MARN Announces the 2007 Living Legends in Massachusetts Nursing

Joyce C. Clifford, PhD, RN, FAAN and Rachel E. Spector, RN, PhD, CTN, FAAN have been selected as the 2007 Living Legends in Massachusetts Nursing Award recipients. They will be honored on Friday April 20 at the MARN Annual Awards Dinner in Bedford, Massachusetts. President Judy Sweeney stated “MARN is honored to recognize such outstanding leaders who throughout their career have made such significant contributions to the profession of nursing.” Joyce C. Clifford is the former Senior Vice President for Nursing Programs at CareGroup in Boston. Prior to the merger of the Beth Israel and Deaconess Hospitals, she was the Vice President and Nurse-in-Chief at Beth Israel Hospital in Boston, a position she held for over 25 years before establishing The Institute for Nursing Healthcare Leadership, Inc. [JNIH] for which she now serves as the chief executive officer. She is a former President of the American Organization of Nurse Executives. She remains a member of multiple professional organizations, as well as a trustee for her alma mater, Saint Anselm College in New Hampshire.

Dr. Clifford is regularly described as the architect of nursing’s professional practice model—a model that has been recognized nationally and internationally in hospital and in out-patient/community services. This practice model has been studied and emulated by nurses and health administrators around the world.

Rachel Spector’s illustrious career as a teacher, author and lecturer has been marked with many accomplishments. She has recently retired from the faculty of the William F. Connell School of Nursing at Boston College where she served as teacher for both undergraduate and graduate students. Throughout her career she has promoted and advocated for the recognition of culture and diversity in patient care.

Her seminal textbook on culture and health care Cultural Diversity in Health and Illness has provided the insight that has helped nurses and other health professionals understand the unique cultural differences and health needs of diverse populations. She has traveled and lectured throughout the United States, Europe, and around the world.

MARN President Judy Sweeney stated “We are honored to recognize such outstanding leaders who throughout their career have made such significant contributions to the profession of nursing.”

Jeannette Ives Erickson, MS, RN, CNA, Senior Vice President for Patient Care Services and Chief Nurse at the Massachusetts General Hospital has been selected to receive the 2007 President’s Award for her ongoing and outstanding efforts in developing and supporting mentoring opportunities for nurses. Ms Erickson will receive her award at the Awards Celebration Dinner on April 20.

ANA President to Speak at Annual Convention

Join MARN as we celebrate the 2007 BEST in Nursing in Massachusetts as well as MARN’s successes for the past 6 years!

President’s Award

Excellence in Nursing Awards

Mentoring Matters: The Nursing Journey

Saturday, April 21, 2007

8:00 am–3:15 pm

featuring

Joyce C. Clifford, PhD, RN, FAAN
CEO, The Institute for Nursing Healthcare Leadership

and

Rebecca M. Patton, MSN, RN, CNOR
President of the American Nurses Association

Bedford Glen Hotel

44 Middlesex Turnpike

Bedford, MA 01730

781-275-5500

MARN is a Constituent Member Association of the American Nurses Association

ANCC Approved Contact Hours pending

Mentoring Matters

The Nursing Journey

Saturday, April 21, 2007  8:00 am–3:15 pm

This convention is designed for students, nurses, nurse administrators and nurse educators interested in improving the nursing journey for (continued on page 4)
2007 Living Legends
(continued from page 1)

the world teaching and gathering knowledge about diversity. At Ellis Island in New York, she had an extensive exhibit on the health tradition of immigrants. Just recently she taught at the University of Alicanto in Spain and at the Hadassah School of Nursing at the Hebrew University, Jerusalem, Israel. She also has been awarded a prestigious visiting professorship in Israel.

Article Guidelines
Unsolicited articles are welcomed by the MAssachusetts Report on Nursing. Articles are submitted for the exclusive use of the Massachusetts Association of Registered Nurses, Inc. (MARN).

All submitted articles must be original, not having been published before, and not under consideration for publication elsewhere. Submissions will be acknowledged either by e-mail or a self-addressed stamped envelope provided by the author. All articles require a cover letter requesting consideration for publication.

Articles can be submitted electronically by e-mail to Myra F. Cacace, MS, APRN, BC-ADM, CDE at newsletter@marnonline.org.

Articles can also be submitted by regular mail sent to:
Myra F. Cacace, MARN Newsletter Editor
PO Box 285
Milton, MA 02186
617-990-2856

Each article should be prefaced with the title, author(s) name(s), educational degrees, certification or other licenses, current position, and how the position or personal experiences relate to the topic of the article. Include affiliations. Also include the author’s mailing address, telephone number where messages may be left, and fax number.

Mailed articles should be typed using a 12-point font on standard-sized white paper, and double-spaced with 1” margins. Articles should be no longer than 1200 words. If referenced, common style should be used and references should be kept to a bare minimum. Authors are responsible for obtaining permission to use any copyrighted material; in the case of an institution, permission must be obtained from the administrator in writing before publication.

All articles will be peer-reviewed and edited as necessary for content, style, clarity, grammar and spelling. While student submissions are greatly sought and appreciated, no articles will be accepted for the sole purpose of fulfilling any course requirements. It is the policy of MARN not to provide monetary compensation for articles.

Articles appearing in this publication express the opinions of the authors; they do not necessarily reflect the views of staff, board, or membership of MARN or those of the national or local associations.

LETTERS TO THE EDITOR
The purpose of MARN is to further the exchange of information related to nursing practice, research, and education among Massachusetts nurses. We strongly encourage readers to submit letters to the editor concerning general topics and specific information addressed in the articles. Derogatory or inflammatory letters will not be considered. Letters should be brief. All letters accepted for publication will be edited at the discretion of the Newsletter Committee.

DEADLINES FOR ARTICLE SUBMISSION:
2/1/07, 3/1/07, 8/1/07, 11/1/07

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Policy for Accepting Announcements for the Newsletter
MARN encourages organizations and educational institutions to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses.

Please note: The announcement can not exceed 75 words.
Free must be included with submissions.
The Fee Schedule is as follows:
MARN Approved Providers/Sponsors—$25
Non MARN Approved Providers/Sponsors—$50
Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, email) with the check.
Please email copy to www.MARNonline.org

For more information, contact info@MARNonline.org

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6th Annual Spring Convention (continued from page 1)

themselves or others. The convention logo is the Chinese symbol for wisdom. This convention will provide you with the wisdom of mentoring experts as well as the wisdom of those nurses in practice and education whose mentoring experiences have enriched their lives and the lives of other nurses.

Join us.

A Mentoring Moment: Sponsoring a Nursing Student or New Graduate Nurse

 Invite a nursing student or new graduate to be your guest at the 2007 MARN Spring Conference:

 Mentoring Matters: The Nursing Journey

 April 21, 2007

 Your sponsorship will provide the opportunity for future and new nurses to meet and network with expert nurses who share their passion for the profession, and to attend a special forum with ANA President Rebecca Patton!

 Special Package Rate for MARN Members

 $125 Member admission plus PT Student Sponsorship—Convention Only 4/21/07
 $150 Member admission plus PT Student/New Grad Sponsorship—Convention Only 4/21/07

 Promote the future of nursing and show your support for our nurse colleagues of today and tomorrow.

 The names of all sponsors will be listed in the MASsachusetts Report on Nursing. See Conference Registration Information on this page.

 Joyce C. Clifford

 Mentoring Matters: The Nursing Journey Saturday, April 21, 2007

 8:00 am- 8:45 am Continental Breakfast, Exhibits and Registration

 8:45 am-9:00 am Welcome and Introductions

 9:00 am-10:00 am Mentoring: Sharing and Developing Expertise Joyce C. Clifford, PhD, RN, FAAN

 CEO, The Institute for Nursing Healthcare Leadership

 Joyce C. Clifford, PhD, RN, FAAN, is the former Senior Vice President for Nursing Programs at CareGroup in Boston. Prior to the merger of the Beth Israel and Deaconess Hospitals, she was the Vice President and Nurse-in-Chief at Beth Israel Hospital in Boston, a position she held for over 25 years before establishing The Institute for Nursing Healthcare Leadership, Inc. (INHL) for which she now serves as the president and chief executive officer.

 10:00 am-10:30 am Break, Exhibits, and Raffle

 10:30 am-11:30 am Mentoring for Professional Success: The ANA Story Rebecca M. Patton, MSN, RN, CNOR

 President of the American Nurses Association

 ANA President Rebecca Patton!

 A Dialogue with the ANA President

 Joyce C. Clifford, PhD, RN, FAAN

 President of the American Nurses Association

 Joyce C. Clifford, PhD, RN, FAAN

 President, The Institute for Nursing Healthcare Leadership

 Mentorship: Sharing and Developing Expertise

 Joyce C. Clifford, PhD, RN, FAAN, is the former Senior Vice President for Nursing Programs at CareGroup in Boston. Prior to the merger of the Beth Israel and Deaconess Hospitals, she was the Vice President and Nurse-in-Chief at Beth Israel Hospital in Boston, a position she held for over 25 years before establishing The Institute for Nursing Healthcare Leadership, Inc. (INHL) for which she now serves as the president and chief executive officer.

 10:30 am-11:30 am Mentoring for Professional Success: The ANA Story

 Rebecca M. Patton, MSN, RN, CNOR

 President of the American Nurses Association

 The ANA Story

 11:45 am-12:30 pm A Dialogue with the ANA President for Students and New Graduates

 11:45 am-12:30 pm MARN Business Meeting

 Exhibits and Raffle

 12:30 pm-1:30 pm Exhibits and Buffet Lunch

 1:30 pm-3:00 pm A Conversation on Mentoring: Practice and Education

 3:00 pm-3:15 pm Wrap-up and Evaluation

 Make it a weekend getaway! MARN has negotiated a special room rate of $85 + tax for overnight rooms for Friday 4/20/07 and Saturday 4/21/07. Please make your overnight reservation no later than April 1, 2007 by requesting the MARN room rate!

 From Route 90/BOSTON: Take I-93 North to Exit 37B (I-495 to Route 128 South). Follow I-495/Route 128 South to Exit 32A (Route 3 North). Take Exit 26, Route 62 and turn right at bottom of the ramp onto Route 62. Follow approximately 1 mile to 3rd set of lights and turn left on Middlesex Turnpike. Hotel is approximately 1 mile on the left.

 From Route 3 and 495/New Hampshire: Route 3 South to Exit 26 (Route 62/Bedford-Burlington). Turn left at the bottom of the ramp onto Route 62. Follow to third (3rd) set of lights and take a left on Middlesex Turnpike. Hotel is 1/2 mile on the left.

 From Western MA: Take I-290 E toward MARLBORO/I-190. Merge onto I-495 N via EXIT 26B on the LEFT toward LOWELL. Merge onto US-3 S via EXIT 35A toward BURLINGTON. Take the I-93 exit—EXIT 26—toward BEDFORD/BURLINGTON. Turn left at the bottom of the ramp onto Route 62. Follow to second (3rd) set of lights and take a left on Middlesex Turnpike. Hotel is 1/2 mile on the left.

