The Next Great Idea – Yes We Can!

Robin Schaeffer, MSN, RN, CAE
ANA\C Executive Director

I have always believed that passion is the root of action. I also believe that every nurse possesses a great idea that can impact their work environment, their patients or their community. Once again Florence Nightingale equips us with the right words of wisdom to move forward: “I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results.”

So, how do you take your next great idea and turn it into action? Here is the easy answer – find like-minded nurse colleagues and do it together. Year after year, the members and staff of ANA\C work tirelessly to meet statewide professional needs of nurses. But guess what? We need YOUR help for the next great idea.

If you are a member of ANA\C, thank-you for your commitment to our profession. Please share this information with nursing colleagues and encourage them to join ANA and ANA\C. If you are not yet a member, now is your golden opportunity to join us. For only $15/month you get a “double deal!” You become a member of both ANA\C and ANA. If you are not yet a member, now is your golden opportunity to join us. For only $15/month you get a “double deal!” You become a member of both ANA\C and ANA. If you are not yet a member, now is your golden opportunity to join us. For only $15/month you get a “double deal!” You become a member of both ANA\C and ANA. If you are not yet a member, now is your golden opportunity to join us. For only $15/month you get a “double deal!” You become a member of both ANA\C and ANA. If you are not yet a member, now is your golden opportunity to join us. For only $15/month you get a “double deal!” You become a member of both ANA\C and ANA. If you are not yet a member, now is your golden opportunity to join us. For only $15/month you get a “double deal!” You become a member of both ANA\C and ANA. If you are not yet a member, now is your golden opportunity to join us. For only $15/month you get a “double deal!”

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Don’t just take my word for it – read ANA\C member Debbie Bershad’s article on page 14, Top 10 Reasons Why I Belong to ANA and ANA\C. I hope I have your attention and hope to see your name on our next new member list! Please visit www.anacalifornia.org or page 15 for our membership application.

Executive Director’s Report

Stay Up-to-Date on Nursing Issues & News

• Stay current on nursing and healthcare news through our e-newsletter, ANA\C Weekly.
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• Raise your professional visibility by networking at ANA\C events.
• Publish an article in an ANA\C publication.

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ANA\California accepts and encourages manuscripts and editorials be submitted for publication in the association's quarterly newsletter, The Nursing Voice. We will determine which letters and articles are printed by the availability of publication space and appropriateness of the material. When there is space available, ANA\California members will be given first consideration for publication. We welcome signed letters of 300 words or less, typed and double spaced and articles of 1,500 words or less, typed and double spaced. ANA\California will accept larger narrative if space permits. For more information please email TheNursingVoice@anacalifornia.org or call 916.346.4590.

ANA\California's official publication, The Nursing Voice editorial guidelines and due dates for article submittal is as follows:

1. Letters, Articles and Manuscripts should be word processed and double-spaced on one side of 8 ½ x 11 inch white paper. Manuscripts should be emailed to Editor@TheNursingVoice@anacalifornia.org

   a. Letter, Articles and Manuscripts should include a cover page with the author's name, credentials, present position, address and telephone number in case of multiple authors, list the names in order in which they should appear.

   b. The Nursing Voice reserves one-time publication rights. Letters, Articles and Manuscripts for reprint will be accepted if accompanied with written permission.

   c. The Nursing Voice reserves the right to edit Letters, Articles and Manuscripts to meet style and space limitations.

   d. Letters, Articles and Manuscripts may be reviewed by the Editorial Staff.

   e. Letters, Articles and Manuscripts submitted by members of ANA\California will be given first consideration when there is an availability of space in the newsletter.

   f. Letters, Articles and Manuscripts submitted to ANA\California will be published as space allows unless content is of a timely nature.

   g. Letters, Articles and Manuscripts printed in The Nursing Voice do not necessarily reflect the views of ANA\California, its membership, the board of directors or its staff.

2. Photographs should be in jpeg format and emailed with the name of the Letter, Article or Manuscript referenced in the subject line: Email to TheNursingVoice@anacalifornia.org Photographs should be of clear quality. Write the name(s) of the persons displayed in the photo in the order in which they appear in the body of the email.

3. E-mail all narrative to TheNursingVoice@anacalifornia.org

The official publication of the ANA\California shall be The Nursing Voice."

Have you or one of your colleagues been recognized for an accomplishment, elected to office, won an award, received a grant or scholarship, launched a new venture? Tell us about it! Send name, address, phone number, headshot and news to –

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President’s Perspective

Connecting With Our Members!

ANAC has seen some significant changes in the past few months. We are progressing in several areas, and have much to report to you. At the 2017 ANA Membership Assembly, there were discussions about how best to engage our members. Some of the ideas presented included a President’s Blog and video updates accessed through the members-only area of our website. ANAC has a twitter account, but past metrics have shown low member engagement with this communications venue. We have much more activity through our Facebook page.

The commitment to connecting with our members remains a priority for the ANAC Board of Directors. To help us in this area, I present you with this simple question: How can ANAC actively engage you, our membership? I welcome your input about how to make your membership more worthwhile and increase your engagement in ANAC. Please send your suggestions to president@anacalifornia.org.

As we move forward with ANAP’s Value Pricing Pilot, I am pleased to report that our recruitment numbers increasing. Retention is always a challenge for any membership organization, and we are not immune to this phenomenon. Part of our strategy in improving our retention is to be more proactive in sharing the work we are doing for the profession of nursing. We are actively engaged in numerous coalitions, legislative efforts and other areas to advocate for the healthcare consumers of California and the advancement of the nursing profession. I want to personally thank all ANAC members serving as representatives on our coalitions and as liaisons to various nursing and healthcare organizations. These members represent us as mentors to future nurses in the California Nursing Students Association, as resources to the Advanced Practice RN Coalition, and in many other critical coalitions and collaborative efforts across all areas of health care.

ANAC is pleased to announce our status as a Premier Partner in the Golden State Nursing Foundation (GSNF), that was incorporated in 1994. He served as the GSNF Board of Directors, was GSNF President from 2005-2015, and led in the affiliation of GSNF with ANA. We remember Stan for his wonderfully dry sense of humor, his great auctioneering at foundation events, and his wealth of knowledge of nursing, our organization, and our history. ANA/California recognizes Stan Walker for his contributions to the nursing profession, to our professional association, and to the foundation. We shall miss him!

