

SurveyMonkey: 2022 ANA Membership Assembly Dialogue Forum Topics

Last week you were sent a SurveyMonkey request for input into possible topics for the ANA Membership Assembly Dialogue Forums.

If you have responded, Thank You! If you have not yet responded, there is still time.

Your responses will frame the topic that the MNORN Board will submit to ANA for consideration.

This year, as the COVID pandemic continues, it is more important than ever to let ANA know what is important to nurses in Minnesota!

Notes from the December MNORN Member Meeting: "Secondary Trauma and Moral Injury"

Presenter: Rochelle Perry, PMHNP

Mhealth Addiction and Behavioral Health Service Line

Rochelle is a board certified Family Mental Health Nurse Practitioner earning her MSN in 2012 from Rush University in Chicago, IL and currently working on her Doctorate of Nursing Practice through Minnesota State University, Mankato with a graduate date of summer 2022. She has experience in multiple mental health settings, including inpatient child/adolescent/adult/geriatric units, outpatient clinics, teenage runaway shelters, correctional facilities, and community health facilities. She enjoys working with a diverse array of mental health issues. Rochelle provides comprehensive mental health treatment including diagnostic assessments and medication management for clients across the lifespan. Areas of special interest include working with adolescents, young adults, and their families in the transition to adulthood, those struggling with substance use and pursuing recovery and/or struggling with a severe and persistent mental illness.

Empathic strain

Secondary Trauma

“The cost of doing business in a profession in which we are exposed daily to other people’s pain”

Vicarious trauma



Trauma exposure response

Compassion fatigue

Mr Rogers famously said, “Look for the helpers. You will always find people who are helping.” Nurses are among the helpers that people look for. That means that nurses hear the stories of the people they are helping - and those stories can cause us to have vicarious trauma that can be both cumulative and permanent.

Signs of Secondary Trauma

Emotional — feeling numb or detached; feeling overwhelmed or maybe even hopeless

Physical — having low energy or feeling fatigued

Behavioral — changing your routine or engaging in self-destructive coping mechanisms

Professional — experiencing low performance of job tasks and responsibilities; feeling low job morale

Cognitive — experiencing confusion, diminished concentration, and difficulty with decision making; experiencing trauma imagery, which is seeing events over and over again

Spiritual — questioning the meaning of life or lacking self-satisfaction

Interpersonal — physically withdrawing or becoming emotionally unavailable to your co-workers or your family

The subject of healthcare worker burnout is in the news most every day now. This is a term that was coined in 1974 (Freudenberg) to describe what can happen as a result of excessive demands on energy, strength, or resources in the workplace. Symptoms can include malaise, fatigue, frustration, cynicism, and inefficiency.

Moral injury is a more recent term than burnout. In 2019, Dean and Talbot described moral injury as “the challenge of simultaneously knowing what care clients need by being unable to provide it due to constraints that are beyond our control.”



Prevalence of and Factors Associated With Nurse Burnout in the US

- Data collected from April 30 to October 12, 2018, using the National Sample Survey of Registered Nurses in the US (N = 50,273)
- The primary outcomes were the likelihood of leaving employment in the last year owing to burnout or considering leaving employment owing to burnout
- Among nurses who reported leaving their job in 2017, 31.5% reported burnout as a reason
- Compared with working less than 20 h/wk, nurses who worked more than 40 h/wk had a higher likelihood identifying burnout as a reason they left their job
- Respondents who reported leaving or considering leaving their job owing to burnout reported a stressful work environment or inadequate staffing,

(Shaw et al, 2021)



Why it is Important to Use the Term “Moral Injury” rather than “Burnout”

- The difference between burnout and moral injury is important because using different terminology reframes the problem and the solutions.
- Burnout suggests that the problem resides within the individual, who is in some way deficient. It implies that the individual lacks the resources or resilience to withstand the work environment. Since the problem is in the individual, the solutions to burnout must be in the individual, too, and therefore, it is the individual's responsibility to find and implement them. Solutions include recommending meditation, using lavender essential oil, or go on a wellness retreat.
- Moral injury acknowledges the distress NURSES are feeling and that the problem is not the result of some failing on the part of the individual clinician. The problem lies in the system, whether at the micro or macro level. Therefore, the solution lies in changing the system. It does not focus on encouraging yoga, mindfulness or meditation.

