

Nurses take a stand on vital issues



■ Historic election ■ Disaster ethics ■ Hill day

Nurses take action and look to a bold future

By Elizabeth Moore, MFA

Breaking news on opioid legislation and immigration issues added urgency and greater purpose to actions taken at the American Nurses Association's (ANA) 2018 Membership Assembly, held June 22-23 in Washington, DC.

The Assembly is composed of representatives from ANA's constituent and state nurses associations (C/SNAs), the Individual Member Division (IMD), and specialty nursing organizational affiliates (OAs), as well as the ANA Board of Directors. Attendees addressed nurse safety, advocacy, and ethical issues, and eligible voting representatives elected new leaders—including the first man elected president in the association's history (see page 27).



ANA President Cipriano

During her opening remarks, ANA President Pamela Cipriano, PhD, RN, NEA-BC, FAAN, reflected on the work of the association during her two terms as president.

"Advocacy and activism represent the tone and direction of our work over the last 4 years," Cipriano said to the nearly 300 Assembly attendees, which included observers. "It's bittersweet

that this will be my last Membership Assembly presentation to you, but I'm pleased to talk to you about how together we have become stronger and what we've accomplished."

Cipriano noted ANA's visibility and leadership during the Ebola crisis. "ANA had to stop misinformation and reduce fear to support nurses and other caregivers," said Cipriano. The organization's actions provided a voice of calm and helped healthcare professionals move from crisis mode to resolving problems.

ANA also used its voice to advocate for nurses who were making difficult ethical decisions, addressed the growing incidence of workplace violence, pushed for safe staffing measures, and helped amplify the healthcare community's objections to the current Administration's attacks on access to quality, affordable healthcare.

"Healthcare became a lightning rod issue after the 2016 election," Cipriano said, leading ANA to devote most of 2017 to fighting against harmful changes to healthcare policy. This hard work in advocacy prompted *Forbes* magazine to call ANA an increasingly politically powerful lobbying force in Washington, DC, and in state capitals across the country.

Cipriano also touched on one of the most unsettling

incidents of 2017: The forcible arrest of Alex Wubbels, BSN, RN, a Utah Nurses Association member who refused to allow a blood draw from an unconscious patient.

"The bottom line is that violence and harm to nurses should never happen, and nurses should not accept it as part of the job. I'm proud of the #EndNurseAbuse campaign," Cipriano said. Launched in 2017 to address workplace abuse against nurses, the initiative includes sexual harassment and ANA's strong support for the #TimesUpNow movement that promotes accountability and consequences for abuse, harassment, sexual assault, and inequality in the workplace. #EndNurseAbuse has garnered 14,000 pledges and is still growing.

Additionally, building upon ANA's zero tolerance policy for workplace violence, ANA convened a panel of experts in May to address barriers to reporting abuse against nurses to foster safe work environments.

Honorary awards presented

Following Cipriano's address, ANA presented Honorary Awards to 12 outstanding nurses whose dedication and achievements have contributed significantly to the nursing profession. Two nurses were inducted into ANA's Hall of Fame: Barbara J. Drew, PhD, MS, RN, ANA\California, and the late Marie Louise Fitzpatrick, EdD, RN, FAAN, Pennsylvania State Nurses Association. Ten RNs received Honorary Awards (bit.ly/2muBucd).



The 2018 Honorary Award recipients, shown with President Cipriano L-R: Cipriano, Michael Rice, Marilyn Harris, Peggy Chinn, Gale Adcock, Lesley Perry on behalf of M. Louise Fitzpatrick, Valerie Arne Grossman, Barbara Drew, Paula Anderson, Jacquelyn Taylor, Alexandra Wubbels. Not shown: Joyce Fitzpatrick, Richard Henker.

Taking action

Representatives engaged in dialogue forums on three topics: secondary opioid exposure considerations in caring for patients with overdose, the ANA presidential endorsement process, and the ANA position statement Euthanasia, Assisted Suicide, and Aid in Dying.

