

# The Alaska Nurse AaNA



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## Youth Mental Health





Speaking of the long way we have come, our COVID-19 case numbers have been steadily declining, along with the number of hospitalized patients. And more hope is on the horizon! I was thrilled to receive both doses of my COVID-19 vaccine early this year. I want to give a HUGE shout out to all the nurses who have stepped up to vaccinate Alaskans at this critical time. You are amazing! Because of you, Alaska is #1 – the state

with the highest proportion of residents having received at least one dose of the life-saving vaccine.

In other news, this is the first issue of The Alaska Nurse that only AaNA members are receiving. The Alaska Nurse is now an exclusive members-only benefit. At AaNA, we are committed to choosing environmentally friendly practices, elevating the value of membership, and dedicating our resources in ways that best serve the interest of our members. I humbly ask that you help us grow our membership; please reach out to your fellow nurses and ask them to join us as we strengthen our profession and patient care across the Last Frontier.

Warmest Regards,

Jane Erickson

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

**We're pleased to announce that each issue of The Alaska Nurse will now include a free CE offering!**

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# Pandemic Stress

## Promoting Mental Resilience in Kids

By Andrea Nutty, AaNA Programs Director



While the COVID-19 pandemic is noted for its negative physical health effects, it has also taken a mental toll on adults and children alike. This mental toll has affected some more than others; for we are not “all the in the same boat” but rather we are all in different boats braving the same storm. Some of us have yachts, while others have inflatable rafts. Certain stressors related to the pandemic are felt by nearly all, such as pain from social isolation and loss of access to previously enjoyed activities, fear of the coronavirus, and feelings of hopelessness as the pandemic has dragged on for over a year now. These stressors alone exact a mental toll on us.

But other pandemic stressors are not universal, and living through one or more of these stressful events increases the likelihood of youth experiencing serious mental distress due to the pandemic. These can include family financial distress, the hospitalization or death of a loved one from COVID-19, or experiencing abuse or neglect while being isolated.

While the impacts of pandemic stress vary from child to child, all youth can benefit from building resilience.

### What is Resilience?

Resilience is the ability of a person to adjust to or recover from adversity, crisis, or life changes. “At the core, resilience is the belief that while you can’t control everything in your life, there are many aspects you can control, including your attitude,” Mary Alvord, co-author of Resilience Builder Program for Children and Adolescents, explained to the Washington Post in January.

Building resilience means giving kids the tools to adapt and to overcome difficult situations. When we intentionally focus on promoting resilience in our children and teens, we are nurturing a growth mindset. That is, a belief that one’s emotions can be controlled through strategy, effort, and practice.

At the heart of resilience is the skill of self-regulation. This is the skill of being able to process and manage our own emotions (and actions related to those emotions) in a healthy way. It includes being able to resist impulsivity, calm oneself, and to handle frustration without an outburst. Children build their self-regulation skills as they grow. According to the Child Mind Institute, much of a child’s ability to self-regulate is determined by their environment. Parents have an innate desire to lessen distress for their children, but the tendency can actually backfire. A parent who gives into tantrums or constantly tries to smooth things over for their child can inhibit their child’s ability to develop emotional regulation skills. “In those situations, the child is basically looking to the parents to be external self-regulators,” clinical psychologist Matthew Rouse, PhD, tells the Child Mind Institute. “If that’s a pattern that happens again and again, and a child is able to ‘outsource’ self-regulation, then that’s something that might develop as a habit.”

Rather than avoiding difficult situations or fixing them for kids, the key to building self-regulation abilities is to support and coach children through life’s challenges, and to provide plenty of opportunities for children to put their skills into practice and build competence and confidence.

### Ways to Promote Resilience

There are many ways to promote resilience for children. Working on resilience building during the pandemic will help support kids’ mental well-being as they learn to adjust and adapt to changing circumstances. These resilience skills will help not only during the pandemic, but will aid children in their future as well as they cope with life’s challenges. Here are a few ways you can promote resilience.

#### Maintain a Positive Outlook

Children and teens often are unable to think

through a long-term perspective. To them, the pandemic has eaten up a significant chunk of their lives, and it may be difficult to see an end in sight. You can promote resilience by helping your child see that there is a bright future beyond the pandemic. Be optimistic, emphasize that bad things are only temporary, and that life goes on. A positive attitude goes a long way; help your child find the good even in difficult circumstances. In our house, we started a Happiness Jar. Each night, everyone writes down one positive thing from their day and adds the slip of paper to the jar. It can be anything – making a new friend, enjoying a tasty sandwich, or finally remembering to pick up bananas at the grocery store.

### Focus on Strengths

You’re aware of your child’s strengths and weaknesses. My son is funny, cares about animals, and has a wild curiosity; he’s also impulsive and disorganized. Many winter gloves go outside never to return, and last year his school almost had to call the fire department when he got his head stuck in a chair. But children don’t thrive when we focus on mistakes and weaknesses. Instead, focus on the best in your child so that they can learn to see it as well. Use positive praise liberally: when you see something positive, no matter how small, tell your child. For a high-energy child who bounces off the walls, this could mean saying, “Wow! I like how calmly you’re walking right now.” For a pre-teen who struggles with a math assignment, you might say, “I know that assignment was difficult for you, but you really showed perseverance by completing it. Well done!” By focusing on strengths and positive praise, you’ll build your child’s confidence, which in turn breeds competence.

### Relax your Expectations

These are challenging times for all of us, and setting realistic expectations is more important than ever. It’s okay to just survive sometimes instead of thriving, and it’s okay to take a break. Accept that not all of the homework is going to get done, your kid may watch hours and hours of YouTube, and frozen chicken nuggets and tator tots might be on the dinner menu more often right now. When you learn to adjust your expectations during difficult times, you are practicing self-compassion – and you’re teaching it to your children, too.

### Encourage Connection

Children need the chance to build strong relationships with both peers and family

members. Make an effort to spend at least 30 minutes of one-on-one quality time with your child each day. Baking bread, reading aloud at bedtime, playing board games, or making slime all qualify. While the pandemic has hampered kids’ social outlets, try to create opportunities for socialization – through a socially distanced walk, opportunities to video chat with friends, or joining an online social group (I recommend Outschool.com).

### Teach Coping Strategies

Kids benefit from learning specific strategies to cope with stress and regulate their emotions. Here are just a few to practice.

- 1) Labeling emotions. When kids are able to verbalize their feelings, they are better able to manage them. Model naming your own emotions, and help kids recognize theirs when they’re dealing with a tough feeling.
- 2) Breathing exercises. Deep breathing has a calming effect on the body. For younger kids, have them pretend they are blowing bubbles or blowing out a birthday candle. Older kids can practice paced breathing: in through the nose for 4 seconds, and out the mouth for 6 seconds.
- 3) Identify mood boosters. What does your child love? Quiet activities we enjoy – like reading, painting, and listening to music – can be helpful for emotional regulation. Talk with your kids during a calm time to identify activities they can turn to when they’re feeling stressed.
- 4) Use movement. Getting exercise releases endorphins that improve mood, so take a walk, practice yoga, or do some jumping jacks.
- 5) Progressive muscle relaxation. This technique relieves anxiety and helps with sleep by tensing and then relaxing one muscle group at a time. Here’s how to do it: Lie down. Start with your feet. Tense them for 4-10 seconds, then relax. Move to your lower legs, do the same thing. Move up your body with each group, then tense your whole body and relax. You’ll breathe in while you’re tensing, and breathe out while you’re relaxing.

