

The North Dakota Nurse



NORTH DAKOTA NURSES ASSOCIATION

THE OFFICIAL PUBLICATION OF THE NORTH DAKOTA NURSES ASSOCIATION
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Quarterly publication distributed to approximately 20,000 RNs and LPNs in North Dakota

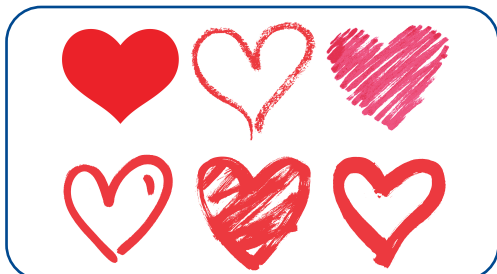
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January, February, March 2023

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Message from the President

Together We Are More Resilient

By Mylynn Tufte, RN, MBA, MSIM, NDNA President

Greetings and warm wishes for 2023!

As the new president, I realize that I have big shoes to fill following the great leadership of Tessa Johnson, MSN, BSN, RN. At the 2022 NDNA Annual Meeting, we were able to recognize her with the Hall of Fame Award that may be conferred on a registered nurse who has made a historically significant contribution of long-lasting importance to the practice of nursing in North Dakota. Tessa has earned this honor with so many years of service, dedication, and leadership. I'm grateful to Tessa for her ability to bring people together and grow the ND Nurses Association.

As I think about the work before us, I know that our collective voice is strong and trusted. Together we've been through so much over the past few years leading to our feelings of burnout and moral injury. Resilience can be seen as a protective factor to assist in combatting the stressors faced in the workplace. A culture of resiliency is one that promotes a safe and supportive environment of openness and understanding. One of the tenets of the ANA Code of Ethics states that, "Nurses have the same responsibility

to themselves as they do to others—including preserving health, well-being, and integrity."¹

Our advocacy platform advances the health and resiliency of our nursing workforce. We are advocating for **safe workplaces** through legislation. According to the Bureau of Labor Statistics, healthcare workers accounted for 73% of all private sector non-fatal workplace injuries and illnesses due to violence in 2018. A 2021 Workplace Survey of registered nurses found that 44% experienced physical violence at least once during the pandemic and over 67% of nurses encountered verbal abuse.² Almost 70% of emergency nurses surveyed reported being kicked or hit at work. The American College of Emergency Physicians reported that two-thirds of doctors working in emergency departments reporting being assaulted in the past year.³ Nurses experiencing these workplace conditions are dealing with unprecedented amounts of psychological trauma, mental distress, and overall feelings of burnout and moral distress.

Message from the President continued on page 2



Mylynn Tufte

NDNA's Nurses Day at the Legislature January 9, 2023

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How to submit an article for The North Dakota Nurse!

Nurses are strongly encouraged to contribute to the profession by publishing evidence-based articles; however, anyone is welcome to submit content to the North Dakota Nurse. We review and may publish anything we think is interesting, relevant, scientifically sound, and of course, well-written. The editors look at all promising submissions.

Deadline for submission for the next issue is **3/7/2023**. Send your submissions to director@ndna.org

Welcome New Members

Rebecca Kjolberg Fargo	Mary Mikkelsen-Mattheis Garrison	Jennifer Ekern Jamestown	Anna-Kay Ferguson Fargo
Jeri Christiansen Wahpeton	Shelly Jacobson South Heart	Amy Ulbricht West Fargo	Mattie Bartholomew Fargo
Michele Johnston Bismarck	Dawn Huffman Jamestown	Kari Ust West Fargo	Bonnie Vanderud Fargo
Taysia Kaufman Dickinson	Rändi Heggem Bismarck	Lori Meyer Van Roekel Grand Forks	Kishana Beneby West Fargo
Joanne Lassiter Bismarck	Roberta Valella Minot	Chelsey Petersen Dickinson	Femina Soclo Bismarck
Elizabeth Klose Jamestown		Kayla Kleinjan Dickinson	Kelli Sheeley Fargo

Message from the President continued from page 1

I'm excited for the year to come as part of the North Dakota Nurses Association. Improving, maintaining, and building strong partnerships and collaborations will help us through these exciting and challenging times. Together we'll learn, grow, celebrate, and advocate for all nursing professionals as we advance the mission of NDNA. I look forward to serving as your president.

- 1
- Nursing Management (Springhouse): August 2022 - Volume 53 - Issue 8 - p 7-11 doi:0.1097/01.NUMA.0000853148.17873.77
- 2
- [CMS warns hospitals must protect staff, patients from violence | Healthcare Dive](#) by Hailey Mensik published Nov. 29, 2022 online HealthCareDive. Accessed Dec. 5, 2022.
- 3
- [Addressing The Rise In COVID-Related Violence Against Nurses | NurseJournal.org](#) published Dec. 21, 2022 online NurseJournal. Accessed Dec. 5, 2022

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Please go to our website to learn more about the board and their roles: www.ndna.org

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Want to Make Your Nursing Voice Heard...Get Published in the North Dakota Nurse!

The North Dakota Nurse quarterly publication accepts content on a variety of topics related to nursing. Nurses are strongly encouraged to contribute to the profession by publishing evidence-based articles, but we welcome anyone to submit for publication. If you have an idea, but don't know how or where to start, contact one of the NDNA Board Members.

Please note:

- *Send articles to director@ndna.org
- *Articles should be in Microsoft Word and be double spaced.
- *All articles should have a title.
- *Articles sent should have the words "North Dakota Nurse Article" in the email subject line, along with the specific title.
- *Deadline for submission of material for upcoming North Dakota Nurse is 3/7/2023!

The Vision and Mission of the North Dakota Nurses Association

Vision: North Dakota Nurses Association, a professional organization for Nurses, is the voice of Nursing in North Dakota.

Mission: The North Dakota Nurses Association (NDNA) is the only professional organization representing all nurses in North Dakota. The mission of NDNA is to advance the nursing profession by promoting professional development of nurses, fostering high standards of nursing practice, promoting the safety and well-being of nurses in the workplace, and by advocating on health care issues affecting nurses and the public.

