

*The American Nurses Association (ANA) signed on to a joint statement from the International Council of Nurses (ICN) and other global nursing organizations condemning the illegal invasion of Ukraine and the military attacks on its people and calling for an immediate ceasefire.*

### **International Council of Nurses and European Nursing organizations condemn invasion of Ukraine**

The International Council of Nurses (ICN), the European Federation of Nurses Associations (EFN) and the European Forum of National Nursing and Midwifery Associations (EFNNMA), speaking on behalf of the world's 28 million nurses, utterly condemn the illegal invasion of Ukraine and the military attacks on its people. We call for an immediate ceasefire, an end to all hostilities and for the commencement of intensified diplomatic negotiations to secure peace.

Nurses and other healthcare workers deliver care and treatment to all patients without fear or favour: they must be allowed to do their work protected from threats and violence, and the healthcare facilities they work in must be shielded from harm. International regulations and the Geneva Convention protecting health facilities and health workers must be respected and enforced.

The people of Ukraine must be provided with the humanitarian aid they are entitled to under international treaties, and they must have ready access to the vital equipment, medicines and supplies that are required to treat all of their healthcare needs, including injuries or illnesses. Refugees from the conflict must be afforded the right of free passage and provided with healthcare and support on their journeys and when they reach a place of safety.

The world's nurses demand that the health and wellbeing of the people of Ukraine is safeguarded and that can only be achieved through lasting peace, because peace and health are inseparable.

[To show your support for this statement sign here.](#)



---

## MNORN Member Meetings

---

Hope you can join us March 10th at 6:30PM!



### **Program: Advocacy and Lobbying: Lessons from the Field**

Demystify nursing advocacy and lobbying by spending an hour with Sue Stout and Kathi Koehn as they share stories of past advocacy efforts.

Nurses often don't participate because they think they don't know enough and aren't prepared enough. But, the truth is, your stories and our stories matter. Stories have the power to lead, inspire and motivate our collective action.

Sue Stout is a former lobbyist for the MNA; has also worked for the MN Hospital Association, the Amputee Coalition, and MOLN. Kathi Koehn is the executive director of MNORN.

#### Objectives:

- Differentiate between the role of an advocate and a lobbyist in influencing public policy
- Describe actions nurses can take to effect change in the law making (legislative) process
- Describe the concept of power as it relates to healthcare policy and nursing practice.

Time: Join us at 6:30 pm for networking and catching up. The program will start promptly at 7:00 pm and end at 8:00 pm.

There is no charge for this meeting. Attendees will receive one contact hour.

Zoom invite will be sent prior to the meeting.

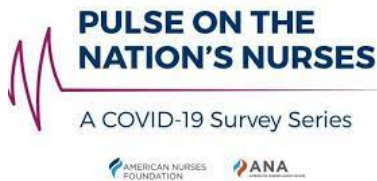
### **REGISTER FOR THE MEETING**

The next Member Meeting will be on April 7th, when April Lenzmeier will present about Nurses Peer Support in a Virtual World. Watch for your invite coming in the next couple of weeks.

---

## New ANA Pulse on the Nation's Nurses Survey Results: Younger Nurses more likely to experience negative impacts from the COVID-19 pandemic

---



Mar 1st 2022

**Silver Spring, MD** — Today, the American Nurses Foundation (the Foundation) released new survey findings from nearly 12,000 nurses nationwide, revealing that younger nurses are struggling more with mental health challenges and that nurses are experiencing an increase in workplace violence as

the nation enters year three of the COVID-19 pandemic.

### **Mental Health and Workplace Violence**

Nurses' mental health and well-being has been and remains a pressing issue, with the ongoing stressors of the pandemic taking a significant toll on younger nurses. Nearly half of nurses surveyed under age 35 said they have sought professional mental health support since March 2020. Of the survey respondents under age 25, 69% say they have been suffering from burnout, which is more than double than those older than 25 (30%). Additionally, nurses under age 25 (47%) and nurses between 25- 34 (46%) consider themselves as being not or not at all emotionally healthy compared to nurses over the age of 55 (19%) and were more likely to have experienced an extremely traumatic, disturbing, or stressful event due to COVID-19. The number of workplace violence incidences against nurses are on the rise, according to the survey. Specifically, 2/3 of nurses surveyed said they have experienced increased bullying at work while 1/3 of nurses report increased incidents of physical violence at work.