### Seek Help When Needed

While these coping strategies and resilience-building activities can be helpful for everyone, they may not be sufficient on

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their own. If your child is struggling to cope with life's stressors, it may be time to seek out professional help. Doing so teaches your child that asking for help is a sign of resourcefulness and strength. A good starting point is by reaching out to your pediatrician to assistance. Therapy can be extremely useful for children of all ages. Younger children can benefit from play therapy, while older ones can be aided by cognitive behavioral therapy or dialectical behavioral therapy. In all therapy types, kids will learn to process their emotions

in a healthy manner and practice coping skills. Some children may also need medication, such as an antidepressant, to be able to thrive.

Building resilience is a journey that takes strategy, effort, and practice. Promoting resilience within your children, and practicing resilience-building skills and coping strategies as a family will lessen pandemic stress, help to maintain mental well-being, and set kids up for success in dealing with difficult and stressful times throughout their lifetimes.

## 4 THINGS TO KNOW about the Nurse Licensure Compact

By Andrea Nutty, AaNA Programs Director

At first pass, joining the Nurse Licensure Compact might sound like a great idea. But after careful review, the Alaska Nurses Association is strongly opposed to the adoption of the Nurse Licensure Compact in Alaska. Here's why:

### 1. Alaska would lose our state sovereignty

Our current system means local experts make local decisions that are right for Alaska. Under the Compact, we'd be handing over important decisions to a non-governmental, non-regulatory, out-of-state trade group. That's not what's best for our state.

### 2. The Compact is a threat to public health and safety

This is a big one. There are worrisome inconsistencies between states in regard to standards for nurses, including with education, criminal offenses, and disciplinary action. Alaska has high standards for a reason: to protect the health and safety of patients across our state.

### 3. Our license fees would go up

Out-of-state nurses wouldn't have to pay license fees to work in Alaska under the NLC. 41 percent of nurses licensed in Alaska live out-of-state. That would be a huge loss of revenue. And Alaska nurses – who already pay among

the highest fees in the nation – would shoulder the burden and pay more for our licenses (estimated at an additional \$60 to \$80 per license renewal).

### 4. The Compact won't solve our workforce needs

More nurses? Not so fast. There's no evidence to suggest that the NLC helps with staffing. The nursing shortage exists nationwide, and joining the Compact will not suddenly nor magically bring a flood of nurses to Alaska to fill vacancies at needy facilities.

The bottom line? The 'one-size-fits-all' Nurse Licensure Compact is a bad fit for Alaska. We need effective regulatory measures that are workable and realistic, offer real solutions, and respect state sovereignty. The Nurse Licensure Compact just isn't it. We can and must work toward better approaches that put Alaskans first.

*Interested in learning more about the Compact? Join our Legislative Committee! We make sure nurses have a seat at the table in Juneau. Email [andrea@aknurse.org](mailto:andrea@aknurse.org) to join or for more info.*



# UNDERSTANDING Anorexia Nervosa

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

For those of you that are reading this article, some may not recognize the picture of Karen Carpenter. During the 1970's, she was part of a famous recording duet that won many Grammys for their songs such as "We've Only Just Begun", (They long to be) Close to You", and "Rainy Days and Mondays." She was also my introduction to anorexia nervosa when her death in 1983 relating to the eating disorder made national news.



For others that are reading this article, you may be more familiar with the eating disorder of bulimia that affected Diana, Princess of Wales. It has been one of the topics of Season 4 on Netflix's The Crown.



Per the National Eating Disorders Association, anorexia ner-

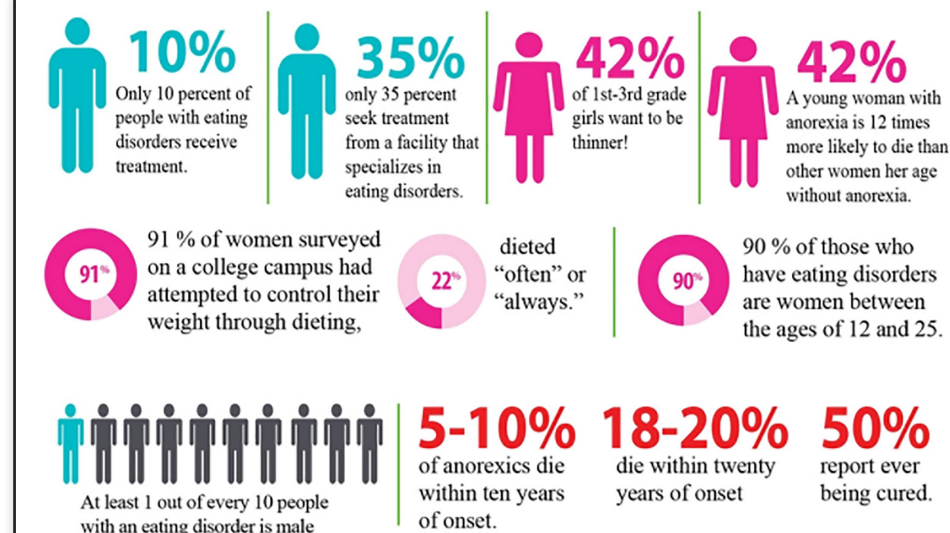
vosa is defined as an eating disorder characterized by weight loss (or lack of appropriate weight gain in growing children); difficulties maintaining an appropriate body weight for height, age, and stature; and, in many individuals, a distorted body image. People with anorexia generally restrict the number of calories and the types of food they eat. Some people with the disorder also exercise compulsively, purge via vomiting, use laxatives, and/or binge eat (Association, 2018).

Anorexia does not discriminate on whom it affects. It can affect people of all ages, genders, sexual orientations, races, and ethnicities, famous or non-famous. An interesting note is that historians and psychologists have found evidence of people displaying symptoms of anorexia for hundreds and thousands of years. While the disorder most frequently begins during adolescence, an increasing number of children and older adults are also being diagnosed with anorexia.

Anorexia nervosa (AN) is something that cannot be visually diagnosed. A person does not need to appear emaciated to struggle with anorexia. Studies have found that larger-bodied individuals can also have anorexia, although they may be less likely to be diagnosed due to cultural prejudice against fat and obesity (Association, 2018). There is no one specific cause for AN and it is usually linked to multiple factors. Triggering factors can be biological, psychological, and sociological.

Per the DSM-5, the diagnosis of AN must meet the following criteria:

- Restriction of energy intake relative to require-



Courtesy of Teens Against Anorexia According to Teens Against Anorexia, 91 percent of college girls have tried dieting.



ments leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health.

- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

Even if all the DSM-5 criteria for anorexia are not met, a serious eating disorder can still be present. Atypical anorexia includes those individuals who meet the criteria for anorexia but who are not underweight despite significant weight loss. Research studies have not found any differences in the medical and psychological impacts of anorexia and atypical anorexia.

When AN is diagnosed, the chances of a successful outcome is dependent on the patient's readiness to change and the overall multidisciplinary treatment plan. Up to 20-30% of AN patients develop a persistent and sometimes life-long form of the illness, often interspersed by a series of unsuccessful treatments. Per Smink, et al, anorexia nervosa has the highest mortality rate when compared to other mental disorders (Smink, 2012).

