“I think one’s feelings waste themselves in words; they ought all to be distilled into actions which bring results.” Florence Nightingale

What started out with a small group of determined RNs in 2005 to create a professional nursing association (RN-AIM). An association in which every registered nurse was welcomed and had an equal opportunity to be involved has continued to grow and prosper—now known as ANA-Michigan. We are a strong and growing membership of 1,200 plus members actively engaged in making our presence known in our local regions, state and at the national level. We have strong leadership from our board of directors assisted by our Executive Director and staff. Every year we improve, grateful for the hard work of our past leaders and look to the future with optimism. Florence’s quote captures the essence of our professional nursing association.

Notable board highlights over the past 12 months:

• Held five board meeting with excellent attendance (1/2014, 2/2015, 5/2015, 9/2015, 11/2015). The board spent the past year working on optimizing our organizational capacity with regards to our infrastructure and staff support. We contracted with Ngage Management for our association management services. Our executive committee held monthly phone meetings to keep the momentum moving forward.
• Hired an outside facilitator working with the board to revamp the mission, vision, and values of ANA-Michigan along with developing a strategic plan of action.
• Formulated financial policies for the organization.
• Strengthened our relationship with the Michigan Nursing Student Association (MNSA). We appointed Jeannette Klemczak to be the ANA-Michigan representative to the MNSA board and we sponsored a table at their 2015 annual conference. Linda Taft President-elect and myself gave presentations at that conference.
• We became involved with or continued our involvement with other nursing groups, including COMON, the APRN Coalition, and the Michigan Center for Nursing Action Coalition.
• We did an excellent job of representing ANA-Michigan at the national level during the 2015 ANA Member Assembly in July 2015 with Representatives Phyllis Brenner and MaryLee Pakieser and our Executive Director Tobi Lyon Moore
• President MaryLee Pakieser was selected to participate on the ANA Value-Pricing Member Taskforce.
• Jeannette Klemczak participate in the 2015 ANA Institute (public policy immersion course).
• President MaryLee Pakieser just returned from attending 2015 President’s Immersion Course and our Executive Director Tobi Lyon Moore was selected to provide a presentation during the event. In December 2014 Linda Taft attend the President’s Immersion Course.

I’d like to take this opportunity to thank each and every one of our members for your participation and support. As you can see, we have had a busy 2015 and will continue to grow and improve in 2016. It is because of our fantastic members that we will continue our positive trajectory into the future to support the nursing professionals in Michigan.

Join ANA-Michigan Today!
See page 11 for membership application or visit ana-michigan.org
Welcome, to ANA-Michigan this quarter's print newsletter. A priority since I was hired the end of 2014 was to facilitate more dynamic communication to our membership and nurses in the state. To accomplish this, we have focused on sending monthly online membership newsletters, and we are excited to announce ANA-Michigan, in partnership with Arthur Davis Publishing, will be launching this quarterly print newsletter.

In July, we launched a new website, which has several exciting new features, one of which allows you to register online for our events and webinars. We now have the ability to associate people with a board and committee only section, and truly become a membership only section, board and new member online process. This fall the 2nd phase of the website will be revealed that will allow our Public Policy Council and membership to track legislation and keep our membership updated on ANA-Michigan positions for certain legislation. Finally, we will be able to track when a member has clicked on an email, visited our page, or taken any action. This will help us to target our communications and track member engagement. As we advance our level of advocacy within the association this service will an important tool to provide the information we need to continue to serve our membership.

This past year we spent time further developing a plan to create a non-dues revenue stream to strengthen our financial resources so we don’t rely completely on dues revenue. To this end, we launched the career center to provide members with training and tools to advance their career development. We hope you use the ANA-Michigan Career Center to find or fill a job in the future.