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 Part Time Students and New Grads

 $75 Convention Only 4/21/07

 Special Package Rate for MARN Members

 New Grad Member = Nurse less than 12 months

 $125 Member and PT Student—Convention Only 4/21/07

 $150 Member and PT Student/New Grad Convention Only 4/21/07

 Charge the following amount $  

 To my:  □ MasterCard  □ Visa

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 Exp. Date: ______/____/____ (MM/YYYY)

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 City    State Zip

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 THANK YOU FOR PRINTING LEGIBLY!
Avoidance of Bias in Continuing Nursing Education: You Be the Judge

by Sandra Reissour, RN, BS

The 2006 ANCC Manual contains explicit guidelines for commercial support, defined as financial, or in-kind, contributions given by a commercial interest. While the increasing cost to conduct an educational program can be offset by receipt of commercial support, the challenge to maintain objectivity within the program is heightened when commercial funds are accepted. The guidelines for commercial support provide assistance in maintaining balance between the need for industry supported educational programs and the promotion of products. Such balance meets the high professional standards of the American Nurses Association as well as the requirements of the law.

Current law had its infancy back in 1992 when the Food and Drug Administration (FDA), Department of Health and Human Services, issued a policy statement on industry supported scientific and educational activities for health care professionals.

In 1997, as noted in the Federal Register, the FDA published Final Guidance on Industry-Supported Scientific and Educational Activities. Acknowledged here was the important role that the accrediting organization can play in ensuring that industry-sponsored educational activities are independent and non-promotional. Furthermore, the FDA indicated it would seek to rely on the major accrediting organizations to monitor company-supported educational activities conducted by their accredited providers.

The American Nurses Credentialing Center accepts the role accorded accrediting agencies by the FDA as evidenced in the Standards for Disclosure and Commercial Support reflected in the 2006 ANCC Manual. The standards provide guidance for the provider of continuing nursing education whose responsibility it is to ensure that the following decisions were made free from control of a commercial interest:

- Identification of continuing nursing education needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations that will be in a position to control the content of the educational activity
- Selection of educational methods
- Evaluation of the activity

Commercial bias must be avoided in content and format. This can be accomplished when the content/format promotes improvements or quality in health care and not a specific proprietary business interest of an entity with a commercial interest. The provider responsibilities do not end here. Not only must the educational activity be designed free from commercial bias, the source of all support from entities with commercial interests must be disclosed to the learners prior to the start of the activity. Keep these points in mind when you next attend a continuing nursing education activity. In the final phase, it is you, the learner, who can best evaluate the presence or absence of commercial bias.

References:

2006 ANCC Manual for Accreditation as an Approver or a Provider of Continuing Nursing Education

Nursing World, Position Statement: Guideline for Commercial Support for Continuing Nursing Education

Federal Register, Department of Health and Human Services, Food and Drug Administration, Final Guidance on Industry-Supported Scientific and Educational Activities Notice, Part III, Dec 3, 1997
Nursing: The Nation’s Most Honest and Ethical Profession

by Myra F. Cacace, APRN

Spring is in the air and I am always glad to see the end of cold weather! This spring promises to be a busy one, both personally (as my own family prepares to welcome a new son-in-law) and professionally as MARN puts the finishing touches on plans for the 6th Annual MARN Convention. New state and national legislators are back at work and plans are well under way to push political agendas. Now is the time to communicate with your new representatives in voicing your opinion about the several important issues that affect your nursing practices.

As part of my effort to work toward political change, I have been representing MARN on a newly formed Advanced Practice Nurses Coalition. The coalition is an informal gathering of representatives from all advanced practice nursing groups including Nurse Practitioners, Nurse Midwives, Nurse Anesthetists, PNP's, Psychiatric Nurse Practitioners and Academia, & Lobbyists. This group came together as a result of the work started by the Advanced Practice Task Force for the Massachusetts Board of Registration in Nursing, where it was obvious that statutory changes were needed in order to advance the autonomy of advanced practice nurses and create greater access to quality care for citizens of the Commonwealth. Nurse Midwives and Nurse Anesthetists are starting the process to remove “supervisory” language in the regulations regarding prescriptive authority. Other group members will support their endeavors in a variety of ways and plan to meet regularly to tackle the other important issues effecting advanced practice nursing. Nurse Practitioners are working hard to get an important bill passed in this year’s congressional session: “Nurse Practitioners as Primary Care Providers.” Be sure to read future issues of the MAssachusetts Report on Nursing to stay regular on these issues.

This edition of the MAssachusetts Report on Nursing continues to explore the theme of the environmental impact on nursing practice. Be sure to read the article by Diana Newman on p 20 which discusses the Betty Neuman Systemic Model of nursing and how it relates to nursing practice. I was indeed gratified to read an email announcement from the American Organization of Nurse Executives about a recent Gallup Poll that found that four out of every five people surveyed rated nurses ahead of physicians and pharmacists in the area of honesty and ethical standards...for the eighth straight year! This is a true reflection on how patients view us within the healthcare environment, and the potential to draw people in a partnership to disease prevention, health promotion, acute and chronic care. The MARN Board meets regularly, and is continuing the work of implementing important changes and improvements for the organization developed in October 2006 at the Strategic Planning Session. The board is committed to the idea that nurses need to celebrate our successes while continuing our work to be the professional organization that promotes the work and identity of nursing in the Commonwealth. Speaking of celebrations, the MARN second annual gala awards celebration event and annual convention will be Friday and Saturday April 20th and 21st. Please be sure to see the convention information included on page 1 and save the date for what promises to be a great weekend. Last year’s banquet was a great success and a wonderful way to celebrate our profession with friends and colleagues. This year MARN will once again celebrate the achievements of the Living Legends in Massachusetts Nurses, as well as present awards for nursing research, education, and practice. This year we encourage you to invite and agree to sponsor a nursing student or a new grad to attend our annual convention (more details on p 19). The convention planning committee has been working hard for the last several months planning another excellent day of learning and networking. What a great way to introduce future and novice nurses to a great professional organization!

The newsletter committee is gratified by the responses from both building authors and volunteer mentors for the New Writer’s Mentor Program. We are looking forward to seeing the fruits of their writing collaboration as new authors submit articles of interest to the MAssachusetts Report on Nursing. If you have an opinion you would like to share, clinical practice ideas, research reports, historical information, or recognition of a colleague’s work you would like to share with a broader audience, but feel you need help with your writing style, take advantage of the wisdom of a mentor, who is committed to helping your voice to be heard. For more information about the program, see the bulletin board on page 18. Remember, the door is always open for you to submit your articles because the newsletter committee wants this to be YOUR newsletter.

Please be sure to check out the Continuing Education offering on page 10. This is a great way to earn contact hours in the comfort of your own home! Remember that MARN is the only professional nursing organization that is an ANCC Approved Unit in the Commonwealth. Those of you that are ready to review your educational programs for nurses at any time. For more information about how to become an approved provider of either a single activity or as an organization, please visit the MARN Website at www.MARNonline.org for up to date information about continuing education programs as well as other important issues. Also be sure to see the information on page 22 about the 2007 Annual Provider Forum, 5/24/07, where organizations or individuals can receive the tools they need to plan and implement continuing education programs that offer continuing education credits from the American Nurses Credentialing Center. There are so many important reasons and benefits to be gained by belonging to MARN, which is the official constituent affiliate of the American Nurses Association. ANA continues to be the most widely respected voice for nurses, in this country and around the world. Please be sure to complete the membership application on page 23 and to check out the Membership Benefits section of the bulletin board on page 19. I know that you will agree that MARN is a vital organization working to improve the nursing profession in a variety of settings.

MARN directors and committee members continue to use their considerable experience to serve the needs of registered nurses in the Commonwealth. MARN offers many opportunities and services to nurses in Massachusetts. We invite you to become an active member of your professional nursing association, today, if you are not one already! We look forward to your enthusiasm, support and ideas about setting the course for the nursing profession in our commonwealth and beyond.

Our continued thanks to the Arthur L. Davis Publishing Agency, which helps MARN send this newsletter to all commonwealth registered nurses in an economic fashion. If you want to advertise in the MAssachusetts Report on Nursing, contact Mark Miller at mark@aldpub.com. Look for your newsletter every quarter (in April, July, October and January)! Please note that the mailing addresses we use are the ones that the Board of Registration in Nursing has on file for you; any corrections to the address should be communicated to the Board of Registration in Nursing.

Have enjoyed receiving the many communications from nurses throughout the Commonwealth and abroad! Keep reading and feel free to contact me at newsletter@MARNonline.org or contact the MARN office at info@MARNonline.org or send mail to PO Box 295, Milton, MA 02186. We look forward to hearing from you!
President’s Message

A Few Words From Our President

Judy Sweeney, MS, GNP, RN

This year the theme of the MARN annual convention is “Mentor: Didnt’ We All Go Nurt’ng’s Journey.” The dictionary defines a mentor as “a wise and trusted person.” I think of a mentor as the person or people who help to guide you during your life...someone who helps you achieve your life’s goals. We have all had mentors at some point in our lives...the person who gives you advice and guidance, pointing you in the right direction thereby positively changing your life.

My mentor who is responsible for my involvement in professional nursing organizations was Janet Dunphy. Janet was the executive director of District 5 of the Massachusetts Nurses Association (MNA) at the time that I first became active in my nursing professional organization. She encouraged me to join a committee and with her help and encouragement I was soon chairing the Committee on Gerontology. Janet encouraged me to run for district office, then a state office and later for a national office at the American Nurses Association (ANA). Whenever I had any hesitation Janet was there to encourage me to pursue and achieve my goals.

Unquestionably, with all this? I developed leadership skills that have helped me throughout my professional career. I have met so many great people, who I would never have had the opportunity to meet. I have also made many wonderful life-long friends. I know that all of you reading this can think of ‘that incredible someone’ who has been your mentor, and who has been an invaluable guide to you in your personal or professional lives.

Perhaps, you are a mentor to another person. If you have had that experience, you know the pleasure of watching a person who you care about develop to their full potential. Maybe you have touched another person’s life without realizing your impact on that person’s life as their mentor. The possibilities are endless as you “pay forward” the many benefits of being involved in this great profession of nursing.

I invite you to come to our annual convention on Saturday, April 21st. Please see the convention registration form that is on page 3. I look forward to seeing you there. What a wonderful way to continue your journey!

A New Legislative Season

by Craven & Ober Policy Strategists, LLC

With the start of a new legislative session in Massachusetts, committee appointments were quickly made by House and Senate leadership. In the area of healthcare, there is consistency of leadership. Congratulations are extended to Representative Peter Koutoujian and Senator Susan Fargo who will remain as Co-Chairs of the Joint Public Health Committee. Likewise, Representative Patricia Walrath and Senator Richard Moore will continue their leadership of the Joint Health Care Finance Committee, which is only one session old. With regard to the formation of a Joint Mental Health and Substance Abuse Committee, Representative Ruth Balser will remain the House Chair and we welcome Senator Gale Candaras to the Senate and in her new role as Senate Chair of this committee. A coalition of advocates led by Health Care For All (www.hcfa.org) has submitted a comprehensive legislative package on children’s mental health, which will likely be vetoed by Chairs Balser and Candaras and their committee members this session. Last, a new House Committee on Child Abuse and Neglect has been appointed by Speaker DiMasi with House Majority Leader John Rogers presiding over the committee’s work as Chairman. Already, this committee has hosted three public hearings to gather information on the operations of our Department of Social Services and consider legislative solutions to the high profile cases of child abuse here in Massachusetts.