In Addition to Changing the System, Self-Care Strategies that May Help

Most important is to remember that:

- You are resourceful
- You are resilient
- You are strong

Pay attention to your body and mind and how you are reacting to the stories you hear

Avoid avoidance: Don't stuff your feeling

Plan ahead: take control of your emotional health by setting aside time for yourself, even if it is a few minutes at a time.

Additional strategies:

- Take time away from work
- Debrief/share your experiences
- Engage in physical activities
- Connect with friends or family, even if only virtually
- Connect spiritually
- Spend time outside
- Learn relaxation techniques such as meditation, guided imagery, yoga
- Engage in creativity such as art or writing
- Reflect on the meaning in your work

References

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From AJN Off the Charts: How Can You Bear to Be a Nurse? A Classic Question Revisited

Thanks to Joanne Disch for revisiting a question that was posed more than thirty years ago. "How can you bear to be a nurse?" in these days of the pandemic.

And, thanks for the words of the author who originally asked the question. She said of nurses, "No easy answers. . . . You have days of frustration, nights of despair, terrible angers. Your highs and lows are peaks and chasms, not hills and valleys. The defeats come more than often enough to keep you humble: the problems you can't untangle, the lives that seep away too fast, the meanings that elude your understanding. But you keep working at it, learning from it, knowing the next peak lies ahead."

And, mostly, thanks to all the nurses who keep working at it, learning from it.... and persevering beyond what any of us could have imagined.

In 1987, Mary Mallison, editor of AJN, posed a provocative question in her editorial: "How can you bear to be a nurse?" She offered several questions that the public often asks nurses, and provided clever (and sometimes powerful) responses that nurses could use to correct the public's misunderstanding. A few examples:

How can you be a nurse? How can you bear the sight of blood?

Wait until you slide a catheter into a tiny vein just before it collapses. The flashback of blood you see will make you sing.

How can you be a nurse? How can you bear the sight and smell of feces?

Wait until you've been anxious about the diarrhea that nothing has stopped in an AIDS patient. Finally, your strategies work and you see and smell normal stool. You'll welcome that smell.

How can you be a nurse? So many of your patients are so old, so sick, these days. How can you bear the thought that, in the end, your care may make no difference?

Wait until you've used your hands and eyes and voice to dispel terror, to show a helpless person that his life is respected, that he has dignity. Your caring helps him care about himself. His helplessness forces you to think about the brevity of your own life.

This editorial is probably my all-time favorite, as it is for many nursing colleagues. Today, however, witnessing all that nurses are experiencing, I find myself rhetorically asking practicing nurses the same question Mallison posed then: How can you bear to be a nurse? But the challenges today seem infinitely more daunting, and my responses inadequate:

How can you be a nurse? How can you take care of patients who reject all that you're trying to do, and call you a liar for telling them that they have COVID?

How can you be a nurse? How can you watch more patients die than recover?

How can you be a nurse? How can you maintain compassion in the face of violence, abuse, anger, resistance?

How can you be a nurse? How can you reconcile the possibility of endangering your own family while working to save others?

Nurses have always been heroes.

Despite differences in the times we live in now, much of the wisdom offered in Mallison's editorial is apt today:

"No easy answers. . . . You have days of frustration, nights of despair, terrible angers. Your highs and lows are peaks and chasms, not hills and valleys. The defeats come more than often enough to keep you humble: the problems you can't untangle, the lives that seep away too fast, the meanings that elude your

understanding. But you keep working at it, learning from it, knowing the next peak lies ahead."

And while I don't have answers, I can tell each of you what your heroism as a nurse means to the lives you are touching: to the patients even if they don't recover; to the family members who know their loved one didn't die alone; to those of us—out here—your colleagues who know what you are going through, who have also faced enormous challenges but none such as these, and who are in awe of what you are doing. Thank you.