In Memoriam: Stan Walker, RN

With much sadness, ANA/C announces the passing of Stan Walker, a long time ANA/California member and friend, who passed away on August 18. We honor Stan, who served on the ANAC Board of Directors in several elected positions, including treasurer and secretary.

Stan was also involved in the Golden State Nursing Foundation (GSNF), that was incorporated in 1994. He served on the GSNF Board of Directors, was GSNF President from 2005-2015, and led in the affiliation of GSNF with ANA. We remember Stan for his wonderfully dry sense of humor, his great auctioneering at foundation events, and his wealth of knowledge of nursing, our organization, and our history. ANA/California recognizes Stan Walker for his contributions to the nursing profession, to our professional association, and to the foundation. We shall miss him!

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We are recruiting nursing staff for all 8 of our diverse California locations!
With a blizzard gusting at 50 miles per hour and icicles drooping from my eyebrows, my nursing skills were put to the test at more than 18,000 ft above sea level. Dangling from a precipitous cliff by a thin nylon rope, members of my rescue team and I struggled to tow an injured mountain climber to safety so he could receive medical care. After four hours, we finally maneuvered the stricken climber onto a sled, where I splinted his fractured leg and gave him a pain-killer before sending him off for more comprehensive care. There were certainly a few harrowing moments during this rescue, but to borrow a tried and in this case accurate phrase, it was all in a day’s work as part of a medical rescue team on Alaska’s Denali (Mt McKinley), North America’s highest and coldest peak at 20,320 ft. I received my first taste of mountaineering as a teenager in Colorado and Wyoming, and then at age 20 undertook my first weeks-long climb of Denali. This experience put the permanent bolt in my love for high altitude challenges. My interest in mountaineering continued to grow, but so did a desire to pursue the health sciences. In my first career as a high school science teacher, I had summers off and the freedom to “pursue” the big hills. Often working for Outward Bound and other mountain training organizations, I pursued EMT preparation in order to be able to better deal with backcountry emergencies. This introduction to the pre-hospital world is what launched me into the health care realm.

After taking the steps to become a registered nurse and a certified nurse practitioner, I returned to teaching part-time as a clinical faculty in a university nursing program. Soon, I began returning to Denali, working for the National Park Service as a high altitude rescue medic. As a mountain rescue team member, I was charged with rescuing (and treating) climbers suffering from a number of maladies, including hypoxia-related mountain sickness. At high altitude, hypoxia can lead to pulmonary and cerebral edema. A patient in this environment can quickly become non-ambulatory from hypoxia-related problems, and physically dragging someone to a lower altitude, or to a helicopter for evacuation, is often necessary.

Somewhere in the middle of my mountain rescue work, I began to pursue a PhD at the University of Pittsburgh and later did post-doctoral training in sleep and respiratory neuropsychiatry at the University of Pennsylvania in Philadelphia. I can trace my interest in conditions such as sleep apnea back to my experience helping hypoxic mountaineers, and ultimately became driven by an interest as to how the human body deals with low levels of blood and tissue oxygenation. Over nearly 40 years of climbing at altitudes exceeding 20,000 ft in North and South America and the Himalaya, I’ve personally suffered the ill-effects of high altitude hypoxia on more than one occasion – and twice have contracted, but fortunately survived, high altitude pulmonary edema. Even when otherwise healthy, at the highest altitudes on earth a simple case of acute bronchitis can be enough to threaten your life, as happened to me in 2011 at over 28,000 ft on Mt Everest. At such altitudes, the mountaineer is treading on the extreme physiological border of life, and seemingly small changes in your health can have major consequences.

Whether climbing for recreation, working as a mountain rescue team member, being a course director for the USA’s Diploma of Mountain Medicine, or conducting hypoxia-related research on several occasions in the Himalaya as an honorary fellow with University College London, the high mountains have been an important aspect of my life. However, despite a lifetime of experiences visiting some of the highest peaks in the world, I’ve never quite pin pointed what draws me to such austere environments. There can be a fair amount of pain and suffering involved in some of these mountain endeavors, and more than once I’ve asked myself, why do I do this? I’ve never been able to satisfactorily answer this question, but I suspect it has something to do with an insatiable curiosity about the world’s savagely beautiful mountain ranges and how humans can manage to function in such unforgiving surroundings.
Nursing Infection Control Education Network: Empowering RNs to Protect Themselves and Their Patients

Thao Tran, MSN, RN-BC, PHN, CHISP, CHTS-TR
ANA/CDC-ANA Task Force Project Member

Each year millions of surgical and non-surgical procedures are performed in the inpatient and outpatient settings. For every procedure performed, Americans trust that their healthcare team has appropriate measures in place to properly disinfect and sterilize reusable devices. Stories about the impact of inadequately cleaned instruments still make headlines until the lack of cleanliness results in a patient’s death.

There is a worldwide public health concern about antibiotic resistance. The CDC predicts that 23,000 Americans die and 2 million get sick from antibiotic-resistant infections each year (Su). Common surgical instruments are required to report infection outbreaks, but they are not penalized when they fail to do so. In addition, most investigations into hospital infection outbreaks are kept confidential and rarely disclosed to the public. The lack of transparency puts patients at a disadvantage when selecting and comparing health care choices (Vaage, 2015).

For years, providers have overprescribed antibiotics for patients who have demanded these drugs. Even though antibiotics are not indicated for conditions that reflect in origin, providers would reluctantly prescribe antibiotics not knowing that this practice would contribute to the development of highly resistant superbugs. Instead of helping patients conquer the superbugs, patients’ bodies no longer respond to the medical devices manufactured to fight highly resistant microorganisms. In the current healthcare climate, it is rare for consumers to hear about patient deaths associated with MRSA or VRE infections. In fact, hospitals and ambulatory facilities are not mandated to report antibiotic-resistant infections or deaths.

In contrast to restaurants’ rating system to help consumers make an informed decision about choosing a place to eat, healthcare is thriving on a less transparent system. There is no system to help consumers make an informed and holistic decision on the quality of care at each hospital or clinic. Patients would have no idea when they step into hospital A’s surgical room, whether hospital A utilizes the most sterile medical devices. There was neither transparency nor mandatory reporting of antibiotic-resistant infections and deaths to local and state health departments or federal facilities.

ANA/CDC-ANA Task Force Project

Given how grave the issue of disinfection and sterilization of medical devices is in preventing serious and complicated infections in patients, ANA/C has partnered with the Center for Disease Control and Prevention (CDC), American Nurses Association (ANA) and several other nursing organizations to form the Nursing Infection Control Education Network (NICE). In May, nine ANA/C members and staff accepted the call to form a task force to actively contribute to this project.

