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Nevada RNFORMATION

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The Nevada Nurses Association is a constituent member of the American Nurses Association
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Inside

articles

regular features

The President's Message

Nursing and Healthcare in Nevada: The Good, the Bad, and the Ugly

Mary Bondmass, Ph.D., RN, CNE, President,
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Dear Colleagues,

As we slowly emerge from the devastation of the COVID-19 pandemic, we can take a minute to breathe, knowing that as nurses across Nevada, we did our part! No matter our working situation, be it a staff nurse, hospital administrator, nursing faculty, APRN, or a retired nurse who served as a volunteer – Nevada nurses significantly contributed to restoring and maintaining the health of our state. I salute and thank all of my nurse colleagues. While we mourn those who we lost and empathize with those who suffered morbidity, we can still proudly applaud our efforts over the past year and a half.

Moving past (not forgetting, but moving past) COVID-19 and thinking about the progression of Nursing and healthcare in Nevada, I am reminded of the Clint Eastwood movie title, The Good, the Bad, and the Ugly, and how we compare to other states. Below are a few facts that I am sharing with you to stimulate conversation in your workplace to increase awareness and maybe the need for change. You decide which part of the Eastwood title applies.

According to a May 5, 2021 article in Becker's Hospital Review, Nevada was ranked as the third (3rd) best state to work in as a nurse. Third, in the entire country!!! The article's author, Kelly Gooch, writes about the Becker's Hospital Review analysis: *"To identify the best and worst states for nurses, analysts used 22 metrics to compare states across two dimensions: opportunity and competition, and work environment. Metrics include average annual salary, healthcare facilities per capita, nursing job openings per capita, mandatory overtime restrictions, and the ratio of nurses to hospital beds. Each metric was graded on a 100-point scale, and states were ranked from the highest overall score to lowest."* You can read more about their methodology here.

Nevada's overall score was 57.60 out of the 100 point scale; we were number one for '*Opportunity and Competition*' and number 31 for the '*Work Environment*' categories. While our *Work Environments* scored in the upper half of the country, it seems like that should be higher given our number one position for 'Opportunity and Completion,' or maybe the opportunity is because of the less than perfect work environments.

Nevada ranked second (2nd) for the highest annual nursing salary (adjusted for cost of living); this is up from our ranking of the seventh (7th) in 2001. Nevada is 48th for the fewest job openings for nurses and 49th for the fewest healthcare facilities per capita. In 2015 Nevada ranked 51st in nurses per capita; in 2018 and 2020, we ranked 49th and 48th, respectively; some improvement, but hardly a cause to celebrate (the District of Columbia accounts for 51 possible ranks).

Also of interest about healthcare in general, Molly Gamble reports in a separate article on state rankings

The President's Message continued on page 9

Mark Your Calendars

Shining Stars of Nursing in Nevada- October 2nd

NNA Annual Meeting and Conference – November 6th

NNA Mission Statement

The Nevada Nurses Association promotes professional nursing practice through continuing education, community service, nursing leadership, and legislative activities to advocate for improved health and high quality health care for citizens of Nevada.

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Are you interested in submitting an article for publication in RNFormation? Please send it in a Word document to us at lbowman@nvnurses.org. Our Editorial Board will review the article and notify you whether it has been accepted for publication.

If you wish to contact the author of an article published in RNFormation, please email us and we will be happy to forward your comments.

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Looking Forward and Looking Back – APRN Growth in Nevada

Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP

The history of advanced practice nursing in Nevada is rich. From the first recipients of their *certificate of recognition* to those today who have a *license* to practice as an advanced practice registered nurse (APRN), the road is paved with multiple stories of perseverance, hard work, and many good memories.

As this article is penned, the 81st (2021) legislative session is in progress and working towards its concluding 120th day on May 31, 2021. Reflecting on the APRN history, one major milestone comes to mind with the passage of Assembly Bill 170 and APRNs' full practice authority during the 2013 legislative session. The APRN legislation was a big step for advanced practice in Nevada, allowing APRNs to practice at the top of their education and training, which has improved access to care for people across the state.

In 2013, the number of APRNs (then known as advanced practice nurses or APNs) was 924. Today, in early 2021, this number is 2,870. This number represents a 210% increase of APRNs practicing in our state and translates into greater access to care in the population centers of Reno/Sparks/Tahoe, Las Vegas, and the rural and frontier communities. The majority of APRN growth has been in Clark and Washoe counties, but change is seen in all corners of the state.

This growth and the ability of the APRN to practice is an opportunity for highly educated nurses to come to our state and provide care. Incoming APRNs can become part of our greater community, grow their families, and create roots to anchor in Nevada. The advocacy work done to modernize legislation in 2013 created a foundation for many other changes in the years since its passage. In the 2017 and 2019 legislative sessions, APRNs saw changes to realize full practice authority by the ability to sign for handicap placards, death certificates, and many other functions comprising holistic, primary care. The gains over these past eight years have manifested into greater access to safe health care by APRNs.

What will the work be to modernize legislation in the next 8-10 years? Could Nevada see the adoption of the Nurse Licensure Compact (NLC) in the years to come? Just like full practice authority changed APRN practice, consider what the NLC could do for all registered nurse practice in our state. While the NLC did not pass in the current legislative session, the advocacy for this progressive action will continue toward passage in the 2023 session. The ability to practice with a multistate license would allow for greater opportunity for nursing professionals and provide nursing staff desperately needed in every corner of the state.

The future of APRN practice in our state is as bright as ever. Many APRNs are engaged in policy at levels unseen just eight years ago. The Nevada Nurses Association is fully engaged with championing the role of the APRN through policy change for improvement and modernization of laws. As the APRN community works together to achieve common goals to create a positive, unencumbered, safe, and welcoming practice environment, we will see the positive benefits with improved patient outcomes, access to care, and a healthier Nevada.

Nurses in the News

By Tracey Long PhD, APRN-BC

Nurses have been at the forefront of healthcare throughout the COVID-19 worldwide pandemic, and now nursing students get to play a role by helping deliver a solution. Nursing students have been a key component of the workforce at multiple vaccine clinics offered in Southern Nevada. Nevada has given 2.25 million doses of vaccine against the coronavirus providing 996,000 fully vaccinated Nevadans. Although that's an impressive number, that only represents 33% of our state's population. The average percentage in the US population by state that is fully vaccinated is 36% with a total of 263 million vaccines given, which exceeded President Biden's goal. The biggest resources to receive vaccines in Southern Nevada have been the Southern Nevada Health District, and chain pharmacies such as Walgreens, Wal-Mart, and CVS clinics.

UNLV Medicine was also able to secure vaccines and began a program for the Las Vegas community to receive vaccines at their Student Union building by appointment. Although they obtained the vaccines, they were lacking in qualified manpower to administer the vaccines. That's when nursing schools stepped up and organized clinical rotations for their students with instructors to help. Nevada State College, the College of Southern Nevada and Arizona College of Nursing provided hundreds of trained nursing students to serve. Nursing students each day served in the duties of vaccine administration, monitoring recipients for adverse reactions after vaccination, and even crowd control and translation services.

"This was such an awesome experience because I got to give more intramuscular injections in one day than my own nursing instructor had in her whole nursing school years!" remarked Jerome B., a BSN nursing student from Arizona College. "I really felt like I was a part of the solution to the COVID problem by being able to help give the vaccines" said Haidii P. an RN nursing student from CSN. The average number of vaccines given at UNLV's vaccine clinic by nursing students was 2200 per day. The average number of IM vaccines given per student was 50, with a high of 93, working from 8 am-5 pm.

Clark County was removed from the Nevada counties flagged list on Wednesday, March 3, 2021 after 20 consecutive weeks of being in the acceptable ranges. Vaccinations being given have been the Pfizer-BioNTech or Moderna, which each require two vaccinations. The Johnson & Johnson/Janssen vaccine is only available at some locations. The number of hospitalizations in Nevada has also declined to the low end seen during the pandemic of 27 on ventilators in May 2021. As each tier was released of those who are eligible, the numbers have grown. Currently, all Nevadans ages 16 and older are eligible to receive the free vaccine.

For more information about how to get nursing school students involved in the UNLV clinic contact Sherri Lindsay at CSN at 702-651-5793

For more information about how to obtain a COVID-19 vaccine go to:

Centers for Disease Control and Prevention: https://www.cdc.gov/

CVS Pharmacy: www.cvs.com/covid/vaccine

Immunization Action Coalition: www.immunize.org

Nevada Health Centers: https://www.nevadahealthcenters.org/c19vaccine/

Southern Nevada Health District: https://covid.southernnevadahealthdistrict.org/vaccine/distribution/?gclid=CjwKCAjw-e2EBhAhEiwAJI5jg8opcQ_6PO4vDgNUic5mYsV61Iuj6j0cK68fPATXqXHpU0zy4oyNcRoCbfQQAvD_BwE

UNLV Medicine: https://www.unlv.edu/coronavirus/vaccine

US Government information: http://www.vaccines.gov/

Walgreens: http://www.walgreens.com/

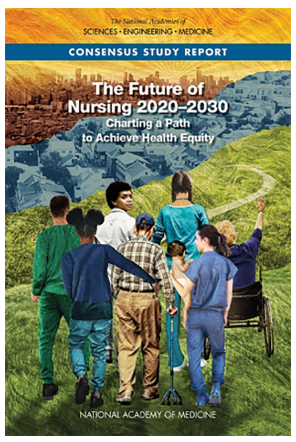
Pictures of Arizona College of Nursing at UNLV clinic April 2021

New Publications for the Nursing Community - 2021

Contributed by Bernadette M. Longo, PhD, RN – District 1 President Elect

This spring saw the release of publications that are essential reads for Nevada Nurses Association members and nurses across Nevada. These documents provide recommendations that will likely influence the future educational development of nurses and our discipline's professional practice.

The Future of Nursing 2020–2030: Charting a path to achieve health equity (2021)



The earlier 2011 Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health* focused on actions that could build critical capacity in nursing to meet the increased demands for care and advance health systems. An aim was to increase the percent of RNs in the workforce with a baccalaureate degree. The goal was 80% by 2020, yet in 2019 the number had only reached 59%. The other major aim was met, which was to double the number of doctoral-prepared nurses.

The newly released *The Future of Nursing 2020–2030: Charting a path to achieve health equity* provides a vision of achieving health equity in the United States built on strengthened nursing's capacity and expertise. Nursing is the discipline at the forefront to bring health equity and will help to create and contribute comprehensively to equitable public health and health care systems that are designed to work for everyone.

There are four takeaways from this new report:

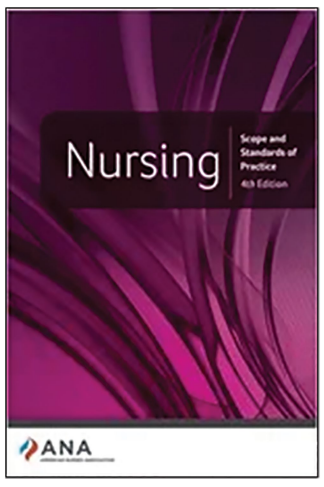
- Removing nurse practice barriers
- Valuing nursing's contributions
- Preparing nurses to tackle health equity
- Supporting the health and well-being of nurses

There are nine formal recommendations given in the report. In addition, the report is seen to align with the new AACN Essentials released this spring.