“Mental health challenges endured by nurses is a serious ongoing dilemma that will have long-term impacts on the profession as this younger generation of nurses have been hit the hardest, as noted in the survey. As we think about the future of nursing, this is particularly disturbing because nurses are our most valuable resource in health care, remaining a constant force in the recovery efforts to end this relentless pandemic by administering COVID-19 vaccines, educating communities, and providing safe and quality patient care to millions. The key to ending this pandemic is having and sustaining a robust nursing workforce operating at peak health and wellness,” said Foundation Board of Trustees President, Wilhelmina M. Manzano, MA, RN, NEA-BC, FAAN. “The Foundation continues to be committed to providing resources and the necessary support to all nurses through the Well-

Being Initiative and the Coronavirus Response Fund for Nurses. We need to ensure nurses are consistently and completely protected and supported. There is too much on the line."

### **The Nurse Staffing Shortage**

Among respondents who say that their organization is experiencing a staffing shortage (89%), more than half (53%) say that it is a serious problem. Younger nurses are leaving their current positions and roles in increasing numbers. According to the survey findings, nurses ages 25-34 and 35-44 were more likely to change positions than nurses over age 55. Similarly, 60% of nurses under age 25 and 57% of nurses 25-34 do not believe their organization cares about their well-being and generally feel unsupported. The lack of support and work negatively affecting their mental health and well-being were major contributing factors to this sentiment of younger nurses who were more likely to experience negative and unhealthy emotions.

"As we enter the third year of this incessant pandemic, the survey findings are even more alarming than what we found in the survey done last year. It's extremely disheartening that we are still seeing and hearing about the same issues nurses have been burdened with since the start of the pandemic in 2020," said Foundation Executive Director, Kate Judge. "Nurses are still struggling with mental health issues, feeling unsupported, and suffering from severe burnout and post-traumatic stress because of their sustained response to the COVID-19 pandemic. The nurse staffing shortage has had a domino effect on the profession and it's only going to worsen if we don't address the chronic, underlying work environment issues. The Foundation continues to work tirelessly on behalf of the nation's nurses who deserve our full support and respect for their efforts in improving public health and pulling our nation out of the grip of this pandemic."

Nurses cannot solve the longstanding challenges facing the profession alone. It is imperative that the Administration and all other stakeholders utilize all available authorities to address these issues and collaborate with nurses to forge a path forward to ensure a strong nursing workforce now and in the future.

The full survey results and findings are available [online](#).

*\*Data collected through a non-incentivized survey administered by the American Nurses Foundation. Between January 8 – January 29, 2022 – 11,964 nurses completed this survey. \**



---

## Comfort for Me, Comfort for You

---

A new blog post from [nursology.net](https://nursology.net)

March 1, 2022/ Karen Foli <https://nursology.net/2022/03/01/comfort-for-me-comfort-for-you/>

My mother, Adele, passed away two days ago. She was only 91 years old and due to some unexpected injuries, was beyond life-saving measures. She'd escaped demise throughout her life, surviving two large meningiomas in her brain as well as chronic illnesses. But this blog isn't about her life, nor her presence in my life. It's about comfort measures and Katharine Kolcaba's Comfort Theory, and how that influenced my conceptualization of the care my mother received – and the comfort her caregiver needed as well.

I'll call my mother's nurse, Debbie, a 39-year veteran of nursing who worked on the neurological intensive care unit in an urban hospital. I watched this nurse effortlessly glide between rooms planning her work, the ease of interactions with families and patients, and phoning various departments as she needed supplies brought to the unit. Debbie's comfort and confidence in her role was evident, and she extended that comfort to us as we waited for the inevitable to occur, my mother's passing.

According to Kolcaba's theory, healthcare needs of the patient and family create comforting interventions along with intervening variables to create enhanced comfort. My family's goal for my mother was a peaceful death. My older sister had phoned me about Debbie, saying, "she's good." My sister had been at my mother's bedside the previous day, when my mother's alertness had started to wane. On the second day, it was clear my mother's labored breathing bode ill. Debbie knew this and was able to answer our questions, offering not so much condolences, but what, in that moment, we needed to be comforted.