First-line treatments for AN typically consist of weight restoration and eating disorder focused psychotherapies, with family-based interventions. Inpatient and residential treatment are reserved for those with the most severe form of the illness and the use of antidepressants or antipsychotic medications have not shown much efficacy in the treatment of AN (Himmerich, 2018).

Treatment plans can be regimented regarding food and calorie counts, limited privacy (no use of the bathroom with the door closed), and restricting privileges based on responsiveness towards the treatment interventions. The role of the nurse can be critical for the patient diagnosed with AN. Studies have shown that treatment plans that focus solely on the physical aspects of the illness (gaining weight) had short-term results and did not further the recovery process (Kauppinen, 2020). Patients have voiced that when they felt that

the nursing staff were seeing them as individuals, their treatment was perceived better.

Frequently, the patient will have a strong sense of negative self-perception related to underlying issues or situations that can trigger an eating disorder. These issues or situations can cause feelings of having a lack of control, and the patient might gain some control of their life by restricting their eating. Then a vicious cycle can occur: the feelings of control over food intake and weight loss can create temporary feelings of happiness until the negative thoughts and feelings take over. Once again, in order to gain some sense of control, self-imposed eating restrictions will start, and more weight loss will occur.

There is a need for a more holistic approach to anorexia nervosa treatment. Nurses should be mindful about their own knowledge and biases of the illness and the experience that their patient is having (Kauppinen, 2020). From the patient's perspective, balancing the patient-nurse relationship during an inpatient encounter involves conflicting emotional challenges. These patients can exhibit many ambivalent behaviors towards the structured interventions, while at the same time, they can perceive these interventions as being effective. Therefore, a good relationship depends on the establishment of emotional and stable interactions with the nursing staff.

Nurses that have an understanding about the AN patient's negative self-perceptions will need to work on developing a care relationship that facilitates feelings of safety and confi-

dence. This can be essential when adhering to the detailed rules of the treatment plans and interventions. By allowing time for patients to settle in and feel safe before having to follow the rules, this simple step can make them feel prepared and more confident. In other words, the presentation about the type of intervention can seem less important to this patient population than how the intervention is presented and followed up.

Confidence building is one component integral to the nurse/patient care relationship. Another is establishing predictability. Predictability is a key building block to developing feelings of trust with the nursing staff and treatment

plan. For example, keeping the patient informed of their individual treatment plan and expectations will foster a stable pattern for the patient that they can start to rely upon.

Anorexia nervosa can be a life-long illness that is intermixed with periods of successful and unsuccessful treatments. It has been found that individualized care was essential in assisting patients with anorexia nervosa to achieve more success with their treatment plans and long-term recovery outcomes.

To learn more, visit the National Eating Disorders Association online at [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org).

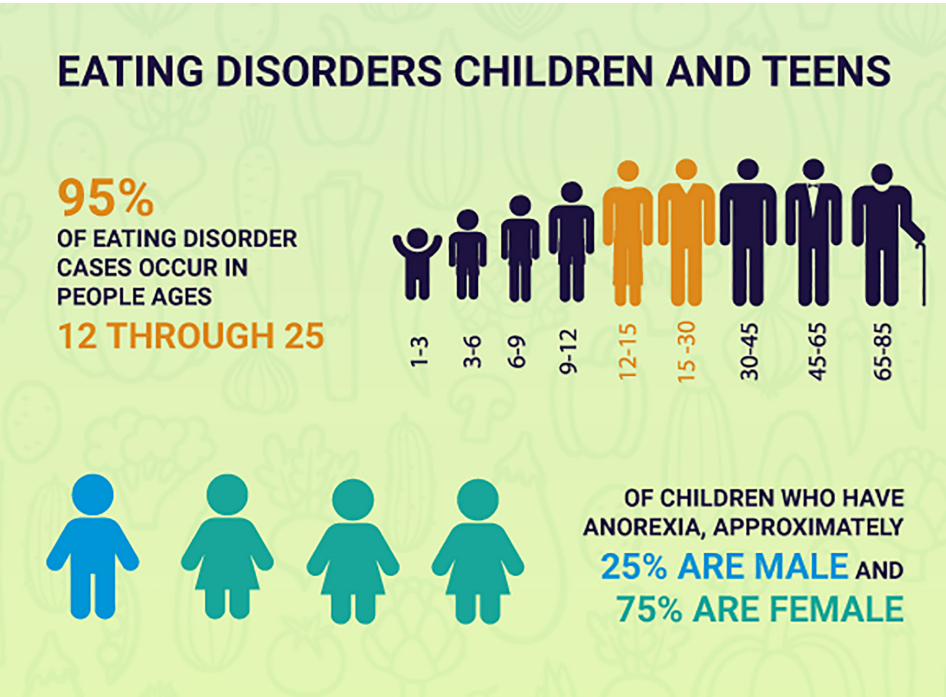
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*A Union of Professionals*

# 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.

## ALASKA SCHOOL STAFF PAY OFF STUDENTS' SCHOOL MEAL DEBTS

AFT's paraprofessional and school-related personnel local union in Juneau, Alaska, paid off the student lunch debt of all students in the district. The members of JESS 6096 (Alaska Public Employees Association) decided to use union funds to help their students, whose families have been hit hard by the pandemic. Not having this school meal debt will ease their burden. Their actions show that unionism is not just about working conditions, but about solidarity and compassion for our fellow citizens.

See how union members helped their community: [www.juneauempire.com/news/educational-support-union-pays-off-all-school-district-meal-balances/](http://www.juneauempire.com/news/educational-support-union-pays-off-all-school-district-meal-balances/)



## HOSPITAL TECHS FIGHT FOR A FAIR CONTRACT

For two days, more than 100 technical employees at St. Charles Medical Center in Bend, Ore., walked the picket line in front of the hospital to demand fair pay and working conditions. Frank DeWolf, a cardiac electrophysiology technician at St. Charles, was pleased with the turnout and community

support for the picket held Jan. 31 and Feb. 1. "I think we showed over the past two days that we are a well-organized group and we are all on board to fight for a fair contract," said DeWolf. The picketing comes a year after the hospital began contract negotiations with the Oregon Federation of Nurses and Health Professionals, which represents about 150 technicians at the hospital.

Read about their contract campaign: [www.aft.org/news/hospital-tech-workers-fight-fair-contract](http://www.aft.org/news/hospital-tech-workers-fight-fair-contract)

## A RIGHTEOUS FIGHT IN PHILADELPHIA FOR A SAFE REOPENING



The Philadelphia Federation of Teachers is pushing back hard for a safe reopening of schools. On Feb. 8, hundreds of educators signaled their concerns by teaching remotely from inside tents and parked cars and right outside school buildings. Joined by AFT President Randi Weingarten and many elected officials, they rallied to demand safe teaching and learning conditions for themselves and their students. The massive day of action was a show of solidarity that resulted in two key wins: Mayor Jim Kenney announced a

partnership with Children's Hospital of Philadelphia to vaccinate educators, and the district backed off its requirement that educators enter unsafe school buildings.

