and develop guidelines for medical care. She balanced care with intellect and skill, yet the latter qualities are often absent from our modern understanding of nursing.

"What you need in a nurse is this driving intellect balanced with this passion for caring about people," May said. "Without the intellect, without the science, without the understanding of how humans recover, the niceness isn't going to get you anywhere. Nurses are more than just nice people who know a few tricks."

Even when people move beyond this angel imagery and see the expertise nurses bring, they often fail to understand what nurses do. May notes that people often think of nurses in hospital practice as carrying out the orders of a physician. Yet in reality, about 70% of what those nurses do is entirely independent practice. Beyond hospital settings, people misunderstand the scope of nursing practice and its critical importance to medical staffing, said Paula Hafeman, chief nursing executive for the Hospital Sisters Health System's Eastern District of Wisconsin.

She said the public is particularly ill-informed about advanced practice providers, people who often begin in nursing and move on through specialized education and clinical training to become key elements of medical staffs within health systems. Nurses working as advanced practice providers include nurse practitioners, clinical nurse specialists, certified nurse anesthetists and certified nurse midwives. While many people assume that "medical staff" means physician, in most health systems, advanced practice providers make up a third or more of the medical staff. Hafeman said that in states with significant rural areas, these providers are critical, yet they've traditionally been left out of important decision making.

"In those rural health communities, they are the only caregiver," she said. "They're the medical staff provider, yet they didn't have a voice at the table and still don't in many organizations and communities."

Bryan, who has developed vast clinical experience in psychiatric and addiction issues, particularly in underserved areas, echoes the frustration of being left out of decisions and public conversations despite having direct, boots-on-the-ground perspective. She also said that when she is interviewed by journalists, questions most often focus on interactions with patients, rather than the science, economics and protocols in her areas of care.

"Nurses are highly trained and qualified health care providers who are trained in science- and evidence-based practice," she said. "When I get interviewed, it's often … 'What did

the patient feel like?' rather than, 'Tell me about the neurobiology of substance use disorders."

Cultural constraints within nursing

Some of that misunderstanding comes from nursing itself and cultural issues that often prompt people to stay in the background. Hafeman points to her experiences with nurses referring to themselves as introverts and emphasizing patients over themselves.
"Nurses overall are caregivers at heart, and so they care about patients," she said. "Humility-wise, they are very humble people. They are not people that go out and look for praise for the work they do."

Garrett also struggles to help some nursing faculty and providers to see themselves as the critical part of the health care system that they are.

"I feel like nursing has a humility to it, and then it has its path, its history — its gendered history — and its history of subordination to medicine that it's a push to get (nurses) to say, 'Yeah, I am an expert on community care, and I can take that interview.'"

The concept of authority in medicine resonates particularly strongly for Mason, whose interviews with journalists revealed that even when reporters did contact nurses as sources, they often faced pushback from editors, who viewed physicians as the "real" authorities on health care. This default to authority is an ethics issue throughout journalism, so it's not surprising to see it play out in this context.

And it relates to a final element of nursing culture that leaves them out of news: respect for nurses within their own health care systems. Mason said that in her experience, public relations and communications staff are not like Garrett, actively trying to get nurses' stories told. They're more often the problem than the solution, failing to understand nursing roles and responding to media requests accordingly.
May said she believes these communicators are falling victim to two important trends she sees: lionizing the work of physicians and an increasingly techno-centric framing of health care. She recounted talking to a friend who almost died in her hospital but was saved by a surgeon using leading-edge technology. Yet this friend also pointed to nurses as essential.

"He said, 'The physicians saved my life, but the nurses gave me my life back,'" May said. "It's the human-to-human work that is what nurses know and can do, but it's very difficult to describe and it's not sexy. We haven't done a good job of figuring out how to put it in terms when it's all about the technology or it's all about the quick save."

Training nurses and connecting journalists

One of the key pieces to solving the dearth of nurses in news coverage, these experts argued, is improving training and helping nurses see how they can be a bigger part of the public conversation on health care. The first step is simple and pragmatic, Mason said: "This is getting nurses to realize when a journalist calls, they may be on deadline. You've got to respond right away instead of waiting for a week and hoping that maybe you'll get up your nerve to call back."

