

# The Alaska Nurse

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**SLEEP**



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## From our President



As I'm writing this letter we are all sheltering-in-place, staying six feet away from each other, and wearing face masks out in public. Some masks are creative and cool looking while others are over-the-top gas masks. Here at the AaNA office, we've been using Zoom, emails, phone calls, and texts to stay in touch with each other. It doesn't feel right to only communicate this way, and one could really get depressed. So with our nice evenings I like to walk our dog around the block after supper. And on Saturdays, my friends and I are able to go to Hatcher Pass and snowshoe. We drive alone and keep six feet apart.

My hope and prayer is that we don't experience a surge of COVID-19 here in Alaska. I want to send a big shout out to our nurses and healthcare workers for stepping up and taking care of the people in our communities during this time of pandemonium and uncertainty. I also want to give a shout out to Dr. Anne Zink for being proactive with COVID-19 mitigation measures and keeping us informed about what is happening in our state. She has been a calming presence in all this COVID-19 stress and uncertainty. Thank you, Dr. Zink!

By the time this issue hits your mailbox, planting season will be in full swing. But I'm writing this in April and the potholes are out in abundance and my garden is still half-covered in snow. I've got my tomato plants growing already as well as broccoli

and cauliflower in the greenhouse, and for the first time I am attempting Brussels sprouts. Not all plants require a greenhouse to get started; seeds that can go directly in the ground include beets, lettuce, carrots, potatoes, radishes, peas and kohlrabi. These are all easy veggies to grow with little fuss.

Kids can help in the garden too; it's the perfect place to let them dig in the dirt. Give them a spot all their own to dig and plant what they want. The rows don't need to be straight either (well for me they do, but not for kids). You might want to get them interested in growing flowers too. Nasturtiums are big seeds that can go directly in the ground in May after all danger of frost has passed and the ground is dried out enough to dig in. You will find marigolds in my garden too. They help repel bugs naturally and bring color to the garden.

So go to the store, buy some seeds and dirt, and get started! Take walks every evening with your family. Most bike and walking paths are clear of snow and ice now so hit the trails in town! Let me know how you all are doing, and I am happy to answer your gardening questions. Just email me at [jane@aknurse.org](mailto:jane@aknurse.org).

*Jane Erickson*

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

## In This Issue



- 4 AFT News Roundup
- 6 Understanding Covid-19
- 8 The Lady with the Lamp
- 11 The Importance of Sufficient Sleep
- 14 Coping Through the Pandemic
- 17 A Hard Day's Night
- 18 WHO Releases State of the World's Nursing Report
- 19 Covid-19 Frequently Asked Questions
- 21 School Nursing during the Pandemic
- 23 Calendar of Events

**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](mailto:Andrea@aknurse.org).



## 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.

### SCHOOL NURSES WORK COVID-19 TESTING SITES

To slow the spread of the coronavirus, Connecticut closed schools March 13, which meant school nurses like Toni Pederson would be out of work for weeks. As fate would have it, however, the state established test sites at local hospitals, and nurses like Pederson were needed. Pederson and other school nurses represented by AFT Connecticut were hired to do testing at the drive-through testing center at Lawrence + Memorial in New London. In fact, members bargained for this role. “It is a great example of solution-driven unionism and shows how collective bargaining empowers members to apply our faith, strength and willingness to work together—the union way—to get everyone through this,” says local president Ann Ryan.

Read about their training and challenges: [www.aft.org/news/school-nurses-working-covid-19-testing-sites-connecticut](http://www.aft.org/news/school-nurses-working-covid-19-testing-sites-connecticut)

### “TO COMBAT COVID-19, I NEED PPE”

New Jersey nurse Jose DeJesus writes about the lack of personal protective equipment (PPE) for healthcare workers. “We have all pledged to serve our patients, but that’s hard to do when we’re not being provided with the tools we need to do the job effectively,” he says. Hospitals are in great stress right now because of this lack

of equipment, and so are nurses and other health professionals. Read his gripping account.

Read Jose’s gripping account: [aftvoices.org/to-combat-covid-19-effectively-i-need-ppe-b9c8dfb51d78](http://aftvoices.org/to-combat-covid-19-effectively-i-need-ppe-b9c8dfb51d78)

### CRISIS HEIGHTENS NEED TO ADDRESS STUDENT DEBT

Already a heavy burden on the U.S. economy, student debt is an even bigger problem now that the coronavirus is shutting businesses and student loan borrowers are losing income. To minimize the damage, the AFT, in partnership with the Student Borrower Protection Center, is circulating information and tips to help borrowers through the crisis with tools like income-driven repayment plans and hardship deferment. The AFT is also working with lawmakers to ensure that substantial student loan relief is part of the coronavirus relief legislation.

Check out COVID-19 student borrower resources: [www.forgivemystudentdebt.org/covid-19-student-borrower-resources/](http://www.forgivemystudentdebt.org/covid-19-student-borrower-resources/)

### I’M ON THE PANDEMIC’S FRONTLINES: TESTING NOTES OF A SWABBING NURSE

A New York nurse explains why she accepted the call to go out into the community to test people for the coronavirus, despite personal risk. Dressed in full hazmat gear—double-masked, double-gloved and carrying red biohazard garbage bags—she and her team present a frightening specter in the neighborhoods where they take swab samples from children, seniors and everyone in between. “I see the crisis escalating,”

she says. “PLEASE listen to the safety precautions. If you don’t and you’re incubating the virus, you’re going to spread it.”

Learn why this 65-year-old nurse stepped up to help: [aftvoices.org/im-on-the-pandemic-s-frontlines-testing-notes-of-a-swabbing-nurse-ffe48bd74643](http://aftvoices.org/im-on-the-pandemic-s-frontlines-testing-notes-of-a-swabbing-nurse-ffe48bd74643)

### VIRGINIA CHEERS COLLECTIVE BARGAINING

AFT members in Virginia have won a new state law allowing school boards and local governments to engage in collective bargaining with their employees. This is a historic step forward for public service workers in the commonwealth. Although the law falls short of the original legislation, you can bet your last dollar that activists in Fairfax, Hampton and Norfolk will keep up the fight in next year’s session to strengthen union rights. In the meantime, the unions plan to work with local officials to put this new law into practice. Hear what these members have to say in AFT Voices.

See how activists won: [aftvoices.org/virginia-cheers-collective-bargaining-7d0b7bc93e0b](http://aftvoices.org/virginia-cheers-collective-bargaining-7d0b7bc93e0b)



### NEW RESOURCES TO FIGHT COVID-19

COVID-19 and its aftermath will be with us a long time. Our union is continually updating its rich collection of resources on everything from face coverings to free food for schoolchildren in need. Here’s a sampling of what’s available, including contract language on coronavirus leave policy, webinars about how to convert classes to remote learning, opportunities to influence coronavirus policy in Congress, and personal stories from our members.

Get the COVID-19 resources you need: [www.aft.org/coronavirus](http://www.aft.org/coronavirus)

### SICK KIDS NEED SCHOOL, TOO

Growing up, Vicky McClure wanted to be a pediatrician, and then a nurse, but ultimately she became a special education teacher in Chicago. A member of the Chicago Teachers Union, McClure had worked in special ed for nearly a decade when she was offered the opportunity to become a hospital teacher with the school system. Its Home and Hospital Instruction Program provides continuous instruction by a certified teacher to any student whose academic programs are interrupted because of physical or mental illness. “Sick students need support. Unfortunately, not all teachers know how to provide that support,” McClure says. For her, this care is second nature; she spent a lot of time in the hospital as a child.

Hear Vicky’s inspiring story: [aftvoices.org/sick-students-need-support-aab882081423](http://aftvoices.org/sick-students-need-support-aab882081423)



### “I DON’T WANT ANY CHILD TO GO HUNGRY”

Essential workers come in many forms: doctors and nurses, of course, but how about school bus drivers, custodians and food service employees? Yolanda Fisher, a cafeteria worker at a middle school in Dallas, describes on AFT Voices how she and a small crew put their own safety on the line every day to serve others. Public schools provide the only chance many students have to eat each day, so Yolanda and her colleagues are still going into work to ensure that kids have grab-and-go meals. For their efforts, they made the cover of Time.