See how educators came together to demand safety: [www.aft.org/news/righteous-fight-philadelphia-safe-reopening](http://www.aft.org/news/righteous-fight-philadelphia-safe-reopening)



## BIDEN RESTORES FEDERAL UNION RIGHTS

President Joe Biden signed an executive order Jan. 22 restoring collective bargaining rights for federal workers, rescinding three orders by his predecessor that had stripped workers of their civil service protections and severely restricted their union activities. The order affects several AFT affiliates, including the Federation of Indian Service Employees and the Overseas Federation of Teachers. Biden also eliminated Schedule F, which gutted civil service protections for a class of employees and had the potential to create patronage jobs by allowing agencies to burrow political appointees into career positions. And he directed agencies to review federal jobs paying less than \$15 an hour and recommend how to get them up to a living wage.

Learn about the win for workers: [www.govexec.com/management/2021/01/biden-sign-executive-order-killing-schedule-f-restoring-collective-bargaining-rights/171569/](http://www.govexec.com/management/2021/01/biden-sign-executive-order-killing-schedule-f-restoring-collective-bargaining-rights/171569/)

## TURNING ART INTO FUNDS FOR PEOPLE AFFECTED BY COVID-19

Caring for COVID-19 patients can be stressful and frustrating, especially when you are a daily witness to patients struggling to breathe and dying. Jessica Curtisi, a registered nurse working in the medical intensive care unit at the Ohio State University Wexner Medical Center in Columbus, uses painting to help her cope with the emotional toll. When one of Curtisi's paintings caught the eye of a friend and co-worker, Craig Dixon, he had the idea to raise money to honor patients who have died from

COVID-19 by selling shirts decorated with the painting.

Check out the shirts: [www.aft.org/news/turning-art-funds-people-affected-covid-19](http://www.aft.org/news/turning-art-funds-people-affected-covid-19)



## AFT PROVIDES RESOURCES ON VACCINES

AFT members and other frontline workers have borne the brunt of COVID-19 since the beginning of the pandemic. While we now have the promise of vaccines and a new administration committed to providing a coordinated response, it will be months before the surge ends. Until then, the AFT is providing vaccine-focused resources designed to build on our union's efforts to protect members' physical and mental health.

Find vaccine resources: [www.aft.org/coronavirus/covid-19-vaccine-resources](http://www.aft.org/coronavirus/covid-19-vaccine-resources)

## NURSES AT CONNECTICUT HOSPITAL WIN CONTRACT

Registered nurses at Backus Hospital in Norwich, Conn., after a two-day strike, voted nearly unanimously in October to approve a settlement with the hospital. The agreement improves protective gear policies and empowers caregivers to address staffing at the 213-bed acute care facility. "We're grateful to our patients and the entire region for having our backs," says Backus Federation of Nurses President Sherri Dayton. "Now we can focus on what we do best—delivering the great quality care all of our patients deserve."

See how their strike paid off: [www.aft.org/press-release/backus-hospital-nurses-secure-new-contract-ensures-great-quality-care-region](http://www.aft.org/press-release/backus-hospital-nurses-secure-new-contract-ensures-great-quality-care-region)





# YOUTH SUICIDE

## *in Alaska*

### Knowledge is Prevention

By Andrea Nutty

Suicide is a serious and growing public health problem among children and adolescents. In Alaska, a state long troubled by high rates of suicide, it is the leading cause of death for youth ages 15-24 (Alaska Public). Here, the youth suicide rate is three times higher than the national average, and the past few years have seen a significant increase in the percentage of youth attempting suicide.

According to the 2019 Alaska Youth Risk Behavior Survey, 1 out of 5 youth surveyed (19.7%) had attempted suicide during the preceding year, and 1 in 4 (25.3%) reported suicidal ideation. That measure represented a significant increase from 2017, when 12.1% of youth attempted suicide, but is also part of a longer trend, having nearly doubled since 2007 (10.7%).

Alaska's rising youth suicide rate mirrors national trends. The national rate of suicide among youth aged 10 to 24 increased nearly 60% between 2007 and 2018. Even more alarming is the rise in suicide by children ages 10 to 14, which tripled over the same period.

Although the data paint a bleak portrait, there is hope: suicide is preventable.

Suicide is complex, with no singular cause. Almost always, multiple social, emotional, environmental, and health factors influence suicidal ideation, attempt, and completion. However, the risk factors and warning signs for youth suicide are well studied and clear.

#### Risk Factors

Certain characteristics increase the likelihood that a person will die by suicide. More than 90% of people who die by suicide have depression or another diagnosable, treatable mental or substance abuse disorder, according to the American Association of Suicidology. In addition to mental health and substance abuse disorders, other risk factors include:

- *Family history of suicide and/or exposure to suicide*
- *Prior suicide attempt(s)*
- *Aggressive or disruptive behavior*
- *Poor coping skills*
- *Lack of social support*
- *Impulsivity*
- *Acute feelings of loss, rejection, or hopelessness*
- *Difficult life situations (abuse, bullying, poverty)*
- *Lack of access to care*
- *Access to lethal means*

Additionally, certain populations have heightened risk, including Alaska Natives, males, LGBTQ+ youth, and youth who are homeless or in the foster care system.

A point of great concern is the fact that 48.9% of Alaskan youth have access to a loaded firearm (2019 Alaska Youth Risk Behavior Survey). In 2019, firearm discharges were responsible for 56% of suicide deaths (Alaska Vital Statistics 2019 Annual Report).

For each suicide death among youth, there may be as many as 100 to 200 attempts.

#### Protective Factors

In addition to risk factors, there are also known protective factors that reduce the risk for suicidal behavior:

- *Coping and problem-solving skills*
- *Social support from family, friends, and others*
- *Access to physical and mental health care*
- *Effective behavioral health care and appropriate clinical interventions*
- *Self-esteem and a sense of purpose or meaning in life*
- *Cultural, spiritual, or personal beliefs that discourage suicide*
- *Restricted access to lethal means*

#### Warning Signs and Precipitating Factors

Four out of five suicide deaths are preceded by warning signs. Youth thinking about suicide may make openly suicidal statements. In fact, among students who have considered, planned, or attempted suicide during the preceding year, 48.8% had talked to someone about suicide, according to the 2017 Alaska Youth Risk Behavior Surveillance System. Other warning signs of suicide include:

- *Talking about feeling hopeless, having no purpose, being a burden, feeling trapped, or being in unbearable pain*
- *Changes in eating or sleeping habits*
- *Withdrawal from family, friends, and regular activities*
- *Increased use of alcohol or drugs*
- *Anxious, agitated, or reckless behavior*

- *Displaying extreme mood swings*
- *Complaints about physical symptoms that can be related to emotional distress such as headaches, fatigue, or stomachaches*
- *Decline in quality of school work; increase in skipping school*
- *Harm self or others*
- *Difficulty concentrating*
- *Lack of energy*
- *Saying goodbye or giving away possessions*
- *Increase in anger or rage; talk of wanting revenge*

Some of these warning signs indicate a serious risk, while others indicate that a person is at immediate risk of suicide. Immediate intervention should be obtained for anyone who talks of wanting to die or commit suicide, who looks for lethal means, or talks about feeling hopeless or having no reason to live.

Additionally, certain precipitating events can trigger a suicidal crisis in at-risk youth. These factors may include:

- *Death of loved one*
- *End of relationship*
- *Legal or financial struggles, such as arrest or eviction*
- *Family disruption, separation, or divorce*
- *Traumatic event such as sexual assault, withdrawal of family support over sexual orientation, or bullying incident*

According to the American Academy of Child and Adolescent Psychiatry, suicide attempts or completion among younger children are often impulsive acts that can be associated with feelings of anger, sadness, or confusion.

