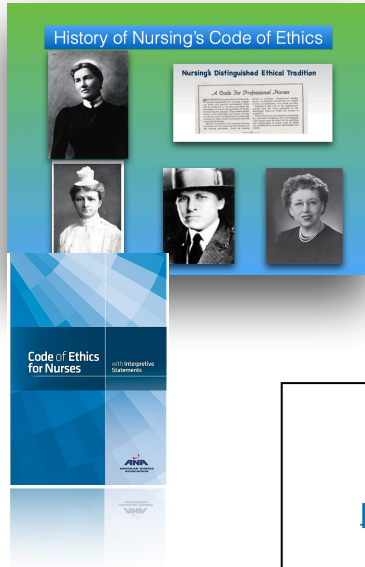


**October MNORN Member Meeting (Virtual)**



**Thursday, October 19, 2023**

**6:30- 7:00 PM - Social/Networking**

**7:00 - 8:00 PM - Program**

**Zoom Link:**

[https://us06web.zoom.us/j/83880196129?  
pwd=i3Klc2dfLt0yVXBZVNPS4Wk8PMnOUo.1](https://us06web.zoom.us/j/83880196129?pwd=i3Klc2dfLt0yVXBZVNPS4Wk8PMnOUo.1)

**Program: Preparing for Revisions to the Code of Ethics for Nurses:  
Why it Matters**

**Presenter: Martha Turner.** Martha currently serves as Co-Chair for 2025 Code of Ethics revision project with 45+ nurse participants from many roles and settings.

**Learning Objectives**

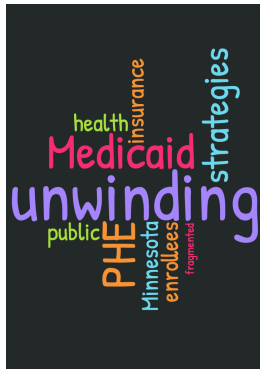
- Review the history, structure and context of the Code of Ethics for Nurses
- Understand the purpose and process for revision to the Code of Ethics for Nurses
- Identify opportunities for individual nurses to provide input, with an understanding of the timeline and possible Provision "hotspots"

**[CLICK HERE TO REGISTER](#)**

**There is no charge for this meeting**

**Attendees will receive 1.0 continuing education credit**

## Report of the September MNORN Member Meeting: Strategies Used in Minnesota for the Unwinding of Medicaid Post-Public Health Emergency



The public health emergency (PHE), declared in January 2020, allowed for continuous enrollment in Medicaid. The unwinding of the PHE removed this provision and enrollees are now required to reapply for and resume yearly re-enrollment in Medicaid. Due to the multiple complexities of Medicaid and the impact of the PHE, millions of Minnesotan residents may be without insurance at the end of the PHE unwinding period.

Here is the recording of the program:

**Introductions**

Timothy Schulz

Julie Sabo

- Project Sponsored by the St. Catherine University Summer Scholars 2023
- Funded by Mary T. Absolom Endowed Fund for Health Policy Research for Nurses (St. Catherine University Alumni)

ST. CATHERINE UNIVERSITY

[CLICK HERE TO ACCESS THE POWERPOINT](#)

Some comments about the meeting:

What factors influenced your decision to attend?

- Member participation in MNORN events
- CEU credits
- I had the time open
- Ignorance of an important topic
- Always great speakers and love to learn!
- Importance of the topic and its unique perspective for nurses to understand
- Very interesting topic that we have not heard enough about
- I'm not good at driving at night so appreciate the Zoom meetings

- This is an important topic. It affects many of the people with whom we work, our communities and our healthcare systems
- Interested in coordination of efforts and different experiences and successes in keeping people enrolled

Any other comments?

- Keep up the great speakers
- This could have been a lengthy discussion if there had been time, because it impacts so many Minnesotans across the life-space!
- I felt after the presentation - what a mess to try to figure out and still be fair to Medicaid enrollees
- Excellent presenters even with the technology bumps
- Thank you for this session! The speakers clearly worked hard on their presentation.

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## Resources For Information Related to Medical Assistance and/or MinnesotaCare

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by Christy Barich

What a wonderful presentation by Tim Schulz and Julie Sabo at our meeting last week! Thank you so much for your hard work on this.

Some questions came up from participants inquiring about how someone could get support with completing paperwork for applications/renewal of Medical Assistance.

Below are some resources where people can find information related to Medical Assistance and/or MinnesotaCare:

I always advise people who receive any county benefits to look for/pay attention to mail from the county. If they have someone that helps them with their mail, look at it together. The person can always contact their county with questions. (There should be a contact phone number included on documents mailed to the person.)