Quickly, attention has turned to the state budget on Joint Hill. Economic and policy experts predict over a billion dollar shortfall between revenue forecasts and predictable spending on programs. There will be great pressure on lawmakers to maintain support for existing programs and to provide the necessary subsidies that will result in successful implementation of our new healthcare reform law’s goal of providing health plan coverage to every citizen in this state. Much work will be undertaken to effect the policy changes at the level of our state agencies and Governor Patrick will be making his appointments to key posts, such as Commissioner of the Department of Public Health, very soon. The biggest challenge at this time appears to be an agreement on what is an affordable plan offering basic coverage, including coverage for catastrophic illness that is considered acceptable. Many across the country are closely watching Massachusetts implement this new law and some around the globe are intrigued as well. For detailed information on eligibility for subsidized “Commonwealth Care” plan insurance and the affordable “Commonwealth Choice” basic plans approved by the state for purchase, go to www.mass.gov/connector. Getting everyone covered under a health insurance plan here in Massachusetts before the universal mandate to carry insurance kicks in July 1, 2007 will require that all of us pitch in and share timely information as it develops.

A record number of bills, over 6,000, have been filed for consideration this session. As the House and Senate clerk assign numbers to these bills, they will then be sent to committees for the scheduling of public hearings and review beginning this spring. Traditionally, all legislation affecting nursing has routinely been sent to the Joint Public Health Committee with one day of public hearing and testimony submission desired entirely to the profession. Keep an eye out for this key and important date. Although there are many convenient ways in our twenty-first century to communicate with lawmakers, nothing tops a personal call, a personal visit or a handshake. Plan to come to the State House this particular day for an immersion of democracy in action.

Craven & Ober Policy Strategists, LLC is a full service Massachusetts-based government relations firm dedicated to credible, assertive advocacy and to the dissemination of reliable public policy information.

MARN Mourns the Loss of Bettye Almeida

Memorial Moment for Bettye E. Almeida

By Mary Ellen Doona

Bettye E. Almeida loved her life, the greater part of which she spent in enthusiastic service to nursing. One of her chief contributions was making an organization flourish. She supported leaders. As importantly, she encouraged members. More than one nurse paying their respects at Bettye’s services remarked on how she had influenced their commitment to nursing. They remembered how Bettye was always “there for them” as they ventured into committee work. Even as these nurses were learning the committee process, they were also discovering their own leadership potential. When they tested their ideas, Bettye supported them with an encouraging word. Many times words were not necessary. Her smile or glance acknowledged their successes.

By her example, Bettye taught nurses that the life of an organization depended on a steady infusion of the young if the wisdom of the mature were to prosper. Bettye’s commitment to nursing can be measured in the numbers of young nurses who became leaders, and then, followed her example.

It is with much sadness that I share with you the recent death of Bettye Almeida, RN. Bettye was a constant advocate for nursing and nurses in Massachusetts. She was a long time member of the American Nurses Association and the Massachusetts Nurses Association. She served as staff for MNA District 5 for many years. In that role she served as a mentor to so many nurses. Her quiet leadership, her constant encouragement and support of others, her love of nursing will long be remembered. We thank her for her caring and wish her peace.

Visit us on the web at www.MARNonline.org
Nineteen-hundred-and-forty-five was filled with event. Vice-president Harry S. Truman advanced to the presidency with the death of Franklin Roosevelt, the leader who had lifted the country out of the Great Depression and mobilized it during World War II (1941-1945). Hitler committed suicide in April, the Germans capitulated in May, Truman dropped the atomic bomb on Hiroshima and Nagasaki in August and trials began in Nuremberg that would judgment on Nazis and their concentration camps.

If 1945 marked the end of hostilities, it also celebrated creativity. Alexander Fleming and his cowardly use of fame, the other, a lyrical Rogers and Hammerstein musical of doomed romance. Lost Weekend's portrayal of alcoholism flickered across movie screens as did Noel Coward's tale of illicit romance in Brief Encounter.

Rationing ended and food, clothing and gas became available again. Short skirts made necessary by war-time rationing of cloth were abandoned in favor of Dior's New Look with its emphasis on the waist and a hemline well below the knee. Automobiles hit the road again and gas was released from military purposes. With pockets filled with G.I. loans, veterans left cities for houses in the suburbs causing a major shift in the demographics of the United States. Class boundaries tumbled as veterans surged onto college campuses, their G.I. loans giving them access to an education once open only to the privileged few. Their choice made other choices necessary. One particularly sensitive to nurses' changed attitude was Richard J. Cushing (August 24, 1895-November 2, 1970) Boston's recently appointed archbishop. The South Boston native was an eagle and a half, a veteran of World War II and a chemistry professor at Boston College, to head "our nursing school." His catalogue description, announced that the new school would offer "the practical study of nursing school would offer "the practical study of nursing..." along with a university setting for the proposed post-graduate course for nursing administrators and

Mary Ellen Doona RN EdD

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BOSTON COLLEGE SCHOOL OF NURSING: THE ANTECEDENT YEARS (1945-1947)

Mary Ellen Doona RN EdD

Photos—School of Nursing Records, University Archives, John J. Burns Library, Boston College

were inadequately prepared to do the job. Eighty per cent of hospital care rested in the hands of student nurses but these were also in short supply. Nurses' low salaries and hospitals' stretched staffing did not appeal to high school graduates. The Cadet Nurse program, enacted into law in 1943, would increase the note that students but their impact would be on the future and not on the current crisis. The American Nurses Association stated unequivocally in 1945, "The quality of nursing care..." A knee-jerk response to dictates from above. So focused was a matter of professional judgment and not a short distance from the all male campus at Chestnut Hill.

The Archbishop tried unsuccessfully to persuade Mary Gilmore (later Helming) and Mary Macdonald (-2000) to leave their posts at the Massachusetts General Hospital School of Nursing for leadership roles at St. Elizabeth's Hospital. At the beginning of their long careers in nursing leadership, these two nurses represented many others who recognized that advancement leadership roles in Catholic hospitals was rare. With faculty, administrative and supervisory positions filled with the nurses' orders such as the Sisters of St. Francis at St. Elizabeth's Hospital and the Daughters of Charity at Carney Hospital, nurses found their paths to leadership blocked. Worse, as a contemporary assessment concluded, unless steps were taken to change this situation, Catholic nurses would never determine policy but would be forced to travel paths laid out by others.

The war had made authoritarian hierarchies and knee-jerk response to dictates from above. So focused was a matter of professional judgment and not a knee-jerk response to dictates from above. So focused were these nurses on getting on with their lives and careers, they did not notice that they were writing the first lines in the obituaries of hospital training schools and student labor as a hospital economy. Sensitive to the signs of the times, the Archbishop was determined to create a college education for nurses. Regis College in Weston and Emmanuel College in Boston's Fenway were ideally structured to accept students of a woman-dominated profession. Sister Olivia Gowan, the dean of the nursing school at Catholic University in Washington, D.C., however, recommended a university setting for the proposed nursing school.

It would not be unreasonable to assume that the Archbishop, with so many other issues demanding his attention, was getting tired of the nursing problem. First, his attempts to reorganize the nursing department at St. Elizabeth's Hospital had hit a brick wall and then the obvious choice of women's colleges for a women-dominated profession hit another. At the same time the urgency of the nursing shortage would not allow solutions to be delayed. The Archbishop solved his problem by giving it to his beloved Boston College.

There were problems here too. Boston College, like every other Jesuit school, college and university was open to students of all nationalities, races and faiths. Church policy had thwarted their efforts to include women in these student bodies. The new standing decrees against modern science and liberal democracies banned co-education as false and harmful. President William Keleher S.J., already immersed in expanding Boston College to deal with the blitz of veterans invading the campus, found himself caught between restrictive policies of a passing age and an Archbishop whose inclusive strategies anticipated the reforms that would sweep the Church two decades later. In the event, Keleher reported to his Jesuit superiors 3 December 1945 that the Archbishop said that the nursing school at Boston College was a "must." He showed the Jesuits a middle ground between the ban against coeducation and Jesuit education aimed to graduate a nurse "trained to cope successfully with even the unforeseen problems of life...equipped with the professional knowledge and technical skill which [would] enable her to take her place among the leaders of the nursing profession." Significantly, Boston College education for leadership would not be an exclusive post-graduate course for nursing administrators and

(continued on page 8)
The School continued to take shape. A nursing library of sorts was in place, Carroll having bought $200 worth of nursing books, texts, histories, a bound set of the American Journal of Nursing and a subscription to the Lady's Home Journal. The great research library, the Boston Public Library, was just a short walk away and Bapst Library at Boston College was accessible by trolley. Once Carroll secured the services of Mary L. Pokaski (1925-1988), the nursing library was in good hands. The Emmanuel and Simmons College graduate traveled from Lawrence into Boston and day by day created a nursing library that sixty years later has only admirers and no equal. Her appointment was still to come in October 5, 1946 when the Pilot headlined that Boston College was opening a school of nursing. As is usual in human affairs the official announcement lagged far behind the word of mouth already on the street. The school would be Boston's second collegiate nursing program, the first being at Simmons College. Chartered in 1889, Simmons opened its undergraduate nursing program in 1933. With the Yale University School of Nursing founded in 1923 to implement the recommendations of the Rockefeller Foundation-funded Goldmark Report, New England now had three collegiate nursing programs. To say that nurses welcomed Boston's new school hardly conveys their enthusiasm. Nurses returning from military duty and walking away from nursing as usual set off a series of events that resulted in the establishment of the Boston College School of Nursing. A photo taken at the gala tea held February 3, 1947 captures a moment in the history and stellar reputation of that school founded 74 years before. Mary Maher hovering solicitously at the tea service, she epitomized the long tradition of nursing in the Boston area and the commitment to the practical study of nursing that sixty years later has only admirers and no equal.

Sources:

NEWS FROM THE NURSING ARCHIVES

Mary Ellen Doona

ANNUAL MEETING OF THE NURSING ARCHIVES ASSOCIATES

JOYCE C. CLIFFORD Ph.D. R.N., F.A.A.N.
Chief Executive Officer; Institute for Nursing Leadership; Former Senior Vice-president for Nursing programs at CareGroup (Beth Israel-N.E. Deaconess Hospital); Former Vice-president and Nurse-in-Chief at Beth Israel Hospital.

LEADERSHIP: A PERSONAL REFLECTION

5:30 p.m.
April 24, 2007
Faculty Dining Room
George Sherman Union
Boston University

Free but RSVP necessary by April 10, 2007.

Call 1.617-353.3697
By R. Gino Chisari, MSN, RN—Nursing Practice Coordinator, Board of Registration in Nursing
(Used with the permission of the Massachusetts State Board of Registration in Nursing)

Some estimates put the rate of turnover for newly licensed nurses between 35 - 60 percent within the first year of employment of the newly licensed nurse (Halfer & Graf, 1996). Turnover is estimated to be approximately 40,000 dollars per nurse in hiring and orientation costs, while the emotional cost to the new nurse and staff is immeasurable. In Kramer's classic work, Reality Shock: Why Nurses Leave Nursing, first published in 1974, she described reality shock as occurring during the transitional period of student to nurse where there are different priorities and pressures. Kramer described this period as the first 18 months of practice.

Although this isn’t a new phenomenon, what is new is the growing realization that unless something successful is developed, nursing practice as we know it will change forever because the rate of demand will eventually over take the rate of supply. If forced, the system will have no other alternative but to look outside of nursing for solutions. The bottom line is that facilities will still be required to care for sick people.