Available for free download:

National Academies of Sciences, Engineering, and Medicine. 2021. *The future of nursing 2020–2030: Charting a path to achieve health equity.* Washington, DC: The National Academies Press. https://doi.org/10.17226/25982

Nursing: Scope and Standards of Practice, 4th Edition (2021)



The American Nurses Association is proud to release the new scope and standards of professional nursing practice for RNs and APRNS.

Here are some exciting highlights:

- Revised definition of nursing and scope of practice statement
  - Changes include the addition of *caring, compassionate presence* and recognition of *the connection of all of humanity.*
- Addition of the new professional performance standard for advocacy
- Changes in select standards statements and accompanying competencies
- Updated *Nursing Practice Model*
- Addition of a new *Regulation of Professional Nursing Practice Model*

Nurses are urged to be the voice of the patient. Involvement in policy making and procedures are encouraged. A culture of safety is emphasized as nurses should be willing to speak up and identify system-level issues.

To order a copy: https://www.nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-edit/

NNA District 1 Team would like to thank those of you who joined our team (even though it was virtually) this year. Together nurses raised $425.00 for the American Lung Association.

Achieving the Elusive "Work-Life Balance"

Donna L. Castellani, MSN.ED, RN, CNE

Reprinted with permission from the New Jersey Nurse April 2021 issue

How many of us have often dreamed of having that perfect work-life balance? Meeting the demands of a heavy workload while maintaining healthy relationships with family and friends is challenging at best. Technology that enables constant connection easily allows work to invade our time at home. Working from home can also blur professional and personal boundaries (Mayo Clinic, 2020, para 2). We often feel we may never figure out the perfect routine to eliminate stress and return joy to our lives. Don't give up your dream of the perfect work-life balance! By defining what having a balanced life means to you and implementing a few strategies, it is possible to achieve the elusive work-life balance.

Many people define work-life balance using the example of equalizing a seesaw, with work on one side and the rest of your life on the other side. It is felt the goal is to equalize both sides, making sure to spend equal time on each side of the seesaw. The majority of the solutions to achieving work-life balance stress better management of time at work so there is more time to spend at home. However, when asked how they define work-life balance, most people describe it as making a bigger impact at work without sacrificing personal health or happiness, having a positive impact on your family's lives, prioritizing what is important to you without guilt, shame or apology, having strong boundaries that you feel good about enforcing, and letting go of trying to do or have it all (Moulder,2020, para 4). It seems that time itself is not the most important part to balancing your life in the way the seesaw model suggests. It is more about feeling content with who you are and the decisions you are making (Moulder, 2020). It is not something you find; it is something you must create to meet your lifestyle needs.

It is suggested by the Mayo Clinic that setting limits and caring for yourself are two essential strategies to implement when creating a healthy work-life balance (2020). Without set limits, you may not have time for your family and friends, or to participate in activities you enjoy. Consider giving yourself enough time to get things done by not overscheduling yourself. Learn to say "no" to accepting tasks out of guilt or perceived obligation. Prioritize and shorten your to-do list. When you are done working for the day: detach from work and transition to home life by taking a walk or doing a fun activity with your family. Eat well and include physical activity in your daily routine. Get adequate sleep. Participate in activities you enjoy which will take your mind off work and allow you to recharge. Develop a support system with co-workers who can cover for you – and vice versa – when family conflicts arise. Enlist trusted friends and loved ones who can pitch in with childcare or household responsibilities when you need to work late. Practice mindfulness relaxation techniques to eliminate stress. Find joy in simple everyday experiences.

Meeting the demands of career and personal life will be an ongoing challenge. Creating work-life balance is a continuous process as your family needs and work responsibilities change. It is important that you periodically examine your lifestyle and make changes as necessary to make sure you are maintaining the balance that is right for you. By setting limits, and taking care of yourself, you will be able to finally achieve your dream of the perfect work-life balance.

References

Moulder, H. (2020). 10 Reasons Why Work Life Balance is Important. Coach Correction Coaching, http://coursesorrectioncoaching.com/reasons-why-work-life-balance-is-important/#.

Work-life balance: Tips to reclaim control. (2020). Mayo Clinic. http://mayoclinic.org/healthy-lifestyles/adult-health/in-depth/work-life-balance/art-20048134

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Research & EBP Corner

De-implementation of Restraint Use in the Medical Intensive Care Unit

This *RNF* feature presents abstracts of research and evidence-based practice (EBP) projects completed or spear-headed by nurses or student nurses in Nevada. The focus is on new evidence (i.e., research) or on the translation of evidence (i.e., EBP) in Practice, Education, or Research. Submissions are welcome and will be reviewed by the *RNF* editorial board for publication; send your abstract submission in a similar format used below to mary.bondmass@unlv.edu

This issue focuses on:
Abbie Purney, DNP, APRN, CCNS
Assistant Professor, Chamberlain University

Abbie Purney has been a Registered Nurse for 26 years. She graduated in 1995 with her BSN from San Diego State University. At the time, her husband was an active duty United States Marine while raising two young children. Due to the nature of her husband's job, she was often alone, caring for her family while completing the nursing program.

Her nursing background includes primarily intermediate and critical care. She has spent most of her practice caring for critically ill, postoperative cardiovascular patients and critical neurological, medical, and surgical patients. In 2000, her husband retired from the Marine Corps, and her family relocated to Henderson, NV. Since then, Abbie has practiced in various capacities in the Las Vegas community.

Abbie received her MSN in 2008 from the University of Phoenix. Soon after she received her MSN, she accepted a position as a clinical nurse specialist (CNS). This CNS position required her to resume her studies and obtain a post-master's certificate as a critical care CNS, which she received in 2012 from Purdue Calumet. Since then, she has functioned as a CNS for critical care, a hospital educator, and a full-time clinical faculty. In 2019, she received her DNP from Purdue Northwest as part of their inaugural cohort, emphasizing Translational Evidence.

Since 2012, Abbie has been a podium presenter at the Annual National Conference for the National Association of Clinical Nurse Specialists (NACNS) and a national poster presenter during the National Teaching Institute for the American Association of Critical-Care Nurses (AACN). In 2018, Abbie participated in a poster presentation day with the University Medical Center on "CNS Facilitated Rounding," where she received "Honorable Mention" recognition within the category of submissions.

Currently, Abbie is an Assistant Professor for Chamberlain University, where she is the course coordinator in Adult Health; she is also a member of the Nevada Nurses' Association and the American Nurses Association (ANA) and serves as a delegate for the National ANA Membership Assembly

De-implementation of Restraint Use in the Medical Intensive Care Unit

Background:

Restraint use has been linked to patient harm, longer length of stay in the intensive care unit, and is associated with increased incidents of delirium. Current best practice recommendations are that nurses should avoid using physical restraints as much as possible and when they must employ them, they should limit their duration and minimize their degree of restriction.

Medical Intensive Care Units have complex critically ill patients and have a high use of restraint use compared to other units and national benchmarks. In addition, most nursing staff are not adequately performing assessment to determine incidents of delirium. Many strategies have been attempted to decrease the use of restraints and increase the compliance of screening for delirium by using tools such as the CAM-ICU. Such screening tools are evidence-based standards used for delirium assessment.

Purpose/Methods:

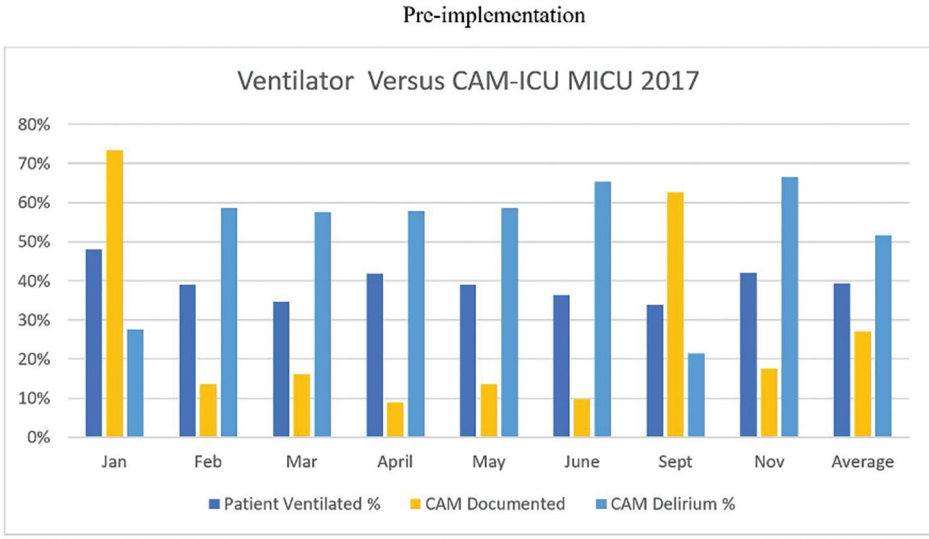
This project's purpose was de-implement the use of physical restraints on patients on a local Medical Intensive Care Unit (MICU) by using evidence-based implementation strategies to decrease traditional practices. Because of the relationship of delirium and restraint use, we examined the rates of delirium assessment and incidence before and after the restraint initiative.

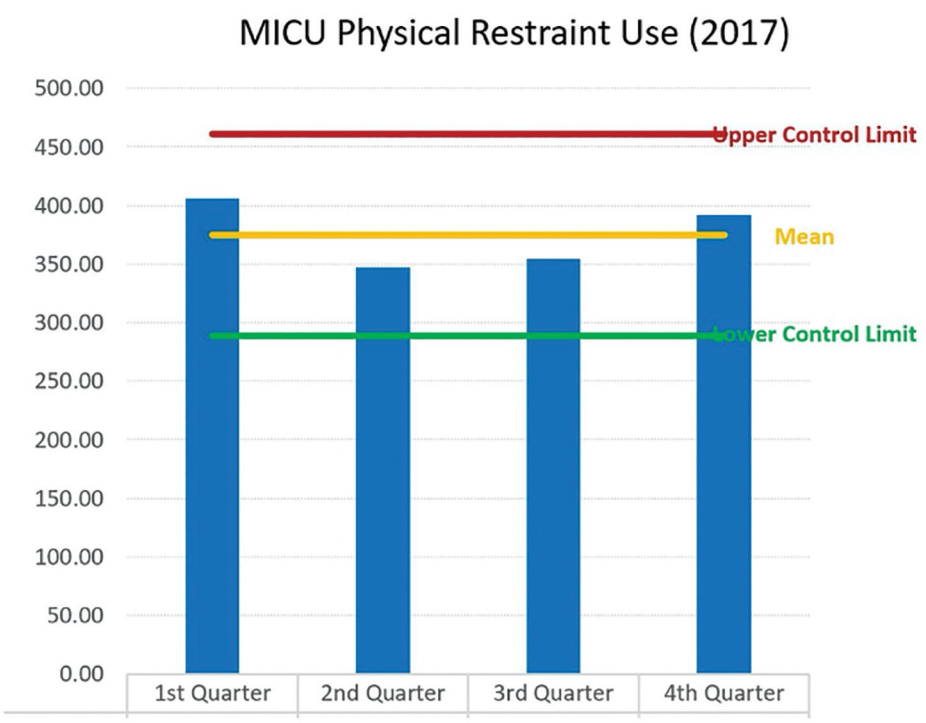
We intervened with all patients in the MICU admitted for ICU level of care pre-implementation and for two months post-implementation. We used intensive audit and feedback, visual reminders and incorporated brief education; these new strategies aimed to decrease restraint use and increase delirium monitoring amongst nursing staff. Post-implementation, we collected data to compare the rate of restraint use per 1000 patient days, delirium assessment compliance and the incidence of positive delirium results with pre-implementation data.