In Minnesota, county and tribal agencies administer Medicaid (Medical Assistance) and MinnesotaCare. This is the website for Minnesota Health Care Programs (includes MA and MinnesotaCare): <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/>. There is a lot of really good information on the site, including the county and tribal human services office list: <https://mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/contact-us/county-tribal-offices.jsp>.

People can use the MNsure website to apply for coverage and to get assistance with doing so from "certified assisters." <https://www.mnsure.org/>. You'll see a link for the assisters: "Free Help."

Other sources for assistance/resources:

In Hennepin County – Hennepin County Front Door 612.348.4111

Senior Linkage Line – 1.800.333.2433 (This is also a really good resource for Medicare information.)

Disability Hub – 1.866.333.2466

Additionally, hospital and clinic social workers and nurse care coordinators are really helpful in these areas. (They may have different titles depending on the hospital or clinic.)

I am also happy to help or consult with people to assist with locating appropriate resources. Christy Barich: [baric002@umn.edu](mailto:baric002@umn.edu).

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## Notice of Vacancies in State Boards, Councils and Committees

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Office of the Minnesota  
Secretary of State  
*Steve Simon*

From the OFFICE OF THE MINNESOTA SECRETARY OF STATE  
Steve Simon

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**Acute Care Transitions Advisory Council:** Vacancies: 1 Seat -- Individual who Meets the Definition of a Caring Professional

**Board of Nursing:** Vacancies: 1 Seat -- Registered Nurse

**Cannabis Advisory Council:** Vacancies: 1 Seat -- Expert in adult medicine; Vacancies: 1 Seat -- Expert in pediatric medicine; Vacancies: 2 Seats -- Licensed mental health professionals

**Home Care and Assisted Living Program Advisory Council:** Vacancies: 2 Seats -- Minnesota Assisted Living Facility Licensees Representing Assisted Living Facilities and Assisted Living Facilities with Dementia Care Levels (Facility Assisted Living Directors, Managerial Officials, or Clinical Nurse Supervisors)

**Medicaid Services Advisory Committee:** Vacancies: 3 Seats -- Physicians or Providers (familiar with health care needs of Medicaid population)

**Minnesota Children's Justice Act Task Force:** Vacancies: 2 Seats -- Health Professionals; Vacancies: 2 Seats -- Mental Health Professionals

**Minnesota Rare Disease Advisory Council:** Vacancies: 1 Seat -- Nurse or Advanced Practice Nurse

**Newborn Hearing Screening Advisory Committee:** Vacancies: 1 Seat -- Primary Care Provider

**Palliative Care Advisory Council:** Vacancies: 1 Seat -- Care Coordinators; Vacancies: 1 Seat -- Registered Nurse or Advanced Practice Registered Nurse

#### HOW TO APPLY

Visit the [Open Positions Page](#)

- Scroll down to find the correct Agency/Board/Council.
- Choose the correct seat type, and click button that says APPLY
- The system will walk you through creating an application profile.
- Page 2 of the application will now allow you to attach the following documents:
  - Letter of Interest
  - Resume or Biography

Applicants are encouraged to use the online application as the Appointing Authority will have access to your information as soon as it is submitted.

Applications submitted via downloadable application may experience some delay in reaching the Appointing Authority.

Paper applications may be submitted by email to: [Official.Documents@state.mn.us](mailto:Official.Documents@state.mn.us) or by mail or in person to:

Office of the Minnesota Secretary of State  
180 State Office Building  
100 Rev. Dr. Martin Luther King, Jr. Blvd.  
St Paul, MN 55155-1299

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## What is Beneficence in Nursing?

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Barry Bottino

**The four ethical principles of the nursing profession covered by the American Nurses Association's Code of Ethics include autonomy, justice, nonmaleficence, and one 11-letter word with a simple definition: *beneficence*. So, what exactly is beneficence in nursing?**

Cynda Rushton, PhD, RN, FAAN, the Anne and George Bunting Professor of Clinical Ethics and Nursing at Johns Hopkins University in Baltimore, Maryland, describes it this way: "Beneficence is a big word that only ethics folks use in a sentence," she joked.



The true definition of beneficence in nursing is something nurses achieve regularly but may not notice. "It's doing good or benefiting the people we serve," Rushton continued. "I think nurses are doing it every day."

Nurses may not realize that through their daily work, beneficence is front and center. Rushton says nurses should take stock of just how much this principle plays a role in the care they provide.

*"Nurses use their expertise, their judgment, and their skill to create a sort of safe passage for their patients through the healthcare system," she said. "Claiming that contribution is really important because nurses spend more time than anyone else with patients. They're instrumental in being able to help patients realize the benefits that are possible for them."*

In a March 2023 study published in the journal *BMC Nursing*, nurse researchers from Tabriz University of Medical Sciences in Iran concluded that clarifying beneficence among nurses can lead to increased well-being in patients, reduction in their mortality rate, increased patient satisfaction, and the respect and human dignity of patients.

