

## 2020 and ELECTIONS

President's Message from Molly Maxwell

### Election year is upon us. So what does that mean for each of us as individuals voters, and for MNORN as an organization?

ANA political action related to federal races takes place at the national level, not the state level. The Political Action Committee (ANA PAC) is the entity that carries out this work. The PAC studies the candidates and endorses those that have shown support for nursing and nursing's priorities.



Beginning in 1984-5, the ANA PAC has endorsed in the Presidential races as well. After extensive discussion of the pros and cons of Presidential Endorsements (including at the 2018 Membership Assembly and the establishment of a task force) the 2019 Membership Assembly voted to rescind the '84-85 policy and adopt a *Presidential Engagement Policy*.

Engagement instead of endorsement encourages **active** involvement in the election process. It focuses on educating members and the public about the candidates; their backgrounds; and their positions on health and healthcare. With this information, each member can determine which candidate to support. To paraphrase a nurse, it is like what we do with our patients - we educate them about choices related to their health, but the patient is the one that makes the decision.

**Active involvement** means finding a place that fits your needs and comfort level to be involved in the electoral process. With this new approach, the Governmental Affairs staff created a web site with information that will help you find activity ideas that fit your comfort level.

The site is: [NURSES VOTE 2020](#)

Even though ANA no longer endorses in the Presidential race, they continue, through their PAC, to endorse in the House and Senate races. The staff and the ANA PAC Board evaluate candidates and make the decision which candidates will be supported by ANA both financially and with volunteers in the candidate's home state. As these endorsements are made, the PAC publishes them.

Many states have their own PAC that works as ANA's does and endorses supportive candidates at state and local levels. MNORN does not have a PAC, so that means involvement and activity at the state and local level belongs to each and everyone of us

individually. The ideas in the **Nurses Vote 2020** are easily utilized locally, so be sure to visit the site.

The most basic way to become active in the busy 2020 races, is to make sure you are registered, you know your polling place and YOU VOTE. Helping others make sure they are registered and helping them get to the polls to vote is vital.

**Thank you for all you do to ensure that the voices of nurses are heard! Please let us know if we can help you!**



### 2020 Minnesota Political Calendar

**February 11: Legislature reconvenes**

**February 25: DFL/GOP precinct caucuses**

**March 3: Presidential Primary in MN - Super Tuesday**

**May 15-16: GOP State Convention**

**May 30-31: DFL State Convention**

**July 13-16: Democratic National Convention, Milwaukee**

**August 11: MN State Primary Election**

**August 24-27: Republican National Convention, Charlotte NC**

**September 29: First Presidential Debate**

**November 3: General Election**

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## **MNORN's Dialogue Forum Submission for the 2020 ANA Membership Assembly: Building a Culture of Support for Nurses by Addressing Systemic Issues**

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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.

This relates to the ANA Strategic Goal: Evolve the practice of nursing to transform healthcare.  
The following is MNORN's submission to ANA.

### **How this proposal relates to the above strategic goal?**

When you listen to patients' stories, it becomes evident that healthcare itself requires critical care. System design has not made healthcare more accessible, more affordable, more understandable. Patients and families are burdened with self-care coordination and hands-on care giving with fewer and fewer resources to assist them. Meanwhile there are high-level discussions about the need to address social determinants of health; to move to patient-centered care; to close community and safety-net hospitals and move to technology-based, impersonal care. Patients are often bewildered, spending more and more out-of-pocket, or opting out of health care entirely.

The healthcare system has hit a critical need for transformation.

Nurses should be at the forefront of transformation design, based on our role, our education, our relationship with our patients. But nurses are struggling to keep their heads above the churn. The level of burnout among nurses is at a critical point. ANA is studying the issue of nurse suicide. Nurses are retiring if they are old enough and leaving the profession if they are not. There are increasing numbers of nurses struggling with substance-use disorder and depression.

The safety instructions when we fly in a plane always remind us to "put on your own oxygen mask first," reminding us that we can't help anyone else if we don't have oxygen ourselves. It is urgent that nurses, collectively, put on our oxygen masks first, so that we can be effective partners in the necessary transformation of healthcare in this country.