I am truly in awe at how much growth ANA-Michigan has experienced since our initial conversations and I am thankful to have a board and committee that has really supported this growth. Rest assured that ANA-Michigan will continue to search for innovative ways to grow membership, retain current members, and serve the needs of each and every one of you. Thank you for allowing me to serve as your Executive Director. I have enjoyed getting to know each of you and look forward to our exciting upcoming adventure.

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www.ana-michigan.org

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Thank you to all the wonderful poster presenters who took the time to make the conference that much more valuable.

**Improving Alarm Safety in Regional Neonatal Intensive Care Unit**
Piper Probst, MSN, RN-BC

**Early Referral to Palliative Care Services Using a Trigger Tool**
Bridget Graham, MSN, RN-BC, CNL

**Shift to Shift RN Bedside Report**
Marcy DeMarco, RN, BSN

**Evaluating an Educational Module on Home Inotrope Therapy**
Jodie Lockman-Samkowiak, DNP, RN, CRNI

**Chaotic Exercise in Innovation to Promote System’s Thinking in Interprofessional Healthcare Teams**
Janet Winter, DNP, MPA, RN

Improving Alarm Safety in Region Neonatal Intensive Care Unit, submitted by Piper Probst, was selected as a winner.

Early Referral to Palliative Care Services Using a Trigger Tool, submitted by Bridget Graham, was also selected as a winner.

**Save the Date**
ANA-Michigan Annual Meeting and Conference will be held on Friday, November 4, 2016 at the Johnson Center at Cleary University in Howell, Michigan.

The Department of Nursing of Calvin College invites applications for full time tenure-track faculty positions, pending administrative approval, in any of:

- Community Health Nursing
- Maternal-Newborn Nursing
- Psychiatric/Mental Health Nursing
- Adult Nursing

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*Netson, The Total Audience Series, Q4 2014*
In East Lansing, during the ANA-Michigan Annual Business meeting on October 16th, the ANA-Michigan election results were announced. Nancy C. Martin, DNP, RN, Harbor Springs, was reelected to serve in her second term as Treasurer. Nancy currently serves as President of Home Care and Hospice for McLaren Health Care and is a Region 2 member. Bridget A. Leonard, DNP, RN, MBA, CRNN, NEA-BC, Farmington Hills, was elected to serve as Recording Secretary. Bridget is the Director PCS Nursing Office Operations for DMC-Rehabilitation Institute of Michigan and is an active Region 7 member.

Linda Taft, RN was elected as ANA Membership Assembly Representative. The following were elected as alternate delegates for 2016 and 2017: Stacey Shields, Karen Dunn, Helene Vosses, Stacy Slater, Anne Kreft and Susan Meeker.

Recognition of Outgoing Board Members

As ANA-Michigan’s Annual Business meeting came to a close on Friday, October 16th, we recognized those leaving the ANA-Michigan Board of Directors and thanked them for their dedication, time and service to the association.

- Erin Savela, RN, Recording Secretary, 2014-2015
- Jane Miller, MSN, RN, Region 2 Board Liaison, 2014-2015
- Janet Winter, DNP, MPA, RN, Region 3 President and Board Liaison, 2011-2015

The Michigan Department of Corrections is seeking qualified women and men for positions throughout Michigan.

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2015 ELECTION RESULTS

- Nancy C. Martin, DNP, RN, Harbor Springs
- Bridget A. Leonard, DNP, RN, MBA, CRNN, NEA-BC
- Linda Taft, RN

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On September 19, 2015, the ANA-Michigan Board approved the following position statements for the association:

ANA-Michigan shall take public positions on legislation and health policy proposals, and recommend actions based on the following Platform and process.

ANA-Michigan position statements articulate the Association’s stand on health care policy proposals of importance to its membership and the public it serves. Positions are generated in response to trends and best practices in health care and health policy related to current and emerging issues that impact the health of the citizens of Michigan, their access to care, standards and excellence in nursing practice; and the profession of nursing.

All proposed policy positions are first benchmarked to the ANA-Michigan Mission, Vision and Strategic Values. The criteria below are also applied to the analysis and recommendation of policy positions to the Board of Directors.

