

The Alaska Nurse AaNA

The Official Publication of the Alaska Nurses Association
Vol. 73, Issue 1 Spring 2022



Nurse Burnout

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MARCH 15
Rediscovering Our Group Values: Changes in Public
Opinions towards Nurses
Anna Thomas, MSN, RN

APRIL 19
Foundations of Public Health Nursing
State of Alaska Public Health Nurses

MAY 17
Ranked Choice Voting
Sara Massmann, RN, PCCN

JUNE 21
Supporting the Immune System
Sally Coburn, MSN, RD, RN-BC, APRN-BC, CSOWM

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From our President



I want to start with saying: I appreciate you – ALL my nurses in the great state of Alaska! We are tired of COVID-19 and yet we continue to deliver compassionate care to our patients. I truly believe we are almost through the worst of this pandemic and further mutations will be less worrisome. The vaccines have had a huge effect on keeping people from dying and I encourage everyone to get your booster or start by getting your first dose. “Long-haulers” syndrome is serious and real.

I went to Juneau on February 1 & 2 to speak with legislators on issues that the Alaska Nurses Association is most concerned about. Legislation we’re watching includes HB 265 (expanding access to telehealth), SB 10 (free/reduced tuition for essential workers), and the public health nursing budget. We are also emphasizing the need to rapidly grow our healthcare workforce. As president, I’m active in our Legislative Committee that meets every other Tuesday. Our lobbyists keep us informed of the moving bills, their sponsors and co-sponsors, the committees they go to, and any action taken on them. They also assist us in how we present ourselves and how to say what we need to say in 15 minutes or less to get our point across. It’s a science for sure.

On a more personal note, I’ve started to eat probiotic yogurt with fresh fruit, a cupful of fresh veggies

a day, and doing a little exercise program that I can follow at home. I do 10 push-ups at the kitchen counter and 10 leg raises on the floor (but I don’t like doing that, so I have to figure out how to get those done off the floor.) My favorite exercise is being outdoors and hiking or snowshoeing. This winter I have been snowshoeing up at Hatcher Pass every Saturday with a group of lady friends. We hike every Saturday regardless of the weather, well except rain. I hate hiking in the rain. Please contact me if you’d like to join us!

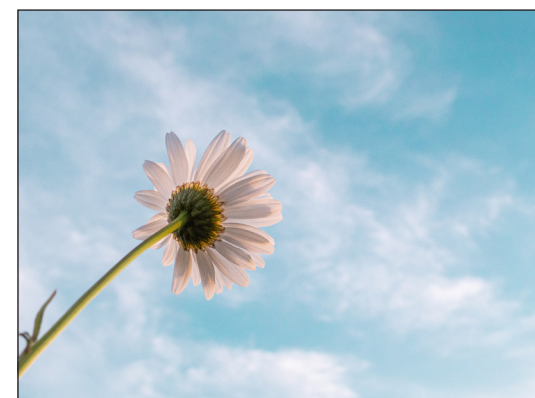
One final note, most of you know that I’m a passionate gardener. This year I’m trying something new: I’m going to plant melons outside under plastic rows, cucumbers in planters outside on the warm side of the deck, and herbs like lemon basil, thai basil and dill. I have a brown thumb when it comes to growing herbs (they bolt before I use them) but I’m going to give it another go. Wish me luck!

Call, text, or email me with your thoughts, concerns, garden tips, if you want to hike, or just to say hi!

Jane Erickson

Jane Erickson, ADN, RN, CCRN
President, Alaska Nurses Association

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AUTHOR GUIDELINES FOR THE ALASKA NURSE: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of the AaNA. There is no limit on article length. Include names and applicable credentials of all authors. Articles should be Microsoft Word documents. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to andrea@aknurse.org.

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AFT Nurses and Health Professionals News Roundup

ABOUT AFT

AFT is a union of 1.7 million professionals that champions fairness, democracy, economic opportunity, and high-quality public education, healthcare and public services for our students, our families and our communities. AFT is the national affiliate of the Alaska Nurses Association.



AFT OFFERS FREE TRAUMA COUNSELING BENEFIT FOR MEMBERS

AFT members work hard—now more than ever—to heal, help, and serve our communities. Sometimes our own stress is compounded by a personal or workplace trauma; still, we struggle to be fully present for others. Now the AFT is offering a new, free benefit to provide help and healing for our members. The free counseling for incident-based trauma is for all working and on-leave members. If you're an AANA union member, that's you!

GET THE SUPPORT YOU NEED: www.aft.org/benefits/trauma

WASHINGTON STATE NURSES JOIN COALITION TO DEMAND SAFE STAFFING LEGISLATION

A coalition of healthcare workers in Washington state is calling on lawmakers to pass legislation that will address the hospital staffing crisis in their state. The Washington State Nurses Association/

AFT is part of the coalition with UFCW 21 and SEIU Healthcare 1199NW. Coalition members say that the COVID-19 pandemic has exacerbated long-standing short-staffing issues in their state. Their WA Safe + Healthy campaign focuses on measures to protect healthcare workers.

FIND OUT MORE: www.aft.org/news/washington-state-nurses-join-coalition-demand-safe-staffing-legislation

“RIGHT NOW, NURSING IS BROKEN,” AFT MEMBER WRITES

Nurse Sheryl Mount says health professionals are in crisis mode inside hospitals, but there's no sense of urgency among people as they go about their daily lives. When other nations were hit with omicron, that's when everyone should have stepped back and taken precautions, but we were caught off guard again and had to scramble for tests and other provisions. This lack of preparedness is part of the alternate reality that people are living in, she writes in her Voices post.

READ HER STORY: aftvoices.org/right-now-nursing-is-broken-ed06ab99036d



AFT AMONG A COALITION OF UNIONS CALLING FOR PERMANENT COVID PROTECTIONS

Amid a record-breaking number of COVID-19 cases, the federal government let an emergency standard expire that was designed to protect healthcare workers from the virus. A coalition of unions representing healthcare workers, including the AFT and the AFL-CIO, are suing the government to get those protections back. Other petitioners include National Nurses United, the American Federation of State, County and Municipal Employees, and state nursing unions.