## The underlying issue(s) to be addressed during the dialogue forum

### Why MNORN is submitting this proposal:

Throughout the history of nurses, the work of nursing care has been consistently organized - unit-based, staffing, scheduling. Reading Susan Overby's *Ordered to Care* about nursing care from 1850 to 1945, *Code Green* about the impact on nurses when hospitals began their transformation to systems and corporations, and quotes by contemporary nurses, the themes seem to be consistent.

..." nurses took it on themselves to maintain the high standards of patient care. The high expectations that they held for themselves, especially those nurses who had been trained to think of themselves as "professionals," compelled nurses to try to meet patients' needs despite resource constraints. 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. The hospital shifted the costs of quality out of the hospital budget and onto individual nurses, who paid in their own sweat, stress, and demoralization." (*Code Green*, p.156-57)

In a recent blog on [kevinmd](#), 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."

Does this sound familiar? Today's nurse blames the EHR, the complexity of the patients, skill mix, payer mix, all kinds of things that the nurse in the 1970s didn't have, but the fundamental issues of hard work, long shifts, lack of control are constant. These are issues that nurses can, and must, address. How else can nurses be part of the Quadruple Aim of health care

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

"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."

Caulfield continues writing about the promise of the gig economy to allow nurses to work in new ways, with less formal relationships with healthcare systems. Will the gig economy help or hinder nursing in its goal to transform health?

No matter how nurses are employed and no matter the practice setting, nurses are increasingly under stress in systems that demand more and more, with fewer and fewer resources. The work of nurses is making nurses sick.

According to the World Health Organization, 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."

Among the issues addressed through the TWH are:

- 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."

When MNORN members thought about Building a Culture of Support for Nurses, these are some of the issues they considered:

- How do we effectively utilize aging nurses and nurses with disabilities to address healthcare needs, employing creative ways such as part time work, altered schedules that allow for larger periods of time off

- Micro-aggressions and bullying in the workplace
- Bullying in the workplace
- Nurse retention
- Dealing with issues of burnout among nurses
- Getting back into nursing after time away
- How do we increase workforce in the areas most needed, like public health?
- How do nurses use their collective power for systemic change?
- Expanded growth opportunities
- Mental health of the nursing workforce and risk of suicidality
- Nursing discipline actions
- Addressing the loss of good nurses due to professional despair.
- Well-being of nurses, dealing with moral distress
- Retention of providers and nurses. Why such a turnover? Why are providers leaving and what is the industry going to do about it? It costs money to train nurses and providers. Retention is important to keep patient costs down.
- New strategies to address nurse/patient safety through appropriate assignments
- Development of staffing tools for ambulatory nursing
- Employer, manager, and employee responsibilities to cooperate with policies that ensure the delivery of safe care and ratios
- The impacts of public reporting and value-based purchasing initiatives on nurse staffing
- Best practices in employee scheduling
- What are the risk factors for substance use disorder among nurses? How can these risk factors be addressed to avoid/mitigate SUD?

The breadth of the items members submitted under this category of Building a Culture of Support for Nurses demonstrate the need for a system approach.

Possible questions to ask about Building a Culture of Support for Nurses include:

- To what level do the systems in place for staffing and scheduling impact the health and well-being of nurses?
- How does the dichotomy between a Culture of Excellence, which requires every nurse to be excellent always, with individual consequences for mistakes and a Just Culture, which seeks to create an environment that encourages self-reporting of mistakes, so that system issues can be better understood and corrected?
- How have process improvement strategies, such as Lean Six Sigma, impacted the morale? (A systematic review of Lean Interventions in Health Care, published in 2016 found that “Lean interventions have: (i) no statistically significant association with patient satisfaction and health outcomes; (ii) a negative association with financial costs and worker satisfaction and (iii) potential, yet inconsistent, benefits on process outcomes like patient flow and safety.”)

- What has been the impact of strategies such as stress reduction, yoga, guided imagery, healthy eating and sleeping for individual nurses working in high stress organizations?
- Might the RWJF Culture of Health Framework be useful for creating a culture of support for nurses? Likewise, the IHI Framework for Improving Joy in Work?