The first initiative consisted of collaborating with the CDC, ANA and the New Jersey Nurses Association to present the first webinar in a six-part series, Empowering Nurses to Protect Their Patients and Their Facilities: Reprocessing and Sterilization of Medical Devices. Broadcast on July 12, ANA/C’s portion of the CDC-peer reviewed webinar consisted of a 12-minute presentation on the regulations, policies, and legislation involving the reprocessing and sterilizing of medical devices. The webinar was attended more than 1500 nurses, surgical technicians and other health care professionals. Visit the ANA/C website at www.anacalifornia.org to access the webinar recording.

Policy and Legislation

While all aspects of the presentation are important for nurses to know, there are two specific areas worth mentioning: policies and legislation. Standard policies on effective disinfection of medical devices may be outdated or inconsistent with today’s current standard of care. Inconsistencies stem from confusion between nurses and environmental services staff over the allocation of cleaning responsibilities, inadequate infection control training for all healthcare staff, inadequate time to complete cleaning, difficulty in ensuring disinfection of mobile equipment, and contamination of reusable cleaning supplies with pathogenic bacteria. To address these consistencies, the ANA/CDC-ANA Task Force proposes a policy recommendation for nursing and allied health schools to place a greater emphasis on infection control in their curriculum. Additionally, the Task Force recommends developing infection control policies based on the use of a multidisciplinary team that comply with federal, state, and local regulations; accrediting agencies (e.g., Joint Commission); and standards from professional organizations, particular the Association for the Advancement of Medical Instrumentation and the Association of periOperative Registered Nurses.

In California, there is legislation to increase infection control vigilance through various platforms: better reporting, safer conditions, and assuring safe practices. Most importantly, the webinar has made other healthcare professionals outside our state aware of California’s Senate Bill 43, introduced by Senator Jerry Hill. This bill establishes a statewide public health surveillance system for tracking antibiotic-resistant infections and deaths. If SB 43 is passed, California would be the first state to develop a system to monitor and track antibiotic-resistant infections and deaths related to those infections. Other provisions include:

- Amend current law governing death certificates by requiring physicians to list antibiotic-resistant infection as the cause of mortality.
- Beginning on January 1, 2020, CDPH will publish on the Internet an annual report based on data reported by hospitals and clinical laboratories. The CDPH annual report will provide information on occurrence of antibiotic-resistant infections and deaths. The data will be broken down by facility type, types of antibiotic-resistant infection, and by geography.

The percentage of hospitals and ambulatory care settings that adheres to infection control policies is unknown. While infection control practices are emphasized at the local level, there are several instances where breaches in infection control practices were not noted. For example, last week a nurse was outside hospital A’s sterilization room which has a sign that reads: "no entrance without head cap and proper protective equipment. The sterilization technician talked to the nurse and agreed to go into the room to get her four canisters of germicidal wipes. Unknowingly, the technician walked into the sterilization room without his head cap and proper protective equipment. This situation illustrates that infection control entails every individual, including nurses, to be fully accountable and adherent to infection prevention and control practices. It is every nurse’s responsibility to ensure that proper disinfection and sterilization of medical devices are performed prior to use.

Plenty of work awaits the ANA/CDC-ANA Task Force Project in the coming year. Task Force members are Thao Tran, Rachel Choudhury, Aaron McColpin, Chris Tarver, Mary Ann McCarthy, Krista Graves, Tanya Davis, Daniel Duran and Marketa Houksova.

To be part of this important initiative, contact ANA/C (ana@anacalifornia.org). Join the Task Force, help us pass SB 43, and be an example for the rest of our nation!

References


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Do Nurses Really Eat Their Young?

Kelley Johnson, BSN, RN

We have all heard the phrase, “nurses eat their young.” This phrase ignites another level of furiousness for me. Let’s decipher all there is surrounding this nursing blemish. The phrase means that experienced nurses are bullying, hurrying, and/or inappropriately initiating new and/or student nurses.

Let’s start with this:

Experienced nurses deserve extraordinary respect. To new nurses, experienced nurses will be your lifeline. They will be an incredible resource for you and help you build your skills as a nurse. They deserve to be treated as their knowledge of the inner-workings of the profession deserves. There are thousands of experienced nurses who really love teaching, precepting, and mentoring new nurses. We all humbly thank you for your service to our profession.

Here’s the thing: experience, does not give any nurse the right to belittle or bully someone else. At the end of the day, our licenses allow us all to do the same things. Every single nurse on the planet was a new nurse at some point. Every nurse on the planet will retire someday. Don’t you want to know that you helped train and mentor new nurses to take your position at the top of the heap? Don’t you want all patients to receive the standard of care that you expected from yourself by helping others achieve it?

We can change our way of thinking from “new nurses are a pain” to “I want to help this new nurse be successful and safe” because it is the right thing to do for the people we serve.

I know that nurses’ shifts are busy and that having this attitude may create more work for you. But if you love this profession like I do, then you want what is best for it. If we don’t take care of each other nobody else is going to. We all need in nursing – each and everyone one of us.

There is a place for all of us. Be kind to the new nurses on your unit. Ask them if you can help them. Be critical of their safety standards in practice, but have patience when they make a mistake. You made mistakes once, too. Help them if they ask for it. You needed help once too, too.

Let’s end with this:

New nurses – thank the experienced nurses you work with. Respect them and ask them for help. Do not let patient safety slip because you are worried about how asking for help will look to those around you. The nursing profession will never be about us, it will always be about the patients. Do what is right for them. You do not know everything nor are you expected to, but you are expected to handle “nurses eat their young” situations like an adult and confront issues that affect patient safety head on.

Experienced nurses – please try to embrace the new nurse. At the end of the long 12-hour workday he or she only wants one thing out of their career: to be like you!

Kelley Johnson is Brand Ambassador and Nurse Advocate for United Staffing Solutions Inc. As Miss Colorado, Kelley received national notoriety when she performed a monologue about nursing and patient care during the talent competition in the 2016 Miss America pageant. After being criticized by some talk show hosts for wearing scrubs and a stethoscope, Kelley’s monologue went viral and sparked nationwide support for nurses and the nursing profession. Kelley was a featured speaker at ANA’s 2017 RN Day at the Capitol.
Engagement: Does it Matter?