Access to Quality Care
1. Promote accessibility to healthcare for all residents of Michigan
2. Support services for vulnerable populations
3. Ensure nursing care by appropriate licensed providers
4. Assure basic human needs services that impact individual health status
5. Support programs that enhance health literacy

Human Rights/Social Justice
1. Provide for informed healthcare choices through evidence based education of Michigan residents
2. Support legislative proposals that positively impact the health and welfare of Michigan residents
3. Educate legislators when proposals would negatively impact the health and well-being of Michigan residents
4. Oppose discrimination in health policies/ regulations and delivery of care
5. Support competent care for diverse Michigan populations
6. Protect the privacy of Michigan residents in issues of healthcare

Quality and Safety of Health Care
1. Maintain state policies and regulations consistent with national nursing standards
2. Support programs that address health promotion and maintenance and prevention of disease/disability
3. Actively collaborate with healthcare organizations within the state for purposes of quality care, patient safety and nursing input

Advances in the Practice and/or Profession of Nursing
1. Promote the viability of professional nursing organizations
2. Promote statewide communication within the profession
3. Encourage occupational health and safety of nurses
4. Support public funding for nursing research and education

Nursing Career Opportunities

Spectrum Health is a not-for-profit health system, based in West Michigan, offering a full continuum of care through the Spectrum Health Hospital Group, which is comprised of 72 hospitals, including Helen DeVos Children’s Hospital; 183 ambulatory and service sites; 3,400 physicians and advanced practice providers, including 1,400 members of the Spectrum Health Medical Group; and Priority Health, a health plan with more than 56,000 members.

Spectrum Health Grand Rapids has received Magnet® Recognition status by the American Nurses Credentialing Center (ANCC) Magnet Recognition Program®. Magnet recognition is the highest and most prestigious international distinction a health care organization can receive for nursing excellence and outstanding patient care.

For nursing career opportunities, please refer to careers.spectrumhealth.org

- Care Coordination (Espanola)
- Emergency Room (Espanola, Ruidoso, Socorro)
- Home Health & Hospice (Clovis, Espanola, Socorro)
- ICU (Espanola, Ruidoso)
- Women’s/Labor & Delivery (Clovis, Espanola, Ruidoso, Socorro)
- Med Surg/IR (Socorro, Tucumcari)
- Operating Room (Espanola, Socorro)
- Outpatient Clinic (Espanola, Socorro, Ruidoso, Tucumcari)
- PACU (Clovis)
- Pediatrics (Clovis)
- 

Management positions in the following areas:
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- Manager Nursing Emergency Room (Espanola, Socorro)
- Manager Nursing Women’s Care (Espanola)
- Manager Quality Assurance and Process Improvement (Socorro)

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REGION NEWS

Northern Region
Kathy Birdsall, Region 2 Secretary

Region 2 was privileged to have Dr. Lisa Del Buono, MD speak to us on “Climate Change: Health Impact, Solutions, Role of the Medical Professional” in November. Dr. Del Buono is a volunteer speaker for Citizens Climate Lobby (CCL), and she reminded the audience that polls show that RNs continue to be the most trusted professional. Therefore, we are “trusted messengers” to the public at large, and we need to become better informed on climate change and its effects on public health. Please visit the website www.citizensclimatelobby.org for more information, especially CCL’s unique policy proposal for solution to the burning of carbon-based fuels.

To quote this website: “Carbon Fee and Dividend is the policy proposal created by CCL to internalize the costs of burning carbon-based fuels. It’s the policy that climate scientists and economists alike say is the best first step to reduce the likelihood of catastrophic climate change from global warming.” To continue, “as long as fossil fuels remain artificially cheap and profitable, their use will rise. Correcting this market failure requires their price to account for their true social costs. To gain bipartisan support we advocate for a true cost-comparison between competing fuels AND reducing greenhouse gas emissions.” CCL proposes that a “fee” which goes back to the taxpayers, instead of a “tax” which goes to the federal government, is a viable solution to the ongoing use of carbon-based fuels by polluters.

