

MINORITY NURSE

The Career and Education Resource for the Minority Nursing Professional • WINTER/SPRING 2017

Media and the Perception of Nursing



Be a Nurse Entrepreneur

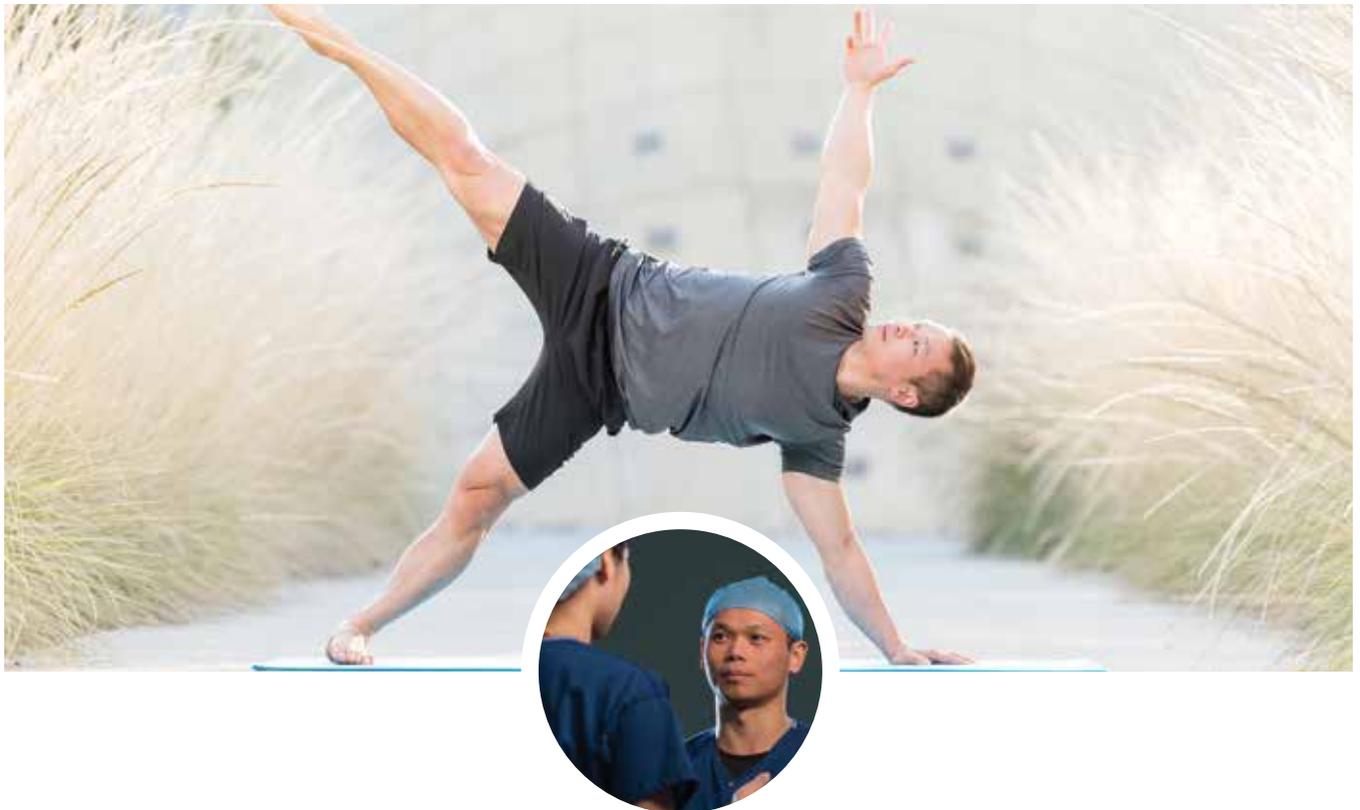
**NURSE CEO
RUTH BRINKLEY**

**THE RISE OF BLACK
NURSES ROCK**

WHERE INTENSELY

FOCUSED PEOPLE

COME TO DO NURSING



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Editor's Notebook:

The Unsung Heroes

We are living in uncertain times. With Donald Trump about to take office, the Affordable Care Act is likely to be repealed, and it's not clear what is going to happen to our nation's health care. It's more important than ever for nurses to come together and not only be advocates for patients but also for peace. To kick off 2017, this issue spotlights nursing leaders from a variety of backgrounds to give you a much needed dose of inspiration.

Currently, nurses face a host of complex issues: a health care system hanging in the balance, negative media stereotypes, workplace bullying, and unsafe staffing ratios, to name a few. In our cover story, Sandy Summers, the executive director of The Truth About Nursing, calls on each of you to step up and start speaking out for the sake of your profession. Summers has made it her mission to protect her fellow nurses and spread awareness to the public about what it is that nurses actually do. But she can't do this alone. Learn more about how you can join the fight on page 8.

In a time of uncertainty, you mustn't let fear rule you. Do you have a great idea for a new business but are too paralyzed by the possibility of failure? Take a moment to read the advice of five successful minority nurse entrepreneurs who were once in your shoes. They offer you guidance on how to get started and what to do when faced with an obstacle. Stepping outside your comfort zone is the only way you'll truly grow, so never be afraid to take that leap.

Ruth Brinkley is a shining example of what you can accomplish when you take that leap. She has never shied away from a challenging managerial position, and becoming the CEO of KentuckyOne Health is no exception. Her advice for nurses new to a leadership role? Be bold, act quickly, and surround yourself with like-minded individuals. Passion will also play a crucial role in your success.

Few women know passion better than Romeatrius Moss, the founder of Black Nurses Rock. What started out as a Facebook group for black nurses to share their struggles and successes quickly turned into an official organization in less than two years. Moss is bringing the black nursing community together to support one another and their communities.

Looking for ways to serve *your* community? A diverse workforce plays an important role, so follow in the footsteps of the male certified registered nurse anesthetists (CRNAs) in our Degrees of Success column and share your nursing journey—warts and all—to encourage other minorities to pursue nursing. Or consider becoming a health policy advocate. Janice Phillips speaks with leaders of minority nursing associations to find out how they're influencing policy and empowering others to do the same.

The individuals highlighted throughout this issue are helping change the profession one nurse at a time—and there's no reason you can't, too.

—Megan Larkin

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Grassroots Nursing Organization Show Me Your Stethoscope Plans National Rally to Support Safe Staffing Legislation

A rally event organized by Show Me Your Stethoscope (SMYS), a health care advocacy and grassroots nursing organization, will be held in Washington, DC, to lobby for and raise public awareness for current proposed nurse–patient ratio legislation. The event will be held over two days, May 4 and 5, 2017, to fight for nurse–patient ratios for patient safety, as medical errors may account for the third leading cause of death in the United States.

On May 4, 2017, a Lobby Your Legislator info session and conference will be held. The Patient Safety: Nurses Resuscitating Health Care Conference will take place from 11:00 a.m. to 6:00 p.m. at the Hilton Mark-Alexandria in Virginia. Learn the facts about nurse–patient ratios, what to say, and be the change agent in your congressional district. Rally and lobbying flyers will be available.

On May 5, 2017, the rally is to support H.R. 1602: Nurse Staffing Standards for Patient Safety and Quality Care Act and S. 864: National Nursing Shortage Reform and Patient Advocacy Act. The proposed bills would establish federally mandated requirements for nurse-to-patient staffing ratios in acute care hospitals. This would regulate the maximum number of patients that nurses would be allowed to care for during a given shift. Nursing

assignments would not be allowed to exceed the proposed ratio. This legislation inherently has patient and nurse safety at the forefront.

The event will take place at approximately 11:00 a.m. in front of Capitol Hill, First St. SW, between Constitution Ave NW and Pennsylvania Ave SW, permit area 1. Expected attendees include nurses, health care providers, representatives from professional organizations, and the general public. Suggested attire for attendees includes rally scrubs—and your stethoscope!

Among the confirmed speakers for the event are Katie Duke, RN, MSN, ACNP-BC, an acute care nurse practitioner, health care media consultant, and frequent contributor on Fox News, *The Doctors*, and *The Dr. Oz Show*; Alexandra Robbins,

bestselling author of *The Nurses: A Year of Secrets, Drama, and Miracles with the Heroes of the Hospital*; Janie Harvey Garner, RN, executive director of SMYS; Deena Sowa McCollum, RN, BSN, an acute care nurse and cofounder of the Nurses Take DC rally; Marty Makary, MD, bestselling author of *Unaccountable: What Hospitals Won't Tell You* and *How Transparency Can Revolutionize Health Care* and director of the national “Improving Wisely” Campaign to lower health care costs by addressing unnecessary medical care; and more to come.

To register for the #Nurses TakeDC event, visit www.nurses-takedc.com. For more information, please contact Doris Carroll, RN, BSN, at doris.carroll@smysofficial.com or Jalil Johnson, BSN, MS, ANP-BC, at jalil.johnson@smysofficial.com.



First Cases of *Candida Auris* Reported in United States

Thirteen cases of *Candida auris* (*C. auris*), a serious and sometimes fatal fungal infection that is emerging globally, have been identified in the United States, according to the Centers for Disease Control and Prevention (CDC). Seven of the cases occurred between May 2013 and August 2016 and are described in the November 4, 2016, edition of the *Morbidity and Mortality Weekly Report*. The other six cases were identified after the period covered by the report and are still under investigation.

The report is the first to describe U.S. cases of *C. auris* infection. *C. auris* is often resistant to antifungal drugs and tends to occur in hospitalized patients. In June 2016, the CDC issued a clinical alert describing the global emergence of *C. auris* and requesting that laboratories report cases and send patient samples to state and local health departments and the CDC. Since then, the CDC has been investigating reports of *C. auris* with several state and local health departments. The agency expects to continue to investigate possible cases as awareness of the emerging infection increases.

“We need to act now to better understand, contain, and stop the spread of this drug-resistant fungus,” says CDC Director Tom Frieden, MD, MPH. “This is an emerging threat, and we need to protect vulnerable patients and others.”

Among the seven cases detailed in the report, patients with *C. auris* were reported in four states: New York, Illinois, Maryland, and New Jersey. All of the patients had serious underlying medical conditions and had been hospitalized an average of 18 days when

C. auris was identified. Four of the patients died; it is unclear whether the deaths were associated with *C. auris* infection or underlying health conditions.

In two instances, two patients had been treated in the same hospital or long-term-care facility and had nearly identical fungal strains. These findings suggest that *C. auris* could be spread in health care settings.

Six of the seven cases were identified through retrospective review of hospital and reference laboratory records. Identifying *C. auris* requires specialized laboratory methods because it can easily be misidentified as another type of *Candida* infection, in which case patients may not receive appropriate treatment. Most of the patient samples in the current report were initially misidentified as another species of *Candida*.

Most of the *C. auris* strains from U.S. patients (71%) showed some drug resistance, making treatment more difficult. Samples of *C. auris* strains from other countries have been found to be resistant to all three major classes of antifungal medications. However, none of the U.S. strains in this report were resistant to all

three antifungal drug classes. Based on laboratory testing, the U.S. strains were found to be related to strains from South Asia and South America. However, none of the patients travelled to or had any direct links to those regions. Most patients likely acquired the infections locally.

“It appears that *C. auris* arrived in the United States only in the past few years,” says Tom Chiller, MD, MPH, chief of CDC’s Mycotic Diseases Branch. “We’re working hard with partners to better understand this fungus and how it spreads so we can improve infection control recommendations and help protect people.”

The CDC recommends that health care professionals implement strict standard and contact precautions to control the spread of *C. auris*. Facilities should conduct thorough daily and after-discharge cleaning of rooms of *C. auris* patients with an EPA-registered disinfectant active against fungi. Any cases of *C. auris* should be reported to CDC and state and local health departments. The CDC can assist in identifying this particular type of *Candida* if needed.

For more information on *C. auris*, visit www.cdc.gov/fungal/diseases/candidiasis/candida-auris.html.



Office of Minority Health Partners with National Minority-Serving Organizations to Support Workforce Development

The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) announced new partnerships with three national minority-serving organizations to support emerging health professionals and promote workforce development in health and health care. This collaboration will support efforts to increase career opportunities in health care and public health for minority students.

Memoranda of Understanding with the Hispanic Association of Colleges and Universities (HACU), Hispanic-Serving Health Professions Schools (HSHPS), and International Leadership Foundation (ILF) support the HHS OMH Youth Health Equity Model of Practice (YHEMOP), which is intended to

- create a healthier nation by strengthening the health and human services infrastructure and workforce.
- increase cross-cutting federal

and public collaboration to build healthier communities and support organizational capacity growth among organizations dedicated to addressing health disparities.

- enhance development of the next generation of emerging health professionals and leaders through direct engagement in health equity work.

HHS OMH launched the YHEMOP in 2015 to support the design, implementation, and evaluation of federal and pub-

lic health workforce opportunities related to engaging undergraduate, graduate, or doctoral students interested in pursuing a career related to health care, public health, or health equity.

The new partnerships will provide a cooperative framework for HHS OMH and HACU, HSHPS, and ILF to develop programs and community health equity projects to engage emerging health professionals in a hands-on, field learning opportunity through a short-term, full-time placement in an organization or institution that promotes health equity and/or addresses health disparities.

HHS OMH is dedicated to working across racial and ethnic minority communities to facilitate the availability of culturally and linguistically appropriate services and the develop-

ment of a more robust health and human services workforce and infrastructure. A diverse set of organizations will serve as placement sites for the emerging health professionals, including federal agencies, the Regional Health Equity Councils of the National Partnership for Action to End Health Disparities, community-based organizations, professional associations, and academic institutions.

The goal of these new partnerships is to foster the provision of health services respectful of and responsive to the needs of diverse patients through workforce development, which can help improve health outcomes and close the gap on racial and ethnic disparities in health and health care.

For more information, visit minorityhealth.hhs.gov.