### **THE INTERTWINED PRINCIPLES**

To better understand the role of beneficence in nursing, understanding nonmaleficence is imperative. The ANA defines nonmaleficence as the avoidance or minimization of harm.

For nurses, these two principles are often intertwined. Rushton explains the connection as the relationship between burdens and benefits.

One example is patients undergoing chemotherapy treatments under the guidance of oncology nurses. "We give chemotherapy, and in the short term it makes them very ill," she said. "But the goal, ultimately, is to eliminate the cancer cells."

For labor and delivery nurses, this can involve giving medication to induce labor. "You give Pitocin to cause more intense contractions with the goal of a safe (vaginal) delivery, rather than a C-section," Rushton said. "It's kind of a dance of being able to hold both of those realities at the same time."

The tradeoff of benefits versus burdens sometimes is very clear. Other times, it's not.

"You start down a path of treatment and you realize, 'Wow, this is not what we thought was going to happen.' Is it still an ultimate benefit to this person or not?" she said. "I think that's where nurses struggle a lot."

### **WHEN BENEFITS FALL SHORT**

Watching patients suffer from the burdens of a disease can be overwhelming and make them question whether beneficence is something they are actually exhibiting.

The result can be what some call compassion fatigue. Rushton, however, suggests that term is misnamed. "It's actually empathy fatigue," she said. "Scientists have shown that different parts of the brain light up when we experience empathy and when we experience compassion."

Watching a patient suffer or seeing their body disintegrate can cause a powerless feeling for nurses. "It's intensified when we're already depleted and exhausted," Rushton said.

Managing those feelings should involve understanding the boundaries of a nurse's responsibilities.

*"It's helpful for nurses to recognize that our effort matters whether or not we're able to bring about the ultimate outcome that we're intending," she said. "Sometimes taking on more than is ours to carry becomes a habitual pattern that begins to erode our commitment to our profession and our ability to stay in our role."*

Regardless of the outcome, Rushton encourages patients and families to share notes and messages with nurses and other clinicians who exhibited beneficence to remind them of why their efforts matter. She also says nurses should do more to recognize their contributions and honor them.

"We've really got to keep things in perspective about what we actually are responsible for and how we can recalibrate what we expect of ourselves in the midst of very complex situations," she said. "Honor the effort of everyone."

### **AN EXERCISE IN BENEFICENCE**

How can nurses notice the beneficence in their daily work? Rushton has a simple exercise to practice after every shift. "First, the idea of taking a breath" is an important way to start, she said. Breathing deeply calms and stabilizes the nervous system.

"Then, remember why you're doing this important work," Rushton said. "Why am I here? What is it that I want to bring about for this person in this moment? What can I do right now

that will be a benefit?" This can include simply being present and listening or acknowledging other skills that nurses offer to improve a patient's situation.

Next, reflect on the moments that made a difference for a patient and begin to notice them more intentionally. That can involve listening to a patient, having their attention, noticing their appreciation, or realizing that they understood the knowledge that was passed along.

"Take stock of those moments and decide how you will remember them at the end of the day, instead of the laundry list of, 'Oh, I forgot this. I didn't do that,'" Rushton said. "Have a process at the end of a shift and say, 'I did the best I could with the resources I had.'"

From there, examine the responsibilities of the job and ask, "What part of this day is mine to carry, and what part isn't?" she said. "What part could I let go of?" Having a formal practice to write down and let go of the residual from the day can reinforce letting go.

Avoid the sense of "over-responsibility," Rushton said. "We can't change the entire healthcare system," she said. "We do have control of how we are in the moment."

The exercise can help nurses achieve closure to each day and understand how much they exhibited beneficence.

*"Every nurse wants to be a benefit," she said. "We have to also notice that we are a benefit."*

retrieved 9/26/2023 <https://www.nurse.com/blog/what-is-beneficence-in-nursing/>



# How to Talk with Patients About Climate Change and Health

## Video Launch and Panel Discussion

October 17<sup>th</sup>, 2:30 – 3:30 p.m.

Attend in person at Weaver-Densford Hall 4-130

Attend virtually

[UMN-PRIVATE.ZOOM.US/J/95760719030](https://UMN-PRIVATE.ZOOM.US/J/95760719030)

Help patients understand the link between their health and the changing environment.

Practical tips for short, effective clinical conversations.

Snacks will be provided.