Visit the website to get concrete answers to questions such as: What is a carbon fee? What is the difference between a tax and a fee? How is this legislation fair to businesses, utilities, manufacturers, services, and farms? Why will citizens change to low-emissions technologies if they are given a dividend to pay for the increasing price of fossil fuels? And, what are the consequences if we do nothing?

We are urged, as “trusted messengers” to become better informed about climate change, so that we can pass on this message to others. As soon as I obtain Dr. Del Buono’s PowerPoint presentation, it will be posted on our state website. This will include the health impacts of climate change and the role of medical professional in educating the public and setting a good example in our own lifestyles.

Northern Region
Myrna Holland, Region 2 President

There may be snow on the ground now, but the Northern Region of ANA-MI is already planning for spring. On Saturday, April 23, 2016 we will be co-sponsoring a conference with Munson Medical Center’s Ethics Committee which will be held at the Hagerty Center, located on West Bay in Traverse City. “Approaching Ethical Issues with Courage and Confidence” will be a multidisciplinary conference with approximately 7 contact hours (pending) and at a cost of only $30 for ANA-MI members and Munson associates.

Mark your calendar and watch for the electronic brochure on the state website and our Facebook page to register for this educational opportunity in beautiful northern Michigan on April 23.

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To achieve quality care, better patient outcomes and financial stability, optimal nurse staffing should be viewed by health care employers as a necessity rather than an option—particularly as health care reforms and new regulations take hold.

That is a key message reflected in a new white paper commissioned by the American Nurses Association (ANA) and developed by Avalere Health, LLC in collaboration with nurses and policy experts.

Nurses at all levels and in all settings can use the white paper, “Optimal Nurse Staffing to Improve Quality of Care and Patient Outcomes,” as a resource to advocate for and implement sound, evidence-based staffing plans.

“Nurses on the front lines are in the best position to determine the staffing needed for safe and equitable, quality care, but they consistently tell us they must fight for optimal nurse staffing. This white paper is our way of providing evidence to support the need for changes in nurse staffing across all health care settings,” said Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, president of the American Nurses Association.

The white paper highlights studies that demonstrate how appropriate nurse staffing helps to achieve both clinical and economic improvements, from reducing medication and other errors to shortening patients’ hospital length of stay.

“The evidence from hundreds of studies—and the white paper—make it clear that there is a relationship between staffing and patient outcomes,” said Matthew McHugh, PhD, JD, MPH, RN, FAAN, an associate professor at the University of Pennsylvania School of Nursing who helped develop the paper. “If there are not enough nurses at the bedside, bad things are likely to happen.”

The white paper also examines the various forces that have impacted discussions about nurse staffing and health care, from Affordable Care Act provisions and Institute of Medicine reports to changing patient demographics.

This paper specifically notes that existing staffing systems are often antiquated and lack flexibility to adjust to factors such as patient complexity, a rise in admissions, discharges and transfers, and the physical layout of the unit. It further addresses efforts by ANA and other organizations to advocate for federal regulation and legislation promoting flexible staffing plans, and highlights ANA activities to support transparency and public reporting of staffing data.

For example, the Registered Nurse Safe Staffing Act (H.R. 2083/ S.1132), endorsed by ANA, would require Medicare-participating hospitals to establish registered nurse (RN) staffing plans using a committee, comprised of a majority of direct-care nurses, to ensure patient safety, reduce readmissions and improve nurse retention.

“We in nurse leadership have to be able to defend our budgets [for optimal staffing],” said Bob Dent, DNP, MBA, RN, NEA-BC, CENP, FACHE, senior vice president and chief operating officer at Midland Memorial Hospital in Texas. “We need to be able to tell our boards of trustees and other administrators: “If we want to be able to deliver quality care to our community, then here is the staffing we need and here is the evidence [that supports that decision].”