Highlights

Highlights from NDNA's Advocacy Platform 2023-2024

Read the entire platform on NDNA's website: ndna.org

NDNA promotes legislation, policies, and strategies that help meet North Dakota's most pressing needs. The below will be priorities for 2023-2024:

Healthcare Worker Safety

- NDNA will lend their support for the Healthcare Worker Assault bill in the 2023 North Dakota legislative session.
- Wisconsin recently brought forth legislation to make it a felony to physically attack or threaten a health care worker. The proposal with bipartisan support creates the new felony crime of battery against a person who is a health care provider. It expands current law that makes it a felony to commit battery against a nurse, an emergency medical care provider or a person who is working in an emergency department. The measure also makes it a felony to threaten a health care worker in their official capacity or in reaction to something that happened at a health care facility. It also extends to family members of a health care provider. It would be [punishable](#) by up to six years in prison and a \$10,000 fine.

Health Equity

- NDNA will continue to advocate regarding specific issues of health equity.
- The ANA Code of Ethics for Nurses (Code) clearly states in provision eight that "the nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce disparities."
- The profession's code exemplifies our promise to advocate for safe and healthy communities. This advocacy extends to all individuals as noted in the first provision of the Code which states nurses "practice with compassion and respect for inherent dignity, worth, and unique attributes of every person" (ANA, 2020).
- Utilize evidence-based practice to address this issue.

Behavioral Health

- NDNA will continue to advocate for increased access to behavioral health services.
- Shortfalls in funding for health and behavioral health services will increase costs in other areas of the budget, and will lead to negative consequences for individuals, families, and communities.
- Monitor bill development on funding for increased access of mental and behavioral health.

Highlights from NDNA's Strategic Plan 2023-2024

Read the entire plan on NDNA's website: ndna.org

Advocacy

- Be the voice for impacting legislation that prioritizes the nursing profession in North Dakota and nationally
- Lobby policymakers and other stakeholders to shape an integrated and equitable healthcare system
- Lead, engage and collaborate on healthcare policy
- Facilitate collaborative discussions during the 2023 legislative session, generating priorities and actions
- Focus efforts on ongoing bills through partnerships
- Support legislative efforts to pass the Health Care Workers Assault bill
- Advocate regarding issues of Health Equity
- Support focused legislation and increased access to Behavioral Health services

Membership

- Develop an awards and recognition program
- Make effort to hold additional events in smaller/rural places
- Continue collaborative efforts with student nurses
- Invite and plan a joint board meeting in the fall
- SNOY judging and other events

Communications

- "Highlight at Nurse" in each issue of The North Dakota Nurse
- Increase social media presence Facebook, Instagram, YouTube, and Twitter accounts
- Share "Highlight at Nurse" to social media

Education & Practice

- Align and mirror ANA's annual focus
- Strengthen Nursing Professional Development resources by promoting approved continuing education credits through conferences/events/courses which can include but are not limited to research, nursing self-care, and professional development
- Educational funding - continue to build NDNA's ND Community Foundation Endowment Fund and utilize available funds
- Create a Nursing Education Scholarship Pilot Program with legislative fund matching





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A systematic approach to ethical decision-making for nurses

By Georgia Reiner, MS, CPHRM, Risk Analyst, NSO

Throughout their careers, nurses, nurse practitioners, and other nursing professionals will encounter challenging situations at work that present ethical dilemmas. Deciding what to do in these situations can cause significant stress, as the appropriate course of action can vary depending on each unique set of circumstances. This article reviews a model that nursing professionals can use as a guide to help them gain a better understanding of conflicting issues and navigate ethical dilemmas.

Nurses are well aware of patients' rights, such as the right of patients for self-determination (the right to make decisions about their own care). This right has even been codified in law as a result of the [Patient Self-Determination Act \(PSDA\)](#) of 1991, which requires healthcare agencies receiving Medicare and Medicaid reimbursement to provide information about advance directives. Patients' rights, like self-determination, also play a role in ethics. For example, Provision 1.4 of the American Nurses Association (ANA) [Code of Ethics for Nurses with Interpretive Statements](#) (the Code) states that the patient has a right to self-determination.

In the clinical setting, ethical conflicts related to self-determination and other ethical principles are not unusual. Consider these possible scenarios: A family member disagrees with an advance directive that a patient completed now that the patient is unable to speak for themselves. A patient declined to receive a potentially life-saving treatment even after receiving information about the process. A nurse wonders if a patient has received enough information from the physician to truly give informed consent. How can these types of ethical dilemmas be resolved? Taking a systematic approach can help you navigate toward a decision, but first it is useful to understand how legal issues relate to ethical principles.

Legal responsibilities

Even though the Code relates to ethics and not the law, attorneys could turn to it for evidence that a nurse's behavior did not meet the standard of care. For example, the [Code](#) states, "Nurses preserve, protect, and support those rights by assessing the patient's understanding of the information presented and explaining the implications of all potential decisions." If you fail to act when you think a

patient did not receive enough information about a treatment decision, you could be held liable.

In addition, keep in mind that principles such as self-determination and patient autonomy applies not only to end-of-life care but to all treatment decisions. Therefore, going against a patient's wishes could put you in legal jeopardy. For example, drawing blood from a patient who states he does not want lab work done could be considered battery.

To help avoid legal peril, use a systematic approach to making ethical decisions, based on ethical principles (see [Key ethics principles](#)). One such approach is a [framework for ethical decision making](#) from the American Counseling Association (ACA). While written for counselors, the framework outlines seven steps any healthcare professional can use to approach ethically ambiguous situations:

#1. Identify the problem.

To identify the problem, you first need to gather information related to the situation. Focus on facts, not assumptions. Consider whether the issue is related to yourself and what you are doing (or not doing) or is related to the patient or the patient's loved one and what they are doing or not doing. For example, in the case of a young teenager who has not been informed he has brain cancer at the request of his parents, an ethical issue relates to the dynamics of the parents not wanting the diagnosis to be shared and the healthcare professionals who must consider the impact on the patient.

Be sure you are truly facing an ethical problem and not a clinical, legal, or professional one or a combination. Other considerations include whether the issue is related to technology (e.g., mechanical ventilation) or organizational policy. For example, legal statutes and organizational policy related to removing a patient from life support could conflict with what you see as the right ethical path. If there is any element of a legal issue involved, be sure to consult your organization's risk management or legal department, or an attorney.

#2. Apply the code of ethics.

Once you have identified the problem, turn to the Code. In some cases, the answer may be there. For example, a patient gives you a computer tablet as a thank-you gift. You had wanted to purchase a new tablet to replace your old one, but you are unsure if you should accept the gift. Provision 2.4 of the [Code](#) states, "Accepting gifts from patients is generally not appropriate." The provision goes on to state that one factor to consider is the value of the gift. The cost of a tablet means you should decline the gift. (In addition, your organization likely has a policy that prohibits gifts from patients.)