Beyond that, Hafeman said, including public-facing work as part of nursing education and reward structures within health systems is essential. She said serving on community boards, doing interviews with reporters and penning op-eds can help nurses grow as leaders, and their organizations should back them in those efforts. Hospital Sisters Health System has a professional development effort that rewards nurses for these public engagement efforts. About 30% of her RNs participate now, and Hafeman said she would dearly like to see that number grow.

She said she also sees herself growing more proactive in directing others within her system to better understand and represent nurses.

"I can work with my communications department and say, 'The next time the media calls, and they want to do a story, let's get an advanced practice provider to do the story,'" she said. "We don't do that. We give them a (physician), or we give them an executive. That's on us."

Woodhull Revisited and other experts' efforts to address this issue come at a ripe moment in journalism, as multiple organizations have addressed the invisibility of women in journalism overall. Noted science writer Ed Yong wrote persuasively in The Atlantic about his two-year effort to upend the gender imbalance in his stories, providing a roadmap for other journalists to follow. The BBC saw measurable improvements when it committed to leveling the gender playing field on its broadcasts. And a Bloomberg News reporter went viral when he tweeted about using women as sources half the time, "something I've failed at miserably in the past."

For her part, May is at work on an experimental training program called "First 60" for nursing students. It focuses on the first 60 seconds of interaction between nurse and patient because that is when people make judgments about credibility and trustworthiness — what May calls "authentic professional presence." May turned to a colleague in the Department of Theater and Drama to develop the novel curriculum, finding that acting students are trained in capturing an audience quickly and convincingly and can help nursing students learn to relay their authenticity with the same speed and success.

May said she thinks the curriculum also can help nurses better relate to journalists, something she's had to work at herself.

"I reflected on all the times when I talked to journalists, and how sometimes I got in there with the grabby lines early, and other times I wandered around like a true academic in the weeds," she said.

Mason applauds these kinds of training efforts and anything that helps nurses prepare for opportunities to add their expertise in public settings, yet she notes nothing will change until reporters, producers and editors open their minds to how that expertise will enrich storytelling. When she decided to replicate the Woodhull study, she expected that key trends like more and better education for nurses and the expanding roles of advance practice providers would have translated to more nurses in news. The results shocked her.

"We're not saying things have gotten worse. We're saying things have not changed. And even that, in this day and age, is appalling."

Kathleen Bartzen Culver is James E. Burgess Chair in Journalism Ethics and Director of the Center for Journalism Ethics at the University of Wisconsin-Madison.
https://www.poynter.org/reporting-editing/2019/there-are-three-nurses-for-every-doctor-in-the-u-s-but-nurses-appear-as-sources-in-only-2-of-health-care-stories/?fbclid=IwAR2xUYRhWdiCuRn7AjEGdERE0fGiGayywmr19wZwHHYsaUkNuwOwEO4gFkM

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MNORN Members (and Future Members) Celebrating Nurses Week







2019 Call for Nominations for Appointed Positions

The ANA Committee on Appointments (COA), a committee of the ANA Board of Directors, has opened its **2019 Call for Nominations for Appointed Positions** on the following ANA committees:

- Committee on Bylaws
- Committee on Honorary Awards
- Committee on Honorary Awards Subcommittee
- Committee on Nursing Practice Standards
- Minority Fellowship Program (MFP) National Advisory Committee
- Professional Policy Committee

All members are invited to become more involved by seeking out a volunteer leadership position with one of ANA's committees. Serving as a volunteer leader offers great opportunities to build your professional network with other nursing professionals from across the nation. In addition, volunteer leadership provides a necessary level of support to ANA by participating in the association's governance. Don't miss this exciting opportunity to become involved!

Current members may nominate themselves and/or others to be considered for a committee position. Please refer to the Committee on Appointments page and the Guide to the Appointments Process, online at www.nursingworld.org. All nomination materials must be received by **5:00pm ET** on **Monday, July 1, 2019**.

For additional information about the appointments process, please contact the ANA Leadership Services Department at leader@ana.org.

If you are interested in an appointment to any of these committees, please email kkoehn@mnorn.org so that we can write a letter of recommendation for you.

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Human Trafficking 101

What is Human Trafficking?