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February

22–25

Southern Nursing Research Society

31st Annual Conference
InterContinental Dallas
Dallas, Texas
Info: 877-314-7677
E-mail: info@snrs.org
Website: www.snrs.org

March

1–4

The Dermatology Nurses' Association

35th Annual Convention
Caribe Royale All Suite Hotel
Orlando, Florida
Info: 800-454-4362
E-mail: dna@dnanurse.org
Website: www.dnanurse.org

7–11

International Society of Psychiatric-Mental Health Nurses

ISPN 19th Annual Conference and
10th Psychopharmacology Institute
Baltimore Marriott Inner Harbor at
Camden Yards
Baltimore, Maryland
Info: 608-443-2463
E-mail: info@ispn-psych.org
Website: www.ispn-psych.org

9–11

National Association of Clinical Nurse Specialists

2017 Annual Conference
Loews Atlanta Hotel
Atlanta, Georgia
Info: 215-320-3881
E-mail: info@nacns.org
Website: <http://nacns.org>

18–21

American Association of Colleges of Nursing

Spring Annual Meeting
The Fairmont Washington
Washington, District of Columbia
Info: 202-463-6930
E-mail: conferences@aacn.nche.edu
Website: www.aacn.nche.edu

24–26

Asian American/Pacific Islander Nurses Association, Inc.

14th Annual Conference
University of Hawaii at Manoa
Honolulu, Hawaii
E-mail: info@aapina.org
Website: <http://aapina.org>

March/April

March 30–April 1

American Nursing Informatics Association

2017 Annual Conference
Hilton New Orleans Riverside
New Orleans, Louisiana
Tel: 866-552-6404
E-mail: ania@ajj.com
Website: www.ania.org

April

19–21

Visiting Nurse Associations of America

2017 Annual Conference
Hilton Bayfront San Diego
San Diego, California
Info: 888-866-8773
E-mail: vnaa@vnaa.org
Website: <http://vnaa.org>

19–22

Academy of Neonatal Nursing

14th National Advanced Practice Neonatal Nurses Conference
Hilton Hawaiian Village
Honolulu, Hawaii
Info: 707-795-2168
E-mail: conferenceinfo@academyonline.org
Website: www.academyonline.org

May

22–25

American Association of Critical-Care Nurses

2017 National Teaching Institute & Critical Care Exposition
George R. Brown Convention Center
Houston, Texas
Info: 800-899-2226
E-mail: info@aacn.org
Website: www.aacn.org

June

5–10

American Holistic Nurses Association

37th Annual Conference
Westin Mission Hills Resort & Spa
Rancho Mirage, California
Info: 800-278-2462
E-mail: info@ahna.org
Website: www.ahna.org

24–28

Association of Women's Health, Obstetric and Neonatal Nurses

2017 Annual Convention
Ernest N. Morial Convention Center
New Orleans, Louisiana
Info: 800-354-2268
E-mail: customerservice@awhonn.org
Website: <http://awhonnconvention.org>

20–25

American Association of Nurse Practitioners

2017 National Conference
Pennsylvania Convention Center
Philadelphia, Pennsylvania
Info: 512-442-4262, ext. 5352
E-mail: conference@aanp.org
Website: www.aanp.org

July

18–21

National Association of Hispanic Nurses

42nd Annual Conference
Arizona Biltmore
Phoenix, Arizona
Info: 919-573-5443
E-mail: info@thehispanicnurses.org
Website: <http://nahnconference.org>

23–30

Philippine Nurses Association of America

8th Annual Convention
Aboard Royal Caribbean (Oasis of the Seas)
Port Canaveral to St. Maarten, San Juan, and Labadee
Info: 407-227-1565
E-mail: info@mypnaa.org
Website: www.mypnaa.org

Media Leads the

How The Truth About Nursing Is Changing the Perception of Nursing One Person at a Time

BY LYNDA LAMPERT, RN



Way

Sandy Summers, RN, MSN, MPH, executive director and founder of The Truth About Nursing, remembers when she first wanted to become a nurse: “I remember one day when I was 16 and working as a nursing assistant in a nursing home. One of the RNs said out loud, to no one in particular, about her patient who had been really groggy: ‘I’m going to hold his Haldol today.’ And I thought, ‘Really? Wow.’ I didn’t know that nurses could make autonomous decisions about how to take care of and advocate for patients. I thought they just had to give whatever was prescribed. That one sentence from that nurse inspired me, and right then I decided I was going to be a nurse.”

From there, Summers followed a course that led her to a career in ER and ICU nursing. She did work overseas, taking care of the less fortunate, but she never forgot the autonomy and advocacy that drew her into the profession in the first place. It took a woefully misguided piece of legislation from President George W. Bush in 2001 and the poor portrayal of nurses on television’s *ER* for her to find her calling.

With a group of likeminded nurses, she started an advocacy group promoting better portrayals of nursing in the media and explaining nursing’s autonomy to the public. After a couple iterations, she now leads the group The Truth About Nursing. It focuses on the media’s portrayal of nursing, but it is about so much more than that. The group seeks to change the perception of the nurse in the public at large, focusing largely on the media and nurses themselves.

In the process, Summers has become a nurse leader, although she remains humble about her status. “I just try to stay focused and do what I have to do to try to change what people think about nursing. I try to get out there to encourage nurses to take action,

and I guess because I work to rally nurses, it’s maybe natural that someone would call me a leader. But I don’t strive for people to say that.”

Nevertheless, Summers has faced down the injustice of the plight of nurses, made strides in changing media perceptions, encouraged nursing autonomy, and catapulted her group into a true powerhouse in the realm of nursing advocacy.

Leadership and Injustice on a Grand Scale

Why does this work mean so much? Why not focus on something else when there are so many things in the world that a nurse can do?

“It’s so unjust what’s happening to patients, that they get this care that is presented to them by hospitals or schools as nursing care,” Summers responds. “But in fact it’s often ‘nursing assistant care,’ or ‘patient technician care’—patients are receiving ‘nursing care’ by people who are not nurses. It’s not just unfair and dangerous for patients. It’s fraud, actually. Patients shouldn’t suffer and die because hospitals refuse to hire actual nurses to deliver the nursing care.”

In some ways, short staffing and using ancillary staff instead of nurses is the great

injustice. Nurses are railing against these problems, but it is leaders like Summers who are speaking out most vocally about them. With her platform and her ability to reach nurses and the public together, Summers can bring the issues to the uninformed, especially through calling the media on their inaccuracies.

“There could be enough nurses to provide all the care patients need if our decision makers would hire enough, but they won’t hire enough because they’re too shortsighted,” says Summers.

In essence, nursing needs better branding—and that’s exactly what The Truth About Nursing is trying to achieve.

“They act as if they don’t read the studies that show that nurses have life-saving value, so it’s injustice for the patients. They deserve real nurses to help them survive. And it’s injustice for the nurses, who deserve better working conditions than to run around for 13 or 14 hours with no break.”

What, then, is the solution to such a complex problem? How can so many disparate parts come together to over-

come this injustice? It is obviously hurting nurses—and nurses can see that it is hurting patients as well—but the public will remain in the dark unless nurses start to speak up.

Summers agrees. “I think nursing will get stronger if more nurses start speaking up and taking a stand. Since 1990, there has been a gradual but persistent attack on nursing by health care decision makers in what I call the ‘denursification of health care.’ Hospital stays were cut drastically, which took nursing care away from patients. And then

decision makers began replacing nurses with assistants, and stretching nurses as thin as possible with heavy patient loads. It’s been a gradual but ever-increasing effort to remove nursing care from patients, based on shortsighted, amoral profit motives that have the effect of harming and killing patients.”

Leaders such as Summers see these trends and are on the forefront of leading the charge. Hopefully, the change will ar-

rive before more patients are hurt, but the development of change in health care is notoriously slow, bogged down by mores and taboos that only innovative leaders with courage can overcome. More nurses are needed, and leaders such as Summers are the ones who can help patients and nurses alike.

How to Strengthen Nursing

Since her very early days in nursing, Summers' passion has been advocating for a nursing profession with more fully realized autonomy. Therefore, it should be no surprise that she sees this particular part of the nursing paradigm as key to strengthening the profession.

"Something I wish nurses would do more of is 'Nursing Out Loud,' which is speaking out loud about the assessments

tors write orders, nurses follow them, and that's the extent of the exchange.

How should nurses stake out the full force of their autonomy, though? "I think if we're going to fully embrace autonomy, we need to find better ways to protect the nurses who speak up and take a stand to protect their patients," says Summers.

She continues: "It's one of the biggest crises of our time, of our profession—that people don't treat us as autonomous professionals, because they don't know that we are college-educated, autonomous, science professionals. They try to push us around, bully us, and give us commands. 'Orders' is a word we are working to eliminate from health care vocabulary since it wrongly implies that

Nevertheless, Summers has faced down the injustice of the plight of nurses, made strides in changing media perceptions, encouraged nursing autonomy, and catapulted her group into a true powerhouse in the realm of nursing advocacy.

they make and the symptoms they find, the various plans of action they are considering when they find a patient who needs intervention, and their thinking processes that lead them to the decisions they ultimately make," Summers explains. "If patients, families, and health care colleagues heard nurses speak out loud about their decision-making process, they would think far more highly of nurses."

These assessments and treatments are the foundation of autonomy, and the public doesn't know that nurses have it. They think that doc-

physicians are in charge of us. We encourage nurses to use 'prescriptions' instead, which does not tread on nursing's autonomy."

Unions are an option to exercise nurse autonomy, but they are flawed on many levels. "We are trying to look at it logically: How do we protect the nurses who fight for patients by speaking the truth? Unions are one good option, but only a small minority of nurses are protected by a union," Summers explains.

"When nurses advocate for patients without the protection of a union, too often they end

up victims," she adds. "When nurses are put into dangerous situations with too many patients and they make a mistake, the nurse is hung out to dry because nurses are the last in a

Hopefully, the change will arrive before more patients are hurt, but the development of change in health care is notoriously slow, bogged down by mores and taboos that only innovative leaders with courage can overcome.

long line of people who decide how care is delivered. These attacks on nurses are not just bad for nurses; they endanger patients. Nurses need the freedom to advocate for whatever is best for the patient without being in fear of losing their jobs. Adding to the problem are too many nurse managers who lack courage and sell out the nurses they manage. We nurses must stand together at the profession's edge."

In the end, we need better solutions to promote nurse autonomy, but no solutions have presented themselves to help protect nurses and patients alike. "Nurses are routinely fired and attacked by their employers for trying to protect their patients. It's a failure of the profession that this happens," says Summers. "We must find a way to protect nurses who speak up. The next time a nurse is fired by his employer for protecting a patient, I would like to see nurses from all over stage nonstop rallies in front of the offending institution, speaking to the media, articulating publicly the concept of nursing autonomy, and our duty to advocate for our patients."

The media is another way to

strengthen nursing. Watch any nighttime drama set in a hospital, and you will be appalled at how nurses are portrayed. Some shows get some aspects correct, but many don't get any correct,

show nurses as stereotypes, and routinely give credit to physicians for doing the vital work that nurses do in real life. Why does this happen?

"The Truth About Nursing focuses on media but also speaks out on issues that plague nursing, such as ratios that are further up the pyramid from our core mission. Poor ratios come from a lack of public understanding of the value of nursing that stems from poor media portrayals, which we believe is the bedrock problem of the global nursing shortage," Summers explains.

"It all comes back to people who don't understand what we do," she argues. "Research shows the media affects how people think and act toward nursing. We can reach those decision makers who fail to fully fund nursing through the media they are already watching, reading, and hearing. When decision makers see a compelling story about how nursing matters to patient health and survival in a television drama they already care about, it might make it easier to persuade them to take off their blinders and look at the myriad studies linking pa-



Sandy Summers, RN, MSN, MPH

tient outcomes to nurse-to-patient ratios.”

If the public watched a show or heard a newscast about what is really going on in the nursing world, they would be appalled, and hopefully, support the cause of nursing reform. Nursing is strengthened by accurate media portrayals because they help the public understand what exactly nurses do, persuade decision makers that nursing is far more important than nurses are given credit for, and encourage new nurs-

make their needs known. In essence, nursing needs better branding—and that’s exactly what The Truth About Nursing is trying to achieve.

How The Truth About Nursing Is Leading the Way

The Truth About Nursing is about changing what people believe about nursing, and Summers is passionate about changing the perception for all levels of the public.

“People just put nurses in these little boxes. When we began fighting media stereotypes

“I think if we’re going to fully embrace autonomy, we need to find better ways to protect the nurses who speak up and take a stand to protect their patients,” says Summers.

es to enter the profession. If nursing has a bad reputation in the public eye, they can’t

in 2001, we started writing these FAQs on our website [www.truthaboutnursing.org/faq]

to address common misperceptions or damaging assumptions or ideas about nursing. Our FAQs work to explain how the media is affecting our profession,” says Summers.

roles in health care and respect you and the profession.”

Advocacy. Autonomy. Speaking out. Changing perceptions. Summers stands for all of these and is a leader in

Nursing is strengthened by accurate media portrayals because they help the public understand what exactly nurses do, persuade decision makers that nursing is far more important than nurses are given credit for, and encourage new nurses to enter the profession.

“We built our action page [www.truthaboutnursing.org/action] as a roadmap to help nurses take command of our image and start working on ways to help the public understand the value of nursing and transform nursing to a stronger profession,” she adds. “Patients are not getting good enough health care because nursing is weakened. People don’t understand our value. With help from more nurses—and non-nurses—we can strengthen the profession, provide better care, and our patients will be more likely to survive and thrive.”

Summers encourages nurses to speak out, even if it is just to family members and friends. You have to exercise your ability to speak up for yourself if you ever hope to speak up to someone who is in control of your profession. “That’s one thing that the nurse who inspired me to become a nurse taught me. That in addition to advocating for patients and practicing with autonomy, you’ve got to speak out loud about what it is you do, so that people will come to understand our vital

the nursing world because of it. If you take away one thing from her struggles and her passions, it should be this:

“We need some serious media help to change public perception, but the media isn’t magically going to start covering nursing better on their own. We must lead the effort by reaching out to members of the media with feedback on their work, and ideas for their future work. We must create and send them press releases about our interesting and dramatic endeavors and stories; write op-eds, children’s books, and television scripts; create videos, websites, and action figures. We *can* change thinking, how the world responds to us, and our ability to strengthen care for every person on Earth. But we need your help. Please join us.” **MN**

Lynda Lampert, RN, has worked medical-surgical, telemetry, and intensive care units in her career. She has been freelancing for five years and lives in western Pennsylvania with her family and pets.