LEARN ABOUT THE LAWSUIT: www.aft.org/news/aft-among-coalition-unions-calling-permanent-covid-protections

LEARNING FROM OUR HISTORY TO BUILD A HEALTHIER, MORE EQUITABLE SOCIETY

When it comes to health and social outcomes, race and ethnicity matter. In AFT Health Care, two researchers, Zinzi D. Bailey and J. Robin Moon, examine the history of inequitable public health policies, focusing on the war on drugs, the opioid epidemic and the outsized role of Filipino American nurses in the most dangerous work environments. Drawing on this history, the authors discuss the local and federal investments we can make not only to improve care and restore public health as a public good but also to better prepare for the next pandemic.

EXAMINE OUR HISTORY: www.aft.org/news/healthcare-workers-oregon-vote-authorize-strike-against-kaiser

Compassion fatigue is real.
Get the help you deserve.



The AFT provides **free counseling** for this incident-based* secondary trauma for all working and on-leave members.



*An incident-based claim must be submitted and approved to receive the Trauma Counseling benefit.



HOUSEPLANTS FOR MENTAL WELL-BEING

By Andrea Nutty, AaNA Programs Director

Does nurturing a houseplant today keep the doctor away?

As the COVID-19 pandemic left the world locked down in spring 2020, people began searching for new activities and interests to relieve feelings of isolation, boredom, and fear while being stuck inside. One hobby that saw an explosion of interest? Houseplants. And for good reason.

Indoor plants can do much more than simply serve as décor or make a pretty post on your Instagram (not that there's anything wrong with that). As it turns out, houseplants can do wonders for your mental health. Indoor greenery is associated with many mood-boosting benefits such as reduced stress levels, increased feelings of well-being and optimism, clinically significant symptom relief in depression and anxiety, and heightened concentration and creativity.

Beautiful botanicals may be just what the doctor ordered. Here are the 4 best plants to start your budding indoor garden.

Snake Plant

Scientific name: Dracaena Trifasciata

Origin: West Africa, from Nigeria to the Congo

Growth: Up to 12 feet tall

Why it's great for beginners: Very drought tolerant. Difficult to kill.

You should know: Snake plants are toxic to cats and dogs. They make great floor plants.



Pothos

Scientific name: Epipremnum Aureum

Origin: Australia, India, China, Southeast Asia, Pacific Islands

Growth: Practically eternal. Pothos can grow over 60 feet in the wild.

Why it's great for beginners: Survives irregular watering and low light.

You should know: Pothos are trailing plants that grow best in hanging containers or on shelves. Pothos are toxic to pets and people.



Philodendron

Scientific name: Philodendron Scandens

Origin: Central and South America

Growth: Varies by species. Between 1 and 20 feet high, and 1 to 6 feet wide

Why it's great for beginners: Hearty and adaptable to many different conditions.

You should know: Philodendron enjoy an occasional trip outdoors during summertime to sit in the shade. They are toxic to pets and people.



Online resources to get you started

- www.thespruce.com
- www.gardenista.com
- www.ourhouseplants.com
- www.houseplantsexpert.com
- Facebook Group: Alaska Houseplant Enthusiasts
- YouTube: Homestead Brooklyn
- YouTube: Betsy Begonia
- YouTube: Crazy Plant Guy

Whether you have one green friend to nourish or a whole squad of indoor plants, your mind can benefit from the calm comfort they provide. Here's to earning a "green" bill of health!

Photos courtesy of Severin Candrian on Unsplash, co-founder at <https://feey.ch>.

ZZ Plant

Scientific name: Zamioculcas Zamiifolia

Origin: East Africa, from Kenya to South Africa

Growth: Up to 3 feet high and wide

Why it's great for beginners: Tolerates drought and low light. Purifies air.

You should know: ZZ plants are toxic. Wear gloves or wash hands after handling to avoid skin irritation. If you have small children or pets, this may not be the plant for you.





TO DRINK OR NOT TO DRINK...

That is the Question

By Stacey Sever, BSN, RN, CCDS
Staff Nurse Director, AANA Board of Directors

Wintertime in Alaska can bring some low humidity rates to our indoor environments. Finding ways to stay hydrated during your busy shift can be quite difficult. From the moment your feet hit the floor of the nursing department, you are nonstop with activity: patient assessments, admissions, discharges, passing medication... All these activities take up both your physical and emotional/mental energy.

Add on top of that, with a pandemic (increased mask usage), higher patient acuity levels, increasing nurse/patient ratios, and staffing shortages, many of us find it challenging to find time for self-care, let alone just staying well hydrated at work.

As nurses, we know that staying hydrated plays a key role in our overall health and well-being. According to the study *Water, Hydration and Health*, water, or its lack of (dehydration) can influence cognition (Popkin, 2010). Dehydration can also lead to feeling sluggish or lethargic, an inability to concentrate, headaches, dizziness, constipation, and urinary issues.

It is not uncommon for nurses to forego drinking water or other hydrating beverages because they are so engaged in patient care that they do not have time

to use the restroom. During a routine 12-hour shift, nurses have been identified as walking an average of between three to six miles. In addition to the physical exertion of patient care, the insensible fluid losses from continued conversations at work (between nurses, ancillary staff, providers, patients, and patient families) contributes to dehydration.

Dehydration has been associated with some cognitive function impairment (El-Sharkawy, 2015). Interference with the ability to think clearly can significantly impact patient care and safety.

How can a nurse stay well hydrated during their shift when breaks and mealtimes are so hard to come by at times? What if your facility forbids water bottles at the nurses' station? The Joint Commission (TJC) does not give direct recommendations with regard to whether staff can have food or drink in work areas (Commission, 2021). Rather, TJC references OSHA's Bloodborne Pathogen Standard (1910.130) that applies to occupational exposure to blood or other potential infectious materials in the healthcare setting. Per the standard: Consumption of food and drink is prohibited in areas where work involving exposure or potential exposure to blood or other

potentially infectious or toxic material exists, or where the potential for contamination of work surfaces exists.

Making hydration at work a priority may take some changes in personal and professional behaviors. The individual nurse should set a goal of how much water they want to drink per shift.