### Location Details

Weaver-Densford Hall 4-130, 4<sup>th</sup> Floor

Public entrance: [516 Washington Ave SE](#)

Parking available at the Washington Ave Ramp, [501 Washington Ave SE](#)

### Contact the Organizers

MDH Climate and Health Program

(651) 201-4899

[health.climatechange@state.mn.us](mailto:health.climatechange@state.mn.us)

### Register to Attend

Visitors must register to receive a U of M security pass.



Click or scan





## Activism Is an Essential Nursing Role: AJN The American Journal of Nursing

Chinn, Peggy L. PhD, RN, FAAN; Kennedy, Maureen Shawn MA, RN, FAAN

Nursing has a long history of activism, yet nurses are often heard to express their dislike of “politics” and their desire to stay away from the tense and contentious situations associated with political activism. Nurses, however, have a fundamental duty to advocate on behalf of their patients and communities. In this article, the authors discuss the rationale for and roots of political activism in nursing, the values that shape it, and the importance of nursing's stance on policies related to the health and well-being of those they serve. The authors also



**NEW YORK STATE NURSES ASSOCIATION MEMBERS MARCH WITH A BANNER THAT SAYS “GUN VIOLENCE KILLS NURSES HEAL” IN NEW YORK CITY IN MARCH 2018. PHOTO © SHUTTERSTOCK.**

present exemplars of political activism and approaches nurses can use to address the pressing health care challenges of our time

FIGURE:

Activism can be described as the use of action to achieve results or bring about change, especially political or social change. Nursing as a discipline has a long history of activism, and nurses advocate daily for the patients they care for. In doing so, whether they realize it or not, nurses are engaging in political processes that are essential to protecting the public good.

Yet in our experience, we've found that many nurses view activism as “being political” and claim they are averse to being involved in politics. They view politics as irrelevant to clinical practice, and object to what they perceive as political content in professional nursing journals. As editors of nursing journals, we have experienced backlash from readers when we've published content on political issues that affect health and well-being.<sup>1</sup> Nurses may

also associate politics with contentious and uncomfortable situations involving union negotiations.

But health care policies and budgets, which are set by political leaders and organizational administrators, trickle down to the point of care—where nurses must often “make do” and contrive workarounds to provide care. These policies and the financial resources attached to them determine who can access health care, the cost of that care, and what kind of care providers are able or permitted to deliver. As nurses, are we not duty bound to seek to change policies that adversely affect health or access to care? Do our social policy statement and code of ethics not demand this of us as individuals and as a profession?<sup>2, 3</sup>

### **ACTIVISM IN NURSING**

Activism is indeed closely associated with politics. It's a way to advocate for change, especially when change is slow or stalled within systems or by political discord. The notion of “politics” today has taken on a contentious and adversarial tone that stems from the stark contrasting views of our formal political parties. This was not always the case, and the current connotation of the word “politics” belies its true meaning. Merriam-Webster defines politics as “the art or science concerned with guiding or influencing governmental policy.”<sup>4</sup> Oxford defines it as “the activities involved in getting and using power in public life, and being able to influence decisions that affect a country or a society.”<sup>5</sup> In everyday life, politics can be defined as the ability to pursue what is deemed to be “good” for oneself and others.

As people committed to providing healing, comfort, and care, it's not surprising that some nurses prefer to avoid the oppositional or even dangerous situations that might occur from speaking out against unjust or unsafe policies, bias, or misinformation. Some nurses who have done so have been targeted on social media, ostracized by colleagues who didn't share their views, and fired.

While we acknowledge the partisan politics that prevail in public life today, we want to focus on the consequences of politics in nursing. Examples of nurse engagement in political processes include

- working to obtain something a patient needs—for example, medications, home care, or additional treatment.
- arranging for a new clinical site or striving to set limits on the number of students to supervise.
- negotiating the conditions required to carry out a research study or quality improvement project.

### THE BASIS OF ACTIVISM: NURSING'S SOCIAL CONTRACT AND CODE OF ETHICS

Should nurses advocate for improving patient and public health and well-being? To answer that question, one needs to understand that being a nurse carries certain obligations. Society accords specific groups privileges in exchange for assurances that they will provide benefits to society—a social contract.

Nursing's social contract, as written by the American Nurses Association (ANA) in *Nursing's Social Policy Statement*, includes 16 elements pertaining to the profession's obligations to society.<sup>6</sup> Among them, the ANA maintains that nurses must provide nursing care that “will extend to all who need nursing, for the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.”<sup>6</sup> Further, it expects that “nursing will participate in the promulgation of health care policy at regional, state, national, and global levels. Protection of the public through advocacy also includes whistleblowing.”<sup>6</sup> In turn, the profession expects the right to self-regulate, define standards for education and practice, and practice to the full scope of education and licensure.