Chris Tarver, DNP, RN, CNS, NEA-BC
ANA&C Nursing Practice Director

Employee engagement is a much-studied trait in the workplace that could lead to the subsequent questions: does level of engagement truly make a difference? Are engaged employees “better” employees? How is “better” defined? Even further, does engagement make a difference in the practice of nursing and to our patients? I would like to make a case that engagement is vital to nursing and potentially lifesaving to patients.

Let’s start with the basic definition. Dictionary.com defines engagement as: the act of engaging; and the definition of “engaging” is to occupy the attention or efforts of a person or persons (2017). The definition alone lends itself to the obvious desire of patients and their families to occupy the attention and efforts of their nurse and seems to support the importance of engagement.

In a search of literature regarding nursing practice and engagement, it becomes obvious that there is a challenge in equating engagement to nursing practice and patient care outcomes. An intra-professional team at Medical University in South Carolina sought to demonstrate improved patient care outcomes though nursing engagement in evidence based practice (Crabtree, Brennan, Davis & Coyle, 2016). The evidence demonstrated statistically significant improvement in nurses’ self-reported use of EBP tools, and this usage was incorporated into the practice of nursing and to our patients.

Researchers in Belgium came a step closer in justifying engagement by equating nurse engagement to nurses’ perceptions of their nurse practice environment and patient outcomes (Van Bogaert, van Heusden, Timmermans & Franck, 2014). In a survey of more than 1200 direct care nurses, it was found that nurses’ work engagement (including vigor, dedication and absorption as measured by the Utrecht Work Engagement Scale) along with other work characteristics, influenced how the nurses perceived the quality of care delivered and their practice environment (Van Bogaert et al., 2014). The study found a positive correlation between work engagement and perceived job outcomes and nurse-assessed quality of care (Van Bogaert et al., 2014). In the end, the direct correlation (not just perceptions) of engagement and nursing practice and patient outcomes is not yet strong in literature. As our ANA&C Board of Directors plans upcoming projects and activities, we are asking California nurses to engage with us. There is a bit of blind faith in this request. Believing that the nearly 500,000 nurses in California can positively impact our profession and the care of patients is not yet studied. Partially because membership in ANA&C is about 1.25 percent of the total pool of California nurses, the total impact is not yet known. Imagine what 500,000 voices could impact if we collectively align our “attention and efforts.”

In the coming months, I will launch a forum for nurses to discuss issues affecting our profession and our patients. I will ask you to engage in the discussion and bring forward issues that affect your ability to give the best patient care possible. I have made the case that engagement is vital to our profession and can save the lives of our patients? Not yet, but I invite you to join me so that we can make the case together. Engaging with ANA&C through advocacy, education, research and legislation, we CAN make a difference. You can start now by emailing your feedback to me at: practice@anacalifornia.org

References


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**ANA Membership Assembly**

**Nurses are Advocates: One Person Can Make a Difference**

*Annie Tat, MS, BSN, RN, PHN*

*Membership Assembly Representative*

If you’ve ever thought: how can one person make a difference? then this article is for you. Karen Daley, PhD, RN, FAAN, was an emergency department nurse who was placing a needle into the sharps container only to be stuck by a needle that was already in the box. At the ANA Membership Assembly, Dr. Daley’s story illustrates how one person can make a difference by starting a movement. After her injury, she spoke to other healthcare workers and legislators, built coalitions, and ultimately, a team of advocates were able to pass the Federal Needle Stick Safety and Prevention Act into law. It’s the only bill to date that was passed unanimously by both Houses of Congress. In this example, nurses were the embodiment of the ANA Standards of Practice and Code of Ethics which specifically state that an essential part of being a nurse is being an advocate. Nurses can be advocates in many ways. Advocacy includes patient advocacy, policy advocacy, education, mentoring, peer review, community service/civic activities, and knowledge development and dissemination. Patient advocacy comes most naturally to nurses as we take action to ensure the best health outcomes whether in the hospital or community.

Policy advocacy was demonstrated during ANA Hill Day when more than 400 nurses spoke to Members of Congress about nursing funding (Title VIII Reauthorization, APN1 and home health, safe staffing, and opposing the American Healthcare Act as passed by the House of Representatives). Other examples of advocacy include educating new and future nurses, volunteering in the community, and researching and disseminating information on social determinants of health. Through advocacy, every nurse in every setting has the ability to make a positive impact on the lives of others.

**ANA Examines Social Media Advocacy and Ethics in Nursing Practice**

*Rachel Choudhury, MSN, MS, RN, CNE*

*Membership Assembly Representative*

ANA’s 2017 General Assembly was June 9-10. Some of the assembly events were concurrent lunch sessions that addressed several topics, including social advocacy and nursing ethics. The session on Social Media Advocacy and Engagement 101 covered discussion of the various types of social media platforms and how to use them, as well as best practices for using social media to promote advocacy issues. The facilitators demonstrated how each of these social media platforms are utilized by the ANA. Facebook, Twitter, Instagram, Pinterest, and others. One of the key takeaways from this session was how to “organize” a group on social media and promote advocacy. The aim is to have a series of conversations on policies and issues that garner interest and action from the target audience. Timely and compelling posts that are thought-provoking, motivational, and urgent are essential considerations. Engaging the followers and making them feel part of the movement is extremely important. ANA members were encouraged to join and follow conversations on their preferred social media accounts. Attending this session on social media advocacy provided an opportunity for ANA members to become more involved in promoting professional nursing issues and advocating for important national initiatives in the political arena.

The session on Assessing the Ethical Climate involved discussion about dealing with specific ethical situations in health care practice. Attendees examined various clinical scenarios and shared ideas about how to best approach them. The focal point of the session discussion was the level of competency of nurses applying the ANA Code of Ethics for Nurses to guide their ethical decision-making in professional practice. This session increased nurses’ awareness of the need for ongoing education to hone skills in ethical decision-making. Resources available on the ANA website for access by nurses and nursing faculty were provided. Members were also encouraged to join the professional practice panel on the Code of Ethics.

For additional information on social advocacy and nursing ethics, visit the ANA website:

- **ANA Policy and Advocacy:** [http://nursingworld.org/MainMenuCategories/Policy-Advocacy](http://nursingworld.org/MainMenuCategories/Policy-Advocacy)
- **ANA’s Code of Ethics Standards/Resources:** [http://nursingworld.org/MainMenuCategories/EthicsStandards/Resources](http://nursingworld.org/MainMenuCategories/EthicsStandards/Resources)

**ANA Capitol Hill Day 2017**

*Anne Hughes, PhD, FNP, ACHPN*

*Membership Assembly Representative*

On June 8, 2017, not only did former FBI Director James Comey testify on Capitol Hill while the nation watched captivated by the unfolding drama, on that day, more than 400 RNs and nursing students visited their elected legislators as ANA and nursing advocates. Other nurses from around the country joined the effort virtually, using social media to contact Congressional Members and Senators.