How to Chart Your Own Path as a Nurse Entrepreneur

BY LINDA CHILDERS

Six years ago, Kescia Gray, MS, RN, PHN, CHES, decided to launch her own health and wellness business. Like many nurse entrepreneurs, Gray was looking for a way to use her 20-plus years in nursing to improve health outcomes while also creating a career path she felt passionate about.

Although many nurses spend their careers working in a traditional setting such as a hospital or clinic, others like Gray reach a point where they look for ways where they can strike out on their own and work autonomously while continuing to grow both personally and professionally.

For Gray, that meant opening her own education and consulting group, GrayKo Clinical Consultants in Hollywood, California, dedicated to providing high-quality health education programs, workshops, in-services, and seminars. For other nursing entrepreneurs, it means tapping into their creative side

and combining their love of art or writing with nursing, or launching a company that promotes a new health product or provides innovative health care and self-care services.

If you're a nurse who has thought about starting your own business but aren't sure how to begin, we've asked five successful nurse entrepreneurs to share their best advice.

Don't Quit Your Day Job (Yet)

Most career experts recommend that entrepreneurs set aside a rainy day fund of three to nine months of living expenses in case of emergencies before launching a business. They also suggest ensuring that your business idea is sustain-

able before quitting your full-time nursing job. Although working two jobs can be hard, it also allows entrepreneurs the opportunity to avoid incurring debt—and to set a profit target before they resign.

Most career experts recommend that entrepreneurs set aside a rainy day fund of three to nine months of living expenses in case of emergencies before launching a business.

For instance, Keith Carlson, BSN, RN, NC-BC, of Nurse Keith Coaching continued to serve as the director of nursing and chief nursing officer of a home

health agency while ramping up his various side ventures that include a holistic career coaching service for nurses (nursekeith.com) and his work as a nurse blogger and freelance writer.

Gray continues to work on a per diem basis once a month as a nurse at Cedars-Sinai, a job that allows her to stay current with her skills and awareness of health care trends.



Toni Scott, MSN, RN, CYT

Find Your Niche

As a Level 1 trauma nurse, Toni Scott, MSN, RN, CYT, of Chicago saw firsthand how nurses suffered from compassion fatigue. “I saw nurses

she became a certified yoga instructor and launched her own business, Yogatones (yogatones.weebly.com), in 2009. She now teaches workshops for nurses and others on how to

“Working in the business world is very different than working in health care, and this can prove to be frustrating for nurse entrepreneurs,” explains Gray.

like myself working in some of the most challenging situations but not practicing self-care,” says Scott. “As caregivers, we often forget to care for ourselves.”

While still working as a nurse, Scott began taking yoga classes. After seeing how the practice ultimately helped her own health and well-being,

incorporate yoga breaks and self-care into their lives. Scott also created the five - (five-minute) minute yoga break, a quick and easy yoga routine that nurses can do on their breaks at work. She offers the yoga exercises on a laminated ID card with instructions for each pose, which fit perfectly into a nurse’s ID lanyard.

“I’m living my nursing dream by helping others create healthier lifestyles,” she says.

Seek Out Business Advice

“Working in the business world is very different than working in health care, and this can prove to be frustrating for nurse entrepreneurs,” explains Gray. To learn more,

to design a business plan and also met with a small business administrator to go over my business goals and ensure I stayed on track during my first year,” says Gray.

Carlson also recommends the National Nurses in Business Association as a resource for nurse entrepreneurs. “There is an enormous and

Got a great business idea? Before you dive head first into the business world, make sure you have done some research.

Gray turned to the Women’s Business Center in Van Nuys, California, a small business administration program that offers workshops and consultants targeting entrepreneurs. The U.S. Small Business Administration has offices across the country and offers resources online at www.sba.gov.

“I took a workshop on how

growing population of nurse business owners and entrepreneurs, many of whom elevate one another through collaboration and mutual support,” he says.

Make Sure Your Business Idea Is Viable

Got a great business idea? Before you dive head first into



Marti Hand, RN, MPA

the business world, make sure you have done some research.

"Many people start businesses without doing any market research to find out if what they want to offer will have any traction," says Carlson. "Rather than sinking your entire savings or maxing out your credit cards to begin a new business venture, launch a minimum viable product for a segment of your target audience that you can market test without great financial risk."

Pursue Your Passion

Marti Hand, RN, MPA, has found a way to combine her work as a full-time nurse with her talents as a part-time artist.

"My work explores the intersection between art, science, nature, states of health, people, and the health care industry," Hand says of her paintings, which she sells on her site, martihand.com. "Nursing is both an art and a science. The art in nursing reflects the intangibles nurses provide, such as comfort, compassion, kindness, listening, giving hope, [and] celebrating triumphs from disease."

Hiring contractors for certain jobs outside your area of expertise can give you more time to focus on growing your business.

Hand, who works in data analytics and performance improvement for the Georgia-based WellStar Health System, started her own art business in 2002 and has found solace in her painting while on medical leave for a serious medical condition.

"I am a strong believer in the healing aspects of creating

art and the creative process, which are particularly effective for patients who have trouble expressing themselves verbally," says Hand. "My work with patients and families going through their cancer journey has been through volunteerism at local cancer centers and through my blog, *Creativity in Healthcare*."

Hand has also led creativity workshops for health care professionals demonstrating how art and the written word can be used as healing interventions.

"For nurses who have a creative side, I recommend setting aside four hours on the weekend to create your art," she says. "Your individual artistic pursuit can be painting, composing music, singing, cooking, woodworking, etc."

Not ready to start a full-fledged business? Consider selling your creations on Etsy.com or at local craft shows.

Know What Services to Outsource

Hiring contractors for certain jobs outside your area of

expertise can give you more time to focus on growing your business. Carlson has found it makes sense to outsource bookkeeping, accounting, and taxes as well as the editing and production of his podcast.

"I also have a virtual assistant who helps with my social media campaigns and have outsourced book design,



Marisela Cigliuti, RN, BSN

proofreading, website development, graphic design, and other tasks and projects," explains Carlson. "This is an investment, and it allows me more time to focus on what I do best."

Learn How to Overcome Obstacles

While still working as a nurse, Marisela Cigliuti, RN, BSN, developed TeleNurse Network, based in Little Ferry, New Jersey, as a way of blending her health care and clinical nurse experience and connecting patients to nursing services. Although Cigliuti was confident about her business concept, she didn't anticipate some of the barriers she initially encountered.

"As a minority female entrepreneur, I had to prove myself and build trust before I could land contracts and build my business," says Cigliuti. "When I walked into a room, I don't think some people initially saw

me as an entrepreneur with a successful idea."

Cigliuti says she was able to overcome challenges through perseverance and by demonstrating her commitment to the health and wellness of her clients. Today, she employs nurse contractors in states across the country who work from home delivering on-demand quality health care in addition to offering wellness education and support groups to patients who never have to leave their homes. **MN**

Linda Childers is a freelance writer based in California.



Nurse CEO Ruth Brinkley

Tested Leadership, Uncommon Accomplishments

Ruth Brinkley, RN, MSN, FACHE

BY JAMES Z. DANIELS

Ruth Brinkley, RN, MSN, FACHE, is arguably the highest ranking civilian nurse in the United States and head of the largest health care organization in Kentucky. KentuckyOne Health is part of the \$15.2 billion Catholic Health Initiatives (CHI) of Englewood, Colorado. As president and CEO of KentuckyOne Health, Ruth Brinkley presides over a \$2.3 billion and 13,000 employees' portion of CHI, the third largest nonprofit health system in the United States.

Her journey to the C-suite, however, did not begin with a focused decision to answer a call to be a nurse. Born in the small town of Wadley, Georgia, and raised by her grandparents, Brinkley determined that her full scholarship to the University of Chicago from the Augusta, Georgia, school system indicated that she knew she had the potential to be anything she chose to be. Nursing was not at the top of her list.

Brinkley learned very early in her nursing career that success as a health care professional was ultimately all about patient care, compassion, and empathy. What eventually worked its way into her decision to become a nurse was the recognition that she always had a heart for people's circumstances. It evolved into disciplined care for patients.

It all started with Brinkley's first job out of nursing school. "I had an opportunity to work for a nurse manager who re-

ally believed in cost control and always made sure that we didn't waste; that we managed our costs," she says. "She imprinted me right from the very beginning 'don't waste.' Use things judiciously because someone has to pay for it." This instruction resonated with her because she grew up on a family farm and they didn't have a lot of money so they had to manage well what they had. It was part and parcel of her upbringing. She had to learn a hard lesson, however,

when she deviated from those principles by neglecting her studies at the University of Chicago and lost her scholarship after two years. "I was having just too good a time," she recalls.

Brinkley eventually gained admission to DePaul University where she completed both her BSN and later her MSN degree. After graduation, she became aware of a small Catholic hospital a mile or so from her home that placed an advertisement in the newspaper for a



nurse manager's job, and she decided to apply. Not seeing any person of color by the end of the interview, she simply put the possibility of being selected out of her mind. A few days later, they called and offered her the job. "I was astonished," she says as her face lights up reliving that episode. This was the last time Brinkley would be astonished about anything related to her career.

"This hire," she explains, "turned out to be a wonderful and loving eight-year relationship. For my first management job and subsequent jobs, I've always given it my best; I work very hard. I work very, very, hard. I was always asked to take on additional responsibilities, and I always said yes. In my second management job while I was living in Chicago, as soon as I arrived, the nurse manager

retired—unbeknownst to me just before I accepted the position. My staff and my supervisor asked me to consider taking the job. I did."

She adds: "In addition to my academic credentials, I knew I had been well-trained by my first nurse manager in the areas of health economics and resource management. I had been trained to coordinate care with the physicians and to always keep checking with the patients regarding their satisfaction with their care. These I carried with me to my second job."

Brinkley leveraged these core values while paying attention to "the next step" in charting her career trajectory. Her management competency and growth also occurred around such tasks as learning how to land a helicopter to pick up a

burn patient when there was no landing pad or dealing with smash and grab injuries, and the usual spike in weekend victims of acts of violence, both domestic and lethal.

After two or three job changes, Brinkley became the chief nurse within that hospital and later for three organizations in Chicago, after which she moved to DePaul Health Center in St. Louis and deepened her service into the Catholic delivery of health care. This

ment of two health service entities: the Sisters of St. Francis and the Franciscan Sisters of Mary, which later merged. Her tenure here propelled her to the University of Alabama Hospitals in Birmingham where she served as chief nurse executive and associate dean of clinical practice.

As she progressed through increasingly greater and broader responsibilities, Brinkley gained deeper competence in key performance health indi-

Brinkley learned very early in her nursing career that success as a health care professional was ultimately all about patient care, compassion, and empathy.

hospital's history is traced to the mid-nineteenth century arrival of Sisters from Germany and resulted in the establish-

mentors with an emphasis on quality and patient satisfaction metrics. This brought her to the attention of Computer Sci-

ences Corporation of Tysons, Virginia, a global consulting practice working in the area of turning around underperforming health care organiza-

graduates from the medical and nursing schools, as well as the other health-related professional schools.

The merger that resulted in

“Nurses who aspire to executive leadership should take courses in the business school and get grounded in management, economics, and health policy, but never forget about who you are there to serve.”

tions. She remained there as a senior associate for five years engaged in mergers and turn-around projects.

Brinkley’s leadership experience runs very deep. She served as CEO of Memorial Health in Chattanooga, Tennessee, and from there she went, after five years, to lead Carondelet Health Network in Tucson, Arizona, a component of the world’s largest nonprofit health system, Ascension. As CEO at Carondelet, her competencies in performance management and finance allowed her to address some serious financial issues unknown outside that organization.

With her years serving in chief executive roles in Catholic hospitals, Brinkley was selected to lead a brand new post-merger organization, KentuckyOne Health, formed in January 2012 by CHI (which already had a strong presence in the state of Kentucky). The merged health care provider organizations included Jewish Hospital & St. Mary’s Health-Care of Louisville and Saint Joseph Health System of Lexington. Later, the University of Louisville Hospital joined because it provided them with access to a statewide network and the new, merged organization with access to teaching and research capabilities,

the establishment of KentuckyOne Health was controversial and the issues complex because it is composed of some 200 health services components. Financial challenges were daunting. Three years into the merger, it set a target to improve its performance by \$128 million by the end of fiscal year 2015. To complicate things further, “Kentucky does not pay a lot as a state in terms of reimbursement, so it’s challenging to make good margins,” says Brinkley.

Brinkley’s management style provides insight into her lead-

ership. She agrees that leaders entering a new position in an organization need to move boldly and quickly. “But you need the right people around you that become part of moving boldly; oftentimes you have to change people. You need to move boldly to get the right people and then take the right actions,” she explains. “Always remember that there is a customer to be served. People are entrusting their lives, their health care to us.”

Brinkley is not lacking in advice for those who see her

pire to leadership] you should constantly improve yourself,” she says. “I did it by choosing advancement to ever increasing responsibilities across different organizations. I also had to face the obstacles that come with being a woman of color.”

She points out that as a CEO, you are on call 24/7 just like a doctor. “You have to be willing to make hard decisions and stick with them. Be willing to partner with other people. You have to be forgiving of yourself and the approach is to try a lot of things,” Brinkley explains.

As she progressed through increasingly greater and broader responsibilities, Brinkley gained deeper competence in key performance health indicators with an emphasis on quality and patient satisfaction metrics.

as a role model. Her advice: work hard and be prepared to give up a lot. “I am married to this job and [for those who as-

“Nurses who aspire to executive leadership should take courses in the business school and get grounded in manage-



Brinkley meeting with patients.

ment, economics, and health policy, but never forget about who you are there to serve.”