I struck up a conversation with Debbie, who was intervening to help my mother breathe easier, suctioning, irrigating the nasal passages, and ensuring the oxygen tube was patent. Debbie explained what she was doing to help my mother and said she felt so badly that my mother was struggling to breathe. Debbie shared with me that she planned to retire in the next six months after working as a nurse for almost four decades.

“What,” I asked, “do you plan to do when you retire?”

She said she liked being by herself and didn't have any plans. “I don't need to be around others.”

“Have you considered teaching?” I asked. “You could help so many young nurses with your knowledge.”

No, she replied. “I'm done.”

She said this with a finality and with a hint of something else: a need to be finished because of the toll being a nurse can extract from us. I thought of the mass exodus of nurses and the loss to our profession when someone like Debbie, who was still quite youthful, decided they were “done.” Debbie described the extra work that had been caused by infection control measures due to a local outbreak of a microorganism. Of how when she went home, she thought she could work a few more months, but when she was at work, she knew she couldn't.

I listened closely and reflected on what she had communicated to me. I thought of the comfort nurses needed to keep them coming to the bedside for each shift. Debbie's retirement had little to do with the physical exertion nurses made during their shift. It was due to the mental and emotional labor that a “good” nurse shows to people like me and my mother day after day after day.

It would be the last time I saw my mother before she passed away, and I was able to say good-bye. I also said good-bye to Debbie and voiced a heartfelt “thank you for all you did.” She nodded, perhaps knowing we would never see each other again. But as strangers, we shared an intimate moment in time when comfort for me and my mother meant a great deal and I hope, in some small way, that my listening and encouraging her to share her life's work with others, she had found some comfort as well.

#### References

Kolcaba, K. (1994). A theory of comfort for nursing. *Journal of Advanced Nursing*, 19, 1178-1184.

Kolcaba, K. (1991). A taxonomic structure for the concept comfort: Synthesis and application. *Image: Journal of Nursing Scholarship*, 23, 237-240.

Kolcaba, K. (1992). Holistic comfort: Operationalizing the construct as a nurse sensitive outcome. *Advances in Nursing Science*, 15(1), 1-10.

Kolcaba, K. (2003). *Comfort Theory and practice: A vision for holistic health care and research*. Springer Publishing Co.

A dark blue banner with white text. The text reads "OFFICE OF THE MINNESOTA SECRETARY OF STATE STEVE SIMON". In the background, there is a faint, circular seal of the State of Minnesota with the text "OFFICE OF THE SECRETARY OF STATE" and "1858" visible.

**OFFICE OF THE MINNESOTA  
SECRETARY OF STATE STEVE SIMON**

Among the vacancies in State Boards, Councils and Committees there are a couple that may be of interest.

- Maternal Mortality Review Committee: 1 seat for member with interest or experience in maternal health
- Palliative Care Advisory Council: 1 seat for care coordinators

[CLICK HERE TO LEARN MORE ABOUT THESE POSITIONS AND OTHER OPEN POSITIONS](#)

### 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: [Open Appointments](#) 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



---

## NEW SURVEY DATA: Racism Within the Nursing Profession is a Substantial Problem

---

**SILVER SPRING, MD** - According to the findings of a new, national survey of nurses by the National Commission to Address Racism in Nursing (the Commission), nearly half reported that there is widespread racism in nursing, demonstrating a substantial problem within the profession. Comprised of leading nursing organizations, the Commission examines the issue of racism within nursing nationwide and describes the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront systemic racism. Integrity calls on the profession and nurses to reflect on two realities, one as the most trusted profession while also being a product of our environment and culture. It is necessary to work toward connecting these two realities.

“My colleagues and I braced ourselves for these findings. Still, we are disturbed, triggered, and unsettled by the glaring data and heartbroken by the personal accounts of nurses,” said Commission Co-Lead and American Nurses Association (ANA) President Ernest J. Grant, PhD, RN, FAAN. “We are even more motivated and committed to doing this important work justice. Racism and those individuals who do not commit to changing their ways but continue to commit racist acts have absolutely no place in the nursing profession.” According to more than 5,600 survey respondents, racist acts are principally perpetrated by colleagues and those in positions of power. Over half (63%) of nurses surveyed say that they have personally experienced an act of racism in the workplace with the transgressors being either a peer (66%) or a manager or supervisor (60%).