Strategies to increase hydration while at work can include:

- ☐ Downloading a hydration app or setting an alarm as a reminder to drink water.
- ☐ Keeping a reusable water bottle in areas that are determined to be safe eating areas for staff.
- ☐ Making water more desirable to drink. Options include sparkling water or infused water to improve the taste.
- ☐ Finding the preferred temperature of water. Ice cold water is good for some people whereas room temperature is preferred by others. This may encourage increased water intake.

☐ Snack on fruits and veggies that have a higher water content such as watermelon, celery, cucumbers, pineapple, grapes, or berries.

☐ Avoiding salty and fried foods, or increasing water intake while eating these items.

☐ Avoid drinks that are high in sugar. Sugar requires a lot of water for breakdown and metabolism which can lead to dehydration.

☐ Double up with your caffeine. Sometimes coffee or tea is needed, especially for night shift nurses, and it is okay if used in moderation. A great way to decrease the dehydrating effects of caffeinated drinks is to pair them with your water. For every cup of coffee or tea, drink a bottle of water too (Melissa Mills, 2020).

☐ Chew ice. It can be a great thirst quencher during unexpected situations that limit your ability to drink enough water.

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There is a need for a culture change regarding staffing ratios and breaks and mealtimes. Nurses need to have time to care for themselves while at work, as caring for patients and their families is physically and mentally exhausting. And while this may seem completely overwhelming with the current environment of healthcare, starting with small change may be the catalyst for other needed changes.

Staff can focus on making hydration a priority for their department and/or facility. There is literature available regarding the impact of dehydration on nurses and the potential impact on patient safety. Collaborate on what areas within the unit would be acceptable to house reusable water bottles. Don't negate the fact that with increased hydration comes the increased need to "download" those hydrating beverages. Discuss the importance of having coverage for break and mealtimes to address the physical, emotional, and mental well-being of nurses. By having dependable break and mealtimes with adequate staffing coverage, nurses can feel supported in maintaining their hydration knowing that there will be opportunities to use the restroom.

Our bodies are made up of 60% water. The brain itself is composed of 73% water. The impact dehydration has on the brain and body is well documented. As nurses, we engage in highly complex physical, emotional, and mental tasks while caring for patients. From assessing patients for changes in their conditions, calculating medications, or

offering support to families, it is essential that nurses have the tools and strategies needed to keep ourselves well hydrated while at work and caring for our most vulnerable members of our community.

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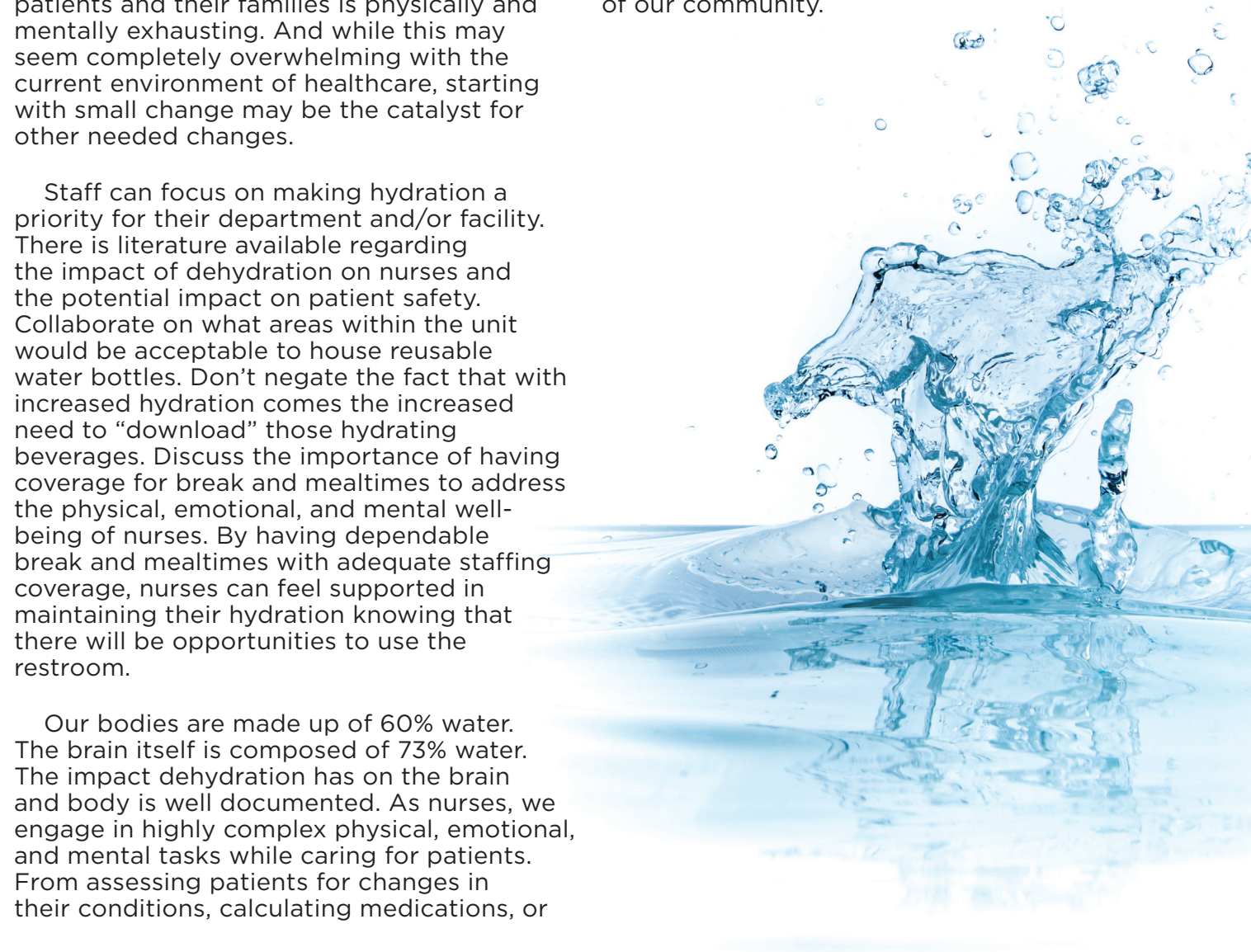
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QIGONG FOR THE NEW YEAR

HELP WITH NURSING BURNOUT

By Roxanne Chan, DAOM, RN, LAC



HAPPY NEW YEAR!