Brinkley further suggests that nurses get a sponsor. She believes this is very important. “It happened to me all along my career as people asked me to do extra responsibilities; they were in effect sponsoring me. That said, I look for people who have a passion for what they do. This is more than a job. It’s a privilege, and it takes a special kind of thought process. I want people I hire directly to have that passion. Then I want them to be really good at what they do. I try to hire people who are smarter than me because they always make you look good. If we create the right environment to do that, we will become a great organization. It’s the right kind of culture, rewards, and environment, and having a very high standard of excellence. I distill it into three criteria: can do, will do, [and] will fit.”

Where the organization has had challenges recruiting would be at the professional and executive level. “Good CFOs, for example, are really tough to find no matter where you are. I have not found Kentucky to be a deterrent; however, it’s just the availability of



Brinkley attending a board meeting.

than themselves,” she says. She recently successfully hired a chief financial officer (CFO).

KentuckyOne has had its share of challenges recruiting nurses. There is a huge national shortage affecting the health care sector. There are estimates that by 2020, the nation will need an additional 200,000 nurses, so they are recruiting at a decent clip. Average nurse salary is \$58,000, and they are retaining and making the environment one that fosters retention. To address diversity in the

Kentucky, so we have taken a very broad view of diversity,” says Brinkley.

Brinkley has no illusions regarding the magnitude of the challenges she has agreed to confront. The organization has a deficit of \$218 million, redundancies because of the merger, and talent in places that are not the right fit for where the organization has made a commitment to improve key performance indicators. They are shedding staff, reengineering the organization, and hiring to fill positions consistent with the design of this brand new merged enterprise.

She is tackling physician leadership development via programs that equip physicians on how to function well as a member of a team, how to improve communication, and how to avoid and deal with conflict. Chief medical officers coach and mentor other physicians as well as pursue improving practice

management. There is also a huge push on patient safety, and they have recently hired a chief quality officer.

Brinkley agrees that she signed on post-merger for this responsibility. She is also very clear that the KentuckyOne enterprise must build patient loyalty by creating a service culture that is focused on meeting and exceeding the expectations of care recipients. The organization must focus on its vision, values, and strategic objectives in developing and maintaining long-term relationships with patients and other customers and ensure that their systems, such as performance management and selection processes, are all aligned and fully integrated. **MN**

James Z. Daniels is a consultant and writer who lives in Durham, North Carolina, and frequently contributes to *Minority Nurse*.

Brinkley has no illusions regarding the magnitude of the challenges she has agreed to confront.

people in the market. All the positions we find critical to our success are the same ones our competitors also find critical to their success. What we do is to convey that they are not only joining a team, they are also joining something bigger

workforce and simultaneously tackle the issue of disparity, a vice president of diversity was hired last January with a firm commitment to improve diversity and health disparities. “We serve a wide variety of people from west Louisville to eastern



The Rise of Black Nurses Rock

*From
Facebook Group
to National
Organization*

BY DENENE BROX



One weekend in July of 2015, Romeatrius N. Moss, DNP, MSN, APHN-BC, started a private Facebook group called Black Nurses Rock (BNR). Within four days, the group had attracted an astonishing 80,000 members. And in less than two years, BNR has become the largest online community and premier association for African American nurses to network, grow, and share.

Moss’s goal was to provide a forum for black nurses to share their experiences, challenges, successes, and goals. She had no idea the group would take off so quickly.

“Without me saying anything, without me coercing them to talk about their lives, people just started pouring their hearts out—sharing their triumphs and the things that they’ve overcome and the things they were able to accomplish despite challenges, such as not passing the boards on the second or third try. Or people who came from the wrong side of the tracks and still made it,” Moss recalls. “There were a lot of inspirational stories being told; I literally couldn’t put my phone down. Facebook was flooded for at least two weeks straight with these stories people were sharing—celebrating their promotions, sharing their

graduation pictures, their degrees. It was so overwhelming to see.”

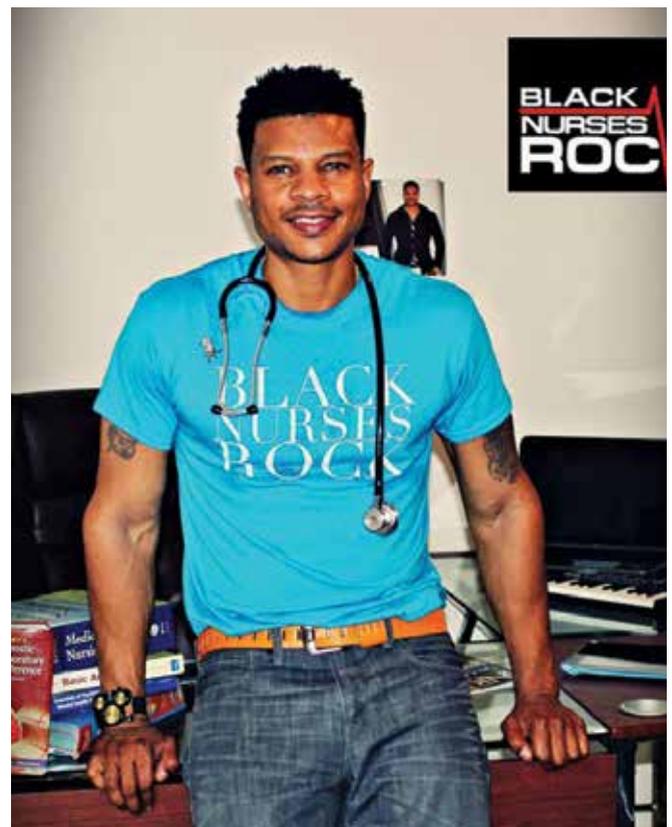
Moss had dreams of starting a national organization for black nurses in 2014. However, her idea was only on paper initially because she already had a busy schedule as a military officer and business owner. When the Facebook group launched and instantly went viral, Moss knew she had to

When the Facebook group launched and instantly went viral, Moss knew she had to take her vision from dream to reality quickly.

take her vision from dream to reality quickly. She started by registering the BNR name and submitted paperwork to become a 501(c)(3) nonprofit

organization. She also recruited a 13-member board of directors from among the thousands of

nurses in the Facebook group. Moss’s goal for BNR is to encourage members to get



involved in their communities to help address the health disparities that plague the African American population, such as HIV/AIDS, diabetes, stroke, heart disease, and cancer. She also wanted to create a safe space for nurses to be inspired in addition to promoting professional development.

Since starting in 2015, BNR has grown—both on and offline. There are over 165,000 nurses and students in its private Facebook group and its public page has 30,000 followers. There are 40 chapters with over 3,100 paid members in the United States and across the globe, including chapters in Japan, Africa, and Canada.

BNR offers a robust menu of programs, resources, and networking opportunities. In 2016, they set out on their first annual cruise with 450 nurses on board and later that year held their first national conference in Chattanooga, Tennessee, which brought over 300 nurses together. Their 2017 schedule includes a Lead-

Moss believes BNR fills a gap in the black nursing community. “There was nothing out there like it,” she says. “There was no one meeting the needs of the millennium group that hangs out on Facebook. We’re trying to be that mentor to a lot of black nurses who often work in isolation. I was one of the only black nurses in my clinic, and sometimes we feel alone and want someone to identify with, who looks like you, who can inspire you. Now we don’t have to look for that person on the unit, we can go to Facebook where thousands of them are reaching goals, going back to school, passing certifications, sharing tips, and just being the best they can be.”

Moss says it’s exciting to meet the needs of nurses, and most importantly, the needs of the African American community. “We have to use the tools we have as educators and nurses to go out and inform our families, friends, and communities,” she says. “Our

Moss believes BNR fills a gap in the black nursing community. “There was nothing out there like it,” she says. “There was no one meeting the needs of the millennium group that hangs out on Facebook. We’re trying to be that mentor to a lot of black nurses who often work in isolation.”

year—aiming to surpass 7,000 paid members. And she hopes to change the mindset of African American nurses and inspire them to grow their careers and serve their communities. “I’m trying to help people achieve success in life faster,” Moss says.

Moss encourages nurses to “focus on your influence and

your community. I’m trying to change the mindset of how we think as people and how we have an obligation to serve our community.” **MN**

Denene Brox is a freelance writer based in Kansas City, Kansas.

Moss’s goal for BNR is to encourage members to get involved in their communities to help address the health disparities that plague the African American population, such as HIV/AIDS, diabetes, stroke, heart disease, and cancer.

ership Summit (for chapter leaders), wealth management workshop, cruise, nurse practitioner seminar, the Essence Music Festival, and their second annual national conference in Orlando, Florida.

“We are just out of control,” Moss says. “Every other month we’re busy keeping nurses engaged.”

number one mission is service and that means we’re going to have our conventions so we can get the tools to take right back to our communities and churches to save ourselves and have one less elegy in our churches.”

Moss plans to continue to grow the number of chapters and members of BNR this



Romeatrius N. Moss, DNP, MSN, APHN-BC

The Emergence of Diverse Male Nurse Anesthetists: Increasing Cultural Competence and Improving the Gender Gap

BY WALLENA GOULD, EDD, CRNA, FAAN, AND RONELL KIRKLEY, DNP, RN, CRNA, APN-ACUTE CARE

And so, it usually goes something like this: I walk into my patient's room prior to their surgery and introduce myself in the usual fashion, "Good morning, my name is Dr. Kirkley, and I am the nurse anesthetist who will be administering your anesthetic today. I will help to keep you safe and comfortable during your operation." What follows in response—most commonly when that patient is black or brown, at least—is what I like to call a "knowing smile." As an African American male certified registered nurse anesthetist (CRNA), I imagine that smile collectively represents, on some level, comfort in my ability to care for them. Although this may be based on my credentials and the often-confusing litany of initials after my name, I also suspect it is because I look like them, and maybe in their minds, that indicates some level of implicit understanding of their life's experience and vice versa.

I say I imagine because we never discuss what that smile means really, but I believe there is an inherent value that comes with patients seeing a familiar face among the health care professions that will be caring for them in this arena, one that by all accounts is very foreign and scary—and hopefully this puts them at ease.

In fact, there is evidence from the scientific community to support the notion that there are marked advantages to having a diverse workforce in health care, and the idea of providing culturally competent care has been well documented as a means of addressing the problem of racial disparities in health care. Although some gains have been made,

the fact remains that health care disparities remain a major dilemma in the United States. In 2015, *Harvard Business Review* reported that racial health disparities resulted in excess health care expenditures estimated at \$35 billion annually and \$10 billion in illness-related lost productivity.

Culturally competent care will take on greater importance as the U.S. population becomes more and more diverse with the advent of some "majority-minority" population centers emerging. For instance, the Pew Research Center projects that by 2050, the population will swell to 438 million people and the White/Caucasian population will drop from 67% to 47%. Meanwhile, the Hispanic population will increase to 29%, the Asian population will increase to 9%, and the Black/African American population will remain unchanged at 13%.

Regarding racial and ethnic composition of nurses in the United States, there were over

3,063,163 licensed registered nurses in 2008 but only 6.6% were men per the Health Resources and Services Administration's *National Sample Survey of Registered Nurses*. Further, nurses from minority backgrounds (e.g., African Americans, Asians, Hispanics, American Indians/Alaskan Natives, and Native Hawaiians/Pacific Islanders) only make up approximately 17% of the RN workforce. So, when we look at men in nursing from ethnic minorities, what we are really talking about are "double" minorities.

The differences are even more pronounced and staggering when we look at the highly competitive specialty of nurse anesthesia. Although it is true that there is a higher percentage of men who are CRNAs (40%) than RNs (10%), it is also true that less than 9% of the roughly 49,000 CRNAs in the country identify as non-white/Caucasian according to the American Association of Nurse Anesthetists (AANA) Practice Profile Survey.



To remedy this anemic racial/ethnic composition of CRNAs, a network of nurse anesthetists have emerged under the leadership and vision from the Diversity in Nurse Anesthesia Mentorship Program. In almost 12 years, this non-profit organization has hosted 28 Diversity CRNA Information Sessions and Airway Simulation Lab Workshops at selected graduate nurse anesthesia programs. On average, almost 38% of the attendees are male critical care nurses of color who desire to successfully matriculate into one of the 115 accredited graduate nurse anesthesia programs. To date, there have been over 400 qualified underrepresented minority nurses, with critical care registered nurse (CCRN) certification, relevant ICU experience, CRNA shadowing experience, and acceptable graduate record examination (GRE) scores who have been accepted into 55 graduate nurse anesthesia programs over the past ten years.

In the past seven years, minority nurse anesthetists have made great strides in assuming positions historically not filled in the nurse anesthesia profession. For instance, two minority male nurse anesthetists who participated in the Diversity in Nurse Anesthesia Mentorship Program became presidents of their state nurse anesthesia associations, whereas others have served on boards of their respective state nurse anesthesia associations, successfully defended doctoral capstone projects and dissertations, volunteered on medical/surgical missions overseas, and assumed chief CRNA and clinical coordinator positions as well as full-time faculty posi-

tions. Most notably, many African American and Hispanic male CRNAs have graduated from undergraduate nursing schools from historically black colleges and universities as well as Hispanic-serving institutions, respectively. And we are most honored that some of these CRNAs are serving our military and administering anesthesia to our dedicated troops overseas and in our VA hospitals. Indeed, this changes not only the face of nurse anesthesia but also the culture of the profession.

Although we are not naïve in believing that having a more diverse workforce by itself will begin to address the overarching socioeconomic ills created by concentrated poverty, lack of education, segregated communities (with their resultant “food deserts”), lack of health care coverage, and access to high-quality care present in our society, we also can no longer ignore the data that strongly supports advancing efforts to promote a culturally competent workforce. Work needs to be done on all fronts, especially when we look at the troubling findings that African American, Latino, and Asian American patients are more likely to report their perception that they would have received better care had they been a different race. Or that African Americans are more likely than other racial groups to report that they felt they had been spoken down to or had been disrespected during a recent health care visit. Or even that Asian Americans are less likely to feel that their physician understood their background and are more likely to report (even when compared

with other minorities) that their provider spoke down to them, according to findings of the Commonwealth Fund’s report, *Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans*. It is clear there is definitely room to go in building a more culturally competent workforce and more is needed to sup-

port and mentor students as they continue their graduate education. To highlight the goal of promoting a diverse health care workforce within the nurse anesthesia field, we invited 12 male CRNAs who are on the frontlines providing culturally competent care around our country to share a little about their journey within our wonderful profession.