Joanne Disch, PhD, RN, FAAN, professor ad honorem, University of Minnesota School of Nursing, Minneapolis. Joanne is a member of MNORN.

retrieved 12/21/21 <https://ajnoftthecharts.com/how-can-you-bear-to-be-a-nurse-a-classic-question-revisited/#more-31316>

BIOETHICS FORUM ESSAY:

Vaccination Discrimination Goes Against Nursing Ethics

by [Epiphany Cruz-Maxwell](#), [Ian D. Wolfe](#) and [Liz Stokes](#)
Ian Wolf is a member of MNORN

Published On: December 17, 2021

Posted in [Covid-19 Ethics Resource Center](#), [Ethics](#), [Hastings Bioethics Forum](#), [Health Policy & Equity](#)

Should health care providers prioritize patients who are fully vaccinated against Covid-19 over those who are unvaccinated? There have been several incidents of vaccination discrimination in health care, such as [two physicians refusing to treat unvaccinated patients](#) in Florida and Alabama. We believe it is unethical to consider vaccination status when deciding which patients to treat and in what order.

All human beings deserve appropriate timely medical attention. Providers have no right to decide who has a "valid excuse" for being unvaccinated against Covid-19. It is contrary to the nature of any healing profession for a health care professional to reject or deprioritize patients for care solely on the basis of vaccine status.

Patient prioritization schemes can be traced to the HIV/AIDS epidemic that emerged in the 1980s. HIV/AIDS patients, and members of the LGBTQ+ community in general, were met with significant discrimination, with some [health care providers refusing to treat them](#). A world-renowned heart surgeon remarked that he would opt out of operating on HIV-positive

patients, and many health care professionals followed suit by expressing an apparent revulsion towards HIV/AIDS work. Health status discrimination has resurfaced during the Covid-19 pandemic. Some people believe that in [health care environments where resources are scarce](#), especially urgent care units, Covid-19-vaccinated patients should have their medical needs met before those who have refused vaccination.

Some provisions in the [Code of Ethics for Nurses](#) can be interpreted as arguing against prioritizing vaccinated patients. Provision 1.3, for example, discusses how nurses must care for patients and respect their dignity by recognizing the unique nature of their health status. A patient's vaccination status is one aspect of health status. Similarly, Provision 8.1 emphasizes that the highest quality standard of health care is a universal right that all patients are entitled to receive. Moreover, under Provision 3.5, nurses have an ethical obligation to protect and promote patient safety and health, which entails protecting their patients from practices that go against their best interests, such as of denying them timely medical care.

Some provisions in the Code of Ethics for Nurses could be interpreted as supporting prioritization schemes benefiting vaccinated patients. Provision 4.3 discusses an obligation to design, execute, and assess mechanisms that protect the best interests of patients, colleagues, and the community— fundamental to maintaining the standards of professional practice. Provision 6.3 highlights the necessity of implementing practices that ensure a safe health care delivery environment for patients and health care staff.

Nurses and other health care professionals have a social commitment to promote domestic as well as global health welfare and safety by contributing to, and abiding by, public health policies that prevent suffering related to Covid-19. Such policies could include vaccine mandates, ineligibility for certain treatments such as transplants, and, for those who choose to remain unvaccinated, mitigation strategies such as mask and testing mandates. However, vaccination status alone is not enough to determine eligibility for basic medical care. The safety of staff and patients is important, but it does not justify unreasonable measures against individual patients, particularly when proper protection strategies can be used.

Provision 8.3 finds another tension with prioritizing the medical needs of vaccinated patients over unvaccinated patients. It is essential for nurses and other health care providers to collaborate to lessen health care disparities in our communities. We cannot overlook the role of racial injustice on mistrust in medicine and, in turn, on people's decision not to be vaccinated. Deprioritizing unvaccinated patients could exacerbate health inequity and social injustice.

With the pandemic lingering and creating collective exhaustion, it is understandable that there is a growing animosity toward people who choose not to be vaccinated. But nurses and other health care providers, and particularly health leaders, need to combat compassion fatigue to ensure that the health care needs of all patients are satisfied. Nursing ethics principles serve as a stark reminder of everyone's right to appropriate, nondiscriminatory health care; recognizing the equal value of all people is essential to a moral society in these pressing public health circumstances.