First of all, I would like to wish you a Happy Chinese New Year of the Water Tiger! This lunar new year began on February 1st, 2022. You may already know some about the twelve zodiac signs of the traditional Chinese calendar from the placemats at Chinese restaurants (I grew up in one that was our family's, and this was one of the ways I learned about them), and beyond. I would like to share with you some teachings from this tradition and my main qigong teacher.

REFLECTING ON THE PAST TWO METAL YEARS

In preparation for shifting mentally and energetically from the 2021 lunar year of the Metal Ox into the 2022 lunar year of the Water Tiger, we will start with the ancient tale of the Chinese zodiac and its animals. This story, the Great Race, has been around and passed down generation to generation, and represents the different energies of the human spirit. The story describes the animals, racing in the Jade Emperor's race to become included in the zodiac, landing in different ways onto the shore at the finish, each in their different styles. Let us reflect on and embrace the gifts in looking at the animals of the last two years, along with the element of those years.

In traditional Chinese medicine, there are Five Elements: Wood, Fire, Earth, Metal, and Water. In the Chinese zodiac, we rotate through each Element every two years. 2020 and 2021 were Metal years. The Metal

Element is associated with the virtues of excellence, purity, divinity, integrity. It is also associated with the emotion of grief, and the organ system of the lungs.

2020 was the year of the Metal Rat. In one version of the story of the Great Race, it begins with saying the Rat and the Cat were good friends who decided to enter the race together. At the final stretch of the race they came upon a river, and having come across the honest and humble Ox who was happy to oblige, hopped upon the Ox's back to cross the river. Part way through the river crossing, the Rat pushed his friend the Cat off the Ox's back and into the river, to be swept downstream and away from finishing the race. (Some versions speak of other types of trickery, but either way, it is the tale of why, to this day, the Rat and the Cat are bitter enemies.) After the Cat was out of the race, the Rat, just before the finish line, leaped from the Ox's back to finish first. The 2020 year of the Metal Rat was marked by grief, leaping over one another, and unpredictability. On a more positive note, obviously, the Rat is the clever and opportunistic one.

2021 was the year of the Metal Ox. The Ox is honest, conservative, dependable, and steady. The story of the Ox is that, unconcerned about getting ahead, he finished second and did not bat an eyelid at the Rat jumping ahead. The Ox is associated with hard work, diligence, and virtue.

We can take these virtues that have gotten us through the second year of COVID, where we needed that Ox kind of energy, slow and steady.

CONTINUED ON PAGE 12

ENTERING INTO THE 2022 YEAR OF THE WATER TIGER

And now it's time to be more enthused and joyful and moving forward with big leaps — at least that is energetically what the Water Tiger year symbolizes, certainly in a lot of different ways. The Water Element in traditional Chinese medicine is associated with wisdom, fear, and power. The Tiger is known as powerful, courageous, willing to take on dangers, a natural leader. Taking leaps and going with the flow of new projects is something we can experience in this year. We can feel the flurry and the push that comes from the Tiger. You can think of the Tiger year as being ready to step forward into the next cycle, to the next set of possibilities that the Water Tiger brings. Some people might talk about the Tiger as aggressive, but it can also be enthusiastic, passionate, and committed, being really into whatever it does. It depends on our perspective, and we can embrace it in the positive or the negative.

My qigong teacher this year invites everyone to have perspective, to embrace each other, to embrace what each of the animals signify, and be to very open about taking the positive that this animal brings and incorporating it into how we take our next steps this coming year of the Tiger. The Ox was slow and steady, reliable, dependable, and everyone likes these qualities, but it doesn't move us forward in the way of the Tiger.

WUJI QIGONG EXERCISE FOR THE HEALTHCARE PROVIDER

We have been suspended between fear and grief. We have all been through and lost so much of our way of life during this time. Over 900,000 people have died of COVID-19 in the US at this time. Only when this is over will we be able to fully grieve and honor all those we have lost. All of us have been extremely fatigued from these past two years, and many have also experienced fatigue from having had COVID as healthcare professionals.

Self-care is so important for the caregiver. Thank you for all that you do. How do you care for yourself after what you have been through the past two years? How do you cultivate during this time? Maybe you have a spiritual practice or go into nature regularly. We have found creative and safer ways to connect during this time to be crucial. What

is contained for you in the polarity between receiving and burnout?

During the shutdown in March 2020, I started to practice qigong more intensely daily. Qigong is a traditional Chinese medicine system of slow gentle movements coordinated with the breath designed for health and healing. By the end of the year, and also while grieving the loss of one of my clients whom I regarded like a family member to COVID, it was noticeable how low my energy and spirit would quickly sink if I did not continue my practice of qigong which was sustaining for me.

In the sense of sweeping everything out for the New Year, as is traditional to do in the home before the Chinese New Year, and bringing in all the positives of the energies of this upcoming year, let us focus on our breath in an important way: with each inhalation, taking your breath in to all the parts of the lungs, then focusing on allowing yourself to receive your breath into all of your body and tissues; and on the exhale, focusing on using the exhale and letting it sweep everything out, getting rid of any toxins you've taken in.

I invite you to join me in a simplified Qigong routine you can try now or when you get to a quiet place*:

Wuji refers to a posture of “nothingness.” It is done in a relaxed and open standing posture, relatively still. It combines neutral, open posture with the breath, facilitating awareness and “everything” by connecting with “everything and nothing all at the same time.” Serious martial artists will do 30 minutes of wuji practice before starting their training practice. Benefits of practicing wuji include regulating blood pressure, stress hormones, and sleep cycles, as well as increasing immunity, energy, well-being, and vitality.

Let us begin. Breathe into your belly and hold your breath for 30 seconds to 1 minute, then slowly release your breath. (Continue in this way lying down if you are unable to stand or sit.)

Stand (sitting is just fine too) with your feet flat on the floor, with equal balance on the balls and heels of the feet. Knees are soft and slightly bent. Have your feet shoulder width apart. Relax the hips.

Gently tuck the lower abdomen, just enough to feel a connection between the front and back of your body.

The shoulders are relaxed and stacked directly over the hips. The arms are rounded as if you are holding a ball of light emanating from your lower abdomen, with the size of an egg inside each armpit.