Eric Dinally, MSN, CRNA

Graduate of University of Pennsylvania Nurse Anesthesia Program

Race/Ethnicity: South Asian (race) and West Indian/Caribbean (ethnicity)

Critical Care Experience: “I had two years of Cardiac ICU experience as well as ICU float pool experience prior to applying to the nurse anesthesia program.”

Reason for Wanting to Be a CRNA: “I selected nurse anesthesia after shadowing a nurse anesthetist, Dr. Arthur Zwierling, DNP, CRNA, DAAPM. The Diversity in Nurse Anesthesia Mentorship Program organization provided the necessary guidance for me to get into the nurse anesthesia school, such as mock interviews, difficult airway workshops, and networking with practicing

CRNAs.”

On the Value of Mentorship: “Gaining acceptance in many nurse anesthesia programs has become highly competitive. The guidance and mentoring that I received from Diversity CRNA is truly priceless. Dr. Wallena Gould, CRNA, FAAN, amongst many others whom have mentored me, helped me through my journey from applicant to graduate—and soon-to-be experienced CRNA.”

Future Plans: “Currently, I am planning a trip to provide anesthesia in Guyana, South America for pediatric orthopedic procedures. I am also planning to apply to a DNP program in the following months.”



Bonjo Batoon, CRNA, MSN

Graduate of Georgetown University Nurse Anesthesia Program

Race/Ethnicity: Filipino/Caucasian

Language(s): English and Filipino (Tagalog)

Critical Care Experience: “I worked a busy high acuity PACU in a cardiovascular recovery room where we cared for fresh post-op hearts—CABGs, LVADs, intra-aortic balloon pumps, assisted with open chest procedures. I floated to several SICUs and MICUs during that time [and] eventually ended up in the trauma admission unit taking care of fresh trauma and burns patients.”

Current Role: Batoon is employed as a CRNA at Shock Trauma Medical Center in Baltimore, Maryland. He is a Shock Trauma Go-Team member, which is a hospital-based rapid response team responsible for providing an-

esthesia, surgical, and critical care services at the scene of accidents or injury via helicopter or ambulance. He also serves on the medical reserves for the government via the International Medical Surgical Response Team (IMSURT), which can respond to disasters around the world providing medical/surgical services in austere environments.

Why He Loves Being a CRNA: “My career, to date, spans more than ten years, and I still enjoy coming to work every day. I never know what to expect when I come in, but I do know that I will be making a difference in the lives of the patients whom I will care for that day. The majority of our patients have orthopedic injuries, but we provide anesthesia and resuscitative services for

neuro-trauma, trauma/general surgery, plastics, oral maxillary, and we have a soft tissue service dedicated to caring for critically ill patients with necrotizing infections who are often in septic shock on initial presentation. I provide the full array of anesthesia services, including general anesthesia, regional anesthesia, central venous access, and, on occasion, provide these services at the

point of injury arriving by helicopter or ambulance. Trauma anesthesia care has changed greatly over the past decade, and I am proud to say I have been a part of that.”

On the Value of Mentorship: “I cherish my role as a preceptor, teacher, and mentor and hope to inspire the next generation of nurse anesthetists as my mentors inspired me.”



Mark Giles, DNP, CRNA

Graduate of St. Joseph University/Nazareth Hospital School of Anesthesia

Race/Ethnicity: African American

Critical Care Experience: “My ICU experience was at a community hospital located in Wilmington, Delaware (St. Francis Hospital). It was

a mix of medical and surgical patients.”

Future Plans: “My future plans are to teach as an adjunct faculty member for the next seven to ten years, then teach on a full-time basis. I

graduated from Quinnipiac University with a 4.0 GPA and was awarded the prestigious holistic nursing practice award. My doctoral scholarship DNP project was on 'Chronic Kidney Disease: Dialysis to Successful Kidney Transplant.' I

have done medical mission trips to Nicaragua and Jamaica. I plan to continue to pursue other mission trips because I believe it is important to give back to those who are less fortunate."

staff registered nurse within the same SICU, where I practiced as a RN for approximately two years. Throughout those two years, I made it a goal to learn as much as I could have possibly learned to master my critical care nursing skills. To do so, I acquired a per diem RN position at Saint Barnabas Medical Center's cardiothoracic and burn ICUs where I worked at least once a week in addition to my full-time staff RN position at MMC."

esthesia. It was at one of her workshops as a nursing student, on a cold fall day, I realized that I, too, was able to accomplish one of nursing's greatest undertakings: that of becoming a certified registered nurse anesthetist. From that moment on, I made it a point to keep in touch with Dr. Gould, and, without any hesitation, she took me under her wing and mentored me throughout the remaining portion of my undergraduate nursing school career, my time as a critical care RN, and most significantly, throughout the duration of my nurse anesthesia program."

On the Value of Mentorship: "In the Fall of 2008, I was granted the amazing opportunity to meet one of the most inspiring individuals and women I have ever met, Dr. Wallena Gould, CRNA, FAAN. Dr. Gould motivated me and introduced me to the concept of nurse an-

Future Plans: "I plan to become involved in the American Association of Nurse Anesthetists at the state and national level."



Dumar Rivera-Herrera, CRNA, MSN

Graduate of Rutgers University Nurse Anesthesia Program

Race/Ethnicity: Hispanic/
Born and raised in Colombia
(South America)

Language(s): Fluent in English
and Spanish

Critical Care Experience:
"As a new graduate from Pas-
saic High School, I was accept-
ed into the nursing program
at Rutgers, the State Univer-
sity of New Jersey, through
the Educational Opportunity

Fund program. As a junior in
nursing school, I was granted
the opportunity to be a nurse
extern within the neurological
step-down unit at Beth Israel
Medical Center in Manhattan.
That same year, I was hired
as a nursing assistant in the
Surgical Intensive Care Unit
(SICU) at Morristown Medical
Center (MMC). Upon gradu-
ating from nursing school
in 2010, I was promoted to



Bruno Beja-Umukoro, CRNA, MSN

Graduate of University of Medicine & Dentistry of New Jersey Nurse Anesthesia Program

Race/Ethnicity: Black/Nigerian

Language(s): Speaks native dialect from Southern Nigeria

Current Role: Beja-Umukoro is a nurse anesthetist from New Jersey and a committed volunteer on surgical mission trips to South America. He is one of the team members that consist of CRNAs, surgeons, RNs, and surgical technicians from the International Surgical Health Initiative. He also serves on the Board of Directors for the New Jersey Association of Nurse Anesthetists and as Chairman of Public Relations for the association.

Critical Care Experience: He worked five years in the CT-ICU at a Level I Trauma Center.

Reason for Wanting to Be a CRNA: "Nurse anesthesia was first introduced to

me by my aunt who is also a nurse anesthetist. I chose nurse anesthesia because of the impact it has both on me as a professional and to those I serve. It's ever changing and challenging at the same time. During my studies, I was also introduced to the Diversity Nurse Mentorship program."

On the Value of Mentorship: "Mentorship to me is a moral obligation. We owe this to the sustainability of our great profession to ensure that we are putting out great quality CRNAs, anyone will be honored to call a colleague. I am honored to have successfully mentored four RNs into becoming CRNAs over the past few years."

Future Plans: "I go to mission trips in South America annually. Giving back to those less fortunate has been my calling, I believe."

Devon Locust, CRNA, MSN

Graduate of Wayne State University Nurse Anesthesia Program

Race/Ethnicity: African American

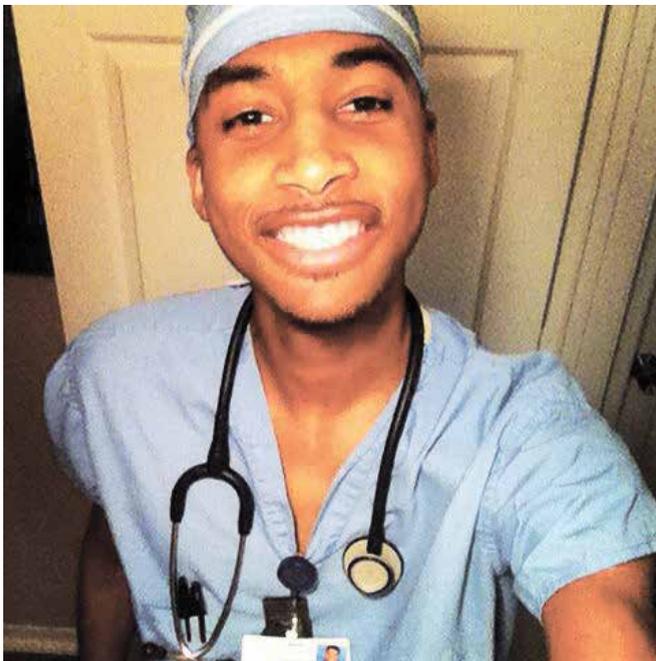
Critical Care Experience: Cardio-Thoracic ICU and employed as a respiratory therapist

Reason for Wanting to Be a CRNA: "Prior to applying to anesthesia school, I was a soldier in the United States Army where I functioned as a respiratory therapist for nine years. My rank in the U. S. Army was that of Sergeant. Concurrently, in my civilian life, I worked as a RN in a Cardio-Thoracic ICU for several years. I selected nurse anesthesia because I felt this career choice provided the perfect blend of my passions for human anatomy, pharmacology, and respiratory mechanics."

On the Value of Mentorship: "Along my journey, I had many family members, friends, and acquaintances that supported my desire to pursue a career in nurse anesthesia; however, when I think of the word mentor, I identify

myself as African American. I feel that mentoring is of tremendous importance, especially for minorities. Mentoring provides guidance, exposure, and empowerment through information acquisition. Most importantly, it helps to encourage one that their dreams and goals are quite achievable if they put forth the work. I think of someone who not only selflessly sacrifices themselves to ensure your success, but inspires and challenges you each day to achieve excellence. For me, that individual was, and still is, unequivocally Dr. Wallena Gould, CRNA, FAAN, from the Diversity in Nurse Anesthesia Mentorship Program."

Future Plans: "Knowledge is power. As such, I intend on pursuing a Master's of Business degree and/or a Doctorate of Anesthesia Practice. In addition, I plan on going on another mission trip to the Philippines and my first one to Kenya in the near future."



Byron Anderson, CRNA, MSN, APRN

Graduate of Arkansas State University Nurse Anesthesia Program

Race/Ethnicity: African American

Critical Care Experience: “My ICU experience after graduating from Southern University consisted of a six-month ICU residency in CVICU, CICU, SICU, and Neuro-ICU at Atlanta Medical Center (a Level I trauma facility). After only eight months of ICU experience, I challenged myself and obtained the critical-care registered nurse (CCRN) certification. I remained a critical-care nurse at Atlanta Medical Center for four years. Eventually, I migrated to Grady Memorial Hospital (Level I trauma facility) to work per diem in the Marcus Stroke Neuroscience Center that houses a state-of-the-art Neuro-ICU. After successfully applying and being accepted to Arkansas State University, I immediately relocated

to San Francisco to work at the University of California, San Francisco Medical Center. Because of the great training I received in Atlanta, I was able to work in over eight different ICUs.”

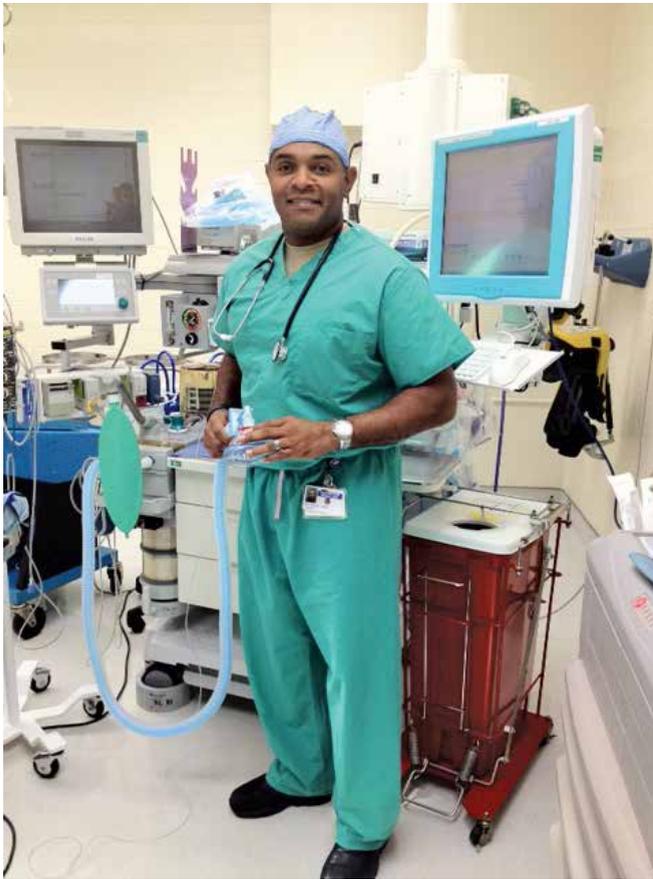
Reason for Wanting to Be a CRNA: “Before matriculation into a nurse anesthesia program, I attended a historically black college and university by the name of Southern University A&M College. The Southern University School of Nursing has held the prestigious title of being nursing school of the year on multiple occasions. During my time [as an] undergraduate nursing student, I received superior training and education that prepared me to enter the ICU after graduation. CRNAs represent the oldest advanced practice nursing specialty [and] have practiced for over 150 years

with an outstanding record of providing anesthesia. When I learned about CRNAs, I immediately knew I wanted to be a part of this prestigious profession. However, it was not until I met Dr. Wallena Gould, CRNA, FAAN, that I truly began to make progress of breaking into the nurse anesthesia field.

On the Value of Mentorship: “Through the Diversity in Nurse Anesthesia Mentorship Program, I was introduced to key influential people such as John Bing, Jr., CRNA, who personally assisted with my transition into a nurse anesthesia program.”