The Assembly subsequently approved recommendations that call on ANA to:

- identify informational tools to inform students and nurses about responding to patients who have potential opioid overdose, and advocate for funding and other support for research and development of evidence-based protocols regarding opioid overdose.
- refer consideration of the ANA presidential endorsement process back to the ANA board for development of a revised proposal after further input from ANA members and stakeholders.
- incorporate the following into a revised position statement on aid in dying: Nurses must respect patients' right to request aid in dying; nurses must be knowledgeable of the law regarding aid in dying in the state or territory in which they practice; while nurses are ethically permitted to participate in aid in dying in states or territories where it is legal, they retain the right to conscientiously object; nurses must be able to provide information on aid in dying and provide emotional support to patients and families who face this decision at the end of life.

ANA Enterprise CEO on leadership

New ANA Enterprise Chief Executive Officer Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE, who began her role May 7, addressed the Assembly, expressing gratitude for the opportunity to lead and remarking on the positive atmosphere. "I am so inspired by the conversations, the networking, inspirational messages, and your leadership," Cole said.

Cole shared leadership lessons she learned throughout her career, specifically in participatory management, quality care, and resilience, and outlined her initial priorities for ANA. Noting that her experience advancing a quality agenda in acute-care settings translates well to her role at ANA, she identified the importance of transparency, doing the right thing, establishing common goals and outcomes, and measuring performance. "We will be transparent, and we will put the interest of America's nurses first," she said.

In formulating a vision, Cole said that the ANA Enterprise should be the first thought for resources, support, and education, and



Donna Policastro, executive director, ANA-Rhode Island, in a dialog forum

be considered a professional home for every nurse. "Starting with the student's experience, we must meet nurses where they are, and meet them again and again at every milestone across his or her career span," Cole said.

Cole pointed to a future where nurses lead, saying: "Our nation and our patients are counting on us to show up and speak up. We must not fail them. ANA will be there, and I know you will join us."

Legislative, immigration actions

On June 22, ANA joined other nursing organizations commending the passage of the SUPPORT for Patients and Communities Act (H.R. 6), which will extend prescribing authority to all advanced practice registered nurses to help combat the opioid crisis. The bill has moved to the Senate.

By acclamation, the Assembly endorsed an updated ANA board statement condemning the Administration's practice of separating children from families at the United States border

(Read the statement at bit.ly/2t9x2mK).

Policy cafés, other activities

In a session on June 23, participants engaged in six different policy cafés, a rotating format that allowed for briefings on key issues and opportunities to give feedback. Policy cafés enabled ANA to gather input on topics regarding nursing assistive personnel, licensure evolution, opioids, sexual harassment, promotion and disease prevention, and equipment/safety procedures to prevent transmission of bloodborne diseases.

Assembly participants and observers also had the opportunity to participate in ANA's Political Action Committee (ANA-PAC) and American Nurses Foundation events, and attend lunchtime discussions on a range of topics. The ANA-PAC raised just over \$35K, which is \$2K more than last year. The Foundation raised \$18K, which is 21% more than last year.

A reflection—and a look forward

Cipriano's term will end at the close of 2018. Looking ahead, she spoke about ANA's strategic plan and told representatives that if nurses "are not speaking out, we are not fulfilling our ethical obligation."

Cipriano, who has been an ANA member since she graduated from nursing school, said that she will continue to support ANA from the sidelines and called nurses "the most intelligent and dedicated individuals who are strong and smart and brave and bold."

— Elizabeth Moore is a writer at ANA.



CEO Loressa Cole

Nurses activate and advocate on the Hill

The 2018 American Nurses Association (ANA) Hill Day started off strong on June 21 in Washington, DC, as ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, rallied nurses and other participants to use their collective power to create change.

At a breakfast briefing held before heading to Capitol Hill for 277 scheduled visits with members of Congress and staff, approximately 300 participants from 45 states, the District of Columbia, Guam, and the Virgin Islands, reviewed current legislative actions.

