

CALL FOR CANDIDATES FOR THE 2022 MNORN ELECTION

Put Your Leadership into Action - Serve in a MNORN Elected Position!



By deciding to run for a MNORN elected position, you make a choice to invest in your future and the future of nursing.

MNORN members have the capacity to influence public policy, professional nursing standards and the advancement of the association. In a leadership position, you will help

MNORN and the nursing profession remain strong.

MNORN members will vote for the following positions in this Fall's election:

- ★ President
- ★ 2nd Vice President
- ★ Secretary
- ★ Director(s) - 2
- ★ Nominating Committee - 3

How to Become a Candidate:

To be eligible as a candidate for any of the elected positions, you must be a MNORN member and complete a Consent to Serve form and return it, with your photo, to MNORN by email - kkoehn@mnorn.org by September 30th, 2022.

The Candidate information for elected positions is available **on the MNORN website** and will be available by email upon request.

Voting instructions will be emailed to each MNORN member for online voting and the results of the elections will be announced to members online.

For more information, please contact MNORN ED, Kathi Koehn at kkoehn@mnorn.org or 651-271-5863. [Position Descriptions and Consent to Serve forms](#)



Updates from the ANA Policy/GOVA Staff

Inflation Reduction Act: Affordable Care Act Subsidies:

The bill included a three-year extension of the American Rescue Plan's enhanced Affordable Care Act subsidies:

- The policy enacted in the ARP offers more generous subsidies for individuals earning up to 400% of the federal poverty level compared to the ACA – including providing \$0 premiums for those who make up to 150% of poverty.
- It eliminates the ACA's so-called subsidy cliff and limits the premium contributions to 8.5% of income for middle-class Americans.

Since the Medicare prescription drug benefit began in 2006, Part D spending on pharmaceuticals has become the fastest-growing outlay of health care spending. 11 drugs comprise 60 percent of this spending. The Inflation Reduction Act aims to change this by allowing the secretary of Health and Human Services to negotiate lower prices for the top 10 drugs by sales volume in 2026.

PACT Act: The PACT Act is the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022)

The PACT Act was signed into law on August 2nd. The bill gives the VA the resources it needs to staff up its health care workforce to treat approximately 3.5 million post-9/11 combat veterans exposed to toxic burn pits during their military service. It includes many provisions meant to make the VA a more attractive employer for health care workers in a competitive labor market, including nurses, and builds upon the RAISE Act passed earlier this year which lifted pay caps on APRNs and RNs.

You can read more about the PACT Act [here](#).

APRN Bill Update:

ANA and the APRN groups are holding meetings with members on the House Energy and Commerce and Ways and Means Committees to find additional supporters in advance of introducing the legislation. The purpose of the legislation is to remove arbitrary barriers that Medicare beneficiaries face to receiving health care from APRNs.

CMS Staffing Letter:

ANA is finalizing a letter to send to CMS asking questions surrounding the topic on staffing. ANA will share the letter with the CSNAs once it is finalized.

U.S. Cadet Nurse Corps:

ANA worked to get a Sense of Congress included in the House National Defense Authorization Act. The Sense of Congress would honor and recognize the individuals who served in World War II. It was included in the House-passed legislation. ANA is currently in talks with leaders in the Senate and asking that this provision stay in the final package.



Cadet Nurse Induction March, University of Minnesota May 1944.

A Sense of Congress is also known as a Concurrent Resolution. It must be passed in the same form by both houses, but do not require the signature of the president and do not have the force of law. They can be used to express the sentiments of both of the houses. https://www.senate.gov/legislative/common/briefing/leg_Laws_acts.htm

You can sign up to receive advocacy updates from ANA at <https://rnaction.org/SitePages/Homepage.aspx/>



Pulse on the Nation’s Nurses Survey Series: 2022 Workplace Survey

Nurses Not Feeling Heard, Ongoing Staffing and Workplace Issues Contributing to Unhealthy Work Environment

August, 2022

It has been over two years since the WHO declared COVID-19 as a pandemic. Yet, the nation's nurses continue to face unprecedented staffing and workplace issues that are contributing to a shortage of nurses and an increasingly unhealthy work environment. Unchanged from early Foundation pandemic surveys, the emotional health of nurses has remained unchanged, and two-thirds of acute care nurses continue to report feeling stressed, frustrated, and exhausted. Positive feelings, such as feeling supported, fulfilled, and motivated, have declined over the past year. As a continuation of the Pulse on the Nation’s Nurses Survey Series, the American Nurses

Foundation has fielded its non-incentivized survey to probe today's pressing workplace issues and look deeper into today's challenges. The goal for the 2022 Workplace Survey was to identify the continued impact the pandemic has had on America's nurses, while collecting additional insight into staffing, scheduling, organizational support, and solutions.

SURVEY BACKGROUND

The American Nurses Foundation and Joslin Insight launched a non-incentivized online survey to nurses across the United States. The June 2022 survey was the first American Nurses Foundation survey focused on the workplace. The Workplace Survey was completed or partially completed by 11,863 nurses, with a ± 1.18% margin of error at a 99% confidence level. Around 86% of those surveyed responded to all questions. Four percent were retired and not included in this data analysis.