Results:

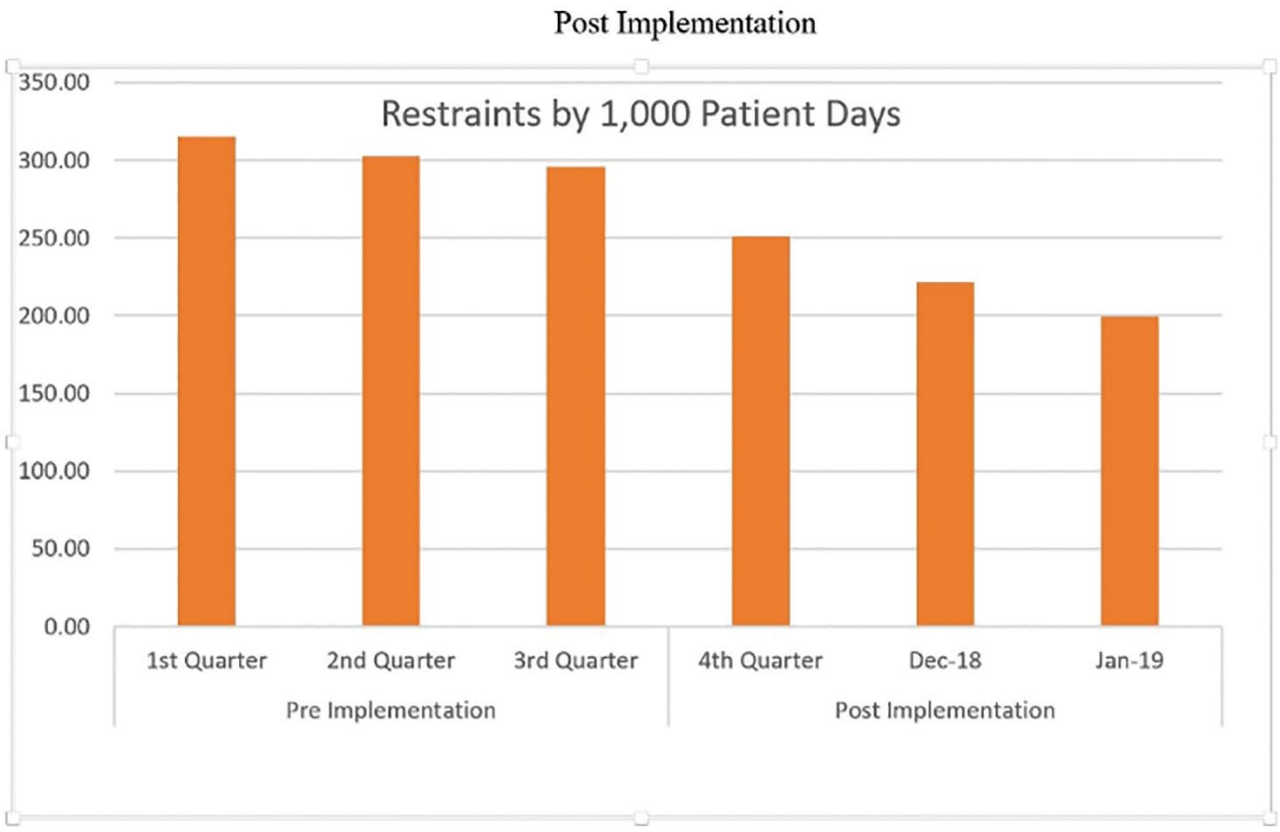
Restraint use decreased from 374.9/1000 patient days down to 210/1000 days, a decrease of 16.49% from pre to post implementation. The incidence of delirium decreased from 52% to 30% of all patients admitted to the MICU which was a 22% reduction.

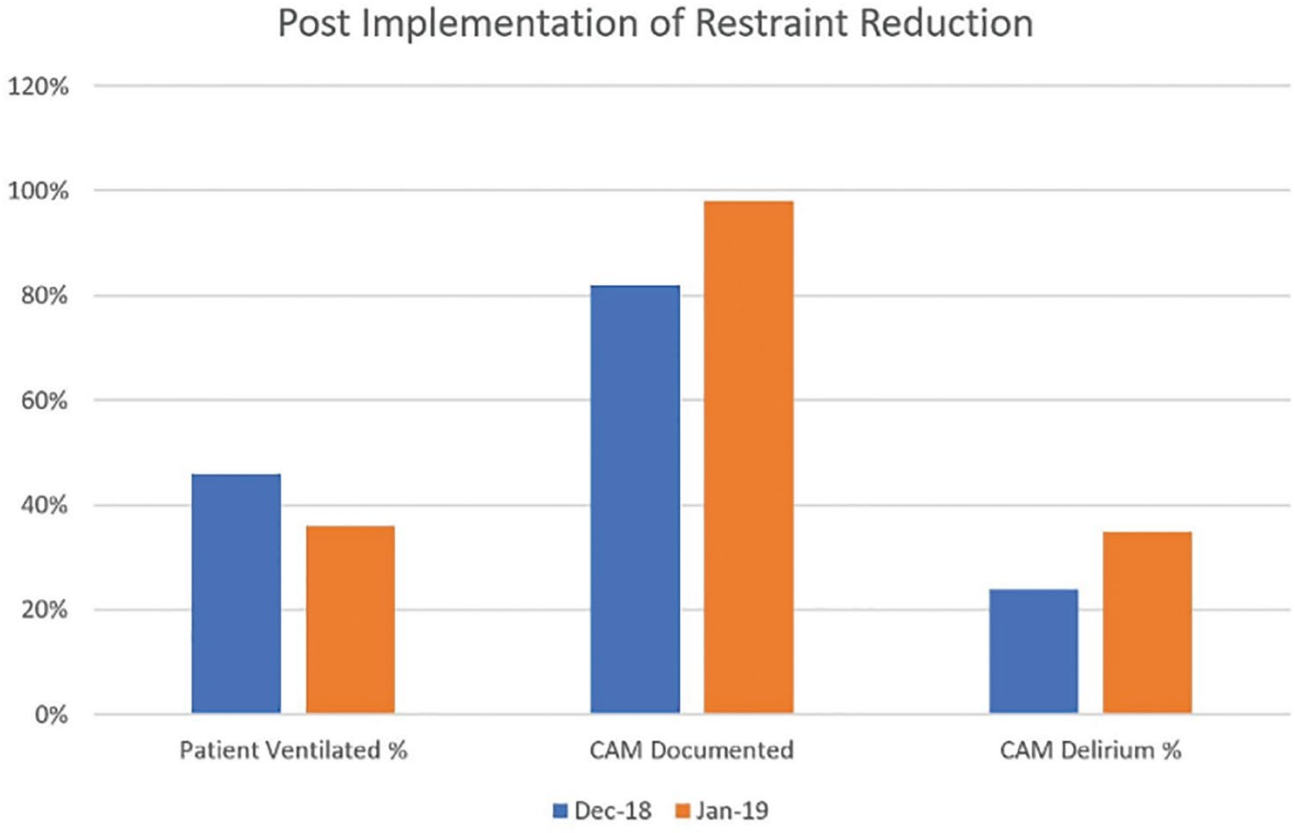
Pre-implementation





Restraints by 1,000 Patient Days	406.43	347.37	354.01	392.06
Mean	374.97	374.97	374.97	374.97
Upper Control Limit	461.27	461.27	461.27	461.27
Lower Control Limit	288.67	288.67	288.67	288.67





Conclusion/Implication for Practice:

De-implementation strategies can be effective in changing practice and reducing harmful practices. Using these strategies can aid in sustaining evidence-based practice. Further study is necessary to determine if there are strategies that work better for undoing or "de-implementing" harmful or ineffective practices that are different than evidence-based implementation strategies that are simply aimed at influencing nurses to abandon these practices.

References

Bach-Mortenson, A., Lange, B., & Montgomery, P. (2018). Barriers and facilitators to implementing evidence-based interventions among third sector organisations: a systematic review. *Implementation Science, 13*(103), 1-19. https://doi.org/10.1186/s13012-018-0789-7.

Devlin, J., Y., S., Gélinas, C., Needham, D., Slooter, A., Pandharipande, P., . . . Nu, M. (2018). Clinical practice guidelines for the prevention and management of pain, agitation/sedation, delirium, immobility, and sleep disruption in adult patients in the ICU. *Critical Care Medicine, 46*(9), e825-e873. doi:10.1097/CCM.0000000000003299.

Guenther, U., Popp, J., Koecher, L., Muders, T., Wrigge, H., Ely, E., & Putenson, C. (2010, March). Validity and reliability of the CAM-ICU flowsheet to diagnose delirium in surgical ICU patients. *Journal of Critical Care, 25*(1), 144-151. doi: 10.1016/j.jcrc.2009.08.005.

Hall, D., Zimbro, K., Petrovitch, D., & Morgan, M. (2017). Impact of a restraint management bundle on restraint use in critical care. *The Journal of Nursing Quality*, 1-6. doi: 10.1097/NCQ.0000000000000273.

Mehta, S., Cook, D., Devlin, J., Skrobik, Y., Meade, M., Fergusson, D., . . . Burry, L. (2015). Prevalence, risk factors, and outcomes of delirium in mechanically ventilated adults. *Critical Care Medicine, 43*(3), 557-566. doi: 10.1097/CCM.0000000000000727.

Rietbergen, T., Spoon, D., Brunsveld-Reinders, A. H., Schoones, J. W., Huis, A., Heinen, M., . . . van Bodegom-Vos, L. (2020). Effects of de-implementation strategies aimed at reducing low-value nursing procedures: a systematic review and meta-analysis. *Implementation Science, 15*(38). doi:https://doi.org/10.1186/s13012-020-00995-z.

Trogrlic, Z., Jagt, M., Bakker, J., Balas, M., Ely, E., Vort, P., & Ista, E. (2015). A systematic review of implementation strategies, for prevention, assessment, and management of ICU delirium, and their affect on clinical outcomes. *Critical Care, 19*(157), 1-17. doi: 10.1186/s13054-015-0886-9.

The President's Message continued from page 1

for preventable hospitalizations for all 50 states and the District of Columbia. Nevada ranked 19th. Gooch notes: "*Preventable hospitalizations decreased by five percent nationally between 2017 and 2018, according to the United Health Foundation (UHF). The UHF factors preventable hospitalizations as a sign of overuse of the hospital as a primary source of care to calculate its annual America's Health Rankings report, which is the longest-running annual assessment of the nation's health on a state-by-state basis. Values reflect the number of 2018 discharges per 1,000 Medicare enrollees for ambulatory care sensitive conditions, such as diabetes with short- or long-term complications, chronic obstructive pulmonary disease, angina without a procedure, asthma, dehydration, and urinary tract infection.*" Access the complete report here.