We should be asking ourselves how we can help. The profession uses the number 2.6 million to identify the number of nurses in the country while in Massachusetts we are about 123,000 nurses strong. These are great numbers, but we all know that the demand for qualified nurses is growing rapidly and it is time for collaborative action.

The literature tells us that the newly licensed nurses’ “current” center around having mixed emotions between being excited at being licensed and the “fear” of being responsible for the outcomes of the patient’s plan of nursing care; being influenced and affected by their personal values, feelings and reactions; trying to overcome the knowledge gaps between what was “taught” in school and “how its done” in the workplace; and the frustration of mediating a complex schedule of rotating days and shifts, relationships with other members of the healthcare team, and assimilating the professional role.

Each of us who has successfully made this transition possesses the experience, skills and advice to provide role-modeled behavior for our newest members. Providing support isn’t always easy but maybe by remembering to do these simple things we can make the transition easier and in doing so find that being a part of the solution is easier than we first thought.

The next time you find a newly licensed nurse on your team try these strategies:

- Extend a warm welcome and offer to be of assistance. A new nurse needs to know that there is someone they can go to who won’t judge, but who will listen and share knowledge;
- Make yourself available with an offer to “help-out” when you see the new nurse struggling to get through their assignment or trying to deal with a difficult patient or colleague. New nurses are not skilled at multi-tasking through a multiple patient assignment;
- Offer praise when the new nurse performs well, we all respond and are encouraged by being recognized for a job well done;
- Offer support and understanding when the new nurse makes a mistake, it won’t be the first, but the first will remain with the new nurse through out their career, help them turn it into a positive learning experience;
- Be fair; just because the nurse is new doesn’t mean that she (or he) has to work all the unattractive days and shifts; and
- Remember: remember back to your own transition period, I bet there was a very kind and supportive experienced nurse who was always there for you. Be that nurse and be remembered fondly as a caring supportive professional who did the “little” extras for new nurses.
CE Module: Complementary Therapies from a Nursing Perspective

Ohio Nurses Foundation
Complementary Therapies from a Nursing Perspective
ONF-05-37-I

INDEPENDENT STUDY

This independent study has been developed for nurses who wish to increase understanding about complementary therapies in general. 1.16 contact hours will be awarded for successful completion of this independent study.

The Ohio Nurses Foundation (ONB-001-91) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. Expires 9/15/07.

DIRECTIONS:

1. Please read carefully the enclosed article “Complementary Therapies from a Nursing Perspective.”
2. Complete the post-test, evaluation form and the registration form.
3. When you have completed all of the information, return the following to the Ohio Nurses Foundation, Nursing Education Department, 4000 E. Main Street, Columbus, Ohio 43213-2983:
   A. The post-test;
   B. The completed registration form;
   C. The evaluation form; and
   D. The fee: $15.00 (plus shipping and handling) for MARN Members & $25.00 for non-MARN members. Check payable to Ohio Nurses Foundation.

The post-test will be reviewed. If a score of 70 percent or better is achieved, a certificate will be sent to you. If a score of 70 percent is not achieved, a letter of notification of the final score and a second post-test will be sent to you.

We recommend that this independent study be reviewed prior to taking the second post-test. If a score of 70 percent is achieved on the second post-test, a certificate will be issued.

If you have any questions, please feel free to call Zandra Ohri, MA, MS, RN, Director, Nursing Education, ext. 1027, or Sandy Swearingen, ext. 1030, Ohio Nurses Foundation at (614) 237-5444.

OBJECTIVES

Upon completion of this independent study, the learner will be able to:

1. Identify reasons for the increased popularity of complementary or alternative medicine.
2. Identify common characteristics of complementary or alternative medicine therapies.
3. Describe fundamental concepts of commonly used complementary or alternative medicine therapies.
4. Identify common concerns regarding the use of complementary or alternative medicine therapies.
5. Describe nursing implications related to the use of complementary or alternative medicine.

This independent study was developed by: Yvonne Smith, MSN, MS, CNM, CCRCN, Outreach Program Coordinator, University of Akron, Akron, Ohio. The author has no financial vested interest. This independent study is presented by: Ohio Nurses Foundation, 4000 E. Main Street, Columbus, Ohio 43213-2983, 614-237-5414.

There is no commercial support for this independent study.

Ohio Nurses Foundation
Independent Study
Complementary Therapies from a Nursing Perspective
ONF-05-37-I

Introduction

Complementary or alternative medicine (CAM) therapies are a growing phenomenon in this country. Most nursing programs, until recently, have not included therapies in the curriculum. Nurses have predominantly been educated to respond to clients in relationship to traditional medicine. As the use of these non-traditional practices expands, nurses are at the “midpoint” between the traditional Western medicine and a menagerie of theories and methods originating in other parts of the world.

Much confusion exists regarding these types of therapies. The title “Complementary Therapies” encompasses a vast number of modalities, many of which are listed in Figure 1. Due to the complexity of some theories, and the large number of therapies considered CAM by today’s standards, the content of this article is limited to an overview of complementary therapies and a basic introduction to some of the most commonly used therapies.

FIGURE 1

Complementary and Alternative Medicine (CAM) Therapies

- Acupuncture
- Ayurvedic Medicine
- Applied Kinesiology
- Biofeedback
- Chiropractic
- Colon Therapy
- Diet Therapy
- Exercise Therapy
- Guided Imagery
- Homeopathy
- Hypnotherapy
- Light Therapy
- Mind/Body Medicine
- Neuro-Linguistic Programming
- Oligopathy
- Shiatusu
- Traditional Chinese Medicine

Currently, complementary therapies is the preferred terminology. These therapies have also been called unconventional, unorthodox, irregular, unscientific and non-evidenced based. Because the therapies are becoming increasingly mainstream, “alternative” or “unconventional,” as well as the other titles, are less accurate descriptions. In addition, such titles perpetuate the negative connotation some traditional health care providers hold with regard to these methods. There is a strong opposition to having two “medical” systems available, both traditional and alternative, implying a client must choose one or the other.

Although there are those who contend alternative and traditional medicine should remain separate, as health care providers in today’s system, we are being challenged to explore a third option—complementary therapies within the current health care system. A growing number of people, health care professionals as well as others, agree such therapies should be used in conjunction with Western medicine. Combining traditional and non-traditional therapies completes the “compliment.”

According to the New England Journal of Medicine, in 1990, an estimated 425 million visits were made to providers of “unconventional” therapies. In addition, approximately $13.7 billion was spent with $10.3 billion being paid out of pocket. More recent surveys suggest as many as one in four persons have utilized at least one of the therapies considered “alternative.” As these numbers continue to increase, the need for nurses to be knowledgeable about such therapies is underscored.

Why are CAM therapies gaining popularity? There are many possible reasons. The increasing cost of traditional medicine and heightened consumer consciousness top the list. Today’s health care consumers are more knowledgeable. They have virtually unlimited access to information about a variety of both traditional and non-traditional therapies. Consumers face a daily barrage of media coverage informing them of the options available and the cost of those options. Much of the information available about complementary therapies is written in non-technical terminology. This is less threatening and less confusing to the client. In addition, the client is empowered by the sense of self control experienced by choosing the therapy they believe to be best for them. By comparison, complementary therapies are generally less expensive than traditional medicine, so cost is frequently a motivating factor. Additional reasons complementary therapies are selected include tradition, individual belief systems, failed medical treatments, intolerance of medical treatments and an overall feeling of well-being as reported by clients who use CAM therapies.

Chronic pain, unrelieved by traditional methods, is the most common client complaint identified by users of CAM therapies. Both research results and client anecdotes support the use of many CAM therapies for pain management.

CAM therapies share a common bond, a holistic approach to the client. The connection between the client’s mind, body and spirit is an essential component. The client is viewed as greater than the sum of parts. The basis of many CAM therapy theories relate to the concepts of client energy and restoration of energy balance. Supporters of complementary therapies contend restoring balance enables the body to heal itself.

Overview of Commonly Used Therapies

Bodywork

CAM therapies include a wide range of interventions. Sources, however, differ as to which therapies are considered complementary. Undoubtedly, massage therapy and chiropractic are the most recognized of these therapies. As these therapies are grouped together as “bodywork.” Bodywork refers to, not only therapeutic massage, but also deep tissue manipulation, movement awareness and energy balancing—all which are delivered to improve the structure and function of the body. Bodywork, in all forms, reduces pain, soothes muscles, stimulates...
blood and lymphatic circulation, and promotes detoxification. In addition, massage therapy raises endorphin levels.

Therapeutic massage encompasses a number of therapies. Theories differ about the specific techniques and their effects on the body. Some believe that therapeutic massage affects the organ systems by stimulating the appropriate reflex areas. Although reflexology is generally considered safe, it is not without risk. Reflexology can potentially cause injury if the hands are improperly used or if the area is already injured. Some conditions do not respond well to reflexology. This technique involves both hands two to six inches from the patient and uses slow, rhythmic hand motions to determine irregularities in the client’s energy field. A common misconception regarding the therapeutic touch suggests a transference of energy from the practitioner to the client takes place during this therapy. In reality, the practitioner works with the client’s energy field to correct any imbalances. The therapist generally lasts twenty to twenty-five minutes and leave the client with an over-all feeling of well-being.

Chiropractic
Chiropractic, the second largest primary care health field in the world, is concerned with the relationship of the spinal column and the musculoskeletal structures of the body to the nervous system. It is believed the nervous system, which coordinates and controls the functions of all the other body systems, is key to the body’s remarkable potential to heal itself. Improper alignment of the vertebrae can adversely affect the nervous system and cause nerve compression. When these problems are believed to cause nerve interference. Through spinal and joint adjustments, chiropractors can alleviate pain and reduce stress and anxiety. Some studies support the occurrence of altered enzyme activity, increased hemoglobin levels, and accelerated wound healing in clients receiving chiropractic care. General pain generally last twenty to twenty-five minutes and leave the client with an overall feeling of well-being.

Chiropractic, however, the educational programs lack standardization. Eleven states do require homeopathic practitioners to be licensed. There are no homeopathic programs in India over 5000 years ago, is gaining popularity throughout the world. This comprehensive system of medicine combines natural therapies with a personalized approach to treatment of disease than on treating the symptoms. Once the cause of the imbalance is determined, the client will likely be established as three metabolic body types or “doshas”—Vata, Pitta and Kapha. These doshas consider not only one’s physical attributes, but also the person’s overall health and well-being. (See Figure 2).

Chiropractic and massage therapy education is self-regulated, and graduates are required to be licensed to practice. These two fields lend themselves well to the holistic practitioner. Many providers are generally comfortable with the use of therapeutic massage. Many have incorporated it into their own practices. Historically, however, there has been considerable resistance to the idea that chiropractic and massage therapy is not as well known. A large number of chiropractors recognize there may be indications for using both therapies and do recommend certain clients seek medical care. These practitioners are generally supported by the traditional medical community. It is those practitioners who believe in their effectiveness who are treated by chiropractic methods which cause the greatest concern. For example, traditional health care providers are uncomfortable with the practice of using chiropractic on children in lieu of immunizations and other well child services. Insurance companies have long recognized the therapeutic benefit of chiropractic, providing limited coverage for treatment. Increasingly, massage therapists are being reimbursed. Several insurance companies are formulating policies to recognize the potential benefits these therapies provide to clients.