The ANA's *Code of Ethics for Nurses with Interpretive Statements* sets forth nine provisions that underpin nurses' ethical obligations in their practice and professional relationships; it serves as the “bottom line”—a code nurses can draw upon to support the actions they may take on behalf of those they care for.<sup>3</sup> The provisions highlight nurses' pivotal role in protecting and promoting patients' well-being and advocating in their best interest. This role

**FIGURE:**



**NURSES MARCHING IN A SUFFRAGE PARADE IN WASHINGTON, DC, MARCH 3, 1913, THE DAY BEFORE WOODROW WILSON'S PRESIDENTIAL INAUGURATION. PHOTO COURTESY OF THE LIBRARY OF CONGRESS.**

is not possible without deliberate negotiation on behalf of the patient.

Sometimes, though, organizations may act in ways that its members feel are not consistent with its values. The ANA, for example, sparked controversy in 2019 when it adopted a policy to not endorse U.S. presidential candidates, which it had done since 1984.<sup>7</sup> Despite the organization's strong alignment with 2020 Democratic platform priorities like improving access to health care, addressing social justice, increasing racial and gender equity, and

reducing gun violence, it declined to endorse Democratic candidate Joe Biden, instead remaining neutral. Many ANA members—including eight former ANA presidents—voiced displeasure that the organization did not endorse the candidate that was a “clear” choice for nursing.<sup>8</sup> Members resigned, and while it's likely some would have done the same if the ANA had endorsed Biden, the perception remains that the organization declined to take a stand in keeping with its values.

Not acting, or failure to take a position on a major political issue, is in fact a political act. Nursing's history offers abundant examples of nurses taking strong public stances on issues involving the health of individuals, families, communities, and the nation.

### **LEGACIES OF SOCIAL AND POLITICAL ACTIVISM IN NURSING**

A notable example of a nurse who engaged in social activism is Lillian Wald, who, along with Mary Brewster, founded New York City's Visiting Nurse Service in 1893 to provide home nursing to the mostly immigrant community on Manhattan's Lower East Side.<sup>9, 10</sup> Wald, considered the founder of public health nursing, also founded the Henry Street Settlement, a community center that offered health services, parenting classes, job training, and a summer camp for children.<sup>11, 12</sup> Her work galvanized the community to take action for social change. In *AJN*'s January 1902 issue, editor-in-chief Sophia F. Palmer noted that the news media had acknowledged that “the women of the ‘Nursing Settlement’ on Henry Street had been largely influential in rousing the women of upper New York to a knowledge of the terrible conditions that existed in the slum districts under Tammany rule.”<sup>13</sup> Palmer commented on the significance of this mainstream acknowledgment, writing that “nurses, for the first time to our knowledge, are given recognition as political reformers, a place which we believe in the future they will fill with great honor.”<sup>13</sup> Wald went on to facilitate the placement of nurses in public schools and helped found the National Organization for Public Health Nursing, the Columbia University School of Nursing, and the National Association for the Advancement of Colored People.<sup>9, 14</sup>

In a 1985 article on *AJN*, Charlene Eldridge Wheeler documented the journal's activist role during the first two decades of the 20th century, analyzing its reporting on nurses' political positions—including articles that presented opposing viewpoints on issues like the U.S. involvement in the First World War.<sup>15</sup> The journal published accounts of the activism that Wald and other notable nurses engaged in to address the health of New York City's vulnerable populations, particularly immigrants, women, and children. Lavinia Dock, one of the first Henry Street nurses, was described as “mildly socialistic, ardently pacifist, and a militant suffragist.”<sup>16</sup> Of course, not all nurses agreed on the issues of the day (including controversial topics like morality education and suffrage), but nursing leaders' activism garnered sufficient support so that they exerted significant influence. One example is their public stand against legislation passed in New York in 1910 known as the Page Bill, which required convicted prostitutes to be examined for venereal disease.<sup>17</sup> Nursing leaders'

protest against the bill reflected the range of concerns that gave rise to their activist stance, as noted by Wheeler in her article on *AJN*<sup>15</sup>:

“[The bill] ostensibly existed to provide and enforce health care for sick women, but the real illnesses of women of the lower classes, such as malnutrition and tuberculosis, were being ignored. Nursing leaders recognized the sham of focusing health care legislation on lower-class women and the treatment of venereal disease. They assigned responsibility as they perceived it: “This [the neglect of real health problems] makes it seem more than ever as if the Page Bill aimed only at treating medically those women who are in demand as prostitutes by the better classes of men.””