Look at their efforts to help kids: [aftvoices.org/i-dont-want-any-child-to-go-hungry-while-schools-are-closed-463b15717dd9](http://aftvoices.org/i-dont-want-any-child-to-go-hungry-while-schools-are-closed-463b15717dd9)



# Understanding COVID-19 Risk of Mortality:

## WHAT WE KNOW SO FAR



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

It has only been five months since news came out of China about a new viral illness that was causing respiratory infections and with it, many deaths. Since that time, the world has changed. The World Health Organization (WHO) declared a pandemic, and (as of this writing) there are approximately 1.7 million confirmed cases and approximately 106,000 deaths globally. Many countries have instituted travel advisories and bans, quarantine orders vary from country to country as well as from state to state, and the global economy has taken a beating with people not being able to work in order to keep the virus from spreading so quickly.

Alaska has not been spared the effects of COVID-19, identified as a novel coronavirus, SARS-CoV-2. Our state has been placed under many mandates to help lessen the transmission and to protect our vulnerable populations. Those considered vulnerable to COVID-19 (SARS-CoV-2) are the elderly and people with co-morbid conditions. As we have seen, some nursing homes have been devastated by this virus mainly because the residents that live there generally fit into both of those categories.

Because this virus is so new, there is much that we do not know. Research is currently underway in many different areas, but definitive answers are not always available during the early stages of investigation. One of the areas being looked at is why the elderly and those with co-morbid conditions have a higher mortality rate than other population groups. Previous experience and study with

SARS (SARS-CoV) and MERS (MERS-CoV) showed that older age was reported as an important independent predictor of mortality. Researchers wanted to know if COVID-19 (SARS CoV-2) was similar.

A retrospective cohort study from two hospitals in China looked at adult patients that were diagnosed with COVID-19 (SARS-CoV-2) and separated them into two groups: those that survived and were discharged and those that did not survive their hospitalization. The most common symptoms upon admission were fever and cough, followed by sputum production and fatigue. Sepsis was the most frequently observed complication, followed by respiratory failure, ARDS, heart failure, and septic shock. Half of non-survivors experienced a secondary infection (Fei Zhou\*, 2020). Findings also showed that abnormal lab results that were associated with higher mortality rates included elevated ALT, LDH, troponin I, creatine kinase, d-dimer, serum ferritin, IL-6, prothrombin time, creatinine, and procalcitonin.

For patients that had an associated sepsis diagnosis, having a higher SOFA score on admission (based on the sepsis and septic shock definitions according to the 2016 Third International Consensus Definition for Sepsis and Septic Shock) was also associated with increased odds of in-hospital death. In addition, Fei Zhou, et al, found that the risk of in-hospital death was higher for patients with diabetes or coronary heart disease.

Although the clinical manifestations of COVID-19 (SARS-CoV-2) are dominated by respiratory symptoms, some patients also experience severe cardiovascular damage. As a result, some patients with underlying cardiovascular diseases may have an increased risk of death (Ying-Ying Zheng, 2020). Research has suggested that MERS (MERS-CoV) can cause acute myocarditis and heart failure. Since COVID-19 (SARS-CoV-2) and MERS-CoV have similar pathogenicity, the myocardial damage caused by an infection with these viruses undoubtedly increases the difficulty and complexity of patient treatment. Consequently, understanding the underlying mechanisms and damage caused by SARS-CoV-2 to the cardiovascular system is important so that effective treatment can be initiated in order to reduce mortality.

A meta-analysis showed that MERS-CoV infection was more likely to occur in patients with underlying cardiovascular disease. In patients with MERS-CoV infection and severe symptoms, 50 percent had hypertension and diabetes and up to 30 percent had heart disease. Similarly, according to the Pneumonitis Diagnosis and Treatment Program for New Coronavirus Infection (Trial Version 4), elderly people with comorbidities are more likely to be infected with SARS-CoV-2, especially those with hypertension, coronary heart disease, or diabetes. Furthermore, patients with cardiovascular disease are more likely to develop severe symptoms if infected with SARS-CoV-2 (Ying-Ying Zheng, 2020).

Angiotensin-converting enzyme 2 (ACE2) is a membrane-bound aminopeptidase that plays a vital role in the cardiovascular and immune systems. Not only is ACE2 involved in heart function, it is also involved in the development of hypertension and diabetes mellitus. Research has shown that ACE2 has been identified as a functional receptor for coronaviruses, including SARS-CoV and SARS-CoV-2. The mechanism of a SARS-CoV-2 infection is triggered by the binding of the virus' spike protein to ACE2, which is found in abundance in the heart and lungs.

SARS-CoV-2 mainly invades the alveolar epithelial cells, resulting in respiratory symptoms. These symptoms are more severe in patients with cardiovascular disease, which might be linked to the increased secretion of ACE2 in these patients compared with healthy individuals.

ACE2 levels can be increased by the use of renin-angiotensin-aldosterone system inhibitors. Given that initial research shows that ACE2 is a functional receptor for SARS-CoV-2, the safety and potential effects of antihypertension therapy with ACE inhibitors or angiotensin-receptor blockers in patients with COVID-19 should be carefully considered.

In patients with coronary heart disease, cardiac functional reserve can be reduced leading to myocardial ischemia. When infected with SARS-CoV-2, cardiac insufficiency is more likely to occur and can precipitate to a sudden deterioration in the condition of these patients. According to mortality data released by the National Health Commission of the People's Republic of China, 35 percent of patients with SARS-CoV-2 infection had a history of hypertension and 17 percent had a history of coronary heart disease. Furthermore, data show that patients aged >60 years who were infected with SARS-CoV-2 had more systemic symptoms and more severe pneumonia than patients aged ≤60 years (Ying-Ying Zheng, 2020).

Continued research is needed in order to fully understand SARS-CoV-2 and to develop effective ways to manage the illness. Preliminary studies show that our vulnerable populations of the elderly and those with co-morbid conditions such as cardiovascular disease and diabetes are most at risk for contracting the illness and have a higher incidence of exhibiting severe symptoms and death. Social distancing, self-quarantine, good hand washing, and disinfection are effective ways to protect our community. By understanding the mechanism of the SARS-CoV-2 infection physiology, interventions and treatments can lead to decreased mortality rates.

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# THE LADY WITH THE LAMP

By Quinn Sharkey, MA, BSPH, BMASc, RN-BC, CCDS, NHDP-BC and Michele Burdette-Taylor, PhD, MSN, RN-BC, CWCN, CFCN

*Images courtesy of the Florence Nightingale Museum*

As we began to look forward to the annual Nurses Week celebrations in May, this year marked a significant anniversary. Two hundred years ago, Florence Nightingale was born. As we planned to make preparations to celebrate, no one could have envisioned the challenges we would have to face as a profession as this year unfolded. The World Health Organization declared 2020 as the International Year of the Nurse but as this article is submitted for publication, it is becoming apparent that this is now the international year of the nurse battling COVID-19 and many, if not most of the nurses in this state and the world, are preparing to face the challenge of their careers. Famous for being the almost mythical figure of 'The Lady with the Lamp,' rounding on wards by lamplight at night during the Crimean War, we now know that Florence Nightingale was far more than that. Her accomplishments and her struggles were very real and are as relevant today as they were so many years ago.

Florence was called to be a nurse at the age of 16 years old, reportedly a divine calling to a woman significantly influenced by spirituality. She was the first woman to serve at the frontlines of a war with in-depth daily accounts, the Crimean War in 1854 to 1856. Nightingale was selected to travel to Istanbul, Turkey with 38 other women to serve the British Army Medical System. When she arrived in Scutari, what she found were conditions that most of us today can't even begin to imagine. Soldiers crammed into 4 miles of beds, not 18 inches apart. An almost complete lack of sanitation, care coordination, and basic hygiene. She reportedly found six dead dogs and one dead horse under the beds of soldiers (Goldie, 1997). She walked into an environment that lacked even the most fundamental of what is required to effectively treat the sick and injured. Many people would have simply turned around and walked in the other direction. Others

would have resigned themselves to accepting their lot and making the most of it. What sets Florence apart, and a legacy that sets us as nurses apart even today, is an unwillingness to merely accept the status quo in caring for the sick.