“Your passion and commitment are energizing and inspiring, and I am deeply grateful for your advocacy for your patients and the profession at the bedside and beyond,” said Cipriano as she welcomed participants. “Nurses know how to tell the story about key nursing issues, including the urgent need for safe staffing, workforce development funding, gun violence prevention, and opioid addiction treatment.”

U.S. Rep. Paul Tonko (D-NY) then addressed the group about the critical role nurses play in both patient care and advocacy. “Nurses are the beating heart of our healthcare system,” Tonko said. “It is imperative that we craft public policy that supports nurses.”

He emphasized the importance of safe staffing, remarking that unreasonable staffing plans put patients and nurses at risk. “We need to make sure nurses have a seat at the table” when staffing decisions are made, he added.

Tonko is one of the lead sponsors of the Addiction Treatment Access Improvement Act of 2017, which would make medically-assisted-treatment (MAT) prescribing authority for nurse practitioners and physician assistants permanent and extend this ability to certified registered nurse anesthetists, clinical nurse specialists, and certified nurse-midwives.

Tonko told participants to “storm the hill and don’t take no for an answer” to address the opioid crisis.

“We must do a better job of preventing addiction and providing recovery treatment,” he said.

The following day, ANA and other nursing organizations were pleased with the passage of the SUPPORT for Patients and Communities Act (H.R. 6), omnibus legislation that will extend prescribing authority to all advanced practice registered nurses to help combat the opioid epidemic.



With U.S. Rep. Paul Tonko, L-R: ANA Chief Nursing Officer/EVP Debbie Hatmaker, ANA President Pamela F. Cipriano, ANA-New York member Donna Florkiewicz, ANA Enterprise CEO Loressa Cole, and ANA-New York Executive Director Jeanine Santelli.

Tonko, a champion of nurses, also expressed support for the Title VIII Nursing Workforce Reauthorization Act. “We must invest in and empower our nursing workforce,” he said.

Other messages for Hill Day participants to take to representatives included funding gun violence research by the Centers for Disease Control and Prevention (CDC). Although the CDC is no longer restricted from researching gun violence, currently no funding is allocated to study it.

In the wake of ANA’s statements on opposing the separation of migrant families and children, participants expressed their desire to discuss immigration issues during their Hill Day meetings, and were appreciative of ANA’s swift response to represent the voice of nursing.



ANA Massachusetts members Donna Glynn and Julie Cronin speak with Rep. Joe Kennedy.

Virtual Hill Day

For those not attending the event in Washington, Virtual Hill Day was an opportunity to amplify nurses’ voices. More than 700 messages were delivered via RNAction.org to members of Congress that focused on opioid legislation. A strong social media presence garnered more than 1.7 million impressions on Twitter alone.

ANA’s 2018 Year of Advocacy

Nurses using their collective voice to push for change is ANA’s Year of Advocacy in action. The theme for the third quarter is “Nurses Get Out the Vote,” empowering nurses everywhere to make their voices heard on both the local and national levels.

To stay up to date and take action, visit RNAction.org.

ANA elects new president, officers

On June 23, the American Nurses Association (ANA) Membership Assembly's eligible voting members elected Ernest Grant, PhD, RN, FAAN, of the North Carolina Nurses Association, as the association's next president. Grant will be the first man to serve as ANA president. The Assembly also elected four other members to serve on the 9-member board. Terms of service for the newly elected leaders begin January 1, 2019.



Ernest Grant

Grant, the current ANA vice president, is an internationally recognized burn care and fire safety expert and oversees the nationally acclaimed North Carolina Jaycee Burn Center at the University of North Carolina (UNC) Hospitals in Chapel Hill. He also serves as adjunct faculty for the UNC-Chapel Hill School of Nursing, where he works with undergraduate and graduate nursing students in the classroom and clinical settings.