Superiority continues to surface as a primary driver from nurses representing predominantly white groups along with nurses who are advantaged and privileged by unfair structural and systemic practices. These survey findings move beyond the rhetoric to the reality and should serve as a call-to-action for all nurses to confront racism in the profession.

“Structural and systemic practices that allow the racist behaviors of leaders to continue to go unaddressed must be dismantled,” said Commission Co-lead and National Black Nurses Association (NBNA) President and CEO Martha A. Dawson, DNP, RN, FACHE. “As cliché as it sounds, it starts at the top. Leaders must be accountable for their own actions, set an example for their teams and create safe work environments where there is zero-tolerance for racists attitudes, actions, behaviors, and processes. Leaders must also create a climate that gives permission and support to dismantle institutional policies and procedures that underpin practice inequities and inequalities.”

Of those nurses who report that they have witnessed an act of racism in the workplace, 81% say it was directed towards a peer. Nurses say that they have challenged racist treatment in the workplace (57%), but over half (64%) said that their efforts resulted in no change.

“Nurses are ethically and professionally obligated to be allies and to speak up against racism, discrimination, and injustice for our patients and fellow nurses,” said Commission Co-Lead and National Coalition of Ethnic Minority Nurse Associations (NCEMNA) President Debra A. Toney, PhD, RN, FAAN. “Civil rights and social movements throughout history offer the blueprint, which demonstrates that diligent allyship is key to progress. To the nurses that challenge racism in the workplace, do not get dismayed by inaction, but continue to raise your voice and be a change agent for good.”

Many respondents across the Hispanic (69%) and Asian (73%) populations as well as other communities of color (74%) reported that they have personally experienced racism in the workplace. Overwhelmingly, the survey findings indicate that Black nurses are more likely to both personally experience and confront acts of racism. Most Black nurses who responded (72%) say that there is a lot of racism in nursing compared to 29% of white nurse respondents. The majority (92%) of Black respondents have personally experienced racism in the workplace from their leaders (70%), peers (66%) and the patients in their care (68%). Over three-fourths of Black nurses surveyed expressed that racism in the workplace has negatively impacted their professional well-being.

“The acts of exclusion, incivility, disrespect and denial of professional opportunities that our nurses have reported through this survey, especially our Black, Hispanic and Asian nurses, is unacceptable,” said Commission Co-lead and National Association of Hispanic Nurses (NAHN) President Adrianna Nava, PhD, MPA, MSN, RN. “Racism is a trauma that leaves a lasting impact on a person’s mental, spiritual, and physical health as well as their overall quality of life. As the largest health care workforce in the country, we must come together to address racism in nursing as the health of our nation depends on the health and well-being of our nurses.”

Since its inception in January of 2021, the Commission has been intentional and bold in leading a national discussion to address racism in nursing. The Commission has convened listening sessions with Black, Indigenous, and People of Color (BIPOC) nurses and hosted a virtual summit focused on activism with foremost subject matter experts. Collaborating with top scholars on the issue, the Commission developed a new definition of racism to establish a baseline for holding conversations, reflecting on individual or collective behaviors, and setting a foundation for the work ahead.

“The collective voices and experiences of BIPOC nurses nationally have provided a call for overdue accountability within the nursing profession to acknowledge and address the structural racism rooted within nursing, especially policies that have anti-Black and anti-

Indigenous histories," said Commission Co-lead and Member-at-Large Daniela Vargas, MSN, MPH, MA-Bioethics, RN, PHN. "The next generation of BIPOC nurses deserve more than performative activism and empty words that continue to yield no progress toward structural changes within the nursing profession or racial equity. The breadth of the nursing profession through the Code of Ethics for Nurses holds all nurses accountable for calling out racism and replacing racist policies rooted in white supremacy with ethical and just policies that promote and implement accountability, equity, and justice for nurses and the communities that we serve."

Nursing's challenges with the issue of racism are reflective of the larger society. As a profession, we need to confront these same challenges with racial inequities within the profession. As such, the Commission's work is urgent to create safe and liberating environments for all nurses so that the profession exemplifies inclusivity, diversity, and equity. The Commission urges all nurses across every health care setting and environment to join us in boldly confronting systemic racism. We must address upstream sources of racism in order to build sustained safe and effective environments of optimal care delivery ideal for every nurse and every patient regardless of race, origin or background. Nurses can learn more and share a story of experiencing racism or being an ally for change today.