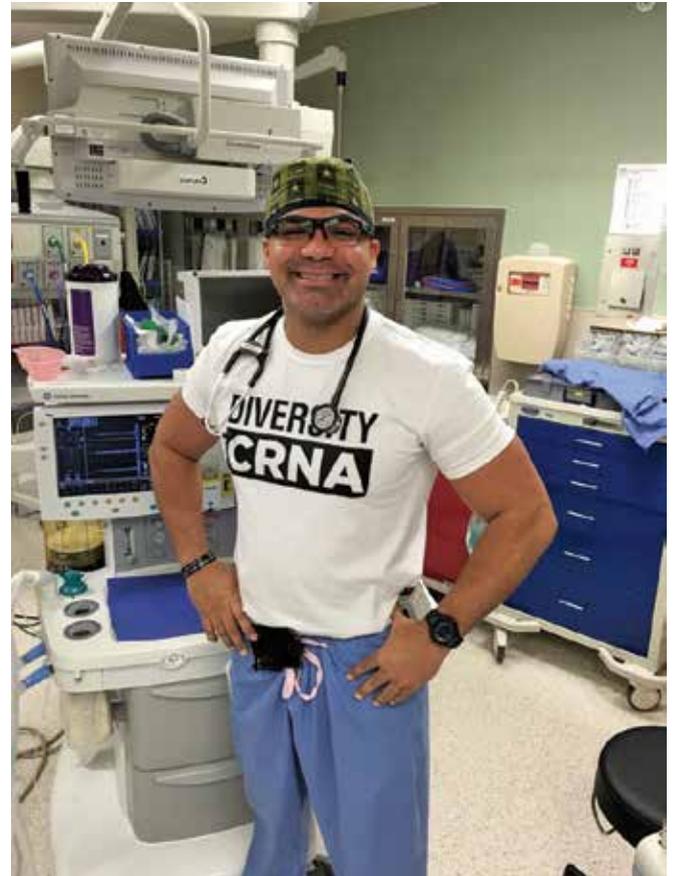
Future Plans: “I am currently pursuing my doctorate in nursing practice (DNP) degree at Chatham University. My evidence-based practice (EBP) capstone will be focused on pain management. To be more precise, I want to create an EBP change on interventional pain techniques (e.g., steroid injections) compared to chronic opioid therapy. My future plan is to be the first CRNA of color as a diplomate of the American Academy of Pain Management and to serve the black community as a pain management expert.”





I am a trustee for the South Carolina Association of Nurse Anesthetists. I will hold this position for another year. I am looking to instruct with my new position as a nurse anesthetist through Carolinas

HealthCare System with the University of North Carolina at Charlotte. I want to start a mentoring program at the high school level to develop young people on a track that can lead them to nurse anesthesia."



Major James Goode, CRNA, MSN

Graduate of Uniformed Services University of the Health Sciences Nurse Anesthesia Program

Race/Ethnicity: African American

Critical Care Experience: "As a critical care nurse, I worked 1.5 years in the CVICU at the Carolina Medical Center in Charlotte, NC, and 3 years of MICU, SICU, and CVICU at Keesler Air Force Base."

Reason for Wanting to Be a CRNA: "I chose nurse anesthesia as a profession after witnessing a CRNA intubate a patient during a code as a certified nurse aide while a nursing student at North Carolina A&T State University School of Nursing (a historically black college and university). I had

no mentor until I got into the nurse anesthesia program. I joined the military while still in high school through the delayed entry program. I joined the United States Air Force in 1985 as an E-1 Airman Basic. I rose through the ranks and retired as a Major. I have had tours in Afghanistan for six months as an independent practitioner [and] Republic of South Korea Osan Air Base for one year as an independent practitioner. As a member of the USAF, we were independent working in collaboration with our physician counterparts."

Future Plans: "Presently,

Captain Alex Mendoza, CRNA, MSN

Graduate of Florida International University Nurse Anesthesia Program

Race/Ethnicity: Hispanic/Born and raised in Puerto Rico

Language(s): Fluent in English and Spanish

Critical Care Experience: Registered nurse for nine years with specialties in ER/Trauma and critical care (SICU) as well as a flight nurse in the military

Reason for Wanting to Be

a CRNA: "I selected nurse anesthesia after meeting a few Army CRNAs on military training. Their guidance gave me the tools to set the path and started my journey getting into school, getting all my requirements, and being selected in the program. I always had a passion to serve;

I decided to join the service during my nursing journey in Puerto Rico. I am serving in the United States Army Reserve as a 66F CRNA and I am part of a Forward Surgical Team (FST) in South Carolina. I am looking forward to serving as a CRNA to my fellow soldiers, airmen, sailors, and marines."

On the Value of Mentorship: "Mentoring is very important for me. As a mentor, you are there to manage the relationship, encourage, nurture, teach, and offer mutual respect and respond to the learner's needs. Being a mentor is a blessing in which you influence the person's future."



Biju Muchal Kuriakose, DNAP, CRNA

Graduate of Thomas Jefferson University Nurse Anesthesia Program

Race/Ethnicity: "I am a U.S. citizen but born in India. I came to this country in 2000."

Language(s): "I can speak three Indian languages. My native language is Malayalam, but I can speak Hindi and Tamil."

Critical Care Experience: "I worked in cardiac ICU for four years before being admitted into the nurse anesthesia program."

On the Value of Mentorship: "Mentoring is a meaningful commitment toward our profession. Mentoring anesthesia students and new CRNAs is a privilege and responsibility of each anesthesia provider in order to create a safe and sound group of nurse anesthetists to improve patient safety."

Future Plans: To become an educator for nurse anesthesia



John Bing, CRNA

Graduated from George Washington University Nurse Anesthesia Program

Critical Care Experience: "I graduated from the University of District of Columbia School of Nursing in 1975. I was the only black male nursing student at this historically black college and university. Upon graduation, I worked a few years at the District of Columbia General Hospital in multiple critical care units. Then, I applied and was accepted into George Washington University's nurse anesthesia program."

Why He Loves Being a CRNA: "My first nurse anes-

thesia position was at Shock Trauma Medical Center in Baltimore, Maryland, to deliver anesthesia to trauma patients. A few years later, I wanted to work for myself as an independent nurse anesthetist and do my own billing for anesthesia services. For over 25 years, I have enjoyed being the owner of a successful anesthesia service company for other nurse anesthetists who work independent of an anesthesiologist. I was the first nurse anesthetist of color to serve on the

Maryland Board of Nursing appointed by Governor O'Malley. I served as the President of the Maryland Association of Nurse Anesthetists (twice). In addition, I was instrumental in the formative years of starting the University of Maryland Nurse anesthesia program in selecting strategic clinical sites throughout the state. Also, I have served as the Chair for the Board of Visitors at the University of Maryland School of Nursing. I have extensive humanitarian services in providing anesthesia in Central

America to underserved and vulnerable children in need of plastic and reconstructive surgery."

On the Value of Mentorship: "I have served as the president of the Diversity in Nurse Anesthesia Mentorship Program since 2008 [as well as] a co-moderator and mentor for 20 out of 28 Diversity CRNA Information Sessions and Airway Simulation Lab Workshops across the country as a professional and moral obligation."

with one during my junior year in nursing school. The art and science of anesthesia fascinated me. CRNAs practice with a high degree of autonomy and professional respect. The ability to gain the autonomy is extremely motivational. I sought out anesthesia conferences, shadowed CRNAs, and attended the Diversity in Nurse Anesthesia Mentorship Program where I met my mentors, Dr. Lena Gould, CRNA, FAAN, and Mr. John Bing, CRNA. Diversity CRNA exposed me to the world of anesthesia to better understand what a CRNA does and the rigors on becoming one."

On the Value of Mentorship: "Mentoring has given me the support and encouragement to succeed. My mentors instilled confidence and excitement, empowering me to have faith in myself; which gave me great strength to succeed in this incredible profession. Life has its ups and down. There will be roadblocks. Mentors are there to remind us to not let those obstacles lose our focus. I am sincerely grateful for all that Dr. Gould and Mr. Bing have done to help me become a

strong CRNA."

Future Plans: "As a recent CRNA graduate, I am still learning and very much enjoying my role as an anesthesia provider. However, I do believe in the continuation of my self-led, self-seeking, self-injected education and will be applying to a DNP/FNP joint program in the future. I have showed interest in doing medical mission trips and am just awaiting the call for next year. This would allow me to give back to the community and to the profession that has been good to me." **MN**

Wallena Gould, EdD, CRNA, FAAN, is the founder and CEO of the Diversity in Nurse Anesthesia Mentorship Program and chair of the AANA Diversity Task Force.

Ronell Kirkley, DNP, CRNA, APN-Acute Care, is a former chief nurse anesthetist and acute care nurse practitioner at Methodist Hospital in New York and contributed and coauthored a book, *Comprehensive Systematic Review for Advanced Nursing Practice*, used in about 30 graduate programs nationwide.



Mark Doria, CRNA, MSN

Graduate of Rutgers University Nurse Anesthesia Program

Race/Ethnicity: Filipino
Language(s): Tagalog and Bisaya

Critical Care Experience: "I spent two years in neurosurgical ICU and four years in Cardiothoracic ICU at NYU

Medical Center before applying to a nurse anesthesia program."

Reason for Wanting to Be a CRNA: "I've always dreamt of becoming a nurse anesthetist ever since I first interacted

Q&A with Minority Health Policy Leaders

BY JANICE M. PHILLIPS, PHD, FAAN, RN

Increasingly, nurses are taking their rightful place at tables where health policies are shaped and debated. As part of this momentum, professional and specialty nursing organizations have ramped up their efforts in preparing their members to become influential advocates on behalf of patients and the nursing profession. Minority nursing organizations share a rich tradition of advocating to improve the health and well-being of communities of color and are actively preparing their members to become more engaged in the policy arena. In this issue, we hear from six minority nurse leaders who are on the forefront of shaping and implementing the health policy agendas of their respective organizations.



Birthale Archie, DNP, MSN, BS, RN

Health Policy Committee Chair, National Black Nurses Association (NBNA)

Does NBNA have a national public policy agenda?

Yes. The overall goal of our public policy agenda is to maintain and strengthen the NBNA's capacity to influence health policy. The NBNA has

an overarching health policy framework that shapes and informs our annual health policy programs, initiatives, education, and advocacy initiatives.

NBNA is addressing a number of health policy issues. The

NBNA leadership has taken an active role in raising awareness and taking action regarding reducing violence in our communities. Some 20 chapters in as many different cities have hosted different initiatives to address community violence. The Health Policy Committee and NBNA chapters have advocated for nonviolence, raised awareness, and encouraged all to take action to effectively address the alarming rate of gun violence impacting individuals and families. Our 2016 Capitol Hill Day centered on "Addressing the Epidemic of Violence: NBNA's Call to Action." Ongoing actions are continuing through our NBNA leadership, Health Policy, Violence Reduction Committees, and Chapters.

Environmental safety is another issue of concern. The exposure experienced by some cities to environmental toxins (e.g., lead exposure and water pollution) has adversely impacted the health and wellness of communities. Such toxins continue to plague the unserved, underserved, and the underrepresented communities. NBNA and its chapters have voiced concern in a news release on environmental safety and assisted with some goods and services to individuals and families in one city.

What do you believe are the top policy imperative(s) impacting the nursing profession today?

One of the top imperatives for nursing today is securing

full practice authority for all four advanced practice registered nurse (APRN) roles. Research has shown that care delivered by nurse practitioners (NPs) is comparable to the care delivered by practicing medical doctors (MDs). Given the tremendous need to ensure quality care for all populations, full practice authority is a critical step in ensuring that people of color have access to primary care services. NPs will continue to play a critical role in providing health care services to the unserved, underserved, and underinsured populations. In this regard, nurses must be front and center in leading the change in transforming health care delivery and remain the voice for advancing the nursing profession.

A second imperative is for the nursing profession to remain vigilant in advocating for funding to support nursing education, practice, and research. Specifically, the profession should engage in advocacy to secure funding for the National Institute of Nursing Research, "the Health Resources & Services Administration" (per hrsa.gov), and Title VIII. This advocacy is critical for advancing the profession and ensuring an appropriate supply of qualified nurses to care for patients, families, and communities. Funding to support nursing education would not be complete without securing funding to address the current faculty shortage.

The third imperative is to

move beyond acknowledging the faculty shortage and collaborate to establish and implement a cooperative comprehensive action plan to significantly decrease the faculty shortage in five years. According to the American Association of Colleges of Nursing's report, *2014-2015 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*, U.S. nursing schools turned away 68,938 qualified applicants from baccalaureate and graduate nursing programs in 2014. The faculty shortage is so severe that some states are exploring ways to assist colleges and universities in providing financial incentive packages to help recruit nursing faculty.

How does NBNA prepare its members to be influential advocates in the policymaking arena?

NBNA has hosted an Annual Capitol Hill Day for the past 28 years whereby our members visit their legislative officials in our nation's capital. Twice, we have been invited to attend a White House briefing. In conjunction with the White House staff, we bring before the NBNA body representatives from the U.S. Department of Health and Human Services (HRSA, SAMSHA), the Office of Minority Health, the Department of Justice, and other top-level officials from the White House, to name a few.

Preparation for our Capitol Hill Day involves preparing NBNA members to speak persuasively and accurately on issues that are of great concern to the health and well-being of communities of color and the nursing profession. "Legislative Toolkits" are distributed in ad-

vance and members are briefed before they leave to visit their legislative officials. A debriefing is held following the visit to reflect on the day's activities and explore ways to take the message back to the home Chapter members for continued follow-up and advocacy. Chapters are encouraged to use the "Legislative Toolkit" and other NBNA resources when returning home to advocate on the local and state levels. The 2016 toolkit topics included violence reduction, reauthorization of HRSA's programs and Title VIII, integration of behavior health with population health management, and the ACA.

In addition, NBNA has sponsored an annual Health Policy Institute for the past two years whereby members have heard firsthand from key officials and advocates who are engaged in advocacy and political activism. NBNA members are equipped with resources and additional knowledge that will help them become more influential advocates.

In your opinion, what has been the ACA's greatest impact on minority communities?