Florence is known for her ability to physically and clinically change the entire British Army Medical System of delivery. Nightingale implemented the boiling of sheets to prevent infections, hired a French chef to improve nutrition to facilitate healing (we now work with Registered Dietitians), and a pharmacy for accountability of medications. She implemented the first hospital library, and even central supply. She invented the call bell system, dumb waiter, and policies for sanitation, clean water, hot healthy food, clean beds and bedding, clean floors and walls, personal cleanliness, reduction of noise, chattering, enough natural light, and adequate ventilation. She knew and later influenced a more global understanding of the fact that these interventions were all critical to healing. But Florence didn't stop there. She also engaged in activities like a letter writing campaign to establish financial support of the families of soldiers back in England. As a legacy of her service, she developed a 5,000-page step-by-step policy on how to improve hospital design and military medical care after the Crimean War.

In 1860, she established the first professional training school for nurses in England, the Nightingale Training School at St Thomas' Hospital, London (Florence herself had received her initial training in Dusseldorf, Germany). A museum dedicated to her is still located on the grounds of St Thomas' Hospital where visitors can see the actual lamp she carried whilst earning her nickname. She



FLORENCE NIGHTINGALE AGED 34 JUST AFTER CRIMEA

used every influence, her ability to persuade, her knowledge of mathematics, language, and the arts and, of course, her status as being held in high regard by Queen Victoria to improve the British Army Medical System, and later the civilian healthcare system. She persevered under challenging circumstances no matter the risk to herself, her health, welfare, and future. When she arrived in Crimea, there were reportedly mortality rates of 50 percent for the staff and 75.2 percent for the soldiers receiving care (Goldie, 1997).

Is there an infection prevention department at your hospital? You can probably thank Florence. Do the providers use healthcare informatics and public health statistics? You can probably thank Florence. In fact, she was the first woman to be elected to the Royal Statistical Society in Great Britain, a type of honor almost unheard of for a woman in that generation. She is considered to be the mother of palliative care and holistic health (Dossey, B.M. 2010; Light, K.M.; Rasmussen & Edvardsson, 2007), a specialty and a care model finally gaining the appropriate clinical recognition deserved today, almost two centuries later. Her expertise was so well regarded that after the war she worked to assist the entire country of India from her sick bed in London, by working with and for the British occupation. She researched, wrote, and by mail, sent a 2,000-page step-by-step policy on how to improve the health of the people of India by improving public health, to include water, air, and sanitation concerns. Florence Nightingale felt strongly that her purpose was to care and have compassion for those less privileged, and to go out of her comfort zone to improve the environment.

Florence Nightingale was awarded many honors to include the OM (Order of Merit recipient), RRC (Royal Red Cross recipient), and DStJ (Dame of The Most Vulnerable Order of the Hospital of Saint John of Jerusalem). She died at the age of 90, on the 13th of August in 1910. Although she was afforded the honor of a burial at the famous Westminster Abbey, according to her wishes, she was buried alongside the graves of other family members in Hampshire, England. She had contracted "Crimean fever" (what is now suspected to have been brucellosis) during her service at Scutari Hospital in the Crimea, and spent a great deal of her life confined to bed due to chronic illness. What we now know is that Crimean fever was not the only illness Florence brought back to England from Scutari confining her to her bed all those years. Nightingale was the first combat trauma nurse and first documented case of combat-related post-



FLORENCE NIGHTINGALE AT SCUTARI HOSPITAL

traumatic stress disorder (Ayers, 2014; Mackowiak & Batten, 2008). For three decades after the war, Nightingale displayed severe social isolation. She felt her future was short-lived. She documented repeated and disturbing memories, nightmares, and reliving experiences. Nightingale had physical symptoms such as heart pounding, difficulty breathing, and sweating. She felt emotionally numb and lost interest in all social activities. Only in her sixth decade in life where she was once considered a cold, obsessed, and tyrannical workaholic, did she become a gentle matron and only when symptoms of PTSD abated.

Mackowiak and Batten (2008) conducted a posthumous post-traumatic stress disorder (PTSD) checklist of four historical legacies: Alexander the Great, Captain Cook, Emily Dickinson, and Florence Nightingale (Blanchard, et.al., 1996). It was published in Military Medicine in 2008. The results of the posthumous survey indicated that Nightingale's score ranked the highest of these historical figures. The outstanding symptoms relating to the severity are based on primary and secondary writings and documented behaviors. Goldie (1997) published over 100 of the 300 hundred letters Nightingale wrote during November 1854 to July 1856 describing the horrific sanitary condition, military lack of concern and communication, and the statistics of the needless deaths of over 3,000 British soldiers.

For the eighteenth year in a row, nurses were once again rated the most trusted profession in America. Nurses are consistently rated higher in

CONTINUED ON PAGE 10



honesty and ethics than all other professions that Gallup asks about, and by a wide margin – a fact that shouldn't surprise anyone, especially in light of the current events. It is a reflection of a nationwide, if not international, dedication to practice standards and values whose origins can be traced to a nineteenth century battlefield and a lady with a lamp, whose legacy remains in place today.

Florence would undoubtedly be proud of all of us and during this extraordinary time, while many of us face down the coronavirus, we must remember to take care of ourselves. We need to support one another and remember that we are stronger and more resilient together than alone.

**Happy 200th Birthday, Florence!**

**About the Authors**

Quinn Sharkey MA, BSPH, BMASc, RN-BC, CCDS, NHDP-BC has been a nurse for almost twenty five years in a variety of practice settings and has a passion for history. He is currently serving his second term on the board of directors of the Alaska Nurses Association.

Michele “Shelly” Burdette-Taylor is a nurse, professor, writer and Nightingale scholar. She joined the cadre of nurses in Alaska in 2015 after retiring from the US Army. Dr. Shelly is board certified in foot care, wound care, and nursing professional development. Her passion for history stems from her experience as a 17-year-old student nurse attending a 3-year Nightingale School of Nursing. She has had a grant-funded academic service-learning project to provide a foot and wound care clinic for the homeless of Anchorage since 2016.

THE GOLD WATCH WORN BY FLORENCE NIGHTINGALE THROUGHOUT HER TIME WORKING IN THE SCUTARI HOSPITAL DURING THE CRIMEAN WAR. THE WATCH ORIGINALLY BELONGED TO NIGHTINGALE'S FATHER, WILLIAM NIGHTINGALE, AND WAS GIVEN TO HIS DAUGHTER AS A GIFT BEFORE SHE LEFT FOR SCUTARI. AFTER RETURNING TO ENGLAND, NIGHTINGALE WAS OFTEN HOUSEBOUND, AS A RESULT OF THE BRUCellosis INFECTION SHE CONTRACTED DURING THE WAR. IN 1876, SHE GAVE THE WATCH TO HER RELATIVE, MISS MAY COAPE SMITH, WRITING, 'I DO NOT USE A WATCH NOW, FOR I AM NOT MOVEABLE.'



THE SCUTARI SASH, DESIGNED BY FLORENCE NIGHTINGALE (1854-1856). NIGHTINGALE'S NURSES AT SCUTARI HOSPITAL WORE A UNIFORM WHICH INCLUDED A GREY DRESS, WHITE APRON, AND A WHITE SASH EMBROIDERED WITH THE WORDS "SCUTARI HOSPITAL." THIS IS THE FIRST KNOWN EXAMPLE OF A NURSING UNIFORM. THE UNIFORM WAS AN IMPORTANT WAY TO ENSURE THAT PATIENTS AND DOCTORS RECOGNISED HER NURSES AND TREATED THEM WITH RESPECT.

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# THE IMPORTANCE OF SUFFICIENT SLEEP

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

Who needs sleep?  
Well you're never gonna get it

Who needs sleep?  
Tell me what's that for

Who needs sleep?  
Be happy with what you're getting

There's a guy who's been awake  
Since the Second World War

— *Barenaked Ladies*,  
"Who Needs Sleep?"