### **THE COVID-19 PANDEMIC AS A CATALYST FOR CHANGE**

The COVID-19 pandemic brought into focus issues that have long plagued health care workers: inadequate staffing, relatively low pay compared with the risks of the work, stressful and violent workplaces, and staff feeling alienated and unsupported by management. Nurse and physician burnout and moral distress, at high levels prior to the pandemic, only intensified, and thousands of nurses left and continue to leave the acute care workforce.<sup>18</sup> <sup>19</sup> Nurses have spoken out publicly about lacking needed personal protective equipment (PPE) and the dangers of insufficient staff to patient safety; some were fired for doing so.<sup>20</sup> An ED charge nurse in Washington State took drastic action by calling 911 for assistance after being overwhelmed by too many patients.<sup>21</sup> Nurses have recently mounted work stoppages and strikes in several states to protest working conditions and unsafe staffing levels, and some have been successful in gaining better working conditions and pay.<sup>22</sup> News outlets have reported nurses unionizing at various hospitals.<sup>23-25</sup>

**Antiracist initiatives.** The pandemic also revealed major inequities in vulnerable populations' access to health care: hospitals in largely Black, poor, and rural communities had less access to equipment like ventilators, PPE, and later, vaccines.<sup>26-28</sup> Nurses in Minneapolis took action in their community in the wake of the brutal killing of George Floyd in May 2020, which sparked protests and activism worldwide to address the dual crises. Katie Clark, a nurse educator and NP serving the homeless population in Minneapolis, stated in a 2020 blog post, “As a nurse bearing witness to these atrocities...I have observed nurses organizing themselves to respond as a collective to these unthinkable problems in real time by taking immediate action to both maintain safety and fight for justice.”<sup>29</sup>

The death of George Floyd at the hands of a White police officer, a mere four months after COVID-19 was declared a pandemic, forced many Americans and institutions to recognize the racial inequities embedded in the fabric of our society—from implicit bias to outright discrimination in criminal justice, housing, education, employment, and health care. Diversity, equity, and inclusion initiatives, long given lip service, took hold as many organizations examined and implemented policies to address inequities for the first time. Nursing, too, examined its complicity and initiated actions to create sustainable change in health care.

The “Overdue Reckoning on Racism in Nursing” project, launched in 2020 and reported in *AJN* in February 2022, is a network of nurses of color and White nurses who are dedicated to taking antiracist action in nursing education, practice, research, and policy.<sup>30</sup> In addition to holding monthly discussions, the project offers a list of books, articles, and videos that provide needed insight and understanding of the complex dimensions of racism (see <https://reckoningwithracisminnursing.org/online-resources-and-links>). The “Principles of Reckoning” on which the project is based emphasize the need for nurses to join together to end the dominance of White privilege and address racism in workplaces, nursing organizations, and nursing education programs.

Nursing organizations have released statements acknowledging complicity in racial and social justice inequities and declaring their intentions to chart a different future. Notable are



**FIGURE:**  
**NURSES AND OTHER HEALTH CARE WORKERS AT THE MARCH ON WASHINGTON ON AUGUST 28, 1963, MARCH UNDER THE BANNER OF THE MEDICAL COMMITTEE FOR CIVIL RIGHTS (MCCR). THE INSET SHOWS RACHEL ROBINSON (RIGHT), NATIONAL VICE CHAIRMAN OF THE MCCR AND WIFE OF BASEBALL GREAT JACKIE ROBINSON, WALKING BENEATH AN RN PLACARD. THESE PHOTOS APPEARED IN THE OCTOBER 1963 ISSUE OF *AJN*.**

statements from the ANA (*Racism in Nursing, 2022*) and the American College of Nurse-Midwives (*Truth and Reconciliation Resolution, 2021*).<sup>31, 32</sup> Some nursing schools have adopted statements of intent and policy to guide the implementation of antiracist practices in education. The Yale School of Nursing's statement, for example, includes the following actions, among others<sup>33</sup>:

- Build an institutional culture of fairness, respect, and antiracism by prioritizing diversity, equity, and inclusion.
- Develop, assess, and improve systems to mitigate harmful biases and eliminate racism and all other forms of discrimination.
- Integrate equity into health professions curricula, explicitly aiming to mitigate the harmful effects of bias, exclusion, discrimination, racism, and all other forms of oppression.

- Increase the numbers of health professions students, trainees, faculty, and institutional administrators and leaders from historically marginalized and excluded populations.

The intentions embraced in newly formed policies are timely and necessary—now the challenge is to turn such intentions into real action that produces urgently needed changes.

### **A RENEWED CALL FOR NURSING ACTIVISM**

As the largest group of health care providers in the United States, nurses need to take action to address the sociopolitical circumstances that threaten the health of our nation and our planet. Sometimes these are referred to as the social determinants of health—they are also the “social determinants of death” for far too many. One way nurses can get involved is by examining their own values and commitments. Values guide the actions that can be taken in any situation. The reality is that nonaction is just as politically significant as action. There is no neutral ground where health—and life and death—is concerned.