RESPONDENT PROFILE

The American Nurses Foundation conducted the Workplace Survey to nurses across the entire continuum of care. Sixty-eight percent identified as White, 11% Black or African American, 6% Asian, 4% Hispanic or Latino, and 4% Mixed race. Thirty-eight percent indicated being 55 or older, an increase from the previous survey. Ninety-four percent indicated being currently employed, with 81% employed full-time. Fifty-eight percent indicated their primary work location is an acute care hospital, small to large; 11% primary, ambulatory, or outpatient care facilities; 5% community or public health facilities; and 5% schools of nursing. Seventy-three percent of respondents indicated that they provide direct care to patients, which was a four-percentage point decrease from the previous Two-Year Impact Assessment. Notably, direct care nurses have historically had lower emotional health scores, higher reports of negative feelings, and higher intent to leave.

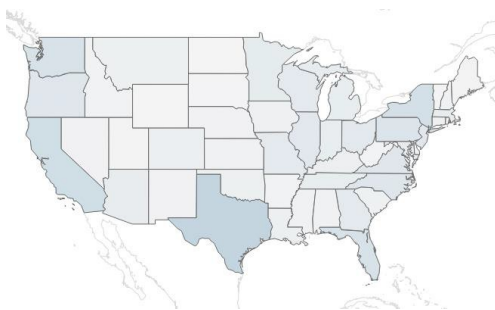


Figure 1 – Respondents’ most recent place of employment, June 2022

STAFFING, EXPERTISE, AND CONFIDENCE OFTEN LACKING

In the January 2022 American Nurses Foundation's Pulse on the Nation's Nurses Two-Year Impact Assessment, nine-out-of-ten nurses indicated their organization was experiencing a staffing shortage, with 90% classifying it as a serious problem. In this Workplace Survey, a new question was introduced to better understand the severity in terms of the nurses' skills and knowledge. Nurses were asked how often their unit has the necessary number of RN staff with the right knowledge and skills. For acute care hospitals, 55% of nurses indicated that less than half the time their unit does not have the necessary number. Practically speaking, this means that 28% of the time a patient enters an acute care setting they are likely entering a unit nurses believe is lacking the appropriate staff to provide quality care.

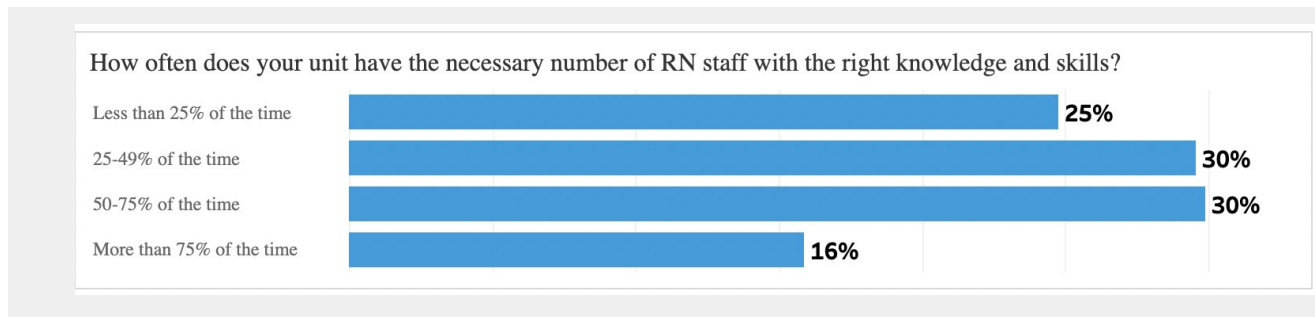


Figure 2 – Acute care nurses indicate how often their unit has the necessary number of staff with the right knowledge and skills, June 2022

Appropriate nursing and ancillary staff are often unavailable to patients

The Workplace Survey identified that the shortage also extends to ancillary staff. When asked how often the appropriate ancillary staff is available to support their nursing work, safety, and workflow, 8% said “Always” and 26% “Often, 39% “Sometimes,” 22% “Seldom,” and 5% and “Never.” The numbers worsened for acute care, where appropriate ancillary staff is available Always (6%), Often (23%), Sometimes (42%), Seldom (26%), and Never (4%). And in long-term care facilities the issue is also consistent, with 31% of nurses saying the appropriate support staff is either Seldom (25%) or Never (6%) available. While organizations seek new nurses to fill vacancies, the Workplace Survey identified an underlying concern regarding new nurses' preparedness. In the survey, nurses with less than two years' experience were asked whether they feel well prepared to practice on their own. Thirty percent reported that they do not feel well prepared to practice on their own, with 63% “Yes” and 7% “Prefer not to answer.” This is an increasingly critical issue as experienced nurses retire and leave patient care. Educators, regulators, employers, and most importantly patients need practice-ready graduates which will require new models, policy, and investment in change