The paper is the first in a series aimed at addressing the value of nursing care and services. Individuals can learn more and access the white paper executive summary here. Members of the media can obtain the full white paper by sending a request to Ms. Jemarion Jones at jemarion.jones@ana.org.
Conscientious Objection When Care Collides with Nurses’ Morals, Ethics

Susan Trossman

Last winter, two high-profile — and very tragic — cases pitted family members against hospital administrations and stirred debates nationwide about brain death, policies and laws, and ethics. No matter where they practice, nurses may have wondered what they would do if they found themselves in similar circumstances — whether they could object to providing patient care. The answer is a qualified “yes.”

First, the Two Cases

According to published reports, Jahi McMath, 13, was admitted into a California children’s hospital for surgical procedures to address sleep apnea. Following surgery, she developed a complication, went into cardiac arrest, and was declared brain dead by two hospital-associated physicians and ultimately a court-ordered physician. Her family fought to have her remain on a ventilator until she could be transferred to an undisclosed facility where she could be given additional “life-sustaining” measures.

Marlise Munoz was 14 weeks pregnant when she was found unconscious at home. She was declared brain dead and carrying a nonviable fetus; her family wanted her taken off life support, noting her wishes, the media reported. But this time, the hospital where she was admitted objected — citing a Texas law that believed required them to keep her on life support until her fetus could be delivered. Again, a legal battle ensued. A judge ultimately ruled that the hospital was misapplying the law, and the hospital removed her from life support.

Members of the American Nurses Association (ANA) Ethics and Human Rights Advisory Board were not aware of whether or not RNs objected to providing care in these specific cases. However, nurse ethicists did find it crucial to ensure that all RNs understand that they can conscientiously object to participating in interventions if certain criteria are met.

Confronting Difficult Decisions

Nurse ethicist Anita Catlin, DNSc, FNP, FAAN, followed the Munoz case in the national press. “Nurses have a right to conscientiously object to participate in technologically supported treatment of a brain-dead person,” shared Catlin, a member of ANA’s ethics advisory board. “Additionally, when a woman and her surrogate have made their wishes known, it is unethical to go against these wishes as stated in ANA’s Code of Ethics for Nurses with Interpretive Statements.

“If members of the nursing staff wished to be excused from participating in this patient’s care for anything other than palliative care and comfort measures, they have every right to do so.”

When it comes to nursing practice, there are two broad categories in which nurses can conscientiously object to participate — based on provisions addressed in the Code of Ethics, according to Marsha Fowler, PhD, MS, MSW, RN, FAAN, a member of the ANA’s professional issues panel steering committee, which has been leading a revision of the Code. Nurses can refuse to participate in all instances of an intervention — such as an abortion or sexual reassignment surgery — based on religious or moral grounds, said Fowler, an ANA California member. RNs who hold these strong beliefs should make their objections to participate in these types of interventions or procedures known at the time of hiring, Fowler said.

“If that’s not possible for some reason, the nurse should make her or his objection as timely as possible so the nurse manager can find a replacement,” she said.

Vicki Lachman, PhD, MBE, APRN, FAAN, added that for nurses to ethically object to participating in an intervention, that intervention “must challenge their moral integrity — and not be based on false motivation. It really has to violate a deeply held conviction of what’s right or wrong. A nurse might believe that the sanctity of life trumps all.”

The Code does not allow nurses to refuse care based on prejudice, discrimination or dislike. For example, they can’t refuse to take care of someone because the patient abuses alcohol or because the patient is homosexual, according to Lachman, chair of ANA’s ethics advisory board.

To decrease the chances of having to object to moral or religious reasons, nurses ideally should practice in settings where they are less likely to be confronted with interventions — such as abortions, cardiac transplants or palliative sedation — that conflict with their beliefs, Lachman said.