The tailbone is tucked gently beneath your pelvis, releasing and opening your lower back.

Close the anal sphincter gently, as you would an eyelid. Touch the tongue to back of your upper front teeth, just between the back of the teeth and the gum line.

Continue to breathe naturally in and out through the nose. The mouth is closed and the eyes can be closed. The chin is level with the ground and slightly tucked back. A soft smile to the face, relaxing the jaw.

Imagine grounding to the Earth. Imagine a ball of light coming from the center of the Earth, rising all the way up to meet the bottoms of your feet.

Connecting to the Heaven. Imagine a line going from the top of your head extending all the way up into the Heavens.

Spend this time relaxing as much as you can into this posture. Notice what you notice as you breathe. Feel all areas of your body responding to your breath, receiving from Earth, and receiving from Heaven.

CLOSING NOTES

In a talk to Alaskan healthcare providers, Dr. Vanichkachorn — an occupational medicine

CONTINUED ON PAGE 14



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physician at Mayo Clinic who leads a COVID-19 rehabilitation program for long-haul patients struggling with symptoms that persist beyond three months post-infection — shared that of their long COVID patients, a large percentage benefited from “low level consistent activity.” Breathing exercises were among these activities for their long COVID symptoms, among these, fatigue. Of note, graded exercise (increasing levels of physical vactivity and exertion) had a negative impact on the majority of their patients with long COVID-related fatigue. Low level consistent activity is now recommended over graded exercise for long COVID-related fatigue.

In traditional Chinese Medicine, qigong and its gentle exercises centered around the breath, such as Golden Ball (for future discussion) are traditionally also included in treatment for conditions with extreme fatigue. I hope that you may find ways, such as doing qigong, to replenish your energy and soul through incorporating connection, stillness, movement, breath, and peace. My hope is that these practices facilitate nourishing transformation and greater access to these places within yourself.

Wishing you all a prosperous and happy 2022, where you can move forward with the courage, power and enthusiasm of the Water Tiger.

ABOUT THE AUTHOR

Roxanne Chan, DAOM, RN, Lac, is a licensed acupuncturist and registered nurse in the state of

Alaska. Raised in North Carolina to first-generation Chinese parents, she started her pursuit of health knowledge and healing in the field of nursing from the University of North Carolina at Chapel Hill in 1999. The desire for more study in Eastern medicine and culture moved her to the west coast where she completed a Master of Science in Traditional Chinese Medicine at the American College of Traditional Chinese Medicine. In 2006 she began her acupuncture practice, Spring Wind Acupuncture, in Anchorage. During her practice, Roxanne completed a Doctor of Acupuncture and Oriental Medicine degree at ACTCM in San Francisco and Shanghai with specialties in pain management and women’s health. Visit springwindacupuncture.com for more information or to contact Roxanne with any additional questions regarding qigong practice.

**Qigong exercises can be safely done at any time of day in a quiet and protected space. Contraindications for practicing medical qigong include pregnancy and recently broken bones, as well as certain qigong exercises with certain medical conditions. Qigong practice is not a substitute for necessary medical treatment. Please consult with a qualified qigong teacher for further instruction for continued or prolonged practice, and your primary healthcare provider if you have any medical concerns related to practicing any exercise.*



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News article on media briefing by Dr. Vanichkachorn: <https://www.weau.com/2021/10/07/mayo-clinic-offers-program-help-covid-19-long-haulers/>

Qigong class series, Eve Soldinger, MPH, M.Ac., MMQ, LAc., Zoom recordings 1/27/22-1/31/22.

HELP FOR THE HELPERS

Resilience Rescue for Nurses in Crisis

By Anna Thomas, MSN, RN



Fuzzy. So very fuzzy. My head is pounding in a way I find wholly unique. Unique is actually a good word for the last 2 years. I can hardly believe that’s how long it’s been. My mind trails off into a void of whirling pandemic images, and I suddenly realize that “COVID brain” has taken over again, and I am having trouble tracking what I had intended to be thinking about. I have been a nurse for 17 years, and yet I have never encountered a drain on my personal and professional resources like I have in the lifetime we have lived since 2020. The team of contact tracers I lead grows weary with me. The calls have gotten harder, the public reaction often harsher, the gratitude for what we do growing thin.

When I have the space and clarity, sometimes I wonder how all this could really be true. How is it so commonplace to see stories of doctors and nurses being booed as they testify at public hearings, imploring the communities they have dedicated their lives to serving to allow them to save their lives? How do we find ourselves as nurses engaged in a war on all fronts? Fighting the virus, fighting for scientific clarity and unity, fighting to stay afloat as we experience wave after wave of a crisis that never seems to end.

In my career I have responded to many crisis situations. But in emergencies like Hurricanes Rita and Katrina, it wasn’t my home that was flooded with all the rest. I went to the crisis and returned to a life that was relatively the same as before. But in this world, the crisis finds me everywhere I turn. And there seems to be no rest.

It is not surprising that we are experiencing burnout on an unprecedented level. The factors of burnout and the realities of the

pandemic are aligned with almost a 1 to 1 correspondence: uncertainty, exhaustion, close connections to death and dying, continual change, lack of clear direction, understaffing, lack of resources, poor communication... the list just goes on and on, with point after point matching perfectly. And so it is not surprising that messages on “resilience” are filling our inboxes almost as quickly as the ever-increasingly lucrative travel contracts we are begged to apply for.

But sometimes, the instructions directing me to be more resilient feel more like blame shifting and victim bashing than anything else. It’s as though if I would just do better at taking care of myself while I do better at doing all the other things to keep our healthcare system afloat, everything would work out fine. But that message, though not new, doesn’t work for me anymore.

So what does authentic, helpful resilience look like, and how is it different from the counterfeit resilience we have come to dread being lectured on? In 2013, Psychiatric Nursing published a resilience concept analysis that identified some key elements of authentic resilience. Authentic resilience allows us to rebound with a true sense of immediate relief. It doesn’t offer hope somewhere on the horizon, someday down the road. It gives us refreshment right now, in this moment. Counterfeit resilience on the other hand, weighs us down, and buries us under a pile of “should” and “shouldn’t” that threaten to completely sink the little bit of life we have left in us. It says to us, “just do better and eventually you will feel some sense of being okay, maybe, perhaps, someday.” Real resilience doesn’t demand we perform to be

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rewarded with some element of renewed life. It comes to us like water in the desert. Like the sun after a long Alaska winter.