Homeopathic Medicine
Homeopathic medicine is a complete system of natural medicine which is believed to have been developed in the 1700s. These techniques has been brought to the United States in the 1800s, and continues to gain in the United States. The use of acupuncture and acupuncture is increasing at a comparatively faster rate.

The first principle, like cures like, another deeper layer of illness surfaces. Further, some are applied to the entire body while others are site specific. Reflexology is an example of a massage technique which is very specific. It is believed the reflex areas in the hands and feet are narrative in nature. The point at which the body is believed to be affected by stimulating the appropriate reflex areas. Although reflexology is generally considered safe, it is not without risk. Reflexology can potentially cause injury if the hands are improperly used or if the area is already injured. Some conditions do not respond well to reflexology.

Chiropractic, like massage therapy, is also based on energy flow. Like chiropractic, polarity therapy involves a variety of treatment modalities, including breathing techniques, hydrotherapy, exercise and reflexology. This technique involves both hands touching the body in a specific way, a technique called “release blockages” and restore the body’s natural flow of energy. Unlike therapeutic touch, the practitioner’s hands come in direct contact with the client. Exercise and nutritional counseling complete the holistic approach and reportedly result in positive changes in the client’s physical, mental and emotional balance.

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Complementary Therapies
(continued from page 11)

Figure 2
Characteristics/Tendencies of Ayurvedic Metabolic Body Types

<table>
<thead>
<tr>
<th>VATA</th>
<th>PITTA</th>
<th>KAPHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thin</td>
<td>Medium build</td>
<td>Heavy Set</td>
</tr>
<tr>
<td>Prominent features and joints</td>
<td>Fair, thin hair</td>
<td>Thick, wavy hair</td>
</tr>
<tr>
<td>Cool, dry skin</td>
<td>Warm ruddy skin</td>
<td>Cool, thick, pale skin</td>
</tr>
<tr>
<td>Hyperactive</td>
<td>Oily skin</td>
<td>Oily skin</td>
</tr>
<tr>
<td>Moody</td>
<td>Orderly, efficient</td>
<td>Slow, graceful</td>
</tr>
<tr>
<td>Vivacious</td>
<td>Intense</td>
<td>Relaxed</td>
</tr>
<tr>
<td>Imaginative</td>
<td>Short tempered</td>
<td>Slow to anger</td>
</tr>
<tr>
<td>Enthusiastic, Infectious energy</td>
<td>Intelligent</td>
<td>Affectionate</td>
</tr>
<tr>
<td>Anxious</td>
<td>Passionate</td>
<td>Forgiving/tolerant</td>
</tr>
<tr>
<td>Intuitive</td>
<td>Articulate</td>
<td>Compassionate</td>
</tr>
<tr>
<td>Eats and sleeps at all hours</td>
<td>Perfectionism</td>
<td>Procrastination</td>
</tr>
<tr>
<td>Nervous disorders</td>
<td>Warm and loving</td>
<td>Eats slowly</td>
</tr>
<tr>
<td>Constipation</td>
<td>Doesn’t miss a meal</td>
<td>Sleeps long, heavily</td>
</tr>
<tr>
<td>Cramps</td>
<td>Lives by the clock</td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>Ulcers</td>
<td>Allergies, sinus</td>
</tr>
<tr>
<td></td>
<td>Heartburn</td>
<td>Elevated cholesterol</td>
</tr>
<tr>
<td></td>
<td>Hemorrhoids</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acne</td>
<td></td>
</tr>
</tbody>
</table>

This therapy holds all three dosha's are present in varying degrees in every part of the body, despite the fact each person has a dominant dosha. Balance of the doshas, according to the individual’s constitution, results in good health. The delicate balance of the doshas may be upset by a host of both internal and external interferences, including stress, poor nutrition and organisms. Once the imbalance is diagnosed, there are four main methods for disease management. The first of these methods, cleansing and detoxifying (Shodan), involves removing toxins from different areas of the body. This may be achieved by introducing herbs into the body via various routes. Plication (Shaman), the second method, focuses on the spiritual dimension of health. Rejuvenation (Rasayana), tonification and enhancement of the body’s functions is the third method; and mental hygiene and spiritual healing (Satvajaya), the fourth method, improves the mind, facilitating a higher level of functioning.

Treatments used in Ayurvedic Medicine include nutrition, exercise, meditation, herbs, massage, breathing and sunlight. Ayurvedic Medicine is taught throughout the world, including select locations in the U.S. One does not need to be licensed to practice Ayurvedic Medicine in this country.

Aromatherapy

Another CAM therapy, quickly gaining popularity, is the practice of Aromatherapy. This therapy utilizes essential oils, which are extracted from plants, to treat a variety of conditions, ranging from infections and skin disorders to immune deficiencies and stress. Aromatherapy, like many other CAM therapies, is widely used throughout Europe. In this country, many health care practitioners, as well as a number of lay people, practice Aromatherapy. The basic concepts are easy to understand and a wide variety of essential oils are readily available. These two facts have contributed significantly to the increasing popularity of Aromatherapy.

The chemical makeup of the oils provide a host of pharmacological properties. Aromatic molecules easily penetrate body tissues. When inhaled, they travel to the limbic system within the brain. The limbic system’s link to emotions and relationship to other areas of the brain underscore its significance in Aromatherapy.

Generally, Aromatherapy is administered by external application through massages, baths or compresses, or through a diffusor, which disperses the essential oil micro particles into the air. Essential oils may be sprayed into the air or onto sensitive skin. This solution is referred to as “floral water.” Essential oils can be administered internally, however, extreme caution must be used. This method should only be applied with professional guidance.

Holistic Nutrition Supplements

One of the most controversial CAM therapies is holistic nutrition. As nurses, we understand that proper nutrition is essential for good health; unfortunately, experts disagree with regard to exactly what denotes “proper nutrition.” From a holistic standpoint, most CAM practitioners supply the nutrients necessary for keeping the body, mind and spirit in balance. When balance is disrupted, proper nutrition restores balance and puts the body in the best position to heal itself. Holistic nutrition involves eating whole foods—foods which are unprocessed and free from chemical additives. Sometimes referred to as “food extremists,” proponents of holistic nutrition denounce food toxins, pesticides, irradiation, artificial color, flavor enhancers, preservatives and artificial sweeteners. Food processing removes most, if not all of the naturally occurring nutrients and substitutes harmful chemicals in their place. Some supporters recommend vitamin and mineral supplementation only when processed foods must be consumed, while others contend supplementation should occur consistently, regardless of dietary intake. There is much disagreement with regard to which and how much food supplementation should be used.

Advocates of CAM postulate the majority of illnesses are related to inadequate nutrition. Some nutrition theories, such as raw food or raw juice nutrition, which are promoted by CAM practitioners, are viewed less favorably. Vitamin and mineral supplements, as well as other forms of nutrition therapy, are used to treat a wide variety of conditions. Supporters of supplementation believe the whole foods which are found in grocery stores today, lack sufficient variety and amount of nutrients to provide optimal nutrition, therefore highly concentrated doses of nutrients are essential to good health.

In addition to vitamin and mineral supplementation, herbal products are also used to treat illness. Clinical research studies demonstrate significant results when herbs are used to treat

(continued on page 13)
specific conditions. As a result, the use of herbal products has increased, and as herbal product use increases, so do the controversies. Several points of concern have been identified by opponents of “herbal medicine.”

Most of the concerns relate to the potential for client injury or harm as a result of the use of herbal products. There is a perceived lack of regulation of herbal products. In actuality, herbs are considered nutritional supplements and are, therefore, not subject to the rigorous testing pharmacological agents endure. They are, instead, subject to labeling laws. In addition, preparation is not standardized. This results in variations in the amount of active ingredients contained in the herbal products. Further, these types of products may be sold by anyone, and are frequently sold by individuals with no health care education. This lack of knowledge leaves the client vulnerable to adverse reactions and to both prescription and OTC drug interactions. These types of products may be sold by anyone, and are frequently sold by individuals with no health care education. This lack of knowledge leaves the client vulnerable to adverse reactions and to both prescription and OTC drug interactions. Further, these types of products may be sold by anyone, and are frequently sold by individuals with no health care education. This lack of knowledge leaves the client vulnerable to adverse reactions and to both prescription and OTC drug interactions.

Nursing Implications

Clients are seeking out and utilizing complementary therapies, and will continue to do so, with or without our support. The role of the nurse is not to discourage the client from using any form of CAM, but to be a resource for them, providing education, written materials, and referrals to qualified practitioners. Some nurses may choose to incorporate one or more CAM therapies into professional practice.

The nursing process begins with assessment. Nurses should ask questions which will elicit information regarding the client’s use of CAM. Sample assessment questions are identified in Figure 4. Because terminology differs among CAM theories, definitions may need to be clarified. Assessing the client’s knowledge level, and the source of their knowledge, is also important.

During the assessment process, it is imperative the nurse pay attention to both verbal and non-verbal communication. The nurse must be careful not to convey disapproval. Lack of support of CAM does little to discourage the client from participating. Instead, the client refrains from sharing information with traditional medicine providers who are “non-believers.”

Nurses must possess a baseline knowledgeable of CAM in order to assist and educate their clients.

(continued on page 14)
Complementary Therapies
(continued from page 13)

populations. The nurse will find it helpful to be aware of current trends in the area. It is difficult to turn on the television or pick up printed material without being exposed to the latest “super product” on the market. Being knowledgeable regarding which products and services are being marketed will complement the nurse’s knowledge. Being cognizant of qualified CAM providers will allow the nurse to make referrals and provides the nurse with additional resources.

Further research is necessary to validate successful CAM therapies. A lack of published research, however, is not an indication that the therapy is not useful. Many therapies have been safely performed for a number of years producing positive client outcomes. Nurses have an outstanding opportunity to contribute to CAM research, establishing effectiveness of treatment and application to nursing practice. Aromatherapy and massage therapy are the two CAM therapies which have been the focus of the greatest amount of nursing research.

As always, documentation is essential. Assessment finding and client education must be documented in the client’s record. If the nurse is performing a CAM therapy on the client, details of the therapy and patient outcome must also be documented.

Nurses must also be involved in standard and policy development regarding the use of CAM therapies in nursing practice. These documents protect the client, the nurse and the health care facility. In addition, they provide information regarding professional issues related to the addition of CAM therapies to practice, including level of knowledge, training and scope of practice.

Nurses must continue to meet the needs of clients. This may involve reaching for non-traditional interventions when traditional methods are ineffective. Nurses must continue to expand their knowledge base, including knowledge of CAM therapies. CAM therapies offer potential benefits for both clients and nurses; therefore, nurses should consider the implications for practice. Further, nurses must continue to utilize a holistic approach to client care, supporting the mind, body and spirit, to assist the client to an optimal state of health.

Ohio NursesFoundation
Complementary Therapiesfrom a Nursing Perspective

References

(continued on page 15)
Ohio Nurses Foundation

Complementary Therapies from a Nursing Perspective
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POST TEST QUESTIONNAIRE

Please choose one answer per question.