While we can't make scientific inferences from the above data, we can think about our profession and our respective work situations. With or without the COVID-19 pandemic, I can't say what these data suggest precisely, but I challenge you to look at your own facility/institution concerning the above reporting. I'm a glass-half-full kind of gal, so I think we have more Good than Bad and Ugly!

Tell us what you think, email your comments to the RNFormation Editor at lbowman@nvnurses.org

Best regards,

Selected references:

Fact Sheet: Healthcare in Nevada 2015: https://www.leg.state.nv.us/Division/Research/Publications/Factsheets/HealthCareRankings.pdf

Fact Sheet: Healthcare in Nevada Research Division Staff: January 2020 https://ppc.nv.gov/uploadedFiles/ppcnvgov/content/Meetings/2020/LCB-HealthRankingsFactsheet_2020.pdf

Gamble, M. (May 24, 2021). Preventable hospitalizations: All 50 states, ranked Becker's Hospital Review https://www.beckershospitalreview.com/rankings-and-ratings/preventable-hospitalizations-all-50-states-ranked-2020.html

Gooch, K. (May 5, 2021). Ten best, worst states to work for nurses. Becker's Hospital Review https://www.beckershospitalreview.com/rankings-and-ratings/10-best-worst-states-to-work-for-nurses.html

Spratley, E., et al. 2001. The Registered Nurse Population: Findings from the National SampleSurvey of Registered Nurses, March 2000. Rockville MD: Division of Nursing, Health Resources and Services Administration (HRSA), US Department of Health and Human Services (DHHS); Bureau of Labor Statistics, US Department of Labor. **Rank among all 50 US States and the District of Columbia).

NNA Environmental Health Committee

Planetary Health Nursing

Bernadette M. Longo, Ph.D., RN, APHN-BC, CNL, FAAN

As nurses and APRNs, we are trusted to provide preventive health measures to our patients and communities that increase their resilience to health challenges. The basic message we send is "what we do affects our health." So, how we treat our planet also affects our health because we are interconnected. Our society is embedded in the natural system of Earth. Our land, atmosphere and oceans are changing extensively due to the expanding human population across the planet, along with changes in consumption and production patterns and increased use of technology. These environmental alterations are a threat to the advances in health outcomes attained in recent decades.

Bernadette M. Longo, Ph.D., RN, APHN-BC, CNL, FAAN Chair, NNA's Environmental Health Committee Certified in Planetary Health, 2021

As nurses, we want our patients to live thriving and fulfilling lives to reach their full potential, along with having a sense of security and hope for the future. We know that the social determinants of health play a significant role in how they can adapt and mitigate this changing ecosystem. Our role is to address health disparities and inequities, not only in our local community but globally. Therefore, it is important to increase our understanding and engage with a new and transdisciplinary field of study that focuses on the impacts of global environmental changes on human health. Nurses are essential players in achieving planetary health.

What is Planetary Health?

The health of the planet is not separate from our own health (Myers & Frumkin, 2020). This field of study aims to investigate how humans are changing the natural world and seeks solutions that simultaneously improve human health and well-being while preserving the health of natural systems and biodiversity (Planetary Health Alliance). Planetary health is a framework with human health and well-being embedded in the natural world. The research assesses how global pollution, climate change, biodiversity loss, altered biogeochemical cycles, and changes in land use and resource scarcity affect the quality of Earth's air and water, and food security and production. Pollution caused by human activities is seen across the planet, thereby presenting risks to all populations. Manifestations of Earth's degradation can be related to population health outcomes (Fig. 1).

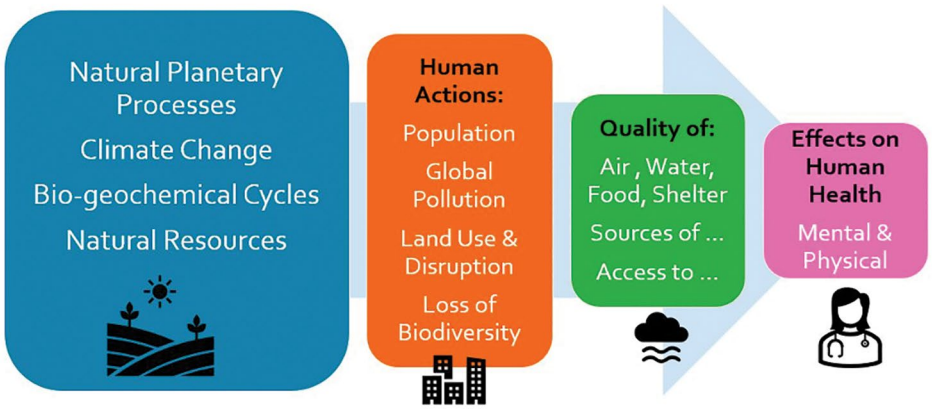


Figure 1. The Relationship of Planet Health to Human Health Outcomes (Longo, 2021)

The planetary health framework also includes a reverence for the natural world. For this reason, it includes an ethical framework, which places equity, environmental justice including climate justice at the center (Myers & Frumkin, 2020; LeClair et al., 2021). Achieving environmental justice calls for people to mobilize in favor of social, environmental, and economic changes that are centered around empathy and equity, and diverse ways of understanding and caring for the Earth and each other (Myers & Frumkin, 2020). Most health resources are allocated to high-income developed countries. However, the people most affected by environmental transformation and degradation live in low- and middle-income countries. Essentially, the impacts of our changing environment have the greatest effect on those who have less access to resources, yet who have contributed least to its causes. Without efforts towards mitigation and adaptation, health inequality will increase, causing negative effects on social determinants of health, especially in low-income developing countries. As nurses, we have a disciplinary metaparadigm that includes the environment along with a theoretical basis that supports a planetary perspective (Kalogirou et al., 2020).

The Anthropocene

There is a consensus in the scientific community that humanity has left the Holocene - a geological era that had a relatively stable climate, which was favorable for the development of human civilization. This new geological era called the Anthropocene started in the 1950s and is characterized by human development. This era was preceded by the expansion of agriculture and deforestation, the exploration of the New World, the Industrial Revolution, and in the middle of the 20th century, the "Great Acceleration" of population growth and industrialization.

Today, no land on Earth is not physically affected by the human "hand." Consider obvious impacts such as highways, or by more subtle influences like the ubiquitous contamination from nuclear radiation of the Earth's surface and atmosphere (Waters et al., 2016; Myers & Frumkin, 2020). Our planet's natural systems are being degraded to an extent unprecedented in human history.

The Five Drivers of Global Change

Planetary health considers the influences, motivations, and incentives behind the accelerated degradation of our planet.

- **Population growth:** each person generates an environmental demand to meet the essential needs of their life. As the world population increases, there is increased demand on Earth's natural systems.
- **Economic growth:** the pattern of production of goods/services, consumption, generation of waste and pollution all stress the natural cycles and processes.
- **Political-economic institutions:** the world responds to the actions of the stock market, governments, and international economic policy, which is usually carried out with a view that provides high profits and benefits in the short term.
- **Technological changes:** high-tech influences the type and amount of natural resources consumed, amount of waste produced, and can increase or decrease the impact of human activity on the natural world.
- **Attitudes, beliefs & values:** relates to material possessions, and the relationship of humanity to nature, which are often seen as the root cause of environmental degradation.

(Adapted from Stern et al., 1992)

Earth's Limits for Humanity

The concept of *planetary boundaries* is foundational to planetary health. Ecological factors are analyzed for their risk to human safety and population health. This framework does not dictate how societies should develop, but it identifies a safe operating space (boundary) for humanity. This information can influence decision-makers to chart a desirable course for societal development (Steffen et al., 2015). There are nine boundaries (Fig. 2). *Climate change* and *biosphere integrity* are "core" planetary boundaries because of their fundamental importance to Earth's natural systems. The climate system is a manifestation of the amount, distribution, and net balance of energy at Earth's surface. Whereas the biosphere regulates material and energy flows in the system and increases its resilience to abrupt and gradual changes (Steffen et al., 2015). The *novel entities* are new substances, new forms of existing substances, and modified lifeforms that have the potential for unwanted geophysical and/or biological effects. Examples are chlorofluorocarbons (CFCs) and pharmaceuticals released into the environment. The planetary boundaries framework allows an ongoing assessment, like the "vital signs" of the Earth, to be prospectively monitored by the scientific community.

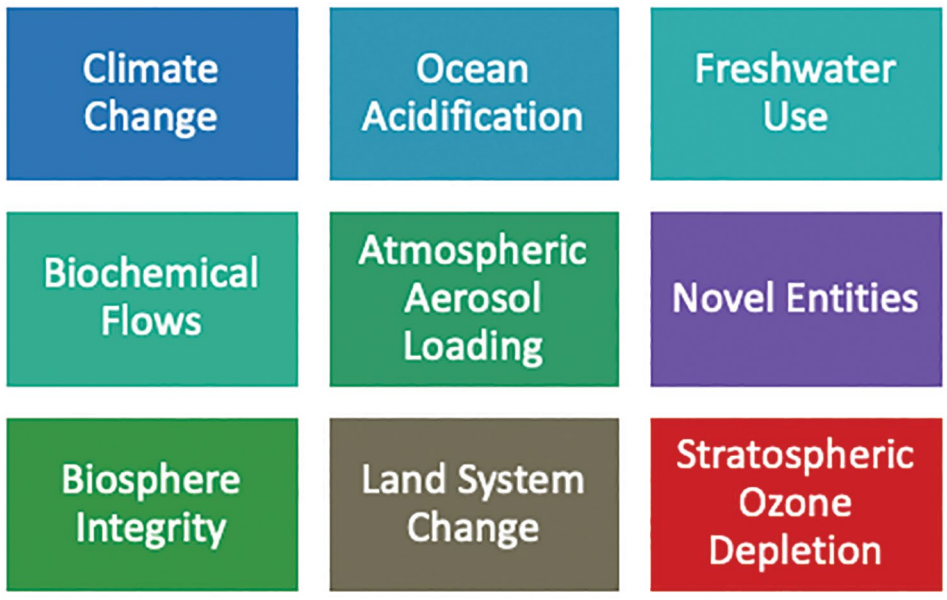


Figure 2. The nine planetary boundaries (Steffen et al., 2015).

Developing a Nursing Community of Planetary Health Practice

As nurses, we seek to understand illness/disease processes and intervene in a caring manner for the long-term well-being of our patients. Yet, we are also global citizens who seek to minimize our ecological footprint while optimizing our health and happiness. Here are some principles to use as overarching and wide-ranging themes for your development in practicing planetary health nursing (Adapted from Stone et al., 2018).

1. ***Develop a planetary lens:*** become a steward of the Earth and appreciate crucial linkages, cause-effect relationships, and feedback loops between environmental changes and human health.
2. ***Recognize urgency and scale:*** the complexity of interactions between the geographical and temporal scales, socioeconomic factors, and political and cultural context that shape specific challenges and potential solutions for sustainable human health outcomes.
3. ***Be policy-oriented:*** work together with other disciplines, quantifying effects on human health from anthropogenic environmental changes and communicate them to stakeholders. Use a bottom-up approach to policy change through organizing efforts and building a movement with others from various disciplines.
4. ***Communicate:*** use effective and meaningful communication, as well as listening skills, to convey the challenges and solutions of planetary health to diverse audiences including our patients, co-workers, and populations we serve.
5. ***Think systems-level:*** move from linear thinking about the environment to systems-level thinking that is more adaptable and flexible.