#### How to Help Youth

Many people feel uncomfortable talking about suicide. They may worry that by asking a vulnerable youth about suicidal thoughts, they will cause the youth to consider suicide. That is a myth. Although it is not an easy subject to approach, the best way to address suicidal behavior is to talk about it openly with children and adolescents. Talking about suicide

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# How the Anchorage School District

## Became the **Leading Provider** of COVID-19 Vaccine in Alaska

By Cynthia D. Booher, PhD, RN, ELNEC, CDP, CNE, NCSN,  
AaNA Board Member and Daniel J. Booher, MSN, RN, ELNEC, NCSN

### Creating a vaccine clinic

The distribution and administration of the COVID-19 vaccine has presented many challenges for the healthcare community in the United States. The state of Alaska has many additional challenges, with a lack of transportation options to many areas of the state, as well as lack of ability for long-term storage of the vaccine.

One year ago, school nurses suddenly found themselves in a precarious situation: there was a new disease causing a global pandemic, and schools around the world were switching to virtual learning. This left many school nurses looking for ways to provide critical services to their schools and wider communities.

In the fall of 2020, the Anchorage School District nurses were asked by the Municipality of Anchorage to help with flu vaccine clinics, to ensure that our medical facilities did not become overburdened by influenza

in addition to COVID-19. Many of the Anchorage Health Department nurses were busy conducting contact tracing to help lower the transmission rate of COVID-19 within the community. ASD school nurses were more than willing to step up, since they often led the Municipality's flu clinics in previous years. By the end of 2020, we had administered over 12,000 flu vaccines!

These mass vaccination clinics proved that ASD was able and willing to move large amounts of vaccine quickly and efficiently. With this knowledge, the State of Alaska asked ASD for assistance with COVID-19 vaccinations. According to Education Weekly, the Anchorage School District is "one of only a handful of districts nationally so far to actually launch its own vaccine program."

### Planning for the clinic

The first challenge in planning for the clinic was determining location. The clinic could

not be done outdoors as a drive-thru because the weather would not permit, so a space large enough to accommodate a large group of people that could be socially distant without difficulty was needed. The ASD Education Center was selected, which had been used before to help during emergencies such as earthquakes and as a polling place. Once the space was determined, all divisions within ASD developed a plan and timeline that detailed how the clinic would run.

The next challenge involved determining by who and how the vaccine would be distributed. The obvious choice was to use school nurses, but the problem that arose was that all school nurses would be returning to in-person learning after the first dose was administered, and before the second dose in the series could be given. Local nursing schools were contacted to see if students could be used to deliver the vaccine. Nursing students and staff volunteered, but more nurses were still needed. That's when an often overlooked group of nurses stepped up: retired nurses in Alaska, many of whom wanted to contribute and assist in vaccine administration.

While a core group was working on the flow and efficiency of the clinic, a separate group was working to train volunteers on the procedure for obtaining, storing, and administering the vaccine. Volunteers learned how to handle both the Pfizer and Moderna vaccines. There was also training on a specific vaccine tracker the State of Alaska is utilizing called PrepMod. Once everyone was trained, nurses began to sign up for volunteer slots, with school nurses, student nurses and school of nursing staff, retired nurses, and members of the Alaska Nurses Association signing up to administer the vaccine.

### The clinic goes live

On January 6, 2021, the first clinic went live! A half-day was planned to allow for evaluation of the process and to make adjustments as needed. While the clinic was supposed to start at 1 PM, by 11 AM there

were over 200 people waiting in line. Several nurses were already present, and we were able to open early. The majority of people in line did not have an appointment but were eligible to receive the vaccine, so volunteers helped to get them registered and everyone was able to be vaccinated that day. We had expected to vaccinate approximately 200 people on the first day, and ended up administering over 700 vaccines.

At the end of the day, we evaluated what went well and what could be improved upon. The idea that over 700 people were served in less than five hours was thrilling and brought about a realization that a few changes needed to be made to be just as successful in the following days.

Originally, everyone was placed in line according to when they arrived. This meant that new registrants were placed in line with people who had appointments. The wait time increased for everyone, as the new registrants had to fill out correct documentation. It was determined that there would be two lines: one for clients with an appointment and one for those who were registering. Original station placement was changed as well, and clinic personnel had to be redistributed as those with no appointment were requiring more time per interaction, and more spots were needed to keep things moving.

Every morning there was a "just in time" training. This was time for each station leader to go over expectations and changes, or to train new volunteers. The nurses focused on how to draw up the vaccine, how to store the vaccine, and how to chart in the electronic system. The volunteer retired nurses were excited to be nursing again. They were quick to help student nurses that were volunteering and the interaction between these two groups was phenomenal. Many conversations about how things are done now and how things have changed since could be heard throughout the day. Students enjoyed

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openly demonstrates to young people that someone cares about their thoughts and feelings and is available to help them.

If you notice a youth displaying suicide warning signs, you should always ASK:

Ask directly about suicidal thoughts.

“Sometimes when people are sad like you are, they think about suicide. Have you ever thought about it?” “Are you thinking of ending your life?” “Do you want to kill yourself?” “Do you feel like I want to help them. Be an active listener and remain non-judgmental. Listen to problems and challenges the youth is facing, find out about their support network, and try to see what help-seeking behavior they have used in the past. Secure lethal means such as firearms, drugs, or sharp objects that could be used in a suicide attempt.

Keep the youth company until you can connect them with appropriate clinical intervention. Never leave a suicidal person alone. Know how and where to refer someone for help. If someone is at immediate risk for suicide, call 911 or go to the nearest emergency department. It is always better

to err on the side of being overly cautious than it is to underestimate the risk.

If you do not know what to say or do to help someone facing a suicidal crisis, call Careline Alaska at 1-877-266-4357. Careline is available 24/7, 365 days a year, and is available for both those who are considering suicide, and for those who are concerned about someone else.

We have a collective responsibility to prevent suicide. As a public health issue, suicide prevention is possible through education and awareness efforts, along with targeted interventions and coordinated efforts that reduce risk. When we take the time to learn about suicide, to teach others, or to help someone in need, we are taking steps to prevent suicide in our families and communities.

*If you would like to learn more about preventing youth suicide, consider attending a Youth Mental Health First Aid course (<https://aktclms.org/>) or a Talk Saves Lives presentation (<https://afsp.org/talk-saves-lives>).*

hearing war stories and the retired nurses were excited to be around the new class.

The next six days were a blur. We had hopes of delivering, at most, 2,000 shots throughout the entire clinic. By the end, over 6,200 vaccines were given in 6.5 days. The response from community members was overwhelmingly positive; most were thrilled that they could walk-in to the clinic and receive their vaccine on the same day. After noting that the population being vaccinated did not match the diversity of the school district, steps were taken to provide translation services and additional outreach. As a result, the population being vaccinated changed significantly and better reflected the diversity of our community.