Secondly, authentic resilience gives us a determination that springs from a vision of hope for the future. Unlike counterfeit resilience that covers us in the shame of not being okay, and not being able to make ourselves hope for better days, authentic resilience offers us a real path to walk with determination. We have hope that springs from being provided steps to take that are within our grasp.

Moreover, real resilience connects us to those around us. While artificial resilience tells us we are on our own, authentic resilience helps us rediscover the community our souls so desperately need. And finally, true resilience restores a much-needed sense of self-efficacy, and the ability to actually regain some control of our own reality. False resilience takes away control by demanding we pursue a wellness excellence level that is simply not realistic; that we approach our health and well-being with perfection, and that anything less is not even worth doing. Authentic resilience encourages us to regain our sense of self, one small, imperfect step at a time, empowering us with real influence over the world we are experiencing every day.

Now, for making it practical. How can we get started with any of this in a way that makes any kind of a difference? I like to start with the Social Readjustment Rating Scale (SRRS). As a nurse, it is oddly difficult to accurately assess myself and give validation to the honest observations I do manage to make. The SRRS looks at the changes we have experienced in the last year and the changes we expect to encounter in the coming year and gives them a numeric impact score. It then helps us understand the correlation that change adjustment has to the likelihood we will develop a stress-related disorder. You can find a copy of the SRRS at <https://bit.ly/srrs-aana> or by searching the title. Make sure to read the instructions at the beginning of the measure to score it correctly. Anything over 300 indicates an 80% chance of developing a stress-related disorder. And my last score was 786. When I saw that, it finally became okay to believe that the way I felt my body and mind breaking down after two and a half years of constant global crisis was not because of my being weak, but instead was me being

predictably human. This self-awareness and acceptance invited me to be present with more of myself. And that leads us to immediate relief step two.

One of the biggest challenges for me is how “out there” a lot of coping strategies are. By out there, I mean they usually make me go out of wherever I happen to be now when I realize I really need some relief. And while sometimes out there is exactly where I need to go, I often just don’t have it in me. So I started using this little body awareness meditation, and I have been amazed by how much it helps me. Super simple too, and I don’t even have to feel guilty when I notice my thoughts getting all distracted and not being in what I feel is a “meditate-y” place. I just get comfortable wherever I am sitting, close my eyes, and start to notice my body as I breathe in for a count of 4, hold for a count of 4, and breathe out for a count of 4. I start with my feet and notice any tension there. Wiggle them around a bit. And then, as I breath in, I flex them as hard as I can, or scrunch my toes up as hard as I can, hold it, and then release all the muscles as I breathe out. Then I just keep moving up my body, to my legs, stomach, chest, shoulders, neck, and head. At each spot, I repeat the same steps, breathe and notice, and then clench while I breathe in, release as I breathe out. Once I have noticed each individual area, I tense up my whole body as I breathe in, hold it, and release all my muscles at once as I breathe out. Shake everything a little. Do it again. And then just sit with my eyes closed, muscles relaxed, and breathe. The whole thing takes less than 5 minutes. But gosh, sometimes, it really saves me. Suddenly, I am real to myself again. I exist and I matter.

The last practical thing that I have been working on with this wellness and resilience rescue stuff is exploring how boundaries can connect me to other people. As a nurse I really hate boundary talk. I didn’t get into this field to wall myself off from the people around me. I did it to reach them, help them, be with them. Boundaries seemed to be in direct conflict with those goals. But then I looked up the definition of boundary, and it said, “Something that fixes a limit or extent.” That kind-of blew my mind. Have you ever been on a Zoom call when someone wanted to hide the fact they are working two feet from their unmade bed and their children are coming in every 5 seconds because the pop tarts just ran out, so they blur the background? Occasionally, part

of them just disappears into the background, or a child’s disembodied head pops in. The delineation is all messed up. You can’t tell where one begins and the other starts. And that is exactly what happened to me. Without understanding the limit and extent of me, I lost myself to everything and everyone around me. I became a blur.

A few years ago, I crashed completely. Personally and professionally I hit the end of my resources in a way that couldn’t be ignored. Honestly, it was probably the best thing that ever happened to me, this abrupt orientation to the life of a human. One of the things I treasure from that experience is getting very up close and personal with my “check engine light” warning signs. I know I am reaching my limit and extent in a way that needs to be immediately recognized when I can no longer make decisions. When I become lost and uncertain in the little moments of my

day. Having this warning sign and committing to acting on it has been my saving grace these last few years. So, what would yours be? What do you notice about yourself when you are coming to the end of your resources? What is your stop light that says you must get some help now, or being stranded by the road is in your immediate future?

What you are experiencing matters. You matter. And this pandemic, it really has been this hard. What you are feeling in your mind, your body, your heart, your soul, your spirit, it’s real. And it makes sense. You aren’t weak. And it’s not your fault. You haven’t failed. You are brave and courageous. You matter. And in this moment, please know that although we may feel alone in so many ways, we are seen, and we are together in the lived experience of being nurses in the age of COVID. Peace and rest my friends. Peace and rest.

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MORAL INJURY

FROM UNDERSTANDING TO ACTION

By Patricia Pittmann
AFT Health Care, Spring 2021

This is an excerpt of the article “Moral Injury: From Understanding to Action” by Patricia Pittmann, published in the AFT Health Care journal, Spring 2021 edition. Please visit www.aft.org/hc/spring2021/pittman to read the article in its entirety. Additional articles exploring moral injury can be found at www.aft.org/hc/spring2021.

The COVID-19 pandemic has shined a light on long-festering problems in our health system. It is not a pretty picture: from racial and ethnic health disparities; to the low wages and minimal benefits of the long-term care and home-care workforce (who often have to work more than one job to get by and may have no sick leave or healthcare coverage); to the maldistribution of our health workforce, especially in rural areas; to the hyperdependence of hospitals on elective procedures for their financial sustainability; to staff burnout; to racism in our workplaces; to poor crisis preparedness and the ensuing lack of personal protective equipment in hospitals; and ultimately to the tragic shortages of critical care staff as hospitalizations surged around the country.