NNA Environmental Health Committee

6. ***Understand inequality and inequity:*** a core practice of planetary health nursing is understanding the differences between equality and equity in theory and practice, along with concepts of marginalization, vulnerability, resilience, and who benefits and is harmed in each situation or change in policy.
7. ***Be aware of bias:*** think critically about whether political, social, cultural, or economic dynamics could be driving the perceptions or interpretations of environmental change and the resultant health effects. Be sensitive to the vested interests of different stakeholders both in support of and against the factors that affect the connection between planetary health and human health.
8. ***Expect to be surprised:*** appreciate that surprising and unexpected consequences of environmental change, both positive and negative, are inevitable. Scientific predictions may or may not arise.
9. ***Check the facts:*** do not rely on hearsay from news sources or social media, check the research evidence. Nurses are both clinicians and scientists.
10. ***Be a global citizen & nurse:*** be someone who sees themselves as part of the international community and whose actions help define the values and practices. Understand the past to solve the problems of the present and future. Advocate in a caring manner.

A Position Statement

The International Family Nursing Association Position Statement on Planetary Health and Family Health asserts that

> *"family nursing will become increasingly important as changes in the earth's ecosystems impose unprecedented challenges to families around the world. All nurses should understand the principles of planetary health, how changes in the earth's ecosystems affect families, and what nurses can do to promote health, adaptation, and resilience of individuals and families."(2021)*

Adaptation & Mitigation

Planetary health represents the current response to the "dark side" of human development, progress, and civilization, seeking to contend with the consequences from a continuing assault on the planet's systems required for life as we know it (Myers & Frumkin, 2020). Efforts towards *effective adaptation* to planetary changes and downstream effects focus on preparation, management, and reducing vulnerabilities in populations. There is urgency to change the way materials are produced and used. Also, how we acquire energy and minimize energy consumption.

In tandem, *mitigation* efforts focus on the implementation of measures that repair Earth's natural systems. An example is reducing sources of greenhouse gas emissions and increasing the number of carbon sinks. The aim is a livable climate for both humans and animals. Moreover, the benefits of these mitigation strategies are global and long-term.

Frontline nurses and APRNs are often working with patients on adapting to increasing environmental changes. Examples include the increased summer heat and preventing heatstroke in vulnerable patients, or teaching use of air pollution monitoring with phone Apps for preventing acute exacerbations in our patients with asthma or COPD. Nurses are treating the human response to these actual or potential environmental threats.

Conclusion

The global burden of disease over the coming decades will likely be driven by global environmental change. Hence, it is time for nurses and all health professionals to gain an understanding of planetary health. I hope this brief overview has piqued your curiosity on the topic and you see an opportunity. We owe it to ourselves, our families, our healthcare colleagues, and society to educate ourselves and our patients on these topics. I hope that some of us may be able to contribute to this transdisciplinary research that is genuinely needed to fully understand the planetary impacts of our society and to propose some effective, equitable, and practical solutions to our dilemma. We have but one home, Earth. I hope we all can be caring stewards.

References

Family Nursing Network: International Family Nursing Association Develops Position Statement on Planetary Health and Family Health. (2021). *Journal of Family Nursing, 27*(1), 83. https://doi.org/10.1177/1074840720975163

Kalogirou, M. R., Olson, J., & Davidson, S. (2020). Nursing's metaparadigm, climate change and planetary health. *Nursing Inquiry, 27*(3), 1–9. https://doi..org/10.1111/nin.12356

LeClair, J., Watts, T., & Zahner, S. (2021). Nursing strategies for environmental justice: A scoping review. *Public Health Nursing, 38*(2), 296–308. https://doi.org/10.1111/phn.12840

Myers, S. S. & Frumkin, H. (Eds.).(2020). *Planetary Health: Protecting nature to protect ourselves*. Island Press. https://doi.org/10.5822/978-1-61091-966-1

Planetary Health Alliance. Planetary health: Planetary health is a field focused on characterizing the human health impacts of human-caused disruptions of earth's natural systems. Boston, MA, c2020. https://planetaryhealthalliance.org/planetary-health

Steffen, W., Richardson, K., Rockström, J., Cornell, S. E., Fetzer, I., Bennett, E. M., et al. (2015). Sustainability. Planetary boundaries: Guiding human development on a changing planet. *Science, 347*(6223), 1259855. https://doi.org/10.1126/science.1259855

Stern, P.C., Young, O.R., & Druckman, D. (1992). Global environmental change: *Understanding the human dimensions*. Washington, DC: National Academy Press.

Stone, S. B., Myers, S. S., Golden, C. D., & Planetary Health Education Brainstorm Group (2018). Cross-cutting principles for planetary health education. *The Lancet. Planetary Health, 2*(5), e192–e193. https://doi.org/10.1016/S2542-5196(18)30022-6

Waters, C. N., Zalasiewicz, J., Summerhayes, C., Barnosky, A. D., Poirier, C., Gałuszka, A., et al. (2016). The Anthropocene is functionally and stratigraphically distinct from the Holocene. *Science, 351*(6269), aad2622. https://doi.org/10.1126/science.aad2622

Antimicrobial Stewardship – Infection Prevention

COVID-19 VACCINATIONS – Risks vs. Benefits
(Have Shot, Will Travel)

Norman Wright, RN, BSN, MS

On March 3rd, two weeks after my wife and I were vaccinated with the second dose of Pfizer, I volunteered to be a vaccinator in Pahrump, Beatty, and Amargosa with the Nye County Department of Emergency Services, and the lines were long and endless.

On April 4th, two Mobile Vaccination Units (MVU) began traversing rural Nevada. One took the Southern route, the other Northern. Diverse groups including the Nevada National Guard, FEMA, Immunize Nevada, numerous Nevada State officials, volunteer vaccinators, and others, began traveling and giving the one-shot J&J Janssen vaccine. I joined the Southern route in Pahrump on April 10th. That day I personally vaccinated 137 people eager to get the Janssen jab before I was re-assigned to the 15-minute post-vaccination observation area in the early afternoon.

The Southern MVU (SMVU) unit traveled to Beatty on April 12th, giving the Janssen vaccine. On April 13th, the J&J vaccine was halted because six people developed blood clots that needed to be investigated. I rejoined the SMVU in Goldfield on April 14th. Although the MVU's quickly transitioned to giving the second dose Pfizer vaccine, demand dropped dramatically. On April 23rd, the FDA reauthorized the use of the J&J vaccine (1), but questions regarding safety remained, and the concerns were fueled by ongoing anti-vax rhetoric.

Initially, the MVU's were only going to make one tour, but once the Pfizer shots were started, a second round was necessary. However, despite best efforts to encourage rural Nevadans to get vaccinated, very few took advantage.

I find it amazing that so many people believe the dis-information, fake news, and outright lies that those who oppose vaccination spread. These fabrications include outrageous assertions that vaccination makes women infertile and even stretch this to include that a vaccinated person sheds "viral proteins" that can make unvaccinated women around them infertile. Other gems are that Bill Gates / the US Government is using the vaccinations to inject tracking micro-chips into our bodies, that the vaccine changes our DNA - and there are numerous other reprehensible claims that I will not mention nor address. These "fake news stories" and conspiracy theories are promoted by live personalities on TV and radio, in print, and also online by bots that spew thousands of messages to millions via the Internet and social media.

Unfortunately, some who promote these untruths are nurses and doctors who should know better. One false reason I heard for not getting vaccinated is that since bacteria develop resistance after antibiotics are given, vaccines will just cause the virus to mutate and develop resistance too. Without going beyond microbiology 101, it is my hope that everyone reading this understands why this is bogus. Bacteria are single-celled organisms that reproduce asexually by binary fission. A bacterium has DNA that divides, usually making an exact copy of itself, but mutations occasionally occur, and the surviving mutated cell duplicates itself; the result can be resistance.

A virus is not a living organism and is unable to replicate itself without penetrating the membrane of a living host cell and hijacking the host cell's DNA/RNA to replicate itself into thousands of new viruses that infect additional host cells.

Although antimicrobial resistance can occur when antibiotics are given prophylactically, which frequently occurs in agricultural settings, antibiotics are usually given to humans after an infection is diagnosed when hundreds of millions of bacteria are already present and multiplying.

Vaccines work differently by "teaching" our immune system to create antibodies that destroy the pathogen or prevent it from replicating before numbers large enough to cause an infection. (2)

Viral mutation occurs when the virus replicates, and it does not make an exact copy. This causes variants that can be more contagious or infectious, which is occurring with COVID. (3)

If a virus is unable to copy itself, it cannot mutate because it no longer exists.

UNR's Project Echo has been educating about preventing antimicrobial resistance since 2012, but in February 2020, antimicrobial resistance (AR) concerns were put on hiatus, and COVID was the topic. (4)

On May 20, 2021, Echo's focus changed back to AR, and the COVID pandemic was described as creating a paradigm shift similar to what happened when it was proved that the world is round, not flat.

According to the Miriam Webster dictionary, a paradigm shift is: "*an important change that happens when the usual way of thinking about, or doing something, is replaced by a new and different way of thinking.*"

The paradigm shift that occurred after the world was proved to be round, not flat, brings us back to conspiracy theories and disinformation because historically, there has always been resistance to scientific evidence and new ways of thinking. In the 1630's Galileo was found guilty of heresy because he lectured that the world is round and rotates around the sun. (5)

In 2021 there are still many who insist that the world is flat. If you don't believe me check out "*Fighting flat-Earth theory*" in the July 2020 issue of Physics World. (6)

It is amazing that many who live in 2021 continue to think like someone living in 1621, and I am not disparaging anyone who believes this way; rather, I am documenting a reality that must be understood and addressed before it can be changed.

This "circular world" tangent was taken because there are parallels between those who believe and spread falsehoods that can be easily disproven simply by taking a flight around the world and those who promote the lies and conspiracy theories about vaccines.

Most believing these theories are innocent and susceptible. Some have ulterior political or ideological intentions, and others are financially motivated to perpetuate the lies. A person who believes the world is flat is also prone to believe the numerous anti-vaccination myths. People tend to get their information from those they associate with, and changing a person's perception of reality is difficult, sometimes impossible.

Personally, I would not spend any time trying to change the opinion of somebody who believes the world is flat to encourage them to get a COVID vaccine. The target audience is those who are confused and hesitant to be vaccinated because of the massive amount of information and disinformation that constantly bombards us. The challenge is to reinforce truth, and we, as nurses, have the responsibility to seek out and speak the truth.

RISKS vs. Benefits

When the J&J Janssen vaccine was halted on April 13th, the anti-vax machine went into high gear. In all, there were just 15 cases of blood clots, and the cases occurred in women between 18 and 59 years old (1), but the risk of having blood clots, neurological, kidney damage, and other long-lasting problems related to COVID are far greater. (7)

Dis-information usually has a grain of truth in it, and stories like "***New York Yankees Report Eight 'Breakthrough' COVID Cases – after taking the Jansen vaccine***" do not promote confidence. (8)

The truth is that the J&J vaccine is about 70% effective, meaning 30 out of 100 will still become infected with SARS-CoV-2. The Pfizer and Moderna vaccines are showing 90% to 95% efficacy, meaning all three vaccines reduce, but do not eliminate, the possibility of infection. This is known as "effective immunity," as opposed to "sterilizing immunity" or total protection. (9)

Benefits of receiving any of the three COVID vaccines currently authorized by the FDA are if a vaccinated person tests positive for COVID, the symptoms are minimal to non-existent, and hospitalizations are rare.

