Why MNORN is Important to the American Nurses Association

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Minnesota Organization of Registered Nurses

Objectives

Explore	Explore historic examples of synergy with ANA and the state nurses' associations working together on common goals.
Identify	Identify ways that MNORN members can connect with nurses throughout the nation, sharing best practices and supporting each other.
Discuss	Discuss how the partnership between MNORN and ANA help shape the policies and positions adopted by ANA, directly impacting the nursing profession both nationally and locally.

Current ANA Mission & Vision

Vision: A healthy world through the power of nursing.

Mission: Lead the profession to shape the future of nursing and healthcare.

2026 ANA Draft Vision and Mission

Vision: A healthy world through the power of nurses.

Mission: Serving all nurses and advancing healthcare through engagement, advocacy, leadership, and excellence.

ANA Current Strategic Goals

Elevate the Profession of Nursing Globally

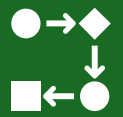
Evolve the Practice of Nursing to Improve Health, Healthcare, and Health Equity

Ensure the Professional Success of Nurses

Enable Operational Excellence

Goal1: **Elevate the Profession of Nursing Globally**

Lead the nursing profession to improve health through practice, advocacy, equity, innovation, and philanthropy.



Lead, evolve, and promote standards of excellence, recognizing exemplary nurses and settings where they practice.

Lead and promote the value of nursing to advance nursing's impact on health and society.

Goal 2: **Evolve the Practice of Nursing to Improve Health, Healthcare, and Health Equity**

Advance diversity, equity, inclusion, accessibility, belonging (DEIAB), and anti-racism to improve nursing practice and work environments.

Engage and support social justice in nursing and by nurses to address inequities in health and care delivery.

Enhance nurses' ability to innovate and lead in dynamic, disruptive and complex practice environments

Goal 3: **Ensure the Professional Success of Nurses**

Magnify nurses' voices and advocate to overcome barriers to personal and professional success.

Design, advance, and implement innovative solutions to meet the needs and priorities of nurses.

Co-create holistic approaches for nurses' well-being with nurses and strategic partners.

Goal 4: Enable Operational Excellence

Prepare and engage	Prepare and engage a diverse workforce for optimal hybrid work experience and effectiveness.
Deliver	Deliver data-driven and customer focused excellence through enhanced and agile technology and innovation.
Increase	Increase financial performance while maintaining highest ethical levels of compliance accountability.

Draft Strategic Goals for 2026

- Amplify the voice & visibility of nurses to drive policy, practice & shape the future of healthcare.
- Champion innovation, professional development & the well-being of nurses.
- Strengthen inclusive engagement & strategic partnerships to impact the communities nurses serve.
- Ensure operational excellence, future sustainability & financial vitality.

All these goals will be enhanced in partnership with MNORN!

No one knows the issues of their state more than the nurses who live and work there!

Mary Behrens, an alumna of the school, is a Family Nurse Practitioner and Fellow in FAANP. She has been an active political force in Wyoming since 1983, serving as mayor of Casper, Wyoming, Natrona County commissioner, and Wyoming state representative. She has promoted the nursing profession in both political and healthcare arenas, testifying at state, national, and international venues on nursing and health care.

Mass Resignation of American Nurses in 1966

Can you guess how much a starting newly-graduated nurse could expect to make in 1966?

The “women’s professions” were secretary, teacher or nurse. Nurses’ salaries were the least…..

$4300/year national average

Mass Resignation of American Nurses in 1966

Severe shortage of nurses in US:

- New medications - antibiotics, birth control pills, anti-psychotics
- New Coronary Care Units
- Medicare/Medicaid
- New Technologies
- Vietnam War

New York City Public Hospitals - 1965

"Sometimes I am the Only Professional Nurse for 300 Patients"

- 57% unfilled RN positions in the Fall of 1965
- 8,000 positions budgeted - 3200 filled
- Covered for unfilled RN positions with Nursing Assistants

Bellevue Hospital - August 6, 1965

- Only 3 RNs for 12 medical wards meant only one RN for each 90 patients
- Night shift even worse: only 1 RN and 2 LPNs for 12 wards
- 279 patients that day - 74 were on critical list
- Nurses said “Typical Night”

NYC contract expired

Initial Proposal Meeting: City offered a pay increase of $5/week

Final offer

Negotiations stalled for 5 months

No option of strikes

First Mediation Session

"We presented our Proposals. The City presented its refusals."

Mary Finnin RN, NYSNA staff for NYC area

(Mary Finnin will always be remembered as a mentor, nurse leader, and champion of human rights advocacy.)