### **Why is this topic of national relevance?**

Just google nurse burnout. The internet is replete with articles about nurse burnout, statistics for 2018 and 2019, 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, profession and the public**

In a recent survey of what MNORN members would like ANA to be talking about at the 2020 Membership Assembly, 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 healthy lifestyle, including diet, exercise, rest, maintain family/ personal relationships, engage in adequate leisure and recreational activities, 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, in 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.

## References:

AACN Beacon Award for Excellence Handbook. <https://www.aacn.org/~media/aacn-website/nursing-excellence/beacon-awards/beaconhandbook.pdf>

ANA Call to Action on More Resilience. <https://www.nursingworld.org/~4907b6/globalassets/docs/ana/ana-call-to-action--exploring-moral-resilience-final.pdf>

Burnout Syndrome in hospitals Nurses: Causes and Consequences. [https://mds.marshall.edu/cgi/viewcontent.cgi?article=1189&context=mgmt\\_faculty](https://mds.marshall.edu/cgi/viewcontent.cgi?article=1189&context=mgmt_faculty)

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Health-care system causing rampant burnout among doctors, nurses. <https://www.washingtonpost.com/health/2019/10/23/broken-health-care-system-is-causing-rampant-burnout-among-doctors-nurses/>

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Lazenby, Mark. Caring Matters Most: The Ethical Significance of Nursing. Oxford University Press, 2017

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Nursings' newest problem: the young eating the old. <https://www.kevinmd.com/blog/2019/06/nursings-newest-problem-the-young-eating-the-old.html>

Reverby, Susan M. Ordered to Care: The Dilemma of American Nursing, 1850-1945. Cambridge University Press. 1987

The Gig Economy Has Arrived In The World Of Nursing. <https://www.forbes.com/sites/forbestechcouncil/2019/09/27/the-gig-economy-has-arrived-in-the-world-of-nursing/#74a472266274>

The Quadruple Aim: care, health, cost and meaning in work. <https://qualitysafety.bmj.com/content/24/10/608> Weinberg, Dana Beth. Code Green: Money-Driven Hospitals and the Dismantling of Nursing. Cornell Press, 2003

What is a culture of health? <https://www.policiesforaction.org/what-culture-health>



## HRSA 2018 Nursing Workforce Survey Data Now Available

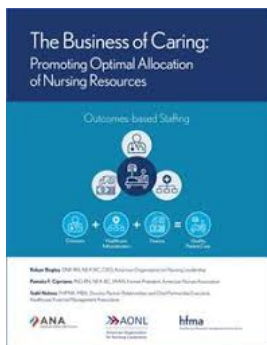
As the Year of the Nurse begins, new data about the RN population in the United States has been released by the federal government.

The Health Resources and Services Administration (HRSA) has released the results of the 2018 National Sample Survey of Registered Nurses (NSSRN). NSSRN is the longest running survey of RNs in the United States. From April 2018 to October 2018, a total of 50,273 RNs from all U.S. states completed the survey via a web-based instrument or a paper questionnaire resulting in an unweighted response rate of 50.1 percent.

This survey data was last released in 2008 and is the principal source of information on the nursing workforce.

According to HRSA, the data from these periodic surveys provide the basis for evaluating trends and projecting the future supply of nurses. HRSA programs use the information collected to assess nursing requirements at the state and national level.

[ACCESS THE HRSA REPORT HERE](#)



## New Report: The Business of Caring: Promoting Optimal Allocation of Nursing Resources

ANA is pleased to announce the release of this new report. The report was coauthored by ANA, the American Organization for Nursing Leadership (AONL) and the Healthcare Financial Management Association (HFMA). The report also was endorsed by the American Association of Critical-Care Nurses.

The report calls on health care leaders to:

- Pioneer creative nurse staffing approaches
- Assess the impacts of new technology on all phases of care
- Strive for fierce collaboration
- Agree on principles for allocating appropriate nursing resources for patient care. [ACCESS THE STAFFING REPORT HERE](#)



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## Celebrate Immunization Event at the Capitol Rotunda

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**Tuesday, February 18, 2020 at 11 AM – 11:30 AM**  
**Minnesota State Capitol - 75 Rev. Dr. Martin Luther King Jr Blvd. Saint Paul 55155**

On February 18, 2020, vaccine advocates from all walks of life are meeting at the Minnesota State Capitol to show lawmakers that the vast majority of Minnesotans appreciate the protection vaccines provide for our families and communities.