The other broad category in which nurses can conscientiously object involves a specific intervention with a specific patient, Fowler said. A common example of this ethically sound objection is when a nurse is asked to participate in an intervention that goes against a patient’s autonomy and expressed desires, as in the patient’s not wanting a blood transfusion, antibiotics or other lifesaving measures.

Given the fast pace of technology and other advances, nurses may increasingly find themselves in ethically challenging situations, Lachman noted.

Additionally, many sensitive cases that might have been kept private in decades past are now being played out in the media, according to Fowler.

Parting Words

To make a conscientious objection, Fowler said nurses should follow the lines of authority and the structures that are in place in their facilities. They also can contact their organization’s ethics committee or patient ombudsman.

And they must be aware of an obligation not to abandon a patient.

“Once a nurse begins treating a patient, she or he is legally bound to care for that patient until another nurse is available to assume responsibility for the patient,” Lachman said. And although it may take courage to conscientiously object — particularly given some workplace cultures — not doing so can have dire consequences for the individual nurse and for the nursing profession.

“Most of the time, nurses just remain silent and do not make their objections known. They also worry that their decision will place a burden on colleagues by giving them more work,” Lachman said. “If nurses cannot move away from these situations, it becomes intolerable. They experience moral distress, emotional and physical fatigue, and burnout. Therefore, organizations must provide nurses with the staffing necessary to maintain their moral integrity, and nurses need to participate only in patient care that is not morally compromising.”

Fowler added, “Nurses need to accommodate and support colleagues who conscientiously object and provide an environment that preserves professional integrity.”

— Susan Trossman is the senior reporter for The American Nurse.

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ANA and Association of Nurses in AIDS Care Call for Repeal of HIV Criminalization Laws

SILVER SPRING, MD – As global communities mark Dec. 1 as World AIDS Day, the American Nurses Association (ANA) and the Association of Nurses in AIDS Care (ANAC) are calling for the elimination of outdated HIV criminalization laws in a new position statement.

“It’s clearly time to repeal laws that unfairly punish people living with HIV,” said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. “HIV is a treatable medical condition and laws need to reflect advances in our understanding of the disease, its treatment and transmission risk.”

The ANAC position statement, endorsed by ANA, describes HIV criminalization as the use of criminal law to arrest and penalize HIV-positive people for perceived or potential HIV exposure or transmission through consensual sexual contact and where nondisclosure of their HIV-positive status is alleged. More than 30 states in the U.S. have legislation that criminalizes HIV exposure without transmission; a significant number of these laws include exposures that are now known to pose no risk of transmission, such as spitting.

Most of these laws were adopted decades ago, in an era of limited understanding of HIV and in an environment of fear and discrimination. “This is why the Association of Nurses in AIDS Care has called for the reform and/or repeal of unjust and harmful HIV criminalization statutes. Nurses know from our ethical code that singling out HIV status or any other diagnosis or disability as criteria for criminal charges is unjust and contrary to evidence-based public health approaches,” said ANAC Executive Director Kimberly Carbaugh.

The ANAC position statement also outlines how criminalization can hinder HIV prevention, care and treatment. For example, outdated laws that sanction HIV discrimination cause and support stigma. People with HIV may internalize the judgment and misperception of HIV as highly infectious and fear getting tested, disclosing their status, or even accessing health care due to internalized stigma.

There is a growing consensus about the need to reform HIV-specific laws. The Centers for Disease Control and Prevention (CDC), the U.S. Department of Justice and the National HIV AIDS Strategy have all called for a review and modernization of HIV-specific criminal statutes to ensure they are consistent with current knowledge of HIV transmission and to support public health approaches to preventing and treating HIV.

ANA and ANAC support the following actions:

• Reform of all state and federal policies, laws, regulations and statutes to ensure that they are based on scientifically accurate information regarding HIV transmission routes and risk.
• Repeal of punitive laws that single out HIV infection or any other communicable disease and that include inappropriate or enhanced penalties for alleged nondisclosure, exposure and transmission.
• Education about the negative clinical and public health consequences of current HIV criminalization statutes, arrests and prosecutions and their contribution to HIV-related stigma and discrimination.