Bronx Municipal Hospital
April 14th, 1966

We can all resign one by one, or we can resign all at the same time, and they will have to pay attention.

April 15, 1966

- 41 nurses at the **Bronx Municipal Hospital** submitted resignations
- By the end of the week, more than 2/3 of the nurses had resigned
- Within 2 weeks, nearly 1/2 of **NYC** nurses had resigned

The City and the Nurses agreed to fact-finding

Process began on May 10th, cut short because resignations near effective date

Both sides came to agreement on May 18th

1966 ANA Convention

San Francisco

1,014 delegates

8,000 attendees

ANA total membership = 160,000

(In **1966**, 909,131 registered **nurses** held licenses to practice)

ANA First National Salary Goal for Nurses

SAN FRANCISCO, June 14— The House of Delegates of the American Nurses Association adopted today for the first time "a national salary goal." The goal was set at $6,500 a year for beginners in 1966. Delegates from six states, including New York, argued for a goal of $7,200, but this proposal was rejected as unrealistic.

The New York Times

On June 14, 1966, the ANA House of Delegates adopted the nursing profession's first national salary goal. ***ANA public relations, economic security and research and statistics units are now preparing materials and guidelines to help state and district nurses' associations in their efforts to implement the goal.*** *The resolution adopted speaks for itself.*

Resolution on a National Salary Goal for Entrance into Nursing

WHEREAS, The nation is committed to the idea that quality health services are a right of all the American people; and

WHEREAS, This commitment exacerbates a critical inability to provide adequate amounts of quality nursing service, an essential component of health care; and

WHEREAS, Nurses' salaries in such a committed nation should reflect the value of their service to society, their investment in education, and their worth in relation to other professions and occupations; and

WHEREAS, The low economic status of nurses is a deterring factor in recruitment of young people into the profession and discourages qualified nurses from remaining in nursing practice; and

WHEREAS, It is imperative for the health of the nation that the nursing profession increase in both quantity and quality to meet the expansion of demand and new knowledge;

THEREFORE BE IT RESOLVED, That the American Nurses Association adopt a competitive national salary goal:

In1966, a registered nurse should enter the profession at a yearly salary of not less than $6,500;

and be it further **RESOLVED,**

that State Nurses Associations inform their membership, the employers of nurses, and the public of this national salary goal, and using all methods consistent with the ANA Economic Security Program, work toward its implementation.

Actions taken by State Nurses' Associations

California: Picketed at the Capitol "People in White with Salaries in the Red" - "The time has come when nurses can no longer subsidize health care."

Arizona: Tucson - 7% increase after threats of resignations - "It's about time we speak up for decent wages and conditions."

Washington State: Set goal higher than ANA's - $7200 for AD/Diploma; $8000 for baccalaureate - Increases obtained all over state

Idaho: One of the longest work stoppages when the RNs resignations became effective. All of the nurses were rehired after 16 days off the job.

More State Nurses' Associations actions

Colorado: 8 RNs were terminated before their resignations became effective in El Paso City/County Health Department. Boulder County RNs got a 16% increase after threat of resignation

North Dakota: ND Hospital Association AGREED with the salary goal and recommended a 3-step increase to achieve it by January 1968.

Iowa: Private Duty RNs raised their fee for an 8-hour day from $20 to $25

Kentucky: 38 Public Health RNs from 9 counties organized into a group to demand higher salaries

Minnesota's mass resignation

Minnesota: November 22,1200 RNs attended all-nurse meeting. "On an individual basis" RNs decided to resign. Between 1450 - 1650 written resignations with an effective date, December 26.

Final offer:

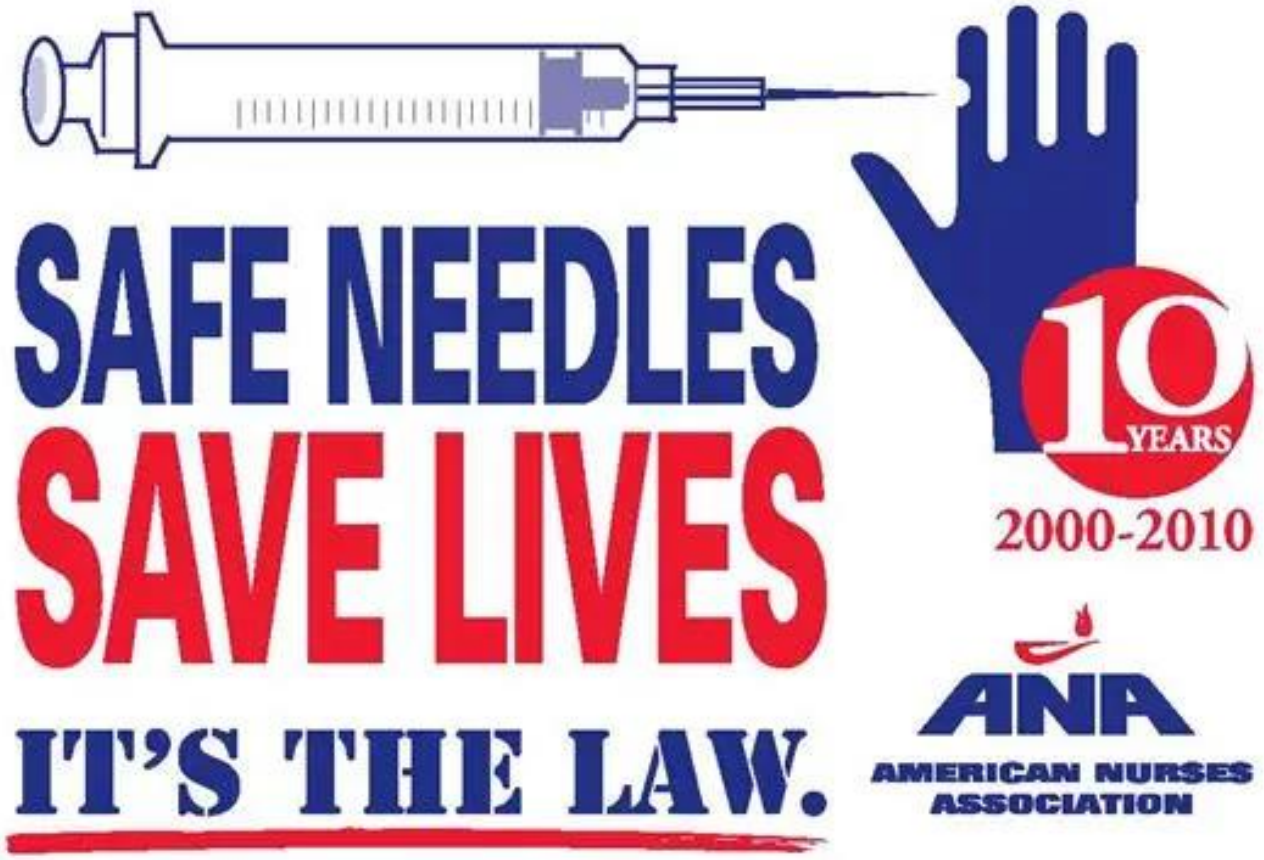
- Diploma $500/month - $6000
- Baccalaureate $530/month - $6360
- Head Nurse $600/month - $7200
- Increase of $41/month the 2nd year, plus other step increases brought salaries to at least $6500

National Support for the Nurses

During **President Lyndon Johnson's** presentation of the Budget to 90th Congress, he commented on "*the low salary scale and poor working conditions of nurses*."

Surgeon General William H. Stewart: "It's not easy to work an overnight miracle and raise nursing salaries to levels where they belong. Yet I am convinced that it must be done. And done quickly."

AJN editor Barbara Schutt: *"Today the nation is called on to dedicate itself to support for nurses and other health professions."*


SAFE NEEDLES
SAVE LIVES
IT'S THE LAW.
10 YEARS
2000-2010
ANA
AMERICAN NURSES ASSOCIATION

Examples of Nurse Advocates

SAFE NEEDLES SAVE LIVES

ANA
AMERICAN NURSES ASSOCIATION

Lisa Black

Needlestick to her hand taking care of a patient with end-stage HIV in 1997

(Nevada)

"Nothing will give me back my life as it was before HIV and Hep C were a part of it. But I would like my experience to be used to prevent similar tragedies from happening to other healthcare workers and to educate hospital administrators and the general public about the real dangers of occupational blood exposure."

SAFE NEEDLES SAVE LIVES

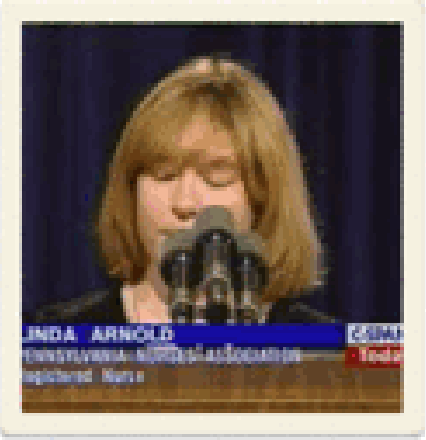
ANA

Linda Arnold

In 1992, she had a needlestick 5 months after graduation, tested positive for HIV within 6 months of exposure