Hill Day 2017 began at breakfast with nursing addresses from two members of Congress, Arizona Representative Ruben Gallego (D-Long Beach) and Senator Richard Blumenthal (D-Connecticut). Both noted the challenging landscape in Washington — for governing and working the people, addressing needed health care reforms and protecting the interests of communities whose voices are often ignored.

Michelle Arzt, ANA’s Director of Government Affairs, briefed nurse activists that given the at-that-very-moment behind closed doors discussions in the Senate about repealing and replacing the Affordable Care Act, the most pressing issue to discuss with staffers and elected officials was articulating ANA’s core principles for transforming the health care system. The ANA principles for transforming the U.S. health care system are to:

1. Ensure universal access to a standard package of essential health care services for all.
2. Optimize primary, community-based and preventive services.
3. Encourage economical use of health care services while supporting those who don’t have the means to share in costs — i.e., Medicaid.
4. Ensure a sufficient supply of a skilled workforce dedicated to providing high quality health care services — i.e., Title VII.

Other policy/legislative issues of concern for the nurse advocates to share at their meetings on the Hill included: safe RN staffing (creating unit specific plans by committees that included at least 50% of direct care nurses), reauthorizing Title VIII (to provide loans, scholarships and programmatic support to nursing students and programs); and home health (allowing advanced practice nurse practitioners to order home health services).

Before the Hill Day 2017 nurses and consultants arranged meetings for all 400 nurses with staffers and sometimes even elected officials from the nurses’ districts. Nurses were grouped by specialty: 25-30 RNs from the same state to visit the various offices. (Good walking shoes were essential, all attendees raked up more than 10,000 steps moving from building to building.) The meeting packets were prepared and were left in the legislators’ offices with ANA positions and offers to assist in moving policy concerns forward.

California’s nurse advocates included undergraduate nursing students and advanced practice students in graduate schools. All who attended the office meetings were able to articulate ANA’s concerns about health care reform, its impact on vulnerable populations and the evidence for safe staffing in hospitals to provide quality care. At the end of what seemed a long day and tired feet, most in attendance were invigorated by the opportunity to participate in the democratic process as citizens and as professional nurses committed to their patients and the communities they serve.

**ANA Membership Assembly**

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My Experience at ANA Hill Day

Julian Jose Hilario Jr, MSN, PHN, RN-BC
Membership Assembly Representative

I had the opportunity to experience ANA Hill Day in June with my ANAC colleagues. I did not know what to expect as this was my first time participating in an event where we can express our concerns to our elected leaders.

As part of a large group of California RNs, we met with staff members of Senators Kamala Harris and Dianne Feinstein. We discussed issues such as the Safe Staffing Act and Title VIII Nursing Workforce Reauthorization Act. Everyone in the group was able to express their thoughts regarding these matters. After visiting the senators’ offices, we then divided into smaller groups so that we could visit California Congressional representatives. My group visited the offices of Ro Khanna, Susan Davis, and Doris Matsui. Luckily, Congresswoman Matsui was available to talk briefly and take a picture with us. In the other two visits, we met with staff members.

ANA Hill Day provided me with an expanded view of nursing. We as nurses aren’t only advocates at the bedside—we are advocates on Capitol Hill as well. I also learned that it’s not necessary to be present at our elected representatives’ offices to make our voices heard. There are many other means of conveying our concerns, such as telephoning, writing an e-mail, or sending a message through social media. I promise myself and recommend others to take part in voicing concerns to government officials about policies, laws or regulations that affect us as nurses and impact the well-being of our patients.

2017 Membership Assembly Election

During the ANA Membership Assembly, an election took place for the following positions: Vice President, Treasurer, Director at Large, Director at Large – Recent Graduate, and Nominations and Elections Committee. Before voting, candidates had the opportunity to campaign by passing out flyers and goodies. The candidates displayed posters describing their work, ideas and why they should be elected. There was ample opportunity to meet with the candidates. After a day of campaigning, there was a forum where each candidate spoke for two minutes. All candidates did a fantastic job in conveying their ideas and passion to the membership. The following candidates were elected:

- Vice President: Ernest Grant, PhD, RN, FAAN (North Carolina)
- Treasurer: Jennifer Mensik, PhD, RN, NEA-BC, FAAN (Arizona)
- Director-at-Large: MaryLee Pakieser, MSN, RN, FNP-BC (Michigan)
- Director-at-Large: Amanda Buechel, BSN, RN (Illinois)

More than 400 nurses from across the nation attended ANA’s RN Day on Capitol Hill.

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Nominations and Elections Committee:
- Anthony King, BSN, RN, CPN (New York)
- Thomas Stenvig, PhD, MPH, RN, NEA-BC, FAAN (South Dakota)
- Terry Throckmorton, PhD, RN (Texas)
- Elizabeth Welch-Carre, MS, APRN, NNP-BC (Colorado)
The American Academy of Nursing recently selected 173 highly distinguished nurse leaders nationwide as its 2017 class of Academy Fellows. The inductees will be honored at a ceremony during the Academy’s annual policy conference, Transforming Health, Driving Policy, October 5-7, 2017 in Washington, DC. ANA/C congratulates the six new Fellows from California.

Linda Z. Abramovitz, MSN, RN, CNS, BMTCN

Linda Z. Abramovitz’s career as a Pediatric Bone Marrow Transplant/ Oncology Clinical Nurse Specialist at UC San Francisco Medical Center has focused on improving care for pediatric oncology and transplant patients, and supporting the nurses providing this specialized care. Linda facilitated the development of the pediatric Bone Marrow Transplant (BMT) program at UCSF. Recognized nationally as one of the early leaders shaping the specialty of BMT nursing, she received the Oncology Nursing Society Career Development and Excellence in BMT Nursing awards.

Mary Sue V. Heilemann, PhD, RN

Dr. Mary Sue V. Heilemann is an Associate Professor at the UCLA School of Nursing and an Associate Director of UCLA’s National Clinical Scholars Program. With expertise in media-based interventions, methodologically-driven qualitative research and mental health, Dr. Heilemann is pioneering a new model for nursing science that features transmedia interventions (storytelling over multiple digital platforms accessible via the Internet).