1. Which of the following terminology is preferred when referring to the therapies discussed in this article?
   a. Complementary Therapies
   b. Alternative Therapies
   c. Unconventional Therapies
   d. Traditional Medicine

2. A client informs the nurse she is considering using a complementary therapy to treat her fibromyalgia. The nurse is aware:
   a. Complementary therapies are generally not helpful with chronic conditions
   b. Chronic pain is the most common reason clients utilize complementary therapies
   c. Research results are inconsistent regarding the use of complementary therapies
   d. Complementary therapies may do more harm than good

3. Clients are likely to choose complementary therapies for each of the following reasons except:
   a. Lower cost per therapy
   b. Failed medical treatment
   c. Strong scientific research
   d. Individual belief system

4. Of the following statements, which accurately describes complementary therapies?
   a. A systems approach is commonly used
   b. A holistic approach is commonly used
   c. Each therapy is uniquely different
   d. None of the above

5. A therapy is considered complementary when:
   a. It is offered at no charge to the client or the insurance provider
   b. It is offered in lieu of traditional therapy
   c. All other therapies have been proven unsuccessful for this client
   d. It is used in combination with traditional therapies

6. Which of the following therapies are the most widely used and recognized in the United States?
   a. Acupuncture and Acupressure
   b. Massage and Chiropractic
   c. Vitamin and mineral Supplementation
   d. Herbal Medicine

7. Which of the following statements regarding Therapeutic Touch is correct?
   a. There is generally no physical contact between the client and the practitioner
   b. The practitioner transfers his or her energy to the client, replenishing the client’s weakened state
   c. There is little scientific research to support this therapy
   d. The client may experience varying levels of discomfort during a typical session.

8. All chiropractors believe every medical condition should be treated by chiropractic without medical intervention.
   a. ____ True
   b. ____ False

9. A client tells the nurse she has good results from the polarity therapy her chiropractor performs. Which of the following statements made by the client is inaccurate with regard to this type of therapy?
   a. My chiropractor uses both of his hands to release blockages
   b. This procedure is also called therapeutic touch
   c. My chiropractor uses this, along with other techniques to restore energy flow
   d. All of the above are correct statements.

10. All of the following are principles of Homeopathy except:
    a. Like cures like
    b. Dilution equals greater potency
    c. Vital energy flows through meridians
    d. Illness is specific to the individual

11. A client tells the nurse he is considering seeing a Naturopathic physician. Which of the following statements made by the client indicates the need for additional information?
    a. Naturopathic physicians focus on prevention
    b. Naturopathic physicians believe in treating the whole person
    c. Naturopathic physicians have respect for the healing power of nature
    d. Naturopathic physicians are licensed by the state medical board

12. Upon assessment, the nurse notes a client is obese with oily skin. His cholesterol level is elevated. Further, the client reports lacking energy and sleeping long hours. According to Ayurvedic Medicine, the client’s metabolic body type is:
    a. Kapha
    b. Pitta
    c. Dosha
    d. Vata

13. A client tells the nurse she has been putting an Aromatherapy essential oil under her tongue for muscle relaxation. Which of the following responses by the nurse is MOST appropriate?
    a. You should never ingest essential oils from plants
    b. Tell me more about your treatment and the practitioner you are seeing
    c. Yes, medications are absorbed more quickly when administered sublingually
    d. I am glad you are experimenting with Aromatherapy.

14. Proper nutrition restores balance and puts the body in the best position to heal itself.
    a. ____ True
    b. ____ False

15. The nurse who expresses disapproval of the client’s use of CAM is likely to deter the client from using the therapies.
    a. ____ True
    b. ____ False

16. A client asks the nurse about research regarding a CAM therapy about which he has read. The nurse is unaware of any formal research studies. This lack of research:
    a. indicates the therapy is “unconventional” not “complementary”
    b. does not indicate the complementary therapy is not clinically useful
    c. means the complementary therapy will likely be unsuccessful
    d. indicates health care professional see this therapy as unsafe

17. Which of the following complementary therapies have been the focus of the greatest amount of nursing research:
    a. Massage and Aromatherapy
    b. Acupuncture and Acupressure
    c. Homeopathy
    d. Herbal products

18. Nurses and employers should develop policies and standards related to the practice of complementary therapies. The purpose of such guidelines is:
    a. to protect the client
    b. to protect the employer
    c. to protect the employer
    d. all of the above

19. This article suggests nurses use a holistic approach to client care. A holistic approach implies:
    a. using a nursing care plan
    b. examining the client’s entire body
    c. considering the mind and spirit, as well as the body of the client
    d. collaborating with other health care professionals regarding the client’s care

20. A nurse is preparing a client for an initial CAM therapy. Which of the following is the first action the nurse should take?
    a. Document the type of therapy and patient outcome
    b. Assess the client’s knowledge level, source of knowledge and use of CAM
    c. Ask the patient to participate in a research study
    d. None of the above
Ohio Nurses Foundation

Complementary Therapies from a Nursing Perspective

ONF-05-37-I

INDEPENDENT STUDY

Registration Form

Name: ___________________________________________________________

(please print clearly)

Address: ________________________________________________________

Street  City  State  Zip

Day phone number: (____)_______________ RN_____ LPN

ONA Member: _____Yes _____No  ONA Member Number: _________

EACH STUDY IS NON-MEMBERS $25 AND MARN MEMBERS $15

PLUS $3.00 SHIPPING AND HANDLING PAYABLE TO ONF

I am paying by: _____Check _____Master Card _____ Visa _____Discover

___ American Express

Credit Card #: ______________________________________________________

Expiration Date

Signature

ONA OFFICE USE ONLY

Date Received:___________ Amount:___________ Check No:___________

Ohio Nurses Foundation

Complementary Therapies from a Nursing Perspective

ONF-05-37-I

Evaluation

1. Were the following objectives met?

   a. Identify reasons for the increased popularity of Complementary or alternative medicine

   Yes  No

   b. Identify common characteristics of Complementary or alternative medicine therapies.

   Yes  No

   c. Describe fundamental concepts of commonly used Complementary or alternative medicine therapies.

   Yes  No

   d. Identify common concerns regarding the use of Complementary or alternative medicine therapies.

   Yes  No

   e. Describe nursing implications related to the use of Complementary or alternative medicine.

   Yes  No

2. Was this independent study an effective method of learning?  ___Yes  ___No

   If no, please comment:

3. How long did it take you to complete the study, the post-test, and the evaluation form?

4. Were the directions clearly written?  ___Yes  ___No

   If no, please comment:

5. Were the post-test questions clear?  ___Yes  ___No

   If no, please comment:

6. What other topics would you like to see addressed in an independent study?

   Thank you for your assistance.
In response to some inquiries ANA has received, we thought it might be helpful to provide a brief update on the proposal to create an Office of the National Nurse. As you may remember, the idea was initially conceived by Teri Mills, RN, MSN, CNW, who first suggested the idea of an Office of the National Nurse (ONN) in a May 20, 2005 NYT letter to the editor.

In March of 2006, ONN legislation was introduced by Rep Lois Capps, H.R. 4903. The bill garnered 41 co-sponsors, but did not move before the close of the 109th Congress in December 2006. ANA respected the aims of the bills’ proponents, and we agree wholeheartedly that nurses must take the lead in addressing core challenges to nursing and health care. However, we felt strongly that the real power to affect desperately needed policy changes (such as enhanced funding for nursing education, safe workplaces and staffing levels, and removal of barriers to practice for advanced practice nurses) rests and will remain with our state and federal policymakers. For this reason, ANA chose to focus our efforts during the Congress on existing, more direct avenues toward changing in nursing and health care, including advancement of nursing legislation: (1) to encourage nurses to run for office, to agencies and decision-making bodies at the state and federal levels; and (2) to enhance involvement of all nurses in the legislative and political processes. We’ve attached two documents on H.R. 4903 that we thought might be helpful references for you, first a brief summary of the bill from HT Library and second, a thoughtful analysis and position paper put together by the Association of State and Territorial Directors of Nursing (ASTDN).

To date the ONN bill has not yet been reintroduced in the new, 110th Congress--we will continue to watch for reintroduction and keep you informed.

If you have questions or need further information, please contact Michelle Ariz, Associate Director of Government Affairs at michelle.ariz@ana.org.

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The National Nurse movement began with a guest opinion-editorial in the New York Times on May 20, 2005. The author, Ms. Teri Mills, RN, MSN, ANP, a nurse and a dean at a community college in Oregon, proposed that a National Nurse who would volunteer in their communities to conduct health education sessions via radio and gather a cadre of local nurses who would volunteer in their communities to conduct health education activities.

Subsequently, a bill was introduced (HR 4903) by Representative Lois Capps, who is a registered nurse, to amend the Public Health Service Act to establish an Office of the National Nurse. The bill has a number of co-sponsors, representing various states. (The bill may be viewed on-line at http://thomas.loc.gov/cgi-bin/query/z?c109:H.R.4903.) Should it become law, the National Nurse would perform activities that would encourage entry into the nursing profession and to nursing as a profession and to the potential nurses for improving the health of this nation through nursing and health care. To review the bill, please visit the House Energy and Commerce Subcommittee. We welcome, as well, attention to the critical issue of shortages of nursing faculty.

However, there is a need for additional clarity with regard to some of the specific problems addressed in H.R. 4903. First, it is not at all clear how the National Nurse would succeed in improving the health of our nation’s populations. Health education alone has not been shown to be effective in directing behaviors. However, there is a need for additional clarity with regard to some of the specific problems addressed in H.R. 4903. First, it is not at all clear how the National Nurse would succeed in improving the health of our nation’s populations. Social marketing has been referenced with regard to this proposal, but it is not addressed in any meaningful way.

The Association of State and Territorial Directors of Nursing (ASTDN), under its bylaws, promotes a program of national health protection, develops innovative and collaborative partnerships with government and voluntary agencies in programs aimed toward protecting the public’s health, and advocates the role of public health nursing in health care, establishes guidelines for states and territories in setting standards for public health nursing education and practice and state regulatory requirements, and is effective and efficient use of public health nursing in the provision of preventive, health promotion and personal health services. In keeping with these purposes, the National Nurse proposal is of significant interest to the Association.

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Generally, nurses are engaged in improving health in our states on a daily basis, we welcome the added attention to nursing as a profession and to the potential nurses for improving the health of this nation through nursing and health care. To review the bill, please visit the House Energy and Commerce Subcommittee. We welcome, as well, attention to the critical issue of shortages of nursing faculty.

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Recommended actions:

1. ASTDN recommends that efforts be made to improve public health nursing and the nation’s health system through efforts that are well connected with the existing Public Health System and the Office of the Surgeon General. Their efforts should emphasize partnering with and enhancing state public health nursing structures.

2. ASTDN recommends that funding for any national nursing initiatives will act in tandem with what is already being done. This provides a ready-made infrastructure and linkages to effect long-lasting and effective change.

3. ASTDN recommends that any proposals for national health education efforts take into account the need for partnerships with regions and communities most at risk and incorporate social marketing concepts as a basis for effecting community-wide changes that effect healthful behavior.

4. ASTDN recommends that the role of the public health nurses in the care of populations in preventing disease and promoting health be recognized and honored.

Title: To amend the Public Health Service Act to establish an Office of the National Nurse.