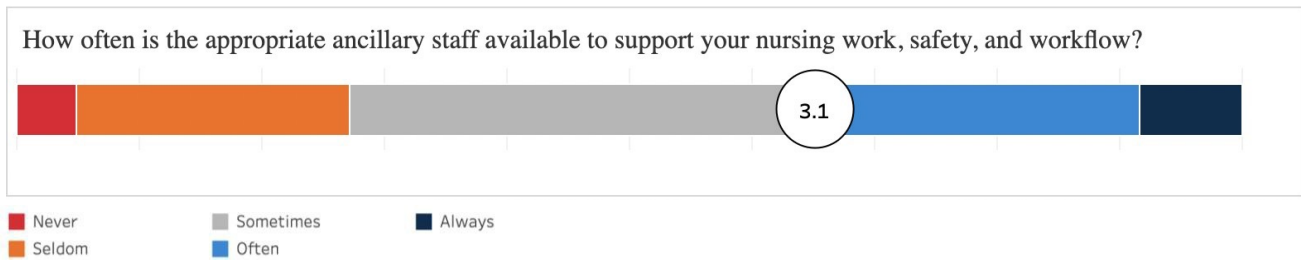


Figure 3 - Nurses indicate how often the appropriate ancillary staff is available to support their nursing work, safety, and workflow, June 2022

59% OF NURSES ASKED TO REGULARLY WORK MORE TO COVER ADDITIONAL SHIFTS WEEKLY

To gauge experiences in the workplace, several questions were asked of nurses to measure time for meals and/or breaks, staffing and scheduling, and the ability to take time off work. When nurses were asked whether they have adequate time for meals and/or breaks, 61% selected “No” and 39% “Yes.” In acute care hospitals, 67% selected “No” and, notably, for nurses with less than two years’ experience, 75% selected “No.”

When asked how often they are asked to cover additional shifts, 59% of nurses replied at least once a week, with 36% indicating being asked weekly and 23% daily. In acute care settings, 69% of nurses said they were asked to cover additional shifts at least once a week, with 41% being asked weekly and 28% daily. Critically, 79% of nurses under 35 in acute care settings indicated that they are asked to cover shifts at least weekly if not daily.

The situation extends to nurses being required to work beyond their shift to finish existing work or provide adequate care to patients. For this Workplace Survey question, 58% of nurses indicated being required to work beyond their shift at least once a week, with 33% weekly and 24% daily. The problem is worse in long-term care facilities, where 76% of nurses said they are required to work beyond their shift at least once a week. And the burden falls even more heavily on nurses under 35 in long-term care facilities, with 86% indicating being required to work beyond their shift at least weekly (50% daily).

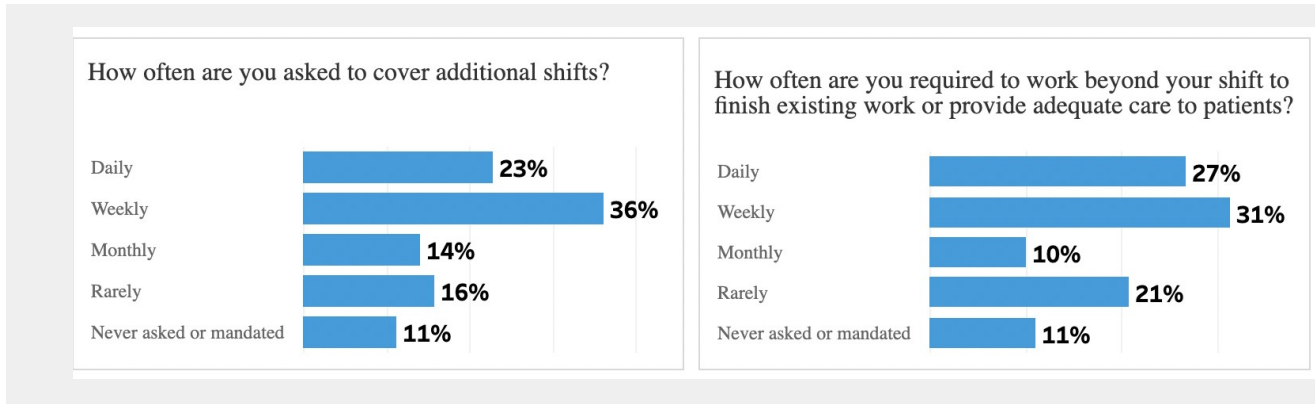


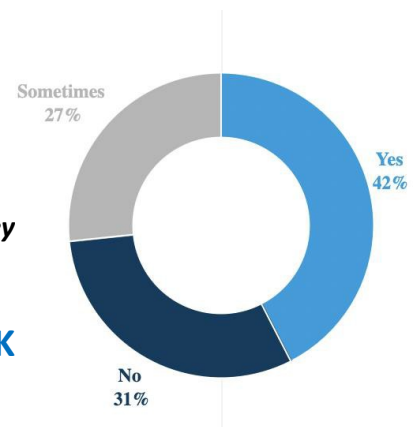
Figure 4 and 5 - Nurses indicate how often they are asked to cover additional shifts or required to work beyond their shift, June 2022

On top of being asked to cover additional shifts and being required to work beyond their shift, nurses are also struggling to find time off work when they request leave. This has only exacerbated the ongoing mental health challenge.

When nurses were asked whether they were able to take time off when requesting leave, 42% said “Yes,” 31% “No,” and 27% “Sometimes.” In acute care settings, the numbers rose slightly to 40% “Yes,” 33% “No,” and 27% “Sometimes.”