The symposia explored how media images of nursing have evolved historically. These perceptions impact the ability and inclination of stakeholders to recognize nurses as advanced clinicians and leaders, support salaries that are properly aligned with nurses’ contributions, provide access to proper educational resources, and allow nurses equal participation in policy development. She frequently speaks or consults on this topic and is currently collaborating with media research experts to further investigate the impact of media portrayals of nurses.

Jan M. Nick, PhD, RNC-OB, CNE, ANEF

Dr. Jan M. Nick specializes in international nursing development and has taught for extended periods in the US, Asia, and various countries in South America. She was a Fulbright Scholar to Paraguay where she helped institutions implement evidence-based practice in their schools of nursing. She is a Fellow in the Academy of Nursing Education and the Japan Academy of Nursing Science.

A passion for mentoring, Dr Nick has formally mentored visiting professors from China, Korea, Japan, Philippines, Solomon Islands, and Argentina and was chosen by the National League for Nursing as a distance mentor for junior faculty in the US. Her teaching interests include planning active learning exercises for students in the context of team-based learning, and creating flexible learning environments that incorporate technology to improve patient care. She is a HSRA Health Information Technology Scholar and was also named an Advanced Informatics Fellow from the University of Pittsburgh Faculty Development program at their School of Nursing. She publishes on a variety of topics including globalization of nursing, obstetrics, the Open Access movement and mentoring.

Dr Nick has been an active supporter of professional nursing organizations serving locally, regionally and nationally.
Your Nursing Career

The Art of Self Compassion

Susan Odegaard Turner, PhD, RN
President and CEO
Turner Healthcare Associates, Inc.

Recently, there was a post on Facebook about having compassion for ourselves as well as others. Seems amazing to think we need to be reminded to be compassionate towards ourselves. Most of us are kinder and more compassionate to our friends than we are to our own selves. Why is that—especially for nurses? Perhaps we expect more of ourselves than others. More work, more play, less rest, less quiet time, less acceptance.

Compassion for oneself is really no different than having compassion for other people. To have compassion for others, you must notice that they are suffering. If you ignore others, you can't feel compassion for how difficult their experience may be. Compassion is feeling moved by others' suffering so that your heart responds to their pain. According to Neff, the word compassion literally means to "suffer with." Having compassion also means that you offer understanding and kindness to others when they fail or make mistakes, rather than judging them harshly. Finally, when you feel compassion for another (rather than pity), it means that you realize that suffering, failure, and imperfection are part of the shared human experience.

Self-compassion involves acting the same way towards yourself when you are having a difficult time, fail or notice something you don’t like about yourself. Instead of just ignoring your pain with a “stiff upper lip” mentality, you recognize that what you’re going through is really difficult right now. Ask yourself: “How can I comfort and care for myself in this moment?” And then actually do it. We have so little patience for our own mistakes—we need to focus on our own self-care. Many of us believe that self-care is a waste of time, and self-compassion is completely unnecessary. Nothing is further from the truth. Instead of beating yourself up for various inadequacies or shortcomings, self-compassion means you are kind and understanding when confronted with personal failings—as you would be to another person. None of us are perfect. Why do we think we need to be, while being understanding when others make mistakes?

You can try to change in ways that cause you to be more healthy and happy, but this is best done because you care about yourself—not because you perceive yourself as worthless or pitiful. Most importantly, compassion for yourself means that you honor and accept your humanness. You will encounter failure, frustrations and/or losses. We all make mistakes, have limitations and fall short of ideals. This is the human condition—a reality shared by all of us.

Kirsten Neff, PhD has made a career out of researching self-compassion. It is her belief that self-esteem is hard to maintain, but self-compassion is more attainable and sustainable (http://www.self-compassion.org/). As nurses who routinely embrace and demonstrate compassion for our patients, we need to spend more time learning to be compassionate to ourselves. It is a part of healthy living, and will make us more balanced. Start working towards finding your own self-compassion.

You deserve it!
Dr. Aiken received a standing ovation for her presentation on safe staffing. As one of the most recognized leaders in the field of research and evidence, Dr. Aiken spoke about the importance of evidence and bringing it to governments. She presented findings of studies from 30 countries that show the important impact of nurse staffing on patient outcomes.

Hospitals that have evidence based staffing have the lowest mortality at the same or lower price,” she explained. “Now is the time for us to act on the basis of the evidence we have!”

Similarly, Lord Nigel Crisp, Co-Chair of the UK All Party Parliamentary Group (APPG) on Global Health, spoke of the important role that nurses play in improving global healthcare. Lord Crisp discussed the APPG report on the triple impact of nursing. The report came to three conclusions: 1) If we truly want universal health coverage in all countries, we really need to invest in developing more nurses through stronger educational systems and empowering them to have a voice once they are in practice. 2) Nurses are not only underutilized, meaning they are not able to use their skills to the fullest. 3) If you develop nursing, you will improve health, promote gender equality, and promote economies. This is the triple impact of nursing.

Also impressive was Dr. Barbara Satter, Professor in Public Health at the University of San Francisco and co-creator of the Alliance of Nurses for Healthy Environments (ANHE). Dr. Satter spoke about the impact of climate change on health, and emphasized that “we need to look at climate change through the lens of social justice – a natural lens for nurses to look through.” She added, “We can’t have healthy people on a sick planet!”

Of the 5000 posters presented at the conference, I found two amazing ideas from my colleagues in the United States. I always chuckle when I travel many miles away to find the great work my colleagues are accomplishing right here at home.

From the wonderful opening ceremony, where many of the countries came dressed in clothing representative of their country, to the networking reception held by the American Nurses Association, to the incredible speakers throughout the conference, it was an extraordinary event! I leave you with a final takeaway message…as the most trusted colleagues in the United States. I always chuckle when I travel many miles away to find the great work my colleagues are accomplishing right here at home.

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I felt honored to hear an outstanding presentation by Dr Linda Aiken, who is a Clare M Fagin Leadership Professor in Nursing, Professor of Sociology, and Director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing. Dr. Aiken’s research on nurse staffing levels and educational levels and their correlation with patient outcomes is regarded as highly influential. Applied in several healthcare institutions internationally, the findings have had a direct impact on hospitals’ management procedures with tangible results, modifying state-level policy in many cases and prompting mandates in internationally, the findings have had a direct impact on hospitals’ management procedures with tangible results, modifying state-level policy in many cases and prompting mandates in hospitals from 30 countries that show the important impact of nurse staffing on patient outcomes.