Sponsor: Rep. Capps, Lois (CA-23) (introduced 3/8/2006) Cosponsors (42) Latest Major Action: 3/17/2006 Referred to House subcommittee. Status: Referred to House subcommittee. Summary: To amend the Public Health Service Act to establish an Office of the National Nurse. The bill has a number of co-sponsors, representing various states. (The bill may be viewed on-line at http://thomas.loc.gov/cgi-bin/query/z?c109:H.R.4903.) Should it become law, the National Nurse would perform activities that would encourage entry into the nursing profession and to nursing as a profession and to the potential nurses for improving the health of this nation through nursing and health care. To review the bill, please visit the House Energy and Commerce Subcommittee. We welcome, as well, attention to the critical issue of shortages of nursing faculty.

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Mark Your Calendar

2007 Dates to Remember

MARN Awards Gala Celebration (see p 1)
MARN Annual Convention (see p 3)
National Nurses Week

Policy for Accepting Announcements for the Newsletter:

MARN encourages organizations of higher education to submit announcements about continuing education opportunities and upcoming events that are of interest to nurses. Fees must be included with submissioms.

The Fee Schedule is as follows:
- Non-MARN Approved Providers/Sponsors—$50
- MARN Approved Providers/Sponsors—$25

Payment can be mailed to MARN, PO Box 285, Milton, MA 02186. Please include a copy of the announcement and contact information (name, address, telephone, Email) with the check. Please email copy to www.MARNonline.org.

Announcements are limited to 75 words.

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Classes begin April 23 in Concord, MA. Tuesday p.m. or Friday a.m. classes available.

CE: 16 contact hours. This continuing nursing education activity (AA#201) was approved by the Massachusetts Association of Registered Nurses, Inc., an accredited approver of the American Nurses Credentialing Center’s Commission on Accreditation.

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NSGP, Inc. is an approved provider of continuing nursing education by MARN, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

These programs have been approved by the Massachusetts Association of Registered Nurses, an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Announcements

New Mentoring Program for Budding Authors

Have you ever read an article by a nurse or healthcare colleague and thought “I could write that!”?

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Introducing the new MARN Writer Mentorship program!
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For more information see the MARN website: MARNonline.org or contact Rosanna DeMarco, PhD, APRN, BC, ACRN at rdemarco1059@aol.com or demarco@bc.edu
Myra Cacace, APRN at newsletter@MARNonline.org

The American Nurses Foundation Nursing Research Grant Program Application Now Available Online Only

This program provides funds to beginner and experienced nurse researchers to conduct studies that contribute toward the advancement of nursing science and the enhancement of patient care. Awards are given in all areas of nursing, including healthy patient outcomes, health care policy development, critical care, gerontology, women’s health, community and family intervention.

The 2007 deadline is May 15.
Additional information and application forms can be accessed at www.ANFonline.org

Holly Blackledge, Business & Operations Manager, American Nurses Foundation 301-628-5354
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- **Dell Computers**—MARN and ANA are pleased to announce a new member benefit. MARN and ANA members can now receive 5%-10% off purchases of Dell Computers. To take advantage of this valuable offer, or for more details, call 1-800-695-8133 or Visit Dell’s Web site at www.Dell.com

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- Global Fitness Centers—Save up to 60% savings on regular monthly dues at GlobalFit Fitness Centers.

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- **CBCA Life and Health Insurance Plans**—Disability Income, Long Term Care, Medical Catastrophe, Medicare Supplement, Cancer Insurance and Life Insurance Plans provided by CBCA Insurance Services.

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- **Free access to MARN’s Member-Only Listserve**

- **We also welcome any pictures that show MARN members in action...at work or at play. Interested persons, please contact Myra Cacace at myra@netplus.com.**

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The Environmental Impact on Nursing Practice: A Conceptual Approach

Diana M. L. Newman, EDD, RN

Introduction

Many nurses may not consider the strong relationship between the practice environment, nursing practice and health care outcomes. Nursing practice occurs in several arenas including direct patient care, nursing education, nursing administration, and nursing research in terms of quality and usefulness of knowledge that is developed, autonomy that is nurtured, and service that is patient centered. The individual nurse in practice judges the quality and outcomes of his or her work by promoting patient health, effective teaching, good administrative practice and research that advances nursing and health care.

A simplistic understanding of the different types of nurse practices does not consider the complex work required of professional nurses in each individual setting. The view that individual professional efforts yield either positive or negative outcomes does not consider the complexity of nursing practice. Nursing practice occurs within an environmental system that is complex. Understanding this system facilitates nurses’ assessment of the influence between the work setting and their practices. Looking at nursing practice in an environmental context can provide opportunities for reframing our practice in ways that advance patient care, improve nursing education and administration, and enhance nursing research.

Nightingale articulated the importance of the environment in patient care. Nightingale defined environment as anything that can be changed to improve patient care. Nightingale defined the environment in nursing as a framework for conceptualizing the environment that can serve to guide nursing practice. The Neuman Systems Model (NSM) defines the environment as all “internal and external factors surrounding the client/client system” (Neuman and Fawcett, p18). According to the NSM the client can be identified as the focus of the system boundary. Therefore, the client can be the individual client, client family, the nurse, or whatever is the area of concern. The client/client system is composed of five variables, physiological (bodily structure and function), psychological (mental processes and interactive environmental effects, both internally and externally), developmental (age related developmental processes and activities), sociocultural (combined effects of social cultural conditions and influence) and spiritual (spiritual beliefs and influences). The NSM also includes intrapersonal, interpersonal and extrapersonal stressors, coping mechanisms, usual state of wellness, protective mechanisms and the basic structure of the area of concern (Neuman and Fawcett, 2002).

The NSM further describes the environment as having three dimensions. The internal environment consists of all intrapersonal and interpersonal forces within the boundaries of the client system. The intrapersonal environment consists of forces with the client/client system and the interpersonal environment consists of forces proximal to the client/client system, such as peer interactions and nurse patient relationships. The External Environment is comprised of forces external to the client/client system such as schedules and equipment. The Created Environment is developed unconsciously by the client, and serves to maintain system integrity by exchanging energy with the internal and external environment. (Neuman, 2002).

Neuman defines stressors as tension producing stimuli that occur within all dimensions of the environment. The NSM suggests that it is the client perception of the environmental stressors, which can be positive or negative and the client’s ability to cope with the stressors that promote health. Neuman also suggests that the prevention as intervention strategy is a systematic strategy to address environmental stressors invading the client or client system. Prevention as intervention occurs either as primary prevention before the stressor invades the system, secondary prevention, after the stressor has invaded the system and symptoms have occurred and tertiary prevention, which reconstitutes the client/client system (Neuman and Fawcett, 2002).

This model can serve as a guide for practicing nurses to assess their work environment and design strategies for improvement. For example, the external environment for nursing can include transportation issues, workplace design, equipment, opportunities, staffing, policies, laws, regulations, and environmental toxins. The nursing administrators in the work environment who identify nurses’ perceptions of potential stressors can help nurses to minimize the extrapersonal stressors before they impact the client (nurse). Focus groups, online chats, and other forums can serve as venues for nurses to discuss their discipline and the perception of potential stressors. Primary prevention strategies including teaching and counseling can serve as a way to identify the stressors and prevent stressor invasion. Tertiary prevention also includes understanding and enhancing nurses’ coping mechanisms and ways to decrease the potential of stressors invading the system.

The internal environment (intrapersonal and interpersonal) can include nurse patient relationships, peer interaction, support and mentoring. Dialogue about intra and interpersonal stressors perceived by nurses can promote collegiality and clarify perceptions among nurses. These dialogues can enhance the intrapersonal and interpersonal environment of nursing which can improve nursing practice. The created environment of the nurse can be supported by increasing clarification and reflection on the exchanges between the internal and external work environment. Nurses who are encouraged to reflect on the meaning of their practice have the opportunity to grow personally and professionally on a lifelong basis.

A conceptual approach to the nurses work environment can be a tool to help nurses to understand what could be confusion. The use of the NSM can help nurses describe the work environment specific to nursing practice, which can help in the development of the definitions and understandings of what nurses have. The NSM is based on a systems approach, which views relationships in a holistic manner. The NSM can be used to prevent potential stressor invasion by identifying stressors invading the system and prevent stressor invasion before they invade the environment (primary prevention); or, if there is a stressor that is invading the environment and problematic to the nurses work, secondary preventions can be instituted to restore environmental stability, and tertiary preventions can be instituted to return the environment to optimal dynamic functioning and prevent the stressor from invading the system again.

For further information on the Neuman System Model, use the following URL www.neumansystemmodel.com

References


An Invitation for MARN Members! 
Become an active member—Join a MARN Committee today!

Are you a MARN member who is looking for a way to become more involved in the organization? Do you have a special talent or interest? Can you find the time to work on a one-time project? If you are looking for the chance to become more active in the organization, then we are looking for you! Listed below are the descriptions of the various active committees for the Massachusetts Association of Registered Nurses.

MARN Awards Committee: Develops criteria for and selects winners for three annual nursing excellence awards, two scholarship awards and Living Legend awards. Meets quarterly by teleconference and/or by email and once/year in person to prepare for Awards Luncheon/Dinner. Members expected to attend Annual Meeting and Awards Luncheon/Dinner during the Spring Convention. For more information, please contact Chairperson Maura Fitzgerald at plant91@hotmail.com or 617-327-4316.

MARN Bylaws Committee: Reviews MARN Bylaws annually to create and propose changes and additions as suggested by the membership and/or Board of Directors and to maintain compliance with ANA Bylaws. Meets in person as necessary (usually once per year) and by teleconference and email as necessary to prepare for Annual Meeting. Members expected to attend Annual Meeting held during Spring Convention. For more information, please contact Cammie Townsend at CTownsend@mghihp.edu or 617-990-2856.

MARN Continuing Education Committee: The Massachusetts Association of Registered Nurses, Inc. is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This committee plans and executes an Annual Provider Forum, writes quarterly newsletter articles, and functions as the MARN Approving body for the credentialing provider and activity applications for continuing education credit. Meets monthly in Milton, MA on the first Wednesday of each month (9am–12pm). For more information, please contact Chairperson Jack McSweeney at jmcsweeney@comcast.net. 

MARN Health Policy Committee: Reviews proposed legislation and health policy issues for recommendation to the Board of Directors. Provides analysis to the Board and the membership for recommendations; will also be meeting with legislators. Meets monthly on the first Tuesday evening of each month by teleconference (7-8pm) and plans to meet quarterly in person. For more information, please contact Chairperson Lisa-Lee Keith at lkeith58@hotmail.com or 508-867-7482.

Jean Steel Lectureship Committee: Selects a speaker for the Jean Steel Lectureship presented at the Annual Spring Convention and Business Meeting. The speaker’s practice should embody the pioneering, energetic spirit of Dr. Jean Steel. Responsibilities include site selection, speaker selection, developing contact hour application, assisting with marketing and on-site registration. Meets monthly by teleconference and/or email to plan. For more information, please contact MARN at info@MARNonline.org or 617-990-2856.

MARN Finance Committee: Meets quarterly by teleconference and/or by email to review financial statements, develop annual budget, and advise the Board of Directors. For more information, please contact Treasurer Jack McSweeney at jmcsweeney@comcast.net.

MARN History Committee: Reviews MARN History Committee: The Massachusetts Association of Registered Nurses, Inc. is dedicated to the historic, educational and organizational missions. Meets monthly by teleconference as necessary. For more information, please contact Chairperson Sandra MJ Reisour at BerkshireRN@outlook.com or 413-794-3402.