(Lancaster PA)

4 years after exposure she launched a campaign asking every hospital in the US for a written agreement that they would provide safe needle devices for their employees



SAFE NEEDLES SAVE LIVES

ANA

Karen Daley

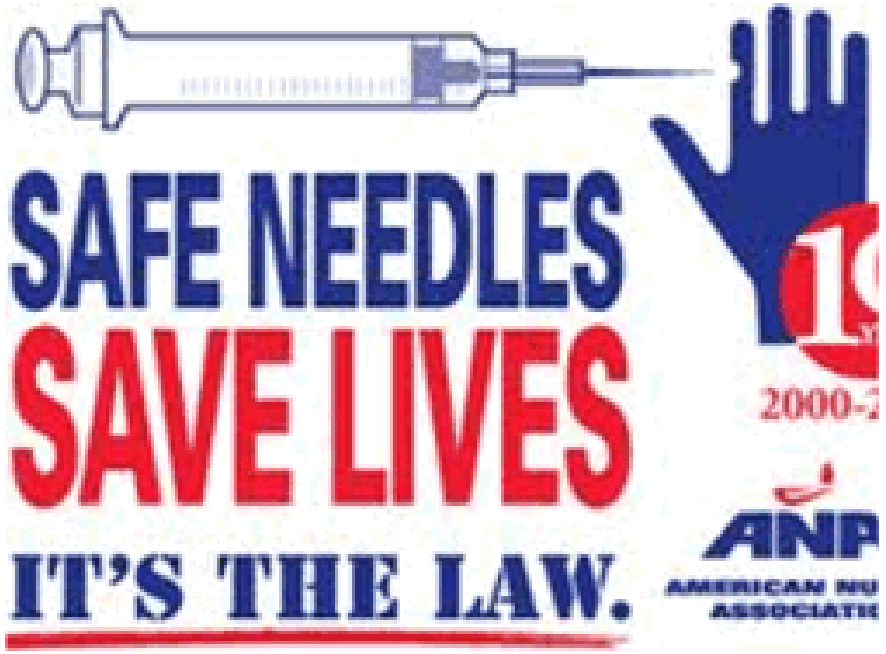
Had been an RN for over 20 years when she had a needlestick in 1998

(Massachusetts)

"This injury didn't occur because I was careless or distracted or not paying attention to what I was doing. This injury and the life-altering consequences I am now suffering should not have happened. And worst of all, this injury did not have to happen and would not have happened if a safer needle and disposal system had been in place in my own work setting."

Needle safety required both legislative and regulatory actions

- Needlestick Safety & Protection Act – required healthcare facilities to implement specific strategies to reduce needlestick injuries
- OSHA Compliance Directive (CPL, 2-2.69) – the OSHA Bloodborne Pathogen Standard



Fast Forward to today’s ANA

ANA Professional Issues Panels

Professional Issues Panels - purpose to drive toward informed decision-making, member engagement and active dialogue with members.

Panels will be convened around specific practice and policy questions as approved by the ANA Board of Directors.

Each Panel will include both a Steering Committee and an Advisory Committee to ensure sufficient rigor while also allowing for broad feedback from a full range of practice arenas and interests.

Topics of Professional Issues Panels

- #EndNurseAbuse Panel
- Care Coordination Quality Measures Panel
- Connected Health/Telehealth
- Moral Resilience Panel
- Nurse Fatigue Professional Issues Panel
- Palliative and Hospice Nursing Panel
- Workplace Violence and Incivility Panel

Membership Assembly Dialogue Forums

Dialogue Forums allow for substantive discussion on timely topics that reflect current nursing practice and policy issues.

The Professional Policy Committee prepares a report that includes a summary of the Membership Assembly's discussion, along with the Committee's recommendations related to proposals to develop or revise Association policies or positions and Dialogue Forums.

Membership Assembly's voting representatives discuss, debate, amend, and vote on the final recommendations that then go to the ANA Board for consideration and implementation.

MNORN's submission 2025: **Economic Value of Nurse Faculty: insufficient faculty pay and its impact on the nursing shortage**

Recommended Actions included:

- Develop a **white paper on the economic value of nurse faculty**, using the framework of ANA's other economic value work.

- **Create a comprehensive national database** to accurately reflect faculty supply and demand. This will help understand the full nature of the situation nationally.

- **Investigate strategies used by individual states** or other similar professions.

“Your ideas and creativity will design and build the future of healthcare.”

Oriana Beaudet, DNP RN –
ANA Vice President of Nursing Innovation

Just remember, MNorn is as important to ANA as every other state/constituent nurses’ association

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