You should also consider other relevant codes that might apply. For example, the American Association of Nurse Anesthetists has their own

[Code of Ethics for the Certified Registered Nurse Anesthetist.](#)

If the issue is not resolved by codes of ethics, you will need to move on to the next step.

#3. Determine the nature and dimensions of the dilemma.

To accomplish this task, analyze the dilemma in terms of ethical principles. Determine which principles apply and which have priority in this case. For instance, a patient with a history of chronic pain is asking for an early refill of his narcotic prescription. Granting the prescription might meet the principle of beneficence in the short term by providing pain relief but could violate the principle of nonmaleficence by putting the patient at risk of substance misuse.

As part of your analysis, consider consulting the literature to ensure current, evidence-based practice. Thinking and consulting with colleagues or managers can also help you see other points of view. Another excellent resource is your organization's ethics committee. In certain situations, you may even want to consult with your state or national professional association for input.

#4. Generate potential courses of action.

This is the time for brainstorming ideas for actions to take. Write the ideas down without taking time to consider whether they are viable. Having another colleague or your manager help you with this step is a good idea.

#5. Consider the potential consequences of all options and determine a course of action.

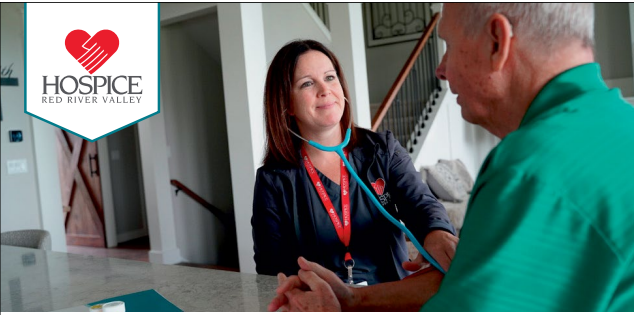
Now you should evaluate the potential courses of action you identified. Consider each option in the context of the information you have and evaluate the positive and negative effects of the option in relation to ethical principles you have identified. You will also want to evaluate each action for the potential effects on you, the patient, and any others who will be affected, for example, the patient's family or the organization. It may be helpful to write a list of pros and cons for each option.

Toss out options that are problematic and take a closer look at the remaining ones, ultimately picking the one that best fits the situation.

#6. Evaluate the selected course of action.

Once you have chosen a course of action, test it to determine if it truly is the best option. The three "tests" are justice, publicity, and universality:

- To apply the test of justice, consider your own sense of fairness and whether you would treat others the same in the situation.
- To apply the test for publicity, ask if you would want your behavior reported in the media.
- And to apply the test for universality, consider whether you would recommend the same course of action to another nurse.



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If your option does not fulfill all three tests, return to the start of the process. You may find that you did not properly identify the problem. If your choice met the tests, you are ready to move forward.

#7. Implement the course of action.

Know that just because you feel the action is the right one does not mean it will be easy to carry out. You may need to engage in stress reduction techniques before and after the action.

Once the action is completed, determine if the result was what you anticipated. This is a good opportunity to learn how be more effective in making ethical decisions in the future.

A proactive approach

Ethical dilemmas can cause significant distress, even when managed appropriately. To reduce distress, follow a step-by-step approach to making decisions. Consult your manager or your organization's risk management or legal department for assistance. And if there are significant legal concerns involved, it may be useful to consult an attorney before proceeding.

Key ethics principles

Below are [key ethical principles](#) nurses should know:

- **Autonomy.** This addresses self-determination, allowing the person the freedom of choice and action. It is important to help patients understand the implications of their decisions and to ensure that family members not pressure patients to make a choice. In addition, if you feel a patient is not capable of making a decision, follow organizational policy to determine an appropriate surrogate decision-maker.
- **Beneficence.** This refers to "doing good." Although this principle seems simple, it is not always easy to determine what is "good" in an ethical dilemma. Beauchamp and Childress state that beneficence includes protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping people with disabilities, and rescuing persons in danger.
- **Nonmaleficence.** This principle refers to not causing harm to others, including not inflicting intentional harm and not engaging in actions that risk harming others. One way to address this principle is to weigh potential harm against potential benefits. The goal is to select interventions

that create the least amount of harm to obtain the most beneficial outcome.

- **Fidelity.** Honoring commitments is the focus of fidelity. Fidelity includes acting with caring and being honest; patients need to feel they can trust you. For example, if a patient does not want to share her advanced cancer diagnosis with family members, you should honor that wish.
- **Justice.** Justice does not mean treating everyone the same. Rather, it means treating a person in a way that meets his or her individual needs. Examples include providing education materials in patients' preferred language and offering free flu shots to those in need.

RESOURCES

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When the patient disagrees

By: Georgia Reiner, MS, CPHRM, Risk Analyst, NSO

Nurses and nurse practitioners take pride in providing detailed information to patients to help them make treatment decisions. But what happens when patients don't make what you think is the "right" choice? Ultimately, you need to respect the patient's autonomy and right to choose (self-determination) even if you feel the patient isn't making the best decision, for example, by refusing an important diagnostic test.

Other examples of patients not following medical advice include those related to vaccination. Some parents may choose not to have their child receive the vaccine for preventing human papillomavirus (HPV) infection. Others may refuse the measles vaccine for their child, which you know puts others at risk for infection. In addition, patients may choose to exclusively use alternative treatment options rather than integrating them into their standard medical care.

Ideally, people will make the best choice for themselves and their loved ones. You can help them in that process (and reduce your own legal risk) by ensuring they have the information they need to make an informed decision and engaging in a shared decision-making process.

Information, please

Consider this scenario: A patient decides to abruptly stop taking her prescribed beta-blocker because she "doesn't like taking pills." After developing rebound hypertension and tachycardia, she claims she wasn't told of the possible adverse effects of not taking the medication. Unless you can point to documentation that shows the patient received education about the adverse effects of sudden stoppage, you could find yourself named in legal action.

To help avoid situations such as this and the others noted at the start of this article, provide education, which should be delivered in the patient's preferred language. It's also helpful to explain the concept of evidence-based care and to note research studies that support, for example, vaccination for HPV. The consumer summaries offered by the Agency for Healthcare Research and Quality (AHRQ) through its Effective Health Care Program (<https://effectivehealthcare.ahrq.gov/consumers>) are a resource for patient-friendly information about health conditions. Another resource is the patient section of the Choosing Wisely website (www.choosingwisely.org), where you can download patient information based on recommendations from leading specialty organizations.