Sleep. This topic has been in the news for the past several years. An abundance of research has gone into the study of sleep. Information can be found from reputable sources such as the National Institute of Occupational Safety and Health (NIOSH), Center for Disease Control and Prevention (CDC), and the National Sleep Foundation, to name a few. Information about insomnia, good sleep hygiene, plus the physical and psychological effects of poor sleep quality is easily located at your fingertips.

Sleep health is a topic of Healthy People 2020. The goal is to increase public knowledge of how adequate sleep and treatment of sleep disorders improve health, productivity, wellness, quality of life, and safety on roads and in the workplace (Office of Disease Prevention and Health Promotion, 2020).

Objective 4 of Sleep Health is to increase the proportion of adults who get sufficient sleep. The baseline for 2008 was that 71.6 percent of adults got sufficient sleep with a target of 72.8 percent.

Data shows that in 2018 (the most recent year being reported) 67.4 percent of adults (18+ years) were able to state that they had gotten sufficient sleep. For Alaska, the most recent year being reported was 2013 and the data indicates that only 63.1 percent of adults felt they had adequate sleep.

So, what constitutes sufficient sleep? According to the National Sleep Foundation, adults should optimally receive between seven and nine hours of sleep each night on average, but those needs vary individually. Sufficient sleep indicators are:

- **Falling asleep within 15 to 20 minutes of lying down to sleep.**
- **Regularly sleeping a total of seven to nine hours in a 24-hour period.**
- **Sleep is continuous—no long periods of lying awake wishing to be sleeping.**
- **Wake up feeling refreshed.**
- **Feeling alert and able to be fully productive throughout the waking hours (note: it's natural for people to feel a dip in alertness during waking hours, but with healthy sleep, alertness returns).**
- **Having no reports from family members regarding out-of-the-ordinary behavior while you sleep, such as snoring, pauses in breathing, or restlessness.**

For those that are night shift workers, trying to sleep during the day can be difficult. Many often wake up after fewer than seven to nine hours, because of the alerting signals coming from their circadian system. This does not mean they don't need seven to eight hours of sleep per day—it just

CONTINUED ON PAGE 12



means it's harder to sleep during the day. Over time, this can lead to chronic sleep deprivation (National Sleep Foundation, 2020).

While it may feel that you have no control over your insomnia (especially when lying wide-awake during the middle of the night), believe it or not, you have much more control over the quality of your sleep than you realize. Here are some tips that can help get your sleeping back on track:

Keeping in sync with your body's natural sleep-wake cycle is considered one of the most important strategies for sleeping better.

- **Try going to sleep and getting up at the same time every day. This helps reset your body's internal clock and optimize the quality of your sleep.**
- **As tempting as it may be, avoid sleeping in—even on weekends.**
- **Be smart about napping. Napping can make things worse when you have trouble sleeping. However, if a nap is needed, be sure to limit it to 15 to 20 minutes.**
- **Fight after-dinner drowsiness. If you get sleepy way before your bedtime, get off the couch and do something mildly stimulating such as going for a walk.**

Control your exposure to light. Winter and summer in Alaska can make this particularly

difficult at times. Melatonin is a naturally occurring hormone controlled by light exposure that helps regulate your sleep-wake cycle. The brain secretes more melatonin when it's dark, which stimulates drowsiness.

- **During waking hours, expose yourself to natural light as much as possible. A light therapy box may be helpful if access to natural light is difficult such as during the winter months.**
- **Prep for bedtime, turn down the lights, avoid bright lights an hour or two before bed, use blackout curtains, don't engage in late TV watching (as this is known to suppress melatonin), and if you do wake up in the middle of your sleep time, keep the lights down low so as not to stimulate your brain to fully wake up.**
- **Exercise during the day. People who exercise regularly sleep better at night and feel less sleepy during the day. Regular exercise also improves the symptoms of insomnia and sleep apnea and increases the amount of time you spend in the deep, restorative stages of sleep.**

Be smart about what you eat and drink. Your daytime eating habits play a role in how well you sleep, especially in the hours before bedtime.

- **Limit caffeine and nicotine. Both are stimulants and it might be surprising to know that caffeine can cause sleep problems up to 10 to 12 hours**

after drinking it!

- **Avoid big meals at night. Try to make dinnertime earlier in the evening, and avoid heavy, rich foods within two hours of bed.**
- **Avoid alcohol before bed. While a nightcap may help with relaxation, alcohol interferes with the sleep cycle.**
- **Avoid drinking too many liquids in the evening. This will decrease the need for frequent bathroom trips throughout the night.**
- **Cut back on sugary foods and refined carbs. Eating lots of sugar and refined carbs such as white bread, white rice, and pasta during the day can trigger wakefulness at night and pull you out of the deep, restorative stages of sleep.**

Wind down and clear your head. Taking steps to manage your overall stress levels and learning how to curb the worry habit can make it easier to unwind at night. You can also try developing a relaxing bedtime ritual to help you prepare your mind for sleep, such as practicing a relaxation technique, taking a warm bath, or dimming the lights and listening to soft music or an audiobook.

- **Improve your sleep environment. Even small changes to your environment can make a big difference to your quality of sleep.**
- **Keep the bedroom dark, cool, and quiet.**
- **A new mattress and/or pillows may be in order if morning aches and pains are routine.**
- **Limit bedroom activities to sleeping and sex only. By not working, watching TV, or using your phone, tablet, or computer in bed, the brain can be retrained to associate the bedroom with just sleep and sex which can aid in relaxation.**

It's normal to wake briefly during the night but if you're having trouble falling back asleep, engage in a quiet, non-stimulating activity.

- **If you've been awake for more than 15 minutes, get out of bed and do a quiet, non-stimulating activity, such as reading a book. Keep the lights dim and avoid screens so as not to cue your body that it's time to wake up.**
- **History has informed us that before artificial lighting allowed us to stay awake longer, most people would go to bed around sunset. The actual time spent sleeping was split into two phases — known as first sleep and second sleep. In between the first and second sleep, the person would be awake for about an hour — enough to say prayers during Matins (which would typically fall between 2 am and 3 am), study, or even have sex (Ekirch, 2005).**

There are times when all of these methods have been tried and the sleep deprivations continues. There are many medical conditions (some mild and others more serious) that can lead to insomnia. In some cases, a medical condition itself causes insomnia, while in other cases, symptoms of the condition cause discomfort that can make it difficult for a person to sleep. It's a good idea to review your health and think about whether any underlying medical issues or sleep disorders could be contributing to your sleep problems. Some of those conditions include (but are not limited to) restless leg syndrome, obstructive sleep apnea, hyperthyroidism, GERD, allergies, and neurological disorders such as Parkinson's disease.

As nurses, we are well aware of how a disturbed sleep cycle affects our patients that are hospitalized. The bright lights, loud noises, and frequent sleep interruptions can affect cognitive function as evidenced by delirium, depression, and other psychiatric impairments (American Academy of Nursing, 2015). Research and evidence-based practice has led to changes in the hospital setting that limit the lights and noise of inpatient units as well as clustering care at night to decrease the number of interruptions of sleeping patients.

We also know that serious health complications can arise from medical issues that contribute to sleep deprivation. Untreated obstructive sleep apnea or central sleep apnea (OSA/CSA) can lead to hypertension, cardiovascular disease, stroke, diabetes, and depression. Pulmonary hypertension related to untreated OSA/CSA can strain the heart, leading to heart failure, and increasing mortality (Maria Rosa Costanzo, 2015).

Good-quality sleep is critical for health and overall quality of life. Research has shown associations between the lack of quality sleep and physical performance, nutritional habits, measures of obesity, lifestyle behaviors, and measures of psychosocial status. The amount of sleep needed by an individual varies significantly with age across the lifespan, though most studies advise 7-9 hours of optimal sleep duration for adults. Sleep disorders are common, cause significant morbidity, and have substantial economic impact, but are treatable. Yet many individuals with sleep disorders remain undiagnosed and untreated. Educating ourselves and the community that we care for about the importance of sleep as an essential component of good health certainly deserves more importance in the societal priorities of the general population.