The most significant correlation was based on nurses’ years of experience. Nurses with 2-10 years’ tenure felt considerably less able to take time off when requesting leave (34%) when compared to late tenure nurses with 41-50 years’ experience (53%) and 50+ years’ experience (57%).

Figure 6 - Nurses indicate whether they are able to take time off when they request leave, June 2022



ONLY 42% OF NURSES CONSIDER THEIR WORK ENVIRONMENT HEALTHY

Like previous Foundation surveys, respondents were asked to indicate what feelings they have experience in the previous 14 days. In this survey, only 20% of nurses indicated feeling “supported,” 17% “motivated,” and 11% “fulfilled” and “empowered.” In terms of emotional health, the story has not improved. On a 1-5 scale, the score for nurses’ emotional health has gone from 3.0 in the Foundation’s Mental Health and Wellness Three Survey (August 2021), to 3.1 in the Two- Year Impact Assessment (February 2022), to 3.1 in the Workplace

Survey (June 2022). The percentage of those who feel “supported” in fact *dropped* by four percentage points during that time, from 24% in August 2021 to 20% today. The same for feeling “motivated,” which *dropped* by five percentage points from 22% to 17% over the same 10-month period.

These numbers are supported by Perceived Organizational Support (POS) scores that have been collected regularly during this period. Whether nurses feel their organization “really cares about their wellbeing,” the score remained at 2.9 on a 1- 5 scale from August 2021 to June 2022. The same was true for whether nurses feel their organization “responds to their complaints and concerns,” which has remained unchanged at 2.7 since August 2021.

All of this is related to the work environment. When asked whether they consider their work or practice environment to be healthy and/or positive, less than half of the nurses surveyed said “Yes” (42%), with 39% saying “No” and 19% “Not sure.” In acute care settings, the score is worse, with 38% “Yes,” 42% “No,” and 20% “Not sure.” And, notably, long-term care facilities reported the worst scores across all care settings, with 32% “Yes,” 53% “No,” and 15% “Not sure.”

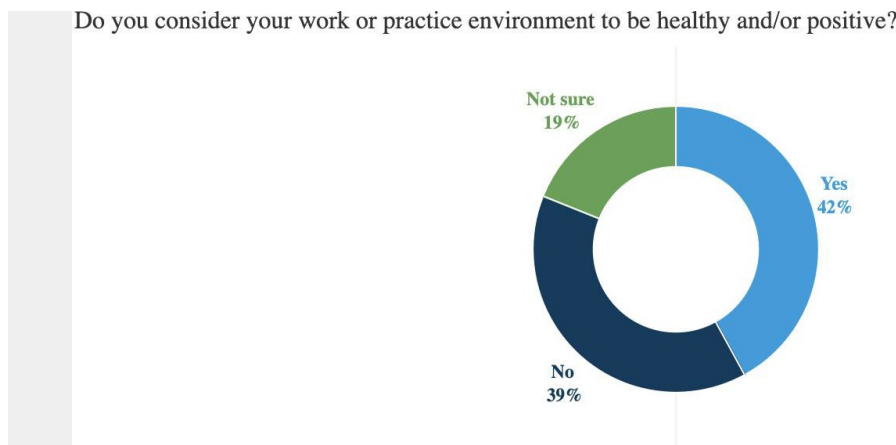
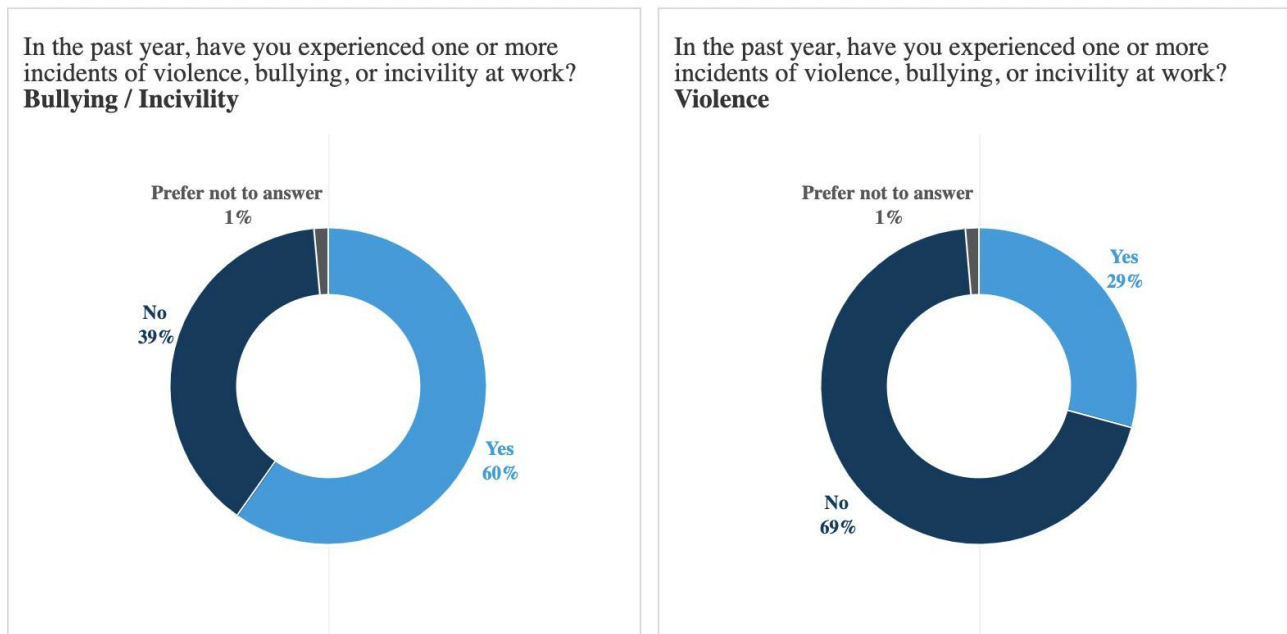