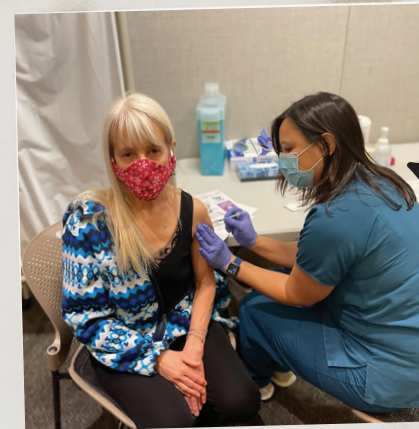
## Lessons learned

At the time that this article was written in mid-February, ASD nurses have administered over 15,000 vaccine doses. The Anchorage School District hopes to continue to help with vaccine distribution.

The biggest lesson learned was that when there is a need, people are willing to work together to meet that need. This type of mass clinic is only possible with teamwork from many different disciplines. Another lesson learned was a reminder to not count out retired nurses. This group volunteered without hesitation and were a wonderful asset to the clinic. Together, nurses were able to make our communities safer. When called upon, Alaska nurses get it done.

# VACCINATE!

## Nursing Portraits in the Last Frontier



Cindy Cooper, an AaNA member and Pre-Op nurse, receives the COVID-19 vaccine in January.



Terra Colegrove, President of AaNA's Providence Registered Nurses bargaining unit, receives her first dose of COVID-19 vaccine, administered by AaNA member Sam Simonson.



AaNA board member Quinn Sharkey (second from right) poses with public health nurse colleagues Wendy, Bert, and ChaSae at the Anchorage Health Department. Public health nurses are on the frontlines, educating the community and administering the COVID-19 vaccine.



Kathy Bell administers the COVID-19 vaccine to Ben, an elder, during a home visit, as part of her role as a school nurse in Anchorage. Kathy is also a long-time Pediatric ICU nurse and an AaNA nurse education planner.



Melina Mack, an AaNA member who cares for critically ill COVID-19 patients, receives her first COVID-19 vaccine dose from clinical nurse specialist Rose Timmerman. "I feel so confident and excited about this vaccine," Melina shared. "THANK YOU SCIENCE!"

Donna Phillips, AaNA's Labor Council Chair, receives her first vaccine dose. "I hope others see this as a signal of nurses' commitment to public health."



# YOUTH MENTAL HEALTH Resources

## ✓ **NAMI: National Alliance on Mental Illness**

[www.nami.org](http://www.nami.org)

NAMI is the nation's largest grassroots mental health organization focuses on advocacy, education, support, and public awareness so that individuals and families affected by mental illness can build better lives. Visit their website for a wealth of information – from understanding diagnoses and being prepared for crisis to getting help paying for medications.

## ✓ **Disability Law Center of Alaska**

[www.dlcak.org](http://www.dlcak.org)

DLC is a non-profit law firm that specializes in helping those with disabilities who have a legal issue related to their disability such as access to special education programs, Medicaid/Medicare appeals, and Social Security Disability Income applications.

## ✓ **NAMI Alaska**

[www.namialaska.org](http://www.namialaska.org)

NAMI Alaska is the statewide organization for Alaska's four local NAMI affiliates (Anchorage, Fairbanks, Juneau, and North Slope). NAMI Alaska and its local affiliates offer online family support groups, a lending library, and many online educational opportunities for those with loved ones experiencing mental health conditions.

## ✓ **Careline Alaska**

[www.carelinealaska.com](http://www.carelinealaska.com)

Careline is Alaska's free and confidential 24/7 suicide prevention hotline. Call Careline at 877-266-4357.

## ✓ **Alaska Eating Disorders Alliance**

[www.akeatingdisordersalliance.org](http://www.akeatingdisordersalliance.org)

AKEDA provides access to resources and support, information on eating disorders and Alaska's treatment options, and online trainings.

## ✓ **The Youth Mental Health Project**

[www.ymhproject.org](http://www.ymhproject.org)

YMH Project works to educate and support families and communities to better understand and care for the mental health of youth. They offer film screenings, free educational materials, and a parent support network.

## ✓ **American Psychological Association**

[www.apa.org](http://www.apa.org)

The American Psychological Association's website is filled with articles and research on every psychological subject imaginable and also features a psychology help center.

## ✓ **Alaska Behavioral Health**

[www.alaskabehavioralhealth.org](http://www.alaskabehavioralhealth.org)

ABH provides a wide range of behavioral health services for youth, teens, adults, and families. Services include individual and family therapy programs, crisis intervention, and comprehensive wrap-around supports. ABH is also home to the Steven A. Cohen Military Family Clinic and provides training in trauma-informed care.

## ✓ **MHATS: Mental Health Advocacy Through Storytelling**

[www.mhatsak.org](http://www.mhatsak.org)

MHATS is a group created and run by Alaskan youth that focuses on storytelling to reduce the stigma around mental illness and to open conversation about mental health.

## ✓ **ADDitude**

[www.additudemag.com](http://www.additudemag.com)

ADDitude is the ultimate resource for all things related to ADHD. ADDitude offers advice and information on ADHD treatment, strategies, comorbidities, parenting, and much more. They also have tons of webinars, a podcast, and specialist directory.

## ✓ **Child Mind Institute**

[www.childmind.org](http://www.childmind.org)

The Child Mind Institute is a national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. Find accurate, useful information on disorders and concerns, and check out guides like the parents guide to getting good care or the guide to managing multiple medications.

## ✓ **VOA Alaska**

[www.voaak.org](http://www.voaak.org)

Volunteers of America Alaska provides emotional, behavioral, and well-being services and support to youth and their families at low or no cost. VOA Alaska offers an intensive outpatient program for youth with substance use disorders, outpatient mental health services, family support services, and a residential substance abuse treatment program for ages 12-18.

## ✓ **Stone Soup Group**

[www.stonesoupgroup.org](http://www.stonesoupgroup.org)

SSG is a statewide organization that provides training, information, support, and resources to assist families in caring for children with special needs. Connect with a parent navigator or mentor, take an online training, or browse resources.



# Heart of the ALASKA NURSE

Marianne Murray

By Marianne Schlegelmilch

## What makes the Alaska Nurse?

Who is she or who is he? What makes them tick? Drives them to greatness? Melds their Alaskan independent spirit with the practice of nursing?

Over the past several years, I have had the pleasure of interviewing several of our great nursing icons along with ordinary nurses whose names we have never heard. Without exception, they have all expressed pleasure and humility at having been asked to tell their stories along with wonderment as to why anyone would care to hear their story.

In seeking a cross section of Alaska nurses and after having talked with so many, the answer has become clear. Great Alaska

nurses do what needs to be done, seek out innovative ways to accomplish the care of their patients, and give wholly of themselves in the pursuit of wellness, safety, and the restoration of health for those entrusted to their care.

I am humbled that so many trusted me to tell their stories. I am proud to be one of them. Each of us and all of us who work tirelessly – and often without recognition – in this great state are the Heart of the Alaska Nurse.

– Marianne Schlegelmilch

It took a pandemic for me to finally appear before the Alaska State Board of Nursing, which is where I first met Marianne Murray, DNP, MSN, RN, CHSE, then executive administrator of that body. Along with many other retired RN's, the onset of COVID-19 had brought out the desire to do whatever I could to help. Imagine my surprise when my call was bumped to the top of the ladder, so to speak.