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# COPING THROUGH THE PANDEMIC

By Susan Meskis, MSN, RN



I am a nurse. I have been a nurse for 27 years and have practiced in various settings. Early in my career, I learned about hospice, and since then have had the opportunity to sit at the bedside of dying patients and rocked babies that have taken their last breath in my arms. I have also been a bereavement coordinator, an ELNEC (End of Life Nursing Education Consortium) trainer teaching end-of-life care to nurses and other healthcare professionals, and now am an Assistant Professor at the University of Alaska, Anchorage, School of Nursing.

Using the ELNEC modules, I have created an End-of-Life elective, and this past week we had a Zoom meeting to discuss the nurse's role at the bedside during a pandemic. While preparing for class, I had a profound thought of how living during a pandemic is very similar to the process of grief. If we recognize the similarity and allow ourselves to process our experiences, we will be able to cope with the immense changes that are going on in our world and personal lives. Much like grief, I have noticed that people are adjusting to a new normal at different stages.

## SEVEN STAGES OF GRIEF

1. Shock and Denial
2. Pain and Guilt
3. Anger and Bargaining
4. Depression (reflection/loneliness)
5. The Upward Turn
6. Reconstruction and Work Through
7. Acceptance and Hope

Prior to meeting my students, I asked for them to write a summary describing what they are

feeling during this pandemic. As I read through their responses, the list seemed very familiar to me, so I looked in my ELNEC book and found a list of common descriptions of grief which mirrored what my students expressed.

## COMMON FEELINGS OF GRIEF

Anger • Depression • Loneliness  
Hopelessness • Disappointment  
Hurt • Sadness  
Fear • Frustration  
Out of Control • Confusion  
Emptiness • Guilt  
Helplessness • Panic

We had a fruitful discussion that day. Just as one would imagine, the nursing students were interested in tools to take care of their patients. They wanted to learn how to communicate with patients and families, what to say or not to say, and how to have difficult conversations about the virus. We discussed the importance of reflection, self-care, and communication. Naming the emotion is helpful, recognizing that there is a sense of grief with a pandemic, and going through the process are all significant in developing coping strategies.

**Shock and Denial** is considered the first stage. Who would have ever imagined that we would be living in a time of a pandemic? When the news first came out, it was not a local problem, and perhaps some of us didn't pay much attention to it. Then, the news from Italy was not only devastating but caught the world's attention. The virus had traveled

beyond the Far East, and cases were starting to be reported in the United States. I was on spring break walking the Camino in Spain, and like others, had to leave a couple days early to return to the States. In my home in Alaska, I had to be on self-quarantine per the request of the health department. Schools were being closed, everyday a new regulation was being put in place, and in a short amount of time, life has changed. Sitting in my cabin on Zoom, having everything I need, made it easy to forget we are living in a time of a pandemic. Maybe it is easier to be in denial than to think of what is happening and what risk my loved ones are at of contracting COVID-19, and even worse, the possibility of death of a loved one.

The second stage is known as **Pain and Guilt**. There are so many angles to look at this. The first that comes to mind is the position healthcare workers are being put in. People are dying, and there are feelings of helplessness and chaos. We may feel guilty, as nurses, if we just want to stay home to protect our loved ones. We are not the only ones suffering. People are dying alone. Maybe you were not able to say goodbye to a loved one. The anguish runs deep into our souls. Pain and suffering are not only expressed through tears, but can be masked by alcohol, drugs, or poor life decisions. Not processing our emotions can lead to poor lifestyle choices later in life. We start reflecting on what we should have done. With more time and less distractions, our thoughts may reveal past hurts and pain which were never processed. This can be a very difficult stage.

**Anger and Bargaining** is the next stage. Conferences have been cancelled, classes are being put online, the gym is closed, and big ceremonies like graduation and nursing pinning are being postponed. I have plans for the summer that I am holding onto, hoping that things will change. I wrote an email to my director the other day to ask if I could please go up to my office, just for 10 minutes. These are reflective of bargaining behaviors. I hear of others who have coworkers still going into the office. Maybe that's denial, or maybe that is bargaining for just one more day to get a project done. Emotions seem to be at a higher level and patience is running low the longer we are told to shelter at home. Even children are asking parents, "If I am good can I please...?" Frustration can lash out looking like anger. How important it is to reflect on our reactions to what is going on!

**Depression**, also known as the reflection or loneliness stage, is the next stage. When we start talking about the economy, job loss, businesses

closing, etc., this weighs heavily in our thoughts and emotions. We still don't know what our "new normal" will be. People who live alone or have a predisposition to depression can suffer deeply during this time. At this stage, one starts to measure the magnitude of loss. There can be a big void in our life. Missing peers, feeling alone, feeling more emotional, or even crying more. Social isolation is very difficult for many!

**Reconstruction and Work Through** is the next stage. What is the new normal? When will the rhythm of our days be back to how it used to be, if ever? At some point, we have to start rebuilding a new normal. Maybe it's a new job, a new process, or a new routine. It can be a time to "reinvent" yourself. It doesn't even have to be that big. Maybe for you, it is just getting through each day and how that looks, balancing work, homeschooling, getting groceries, or addressing medical issues.

**Acceptance and Hope** is the final stage. When we take what we know and make a plan, we build positive growth. We can hope to see another COVID-19 diagnosed patient being discharged from the hospital. It is springtime, and we can hope for a warmer day. We can hope that each day, things get more manageable and we gain more of a peaceful feeling. We continue moving forward, day by day... and that just might be enough for right now.

It is important to remember grief is physical, emotional, cognitive, and behavioral. When one part is out of balance, it can affect the other parts! Self-assessment, self-care, communication, and balance are key to coping during the pandemic. It is truly a time to look within, reflect, and if you don't have the strength to move forward, reach out to someone. In the midst of this storm, there have been many opportunities and examples of how people are displaying acts of kindness.

In listening to and reading about what others are doing, I have a lot of hope. I hear of how families are playing board games, pots and pans are making old favorite recipes, friends are reaching out to check on friends, and people are outside exercising and exploring. We are being forced to examine our busy lives, and simplifying. But remember, everyone goes through the stages of grief at different times, and in different ways; just as I think how we have responded to a pandemic.

Grief can be complicated and so can be all of the associated emotions. Take a deep breath. We are truly in this together. In the end, I think we will all know someone who was directly affected by the pandemic.

I encourage you to do a self-assessment and

CONTINUED ON PAGE 16



**HERE ARE SOME IDEAS TO TAKE CARE OF YOURSELF:**

Body	Mind	Spirit
Eat regular, healthy meals	Journal	Routine prayer, meditation and/or reflection
Exercise daily, stretch	Self-reflect	Be open to inspiration
Sleep 7-9 hours	Spend time outdoors	Listen to music
Hobby that promotes movements, such as gardening	Board games, puzzles, art	Be grateful
	Allow both tears and laughs	Connect to online services
	Connect with friends and family (virtually or phone)	Random acts of kindness
	Reach out if you are sad or depressed	

recognize where you are in body, mind and spirit during this pandemic. Reach out if you need support. If you have the strength to give, reach out just to check on someone. We are all adapting to a new normal, and perhaps what we learn and grow from will enrich our lives. Just like grief, we will be forever changed by living through this pandemic. Be well.

About the Author

Susan Meskis has chased her passion for mission work, teaching, and being in the role of a nurse around the world. She is an Assistant Professor at the UAA School of Nursing and works per diem at Alaska Native Medical Center on the labor and delivery unit. Susan is currently pursuing her doctoral degree and teaches ELNEC curriculum both nationally and internationally, which is her passion and her nursing heart song.