Consider the larger ecological and sociopolitical context in which all nurses make significant choices. Donald Berwick, patient safety advocate and founder of the Institute for Healthcare Improvement, describes seven actions health care providers can take to advance the health and well-being of all people<sup>34</sup>:

- Commit to human rights, including a national sign-on to the international treaties and covenants related to health and health care.
- Push for universal health care coverage and adopt a strong “health as a human right” position that ensures adequate care for all.
- Help combat climate change, which disproportionately affects people of color and people who live in poverty.
- Back criminal justice reform, with action to reduce the incarcerated population, ending practices and policies that disproportionately trap people of color in the penal system.
- Encourage inclusive immigration policies, ending cruelty at the nation's borders.
- Tackle poverty head-on, with the goal of ending hunger and homelessness.
- Defend civil (democratic) institutions that ensure that every person's voice is heard.

**How nurses can become engaged.** Where does the spark happen and why are so many nurses not politically engaged? A literature review by Woodward and colleagues examining factors associated with nurses' participation in politics or civic engagement notes the need for better health policy education and active involvement in nursing and advocacy organizations.<sup>35</sup> A recent scoping review that explored the literature on health activism and nursing practice concluded that nurses need more education, mentoring, and support to be able to engage in activism and avoid burnout.<sup>36</sup>

Being involved in nursing organizations is one way to learn about and engage in activism regarding health care and professional issues. There are many organizations to choose from on the local, state, and national levels. In these groups, nurses can find like-minded people who are dedicated to creating change—and join them to do the work.



Encouraging nursing students to join the National Student Nurses' Association (NSNA) can promote their engagement in social activism from the start of their careers. The NSNA provides real-world opportunities in policymaking, writing proposals, campaigning for candidates, and presenting position statements—all of which can help students learn and practice vital advocacy skills.

Early career nurses can join workplace committees and help develop policies that promote health care quality, safety, and professional practice; they can also become active in nursing organizations aligned with their practice area and values. Nurses at the point of care have an important perspective on what resources are needed to provide patient-centered care. As they become experienced clinicians, they can lead efforts within their organizations and communities.

Nurses are educated and respected and can speak with authority on health issues; they can engage in policy activism by serving on organization and community boards and running for local or national office. Congresswoman Lauren Underwood (D-IL), elected in 2018, and Cori Bush (D-MO), elected in 2020, follow other nurses like Eddie Bernice Johnson (D-TX), Lois Capps (D-CA), and LPN Carolyn McCarthy (D-NY) into the legislative arena.<sup>37, 38</sup> Writing on the desired characteristics of nurses, mid-20th century nursing leader Virginia Henderson noted, "Since no one practices nursing except in relation to his or her times and in relation to the needs of a given society, I believe we should seek those persons who show promise of having a social conscience and civic interest. It seems hardly possible to me that an excellent nurse can be at the same time an indifferent or socially inexperienced citizen."

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**The role of nurse educators.** Nurse educators are crucial to helping students gain the knowledge and skills required to become nurse activists; they also model the importance of activism in their own initiatives to change nursing education. Native American activists John Lowe and Karine Crow advocated for a transformation in nursing education built on a Native American conceptual framework.<sup>40</sup> Sharrica Miller and Stephanie Vaughn recognized that the underrepresentation of Black and Hispanic nurses, despite claims of "inclusion and diversity," is sustained by practices in nursing education that disadvantage students of color.<sup>41</sup> Waite and colleagues cited historically Black colleges and universities' lack of funding and lack of collaboration with leading organizations dedicated to inclusion and equity as contributing factors to persistent health disparities.<sup>42</sup>

Nurse educators at all levels need only to examine the content of their textbooks and the journal articles they require students to read to see how teaching materials sustain injustices. Illustrations predominantly portray White experiences; case studies frequently portray people of color as patients (not providers) and as poor, uneducated, and needy. The challenge for

educators is to mitigate the harm reflected in the literature, use harmful content as a prompt to raise awareness, and introduce alternative resources that promote equity and justice in nursing and health care.

**What C-suite nurses can do.** One may not think of chief nursing officers (CNOs) and nursing administrators as activists, but they also have a role to play. When CNOs and other nursing leaders adhere to nursing's social contract and code of ethics, they become strong advocates for change. These C-suite nurses, who are responsible for giving nurses the resources they need and for promoting staff well-being, can ensure that the organization's chief executive officer and board of trustees are aware of pertinent issues and lobby them for changes. Some CNOs in acute care facilities have been successful in getting hospital administrators to close or consolidate patient care units to offset insufficient staffing.