Document all education that you provided in the patient's healthcare record, as well as any use of translation services, and include that the patient or parent affirmed their understanding of the material. Follow your organization's policies and procedures related to informed refusal or patients acting against medical advice to ensure you are fulfilling your duties.

Shared decision-making

Information is an integral part of shared decision-making (SDM). The National Learning Consortium defines SDM as "a process in which clinicians and patients work together to make decisions and select tests, treatments, and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values." SDM helps patients understand their options and make decisions that are right for them. Using the model may make it less likely a patient chooses not to follow medical advice. And if the choice is not one you agree with, at least you know the patient made a thoughtful decision.

The five-step SHARE approach from the AHRQ is a useful model for the SDM process. The approach is based on extensive research and clinician input:

1. **Seek your patient's permission.** Explain to the patient that there are choices related to treatment and ask them to participate in the decision-making process. Some patients may not know they should take part in making treatment decisions. If appropriate, ask the patient if others, such as family members or loved ones,

should be included in the discussion. An example of how to start the conversation is, "There's good information about how these treatments differ that I'd like to discuss with you before we decide on an approach that is best for you."

2. **Help your patient explore and compare treatment options.** Assess how much the patient already knows about the options and provide information in plain language. Explain the benefits and risks of each option.
3. **Assess your patient's values and preferences.** Determine what is important to the patient in relation to the options, using open-ended questions such as "As you think about your options, what's important to you?"
4. **Reach a decision with your patient.** Ask if there are any additional questions the patient has before they can decide. Keep in mind that patients may need time to consider their options and consult with others before making the decision.
5. **Evaluate your patient's decision.** Evaluation refers to follow-up. In patients with chronic diseases, for example, the decision may need to be revisited at a future date as the patient's condition changes. You should also work with the patient to identify and remove barriers to implementing the decision.

You can access more information about this model, including tools and a workshop curriculum, at <https://www.ahrq.gov/health-literacy/curriculum-tools/shareddecisionmaking/index.html>.

When a patient refuses

Patients have a legal right to refuse care or to leave the hospital against medical advice. When the patient refuses, listen to the reasons and address them if possible. For instance, a patient who doesn't fully understand a procedure may agree to it once they have additional information. It's also essential to provide information about the consequences of the decision so you meet the criteria for "informed refusal" or leaving against medical advice, according to your employer's policies and procedures. Otherwise, patients could later claim they were not told or did not understand the consequences of their decision. (See page 54 of CNA and NSO's Nurse Practitioner Claim Report: 4th Edition for more information on informed refusal.)

Patients may choose to refuse treatments or diagnostic tests, to leave the hospital against the advice of their care providers. To reduce the risk of patient harm and the risk of possible legal action, follow these recommendations:

- **Assess the patient's ability to make decisions.** If you are unsure, you may want to ask the patient to describe the reason for the visit, repeat back information given about treatment needs, and list basic personal information such as age, birthdate, and current address. If decision-making is impaired, assess if the impairment is temporary (for example, due to medication effects) or long-term. Determine if the patient has designated a surrogate decision-maker.
- **Listen to the patient's reasons for wanting to leave or refusing treatment** and address them as you can. For example, a patient may simply be frustrated by prolonged wait time in the ED. Avoid minimizing any of the patient's concerns, criticizing them if they may be misinformed, or telling them they are wrong. Asking open-ended questions that invite people to find their own reasons for change tend to be more effective than strong-arming or shaming.
- **Document details of the patient's decision in the healthcare record.** Note those present during the discussion, the patient's stated reasons for the decision, and information provided, including education material and the specific risks of not following the recommended treatment or leaving the facility. Also, document questions from the patient and/or family and the answers you provided.
- **Continue to provide care not related to the treatment refused.** In addition, provide care until the patient leaves the premises; this includes discharge instructions, and if you are a prescriber, prescriptions for needed medications. Failure to do so could leave you open to charges of abandonment.
- **Have the patient sign any form for leaving against medical advice** that your organization requires and include it in the healthcare record. If the patient refuses to sign, note that on the form. Sometimes the act of asking to sign a form will change a patient's mind, although some organizations have chosen to eliminate such forms because they can create an adversarial relationship with the patient.
- **If possible, follow up with the patient** to see how they are doing. Document the call.
- **Remain calm and professional.** Be kind and empathetic and use non-judgmental language. People are generally more likely to take the advice of someone they perceive to be likeable and trustworthy.

Basic rights

Patients have a right to refuse care, but they also have a right to know the implications of their refusal. They also have the right to receive sufficient information before making decisions. You can facilitate optimal outcomes, and reduce your legal risk, by collaborating with patients in decision-making.

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Discussing vaccines

Parents refusing to have their children vaccinated against measles has led to several outbreaks in the United States, and some jurisdictions have made vaccination a requirement before the child can attend school. The CDC offers a resource for clinicians to use when discussing vaccination with parents. The resource recommends clinicians assume that parents will vaccinate their child, as is usually case. Therefore, it's better to say, for example, "Your child needs three shots today," rather than "What do you want to do about shots?"

For parents who are unsure, give a strong recommendation, such as, "I strongly recommend your child get these vaccines today." You may choose to follow up with a supporting statement that you think will best resonate with the parent such as, "These shots are very important to protect your child from serious diseases." If parents express concerns, listen and provide information. (The CDC has a handout of responses to common questions at www.cdc.gov/hpv/hcp/for-hcp-tipsheet-hpv.pdf.)

If the parent refuses to allow vaccination, explain possible consequences and review their responsibilities such as informing the child's school of the vaccination status and isolating the child during an outbreak. Document the encounter in the healthcare record. In addition, continue to follow up with parents during subsequent visits because they may change their minds.

RESOURCES

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“Nothing But Love”

Dr. Penny Brieese, PhD, RN
NDNA Director of Advocacy

As a freshly hooded PhD, I have recently had the luxury of time. Time to slow down, to catch my breath, and to really enjoy this moment in my life. Being done with this degree has also allowed me time to reflect on my dissertation topic; death and what affects the self-efficacy of our newly licensed nurses in caring for dying patients. To be honest, I couldn't possibly have chosen a worse time to investigate this topic! Covid was just beginning to rear its ugly head and the additional stress on our nursing workforce, as they struggled to come to terms with the overwhelming amount of death that was occurring, no doubt influenced the findings of my study. But as nurses, we should be no strangers to death. The majority of us have had the privilege of attending to dying patients in their final hours, easing their pain and suffering as they make the transition. I have always believed that it is as much of an honor to be there for a human's final breath as it is when they draw their first, and I very much enjoyed that aspect of my career at the bedside. Now, as a nurse educator, I share my stories with students in the hope that they, too, can find peace and beauty in the death of a patient. This is one of my favorites.