# A HARD DAY'S NIGHT: Training Provides Nurses with Strategies for Shift Work and Long Work Hours

By Claire Caruso, PhD, RN, FAAN

Research Health Scientist, NIOSH Division of Applied Research and Technology

*"The problem for me became very severe and my head nurse actually called me into her office to discuss it... it had gotten to the point where I was so chronically sleep-deprived that I was falling asleep while I was trying to report off to the on-coming shift. So, I'm sitting there talking about very complicated medical issues, and in the middle of a sentence, I would nod-off. And as you can imagine, the person I'm speaking to would be very upset that I'm so distracted and unfocused..."*

- Quote from a night shift nurse

People get sick and injured at all hours of the day. These injuries and illnesses are not restricted to a typical 9-5 work shift. In the U.S., healthcare services are available 24 hours a day 7 days a week. To meet this demand, nurses work in shifts—often 8-12 hours at a time—which may require them to work at night during traditional sleeping hours. Research has shown that shift work and long work hours are associated with: declines in functioning of the brain (thinking, remembering, etc.); reduced job performance, accidents, and errors; negative impact on health behaviors (obesity, smoking, etc.); increased short-term and long-term health risks; and negative impacts to patients, families, employers, and the community.

The symptoms of sleep deprivation are similar to alcohol intoxication. Research show that performance after being awake for 17 hours is similar to having a blood alcohol concentration (BAC) of 0.05% and being awake for 24 hours is similar to having a BAC of 0.10%. Note that the United States defines legal intoxication for purposes of driving as a BAC of 0.08% or greater. However, driving impairments are seen at a BAC of 0.05%, and some countries use a cutoff of 0.05% or lower for driving purposes.

The National Institute for Occupational Safety and Health (NIOSH) offers a free online course to train nurses and their managers on the risks of shift work and long work hours, and strategies to reduce these risks. The training course was developed in collaboration with healthcare stakeholders, including

nursing organizations and academic groups and will provide continuing education certificates for registered nurses who complete the course.


The NIOSH Training for Nurses on Shift Work and Long Work Hours is designed to increase knowledge and promote better personal behaviors and workplace systems to reduce the risks linked to working shift work, long work hours, and exposure to related issues from insufficient sleep. Content is derived from scientific literature on shift work, long work hours, sleep, and circadian rhythms.

The training will inform nurses and their managers about the following:

- **How shift work and long hours are linked to a wide range of health and safety risks by reducing time for sleep, disturbing circadian rhythms, and disrupting family and non-work responsibilities**
- **What vital functions occur during sleep and the relevant physiologic processes that determine the timing of sleep and the development of fatigue**
- **Good sleep practices and other coping strategies nurses working shift work and long work hours can adopt in their personal lives to reduce risks**
- **Work organization strategies for employers to reduce risks associated with shift work and long work hours**

The NIOSH training is a multimedia course that incorporates lesson text, lesson quizzes, and video testimonials from several nurses. The course is divided into two parts to make it easier for nurses to schedule time and receive contact hours for at least part of the training: Part 1) Health and safety risks to shift work and long work hours and why these occur; Part 2) Strategies to reduce risks from shift work and long work hours. Part 1 takes about 1.5 hours to complete and Part 2 takes about 1.7 hours. It can be taken at any time that is convenient and over a series of 15- or 20-minute time periods if desired.

The course is available for desktop and mobile devices here: [www.cdc.gov/niosh/docs/2015-115/](http://www.cdc.gov/niosh/docs/2015-115/)

**omada**  This program is supported by the State of Alaska Department of Health and Social Services

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# WHO RELEASES STATE OF THE WORLD'S NURSING REPORT

## Calls for Urgent Investment in Nurses

2020 is a celebratory year for the nursing profession. Declared the International Year of the Nurse and Midwife by the World Health Organization (WHO), this year was chosen to mark the bicentenary of the birth of the founder of modern nursing, Florence Nightingale, and to recognize the critical contribution nurses and midwives make to global health. WHO and its partners including the International Confederation of Midwives (ICM), International Council of Nurses (ICN), Nursing Now, and the United Nations Population Fund (UNFPA) are leading the year-long effort to highlight the challenging conditions nurses often face, celebrate their work, and advocate for increased investments worldwide into the nursing workforce.

Part of this effort comes in the release of a new report, the first of its kind. The State of the World's Nursing 2020 provides an in-depth look at the largest component of the global health workforce. Findings identify important gaps in the nursing workforce and priority areas for investment in nursing education, jobs, and leadership to strengthen nursing around the world and improve health for all.

The report, by the World Health Organization (WHO) in partnership with the International Council of Nurses (ICN) and Nursing Now, reveals that today, there are just under 28 million nurses worldwide, accounting for over half of the world's health workforce. Between 2013 and 2018, nursing numbers increased by 4.7 million. But this still leaves a global shortfall of 5.9 million – with the greatest gaps found in countries in Africa, South East Asia and the WHO Eastern Mediterranean region as well as some parts of Latin America.

More than 80 percent of the world's nurses work in countries that are home to half of the world's population. And one in every eight nurses practices in a country other than the one where they were born or trained. Aging also threatens the nursing workforce: one out of six of the world's nurses are expected to retire in the next 10 years. To avert the global shortage, the report estimates that countries experiencing shortages need to increase the total number of nurse graduates by on average 8 percent per year, along with improved ability to be employed and retained in the health system.

"Every penny invested in nursing raises the wellbeing of people and families in tangible ways that are clear for everyone to see," said ICN President Annette Kennedy. "This report highlights the nursing contribution and confirms that investment in the nursing profession is a benefit to society, not a cost. The world needs millions more nurses, and we are calling on governments to do the right thing, invest in this wonderful profession and watch their populations benefit from the amazing work that only nurses can do."

About 90 percent of all nurses are female, yet few nurses are found in senior health leadership positions – the bulk of those positions are held by men. But when countries enable nurses to take a leadership role, for example by having a government chief nursing officer (or equivalent), and nursing leadership programs, conditions for nurses improve. "This report places much-needed data and evidence behind calls to strengthen nursing leadership, advance nursing practice, and educate the nursing workforce for the future," said Lord Nigel Crisp, Co-Chair of Nursing Now. "This must start with a broad and intersectional dialogue which positions the

CONTINUED ON PAGE 20

# COVID-19

# FREQUENTLY ASKED QUESTIONS

The COVID-19 pandemic has turned the world upside down, and nurses are on the frontlines across Alaska. The Alaska Nurses Association has received many, many questions from members about COVID-19 - from PPE and staffing, to personal health conditions and lost income. We're committed to providing you with the most accurate, up-to-date information and advocating at every level to ensure you have what you need to safely care for patients during this pandemic. We developed a COVID-19 FAQ section on our website as a valuable resource for you and we'll be updating it regularly with additional answers and resources. You can access the online versions of the answers below (and many more!) at [www.aknurse.org/index.cfm/COVID-19](http://www.aknurse.org/index.cfm/COVID-19). Here, we publish a few popular questions and answers about COVID-19.

### **Does Alaska's 'No Mandatory Overtime for Nurses' law still apply during this pandemic? Can my employer require mandatory overtime?**

Nurses can be required to work overtime during an 'unforeseen emergency situation' such as a disease outbreak. Governor Dunleavy issued a public health disaster emergency declaration for COVID-19 on March 11, 2020. Therefore, the statutory prohibition on mandatory overtime for nurses is suspended for the duration of the emergency.

While the mandatory overtime statute is suspended by the declared state of emergency, any overtime restrictions, rest between shifts provisions, and on-call provisions contained in your collective bargaining agreement may still remain in effect, depending on the specific language of your contract. You should reach out to a union leader about the specific situation at your workplace.

### **Who do I report a health & safety issue to?**

First, you should communicate your health and safety concern directly to your supervisor or manager, as this can be the quickest and most effective way to correct workplace hazards. You should also complete an incident report at your facility for any event or issue outside the usual operations of your workplace. Make sure you keep a copy of any reports you submit. We also recommend that AaNA members fill out AaNA's Assignment Despite Objection form (found at [www.aknurse.org](http://www.aknurse.org)) and contact a union representative at your facility.

You also have the option of submitting an official complaint to OSHA. Submitting a complaint directly to our local OSHA office, AKOSH, is most efficient. You have the right to do this on your own or in consultation with your union. Employers may not retaliate against you for expressing a concern or filing a complaint or a grievance over COVID-19 exposure or interfere with your protected union activity. AaNA union members: if you see violations of this, please document them and notify an AaNA representative immediately. AaNA is committed to providing you with the most accurate, up-to-date information and advocating at every level to ensure you have what you need to safely care for patients during this pandemic.