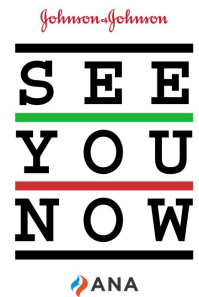
Epiphany Cruz-Maxwell is a MS in bioethics candidate at Columbia University and an intern with the American Nurses Association Center for Ethics and Human Rights. Ian D. Wolfe, PhD, RN, (@iandwolfe) is a clinical ethicist at Children's Minnesota and member of the Ethics Advisory Board of the American Nurses Association Center for Ethics and Human Rights. Liz Stokes, JD, MA, RN, (@NurseLawEthics) is the Director of the American Nurses Association Center for Ethics and Human Rights



News from ANA

See You Now Podcast: Reporting Powers: Leading with Love

While the recent pandemic caused devastating loss of life and strained health systems, it also brought into sharp focus nurses' pivotal role in healthcare. [Listen TODAY!](#)



2022 Call for Nominations for ANA Offices

The Nominations and Elections Committee would like your support in identifying candidates that meet the minimum competency requirements for the positions. Please share the [Call for Nominations](#) with your members. If you know someone that you think would be a great candidate, please encourage them to apply.

Test Writing Webinars

ANCC's Measurement Services is pleased to offer Introduction to Test Writing Webinars that are designed to help nurse educators hone and refresh their skills in item development. The facilitator focuses on strategies for writing accurate and relevant exam questions. The 2-hour quarterly webinars are fast-paced and engaging, and will offer tools that can be implemented immediately. Participants who attend the webinar will receive the

presentation slides and a PDF of ANCC's Item Development and Review Checklist after the session!

For more information regarding the full workshop, please contact Tracy Getselman at tracy.getselman@ana.org.

January 19 and 20, 2022

The Hastings Center, Association of American Medical Colleges Center for Health Justice, American Nurses Association, and American Medical Association are excited to announce **“Righting the Wrongs: Tackling Health Inequities”** a two-day virtual conference taking place January 19th and 20, 2022. The two-day conference will focus on historical events and decisions that have led to major health inequities in the United States and strategies that health systems and clinicians can adopt to reduce inequities and racism from U.S. health care. [Registration](#) is open to the public. Be part of the solution and RSVP your spot today at <https://HealthEquitySummit.org>.

The GW School of Nursing's Center for Health Policy and Media Engagement presents

Disseminating The Future of Nursing 2020-2030 Report: Strategies and Challenges

Wednesday, January 26th • 12 PM - 1 PM CT
Speaker: Dr. Ashley Darcy-Mahoney

[More Information →](#)

The United States has some of the poorest health outcomes. Health disparities run deep, leaving many people without equal opportunity or access to care. As long-time advocates for health equity, nurses are in unique positions to address the root causes of poor health, reduce health disparities, and improve the health and well-being of the nation. We will discuss the The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity report and the communication and dissemination strategies employed to be sure the report was widely utilized from the bedside to Capitol Hill.

Ashley Darcy-Mahoney, PhD, NNP, FAAN, a neonatal nurse practitioner and researcher, has worked throughout her career to advance nursing research, education and practice, with a focus on neonatology, infant health and developmental pediatrics. Her research has led to the creation of programs that improve health and developmental outcomes for at-risk and preterm infants.

[CLICK HERE TO REGISTER](#)



Temporary Registered Nurse (RN), Booster Clinics



The Center for Well-Being is planning to host Covid-19 vaccination booster clinics onsite at their clinic starting Monday 1/24 from 9am-4pm. Clinics will be 5 days a week through 2/11 and will continue 2-3 days per a week throughout the Spring semester.

We are seeking Registered Nurses (RNs) to help us screen patients and administer covid vaccinations during the 9am-4pm window. RNs will conduct a brief screening, administer the shot in an exam room, log the shot in our health record, and direct students back to the observation room. Previous experience with IM injections and/or vaccination clinics helpful.