“He made it.”

As I walked into his room, the tiny, crumpled old man turned his face in my direction; “Who's there?”, he asked.

Moving to the bedside, I explained that I was his nurse and would be caring for him that day. “Oh, I am sorry. My eyes...I don't see so good anymore. I was hoping.....”

As I began my assessment, I chatted with him about what I was doing and why, asking what I could do to make him more comfortable. And as I made casual conversation, I mentioned that it was a lovely fall evening and I had witnessed a massive flock of Canadian geese on their long flight south for the winter, coming down to land and rest for the night in the harvested soybean fields. I described how the geese covered the fields as far as the eye could see! There were so many of them, I told him, that they filled

the sky and I had pulled my car over, rolling the window down to just sit for a minute and enjoy the cacophony of them calling to one another.

The old man smiled, looked up at me with his milky, cataract-filled eyes and reached for my hand. “Do you think they are still flying? Could you open the window so I can hear them, too?”

I obliged him and yes, we could still hear the geese calling faintly in the distance. The old man sighed, lay back on his pillow and smiled; “This used to be my favorite time of year, going goose hunting with my boys.” We chatted a little more and he seemed more relaxed now. He soon drifted off to sleep with the calls of those Canadian geese still echoing in his memory.

The next evening, I returned to find that the old man had taken a turn and his “boys” were now all here. I entered his room to see five large, suntanned middle-aged men, his “boys,” sitting around the bed, laughing and telling stories of their dad. Stories of leaky old fishing boats, of frosty fall mornings lying in wait for a flock to circle and come down, of good hunting dogs and of getting caught in their shenanigans, just “boys being boys.” Their voices and laughter filled the room as they sat vigil well into the night with their dying father.

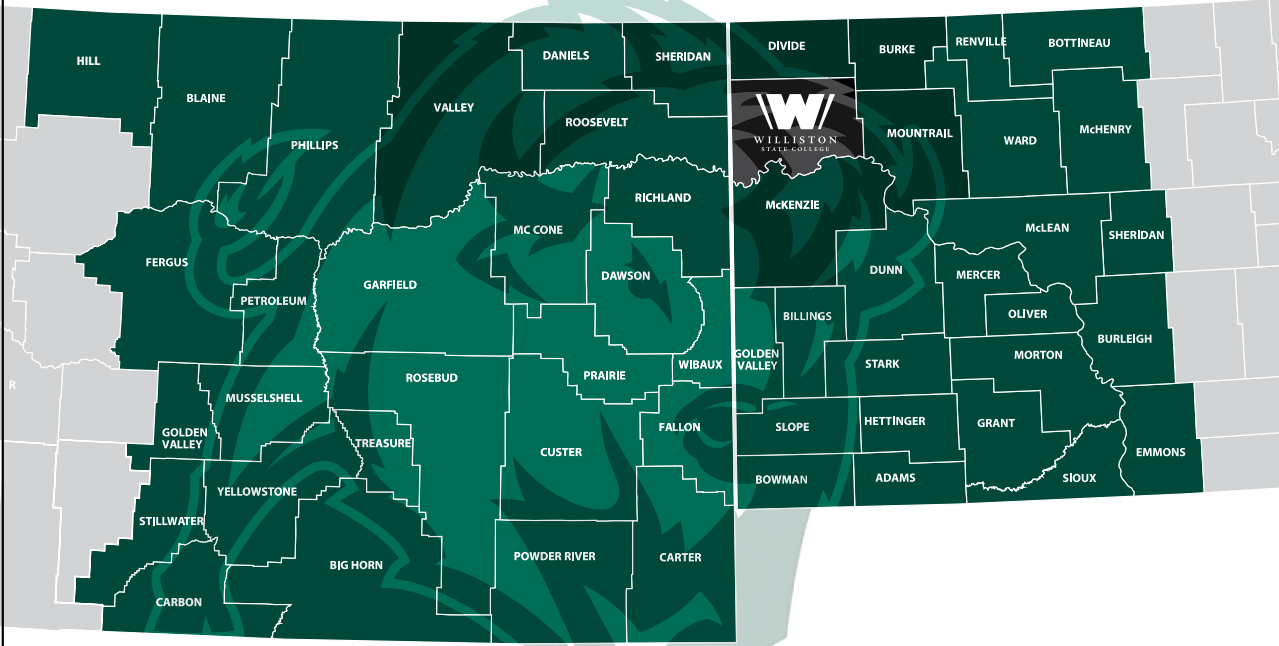
Just before midnight, one of them came walking slowly up to the nurses' station. He smiled at me, said “Well, he made it.”, and I knew exactly what he meant. We walked down the hall together in silence and as I entered the room, I was met with the sight of these five “boys,” all still sitting there, teary-eyed but smiling, arms around each other and still holding their father's hands. He had, indeed, “made it” and what a beautiful way to leave this world.

“I didn't know your father very well,” I told them “but I know exactly what kind of man he was because of this. Because you are all here. And I know that he heard every word you said, every joke, every story, every memory. He heard you.”

And as they gathered up their things and said their one last goodbye, all I could think was that we should all be so blessed to leave this world like this: knowing nothing but love.

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Evidence-Based Practice

Using an Evidence-Based Model and E-Tools for Addressing Vitamin D Deficiency in Public Health and Practice

Dr. Beth Sanford, DNP, ANC, CLC



Nurses' vitamin D knowledge, the consequences of its deficiency, and translation of best practices are critical to patient care. Regardless of other risk factors for vitamin D deficiency (VDD), such as skin color, diet, and lifestyle practices, all North Dakotans have one determinant of health that puts them at risk for health disparities related to vitamin D deficiency—Latitude. Research shows that at our latitude, there is a “vitamin D production winter” where up to six months of the year, North Dakotans are unable to generate vitamin D from the rays of the sun [1–5]. A recent pilot study of North Dakotans shows that 50% had levels of 20 ng/ml, with 20% having levels below 10 ng/ml, which is far below the scientific recommendations of target levels of 40-60 ng/ml from vitamin D scientists [6].