### **I am awaiting test results or I have tested positive for COVID-19. Can I file a workers' compensation claim?**

If you have tested positive for COVID-19, you can file a workers' compensation claim.

If you are awaiting test results for COVID-19, you are not yet eligible to file a workers' compensation claim. Only once you have tested positive are you then able to file. Workers' compensation is a system which requires an employer to pay an injured worker's work-related medical and disability benefits. If you are a healthcare worker who contracts COVID-19, it is presumed that you were infected while at work and are thus eligible for workers' compensation benefits.

This "presumption of compensability" created by the passage of SB 241 will streamline the process for healthcare workers to receive workers' compensation benefits for COVID-19. You must receive a COVID-19 diagnosis by a physician, a presumptive positive COVID-19 test result, or a laboratory-confirmed COVID-19 diagnosis to be eligible for workers' compensation related to the pandemic.

Please follow the "What to do if you are injured" instructions from the Division of Workers' Compensation if you are a healthcare worker who contracts COVID-19. You may email the division at [workerscomp@alaska.gov](mailto:workerscomp@alaska.gov). AaNA leaders are also happy to assist with questions you have in navigating this process.

### **I have been laid off or my work hours have been reduced due to COVID-19. What unemployment benefits am I eligible to receive?**

CONTINUED ON PAGE 20



If you've been laid off from your job, you should generally be eligible for unemployment insurance benefits. Unemployment benefits are intended to assist workers who are out of work due to not fault of their own, by partially replacing the income you would earn if you were still working.

Working part-time or on-call does not automatically disqualify you from receiving unemployment benefits. If your work hours have been reduced due to COVID-19, you should file an unemployment claim with the State of Alaska. Eligibility is determined on a case-by-case basis, and you'll need to report any hours worked and your earnings each week that you file for benefits. The State of Alaska has a COVID-19 unemployment information page that includes FAQs, an online help guide, and video tutorials.

The fastest way to apply for unemployment benefits is online at [my.alaska.gov](http://my.alaska.gov). You should file for unemployment benefits as soon as you become unemployed. Governor Dunleavy recently signed legislation waiving the one-week waiting period to receive these benefits. In addition to state unemployment compensation, there is a new, additional type of federal unemployment compensation available. Federal Pandemic Unemployment Compensation, which was established by the CARES Act, provides an additional \$600 per week for each week you are eligible to receive state unemployment benefits. Both types of unemployment compensation (state and federal) are issued by the Alaska Department of Labor and Workforce Development. The federal unemployment compensation does not require a separate application.

nursing evidence in the context of a country's health system, health workforce, and health priorities."

The COVID-19 pandemic underscores the urgent need to strengthen the nursing workforce. "Nurses are the backbone of any health system. Today, many nurses find themselves on the frontline in the battle against COVID-19," said Dr Tedros Adhanom Ghebreyesus, WHO Director General. "This report is a stark reminder of the unique role they play, and a wakeup call to ensure they get the support they need to keep the world healthy." Historically, as well as today, nurses are at the forefront of fighting epidemics and pandemics that threaten health across the globe. Around the world they are demonstrating their compassion, bravery and courage as they respond to the COVID-19 pandemic: never before has their value been more clearly demonstrated.

To equip the world with the nursing workforce it needs, WHO and its partners recommend that all countries:

- Increase funding to educate and employ more nurses
- Strengthen capacity to collect, analyze and act on data about the health workforce
- Monitor nurse mobility and migration and manage it responsibly and ethically
- Educate and train nurses in the scientific, technological and sociological skills they need to drive progress in primary healthcare

- Establish leadership positions including a government chief nurse and support leadership development among young nurses
- Ensure that nurses in primary healthcare teams work to their full potential, for example in preventing and managing noncommunicable diseases
- Improve working conditions including through safe staffing levels, fair salaries, and respecting rights occupational health and safety
- Implement gender-sensitive nursing workforce policies
- Modernize professional nursing regulation by harmonizing education and practice standards and using systems that can recognize and process nurses' credentials globally
- Strengthen the role of nurses in care teams by bringing different sectors (health, education, immigration, finance, and labor) together with nursing stakeholders for policy dialogue and workforce planning

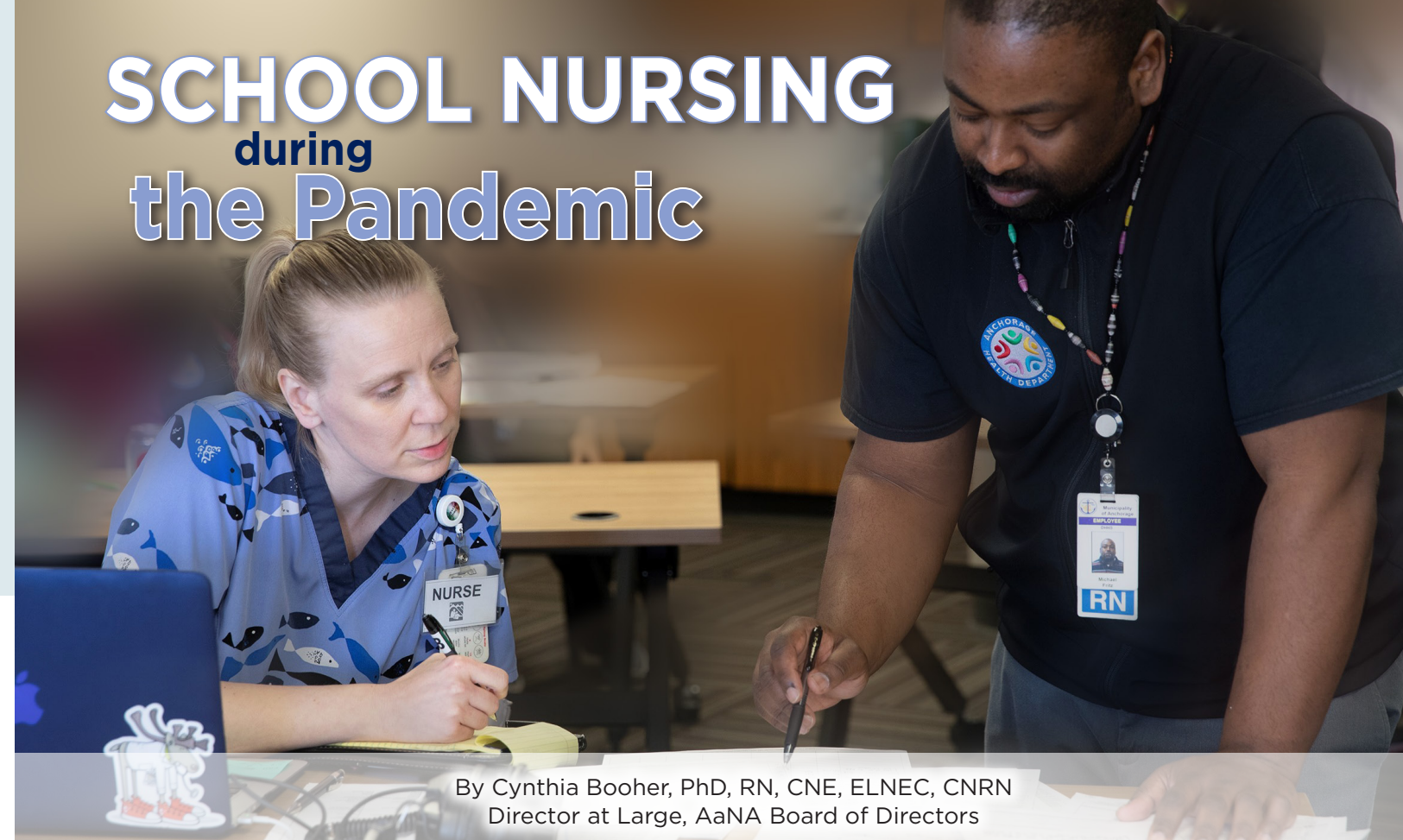
The report's message is clear: governments need to invest in a massive acceleration of nursing education, creation of nursing jobs, and leadership. Without nurses, midwives, and other health workers, countries cannot win the battle against outbreaks, or achieve universal health coverage and WHO's Sustainable Development Goals.