Immune response after being vaccinated varies, and those with a compromised immune system may have a reduced immunological response and are encouraged to continue using precautions.

Recently the term "*herd immunity*" has been popularized and overused. It is erroneous to believe that once 75% to 85% of the general US population has immunity, "*herd immunity*" will protect us all. Instead of talking about "herd immunity, we must discuss "*community immunity.*"

Humans are social beings. We tend to get information from, and travel in, circles of people who share our political, religious and generational ideology. We also are

impacted by the belief system of the community we live in. Those living in Las Vegas or Reno, on the whole, have a different perspective than those from rural Nevada. Thus, if the community of people that you generally associate with only has 45% immunity, "herd immunity" does not exist in that community.

Medical experiments require those participating in the study to be informed and to sign consent. But our society is currently setting up to be in an extensive medical experiment with two distinct cohorts who, by default, agree to be in the cohort. Those who believe in the science and medical research that shows the vaccines are effective, safe, and that the benefits of vaccination far outweigh the risks are in one cohort, while those who believe conspiracy theories and junk "science" and refuse to be vaccinated or wear a mask / socially distance when appropriate are in the other.

I hope I am wrong, but I fear that those who believe COVID is a hoax, refuse to be vaccinated, wear a mask, or practice social distancing when in crowds will have a higher COVID infection rate resulting in increased hospitalization and death rates. Time will tell.

I felt safe vaccinating and meeting people in Nye and Lincoln counties when traveling with the Southern Mobile Vaccination Unit. However, when our unit was in Alamo on April 20th, we were told not to wear anything that would identify us a being part of the vaccination team. We were not told why we were given this warning, but two weeks later, reliable sources told me the reason we were given the warning. It was because two of the people traveling the Northern route were attacked and beaten severely after they were identified to be associated with the vaccination unit. I do not know why this information was kept from us nor why it has gone unreported. No matter what the attackers believe, nor what their motives were, their tactics are wrong and despicable.

Regarding the massive medical experiment our society is participating in, I have chosen to be in the cohort that was vaccinated, and I will continue to wear a mask and socially distance when appropriate. One major benefit of receiving my vaccination is it gave me the confidence to travel for personal reasons and to resume the life I once knew.

This article was finalized on May 24th. I just flew back from New Jersey where I visited my daughter and granddaughter, who I have not seen for two years - and riding the roller coasters at Great Adventure with my 13-year old granddaughter was a memorable and priceless benefit that I would not have had if I was not fully vaccinated.

Citations:

(1) https://www.fda.gov/news-events/press-announcements/fda-and-cdc-lift-recommended-pause-johnson-johnson-janssen-covid-19-vaccine-use-following-thorough
(2) https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/how-they-work.html
(3) https://www.cdc.gov/coronavirus/2019-ncov/variants/variant.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Ftransmission%2Fvariant.html
(4) https://hsc.unm.edu/echo/institute-programs/antimicrobial/
(5) https://www.history.com/this-day-in-history/galileo-is-accused-of-heresy
(6) https://physicsworld.com/a/fighting-flat-earth-theory/
(7) https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/what-does-covid-do-to-your-blood
(8) https://www.foxnews.com/sports/yankees-gleyber-torres-positive-covid-breakthrough-cases
(9) https://thehill.com/changing-america/well-being/prevention-cures/501677-what-is-sterilizing-immunity-and-do-we-need-it

A Special Thank-You to Our Future Nurses, Colleagues, and Friends

Janelle Willis MSN, RN, FNP-C, CNE
Mary Bondmass, Ph.D., RN, CNE
Brett Hess, DNP(c), MSN, RN, COI

We serve as volunteer consultants, mentors, and liaisons for the Nevada Nursing Student Association (NVNSA). At this time, we would like to recognize and thank the outgoing Board of Directors as they either graduate or progress in their respective nursing programs.

Janelle Willis, NVNSA Chief Executive Officer:
"I've worked with the NVNSA organization since 2018 and have never seen a board more cohesive and dedicated. These students truly exemplified nursing leadership and innovation. They sought out ways to be actively involved in the community and a resource to fellow nursing students during a difficult year of restrictions. I hope this board knows how special they are, and I wish them the best. I have no doubt I will continue to watch their leadership and excellent service to the nursing profession throughout their careers."

Mary Bondmass, President NNA:
"For nearly two years, I served as the liaison from the Nevada Nurses Association (NNA) to the NVNSA. During this time, I have had the opportunity to witness the selfless leadership and professionalism of the outgoing NVNSA Board of Directors through their participation in multiple service and scholarly events with the NNA and the Nevada Nurses Foundation (NNF). A heartfelt thank-you to you all; you significantly contributed to all NNA and NNF events!!"

Bret Hess, Nevada State College NVNSA Consultant:
"It is an honor serving as a consultant alongside the motivated, dedicated, and educated student nursing board of the Nevada Nursing Student Association. These students went well beyond the rigor set before them by the academic institutions of this state to excel at nursing service and leadership that uphold the duties and dedication of our nursing profession. I look forward to seeing these future nurses in action with caring and compassion for their patients. If I ever find myself under the watchful attention of these nurses, I have the satisfaction of knowing I will be well cared for. I wish them the best moving forward - thank you."

For those who may not know, the NVNSA is dedicated to fostering the professional development of nursing students. The NVNSA is a state chapter of the nationwide National Student Nursing Association (NSNA), the voice of the future of the nursing profession.

The mission of the NSNA and the NVNSA is to:

- Bring together and mentor students preparing for initial licensure as registered nurses and those enrolled in baccalaureate completion programs.
- Convey the standards and ethics of the nursing profession.
- Promote the development of the skills that students will need as responsible and accountable members of the nursing profession.
- Advocate for high-quality, evidence-based, affordable, and accessible health care.
- Advocate for and contribute to advances in nursing education.
- Develop nursing students who are prepared to lead the profession in the future.

Core values of both NSNA and the NVNSA include *advocacy, leadership and autonomy, professionalism, care, diversity, and quality education.*

Thank you again, NVNSA Board of Directors, and welcome to the profession!!

Want to know more about Nevada's future nurses, colleagues, and friends? Visit their website and read: ***Our Reason for Being***

- We, students of nursing, preparing for initial licensure as registered nurses, as well as those nurses enrolled in baccalaureate completion programs, believe there is a
- the common need to organize, properly represent ourselves to the consumer and other health disciplines, and assume our rightful place in the profession of nursing.
- We believe every citizen has a right to the highest quality of health care.
- We believe in developing the whole person toward their professional role with its rights, responsibilities, and ideals.
- We believe every right bears inherent responsibility.
- We believe responsibilities are participatory, not purely philosophical or ideological, and
- We believe the quality and quantity of participation are not exclusive but bear the responsibility of participation.

Nevada Nursing Students can click here to find out how to join the NVNSA. https://www.nvnsa.org/how-to-join

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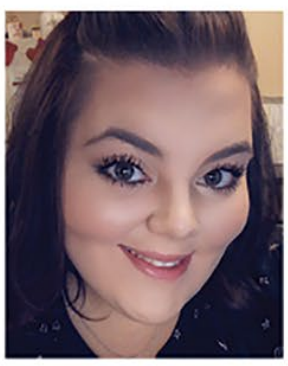

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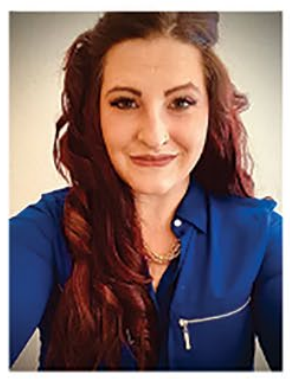

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Escaping with New Skills
How to Use Room Escape as a Learning Tool for Nursing Students

By Tracey Long PhD, APRN-BC

As it has been said, "a good teacher instructs, a great teacher inspires." Nursing students must learn copious amounts of material to become a safe new graduate nurse and nursing instructors must find innovative ways to help them learn the essential critical thinking and physical skills of nursing. One new innovative learning activity is using an escape room to help them learn teamwork, critical thinking, and outcome-based actions. A room escape is a variation of a simulation, which has been used successfully in nursing schools for the past decade.

A room escape is a new way of combining a social activity with problem solving skills to literally escape from a room hidden with clues to solve a mission. Companies that create escape room activities can be found in many cities in the US and have even been modified to be virtual since COVID-19 prevented personal visits. An escape room sets up a mission and requires the participants in a team to uncover hidden clues and solve challenging puzzles to unlock the final clue before the time is up. To successfully escape the room within the set time, the team must work together with speed, creativity, and problem-solving skills. Teams are generally allowed up to three clues from the proctor of the room and yes, if someone really needs to get out of the room, they can leave the activity.

Nursing instructors have begun using the idea of a room escape for nursing students to help engage participants in patient care scenarios, review psychomotor skills and build collaboration, communication, and creative thinking skills.

Instructors Dr. Tracey Long and Professor Avis Mucha at Arizona College of Nursing in Las Vegas, Nevada designed a room escape for nursing fundamental students for their final day of the semester in their lab course. They teach nontraditional nursing students and are always looking for innovative and creative ways to help students be physically engaged in the learning process.

Participants

Students were divided into groups of five to six as too many students may prevent full engagement of each group member. Of the 62 participants, nine were male and 53 were female. 26 were African American, 18 were Filipino, eight were Hispanic/Latino and 10 White. Student ages ranged from 21 to 38. Students were in their first semester of the core nursing program after finishing the prerequisites for a BSN program. Participants were a convenience sample of students from their own classes and participation was required. Less than five of the nursing students had ever participated in a professional room escape and were unfamiliar with the concept.

Method

They designed a typical lab room to include the patient (mannequin) in a bed with 14 clues the team had to solve to help a patient from developing a urinary tract infection. One instructor was available to give up to three clues if the team got stumped and they were given 45 minutes to solve the problem, or the patient would develop complications, and jokingly they would be locked in nursing school fundamentals forever. Participants completed an anonymous post-intervention Likert-scale survey to evaluate the quality and value of the learning experience. Students were not allowed to share details of the room escape with other groups who had not participated yet as they were divided into groups with alternating various learning activities. Room preparation does take more time and secrecy but that also built-up excitement from students who were curious about a new learning activity.

Room Set-Up

The room was set up in a typical nursing lab room with various supplies and patient mannequin in bed. Some items in the room were distractors such as crutches, gait belt, glucometer, hemoccult etc. and other items would be used in the scenario such as an NG tube, foley catheter, syringe, sterile package, and gloves, etc. They had learned about all the items and supplies throughout the semester. The clues were marked on the back of items, with a number that became the code to a lock, which would contain the instructions to find the next object or clue. They were also given a patient's chart that included medication, patient lab and activity orders. Some of the orders became pertinent to the case and others were distractors. Additional locks were purchased that closed containers where hidden clues were.