Figure 7 - Nurses indicate whether they consider their work or practice environment to be healthy and/or positive, June 2022

ALARMING WORKPLACE BULLYING, INCIVILITY, AND VIOLENCE

These findings are tied together and are strongly influenced by the prevalence of today’s workplace incivility, bullying, and violence. When asked whether they have experienced one or more incidents of bullying or incivility in the past year, 60% of nurses across all care settings reported “Yes,” they have experienced an incident. For violence, 29% reported having experienced at least one incident. When considering the definition of a

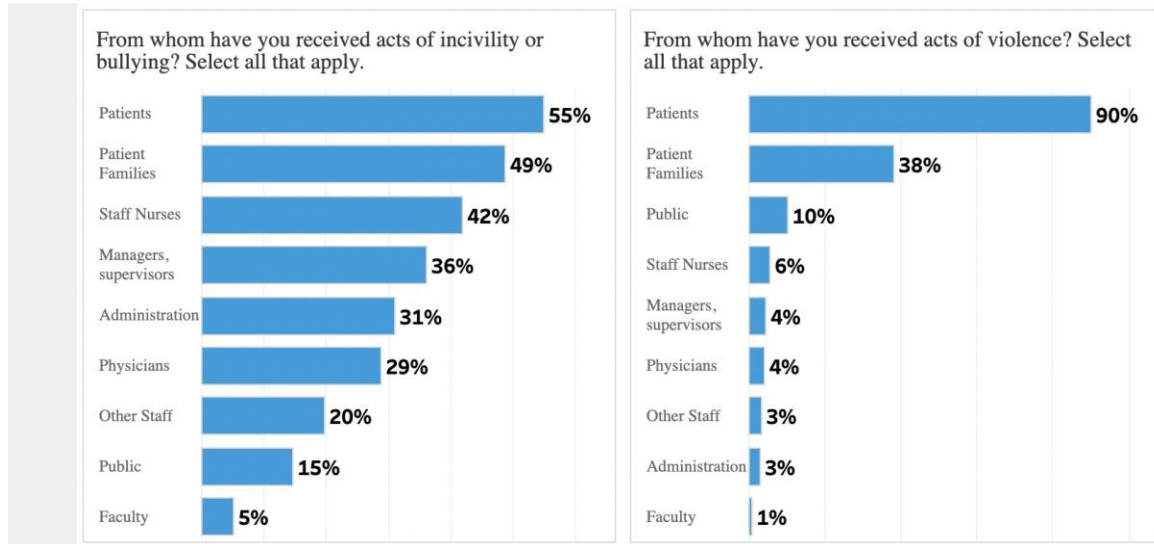
healthy work environment, where incidents of violence should be zero, a 29% annual incident rate of violence is an astounding number. And the problem is even worse in acute care, where 65% and 40% of nurses reported experiencing bullying / incivility and violence, respectively.



Figures 8 and 9 - Nurses indicate whether they have experienced one or more incidents of violence, bullying, or incivility, June 2022

To make matters worse, the source of violence is coming not only from patients (90%) and patient families (38%), but a surprising number from internal sources, such as other staff nurses (6%), managers and supervisors (4%), and physicians (4%). And while incivility and bullying were once considered more of an internal issue, a significantly high percentage of incidents of bullying and incivility are being attributed to external sources.

When looking at acute care in particular, a glaring data point is the rate of bullying and incivility from physicians, which jumps from 29% in all settings to 37%. As we begin to look at solutions, it is important to note that a statistically significant percentage of nurses in unhealthy work environments indicated that creating an anti-bullying program or implementing a no-tolerance workplace violence policy would improve their overall work satisfaction.



Figures 10 and 11 - Nurses indicate from where they have received acts of violence, bullying, or incivility, June 2022

THINGS MUST GET BETTER

Numerous studies have been conducted since the start of the pandemic, and a plethora of national data is accessible to organizations to improve their work environment. But is the data being acted on?

Today, intent to leave remains high. In the Two-Year Impact Assessment, 23% of nurses indicated they were intending to leave their *current position*, with 29% indicating “Maybe,” that they were considering leaving their current position in the next six months. For the Workplace Survey, the language of the question was refined to capture intent to leave direct patient care specifically and asked only of direct patient care nurses. The numbers remain elevated with 19% indicating intent to leave direct patient care in the next six months, and another 30% indicating considering leaving. In short, nearly half (49%) of direct patient care nurses are currently planning to leave or considering leaving direct patient care.