A literature search revealed no translational models to address the prevention, early detection, and treatment of VDD. Everyone responds to vitamin D supplementation differently, due to differences in sun exposure, age, genetics, digestion, co-nutrients, medications, and BMI, so one supplement dose won't work for everyone [7]. As a new paradigm focusing on patient-centered care, I developed a vitamin D toolkit, including the latest in vitamin D science, and a new model called Cycle of Best Practices for Addressing Vitamin D Deficiency, which can be used to guide public health and practice [8–18]. In addition, the toolkit highlighted the use of two e-tools to assist healthcare professionals in assessing VDD risk and calculating appropriate loading and maintenance doses with ease and confidence as well as accompanying translational resources [19,20]. This evidence-based model, along with the scientific guidelines of achieving and maintaining a circulating 25(OH)D target blood level of 40-60 ng/ml can universally be applied to guide research and quality improvement initiatives in any healthcare setting to reduce the prevalence of VDD in North Dakota.

Keep an eye out for the re-release of the new and improved Vitamin D continuing education course. Thank you for your participation and feedback! If you would like more information on how to apply the vitamin D toolkit or model in healthcare education or patient care settings, please feel free to contact me at Beth.Sanford@rasmussen.edu.

Read Dr. Sanford's paper by clicking below:

Development of a Public Health Model for Translation of Best Practices in Addressing Vitamin Deficiency
https://www.proquest.com/docview/2746076570?fbclid=IwAR3sGJkvsf2UR2E0hi4SyR3pcMAw2_CiYJe54-3aPWI-g0t_W41IZ84I7ce

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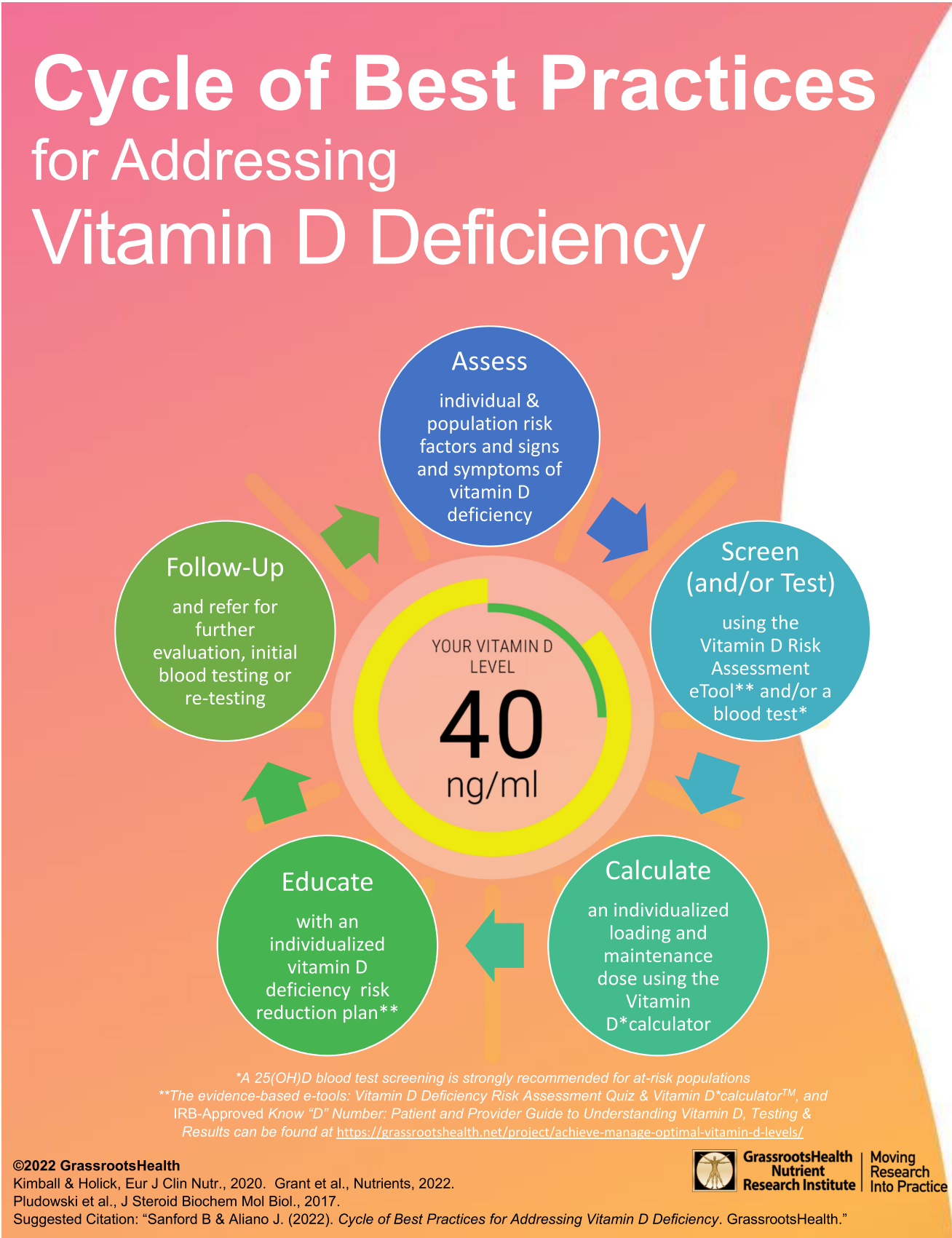
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New Year, Renewed Purpose

Joshua M. Evans

New Year, Renewed Purpose?!

Forget about the “new year, new me” cliché. Focus needs to be on New Year, Renewed Purpose. Everyone desires deeper purpose in their work. On our first day our ambitions were so grand and our purpose so clear. What happened?

With the start of the new year, many people are looking to refresh and renew their perspectives on work. You have made new resolutions and new goals for the coming months. However, after a few weeks or months of challenges it can be difficult to retain the zeal with which we started this new year. You want to have deeper purpose behind your work, but it's not easy when faced with the daily minutia, continual workplace shifts, and all the ever-present challenges.

Why does a Renewed sense of Purpose matter?

Purpose is driving factor in many of our lives. It brings clarity to our actions and meaning to our efforts. When you have a deeper purpose behind your work it gives you the miraculous ability to overcome obstacles and inspire others to do great things. Purpose is a phenomenal thing to have, but it is not easy to maintain. Purpose must be refreshed, revisited, and renewed often. There is no better time to renew your sense of purpose than at the beginning of the new year!