Scenario

The scenario began with a short SBAR report from the instructor that included the following:

"An 85-year-old-white male with a past medical history of CAD, COPD, HTN who is a current smoker is in your Med-Surg unit. He presents with c/o nausea, some vomiting, and dysuria for the last 72 hours. He lives in a nursing home who sent him to the ED due to a change in orientation and dysuria. The ED vital signs are BP: 90/55 mgHg, HR: 110 bpm, RR: 28 bpm, and T: 101.2F." To enter the room, the students had to first identify five symptoms the patient was presenting with that were problematic. When the team was correct, they were then given an envelope to look at the ED vital signs and identify what the priority intervention was. The answer would lead them to the next clue. The process continued that they could only advance to find the next clue if they followed correct nursing procedures and acted in a safe manner. Students had to calculate a medication order correctly, insert an NGT correctly, wound care, calculate intake and output, follow universal precautions and CAUTI recommendations for FC use. An incident report would have to be completed if they calculated the medication incorrectly.

Results

Overall, the escape room activity was overwhelmingly popular. 62 of the 62 students rated it as highly effective in helping them use their critical thinking skills, communication, problem solving, creative thinking and used active learning. 100% of the students wanted to do another room escape during nursing school. The question was asked if one student stood out or was more controlling than others and only five students agreed to that statement. The majority responded that it was a good activity for teamwork and collaboration. It helped reinforce the fundamental nursing skills they learned during the semester and incorporated them into a patient scenario that focused on safety and avoidance of complications.

"This was the most fun activity we've done in nursing school" reported one enthusiastic student.

Implications for Nurses and Nursing Instructors

Nursing instructors can create their own room escape based on the skills and knowledge for each nursing school level for an interactive and active learning experience that has become popular for students. Another use of a room escape was reportedly done by a nursing education department as part of a new-hire orientation to review skills, knowledge and serve as a new team bonding experience. Active learning has been proven to be more effective and memorable. "The more neurons that fire together, wire together" claims Dr. Long, a nursing instructor for 25 years. With changing times, comes the need for changing methods of instruction and more active learning. Using the room escape concept is a great solution.

Resources

To purchase a room escape plan for nursing students in various levels contact Tracey Long at longforhome@gmail.com

For more information on escape rooms in general see: https://theescapegame.com/blog/what-is-an-escape-room/

Nursing students use what they learned to break out of an escape room https://nursing.uncg.edu/nursing-students-use-what-they-learned-to-break-out-of-an-escape-room/

University of Kansas Health System Escape Room Guide https://www.kansashealthsystem.com/-/media/Files/PDF/Nursing-Escape-Room-guide-update-_final.pdf

Escape Rooms in Medical Simulation https://www.healthysimulation.com/22109/escape-room-sepsis-simulation/

Healthy Nurses: Coaching towards Health

By Tracey Long PhD, APRN-BC

"What do these labs mean and why did my doctor change my medication?" "What am I supposed to eat to lose weight?" These are only some of the many questions nurses routinely answer for our patients. Understanding medical recommendations that often change and how to stay motivated living habits of health is difficult. Many people are left confused and frustrated. As the medical field continues to change with new technology and confusing insurance coverage, people need help, even coaching, to navigate through it all. Beyond general nursing care, the role of nurse health coach has emerged as a real solution.

Why do we need health coaches?

Preventable chronic diseases such as diabetes, hypertension, obesity, and cardiac disease are the leading causes of health care costs in America. It is estimated that approximately one in three adults is obese and 10% of all adults have diabetes. According to the American Diabetes Association, the cost of diabetes alone is approximately $327 billion/year. Smoking-related illness in the United States costs more than $300 billion each year including approximately $170 billion for direct medical care. Research shows that although medical management is important, most people need guidance on how to apply the medical instructions (Donner & Wheeler, 2005). With half of our nation's American population living with at least one severe health disease such as diabetes, obesity, or cardiovascular disease, the need for a better solution is apparent. People have better outcomes when they have someone to guide and support them in their journey towards health. Knowledge is not enough in achieving health goals. People need guidance and support with behavior change. By proactively delivering patient education and personalized guidance, health care costs can decrease for both the individual and the health benefits payors. Health coaching works.

Why is a nurse a good fit for health coaching?

The nurse health coach role is a natural fit for nurses. Nurses are trained in patient education and are in a prime position of trust and knowledge to help. People trust nurses. Nurses have been granted the honor of being named the most trusted health profession by Gallup surveys for decades Although nurses are mostly seen at the bedside helping people recover from illness and disease, we can help guide people towards health promotion with our unique knowledge and holistic training. The role of nursing extends beyond acute illness care and includes health promotion and disease prevention. Nurses have begun to expand that role into becoming health coaches. The concept of coaching is in alignment with nursing core values of helping encourage and empower people to take charge of their health. An example of the growing need for nurse health coaches is the response by insurance companies who are hiring nurses as health coaches. This is part of a comprehensive plan to modify health care that was based on paying for expensive incidents of illness and hospitalizations to health promotion and disease prevention.

Why would I want to become a nurse health coach?

Many nurses are leaving the bedside to become a health coach because of better hours, autonomy, income, and flexibility in lifestyle. Some nurses choose to work part-time while keeping their regular nursing job, while others work full time and give up bedside nursing. Others are employed by agencies including insurance companies or health maintenance organizations in the role of the nurse health coach. Becoming a health coach can include being a nurse entrepreneur and obtaining private pay health clients or becoming certified as a health coach. Some nurse health coaches partner with existing nutrition programs and offer their expertise for success with weight loss plans.

What do nurse health coaches do?

Most people don't need advice. They already know that diet, exercise, weight control, stress management and restorative sleep are key habits of health. What they do need is support and guidance in the journey to do what they already know works. Strategies used are accountability, awareness, and empowerment, which are powerful motivators that can lead to positive health outcomes.

A nurse health coach uses the coaching model to expand on teaching disease prevention and health promotion strategies. Chronic disease prevention through lifestyle and integrative health care techniques is a focus of nurse health coaches who will conduct client visits, utilize motivational interviewing techniques, and even model correct strategies necessary to assist the patient to reach self-management goals. Nurse coaches will conduct follow-up visits, track progress towards health goals and serve as a resource or consultant for clients. The unique body of knowledge for nurse health coaches includes chronic disease management and prevention, cardiac disease, congestive heart failure, hypertension, metabolic syndrome, diabetes mellitus, chronic obstructive lung diseases, kinesiology, exercise, nutrition, and behavior change theories as well as treatments and medications related to each topic. The nurse health coach serves as a liaison between primary care providers and confused and weary patients who experience gaps in information and communication.

How to I become a nurse health coach?

Without the title health coach, nurses do health coaching. For those who are interested in becoming a certified nurse health coach additional programs, courses and certifications are available. The best billboard for advertising your message of vibrant health is yourself. Nurses who apply the habits of health to themselves will attract clients and gain the trust of patients by your own example, even without a certification.

Several entities provide formal business training and certification and include:

- American Holistic Nurses Credentialing Corporation: https://www.ahncc.org/
- Health Coach Institute: www.healthcoachinstitute.com
- International Nurse Coach Association (INCA) Integrative Nurse Coach Academy https://inursecoach.com/
- Institute of Coaching: https://instituteofcoaching.org/
- Institute for Integrative Nutrition: www.integrativenutrition.com
- International Coaching Federation: www.coachfederation.org/
- Wisdom of the Whole: www.wisdomofthewhole.com
- National Institute of Whole Health: www.niwh.org

References

Donner, G., and Wheeler, M. (2008). Taking control of your nursing career: A handbook for health professionals. Toronto: Elsevier.

Healthy Nurse Healthy Nevada

In December 2019, Christa Secord, APRN, Chair of the Healthy Nurse Healthy Nevada (HNHN), and a member of the NNA Board of Directors, launched the first CEU presentation, under HNHN. Christa has a passion for providing opportunities for Nevada Nurses. During COVID, she also saw a need for nursing students who may have not had the ability to present their final papers to an audience.

Thank you to Christa for taking the initiative to ensure that HNHN could be used as a platform for these courses. NNA would also like to thank the expert-subject presenters who volunteered their time and talents to provide these free of charge to Nevada nurses. They are appreciated beyond words.

Below is a summary of presentations sponsored by NNA for the period December – May 2021.

Self-Compassion in Nursing
presented by Sherry Stofko, MSN-Ed, RN

Wake up to the Importance of Sleep
presented by Sherry Stofko, MSN-Ed, RN

Research and Clinical Applications of Essential Oils
presented by Christy Armbruster, MD

Human Trafficking: Action-Reaction
presented by Madison F. Spencer, BA Women's Gender and Sexuality Studies

Education for Substance Use Disorder (SUD) Prevention in Nurses
presented by Shaheen Ahmad PMHNP BSN, RN

Identifying and Addressing Conflict
presented by Sandra M. Olguin, DNP, MSN, RN

The Importance of Religion and Spirituality in the Clinic
presented by Christy Armbruster, MD

Intimate Partner Violence: A Public Health Priority
presented by Judy Henderson, training coordinator, Nevada Coalition to End Domestic and Sexual Violence (NCEDSV)

Adverse Childhood Experiences and Diabetes in Adulthood: The Importance of Trauma-informed Care
presented by Molly M. Hagen, MS, PhD candidate (Epidemiology), Graduate Research & Teaching Assistant

Foundations of Health
presented by Christy Armbruster, MD

If you or someone you know would like to give a presentation for HNHN, please send an email to Linda Bowman at lbowman@nvnurses.org.

Substance use and abuse associated with the behavioral immune system during COVID-19: The special case of healthcare workers and essential workers

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The COVID-19 pandemic has resulted in unprecedented stress on healthcare systems throughout the world.[1] It has also led to worldwide economic distress. This has resulted in a splintering of the population, with healthcare workers bearing the burden of caring for those afflicted with COVID-19, a consequence of which is direct and sustained infection risk. Essential workers, such as grocery store employees, food delivery service workers, and postal employees, to name a few, also shoulder significant health risks by ongoing contact with the public.

As essential workers face these increased infection risks, they also face higher rates of stress from the pandemic. The recently developed COVID Stress Scales[2] categorizes stressors from the pandemic into five categories: danger and contamination fear, social and economic stress, traumatic stress symptoms, checking and reassurance seeking behavior, and xenophobia. Recent findings suggest that the five factors of the CSS form a COVID Stress Syndrome.[3] In the general population each of these factors can contribute to increased substance use and abuse risk.[4] These factors can be compounded in essential workers and place this group at particularly high risk for substance use and abuse.

Pandemics activate a behavioral immune system.[5] The BIS is an alarm system whereby individuals show increased monitoring of physical sensations to track possible signs of infection, which in turn would mobilize action to secure medical care. Recent research has shown that disgust, an emotion designed to protect from contact with pathogens, is critically involved in COVID-19 fear for higher levels of interoceptive awareness.[6] According to the BIS model, activation of this protective system also leads to efforts to identify tangible infection sources, which in turn promotes xenophobia and stigma.

Essential workers in general, and healthcare workers in particular, who themselves would have active BIS during the COVID-19 pandemic, face unique pressures from the general population. While research on disgust suggests that chronic exposure to pathogens may dampen one's concern with infection,[7] the other factors of the CSS would be expected to be highly relevant to healthcare workers and other essential workers in increasing substance use risk.