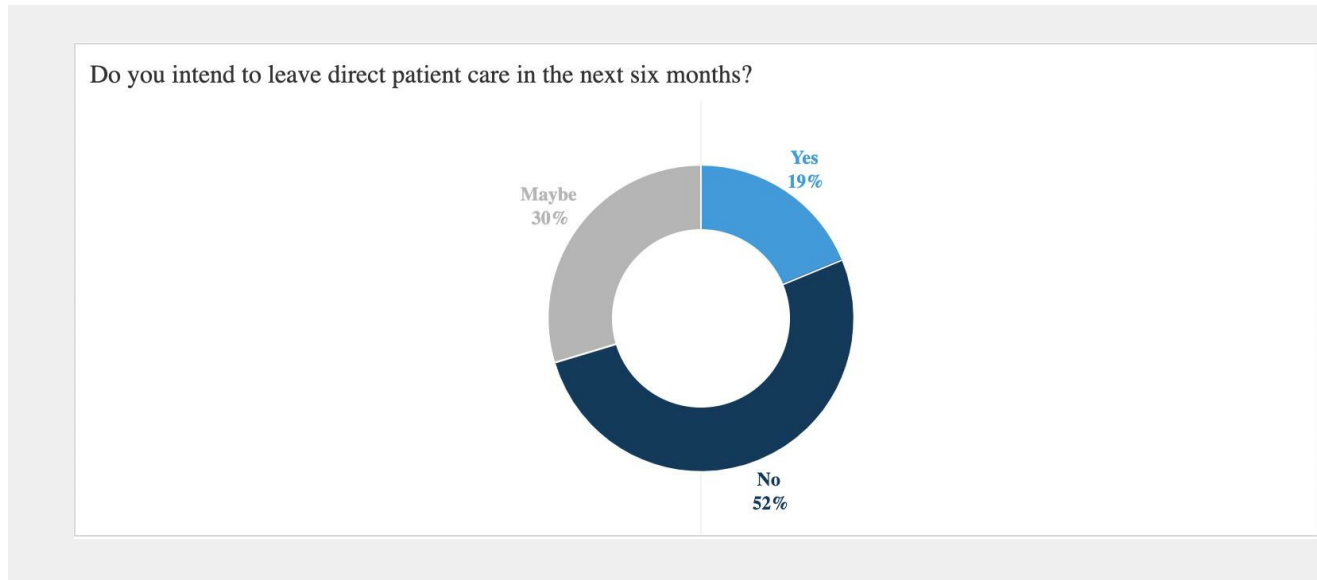


Figure 12 - Direct patient care nurses indicate intent to leave direct patient care in the next six months, June 2022

In both the Foundation's Two-Year Impact Assessment (January 2022) and this Workplace Survey, nurses were asked what their organization could do to increase their overall work satisfaction. Increasing salary and number of nurses and support staff remained high over the quarter between the surveys, rising four and five percentage points to 68% and 59% respectively. But a new addition to the Workplace Survey stood out. When asked how their organization could improve their overall work satisfaction, 31% of nurses selected "Genuinely listen to my voice and respond to my needs."

When looking at correlations to other datasets, such as emotional health and healthy work environments, the importance of genuinely listening to nurses' voices becomes even more critical. Of respondents who indicated they are not or not at all emotionally healthy, a statistically significant 36% said that leaders genuinely listening to their voice and responding to their needs would improve their work satisfaction. And of respondents who said their work environment was unhealthy, a statistically significant 39% indicated the same.

In addition, nurses were asked to agree or disagree with potential outcomes if they were to ask for help with stress at work. On a 1-5 scale, the score was a 2.6 for "I would feel heard and understood." For the nurses who indicated their work environment was unhealthy, 2.3 disagreed or strongly disagreed that they would feel heard or understood if they asked for help with their stress. The correlations imply that genuinely listening to the nurse's voice and responding to their needs is directly linked to their overall work satisfaction, emotional health, and the health of their work environment.