Why rally?

Legislators hear almost exclusively from anti-vaccine activists because most of us appreciate how vaccines allow us to live our lives without being constantly concerned about them or the diseases they prevent.

But we can take one day out of our busy schedule to show legislators how much Minnesotans do celebrate the importance of immunization and to give them the courage to make science-based policy decisions.

Plus, we will get to meet some seriously impressive and wonderful Minnesotans.

**[Contact the Facebook page here](#)** if you would like to be an event partner or a volunteer recruiter. KIDS WELCOME.



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## ANA Health Policy/Government Affairs Corner

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To read the more comprehensive update please visit the [Members Only Portal](#).

In December, Congress passed its fiscal year spending bill which also included an increase in Title VIII funding, the National Institute of Nursing Research (NINR) funding, funds to the Center for Disease Control (CDC) for gun violence research and staffing report language. The President quickly signed the spending bills into law.

**Policy:** In December, a group of ANA representatives met with the Occupational Safety and Health Administration (OSHA) staff on plans to develop a safety standard to protect health care workers from workplace violence.

**Advocacy and Engagement:** The engagement team delivered end of year messaging to ANA members and RNAction communities highlighting advocacy successes and progress made throughout 2019 and focusing on top priorities heading into 2020.

**PAC:** Final ANA-PAC check requests for campaign support were submitted for 2019. As of December, the PAC has spent over \$220,000 on federal candidates and committees. This is a very strong showing of support for members on both sides of the aisle given in 2017, the last non-election year, the PAC spent shy of \$169,000. Final ratios for giving was 59% democrats and 41% republicans.

**NursesVote:** Visit [nursesvote.org](https://nursesvote.org) for the latest updates on ways to engage with every Presidential candidate and where they stand on all the important health care issues. As you start to engage in and volunteer in the election, please share your experiences with us on [Facebook](#) and [Twitter](#) using the #NursesVote hashtag.



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**MNORN is a co-sponsor of "Code Blue for Patient Earth", led by Health Professionals for a Healthy Climate.**

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**As a co-sponsor, MNORN will pay the registration for five members to attend this meeting.**

Details:

April 4th, 2020 - 8AM to 4PM  
McNamara Alumni Center  
University of Minnesota

Keynote:

Dr. Christie Manning, from Macalester College, will speak about "The Psychology of Climate Change."

This was an impactful conference last year, and will undoubtedly be so again this year.

As we all know, climate change is impacting the health of Minnesotans. Increasingly, those of us who support the health of patients and communities are called to take action.

**If you are interested in attending and having MNORN pay your registration, email [kkoehn@mnorn.org](mailto:kkoehn@mnorn.org).**

For more information about the conference: <https://www.nursing.umn.edu/events/code-blue-patient-earth>

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## University of Minnesota Nursing Research Day

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**Date:** April 17th

**Theme:** Celebrating Year of the Nurse: Care and Caregiving in a Complex World

**Keynote Speaker:** J. Nicholas Dionne-Odom, PhD, APRN, ACHPN, FPCN from the University of Alabama. Dionne-Odom's area of research is end of life care and people with complex conditions

**MNORN has one slot for a poster presentation and one slot for a podium presentation.**

**Do you have a project you would like to share? Contact Kathi Koehn at [kkoehn@mnorn.org](mailto:kkoehn@mnorn.org)**

**Deadline: February 17th**

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## 2020 Nursing Knowledge:Big Data Science Conference

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Join us in advancing person-centered care and improving health outcomes through nursing data at the 2020 Nursing Knowledge: Big Data Science Conference. Our agenda is live, registration is open, and we're excited to announce that the conference is now eligible for ANCC contact hours.

**[REGISTER HERE](#)**

Be sure to [book your hotel room](#) early to receive the guaranteed conference rate of \$164/night.