MARN Fall Clinical Conference Planning Committee: Plans and executes Annual Fall Conference focused on topics of clinical relevance. Responsibilities include site selection, speaker selection, developing contact hour application, assisting with marketing and on-site registration. Meets monthly by teleconference and/or email to plan. For more information, please contact MARN at info@MARNonline.org or 617-990-2856.

MARN Leadership Development Committee: Meets quarterly by teleconference and/or by email to review the progress of the Membership Development program. For more information, please contact Chairperson Nancy Sullivan at nancy.sullivan@marnonline.org or 718-724-4908.

MARN Newsletter Committee: Meets exclusively by email to review articles for publication, develop story lines, and create a quarterly newsletter circulated to every RN licensed by the Commonwealth. ALL MARN MEMBERS ARE INVITED TO SUBMIT ARTICLES OF INTEREST. For more information, please contact Editor Myra Cacace at newsletter@MARNonline.org or 978-433-6155.

MARN Spring Convention Planning Committee: Plans and executes Annual Spring Convention and Business Meeting. Responsibilities include site selection, speaker selection, business meeting execution, developing contact hour application, assisting with marketing and on-site registration. Meets monthly by teleconference and/or email to plan. For more information, please contact Co-Chairs Linda Moniz at Lindam.nz@simmons.edu or 617-521-2437 or Peggie Griffin Bretz at Peggie.Bretz@med.va.gov or 774-826-1323.

MARN Nursing History Committee: Newly Formed Nursing History Committee: Inviting New Members! The nursing history committee was formed in 2006 and is looking for new members! The committee was formed to accomplish the following goals:

1. Educate nurses about the legacy of Massachusetts nurses
2. Stimulate interest in the history of Massachusetts nursing
3. Foster nurses’ research of their history
4. Encourage nurses to promote the nursing profession’s primary sources
5. Associate with historically-minded individuals, societies and organizations

Present members include: Nancy Sullivan, Chair Sally Pasternak Jeanne Gibbs Beth Grady Cynthia LaSala Meets Every other month, in person or via conference call. All MARN members interested in joining this committee urged to contact: Nancy Sullivan at info@marnonline.org.

What Do YOU Want??

The MARN leadership team wants to be sure that we are meeting the life-long learning needs of the nurses in the Commonwealth. Please take a moment to think about the educational topics you want us to present to you at Clinical Conferences. Please complete the form below and send it to: nrraesnet1plus.com or by mail:

MARN Newsletter
PO Box 285
Milton, MA 02186

Please rank in order of preference for all of the following questions:

The best Season to hold a conference is:

Winter    Spring    Summer    Fall

The best location to hold a conference is:

Gr. Boston Area    Inside the 495 belt
Worcester/Central Mass    Western Mass
South Shore    North Shore

The best day of the week to hold a conference is:

Sun    Mon    Tues    Wed
Th    Fri    Sat

The best time of day to hold a conference:

All day    Mornings    Afternoons
Evenings

Please feel free to suggest conference centers or meeting places in your area where you have attended past conferences:

Please feel free to suggest interesting speakers who you want to hear more from:

(Provide topics of interest to me)

(Provide contact information if available)

Name (optional)

Phone #

Email/Address

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(Provide topics of interest to me)

(Provide contact information if available)

Name (optional)

Phone #

Email/Address

March 2007—Massachusetts Report on Nursing—Page 21
SILVER SPRING, MD—The American Nurses Association (ANA) joins with Health Care Without Harm (HCWH), a coalition for environmentally responsible health care, in urging hospitals, manufacturers and health care professionals to switch to DEHP-free medical devices in order to protect sick infants and other at-risk patients from phthalates, in light of a new report by the National Toxicology Program.

In a new report, NTP expressed “serious concern” that di(2-ethylhexyl)phthalate (DEHP), a chemical that leaches out of PVC plastic medical devices, may harm infant males undergoing intensive medical treatments. The NTP scientists are also concerned that DEHP exposure may harm the sons of pregnant and breastfeeding women receiving medical treatments. Animal testing that is generally agreed to be relevant to humans shows that DEHP can cause testicular damage, reduced fertility, abnormal sperm counts, miscarriage and birth defects.

“The American Nurses Association is an advocate for environmental health and safety in the workplace,” remarked President Rebecca M. Pitts, ANA, RN, CCRN. “We support any effort to educate nurses about the potentially harmful chemicals used in health care settings. The ANA will work to ensure nurses have full access to information about the potentially hazardous chemicals to which nurses, other health care workers, patients and communities in general are exposed.”

In 2006, the American Nurses Association’s House of Delegates passed a resolution concerning nursing practice, chemical exposure and right-to-know. The ANA resolved to work locally, national and globally to reduce the use of toxic chemicals and to demand adequate information on the health effects of chemicals.

“There is no reason that pregnant women and parents of sick infants should have to worry about toxic chemicals leaching out of medical devices,” said Anna Gilmore Hall, RN, executive director, Health Care Without Harm. “As an immediate first step, the FDA should require direct labeling of every DEHP-containing device so that health care providers will know which ones to avoid.”

The American Nurses Association and HCWH urge health professional associations to notify their members of the risks of DEHP products, and recommend that doctors and nurses treating neonates, infants and pregnant women use available and effective DEHP-free alternatives. For a list of alternatives and more information, see http://www.thonarm.org/pvcDehp/issue.

In its new review, the NTP agreed with a 2001 expert panel that DEHP poses a risk to human development and reproduction. The NTP review is based on an extensive analysis of the latest science on DEHP exposure and toxicity. Despite longstanding claims by medical device manufacturers that the chemical is of no concern to humans, the NTP concluded otherwise.

Four years ago the FDA warned health care providers to use alternatives to DEHP-containing devices for some patients, see http://www.fda.gov/cdrh/safety/dehp.html. The NTP report is posted at: http://cerhr.niehs.nih.gov/chemicals/dehp/DEHPMonograph.pdf. DEHP is one of several members of the phthalate family of chemicals that can interfere with male reproductive tract development. Other similarly-acting phthalates are added to a wide variety of consumer products; including cosmetics, building materials, furnishings and pharmaceuticals among others. According to tests by the Center for Disease Control, most people are exposed to the different phthalates from multiple sources, making the total cumulative exposure a matter of considerable concern. The NTP did not take these additive exposures into account when coming to their conclusions about DEHP.

The Massachusetts Association of Registered Nurses, Inc., cordially invites you to attend our Fifth Annual Education Committee Provider Forum.

Harvard Pilgrim Community Health Care Offices, Wellesley, MA

Wednesday, May 23, 2007 from 8:30 am-12:00 noon.

The purpose of this program is to:
• acquaint the learner with definitions and criteria of the ANCC via completion of a MARN Activity application
• provide a brief overview of the MARN application options and processes
• introduce attendees to the ANCC voluntary process of peer review of nursing continuing education
• provide an opportunity to network with other nurse educators and meet MARN Continuing Education Committee members.

Teaching methods include: interactive completion of an Activity application, Powerpoint presentation, discussion, handouts, and a question/answer period.

The session is designed for nurse educators in any setting who want:
• to become acquainted with the 2006 American Nurses Credentialing Center’s (ANCC) criteria
• to review the Standards for Disclosure and Commercial Support
• to better understand the MARN CE application process
• reinforcement or confirmation that they are on the right track

Registration will begin promptly at 8:30 am, along with light refreshments.

The program will run from 9 am-12 pm. A fee of $45 to cover refreshments and handouts must be included with the registration form. Space is limited, so please return your registration form early!

Please check as appropriate:
• I have limited experience in planning continuing nursing education (CNE)
• I/my agency is interested in becoming a provider of CNE
• I/my agency is currently has been a Provider Sponsor of an Activity

Approval status was granted by ____________________________

Name: ____________________________

Institution: ____________________________

Address: ____________________________________________________________________________________________

City: __________________ State: ________ Zip: __________

Phone: (___)_________________ Fax: (___)_________________

Email: ____________________________

Registration for the Fifth Annual Continuing Education Committee Provider Forum

Wednesday, May 23, 2007
8:30 am – 12:00 noon

Harvard Pilgrim Community Health Care Gateway Office, Wellesley, MA

Feel free to make additional copies of this registration form as necessary.

Please submit two reasons for attending the forum or two questions you would like answered at the forum:

1. _________________________________________________________________

2. _________________________________________________________________

• Fee enclosed: $45 check or money order payable to MARN
• Mail to Cammie Townsend, MARN Staff Support, 70 Warren Road, Ashland, MA 01721

Registration forms and checks MUST be received no later than Monday, May 14, 2007. Sorry, no refunds, credit cards, or purchase orders.
VISION STATEMENT

MARN is committed to the advancement of nursing standards and practice, and to continuing professional development of registered nurses across the Commonwealth who share the belief that greater achievement occurs in an environment that embraces mutual respect of diverse perspectives, a spirit of collegiality, and the advocacy role of the nurse to individually and collectively shape quality health care.

This contemporary organization provides a virtual home for the nurturing and development of its membership. As a constituent member of ANA, the membership proactively responds to regional and national issues in ways that produce rippling outcomes in larger communities of professional nurses, health care decision makers, and citizens. Membership initiatives serve to strengthen enduring partnerships with other stakeholders in health care.

VALUES

We believe that . . .

• Nurses are the cornerstones of quality patient care.
• MARN is a platform from which members can influence and lead the health care community.

We believe that . . .

• A professionally and personally diverse membership is our strength and most important resource.
• MARN provides a member-centered environment that supports creativity, inclusion and active participation.

We believe that . . .

• In the ideals of trust, mutual respect and shared responsibility.
• That each MARN member brings his/her own unique values, talents and experiences to create a vibrant and flourishing organization.

We believe that . . .

• Nursing is a profession with a rich history that is predicated upon professional accountability, collective and personal commitment, unity and a dedication to embrace the challenges of tomorrow.

We believe that . . .

• In the ideals of trust, mutual respect and shared responsibility.
• That each MARN member brings his/her own unique values, talents and experiences to create a vibrant and flourishing organization.

We believe that . . .

• Nursing’s role is pivotal to the development and implementation of health care policy that will ensure quality care and access to health care services for all.

MARN Membership Top 10

The MARN Board of Directors were so impressed with the New Nurses’ Top 10 Article written by Alyssa McGraw in the last edition that we were inspired to create our own top 10 list. You are invited to add your reasons to our list. Let’s see how many we can come up with!

Top Ten Reasons to Become Involved in MARN.

• The opportunity to be affiliated with a strong internationally recognized nursing organization (the American Nurses Association) which increases your power and enhances your leverage in influencing national policies that effect your life as a nurse.
• The opportunity to have a voice in Massachusetts health care policy and politics.
• The opportunity to demonstrate your commitment to the nursing profession.
• The opportunity to meet and work with incredible nurses from across the Commonwealth outside of the work environment.
• The opportunity to meet lasting friends and colleagues who can offer support and consultation.
• The opportunity to participate in continuing education that enhances your practice.
• The opportunity to explore the benefits of interdisciplinary health care work and research through speaker presentations and displays.
• The opportunity to share your knowledge with and learn from other nurses.
• The opportunity to be a mentor to your peers and to newer nurses.
• The opportunity to preserve and to be a part of nursing history in Massachusetts.

The opportunities are endless . . .