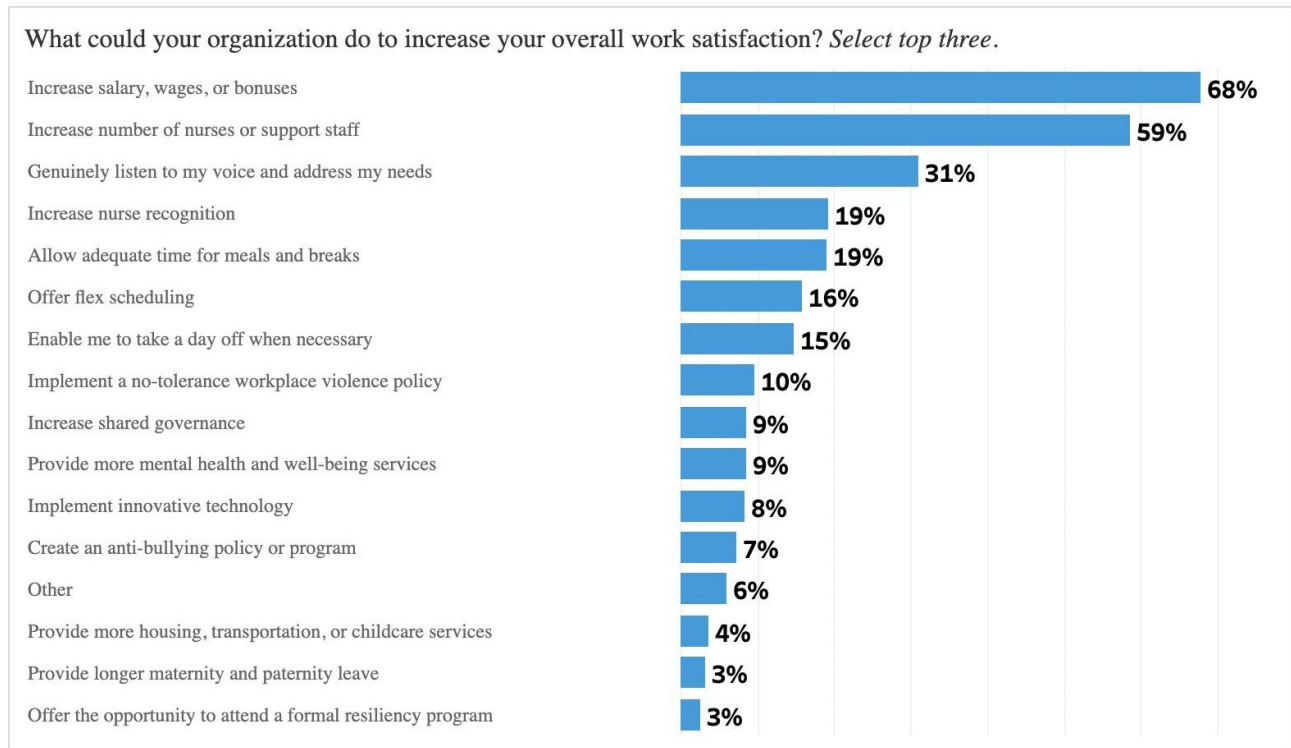


Figure 13 – Nurses indicate what their organization could do to increase their overall work satisfaction, June 2022

SEEKING MEANINGFUL SOLUTIONS

As we analyze the data, including other datasets from the Workplace Survey not included in this report, it is evident that the state of nursing today remains tenuous at best. The numbers show that bullying, incivility, and violence are widespread; emotional health of nurses remains at unhealthy levels; and feelings of stress, frustration, and exhaustion are still elevated two years after the onset of the pandemic. The numbers also reveal that positive feelings, which lead to commitment and performance, have stagnated. Nurses report practicing in workplaces without the necessary number of RN staff with the right knowledge and skills and almost half in the survey are planning to or considering leaving direct patient care.

Critical to ensuring we have the expert nurses we need as a society will require addressing nurses concerns with urgency, investing in new solutions, and ensuring that healthcare organizations rebuild the workplace to foster employees' long-term commitment and focus on reclaiming positive feelings by aiming to uplift and inspire the *whole person*. This requires a shift centered on the substantive and various needs of the workforce.

The newly formed [National Taskforce on Nurse Staffing](#) has identified short-term actionable solutions that can be implemented and measured in 12 to 18 months. It begins with listening to nurses and fully engaging them as true partners in solving workplace problems – from supply chain to how care is organized and delivered. It begins with truly listening to nurses' experiences and committing to investing in new ways of doing things and shifting how dollars are spent.

Ensuring that nurses can deliver the care that patients need will require nurses are themselves psychologically and physically safe and supported in a healthy work environment. Their health and well-being must be an organizational priority and events of high stress, moral injury and burnout are addressed in an ongoing manner. They must have appropriate staffing and a system of support – who are compensated fairly to provide quality care. Nurses must have the ability to practice to their full scope and potential. They need more flexibility in how, when and where they work. And their workplaces must intentionally and systematically integrate diversity, equity, inclusion, and belonging through proper planning, operations, and resource allocations. Finally, they must be true partners in making critical organizational and direct-care decisions including how, where, and when care is delivered that is fully responsive to patient needs.

This will require both reprioritizing current investments in care delivery and making new financial investments in the workforce and the workplace. While spending the most on health care globally, the United States health care system has consistently underinvested in nursing and nurses paying for that with their own health. The world has forever been changed by the pandemic and how nurses are valued must be as well.

[Click here to read the full report](#). On the website, you will be able to sort the findings based on state, employment, status, role, ethnicity and age.



Registration is now live for the 2022 Planetary Health Annual Meeting!

This year's Annual Meeting will be a free, fully-hybrid, and interactive conference **from October 31-November 2, 2022**. Visit the [conference website](#) to learn more about the [conference's speakers](#), [schedule](#), and more.



We would be grateful if you would consider [registering](#) for the conference and also sharing this information with your networks.

About Planetary Health:

Planetary Health is a trans-disciplinary field focused on characterizing, quantifying, and addressing the human health impacts of accelerating global environmental change. At the heart of the field is that human-caused changes in Earth's natural systems -- climate change, biodiversity loss, pollution of air, water and soil, resource scarcity, and land use change -- are interacting to threaten every dimension of human health, including mental health, non-communicable disease, infectious disease, malnutrition, and displacement and conflict. Fundamentally, we cannot safeguard human health and wellbeing into the future, without deep, structural change in how we do nearly everything.