The DNAP at the USC Program of Nurse Anesthesia is a dynamic program offering academic excellence and clinical anesthesia training in major medical centers in the greater Los Angeles area. Educational principles to promote critical thinking highlight a robust curriculum offered in residence and through hybrid online settings.

Our academic mission:
Scholarly education and professional development of future nurse anesthetists with the academic strength and leadership skills to advance our profession.

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Our academic mission:
Scholarly education and professional development of future nurse anesthetists with the academic strength and leadership skills to advance our profession.
ANA\California: The Professional Association for Registered Nurses

Elissa Brown, MSN, RN, PHMCNS-BC
ANA\California Past President

Nurses, patients and members of the public sometimes ask: what's the difference between ANA\California (ANA\C) and the California Nurses Association (CNA)? Although both organizations represent California RNs, there are significant differences in the mission and work of ANA\C and CNA. This article will clarify these differences and provide important information about ANA\California and ANA.

ANA\California
ANA\C is the professional nursing organization for RNs in California, the voice of professional nursing in our state. ANA\C is open to all California RNs, regardless of specialty, level of nursing education or practice. ANA\C is a constituent of the American Nurses Association (ANA). ANA represents RNs on the national level and leads the nursing profession in fulfilling its commitment to excellence in practice, education, ethics, research and social policy. ANA provides RNs with timely general and specialty knowledge and facilitates nursing progress — advancing nursing education, practice and lifelong learning. ANA\C represents California nurses in Sacramento and ensures that RNs will continue to provide safe, competent, quality health care to the people of California.

California Nurses Association (CNA)
CNA is a California labor union emphasizing collective bargaining for nurses. You may also see CNA listed as CNA/NNN (National Nurses United — a national nurses' union). The current California Nurses Association (CNA) was established in 1995 after they disaffiliated from ANA. CNA kept the name of the professional association that was established over a hundred years ago but changed its focus to labor issues. The new ANA affiliated organization, which focuses on professional advancement, practice and policy issues, established itself immediately after the disaffiliation, under the new name of the American Nurses Association California.

A large number of hospital nurses in California are members of CNA because their union contracts require membership, while membership in ANA\C is purely voluntary. It is important to point out that there are nurses who belong to both CNA and ANA\California.

On common strategic objectives and issues, such as addressing violence in the healthcare workplace, ANA\C and CNA, along with other groups and organizations, work together. On other issues, such as advancing full scope of practice, our strategies differ but our goals may be the same — protecting safe, high quality nursing and supporting nurses in providing the best care possible.

More About ANA\C

ANA\C Vision Statement: Providing resources and leadership for nurses to shape the nursing profession and health care today and for the future.

ANA\C Mission Statement: To enhance the health and well-being of Californians and advance the profession of nursing.

Professional state-level advocacy in the legislative and political arena is a primary focus of ANA\C, along with advancing practice and education, all toward the goal of providing high quality care and treatment for the public. Furthermore, ANA\C collaborates with the California Nursing Students Association (CNSA), which includes student nurses in events and projects and offers an annual Nursing Students in Sacramento Internship for students interested in nursing legislative policy. ANA\C has been active in the California Action Coalition, with numerous members involved on local and state levels, and with representatives on the HealthImpact Advisory Board. The Association of California Nurse Leaders is a close coalition partner of ANA\C, along with the California Association of Colleges of Nursing, California Organization of Associate Degree Nursing Program Directors and California Hospital Association. We also collaborate with a variety of healthcare coalition partners, such as California for Allied Patient Protection and the California Primary Care Association. ANA\C also works very closely with the California Board of Registered Nursing on issues related to practice, education, legislation and Nurse Practice Act regulations.

ANA\C and ANA are active participants in promoting health and wellness for nurses and the public we serve.

ANA

Members joining ANA\C become ANA members as well. This opens state and national level opportunities for RNs to participate and have their voices heard. ANA, in collaboration with its other 30 national nursing organizational affiliates, has produced the Scope and Standards of Practice for Nursing, the Code of Ethics for Nurses, the Social Policy Statement and several other important documents. These define nursing, its practice, role in policy, and its ethical responsibilities and obligations.

ANA\C's mission statement: Nurses advancing our profession to improve health for all. ANA is the strongest voice for the nursing profession.

Learn more about ANA\C at www.anacalifornia.org and ANA at www.nursingworld.org

ANA\C Member Receives 2017 Yale School of Nursing Distinguished Alumni Award

Luc R. Pelletier, MSN, APRN, PHMCNS-BC, CNOR, FAAN, is recipient of the 2017 Yale School of Nursing (YSN) Distinguished Alumni Award. This award recognizes YSN alumni for their outstanding contributions to nursing. Since 1973, YSN has presented this award to alumni in a broad range of fields, including nursing practice, academia and research. Pelletier was acknowledged in June for excellence in teaching and scholarship, clinical practice, leadership, research in clinical nursing community and society work, and impact on YSN growth and development.

He graduated from Fairfield University School of Nursing in 1979 and YSN in 1982, specializing in adult psychiatric-mental health nursing. Pelletier is Senior Specialist, Nursing, at Sharp Mesa Vista Hospital and Adjunct Faculty at University of San Diego Hahn School of Nursing and Health Science and National University. He is co-series editor of IPO Solutions: Resources for the Healthcare Quality Professional (Wolters-Kluwer) due to be published in November 2017.
ANAC\C Helps You Take Charge of Your Nursing Career

ANAC’s Career Center is a valuable resource to connect you with potential employers. Features of ANAC’s Career Center include:

Access to high quality, relevant job postings – don’t waste time wading through postings that are not applicable to your expertise. Instead, apply for nursing jobs at facilities that value your credentials.

Personalized job alerts – receive an alert each time a job becomes available that matches your personal profile, skills, interests and preferred locations. This allows you to focus more time on other career-building activities, such as networking.

Career management – you have complete control over your passive or active job search. Upload multiple resumes and cover letters, add notes on employers and communicate anonymously with employers.

Anonymous resume bank – protects your confidential information. Your resume will be displayed for employers to view, except that your identity and contact information will remain confidential until you are ready to reveal it. When a potential employer is interested in speaking to you about an open position, they will complete a contact request form that provides their information and the description of the position. At that point, you will be notified to either accept the request or reject it. If accepted, your contact information will be provided to the employer. If rejected, your anonymity remains.