Resources

Read the full report: [www.who.int/publications-detail/nursing-report-2020](http://www.who.int/publications-detail/nursing-report-2020)

Learn more about the campaign: <https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020>

# SCHOOL NURSING during the Pandemic



By Cynthia Booher, PhD, RN, CNE, ELNEC, CNRN  
Director at Large, AANA Board of Directors

As a school nurse, I am often asked, "What do you do all day?" As an elementary school nurse, I am also often asked how much fun it is to play with the students all day. The answer to the second question is a lot easier than the answer to the first. Yes, I love working with my students all day long and my job allows me to help many little people in one day. The answer to the first question is harder.

My day typically starts by assisting my diabetic students to take insulin before breakfast. That is generally followed by office visits of the many students who just need a hug and a check-in to ask, "Are you okay?" Once the day gets going, I am available for office visits, which may include something as simple as a headache or as complex as appendicitis or broken bones. In between those office visits, I check to see if each student is current with the immunizations, assess students for growth or developmental delays, assess for vision or hearing problems and finally, am available to sit in on the numerous individualized educational plan meetings to help decide the best course of action to assist a student to become successful.

The job is not predictable and it changes from minute to minute, from working in a mini emergency room to providing mental health support. This is what makes the job both interesting and nerve-wracking. I want you to

imagine what was going through the minds of every Anchorage School District nurse when we came back from the 2019 winter break and there was a small rumbling about a respiratory virus of unknown origins that was impacting people in China.

The nurses were reading reports from the Center for Disease Control (CDC) and the World Health Organization (WHO). We were waiting to hear what we needed to do to prevent the spread of this new virus in our schools. We had many conversations within healthcare services about what we could do to help. We developed lesson plans to present in classrooms to teach about protection (handwashing, etc.). We spoke to many nervous staff members who had immunocompromised loved ones and needed

CONTINUED ON PAGE 22





assurance that they would be safe. We spoke to many parents to assure them that their child was safe in our schools. All while taking care of our daily duties.

The first week of March our students went on spring break, we were resting up for the last quarter of school, making sure that our yearly assessments had been completed and that we were ready to gear up for annual registration of students. During the week we were told that students would be out for two more weeks, to assure that those that traveled were not sick. We went back to empty schools, made sure that our offices were cleaned, got our paperwork caught up, and worked with staff members to assure that they felt safe and ready for students to return. We talked with concerned families and educated on the proper use of masks and handwashing. As we were ready to see the students again, we received the devastating news that we would be out through May 1st and that people would be working from home.

This is when school nurses began to shine. There are 104 nurses in the Anchorage School District who learned that they would not be returning to their offices. Our first concern was the students that we interact with every day. Would they have enough medication to get through? Did we need to get supplies to their families? Would they be able to get breakfast and lunch every day? How can we make sure that their medical needs are covered daily? How can we make this challenge a little bit easier on our students? The teachers had their direction, they had to prepare to teach online, but what would we as nurses do?

We went to work doing what nurses do. We volunteered. Out of the 104 nurses that work in the district, 68 nurses are volunteering for the Anchorage Health Department, Alaska 211, food banks, the Municipality's emergency operations center, or doing home nursing visits. Some are volunteering at their school sites to provide breakfast and lunch to families in need. Some volunteered to ride the school buses that were delivering meals to students who could not go to a school site. Jennifer Patronas, who is the healthcare services director for the Anchorage School District said, "The support that our school nurses have provided during this pandemic is a benefit to the entire community. The nurses have done everything from supporting our custodians with proper disinfecting processes to serving as a professional link between the school district, health department, and emergency operations center. Most importantly, our nurses are key in providing accurate, timely health information to our school communities."

While volunteering, school nurses have also been working from their homes on school-based requirements. We have kept in touch with our special needs students and have made sure that students have the necessary medications at home to be successful and safe. We have been invited to speak in many of the Zoom meetings held for the entire school as the medical experts on COVID-19. Many of us have been going into teacher meetings to teach students ways to stay safe, limit screen time, and make healthy choices. We often are the sounding boards for parents who may have a concern about health issues going on in their homes, as the medical experts that families are comfortable talking to. We have cleaned out our offices of the necessary personal protective equipment and donated to the medical agencies in need.

School nursing is often thought of as a specialty that is not difficult and that school nurses have a limited skill and knowledge set. Due to the pandemic, the Anchorage school nurses proved that once a nurse you are always a nurse and when times get difficult the nurse does not back down but instead stands up and says, "How can I help?" The nurses of the Anchorage School District stepped up and said, "How can I help?" proving that school nurses are an important part of the healthcare system.

#### About the Author

*Cynthia Booher recently retired from nursing education at UAA and is currently working as a school nurse in the Anchorage School District. She has vast experiences as a nurse that include medical ICU, neurological ICU, pediatrics, and hospice nursing. Dr. Booher is currently serving on the board of directors for the Alaska Nurses Association and is past president of Sigma Theta Tau.*



# 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 times: 907-252-5276

### KTN - Ketchikan Registered Nurses (PHKMC)

Contact for times: 907-247-3828

## Education and Events

### Happy Nurses Week!

May 6-12, 2020

Tuesday, August 18 @ 6 PM

Attend online!

FREE CE: Earn 1.25 contact hours

RSVP to [chanti@aknurse.org](mailto:chanti@aknurse.org)

[www.facebook.com/AlaskaNurses](http://www.facebook.com/AlaskaNurses)

### TUESDAY TALKS

Neonatal Abstinence Syndrome

Presented by Chantal Hawk, CPNP

Tuesday, May 19 @ 6 PM

Attend online!

FREE CE: Earn 1.25 contact hours

RSVP to [chanti@aknurse.org](mailto:chanti@aknurse.org)

[www.facebook.com/AlaskaNurses](http://www.facebook.com/AlaskaNurses)

### TUESDAY TALKS

Palliative Care

Presented by Stacie Reitenger, RN

Tuesday, September 15 @ 6 PM

Attend online!

FREE CE: Earn 1.25 contact hours

RSVP to [chanti@aknurse.org](mailto:chanti@aknurse.org)

[www.facebook.com/AlaskaNurses](http://www.facebook.com/AlaskaNurses)

### TUESDAY TALKS

Spine Trauma

Presented by James Bales, MD

Tuesday, June 16 @ 6 PM

Attend online!

FREE CE: Earn 1.25 contact hours

RSVP to [chanti@aknurse.org](mailto:chanti@aknurse.org)

[www.facebook.com/AlaskaNurses](http://www.facebook.com/AlaskaNurses)

### 2020 Trending Topics in Nursing Conference

By the Alaska Nurses Association

October 8-10

BP Energy Center - Anchorage

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

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

### TUESDAY TALKS

Herpes

Presented by Angelia Trujillo, WHNP

Tuesday, July 21 @ 6 PM

Attend online!

FREE CE: Earn 1.25 contact hours

RSVP to [chanti@aknurse.org](mailto:chanti@aknurse.org)

[www.facebook.com/AlaskaNurses](http://www.facebook.com/AlaskaNurses)

### 2020 AaNA General Assembly

October 10

BP Energy Center - Anchorage

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

[www.aanaconference.org](http://www.aanaconference.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](http://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.**



# TRENDING TOPICS IN NURSING



**OCTOBER 8-10, 2020**

The statewide conference to educate & empower Alaska nurses

- Featuring exciting topics chosen by you!
- Scholarships available for new grads, rural nurses & more
- Member discounts & earlybird savings
- Earn contact hours just in time for renewal
- Online attendance available for all nurses
- Interactive presentations by local experts



Alaska Nurses  
Association



BE IN THE KNOW. GET DETAILS & UPDATES AT [AANAConference.org](http://AANAConference.org)

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