*\*Data was collected through a survey administered by the National Commission to Address Racism in Nursing Between October 7-31, 2021, 5,623 nurses completed this survey. \**  
**###**

### **About the National Commission to Address Racism in Nursing**

*The National Commission to Address Racism in Nursing (the Commission) examines the persistent problem of racism within nursing and describes the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront systemic racism. The work is urgent to create safe and liberating environments for all nurses as well as profession that exemplifies inclusivity, diversity, and equity. The Commission is comprised of leading nursing organizations that represent a broad continuum of nursing practice, ethnically diverse groups, nationally and in regions across the country and who have for years raised their individual voices to condemn all forms of racism within our society.*



---

## From ANHE: Join nurses in speaking out for strong clean car standards!

---

Let EPA know that clean car standards are the most effective policy to reduce dangerous air pollution, protect public health, and fight the climate crisis!

### **Tell EPA We Need Strong Long-term Clean Cars Standards**

Join us in signing on to a letter urging Administrator Regan and the US Environmental Protection Agency (EPA) to move swiftly to enact the strongest possible long-term standards to clean our air, keep Americans healthy, and combat the climate crisis.

#### **Did you know?**

- The transportation sector is the largest source of greenhouse gases in the United States. This includes gasoline and diesel-powered vehicles in both the public and private sector.
- Emissions are causing negative health impacts today and are contributing to climate change.
- The EPA finalized short-term federal greenhouse gas emission standards for passenger cars and light trucks the end of 2021, but now the EPA needs to move quickly in finalizing strong long-term standards for model year 2027 and beyond.

#### **What you can do**

The Alliance of Nurses for Healthy Environments (ANHE) hopes you will sign their petition: <https://envirn.salsalabs.org/cleancarstandards/index.html> According to ANHE, the power of our combined voices can not be overestimated. If you can, please sign the petition and consider sharing it with your fellow nursing colleagues and students. Thanks!

Thank you for your support!



SCHOOL OF NURSING



## ***Decarbonizing Health Care - An Urgent Challenge and Opportunity for Change***

The 2nd Annual Planetary Health Guest Lectureship



- **Thursday, March 24th**
- **11:00 a.m. - 12:30 p.m.**
- **HSEC 3-110**
- Featuring speaker **Dr. Elizabeth Schenk, PhD, RN, FAAN**, Executive Director of Environmental Stewardship, Providence Health System



**[z.umn.edu/PlanetaryHealthLecture](https://z.umn.edu/PlanetaryHealthLecture)**

# Mu Lambda Annual Meeting 2022

March 17th, 2022

6:15 pm

6:15 Chapter Business Meeting

7:00 Speaker



M. GRETA PRICE MSN-Ed, NPD-BC

*Rebellious  
Self Care*

As a healthcare speaker, leader, author, and mentor, Greta brings a uniquely vulnerable, clear, and direct approach to coaching. In addition, Greta is a nursing scientist researching how to support departments that can demonstrate value to key stakeholders. Through leadership theory, foresight, and data science, Greta can help you learn how to articulate value and meet the needs of your most prominent stakeholders.

Here's the link for registration:

<https://www.eventbrite.com/e/rebellious-self-care-by-m-greta-pricepresented-by-mu-lambda-annual-mtg-tickets-267194946277?aff=ebdssbdestsearch>



**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](https://z.umn.edu/Research_Day) for more information.



# Discover CE Courses That Just Click



**RELEVANT**

Commercial tobacco topics and trends



**QUICK**

Free and easy online courses



**ENGAGING**

Interactive and pausable modules

Expand your knowledge about available medication and behavioral support to help patients quit tobacco using the short Ask, Advise and Refer intervention and recommending approved pharmacotherapy. These quick, free and easy board-accredited CE courses offer valuable patient simulation activities to help you implement best practices.

Created by the Minnesota Department of Health and designed to fit the schedules of busy healthcare professionals like you, these courses cover a wide range of tobacco-related topics, including:



Patient simulation activity



Ask, Advise and Refer intervention



Medication and behavioral support

[Explore All Free CE Courses Here](#)



Accreditation information found at [CoursesThatClickMN.com](http://CoursesThatClickMN.com)