One important outcome has health care services for uninsured and underinsured individuals. The recent 2013-2015 data from the Kaiser Family Foundation revealed sharp decreases in uninsured rates among the poor, near poor, and among Blacks (19%-11%), Hispanics (30%-21%), and Asians (14%-7%). And although there has been some progress, more gains are sorely needed if we are to realize optimal access to high-quality care for all.

As a nurse leader, what advice would you give to nurses who are interested in becoming involved in the policymaking process?

- Embrace the opportunity to influence public policy. Nurses have the expertise and knowledge to play an important role in shaping the discussion and informing the public.
- Embrace policy involvement as an integral role

and responsibility of nursing practice.

- Establish relationships with legislative officials in your local geographic region and become familiar with health policies that may directly and indirectly impact the delivery of health care services and the nursing profession and take pertinent action.



**Susana González, RN, MSN, MHA, CNML
María de los Angeles Ordóñez,
DNP, ARNP, GNP-BC**

Policy and Advocacy Committee Co-Chairs, National Association of Hispanic Nurses (NAHN)

Does NAHN have a national public policy agenda?

Our public policy agenda addresses the challenges and opportunities associated with providing optimal care to Hispanic populations. We address these issues by collaborating with private, public, and federal entities that have a vested interest in improving the health and well-being of Hispanic populations. We continuously review the agenda

and revise it as needed through discussions with the Board of Directors and all of our chapter members throughout the United States. Some of our most pressing issues include ensuring access to high-quality care for all, immigration, and climate change. The Alliance of Nurses for Healthy Environments is one group we work with to identify and address environmental concerns affecting Hispanic communities.

What do you believe are top priority imperatives impacting the nursing profession today?

For decades, nursing as a discipline has debated the requirement of the Bachelor of Science in Nursing (BSN) degree for entry into practice. There are still various pathways to becoming a nurse (e.g., Diploma, Associate Degree in Nursing), and for some reason, nursing is one of the last professions that has not adopted the practice of requiring a baccalaureate degree for entry into practice. Given the complexities of today's health care environment, we need to ask ourselves how we can make it easier for future generations to secure their BSN opportunities. From a minority perspective, especially, access to education has not been easy. Many Hispanic nurses have had to take a longer route starting out as a diploma or associate degree nurse before moving on to becoming a baccalaureate-prepared nurse. More outreach and support is needed not only to secure the BSN but also advanced degrees in nursing at master's and doctoral levels.

Advocacy to expand the full scope of practice for the APRN is another important issue that we must continue to advocate. We must highlight the full value of the APRN, particularly in meeting the health care needs of Hispanic and other minority populations by increasing access to those who have traditionally been underserved.

The priority is to improve health care disparities by increasing diversity and inclusion in the nursing profession. There are over 3,000,000 registered nurses in the United States, and Hispanic nurses

only represent roughly 4%. Yet in contrast, Hispanics in the United States represent roughly 17% of the U.S. population. As we believe that the best way to achieve health equity is by having a diverse workforce, capable of promoting and delivering culturally and linguistically competent care, then we absolutely need a workforce that mirrors the communities we live in.

NAHN also partners with the Nurses on Boards Coalition to place at least 10,000 nurses on boards by 2020. A mutual priority of both organizations is to influence the health of communities and the nation through the service of nurses on boards and other bodies.

How does NAHN prepare its members to be influential advocates in the policymaking arena?

NAHN prefers to work with partners, coalitions, and other advocacy groups who share a common commitment to improving the health and well-being of minority communities. We encourage our members to find their passion and use that passion as a platform for their advocacy efforts, first on the local level and then onto the state and national levels. Furthermore, we encourage and support our members in seeking appointment to boards and committees of NAHN and other organizations, where they can be instruments of change. Through these experiences, members can gain additional expertise. NAHN supports its members in partnering with advocacy groups such as AARP, American Red Cross, Planned Parenthood, American Heart Association/American Stroke

Association, the March of Dimes, and organ and tissue donor organizations.

Our website also has a wealth of information, including position statements on health equity, advanced practice nursing, and essential health benefits, to name a few. Members are encouraged to use these and other resources when advocating for underserved minority communities and the nursing profession. One of our goals is to convene a joint Capitol Hill Day activity with other minority nursing groups and advocacy groups to help leverage resources as well as include multicultural expertise.

In your opinion, what has been the ACA's greatest impact on minority communities?

At NAHN, it has been one of unity. We have been able to address the overarching goal of reaching multicultural communities. NAHN received an ACA grant to do a Train the Trainer program where we learned about the best practices for targeting hard-to-reach communities and to enroll them into the ACA health care program. Through this, many Hispanics have gained access to health care for the first time. Sometimes these communities are suspicious of outsiders who come to say, "We are here to enroll you into a health care program." We were able to address this concern because of some of the resources afforded to us by the ACA. As bilingual minority nurses, we are well suited to build trust and thereby address a number of barriers and enhance access, improve culturally relevant health literacy, and link communities with necessary resources.

The benefits associated with

not denying coverage for individuals with preexisting disease has greatly benefited our community. In addition, young Hispanic adults now have coverage with their families. Does this address the needs of undocumented populations? This does not address the needs of undocumented populations; however, we still have Federally Qualified Health Centers that can help fill in the gap.

As a nurse leader, what advice would you give to nurses who are interested in becoming involved in the policymaking process?

Finding your passion is key. Ask yourself: "What do [I] want to do in the policy arena?" Sometimes we don't see ourselves as leaders. However, all nurses are leaders, including nurses at the bedside. Let your passion become your platform for change. Share your expertise at the local, state, and national levels. Form coalitions with like-minded groups and individuals.

Another piece of advice: Keep the *Future of Nursing* report front and center. We still have much to advocate for on behalf of the profession. The report and related recommendations can serve as a roadmap for continued advocacy.

Get appointed to boards. There you can share your expertise and learn from others as well as make a difference in the lives of those you serve. There are a number of ideas and opportunities outlined in the *Future of Nursing* report to strengthen nursing as a profession and its meaningful contributions.



Varsha Singh, MSN, APN-C

Public Relations Chair, National Association of India Nurses of America (NAINA)

Does NAINA have a national public policy agenda?

Even though there is no public policy agenda, NAINA strives hard to provide community service to promote the health of community members and has a community education committee that is created within NAINA's structure to enhance the visibility of our vision and mission. NAINA encourages members to provide culturally competent care that can lead to improved health outcomes, quality of care, and contribute to the elimination of racial and ethnic health disparities.

One community education project that NAINA implemented was Let's act Fast (LAF) for stroke prevention. The goal was to create awareness about stroke signs and symptoms and educate the community about treatment options and stroke resources within the community.

NAINA also has a PR Chair that communicates with other professionals as well

as community organizations nationwide. The role of the chairperson is to facilitate communications both internally and externally to spread awareness about NAINA and to appoint members as ambassadors to represent NAINA at local and state meetings or at community health events.

These efforts support NAINA's highest priority to be at the forefront of professional nursing education, leadership development, community health education, and health care delivery by advancing and preparing our membership to meet the challenges of the future pertaining to inclusion and diversity.

What do you believe are the top policy imperatives impacting the nursing profession today?

The top policy imperative that is impacting the nursing profession today is the current health care delivery system.

The system is driven by the organizations that limit the care delivery to the patients. Nurses act as the advocates of their patients, and allowing APRNs independent practice must be made standard across the nation to meet the demands of primary care.

How does NAINA prepare its members to be influential advocates in the policymaking arena?

NAINA nurses are mentored to lead, promote, and advocate for the educational, professional, and leadership opportunities for nurses from India. NAINA recognizes leaders that represent themselves in different committees and assume the position as the executive and governing board members. These members are then encouraged to attend meetings and conferences nationwide to represent NAINA and increase the visibility of the organization and its mission and vision. When NAINA is contacted about opinions that are targeted toward a policy change, it is shared with the membership for their votes and opinions.

NAINA also fosters shared governance, an inclusive and equitable environment that supports and recognizes the contributions of all the members and collaborates with all the professional nursing organizations as well as community organizations regardless of national origin, language, race, color, disability, ethnicity, gender, age, religion, sexual orientation, gender identity, socioeconomic status, veteran status, and family structures. We strongly believe that the collective approach, shared governance, and inclusion initiatives are key components

to enhance health care delivery and advance community health through health prevention projects.

In your opinion, what has been the ACA's greatest impact on minority communities?

The ACA's inclusion, equity, and diversity status has created more language assistance services in the health care industry. The new bill mandated that hospitals provide language assistance to all patients seeking care at their organization. As per health economist Daniel Polsky's 2015 report, 20% of African Americans, 31% of Latinos, and 26% of Native Americans would be without insurance if the ACA had not been implemented. The statistics do not include South Asians, so it is difficult to provide specific numbers for the Indian community, but Polsky reported that with the ACA in effect, the number of uninsured African Americans went down to 11%, Latinos to 19%, and Native Americans to 13%. The media has pointed out that the insurance disparity gap between whites and minorities is changing as a result of the reform law. However, the ACA is complicated, and minority communities may experience language barriers in understanding the intricate process. There are many aspects of the ACA that require reorganization in order to have a full positive effect on minority communities.

As a nurse leader, what advice would you give to nurses who are interested in becoming involved in the policymaking process?

Nurses are the true advocates for their patients. To be part of

a policy change or suggest a new health policy, these are the steps that must be considered.

- Be aware of what's happening about health policy in your hospital, your state, and your country.
- Become a member in a professional minority nursing organization and create a health policy committee within the organization structure.
- Become a member of ANA and thus a member of your state nurses' organization.
- Advocate to have the state nursing organization recognize your minority nurse organization as an affiliate organization.

- Volunteer to be a member of the health policy or political action committee.
- Look for opportunities to meet the legislators, senators, and assemblymen through your organization.
- Share your expertise about health policy with novice nurses and motivate them.
- Generate programs that increase nursing engagement in community health promotional activities.
- Support equity, inclusion, and shared governance in nursing.
- Be a role model for nurses to provide support and education.

in 1979, PNAA has worked toward making the status of temporary workers permanent by supporting H.R. 3259 (101st): Immigration Nursing Relief Act of 1989, which amended the Immigration and Nationality Act "to provide for adjustment of status, without regard to numerical limitations, for certain H-1 nonimmigrant nurses and to establish conditions for the admission, during a 5-year period, of nurses as temporary workers." Nurses who were initially on working visa were able to become permanent residents and, eventually, citizens of the United States.

At present, PNAA members are woven into the fabric of mainstream American nursing and support the IOM's recommendations in its *Future of Nursing* report.

What do you believe are the top policy imperatives impacting the nursing profession today?

There are several policy imperatives that impact nursing. Staffing ratio is one; it has been implemented in California and is being proposed in New Jersey. Proponents of mandatory, inpatient nurse-to-patient staffing ratios have lobbied state legislatures and the U.S. Congress to enact laws to improve overall working conditions in hospitals. Proposed minimum, nurse-to-patient staffing ratios, such as those enacted by California, are intended to address a growing concern that patients are being harmed by inadequate staffing related to increasing severity of illness and complexity of care. However, mandatory ratios, if imposed nationally, may result in increased overall costs of care with no guar-

antees for improvement in quality or positive outcomes of hospitalization. In a 2007 article published in *OJIN: The Online Journal of Issues in Nursing*, author John Welton argues that the costs associated with the additional registered nurses that will be needed for the higher, mandated ratios will not be offset by additional payments to hospitals, resulting in mandates that will be unfunded.

Another policy imperative is the requirement of the BSN for entry level to nursing for better patient outcomes. Nurses with BSN degrees are well prepared to meet the demands placed on today's nurse, and they are prized for their skills in critical thinking, leadership, case management, and health promotion as well as their ability to practice across a variety of settings. This is in tune with the IOM recommendation that nurses should achieve higher levels of education and training and having the goal of 80% BSN graduates by 2020. Additionally, APRNs should practice to the full extent of their education and training. In many settings, they still function under the direct supervision of physicians.

How does PNAA prepare its members to be influential advocates in the policymaking arena?

Historically, the PNAA has lobbied and supported policies that are pro-nursing (e.g., the Nursing Relief Act of 1989 and the Immigration and Nationality Act of 1995). Seminars and conferences are offered in many chapters of the PNAA on how a bill becomes a law, and members are encouraged to do letter writing to their



Madelyn Yu, MSN, RN

President-Elect, Philippine Nurses Association of America (PNAA)

Does PNAA have a national public policy agenda?

PNAA promotes the welfare of the Filipino-American nurse.

It advocates for the rights of each individual nurse as migrant workers and as citizens of this nation. Since its inception

senators and congressmen to support legislation. The PNAA has sponsored interns in Washington, DC, to learn firsthand how nurses can support certain legislations and promote nursing.

Some PNAA leaders have been and are active members, or president of their State Boards of Nursing. The PNAA has also lobbied and supported other policies/bills, such as the Veterans' Bill, which has passed, and the Medicare Portability Act, which is still ongoing.

In your opinion, what has been the ACA's greatest impact on minority communities?

I believe ACA's greatest impact on minority communities is its focus on wellness and health promotion. Population health is the buzz word, and a health care institution has the responsibility of promoting/maintaining the health of the population it covers.

One feature of the ACA that benefits the minority groups is the coverage for everyone, and if someone has a preexisting condition, he/she cannot be turned down for coverage. Children can be covered up to 26 years of age—and that is a plus not only for minorities but for all families. The ACA also offers alternative ways of provision of care in homes rather than traditionally in the

hospital. This involves new ways of doing things, such as transition of care and training of personnel.

As a nurse leader, what advice would you give to nurses who are interested in becoming involved in the policymaking process?

PNAA is a member of an organization called the National Coalition of Ethnic Minority Nurses Association (NCEMNA), which is composed of these groups: National Alaska Native American Indian Nurses Association, the National Black Nurses Association, the National Association of Hispanic Nurses, the Philippine Nurses Association of America, and the Asian American Pacific Islander Association. NCEMNA is a unified force advocating for equity and justice in nursing and health care for ethnic minority populations. We need a global perspective in policymaking and nurses need to get involved to identify which values they will embrace. PNAA encourages collaboration with other minority groups as well as the ANA and local state nurse associations to continue to become actively involved in the policymaking process. By participating in the policymaking process, nurses can develop a sense of self-efficacy and self-esteem.