For nurses, and healthcare workers more generally, the lived experience of these factors

long predated the pandemic, but COVID-19 (exacerbated by the Trump administration’s inadequate response) is forcing us to rethink assumptions about what causes these problems and how best to address them. These problems are systemic and merit bolder changes than generally have been considered up until now.

“Burnout” Hides Systemic Problems

As with so much in our profit-driven healthcare industry, the interrelated problems of nurses’ working conditions, high rates of burnout, and turnover have been largely analyzed not in terms of impact on providers, patients, or safety, but in terms of hospital costs. One pre-pandemic study showed that 54 percent of critical care nurses intended to leave their job within the next year. Other studies found that the turnover rate among hospital bedside nurses had

climbed to 17 percent in 2019 and that each nurse who left the hospital was estimated to cost up to \$64,000 to replace. The human costs—including dreams of long nursing careers abandoned, chronic conditions developed as a result of stress, and patient care compromised—are incalculable. During the pandemic, a combination of the high numbers of nurses needed and the high staff attrition (due to illness, family demands, and unbearable conditions) has driven these human and economic costs up further.

The study of burnout has made important contributions, offering administrators—if they decide to address burnout—clear pathways for improving working conditions. Research has identified workload, work schedules, staffing ratios, and time spent on administrative tasks and charting as causal factors. Studies have also shown that in addition to causing nurse stress and attrition, burnout negatively affects patient outcomes. Research on the solutions to burnout tends to focus on ways to increase nurse retention. These include, for example, new nurse graduate residency (as transition to practice) programs; the Magnet Recognition Program, which recognizes hospitals that have positive nurse work environments; staff satisfaction and engagement questionnaires that are used by employers to anticipate problems with motivation, absenteeism, and turnover; and a plethora of psychology-based models of organizational engagement, such as PROPEL, that seek to build interpersonal skills in teams to manage stress and demoralization.

All of these approaches have had moderate success in increasing retention, but they have also been shown to be insufficient to stem the bleeding. Fundamentally, they are not cures—they are bandages applied at the individual and organizational levels, and they are hiding the disease being caused by a system that puts profits ahead of patients and providers. Increasingly, the concept of burnout is being challenged, with some going so far as to suggest it is victim blaming, placing responsibility on those experiencing burnout for being insufficiently resourceful or resilient to “withstand the work environment.” But if the real problem does not reside at the individual or organizational level, it cannot be addressed by increasing individual resilience or even by making significant organizational changes such

as increased pay and staffing. As scholars at the forefront of challenging burnout starkly framed the issue, “It is absurd to believe that yoga will solve the problems of treating a cancer patient with a declined preauthorization for chemotherapy.”

Defining Moral Injury

An alternative frame that is gaining traction is moral injury. The concept was originally studied in the context of members of the military returning from combat. The Veterans Health Administration (VHA) defines moral injury as “the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure” to three types of events: (1) when someone does something that goes against their beliefs (commission of an act); (2) when someone fails to do something in line with their beliefs (omission); and (3) when someone experiences betrayal from leadership, others in positions of power, or peers. The VHA further affirms that moral injury can occur in response to witnessing behaviors that conflict with an individual’s values. The injury itself occurs when the individual perceives that a line has been crossed, and as a result they experience some combination of guilt, shame, disgust, and/or anger. The hallmarks of moral injury have been the inability to forgive oneself, self-destructive behaviors, and demoralization.

Not surprisingly, the concept caught on quickly among healthcare workers. The first definition, published in 1984, referred to situations in which a nurse “knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action.” Key to this definition were the ideas that there is moral certainty of the right course of action and that there is a system-level constraint that prevents the nurse from being able to act accordingly. This definition has expanded over time to include situations that give rise to distress but that are not necessarily cases of certainty and constraint, such as when there is moral uncertainty or conflict about what is moral.

Regardless of the narrower versus broader definition, experts agree that moral stressors vary in severity, with the least severe, in theory, being more prevalent and the most harmful events less frequent. In recognition of this variability, moral injury is often used to indicate one type of trauma, while moral

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distress is often used to indicate real but lesser suffering. (Both terms are used throughout this article. As with other stressors, what is distressing to one person may be injurious to another; also, moral distress that is ignored may become moral injury.)

Applying the Concept of Moral Injury

As the concept of moral injury has gained popularity, it has been used in practice in different ways—both within the field of healthcare and in other fields. Some identify it as one cause of burnout and therefore continue to focus on managing symptoms in order to increase staff retention and build resiliency. Others are trying to use the concept of moral injury to shift attention from individuals' responses to a system to the constraints systems impose on individuals. Identification of the system-level factors that are the causes of moral distress and injury requires focusing on system-level solutions, some of which may not be viewed as modifiable by managers.

In healthcare, the umbrella system-level factor most often identified as a cause of moral injury is its for-profit underpinnings. Health systems may discourage caring relationships by limiting time with patients and focusing health workers' attention on administrative tasks, such as electronic health records and paperwork for insurance companies. In that context, moral injury occurs when nurses, and other healthcare workers who are committed to compassionate care, confront a system that cares primarily about profit.

This is a particularly powerful notion for nursing since nursing is at its core about human caring: nurses aspire to holistic care provided through authentic relationships with patients. The experience of an immoral event, whether distressing or traumatic, presents not just a personal dilemma but a professional one as well. The professional identity of a healthcare provider as a caregiver, socialized during professional education and in the early years of practice, provides the backdrop that gives meaning to specific events. Fortunately, that professional identity, while possibly exacerbating stress and trauma, also serves as a platform for long-term collective action that achieves change. The Code of Ethics by the American Nurses Association (ANA), for example, offers a strong road map for responding to immoral situations, even if nurses are not always empowered to act on its principles. ANA itself recognized this and has launched an educational project around moral distress. Most of its work focuses on defining the concept of moral distress and generally identifying the prevalence of the problem—it has, thus far, left the system-level causes of distress and injury somewhat opaque.

Giving Voice to Moral Injury

How can we give voice to nurses' own experiences of moral injury in different settings and link these systemic conflicts to specific policy and regulatory changes? In particular, it would be helpful to juxtapose elements of nurses' professional identity (as expressed in ANA's Code of Ethics or other theoretical

documents) with the potential system-level barriers to fulfilling that identity. These pain points need clarification and amplification so that frontline nurses can understand the nature of the conflict and position themselves to lead policy change.