The newly elected board members are:

- Secretary Stephanie Pierce, PhD, RN, CNE, of



the Louisiana State Nurses Association

- Director-at-Large Tonisha Melvin, DNP, CRRN, NP-C, of the Georgia Nurses Association
- Director-at-Large Varsha Singh, MSN, APN, of the New Jersey State Nurses Association
- Director-at-Large Staff Nurse Jennifer Gil, BSN, RN, of ANA Massachusetts.

The following ANA board members will continue their terms in 2019: Treasurer Jennifer Mensik, PhD, RN, NEA-BC, FAAN, of the Oregon Nurses Association; Director-at-Large MaryLee Pakieser, MSN, RN, BC-FNP, of ANA Michigan; and Director-at-Large, Recent Graduate, Amanda Buechel, BSN, RN, of ANA-Illinois.

Elected to serve on the Nominations and Elections Committee are Bonita Ball, MSN, RN, CCRN-K, NE-BC, of the Delaware Nurses Association; Rebecca Huie, DNP, RN, ACNP, of the Alabama State Nurses Association; and Heidi Sanborn, MSN, RN, CNE, of the Arizona Nurses Association.

Foundation News

Nurse leader named NAM Nurse Scholar-in-Residence

Lori Trego, PhD, CNM, FAAN, has been selected as the 2018–2019 Distinguished Nurse Scholar-in-Residence at the National Academy of Medicine (NAM).

During her time as a NAM Distinguished Nurse Scholar, Trego plans to expand her leadership experience in enhancing the wellness of women who serve, and have served, in the nation's military.



Lori Trego

"I am honored to be selected for this extraordinary opportunity to represent the American Academy of Nursing, the American Nurses Association, and the American Nurses Foundation, and to provide a nursing perspective during the formation of health policy," Trego said. "My intention while at NAM is to champion efforts to improve the health and care of active military and Veteran women through evidence-based policies and informed policy decision-making."

Trego is a certified nurse-midwife and associate professor at the University of Colorado Denver Anschutz Medical Campus College of Nursing, where she teaches in the Veteran and Military Healthcare graduate program. She recently implemented the university's Veteran and Military Health Area of Excellence, an interprofessional, cross-campus collaborative to improve healthcare and education for those providing care to veterans. Trego retired from the U.S. Army Nurse Corps in 2015 after 25 years of active duty service. Having built a program of research dedicated to improving the health of military women across the life course, her current work with veteran women investigates women's perceptions of the care afforded to them by the Veterans Administration.

The Distinguished NAM Nurse Scholar-in-Residence program is supported by the American Academy of Nursing, the American Nurses Association, and the American Nurses Foundation. Gifts to the Academy's Reba de Tornay development fund and the Foundation's Annual Fund support the Scholar-in-Residence program.

ANA and the Academy denounce U.S. opposition to World Health Assembly Resolution on Breastfeeding

In July, the American Academy of Nursing (Academy) and the American Nurses Association (ANA) decried the attempt by the United States delegation to the World Health Assembly (WHA) to use strong-arm tactics to undermine global efforts supporting and promoting breastfeeding.

Human milk is inarguably a life-saving medical intervention. As reported in a 2016 study published by *The Lancet*, breastfeeding could save the lives of 823,000 children and 20,000 mothers each year. Human milk and breastfeeding are critical for infant and child health, as well as for the health of mothers. Professional organizations worldwide recommend exclusive human milk/breastfeeding for the first 6 months of life and continued breastfeeding for the first year and beyond.



Access to affordable, basic nutrition

Globally, too few women are able to meet the recommended exclusive human milk feedings for the first 6 months, which in turn means many women aren't able to breastfeed for 1 year or 2 years as recommended by the World Health Organization (WHO). Families worldwide deserve the right to evidence-based lactation care and education.