How can you renew your sense of purpose?

It is easy for people to forget what doing a great job in your role means to those around you. Your community, coworkers, colleagues, clients, and community all depend on you. However, it can be easy to forget this when faced with an endless supply of unread emails, new deadlines, and workplace policy changes. The simplest way to renew your sense of purpose is to follow something I call the Back Pocket theory.

What is the Back Pocket Theory?

The back pocket theory is a small exercise to help you recentre the most important things in your personal and professional life. It helps you to renew your purpose and bring greater fulfillment to your efforts. Complete the small exercise below and reference it when you are facing new challenges.

1. Write down three things you are proud of accomplishing. Any three things. Feel free to boast as much as possible, this is just for you. When you realize the amazing things you have accomplished before, it make achieving other great things seem more attainable. (EG: I ran a half marathon, I bought a house, I earned a promotion, etc.)

2. Write down three things you are thankful for. If everything else fell away, what would you consider as the things that make you smile and feel happy about. When you have things to be thankful for, then daily challenges and nuances have less impact on your emotional wellbeing. (EG: my friends, my family, my health)

3. Write down three huge goals you have for the next three years. Think really big! When you have something to aim at, you can be assured that your efforts are more focused. Da Vinci said that “mans fault is not that he aims too high and he misses; it's that he aims too low and hits his target.” (EG: I'm going to buy a vacation home in Florida, I'm going to increase my business to \$3 million, I'm going to run a full marathon)

Meet NDNA's Newest Board Members

Let's welcome Dr. Jocelyn Johnson and Jayme Rafiu! They are NDNA's newest members of the Board of Directors.

Director of Education and Practice – Dr. Jocelyn Johnson, DNP-ENL, MSN-Ed, RN

I am a conscientious nurse educator with clinical expertise and 18 years of experience as a nurse, successfully developing curriculum and promoting career development. I have expertise in medical/surgical care, dermatology clinic, public health, and knowledgeable in general medicine. I consider myself to be a hardworking health educator who is passionate about improving individual and community health through education and public awareness. I am ready to offer my experience to a fast-paced position with a growing organization.



Director-at-Large – Jayme Rafiu, RN

I feel it is important to be the voice of the new nursing generation and help rebuild our profession and encourage more people to want to become nurses. I am passionate about being a nurse and recruiting people that have the same love and desire for helping people that I do.



ANA Call for Proposals is Open

On behalf of ANA's Professional Policy Committee, the call for proposals is now OPEN for the submission of proposals for discussion by ANA's governing body, the Membership Assembly, at the 2023 annual meeting in June. All proposals submitted should be solution-oriented. **Your involvement in ANA's policy work is critical!**

ANA is interested in receiving proposals that reflect the ANA Enterprise's newly approved 2023-2025 Strategic Plan. Please take a moment to [review the webpage on Nursingworld.org](#) that provides in-depth information about the work that will be taken under this new strategic plan. Also new this year, is a strong recommendation that individual members who consider submitting a proposal, that they connect with your state nurses association or the Individual Member Division to support alignment at the state level.

Section 1 of the 2023 [Membership Assembly Policy Development Guide](#) includes questions for you to consider prior to submitting a proposal. In Appendix A of the Guide, you'll find the [ANA Enterprise 2023-2025 Strategic Plan](#). The Guide also contains detailed information on the submission and review of proposals, including emergent proposals; Dialogue Forums; and examples of approaches used by state nurses' associations that have successfully engaged members in ANA's policy work.

TO SUBMIT PROPOSALS FOR CONSIDERATION – [Click here to access the online proposal form.](#)

Completed proposals MUST BE submitted (by using the online proposal forms) by **5:00pm ET on Monday, February 13, 2023**. Refer to Appendix D in the Guide for key dates and direct questions to Cheryl Peterson, Vice President, Nursing Programs, via email (practice@ana.org).

Sincerely,
Cheryl Peterson, MSN, RN
Vice President, Nursing Programs
American Nurses Association



Enhancing a Healthy Work Environment

Janell Juelich, PhD, RN, CNE
Mayville State University

According to the U.S. Bureau of Labor Statistics (2022), more than 275,000 additional nurses are needed from 2020-2030. The reasons for the nursing shortage are multifaceted, but some factors include an aging population, employee burnout, and lack of enrollment in nursing school (American Association of Colleges of Nursing, 2022; Haines, 2022). One of the reasons for lack of enrollment in nursing school is a shortage of nursing faculty. The American Association of Colleges of Nursing (2020) has reported an ongoing shortage of qualified nurse faculty, which has also contributed to thousands of qualified nursing school applicants being turned away. As with nurses, multiple factors contribute to the shortage of nursing faculty. The nursing shortage and nurse faculty shortage combine for a unique challenge. One proposed strategy to address the challenges of not only nursing but also nurse faculty shortages is to enhance a healthy work environment.

National League for Nursing and Academic Environments

It is important to note that healthy work environments not only encompass nurses in healthcare positions, but also nurse educators in academic positions (Saunders et al., 2020).

To enhance a healthy work environment in academic nursing, the National League for Nursing (2018) has established a toolkit. The National League for Nursing Healthful Work Environment Toolkit focuses on academic nurse leaders and encourages activities that improve that health of academic environment and faculty satisfaction. Components of the National League for Nursing Healthful Work Environment Toolkit include:

- a safe, civil, and collegial work environment;
- salary and benefits;
- workload;
- role development and mentorship;
- scholarship; and
- leadership.

American Association of Critical-Care Nurses

The American Association of Critical-Care Nurses [AACN] (2021) has developed essential standards for a healthy work environment. Those six standards include: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. Tips and strategies to foster healthy work environments are imperative in the academic and industry nursing environments.

Strategies for Use

- **Standard One: Skilled Communication.** Nurses must be as proficient in communication skills as they are with clinical skills, and nurses must practice skilled communication with colleagues and leaders. Skilled communication is an art and requires not only practice, but also training. Strategies such as information sharing, team building, active listening, self-reflection of role performance, and professional development are all important for skilled communication. Inclusion of healthy work environment training as part of orientation has also been used as a strategy to enhance the workplace environment (AACN, 2021; Harmon et al., 2018; Saunders et al., 2020).
- **Standard Two: True Collaboration.** Nurses must pursue and foster true collaboration. Collaboration within all aspects of healthcare and academic organizations is essential. Furthermore, service opportunities provide great opportunities for collaboration in nursing. Development of mutual goals, creating relationships, and team building activities, such as interprofessional simulation exercises, augment relationships in the healthcare setting (AACN, 2021; Harmon et al., 2018; Saunders et al., 2020).