Human trafficking is modern-day slavery and involves the use of force, fraud, or coercion to obtain some type of labor or commercial sex act. Millions of men, women, and children are trafficked into forced labor situations and into the sex trade worldwide. Many of these victims are lured from their homes with false promises of well-paying jobs; instead, they are forced or coerced into prostitution, domestic servitude, or other types of forced labor. Victims are found in legitimate and illegitimate labor industries, including sweatshops, massage parlors, agricultural fields, restaurants, hotels, and domestic service.

Human trafficking is different from human smuggling. Trafficking is exploitation-based and does not require movement across borders or any type of transportation.

Who are the Victims? Who is at Risk?

Trafficking victims can be any age, race, gender, or nationality. Trafficking victims can be men or women, young or old, American or from abroad, with or without legal status.

Traffickers prey on victims with little or no social safety net. They look for victims who are vulnerable because of their illegal immigration status, limited English proficiency, and those who may be in vulnerable situations due to economic hardship, political instability, natural disasters, or other causes.

The indicators listed are just a few that may alert you to a potential human trafficking situation. No single indicator is necessarily proof of human trafficking. If you suspect that a person may be a victim of human trafficking, please call the Immigration and Customs Enforcement (ICE) Homeland Security Investigations (HSI) Tip-line at 1-866-347-2423. You can also report online at www.ice.gov/tips.

To reach a non-governmental organization for confidential help and information, 24 hours a day, please call the National Human Trafficking Resource Center at 1-888-3737-888.

How do I Identify Human Trafficking?

Human trafficking is often "hidden in plain sight." There are a number of red flags, or indicators, which can help alert you to human trafficking. Recognizing the signs is the first step in identifying victims.

Some Indicators Concerning a Potential Victim Include:

Behavior or Physical State:

- Does the victim act fearful, anxious, depressed, submissive, tense, or nervous/paranoid?
- Does the victim defer to another person to speak for him or her?
- Does the victim show signs of physical and/or sexual abuse, physical restraint, confinement, or torture?
- Has the victim been harmed or deprived of food, water, sleep, medical care, or other life necessities?
- Does the victim have few or no personal possessions?

Social Behavior:

- Can the victim freely contact friends or family?
- Is the victim allowed to socialize or attend religious services?
- Does the victim have freedom of movement?
- Has the victim or family been threatened with harm if the victim attempts to escape?

Work Conditions and Immigration Status:

- Does the victim work excessively long and/or unusual hours?
- Is the victim a juvenile engaged in commercial sex?
- Was the victim recruited for one purpose and forced to engage in some other job?
- Is the victim's salary being garnished to pay off a smuggling fee? (Paying off a smuggling fee alone is not considered trafficking.)
- Has the victim been forced to perform sexual acts?
- Has the victim been threatened with deportation or law enforcement action? Is the victim in possession of identification and travel documents; if not, who has control of the documents?

Minor Victims:

- Is the victim a juvenile engaged in commercial sex?

For more information, please visit:
www.dhs.gov/bluecampaign

Like us on Facebook!
www.facebook.com/bluecampaign

If you suspect that a person may be a victim of human trafficking, please call the U.S. Immigration and Customs Enforcement, Homeland Security Investigations Tip-line at 1-866-347-2423. You can also report online at www.ice.gov/tips.

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Nursing Knowledge: Big Data Science Conference
June 5-7, 2019

Pre-conference: June 5
Conference: June 6-7
Minneapolis, Minnesota

The conference is open to all who have an interest in advancing the alignment and use of health data for improved health outcomes and research. Now in its seventh year, the conference brings together policy and thought leaders in health care, government, the private sector, education and advocacy organizations convening to report their progress and chart a course for the coming year.

Register today!

The keynote speaker is year is Cyrus Batheja, Ed.D., M.B.A., P.H.N., B.S.N., R.N.. Dr. Batheja is the Chief Growth Officer for myConnections™ and Medicaid Vice President at UnitedHealthcare Community & State. myConnections™ is a UnitedHealthcare program that helps low-income individuals and families access essential social services that are the gateway to better health. UnitedHealthcare Community & State proudly serves nearly 6.4 million Medicaid members in 29 states, plus Washington D.C. UnitedHealthcare is a division of UnitedHealth Group which is a diversified health and well-being company with a mission to help people live healthier

For more information or to register:

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