Economic stress has been shown to increase the risk of alcohol use in healthcare workers, particularly for women and lower education workers.[8] Similar findings have been observed for other drug use, particularly in lower education individuals.[9] Social stress has long been documented to increase substance use risk in healthcare workers[10] and other essential workers.[11]

Past pandemics have resulted in significant traumatic reactions among healthcare workers.[12] Trauma symptoms have been found associated with substance use in healthcare workers, such as following a terror attack.[13] There is emerging evidence that many medical and non-medical health care workers will develop PTSD stemming from COVID-19-related experiences.[14]

Checking behavior serves as a protective factor during pandemics, such as to inspect for possible pathogen sources. This in turn can lead to occupational stress, such as reluctance to work in the face of infection risk, further compounding economic stress. Checking behaviors also contribute to hypervigilance to infection risk, a specific aversive consequence of activation of the BIS. Further, checking behavior in this context is a proxy for obsessive–compulsive actions, another potential substance use risk.[15]

Finally, among the factors that form the COVID Stress Syndrome, xenophobia is a unique and specific stressor for healthcare and essential workers, as they are more likely to be the targets of discrimination from the general population. For instance, some job titles of the essential workforce are disproportionately from under-represented groups, thus allowing a conflation of these groups with both their ethnic or racial status and infection risk by the general population. Beyond the xenophobia faced by under-represented groups, the COVID-19 pandemic has resulted in stigmatization of essential workers.[16] Broadly, stigma has been shown to increase risk of alcohol and drug use.[17]

Collectively, it appears that the COVID Stress Syndrome, through activation of the BIS and the unique constellation of stressors, places essential workers at high risk for alcohol and substance use. Lessons from past pandemics have shown that the need for additional substance use interventions increases. This has already been noted in relation to COVID-19.[18] This constellation of stressors warrants unique programs of intervention to manage drug use and abuse. Research to develop such programs is needed, particularly in consideration of the broad

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Promoting Natural Immunity

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In today's atmosphere of quarantine and Covid-fear, reclaim life and promote natural immunity. We are continually warned of what *NOT TO DO* to prevent illness. Let us today, focus on what we CAN DO to keep ourselves and our families healthy. There are many components to this concept; we will begin with the basics.

A healthy lifestyle promotes a healthy immune system, but we are all different. In integrative and functional medicine, we take an individualized approach to health and wellness. We focus on hormonal, nutritional and lifestyle balance that promotes the body's ability to heal, detoxify and to prevent disease, inflammation and immune over-reactivity.

The skin is the most obvious immune organ that serves as a barrier. Next, moist mucous membranes that trap bacteria, fungus, parasites and viruses as they enter the respiratory or gastrointestinal tracts. Here, specialized cells attack and ideally destroy. If the offending organism breaches these barriers and enters the blood stream, antibodies from the adaptive immune branch strike! Not only are these cells viscously strong, but they have a great memory and provide a record of invading organism for future rapid identification and attack.

Conditions that increase the risk of death from viral illnesses are hypertension, diabetes, cardiovascular disease, advanced age, cancer and obesity. It also happens that these very conditions are also associated with very low serum levels of vitamin D, C and magnesium. It must also be noted that many commonly utilized medications deplete these vital nutrients that are imperative to a healthy immune system.

Vitamin D3 enhances immune function while helping prevent abnormal immune reactions such as the cytokine storm that is associated with a massive inflammatory response with COVID-19. Vitamin D suppresses infection by producing a series of special microbe-killing proteins known collectively as antimicrobial peptides.[1,2] Vitamin D deficiency is associated with many cancers, autoimmune diseases, depression, chronic fatigue syndrome, muscle weakness, bone and muscle pain (fibromyalgia) and neuropathy.[3] It has been estimated that increasing the vitamin D levels of people in the United States to at least 40ng/mL would prevent more than 336,000 deaths per year.

Vitamin D occurs naturally in fish and in small amounts in eggs yolk, cheese and beef liver. It is also naturally synthesized by the skin after sun exposure; however due to our tendency to wear clothing and sunblock, our exposure is often limited.

Vitamin D3 is the preferred form utilized for oral supplementation. Recommended daily doses range from 1,000-5,000 IU per day, depending on serum levels, absorption, skin color, age and presence of illness. Optimal levels of vitamin D 25 hydroxy (which is the form ordered for proper lab evaluation of levels) is 60-90 ng/mL. While it is difficult to get too much vitamin D, it is possible and can cause other medical problems. For this reason, it is wise to always monitor vitamin D 25 hydroxy serum levels on a regular basis.

Magnesium is vital for the healthy immune system. It is estimated that over 50% of Americans are deficient in this essential mineral that is required for bone health, cell function, stable blood pressure, heart rhythm and nerve conduction. Magnesium also promotes the production of lymphocytes which are immune cells that are critical for protection against viral infections and cancer. Along with Vitamin D, it can also help prevent the inflammatory response and blood clots that are lethal during a COVID-19 illness.

The monitoring of magnesium can be very tricky and must be obtained as a red blood cell level. This reflects the amount of the mineral available inside the cell. For the most part, it is not essential to know one's magnesium level. It can be increased by consuming fresh, green, leafy vegetables, nuts, dark chocolate, avocados, legumes, and salmon. There are also many forms of magnesium supplements on the market, however the form that is best absorbed and causes the least gastrointestinal upset is slow release magnesium malate. The recommended daily dose is between 250mg-500mg, not to exceed 1000mg.

Vitamin C is another superhero nutrient that promotes immuno-function in many ways. It is known to positively affect genes that control inflammation and inhibit the enzymes that generate a powerful free radical. Many years ago, the death rate from measles was cut in half with the supplementation of high dose vitamin C, and with the addition of zinc, the death rate fell to 80%.

Vitamin C is water-soluble and found naturally in many fruits and vegetables. It is an antioxidant that boosts the immune system by improving the productions of infection fighting cells and also protects cells from harmful molecules called free radicals. Not only can it decrease oxidative stress, it has been found to help lower blood pressure, cholesterol, and uric acid levels. Liposomal vitamin C increases absorption by 90% due to technology that wraps the molecule in a microscopic phospholipid (fatty) sphere that promotes absorption of this powerful nutrient directly into the immune powerhouse.[4]

In most cases, viral infections can last from a few days to sometimes weeks, depending on the health of the immune system. The strength of the immune system is dependent on adequate vitamins C and D, magnesium and many other nutrients. These nutrients are of utmost importance; however, it is very important to supplement with a pharmaceutical-grade multivitamin that includes balanced vitamins and minerals that are difficult to obtain in the typical American diet. Less than 3% of supplements meet the pharmaceutical grade standards of 99% purity, bio-availability, natural (versus synthetic) and no dyes, binders, additives or fillers.

One of the most important parts of promoting health is simply living a healthy lifestyle. Stay well hydrated by consuming approximately 1/2 of your body weight in ounces of water per day. Get outside, breathe fresh air, exercise, have fun, enjoy the sunshine, play in water, laugh, love and lower stress levels! Cherish being with people that you love, get plenty of rest and consume a whole-food diet that is rich in vitamins, minerals and fermented foods.

1. Herr C et al. Expert Opin Giol Ther 2007;7:1449-61.
2. Agier J et al. Cent Etui J Immunol 2015-;40:225-35
3. Prabhala A et al. Arch Int Med 2000;160:1199-1203
4. Grant WB. Eur J Clin Nutr 2011;65:1016-26
5. Cohn, Jeffery et al. Nutrients 2 (2)116-127.doi:10.3390/nu2020116

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impact of COVID-19. We encourage researchers to systematically tackle these important issues in preparation for challenges people may face with substance use and abuse in the face of present pandemic-related circumstances, post-COVID-19, and for future pandemics.

1. Tanne J.H., Hayasaki E., Zastrow M., Pulla P., Smith P., Rada A.G. COVID-19: How doctors and healthcare systems are tackling coronavirus worldwide. British Medical Journal. 2020;368
2. Taylor S., Landry C.A., Paluszek M.M., Fergus T.A., McKay D., Asmundson G.J.G. Development and initial validation of the COVID Stress Scales. Journal of Anxiety Disorders. 2020;72
3. Taylor, S., Landry, C.A., Paluszek, M.M., Fergus, T.A., McKay, D., & Asmundson, G.J.G. (in press). COVID Stress Syndrome: Concept, structure, and correlates. Manuscript under review.
4. McKay, D., & Asmundson, G.J.G. (2020). COVID-19 and substance use: Current issues and future preparations. Manuscript under review.
5. Schaller M., Park J.H. The behavioral immune system (and why it matters) Current Directions in Psychological Science. 2011;20:99–103. doi: 10.1177/0963721411402596.
6. McKay D., Yang H., Elhai J., Asmundson G. Anxiety regarding contracting COVID-19 related to interoceptive anxiety sensations: The moderating role of disgust propensity and sensitivity. Journal of Anxiety Disorders. 2020;72
7. Haidt J., McCauley C., Rozin P. Individual differences in sensitivity to disgust: A scale sampling seven domains of disgust elicitors. Personality & Individual Differences. 1994;16:701–713.
8. Saridi M., Karra A., Kourakos M., Kyriakos S. Assessment of alcohol use in health professionals during the economic crisis. British Journal of Nursing. 2016;25:396–405.
9. Carpenter C.S., McClellan C.B., Rees D.I. Economic conditions, illicit drug use, and substance use disorders in the United States. Journal of Health Economics. 2017;52:63–73.
10. Bennett J., O'Donovan D. Substance misuse by doctors, nurses and other healthcare workers. Current Opinion in Psychiatry. 2001;14:195–199.
11. Lehman W.E., Simpson D.D. Employee substance use and on-the-job behaviors. Journal of Applied Psychology. 1992;77:309–321.
12. Marunder R.G., Leszcz M., Savage D., Adam M.A., Peladeau N., Romano D. Applying the lessons of SARS to pandemic influenze: An evidence-based approach to mitigating the stress experienced by healthcare workers. Canadian Journal of Public Health. 2008;99:486–488.
13. Bogstrand S.T., Skogstad L., Ekeberg Ø. The association between alcohol, medicinal drug use and post-traumatic stress symptoms among Norwegian rescue workers after the 22 July twin terror attacks. International Emergency Nursing. 2016;28:29–33.
14. Tan B.Y., Chew N.W., Lee G.K., Jing M., Goh Y., Yeo L.L.L. Psychological Impact of the COVID-19 pandemic on health care workers in Singapore. Annals of Internal Medicine. 2020 doi: 10.7326/M20-1083.
15. Mancebo M.C., Grant J.E., Pinto A., Eisen J.L., Rasmussen S.A. Substance use disorders in an obsessive compulsive disorder clinical sample. Journal of Anxiety Disorders. 2009;23:429–435.
16. Gold J.A. COVID-19: Adverse mental health outcomes for healthcare workers. British Medical Journal. 2020;369
17. Room R. Stigma, social inequality and alcohol and drug use. Drug and Alcohol Review. 2009;24:143–155.
18. Kar S.K., Arafat S.M.Y., Sharma P., Dixit A., Marthoenis M., Kabir R. COVID-19 pandemic and addiction: Current problems and future concerns. Asian Journal of Psychiatry. 2020;51