Some of these pain points are more visible and, therefore, more discussed than others. Take the problem of a nurse who is a single mom and fears reporting a safety problem because of potential reprisal from an attending physician who has the power to move her to a night shift. The ANA code speaks to this issue in the section on "Protection of Patient Health and Safety by Acting on Questionable Practice," and some hospitals have instituted systems with whistleblower protections to encourage people to speak out. This is a well-known problem, and while it persists, there are well-known system-level solutions for frontline nurses.

There are also many issues causing moral distress that are well known but rarely discussed among nurses, likely because the solution requires challenging some of the most basic tenets of for-profit organizations. These situations are particularly common for nurses in leadership roles. Here are some hypothetical cases:

- A chief nursing officer (CNO) is under pressure from the chief financial officer to reduce nursing costs in a hospital. Aware that many states and the public are starting to track nurse-to-patient ratios, the CNO opts to reduce nursing assistive personnel. She experiences moral distress because her action not only leaves people unemployed but also creates more work for the nurse staff and could endanger patients.
- A CNO in a nursing home with high nurse turnover is desperate to hire more nurses quickly. The pressure to cover vacancies in specialty areas leads him to contract with an international nurse staffing agency, even though the agency is known for underpaying international nurses and using high contract-breach fees to prevent them from quitting. He is distressed because he knows that the international nurses will be assigned less favorable shifts and will receive less pay than their US counterparts.
- A member of the state board on nursing fears speaking out about the low quality of for-profit nursing schools in the state

because state legislators, who are lobbied and funded by the for-profit education industry, would likely reduce the power of the board's oversight in retaliation. She experiences moral distress because she fears that her inaction could lead to hundreds of new nurse graduates who will fail their licensure tests, delay entry into the profession, and face difficulty repaying their student loans.

- A nurse working in utilization management for an insurance company is troubled by the protocols that reject payment for certain high-cost drugs, but she knows if she is too lenient with the approval process she could lose her job. She experiences moral distress knowing that patients' health may be harmed by these denials.
- A nurse in an assisted nursing facility is aware that some of the therapeutic services and drugs provided to residents are not necessary. While there are whistleblower protections in his organization, no one has ever used them. He fears that if he reports the overuse, he will face reprisals from his managers—but the longer he stays silent, the more distressed he feels.

These are some of the many common stressors that can cause moral injury, not just for the individuals committing the particular act, or omitting an action, but also for those who are witnessing the practices. Even once the pandemic is over, these stressors will remain until we find the collective will to reimagine our healthcare system. One of our nation's most severe causes of moral injury—structural racism—will also remain until we reckon with the very foundations of our social, economic, and political structures.

We hope you enjoyed this excerpt. Please visit www.aft.org/hc/spring2021/pittman to read the article in its entirety, which details the application of moral injury to healthcare, how to give voice to moral injury, and strategies to address the causes of moral injury and promote system change.

About the Author

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NURSES WEEK 2022 CELEBRATION! May 6-12, 2022

We're thrilled to announce a return to in-person events celebrating Nurses Week 2022! We wanted to share a tentative event schedule while our team works out the details. We hope you'll join us at one or more of these special events!

Film Screening at the Beartooth Theatre
Monday, May 9

Nursing Narratives
A Night of Storytelling for Nurses Week
Thursday, May 12
Anchorage

Love a Nurse Run
Saturday, May 14
Anchorage & Virtual

2022 Kids Art Contest
April – Dates TBA

Check www.aknurse.org for details coming soon!

Calendar of Events

AaNA Meetings

AaNA Board of Directors Meeting

4:30-6pm
4th Wednesday each month

AaNA Labor Council Meeting

6-7pm
4th Wednesday each month

Providence Registered Nurses

4-6pm
3rd Thursday each month

RNs United of Central Peninsula Hospital

Visit www.aknurse.org for times

KTN – Ketchikan Registered Nurses (PHKMC)

Visit www.aknurse.org for times

Education and Events

Tuesday Talks

Rediscovering Our Group Values: Changes in Public Opinion toward Nurses

Presented by Anna Thomas, MSN, RN
Tuesday, March 15 @ 6 PM
[Register at www.aknurse.org](http://www.aknurse.org)
FREE CE: Earn 1.0 contact hour

Tuesday Talks

Foundations of Public Health Nursing

Presented by State of Alaska Public Health Nurses
Tuesday, April 19 @ 6 PM
[Register at www.aknurse.org](http://www.aknurse.org)
FREE CE: Earn 1.0 contact hour

Tuesday Talks

Ranked Choice Voting

Presented by Sara Massmann, RN, PCCN
Tuesday, May 17 @ 6 PM
[Register at www.aknurse.org](http://www.aknurse.org)
FREE CE: Earn 1.0 contact hour

Tuesday Talks

Supporting the Immune System

Presented by Sally Coburn, MSN, RD, RN-BC, APRN-BC, CSOWM
Tuesday, June 21 @ 6 PM
[Register at www.aknurse.org](http://www.aknurse.org)
FREE CE: Earn 1.0 contact hour

Alaska School Nurses Annual Conference

April 23-24, 2022
alaskasna.nursingnetwork.com

Alaska Board of Nursing Meeting

May 4-5, 2022
www.nursing.alaska.gov

National Tribal Public Health Summit

May 10-12, 2022
Anchorage
www.nihb.org

Pacific Northwest Sepsis Conference

June 6-7, 2022
Seattle, WA
www.sepsisinseattle.com

Alaska Board of Nursing Meeting

August 3-4, 2022
www.nursing.alaska.gov

SAVE THE DATES!

2022 Trending Topics in Nursing Conference
October 6-8, 2022
www.aanaconference.org

2022 AaNA General Assembly

October 8, 2022
www.aknurse.org

Alaska Board of Nursing Meeting

November 2-3, 2022
www.nursing.alaska.gov

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org?
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Remember to visit www.facebook.com/AlaskaNurses for current events and www.aknurse.org/index.cfm/education for frequent updates and information on local nursing continuing education opportunities and conferences.



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