Value-added benefits – including career coaching, resume services, education/training, articles and advice, resume critique, resume writing, and tips for effectively using social media in your job search.

ANAC Career Center is an Excellent Resource for Employers

If you’re a potential employer recruiting for open positions, ANAC’s Career Center allows you to get your job postings in front of highly qualified and dedicated nurses. You can:

• Post jobs where the most qualified nurses will find and apply for them.
• Email your jobs directly to ANAC’s nearly 6000 members via a periodic job flash email.
• Search the resume database and contact qualified candidates proactively.

Whether you’re an RN seeking a new job opportunity, or an employer with vacant positions, ANAC’s Career Center is an excellent resource. Access ANAC’s Career Center and set up an account today.

Top Ten Reasons I Belong to ANA and ANAC

Debbie Bershad, RN
ANAC Member

I am a bit of a late-comer in terms of my ANA membership. I believe an appropriate adjective here is “better late than never.” I joined ANA and ANAC about two years ago...after nearly 40 years of nursing!

My earlier thoughts on membership fluctuated from yes, I’m going to do it sometime to I can’t spend the money now to what difference will it make to join? Yet somehow, I have always known that one day I would indeed join ANA and ANAC, and that is exactly what I did about two years ago. I’m glad that I joined and do believe it truly is “better late than never.” Membership in ANA and ANAC can fill different needs at different ages and stages of our career. One of the things I have really missed lately in my nursing career is the ability to develop collegial relationships. My ANAC membership has allowed me to fill that need.

In reflecting upon my membership over the past two years, I would like to share my top 10 reasons for joining ANA and ANAC:

1. I’m a busy person. It’s quick and easy to join at both the state and national levels, as well as gain access to benefits. Check out the website: www.anacalifornia.org.

2. ANA gets it! Our leadership recognizes and actively models the concept that one of the best ways to improve care and safety for our patients is by supporting practices that promote the care and safety of our fellow nurses. An example of this is ANA’s Healthy Nurse Healthy Nation™ initiative. As Jamie Murphy Dawson shared at ANAC’s General Assembly last October: “It should be a priority for nurses to promote self-care for our patients and achieve self-care for ourselves.” Self care plays a vital role in reducing negative outcomes in chronic disease. Chronic diseases are now the leading causes of death and disability in the United States according to the Centers for Disease Control and Prevention.

3. My membership is a great financial value. My $15 monthly dues allow me access to member benefits at both the state and national levels. It’s seamless, easy and effective. My monthly dues equal the price of one lunch (many days). I chose automatic payment and truly do not miss the money.

4. Access to informative publications including ANA\C Weekly, Nursing Voice (ANA\C), American Nurse Today (ANA\C), and The American Nurse (ANA): I find each of these publications relevant and valuable to my nursing practice. Again, I like the flexibility and ease of use.

5. ANA is a true one-stop shop and resource for my professional development plan and learning needs. I can keep current on technical skills as well as interpersonal and communication skills. As a lifelong and self-directed learner, I understand that one of the best ways to counter job stress is by taking a balanced approach to learning.

6. Legislative advocacy – one of the best paths for positive and enduring change in our pursuit of patient and family centered care with positive health outcomes. This approach has become even more important given our current social and political environments. ANA and ANAC’s frequent advocacy updates keep me informed of issues and progress in the health policy arena.

7. ANA\C advocates for patients – our reason for being in our profession. We stand beside our patients.

8. ANA\C advocates for nurses. As nurses, we stand beside each other and celebrate our diversity. Let’s make the phrase “nurses eat their young” an expression from the past! As a nursing professional, I choose to focus on supporting all colleagues. Reasons seven and eight really work in tandem and allow me to build a “wholistic” circle of support for my nursing practice. If this statement makes you curious or is unclear to you, stay tuned. I will address the benefits of building Wholistic 360 Support in our next edition of The Nursing Voice.

9. I get to meet and network with a variety of terrific nurses. This is an important part of my professional being and presence.

10. My mom told me to do it. Once again, mom is right! Enough said.

My recent work with the ANA panel on Moral Resilience for Nursing has reminded me of my most beneficial and meaningful reason for my membership in ANAC. Through my support of this organization, I (and most importantly my patients) gain a more effective and unified voice meant to positively and realistically address the many challenges in our current regulatory and healthcare delivery systems.

Particularly in our current social and political environment, it is critical for us as nurses to have a strong, proactive and collective voice. I invite you, if you too have thought about joining ANA and ANAC but have not yet done so, to become a member. If you’re currently an ANA and ANAC member, invite a colleague to join. Do it. It’s an invitation that all of us (patients and nurses alike) benefit by accepting!

A nurse for 40 years, Debbie Bershad has spent more than 30 years at the bedside of patients in the acute care setting. She has also worked in leadership and management development, and is currently a hospice resource nurse.
Oak Valley Hospital District is searching for full-time ER Registered Nurses in Oakdale California. OVHD offers a culture that is focused more on that one on one patient and caregiver experience. If you’re looking for an organization that truly believes in honoring and taking care of its team members which in turn offers excellent patient care outcomes, Oak Valley Hospital District is your employer of choice.

Our full-time RN position offers a competitive salary and excellent benefits. We also offer a pension plan of 15.9% and no cost life insurance at five times annual salary to a maximum of $500,000. Sign on bonuses are also offered.

A little about us, with nearly 550 employees and in a growth mode, Oak Valley Hospital District is a full service, non-profit public hospital created to provide residents of Oakdale, and the surrounding rural communities, with access to superior quality medical care. We also operate four community health centers providing primary care medical services and plan to expand this business as well. As an organization we take care of nearly 90,000 patients a year.

If you’re interested in learning more about what we have to offer and the incredible opportunity to join our team, please email your resume to Brian Beck, Vice President of Human Resources, bbeck@ovhd.com.
This is perfect time to earn your advanced Nursing degree at Concordia University Irvine.

Our RN to BSN program gives you the flexibility to choose online or hybrid (online and on-campus) courses, and the program can be completed in as little as 12 months to two years.

The MSN program will prepare you for the next phase of your career as a nursing leader or educator. Classes are offered in a blended format of online and classroom instruction so you can complete your master’s degree in 15-20 months.

For more about our nursing programs, contact MJ Catesnicchio at 949-214-3614 or mj.catesnicchio@cui.edu.

MSN, ABSN and RN2BSN
Info Sessions: Nov 16