“The Academy has long-endorsed human milk and breastfeeding as the preferred method of infant

feeding, and our own Expert Panel on Breastfeeding is in agreement with the evidence-based consensus among public health professionals that breastmilk is the healthiest option for babies,” said Academy President Karen Cox, PhD, RN, FAAN. “While access to formula for women who, for a variety of reasons, are unable to breastfeed is important, we find it irresponsible for any government to oppose a resolution which promotes affordable, basic nutrition that is the best for infants and young children.”

“The health benefits of breast milk for children are unparalleled. Additionally, women who breastfeed experience a lower risk of breast cancer, depression, and other diseases,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “For decades, international and national healthcare organizations have worked to educate women about the benefits of and reduce the barriers to breastfeeding. It is unconscionable that any government would act in opposition to these goals.”

Two provisions opposed

Despite the undisputed benefits of breastfeeding, the U.S. delegation to the WHA opposed two provisions of the resolution. The first opposed provision urged member states to protect, support, and promote breastfeeding; the second opposed provision urged member states to continue to implement the recommendations of WHO's International Code of Marketing of Breast-milk Substitutes to end inappropriate promotion of foods for infants and young children.

Ultimately, the U.S. delegation signed on to the resolution, but not before successfully eliminating the provision to end “inappropriate” promotion of foods for infants and children. Contrary to U.S. claims that the issue surrounding the elimination of the inappropriate promotion of foods' provision was to ensure women who are unable to breastfeed are equally supported with information and access to alternatives for themselves and their babies, the resolution in no way restricted access to formula. In fact, the provision already included a separate provision promoting the timely and adequate complementary feeding of the non-breastfed child between 6 and 24 months of age. As evidenced by the language of the eliminated provision, its aim was to end inappropriate promotion of foods for infants and children, not the availability of alternatives for women who are unable to breastfeed.

The Academy and ANA urge the Administration to fully support, protect, and promote breastfeeding, nationally and internationally, so that all infants, children, and mothers may receive the undisputed life-saving benefits that breastfeeding provides.

Conflict in duty to provide care when disaster strikes

To: Ethics inbox

From: Fired in Florida

Subject: Disaster response

I am a registered nurse in Florida and have worked at a local hospital for over 10 years. Last fall, I was terminated because I was unable to report to work during Hurricane Irma. During the evacuation, I packed up my family and went to Atlanta for our safety. I cannot believe I was fired. How can this happen?



From: ANA Center for Ethics and Human Rights

I am sorry to hear about your loss of employment. I hope that you and your family remained safe and did not suffer any other losses.

Many nurses in disaster situations wonder if there is an ethical obligation or legal duty to remain and care for patients. The *Code of Ethics for Nurses with Interpretive Statements*, Provision 2, (nursingworld.org/code-of-ethics) infers that the nurse's primary commitment is to the patient. Yet, Provision 5 of the Code states that nurses owe the same duty to themselves as to others. This ethical conflict is especially prominent during disasters, when nurses are asked to put themselves in harm's way to provide care for critically ill or injured patients, often for extended periods of time.

Ethics certainly are not black and white and in a disaster situation, they become even more blurred. These are critical moments when nurses must make a choice based on personal moral grounds. The choice that you made for your family is not right or wrong, and is one that you made based on your own personal moral beliefs.

The important factor in these situations is the communication between employer and employee. Hospitals, healthcare organizations, and healthcare providers need to understand work-related expectations during times of disaster. Communication regarding commitment and availability to provide care must be done in advance of disaster situations, including the potential for termination if employer obligations cannot be met. These are important conversations to have when seeking employment and upon hiring. Nurses must be proactive when addressing these issues and must drive decisions regarding the conflict between the nurse's duty to care and the duty to self.

It also is important for nurses to know the legal obligations in their state of practice. Some states have implemented laws that require healthcare providers to respond, and refusal to comply can be punishable. This approach often feels uncomfortable for nurses, particularly when other assurances for professional and personal protection are lacking in disaster settings. It is important for employers to create, maintain, and consistently improve disaster plans that help meet the healthcare needs of the community with a system that protects registered nurses and other employees or volunteers.