I found Marianne to be much less scary than I imagined the executive administrator of our state's regulatory agency would be. She was easy to talk to and despite the fact that there really was no way for me to fast track into re-licensure even amidst a pandemic, we talked for a long time, which is when I mentioned my stories about nurses. Before I knew it, I was on my first Zoom call with the nursing

board to discuss a pilot project designed to extend a less formidable presence to Alaska nurses via the Board of Nursing quarterly newsletter.

I liked Marianne from the first minute we talked. For one thing, she spells her name the right way, although I could be a bit biased on that point. I also learned we had both graduated from diploma nursing programs at nursing schools named after St. Joseph—hers in Ontario and mine across Lake Huron in Michigan. But whereas I had never extended my education beyond my original training, Marianne had done the polar opposite and gone all the way up to the doctorate level.

Marianne was raised in a small Canadian village of less than 100 people called Saltford, just outside a

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slightly larger community named Goderich, Ontario near the shoreline of Lake Huron, which is one of the larger of the Great Lakes surrounding Michigan and bordering Canada. She describes Goderich as being *“the prettiest town in Canada”* and a place where many from the nearby cities of London and Toronto had cottages.

As she tells it, her childhood home in Saltford was next to the Maitland River, where she and her friends would swim from morning ‘til night, often picnicking on its banks and catching salmon with their hands. For fun, she says she and her friends would cover themselves with mud and lay in the sun until it dried and cracked and began flaking off their arms and faces. In addition, every weekend they would pack picnic lunches and ride their bikes from Saltford to Benmiller falls, which she says was a distance of 10 kilometers—a little over 6 miles.

She writes, *“I think we started riding when we were 7 years old and did not stop until we were 13 and I moved into town. We would swim all day in the mighty currents, pushing against the water and finding air pockets between the mossy rocks and the pounding water. As long as we were home by dark all was well.”* Perhaps this explains why even now, the Marianne Murray I know can tie herself to a rock to dipnet salmon and likes the camping life as much as she does the boardroom.

Knowing that most of us who live here came from somewhere else, you must be wondering how she got from this small idyllic little town in Canada all the way across the continent to Alaska? It seems her Aunt Brenda unknowingly sparked her interest in nursing by herself graduating from nursing school and heading off to ‘The States’ to begin her career, often coming back home with great stories about all the cool places she had seen, until finally returning to marry her childhood sweetheart when Marianne was eight or nine years old.

Of Aunt Brenda, Marianne writes, *“I looked up to her as one of the smartest and wisest women in my family . . . I stood up with her at her marriage as the flower girl. I thought she was the most beautiful woman.”* And so, it seems the seeds of Marianne’s future career path began very early on and right about the time her Aunt Brenda launched her own nursing career. Marianne began working as a nurse’s aide when she was only 17 and her work, which she would continue through her nursing program, was in Goderich.

Once she had graduated from the diploma program, she writes, *“When I finished school in 1992, there were very few full-time positions in nursing and my father and mother encouraged me to look into traveling. I signed up with an unknown travel company and they said they had an assignment in Colorado City, Texas. The pamphlet*

*showed a beautiful lake, bluebonnets and trees. What it did not show was dust storms, mesquite thorns, tumbleweed and the fact that the hospital only had 22 beds!”*

With her nursing career now launched in a rural hospital, Marianne soon learned that she was working in the only hospital for miles and that the staff consisted of one RN, two LVN’s and two CNA’s. Further, the small hospital had one ICU bed, two ER beds and one OB suite. The operating room ran only on Wednesdays. Since the doctors were never at the hospital, it meant that as the only RN on her shift she relied on a system of relaying her assessments to physicians and taking orders over the phone.

She writes, *“I think this assignment set the stage and helped catapult me into the next direction, which was ER/Trauma in Dallas. The small rural hospital experience had taught me that if I was wrong in my assessment there were consequences and that a patient’s treatment was based off what I believed as a priority. There was a lot of responsibility in that role and at 22 I learned so much!”*

After working in Dallas, Marianne moved on a whim to Grand Junction, Colorado. There, she worked at St. Mary’s Hospital, which was a level 2 trauma center that at times functioned more like a level 1 center. There she was the ER nurse, manager, and flight nurse. She describes this as a great job, where she learned much from teachers and colleagues and where she also met her husband, Curtis, who was a nursing student in the ER who happened to sit beside her at lunch. As she writes, *“The rest is history.”*

After Curtis graduated with his BSN in nursing, they moved with their three children to Travis Air Force Base in California, where they both worked at David Grant Medical Center where Curtis was active duty and Marianne was a contract nurse in the emergency department. From there Marianne went back to school to take the prerequisites like political science and American history required to enter the BSN program.

Two years later she and Curtis moved to Clovis, New Mexico, where Curtis worked in the Cannon AFB Medical Center and Marianne worked as supervisor and Medical floor educator at Plains Regional Hospital. Marianne says they liked the small-town atmosphere of Clovis a lot as it provided a great environment for kids growing up.

In 2006, the family headed to San Antonio, Texas, where their two oldest children finished high school and where Marianne finished her BSN and their youngest started her swimming and soccer career. After obtaining a master’s degree in nursing leadership and health systems and with Curtis having completed a fellowship in trauma

and critical care nursing, they both worked at Wilford Hall, which was a large level 1 trauma facility in southwest San Antonio, Texas. During their time in San Antonio, Curtis was deployed to the Middle East for 7 months—a time Marianne describes as a pretty rough time as she bore sole responsibility for their two high school and one elementary school children as well as all household responsibilities.

Of this time, she writes, *“One day while Curtis was deployed in the Middle East, I was so frustrated by just being alone and trying to maintain it all I screamed at Curtis online for about 30 minutes about the weed whacker and how much I hated it, while banging it off the ground violently. The next day, Curtis had arranged a lawn service. It was the little things that helped! That deployment was very hard on our family unit. My heart goes out to every military spouse when they have to take care of the ‘rest’ when their partner is deployed.”*

Soon after her husband had returned from Iraq, Marianne graduated with a master’s degree in nursing leadership. She then left the trauma center and began teaching nursing full time at Baptist School of Health Professions and says it was then she realized nursing education was truly her love (she currently has a Master’s in Nursing Leadership and a Doctorate in Nursing Leadership with emphasis on Educational Leadership). She writes, *“Watching students be successful in the program, pass the NCLEX and then do such amazing things with their career has been so humbling. I feel honored to have been with them for a small part of their journey.”*

The Air Force brought Marianne and Curtis to Alaska in 2011 and Alaska is where they have stayed. Since arriving in Alaska, she has worked at University of Alaska Anchorage as a faculty member and later as director until leaving that position in 2019 to become Executive Administrator of the Board of Nursing—a position she held from 2019-2020. *“The executive administrator position taught me a completely new skill set, which has been instrumental for me. Understanding the legislature, the statutes and regulations related to nursing has increased my desire to support the profession of nursing in policy and practice.”*

As Marianne Murray shares more detail about her thoughts on nursing, it becomes increasingly clear that her career which began so long ago as a CNA working her way through nursing school in Canada, as well as her diverse experience working in multiple locations in the United States, has given her a broad perspective on the profession and perhaps even driven her to her recent role with the board of nursing and current role as Director of Nursing Programs at Alaska Pacific University.

Having found her job with the board of nursing particularly unique and interesting, I asked Marianne if it had changed the way she felt about nursing as a whole. I think her response is best said in her own words.