Additionally, ANA and ANAC encourage nurses to support the Repeal Existing Policies that Encourage and Allow Legal HIV Discrimination Act. Sponsored by Rep. Barbara Lee (D-CA), the bill requires a review of laws by federal, state and local stakeholders that impose criminal liability on people with HIV. The bill also provides states with guidance on best practices for revising HIV criminalization laws.

For more information, visit www.nursesinaidscare.org.

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5 Considerations for RNs Facing Ethical Challenges on the Job

The American Nurses Association has declared 2015 to be the Year of Ethics and in January released a new edition of its Code of Ethics for Nurses with Interpretive Statements, so now is the perfect time for RNs to re-examine the essential role ethics plays in the nursing profession. Having a strong ethical foundation is a key component to a successful career. Yet, even the best nurses may find themselves struggling with ethical concerns on the job.

Here are five considerations for nurses when facing ethical challenges.

Know yourself

It’s important to have a strong sense of personal ethics to build upon in your profession. “Knowing who you are and what you stand for personally and professionally provides a foundation to speak up and speak out about issues that support or compromise your values,” said Cynda Hylton Rushton, PhD, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics at the Berman Institute of Bioethics/School of Nursing and a professor of nursing and pediatrics at Johns Hopkins University, and a Maryland Nurses Association member. “Without this clarity, your responses may be reactive, unreflective and potentially damaging to you and to others.”

Live your values

Just knowing your values and ethics isn’t enough, Rushton said. “We are required to speak them and live them in our daily actions. This takes courage, wisdom and resilience. Living our values means that we have to take seriously the fifth provision of the ANA Code — our obligation to care for ourselves so that we can care for others.” Because ethical issues are part of daily nursing practice, every nurse has an obligation to have the knowledge, skills and abilities to recognize and address them.

Listen to your gut

If you know yourself and are consistent about living your values, you’ll be able to rely on that voice inside your head saying something is wrong. “One of the things I talk to my students about all the time is that you need to listen to your gut,” said Sarah Shannon, PhD, RN, associate professor of Biobehavioral Nursing and Health Systems at the University of Washington School of Nursing and adjunct associate professor of Bioethics and Humanities at the University of Washington School of Medicine, and a Washington State Nurses Association member.

Check in with others

Having said that, Shannon said it’s important to remember that the gut is “a great barometer but a lousy compass.” Just because you know you’re in an ethical quandary doesn’t mean you know what the next step is. Consult with others, such as your shift manager or head of nursing, when a sticky ethical situation arises.

Translating ethical decision-making into everyday nursing practice is challenging. Building a network of colleagues who can help you think through ethical situations is a priceless resource. A great place to connect with experts and building your network is the 2015 ANA Ethics Symposium being held in Baltimore, MD, June 4-5.

Practice with respect

The first provision of the revised Code highlights each nurse’s responsibility to practice with “respect for the inherent dignity, worth, unique attributes and human rights of all individuals,” said Carol Taylor, PhD, RN, professor of nursing at Georgetown University and senior clinical scholar at the Kennedy Institute of Ethics, and an ANA member. Upholding that worth can provide a foundation for ethical action.

“Taken seriously, this means that each of us must practice with zero tolerance for disrespect, for our patients, their family members, our colleagues and ourselves,” Taylor said. Taylor recommended practicing responding to a colleague who describes a patient in negative terms to make it easier to speak up next time, such as by saying, “I’m no goody-two-shoes, but I’m trying hard to meet each patient with respect.” If disrespect is a widespread problem, huddle and call attention to your organization’s zero-tolerance policy for disrespect to empower everyone to bring quick attention to violations.

For additional resources go to ANA’s Career Center at http://careers.ana.org.

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