- **Standard Three: Effective Decision Making.** Nurses must be valued and committed partners in making policy, directing, and evaluating, and leading organizational operations. Analysis of data, evaluation of all opinions, and sufficient perspectives are needed for effective decision making. Group decisions in activities such as honor and awards, committees, and policy development are essential to effective decision making. In addition, the use of surveys to seek employee feedback and employee satisfaction have been used as a strategy to promote healthy work environments; hence, employees know their voices are being heard (AACN, 2021; Harmon et al., 2018; Saunders et al., 2020).
- **Standard Four: Appropriate Staffing.** Nurses must ensure an effective match between needs and competencies. Addressing nurses and nurse faculty shortages requires creative solutions. New models for workload and ongoing professional development are essential. A commitment to recruitment of qualified individuals to meet the needs of the organization is essential. In addition to workload, professional development opportunities such as mentoring, continuing education, certification, presentation, and tuition support are also aspects of appropriate staffing (AACN, 2021; Harmon et al., 2018; Saunders et al., 2020).
- **Standard Five: Meaningful Recognition.** Nurses recognize staff for the value each brings to the work of the organization. Strategies to build an inclusive culture where all feel valued for contribution with appreciation for positive qualities are needed in healthy work environments. Strategies such as verbal and email sharing of good news and recognition as well as newsletters have been successfully used in organizations (AACN, 2021; Harmon et al., 2018; Saunders et al., 2020).
- **Standard Six: Authentic Leadership.** Nurse leaders must embrace the imperativeness of a healthy work environment, authentically live it, and engage others in its achievement. Authentic leaders are aware of the perspectives of others, model core values, and inspire colleagues. Promotion of health and well-being for all is an essential quality for authentic leaders. Leaders who commit to all employees for ongoing development, competencies, and support is imperative to a healthy work environment (AACN, 2021; Harmon et al., 2018; Saunders et al., 2020). Finally, self-care has been proposed as another standard for healthy work environments. Self-care is in direct alignment with the American Nurses Association Code of Ethics (2015). Provision 5 asks nurses to preserve their own integrity and well-being in order to continue to uphold their commitment to caring for their patients. Actions that nurses take to reach optimal physical and mental health are essential in nursing to reduce stress and burnout as well as increase resilience and coping. The engagement in self-care, such as stress reduction activities and serving as a role model, can be used as a foundation for a healthy work environment (Saunders et al., 2020).

Barriers

While nursing staff and faculty recognize the need for healthy work environments, the time needed to engage in healthy work environment activities has been noted as a barrier. In addition, financial barriers as well as mentorship have also been cited as barriers to achieving healthy work environments (Ruth-Sahd & Beyer, 2020). Noncompetitive salaries and limited number of prepared faculty have been reasons cited for nurse faculty vacancies. Thus, the need for academic and industry nurse leaders to promote professional development and continuing education is imperative. In

addition, advocacy and legislation at the state and national level are essential for healthy work environments.

Discussion

Support for continuing education and certification has steadily increased in nursing; however, implementation of healthy work environments has been slow. Research has shown that the implementation of healthy work environments does make an impact. Suggestions to address work environments include: collaboration of team members to engage in the healthy work environment endeavor, measuring the health of the work environment regularly, creation of a realistic and innovative budget to address needs, and education on the relationship between healthy work environments and patients, nurses, and organizations (Ulrich et al., 2019).

Positive, supportive, safe, collaborative, empowering, motivational, collegial, professional, respectful, caring, and satisfying are terms that have been used to describe a healthy work environment (Saunders et al., 2020, p. 2). A supportive work environment is a place where employees are valued and supported to their full potential. In addition to solid productivity, studies have noted that nurses in healthier work environments, both academic and non-academic, were significantly less likely to leave their current position (Reinhardt et al., 2020; Ulrich et al., 2019); hence the importance of a healthy work environment cannot be overstated. Implementing healthy work environment standards requires the support of all parties as equal partners. Changing the workplace culture can be hard and requires long-term commitment; however, respect and inclusion in the workplace provide a space for all to thrive and succeed.

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NORTH DAKOTA NURSING ADVOCACY PRIORITIES FOR 2023

Healthcare Worker Safety

Nursing Immigration Office

Nursing Recruitment & Retention – Nursing Shortage Grant/Endowment

Daycare Initiatives

Fund Matching for Nursing Education Scholarships

ND Board of Nursing Alternative to Discipline Program

Health Equity Initiatives

Behavioral Health Initiatives

Initiatives Supported by:

- ND Nurses Association (NDNA)
- ND Organization of Nurse Leaders (NDONL)
- ND Nurse Practitioner’s Association (NDNPA)
- Nursing Students’ Association of ND (NSAND)
- ND Long Term Care Association (NDLTCA)
- ND Public Health Association (NDPHA)

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NDNA NORTH DAKOTA NURSES ASSOCIATION

ANA AMERICAN NURSES ASSOCIATION

NDNA/ANA Membership Activation Form

NDNA NORTH DAKOTA NURSES ASSOCIATION

ANA AMERICAN NURSES ASSOCIATION

Essential Information

First Name/MI/Last Name

Date of Birth

Gender: Male/Female

Mailing Address Line 1

Credentials

Mailing Address Line 2

Phone Number

Check preference: ☐ Home ☐ Work

City/State/Zip

Email address

County

Current Employment Status: (eg: full-time nurse)

Professional Information

Employer

Current Position Title: (eg: staff nurse)

Type of Work Setting: (eg: hospital)

Required: What is your primary role in nursing (position description)?

Practice Area: (eg: pediatrics)

☐ Clinical Nurse/Staff Nurse

☐ Nurse Manager/Nurse Executive (including Director/CNO)

☐ Nurse Educator or Professor

☐ Not currently working in nursing

☐ Advanced Practice Registered Nurse (NP, CNS, CRNA)

☐ Other nursing position

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Checking: I authorize monthly recurring electronic payments to the American Nurses Association ("ANA") from my checking account, which will be drafted on or after the 15th day of each month according to the terms and conditions below. Please enclose a check for the first month's payment. The account designated by the enclosed check will be used for the recurring payments.

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We are a COVID-19 help line and resource center for healthcare professionals - created by healthcare workers. This effort is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), administered through the North Dakota Department of Health & Human Services.

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