Margaret P. Moss, PhD, JD, RN, FAAN

Ambassador, National Alaska Native American Indian Nurses Association (NANAINA)

Does NANAINA have a national public policy agenda?

[Editor's Note: Margaret Moss is not an elected official of NANAINA but was recommended by their leadership to represent the organization for this column.]

Although there is no stated national public policy agenda, some policy-relevant work/purposes of NANAINA include items such as

- Formulate position statements on Alaska Native/American Indian (AN/AI) issues of professional practice and to advocate for professional advancement of AN/AI nurses;
- Provide a forum for AN/AI nurses to analyze and evaluate the health care needs of AN/AI people;
- Identify health service delivery barriers for AN/AI consumers;
- Identify barriers to quality education for AN/AI

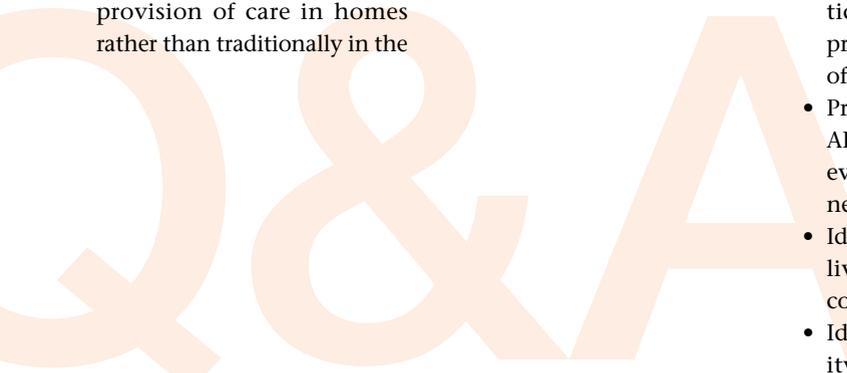
nurses, nursing students, and recommend appropriate solutions to local, state, and federal agencies; and

- Advocate for AN/AI nurses to have equal access to education, professional, and economical opportunities afforded to all nurses.

What do you believe are the top policy imperatives impacting the nursing profession today?

I will answer from the perspective of Native nurses. The following are excerpts from my book, *American Indian Health and Nursing*:

In Indian country, when one aspires to become a nurse, the road is difficult and filled with many obstacles. The road is difficult for most who aspire to this calling, but then add in multiple additional hindrances at every turn . . . There should be a key message and related recom-



mendation of required collaboration among federal, state, and tribes toward the future of nursing, not between federal and state alone . . . The gaps in care and the roots of health disparities lie in structural determinants of health. The AI/AN is already expert in most cases in terms of both an understanding of these structural barriers and the stories that accompany them. These nurses are uniquely ready to add to the transformation of nursing health care delivery success, and, therefore, to affect patient outcomes. But they are not sought out, not included, and not heard.

How does NANAINA prepare its members to be influential advocates in the policymaking arena?

NANAINA has a unique membership: Native nurses and Native health-interested nurses. The reality of nursing in the Native health arena is working with even less resources and time than most nurses, and with one of the sickest populations with lowest life expectancies, earliest onset, and most severe functional disability, diabetes, etc. Yet, there are the fewest of Native nurses: 0.3%. NANAINA seeks to identify these nurses, bring them together, provide information, and advocate for these nurses. In many cases, these nurses do not even know the “table” exists, so we are at the level of educating and informing. Many Native nurses (direct care or even management at the Indian Health Service) do not know about the *Future of Nursing* report, about the “academy,” or about policymaking. The reverse problem being those bodies also do not know

about or have not reached out to the Native nurse.

In your opinion, what has been the ACA’s greatest impact on minority communities?

There have been unique issues for the ACA and Indian country. One being tribes often cross state lines where rules and processes differ. Tribal leaders felt they were not consulted appropriately to plan for these difficulties. *The Associated Press* has reported stories of individuals “not being Indian enough” for the exemption for the ACA and facing a \$695 penalty from the IRS, which is exorbitant for the desperately poor. On the other end, Tribes are being named as “large employers” and are faced with setting up insurances where they previously have not had to. Indians see the government as owing health care double taxation treaties where millions of acres were ceded in prepayment.

“Affordable coverage is not the same as pre-paid, treaty-based healthcare,” journalist Mark Trahan wrote in his post-coverage of the 2013 White House Tribal Nations Conference for Al Jazeera. “American Indians and Alaska Natives are supposed to have a treaty right—a special right—to healthcare. One that’s fully-funded. It’s not ‘affordable healthcare just like everybody else’s,’” he added. Further, the *Indian Country Today Media Network* highlighted the concern of tribal leaders and Indians that the government might not understand the basic special status of Indians in America today.

On one hand, the folding in of the Indian Health Care

Improvement Act is good as it lay “un-reauthorized” time and again for years each time since its inception in the 1970s. It added new areas such as eldercare. However, many of these additions are unfunded mandates.

Medicaid expansion will, in theory, help many of the poverty-stricken American Indian population—but this population is also known to not apply for Medicaid in numbers that it could for a variety of reasons. I think the jury is still out in Indian Country.

As a nurse leader, what advice would you give to nurses who are interested in becoming involved in the policymaking process?

Show up and speak up for causes you care about—you have to have passion backing it. This is difficult in both my populations—Natives and nurses—as they are not socialized to “raise the voice,” metaphorically or literally. Yet, these

populations have a lot to say, have specific information, and unique knowledge and perspectives, but they are almost never voiced in health policy discussions. They certainly have “issue identification” knowledge with which to formulate policy. They often don’t realize it! Importantly, as I say in my book, Native nurses were *not* at the table when the *Future of Nursing* report was devised, and it is painfully obvious.

Practice at the organizational level, then move to local government and on up to regional, state, and national levels—or stop at whichever level you wish. Many local initiatives are used nationally. In the case of Native nurses, you may want to become involved at the tribal level (arguably, these *are* nations). **MN**

Janice M. Phillips, PhD, FAAN, RN, is the Director of Government and Regulatory Affairs at CGFNS International, Inc., in Philadelphia.





THE FUNNY BONE

COMPILED BY MICHELE WOJCIECHOWSKI

Nursing can be a tough job, but it has a ton of fun sides as well. Enjoy the following hilarious stories sent in by your fellow nurses. Have a funny tale to tell? E-mail writer Michele Wojciechowski at MWojoWrites@comcast.net to share!

A Bloody Mistake

When I first worked as a nurse, we had someone who was a rectal bleeder. The patient needed blood, and the blood bank asked for a clot. As new nurses, my coworker and I didn't know what that meant. So, she took a rectal clot from the patient and sent it to the blood bank.

They were quite amused!
—T.Q., RN

Nice and Snarly

When I worked at a hospital, I was assigned an elderly lady who was transferred from a nursing home for IV antibiotics to treat a urinary tract infection. (When an elderly person gets a UTI, they can present with mental changes and confusion.)

She kept pulling out her IV. Another nurse and I had to work together to try and start another IV and had to hold her down so she wouldn't pull it out—this was back in the day when you could use restraints.

No matter how we tried to explain what we were doing and how the medicine would help her, it didn't matter. She continued to fight, spit at us,

swing at us, and try to kick us. Then she looked us both straight in the eye and said, "You all ain't nothing but a bunch of snarly bitches!"

After this event, whenever my coworker and I would work a shift together, we would greet each other with, "Good morning, you snarly bitch!"

—J.D., RN

One Happy Patient

Once, when I was working in the ER, a ten-year-old girl was brought in via an ambulance with a complaint of confusion and abnormal behavior. The little girl was running around her neighborhood naked and not listening to basic instructions.

When she came into the ER, she began to run around everywhere inside of it naked, and no one could gain control of her. After almost an hour of her running and hiding, some nurses lured her out with a happy meal.

Diagnosis: Poor behavior and lack of discipline at home. Patient was released promptly.

—M.Z., FNP, RN, MSN

Dead Wrong

During routine nursing rounds, a patient with a "Do Not Resuscitate" code status was found to have passed peacefully. After completing postmortem care, the patient was tastefully covered to allow family to come mourn prior to the arrival of the funeral home. The patient was positioned with the blanket pulled up just above the neck line.

Prior to death, labs had been ordered for the patient, and the patient had been known as a "hard stick" (difficult lab draw). Because of this, the lab had already been notified to send a phlebotomist up instead of having a staff nurse try to get blood.

Unbeknown to the staff, the lab tech went into room to draw blood. Soon after, the lab tech exited the room and asked for a heating pad at the nurses station. The nurse at the nurses station complied, not knowing what the phlebotomist needed it for.

It was only after spending a reported 30 minutes in the room trying to heat up the patients' hands to make it easier to draw blood, that the lab tech realized the patient had expired.

—T.B., RN, ADN

Do you have a funny story to share? It can be something that happened to you at work, while in nursing school, while teaching nursing school—practically anywhere, as long as it involves the nursing field. If so, contact Michele Wojciechowski at MWojoWrites@comcast.net. We may use your story in a future issue.

In the Spotlight



Kameka Brown, PhD, MBA, FNP

Kameka Brown, PhD, MBA, FNP, is the executive officer of the California State Board of Vocational Nursing and Psychiatric Technicians—the largest VN board in the nation. Her role is to ensure safe and competent vocational nurses (VNs) and psychiatric technicians (PTs) can enter the workforce and practice effectively. Additionally, she is responsible for preserving consumer protection by enforcing scope of practice regulations and professional laws governing VN/PT practice. She advocates for the voice of VNs and PTs and promotes the role as a viable career choice for future clinicians.

What is your nursing specialty?

Although I started my nursing career in emergency medicine, my clinical background is in community health. My passion is providing quality health care and social support in communities that are often-

times ignored. Additionally, I am a board-certified family nurse practitioner and really enjoy caring for patients across the lifespan. My most recent clinical work has been in the Veterans Administration, which is a great place to provide health care.

Describe your educational background. Where did you go to nursing school and what is your degree?

I transitioned into nursing from a previous career in telecommunications where I obtained a Master's in Business Administration with a focus on health care administration. I saw the value of quality patient care at the bedside. I completed an accelerated master's entry program through DePaul University. This offered me the opportunity to participate in a "bridge" to doctoral studies at the University of Illinois. I completed my PhD with a research focus in health dispar-

ities and community capacity. Knowing I wanted to guide health care, I completed my post Master's certificate at Northern Illinois University as a family nurse practitioner.

What made you decide to go into the nursing field? What inspired you?

I was in telecommunications, but I did not believe I was making an impact on my community. Literally, after seeing a recruitment ad for nurses, something sparked. I knew that I was interested in being a part of one of the most trusted professions helping others maximize their quality of life. I continue to be inspired by both the impact and myriad of roles nursing has afforded me. From educator to provider to now regulation, becoming a nurse lead to expansive career choices.

What goals do you still have for your career?

There continues to be a need to harness the collective voice of nurses around policy and practice issues. My future goal is to serve in a capacity to champion health care policy initiatives that promote APRN full practice authority, leverage and maximize the incorporation of VNs/PTs on the health care team, and improve care coordination.

Where do you see the future of nursing headed?

Nursing continues to serve a vital role in the crafting and execution of interprofessional

practice and care coordination. The role of nursing will continue to expand as more nursing-led clinical and educational research is initiated. Equally, the importance of establishing funding for nursing traineeships (e.g., residencies/fellowships) will support the didactic and clinical innovations occurring in the clinical setting.

Have you had any issues related to being a minority nurse? If so, explain.

One central issue is limited access to mentors. Successfully navigating your nursing career as a person of color is appreciating the need for mentors at every level of your career. Mentors are critical in providing insight related to "soft skills" (i.e., networking, speech presentations, what to wear) not generally covered in your coursework. Mentors also serve to open doors that you may not have access to leading to additional opportunities. Mentors may be a challenge to find, particularly as a minority nurse, but it is critical for career success.

What advice would you give to other minority nurses?

Nursing is an amazing profession that offers a myriad of opportunities. With the growing diversity in our community, it is critical to have nursing leaders that reflect the population. Do not be discouraged by limited people or limited ideas. If you think it is possible, you can do it as a nurse.



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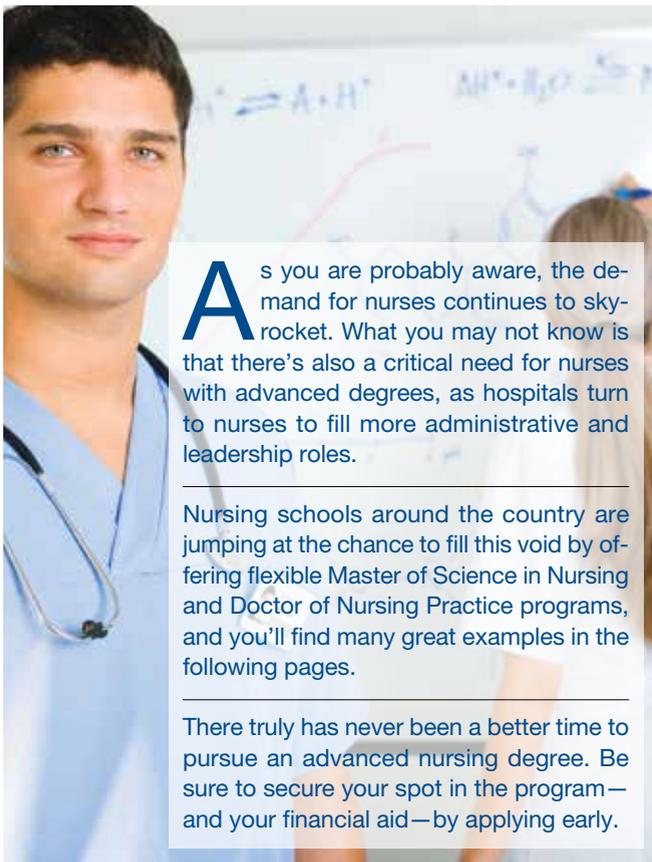


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