The University of St. Thomas embraces diversity, inclusion, and equal opportunity for all. Our convictions of dignity, diversity and personal attention call us to embody and champion a diverse, equitable and inclusive environment. We welcome applicants of diverse races, ethnicities, geographic origins, gender identities, ages, socioeconomic backgrounds, sexual orientations, religions, work experience, physical and intellectual abilities, and financial means. We are committed to building a team that represents a variety of backgrounds, perspectives, and skills. This commitment is consistent with our mission: *Inspired by Catholic intellectual tradition, the University of St. Thomas educates students to be morally responsible leaders who think critically, work skillfully, and act wisely to advance the common good.* A successful candidate will possess a commitment to the ideals of this mission.

QUALIFICATIONS

Minimum Qualifications

- An Associate degree Nursing or a Bachelor of Science in Nursing, (BSN)
- Three years of previous clinic or ambulatory care experience required
- Must be licensed in the state of Minnesota as a registered nurse and be certified in CPR
- Fully vaccinated for COVID-19 or eligible for legally required exemption such as a medical or religious reason.

Preferred Qualifications

- Experience providing care in a college/university setting

HOW TO APPLY

All interested candidates must apply online at <https://www.stthomas.edu/jobs/>. Follow the instructions to complete an online application which includes creating or updating an applicant profile, uploading a resume, and completing a job specific application.

In light of its commitment to create and maintain a safe learning and working environment, employment with the University of St. Thomas requires consent and successful completion of a background screening.

All University of St. Thomas employees must be fully vaccinated for COVID-19. Limited exemptions will be made for medical and religious reasons.



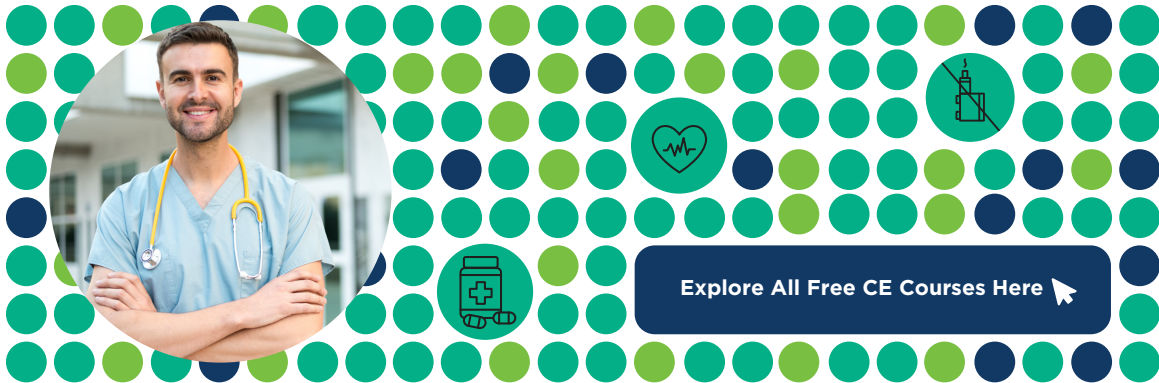
Friday, April 8, 2022

The University of Minnesota’s School of Nursing will be hosting the 2022 Nursing Research Day conference on **Friday, April 8**. The event is free. This year’s theme Health Behavior Change in a Digital World. Throughout the day, faculty, students, and community partners will lead concurrent podium and poster presentation sessions that highlight findings from innovative research and evidence-based projects that improve health and quality care. We are planning for an in-person event with selected online options. Attendance format will be included in the Research Day registration process.

Our keynote speaker will be Kathleen Potempa, BA, MS, PhD, RN, FAAN, an internationally recognized leader in nursing, education, and science. Dr. Potempa is the former dean of the University of Michigan School of Nursing and current professor at the University of Michigan. Her research program focuses on the benefits of exercise on fatigue, cardiovascular fitness and cognition in physically impaired populations and the elderly. She is currently funded by NIH/Fogarty to train post-doctoral fellows in non-communicable disease research in Thailand, by the NIH/NIA for studies related to the cognitive and behavioral benefits of using computer-based video conversation in the elderly with mild cognitive impairment, and by the Center for Medicare/Medicaid Services through Michigan Department of HHS and the Michigan Health Endowment Fund to evaluate healthy aging interventions in people over fifty years of age.

Please join us

Online registration for Research Day will open in mid-March visit https://z.umn.edu/Research_Day for more information.



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