CNOs can also be activists by ensuring their organizations are responsive to public health and community needs. At Massachusetts General Hospital (MGH) in Boston, for example, nurse leaders supported nursing research on safe gun storage. They also spearheaded the founding of a multidisciplinary coalition, the MGH Center for Gun Violence Prevention, which aims to prevent firearm-related violence in the community.<sup>43</sup>

All nurses can participate in forming a health care system that is committed to racial justice. All of us can take action to interrupt the effects of racial injustice that sustain devastating health disparities. The Smithsonian's National Museum of African American History and Culture provides an excellent explanation on its website of what it means to be antiracist: "Being antiracist is different for white people than it is for people of color. For white people, being antiracist evolves with their racial identity development. They must acknowledge and understand their privilege, work to change their internalized racism, and interrupt racism when they see it. For people of color, it means recognizing how race and racism have been internalized, and whether it has been applied to other people of color."<sup>44</sup>

## CONCLUSION

Today's social and political climate calls for strengthening and renewing nursing's legacy of activism. Nurses who are not directly engaging in activist projects can lend their support and encouragement and participate when possible. The challenges are beyond any one of us to tackle alone, but every nurse can take on a challenge that is close to home, find allies and colleagues who are eager to join in, and take meaningful action.

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## Call for Nominations for the ANA National Awards

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Through the National Awards Program, the American Nurses Association (ANA) identifies those who exemplify the very best in the profession of nursing; honors their contributions to the nursing profession and the field of health care; and recognizes the positive difference that they have made in the lives of their colleagues, patients, families, as well as the communities in which they live.

The Call for Nominations for the American Nurses Association (ANA) National Awards is underway. If you are considering nominating yourself or a colleague for an ANA National Award, please review the [National Awards Program Guide](#). The Guide includes important information, such as:

- A description of each award, including eligibility requirements and selection criteria;
- An overview of the award nomination process, including tips for submitting a strong nomination and a link to the online nomination form; and
- Timelines for the submission and review of award nominations.

### National Award Categories

**Awards for Distinguished Practice in Nursing** recognize excellence in nursing research, nursing education, or nursing practice, and outstanding professional contributions of an ANA member in the areas of research, education, clinical care, direct patient care, or public health.

- **Distinguished Direct Patient Care Award**, inspired by **Mary Ellen Patton**, recognizes an individual registered nurse who provides exemplary direct patient care and contributes to the advancement of nursing practice by demonstrating a commitment to personal leadership development and serving as an inspirational role model for others.
- **Early Career Nurse Leader Award**, for significant accomplishments and contributions by emerging members of the nursing profession.

- **Foundations of Nursing Practice Award**, inspired by **Jessie M. Scott**, recognizes an individual registered nurse for achieving outstanding accomplishments in nursing research, nursing education or nursing practice.
- **Public Health Service Award**, inspired by **Pearl McIver**, recognizes the exceptional leadership and outstanding professional contributions of a public health nurse in shaping the role and advancing the practice of public health nursing.

**Awards for Nurse Exemplars** promote and underscore ANA's continuing dedication to the principles of nursing ethics and the highest standards of nursing practice.

- **ANA Hall of Fame Award**, for extraordinary contributions to the nursing profession over a sustained period through distinguished service, steadfast leadership, exceptional mentorship, effective advocacy, and innovative efforts that have had an enduring impact on the health and/or social/political history of the United States..
- **Leadership in Ethics Award**, for demonstrating the highest standards of ethics and leadership in his/her daily practice, serving as an ethical role model, and promoting ethical dialogue and/or scholarship.

**Awards for Nursing Champions** recognize outstanding accomplishments in the area of advocacy for the profession of nursing and for ANA.

- **Advocacy Award**, inspired by **Barbara Thoman Curtis, Hildegard Peplau and Shirley Titus**, recognizes the individual registered nurse who embraces the role of advocate as part of his/her professional identity.
- **Champion of Nursing Award**, recognizes the contributions of an extraordinary leader or organization who is not a member of the nursing profession.

**Awards for Nursing Pioneers** recognize outstanding contributions to social justice that removed barriers and advanced a culture of equity and inclusion in the profession of nursing.

- **Luther Christman Award**, for substantial contributions made by an individual man in nursing to the profession of nursing in areas that include, but are not limited to, practice, research, education, public policy and/or community service.
- **Mary Mahoney Award**, for significant contributions, by an individual registered nurse or a group of registered nurses, to integration within the nursing profession.

For questions about the ANA National Awards Program contact [leader@ana.org](mailto:leader@ana.org).