*“Yes, it did. I realized that legislation is powerful and that legislators know very little about the profession of nursing. They have a concept of who we are and what we do, but not a deep understanding. That leaves our profession vulnerable to having others make laws that negatively affect our practice. More nurses need to be in the political arena. We need to be in the room when the laws and regulations are decided. I also believe we need to stop being our own worst enemy. The factions that exist between educational levels and specialties that we continue to have do nothing but separate us and distract us. At the core and in the end, we are RN’s. Stop degrading your nursing colleagues in relation to how much education they have or worse, judging fellow nurses by where they work. We need to support and lift each other up so that the world looks at us as a profession.”*

I am struck by these powerful words of wisdom and insight spoken by someone who has achieved an educational level in nursing that could easily be used to diminish others, but yet who has chosen instead to view nursing beyond the scope of her own significant stature within the profession. I asked her more about why and how she chose to pursue a doctorate in nursing; had one career path just led to another or had obtaining a doctorate always been her end goal? Again, this is best answered in her own words:

*“I believe each career choice I made built on the last one. I always looked at opportunities to expand my knowledge. Most of the time I was not looking for another job, but had people seek me out to apply. I did not always think I would have a doctorate. In fact, I was perfectly happy being a diploma prepared nurse with multiple certifications until I found out I could not teach nursing with a diploma and especially a diploma from Canada. That was in 2002 and from that day until 2016 I was in a nursing program moving from my BSN to my MSN and finally my DNP. I wanted to have a terminal degree. The Doctorate in Nursing Practice was new in 2013 when I started, but I knew that I wanted a practice degree. I have not been dissatisfied. My dissertation focused on interprofessional education, communication and simulation—all intricate and necessary to a safe healthcare environment.”*

When asked now, since working in a broad spectrum of nursing locations and positions, where she would like to see nursing head, she responded that she found the question very



interesting—especially since she had trained in Canada, yet never actually worked there. *“When I went to school, the nurses would scatter when the physicians arrived on the floor to do rounds and give up our chairs so that they could occupy the space.”*

*“Nursing now is an integral part of the healthcare system. Nurses round with physicians now and do not run away from them. We sit together and work in a collaborative space. That is why I think interprofessional education is so key! I would like to see the profession of nursing become better organized and more politically powerful. There are four million nurses in the USA and yet the American Nurses Association does not have the political influence that the American Medical Association does. I am happy, however, that nursing is getting the recognition it deserves during the pandemic!”*

As Marianne’s story unfolds on these pages, it is easy to see that she is a person whose strong set of core values and optimism have carried her along her career path. Despite her advanced education in nursing, she sees herself as neither special nor unique, but simply as a person who injected her own personal goals and passions into her chosen profession, all while balancing her other roles in life as a wife and as a mother. In every encounter I have found her to be, well, normal. She is easy to like and quick to respect others for their achievements, while easily offering encouragement and support when needed. I am honored that she allowed me to write her story.

In closing, I would like to share her own answer to the last question I asked in our interview, which was what she would like the readers of this story to know about Marianne Murray, the person. We will leave the closing of this story to her in her own words.

*“When I grew up, I was very poor. My parents were 17 when they had me and they struggled, but they both had incredible work ethic. I grew up going trapping and hunting with my father before school and after school. My father taught me how to set and release the traps, how to skin an animal, and how to harvest the meat. I was ostracized at school because of my trapping and hunting skills. Girls thought it was gross, boys thought I was crazy. My grandmother taught me how to set a table, sew, bake, host and bring laughter into a home. My mother taught me how to juggle five balls in the air, while still maintaining a marriage, school and a career. My grandfather taught me about sacrifice, service and honor.”*

*“I guess what I would want people to know is that I have a story and the story of me started with the story of my family and the land that we lived on and the struggles we endured. I think that because of how I was raised by my people, I strive very hard to positively affect others in my life. With students, I am there when they have questions or are discouraged and need a kind word. I am a staunch advocate for my fellow nurses and I fiercely protect my family. I am slow to anger and quick to forgive. I work too hard, too much and I am seldom satisfied that my work is perfect, so I continue. I have a listening ear and a happy heart. I believe the greatest gift we have in this life is love.”*

And, with grand flourish, Marianne ends her story with this quote from CS Lewis: *“Love is never wasted for its value does not rest on reciprocity.”*



**About the Author**

Marianne Schlegelmilch is one of the last of the once dominant field of Diploma Nurses. She proudly considers nursing as the biggest part of who she is and credits her long career in caring for others as

making her the person she is today. *“If I could have found a way to survive financially, I would have done it for free,” she writes.*

She has written for as long as she can remember and often used writing to deal with the stress of critical care work. She is the published author of eleven books, with fiction being her preferred genre. She credits nursing with giving her the ability to understand people and life and uses her deep nursing experience in bringing characters to life in her books. Marianne lives in Homer, Alaska, where she is inspired by the natural beauty that surrounds her and by the array of genuinely interesting people who live there.

The stories written in this publication are as told to the author by the individuals about whom they are written. The author has relied on the individuals written about for the accuracy of their information and each featured individual has reviewed the final version of their story for accuracy.

# 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

Contact for imes: 907-252-5276

### KTN - Ketchikan Registered Nurses (PHKMC)

Contact for imes: 907-247-3828

## Education and Events

Tuesday Talks  
ADHD presented by Curt Wengel, MD  
Tuesday, March 16 @ 6 PM  
Register at [www.aknurse.org](http://www.aknurse.org)  
FREE CE: Earn 1.25 contact hours

Tuesday Talks  
Child Abuse presented by Sarah Duran-Wood, RN  
Tuesday, April 20 @ 6 PM  
Register at [www.aknurse.org](http://www.aknurse.org)  
FREE CE: Earn 1.25 contact hours

Alaska School Nurses Association Conference  
April 23 to 25, 2021  
[alaskasna.nursingnetwork.com](http://alaskasna.nursingnetwork.com)

2021 Love a Nurse Run  
May 6 to 12, 2021  
[www.aknurse.org](http://www.aknurse.org) and  
[www.loveanurserun.com](http://www.loveanurserun.com)

Illuminating Florence Nightingale  
Wednesday, May 12 @ 8 AM  
[www.aknurse.org](http://www.aknurse.org)

Nursing in the Last Frontier: A Nurses Week Panel  
Wednesday, May 12 @ 6 PM  
[www.aknurse.org](http://www.aknurse.org)

Nurses Week 2021 Celebration  
May 6 to 12, 2021  
Stay tuned for more events!  
[www.aknurse.org](http://www.aknurse.org)

15th Annual Asthma and Allergy Conference  
September 10 & 11, 2021  
[www.aafaalaska.com](http://www.aafaalaska.com)

2021 Trending Topics in Nursing Conference  
October 7 to 9, 2021  
[www.aknurse.org](http://www.aknurse.org)

Want to list your event in The Alaska Nurse Calendar of Events and at [www.aknurse.org](http://www.aknurse.org)?  
Send information to [andrea@aknurse.org](mailto:andrea@aknurse.org)

Remember to visit [www.facebook.com/AlaskaNurses](https://www.facebook.com/AlaskaNurses) for current events and [www.aknurse.org/index.cfm/education](http://www.aknurse.org/index.cfm/education) for frequent updates and information on local nursing continuing education opportunities and conferences.





*Where great  
ideas take flight*



GRAPHIC DESIGN  
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