About the Planetary Health Annual Meeting:

The theme of the 5th Planetary Health Annual Meeting (PHAM) is Planetary Health: Building the Field and Growing the Movement. See the [schedule](#) and learn about the [research and projects abstracts](#) that will be presented as lightning talks and interactive poster sessions throughout the week.

All are invited to this fully hybrid convening of scientists, youth, policymakers, educators, private sector, artists, and more to learn about the complexities of planetary health science, find community, seek solutions, and build skills for action and change. Learn more about our [speakers here](#).

Register [here](#)

About the Planetary Health Alliance

The Planetary Health Alliance (PHA) is a consortium of over 300 universities, non-governmental organizations, research institutes, and government entities from over 60 countries committed to understanding and addressing global environmental change and its health impacts. To support the rapid growth of a robust, interdisciplinary field of planetary health, the PHA works to:

- Encourage and empower a diverse global planetary health community that crosses sectors, disciplines, generations, worldviews, and geographies;
- Facilitate the education and training of current and next generation planetary health practitioners through the development and curation of open-access resources, mentorship and leadership opportunities, and programs from primary to university levels;
- Mainstream planetary health science, stories and solutions through broad public outreach and direct engagement with civil society, private sector, general public and governments;
- Promote actionable steps that individuals and society can take to advocate for and achieve progress toward planetary health.



MONTREAL

ICN CONGRESS
1-5 JULY 2023

Nurses together: a force for global health

ICN Call for Abstracts for the 2023 ICN Congress
in Montreal Canada

The International Council of Nurses (ICN) launched its [Call for Abstracts](#) for the ICN Congress 2023 in Montreal, Canada. Abstracts can be submitted from [September 1](#) for an oral or e-poster presentation under the eight sub-themes. With the theme, *Nurses together: A force for global health*, this face-to-face Congress will take place July 1-5, 2023 at the Montreal Palais de Congrès. **The on-line submission system will be open from [September 1 to October 31, 2022](#).**

Organized by ICN in partnership with the Canadian Nurses Association, this international gathering will bring together the powerful force of the 28 million nurses worldwide to examine how we can build on the lessons learned from the pandemic: from the need to protect nurses' rights to decent working conditions and salaries, to how we can drive nursing leadership and make a greater impact on health policies at all levels. The event will also highlight the importance of unity, solidarity and collaboration as we come together as a force for global health!

Early bird registration is open from September 1, 2022 - January 31, 2023.

The Council of National Nursing Association Representatives, ICN's global governing body, will convene prior to the Congress from June 29 to July 1, 2023. Congress participants who are members of ICN member associations will be able to observe global nursing leaders, identify the profession's priorities and future directions.

The eight sub-themes for the 2023 Congress are:

1. Nursing leadership: shaping the future of healthcare
2. The critical role of nurses in emergency and disaster management
3. Driving the professional practice of nursing through regulation and education
4. Improving the quality and safety of healthcare delivery
5. Advancing nursing practice: pushing the boundaries
6. Growing and sustaining the nursing workforce
7. Promoting and enabling healthier communities
8. Addressing global health priorities and strengthening health systems

Further information and regular updates on the Congress program will be posted on the [Congress website](#).



Know Nursing Students? Encourage Them to Become ANA Student Subscribers!

Nursing students can become Student Subscribers for \$10, that's 60% savings off the non-student subscriber rate. Members of National Student Nurses Association

(NSNA) can become Student Subscribers for free.

Student Subscribers receive digital access to the following:

- Full access to the digital Welcome to the Profession Kit
- Student Nurse online community
- Full ANA Position and Policy papers on important nursing issues
- Members-only content on [nursingworld.org](https://www.nursingworld.org)
- ANA publications such as American Nurse Today, OJIN: The Online Journal of Issues in Nursing as well as ANA SmartBrief

[Click here to learn more and to join](#)



Nurses Peer Support Network (NPSN) Seeks Executive Director

The Nurses Peer Support Network has existed in Minnesota since 2014. Our current Executive Director will soon be retiring from the position. We are seeking a part-time (20 hours per week) Executive Director to guide this dynamic organization serving Minnesota nurses recovering from substance use disorder/s.

The Executive Director is responsible for advancing the mission and vision of NPSN as well as promoting, building and sustaining the organization. The Executive Director will be responsible for the day-to-day operations of NPSN and establishing the maintain a consistently high level of participant satisfaction and retention. Primary accountability will be to the Board of NPSN. Further information about NPSN is available on our website at www.npsnetwork-mn.org or by contacting us via email at minnesotanpsnetwork@gmail.com. You can request a full position description at our email address.

If interested in applying please send cover letter and resume via email to: minnesotanpsnetwork@gmail.com.

The Shocking Truth

About Job-Related Issues Leading to Suicide Amongst Nurses



Judy Davidson, DNP, RN, MCCM, FAAN, nurse scientist at the University of California San Diego



Marie Manthey, PhD (Hon.), MNA, FAAN, FRCN, founder and president emerita of Creative Health Care Management consultation company

The Interconnectedness of Substance Use Disorder & Suicide Amongst Nurses

Virtual Continuing Education

Monday November 7, 2022

6:00pm - 7:30 pm CST

Open to all nurses

<https://www.npsnetwork-mn.org/>

FREE 1.5 CEU Hours:

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