When searching for a new employer, it will be important for you to know the emergency response plans and state and local disaster preparedness expectations. Florida is prone to hurricanes and you may likely face this situation again. As an essential responder, you must be personally and professionally prepared in the event that you are called upon.

— Response by Liz Stokes, JD, MA, RN
Director, ANA Center for Ethics and Human Rights

Do you have a question for the Ethics Inbox?
Submit yours at ethics@ana.org.

Additional resources

American Nurses Association Issue Brief. Who Will Be There? Ethics, the Law, and a Nurse's Duty to Respond in a Disaster. 2017. nursingworld.org/~4ad845/globalassets/docs/ana/who-will-be-there_disaster-preparedness_2017.pdf

Institute of Medicine. Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations. 2009. www.nursingworld.org/~4ad845/globalassets/docs/ana/stds-of-care-letter-report-2.pdf

ANA speaks out to end immoral U.S. immigration practice

The American Nurses Association (ANA) has been closely monitoring the evolving situation at the southern border of the United States, and the Membership Assembly joined the ANA board in issuing the following statement in June.

ANA adamantly opposes the Administration's policy and practices toward migrants and asylum seekers that result in the forcible separation of children from their families. These actions put the welfare of immigrant children at risk and are causing irreparable harm, such as, negative physical and emotional symptoms from separation and detention, including anxiety, depression, and post-traumatic stress disorder.

Unfortunately, the Department of Homeland Security has already acknowledged that 1,995 children have been separated from their families at the U.S.–Mexico border between April 19 and May 31. ANA condemns the use of this policy to create a deterrent for those seeking a safer and better place to live and believes that children should never be used as leverage or as a negotiating tool.

The *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) calls on all nurses to always act to preserve the human rights of vulnerable groups such as children, women, and refugees.

ANA urges the Administration to immediately end the forced separation of children from families at the border; calls for reunification of separated children and



families without delay; calls on policymakers and Administration officials to establish compassionate immigration policies that reflect the humanity and human rights of all people; and urges the appropriate government agencies to reveal the location of shelters and invite humanitarian groups to provide physical, mental, and spiritual care to those children and families who have been forcibly separated at U.S. borders.

Nurses, who are knowledgeable about the care of children and families, stand ready to assist in providing care to meet the urgent and ongoing needs of this vulnerable population.

ANA continues to advocate for the reunification of families and to preserve the human rights of migrants and asylum seekers (bit.ly/2M2prBi).

ANA responds to two critical Supreme Court decisions

Two landmark decisions from the nation's highest court brought swift response from the American Nurses Association (ANA).

On June 26, the U.S. Supreme Court ruled in *Trump v. Hawaii* that the president has the authority to ban travelers from certain majority-Muslim countries if the president thinks that it is necessary to protect the United States, overturning lower court decisions that had struck down three versions of the so-called travel ban.

"ANA is very disappointed that the Supreme Court did not maintain the injunction against the travel ban," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "Nursing is committed to the welfare of the sick, injured, and vulnerable in society and to social justice." Citing the *Code of Ethics for Nurses with Interpretive Statements*, she underscored nurses' duty to advocate for the protection of social justice to guard against unfair targeting of religious groups.

In *Janus v. American Federation of State, County, and Municipal Employees*, the Court ruled on June 27 that

employees who are represented by a public sector union but elect not to join the union can no longer be compelled to pay "fair share" fees.

The decision overturned the Supreme Court's prior longstanding ruling in *Abood v. Detroit Board of Education* that allowed public employee unions to collect fair share fees from non-union members, who benefit from the union's collective bargaining efforts through better wages, benefits, and working conditions.

"The American Nurses Association recognizes the value of public employee unions, which represent a wide range of public employees, including registered nurses," said Cipriano. ANA expressed disappointment that the collection of fair share fees from those who are not members of the union but who benefit from collective bargaining services was found unconstitutional.

Read more ANA News at nursingworld.org/news/news-releases.