

# The Alaska Nurse AaNA

The Official Publication of the Alaska Nurses Association  
Vol. 75, Issue 2 Summer 2024

*Mind*

*Body*

*Soul*

**Self Care**

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



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The Alaska Nurse is produced in Anchorage, Alaska and published four times.

# From our President



The end of the school year and approaching summer brings change and I know I am ready to welcome the sun and say goodbye to the snow and cold. National Nurses Week, May 6 through May 12, brought the Alaska Nurses Association creating events to celebrate Nurses, including Meet a Nurse in your Neighborhood, a free public event held at UAA Health Building to introduce over 30 different nursing roles and what they entail to the community; Nursing Narratives; Love a Nurse 5k run; coffee for our hospital nurses; and bagel deliveries to our nursing students. I want to thank all the individuals who have made Nurses week a reality and for all their hard work and dedication. The legislative session is ending with a mad dash for legislative bills to be passed and implemented at the forefront of both the House and Senate sessions. Once the session has been completed, an election year will be in effect.

This issue of the AK Nurse focuses on Self-care; a topic that as nurses we encourage our patients and families to include in their daily lives but don't always

follow the same advice, myself included. Nurse burnout is real and has been on the rise since Covid. We will look at both the personal and professional effects it can have on nurses and ways to decrease the impact it can have on our lives. The completion of negotiations with both our Ketchikan and Providence Alaska Medical Center locals of AaNA/AFT #1953 have been a monumental step forward in attaining fair and equitable rights for our nurses, so continue to have your voices heard and support your fellow nurse. As we begin our migration to the great outdoors to discover the beauty of Alaska, I wish everyone safe travels, relaxation, and to remember your bug spray. I am always open to meet for a cup of coffee and a chat, so please contact me at any time.

Have fun and stay safe,

*Shannon J. Davenport*

Shannon J. Davenport, BSN, MSN, RN  
President, Alaska Nurses Association



# STAFFING SURVEY

AaNA is taking on the staffing crisis. Fill out our survey to help win safe staffing standards in Alaska.



[WWW.SURVEYMONKEY.COM/R/SAFESTAFFINGAK](http://WWW.SURVEYMONKEY.COM/R/SAFESTAFFINGAK)



*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.

## HOW A HOSPITAL AND HIGH SCHOOL PARTNERSHIP IS LAUNCHING HEALTHCARE CAREERS

In Cleveland, health professionals and educators are teaming up to help prepare local students for careers in healthcare, increasing the stream of qualified



health workers while introducing students to new career possibilities. In this article in the latest issue of AFT Health Care, Pamela Hummer of the Cleveland Teachers Union shares how one high school's partnership with Cleveland's MetroHealth hospital system provides students with meaningful, hands-on healthcare experiences and helps them develop valuable skills for a wide variety of healthcare careers.

**LEARN ABOUT THE PARTNERSHIP:**  
<https://www.aft.org/hc/spring2024/hummer>



## HELPING HEALTHCARE WORKERS HEAL: RECKONING WITH GRIEF IN THE WORKPLACE

Regular encounters with illness and death can deeply affect healthcare workers' mental and emotional well-being, but clinicians rarely receive the training and support they need to process grief and trauma. In AFT Health Care, journalist Rachel Jones describes the systemic changes needed to help healthcare workers heal and to restore humanity to an increasingly inhumane healthcare system.

**CHECK OUT THE ARTICLE:** <https://www.aft.org/hc/spring2024/jones>

## OHIO HEALTH PROFESSIONALS RALLY FOR BETTER WORKING CONDITIONS

New statistics from the Ohio Nurses Association show that 70 percent of bedside nurses in Ohio are considering

leaving their jobs. To help stop the loss, the union is demanding better working conditions for nurses not only



in Ohio but also nationwide. On April 24, nurses and health professionals from around the state rallied for safe staffing at the 2024 Nurses and Health Professionals Lobby Day at the Ohio Statehouse in Columbus.

**SEE THEM IN THE NEWS:** <https://www.wdtn.com/news/healthcare-professionals-rally-in-columbus-as-majority-of-workforce-considers-leaving/>

## MICHIGAN MEDICINE TECH PROFESSIONALS EMBRACE UNIONIZATION

More than 500 professionals who work in Michigan Medicine laboratory settings have united under the banner of United Michigan Medicine Allied Professionals, AFT Local 6739, officially certifying it as their union. UMMAP is a union with multiple bargaining units representing more than 4,200 healthcare workers spanning Michigan Medicine facilities. Many of the techs say their decision to unionize was influenced



by the pandemic's tumultuous aftermath at Michigan Medicine. Three health professionals who supported the organizing campaign share their stories.

**HEAR THEIR STORIES:** [aftvoices.org/the-road-to-more-equitable-workplaces-01589ee487c0](https://aftvoices.org/the-road-to-more-equitable-workplaces-01589ee487c0)



## EXTENDING CARE FAR BEYOND HOSPITAL WALLS

It's important to members of the Ohio State University Nurses Organization/Ohio Nurses Association/AFT not just to talk the talk but also to walk the walk when it comes to community care and service. One way to exemplify this was hosting its first ever First Book event on April 18 where OSUNO generously donated books to students at a local elementary school.

**TAKE A LOOK AT THEIR EFFORTS:** <https://aftvoices.org/extending-care-far-beyond-hospital-walls-cb3049a3872b>

## AFT JOINS DEMANDS THAT CONGRESS REGULATE SOCIAL MEDIA TO PROTECT KIDS

A new campaign, Action Not Apologies, is urging Congress to finally pass legislation to force social media companies to change their platforms to protect kids and teens. The campaign, backed by leading children's advocacy groups, calls for the passage of the Kids Online Safety Act and the Children and Teens' Online Privacy Protection Act to establish enforceable rules that prioritize children's well-being over Big Tech profits.

**ADD YOUR NAME TO THE PETITION:** <https://p2a.co/R5fttVT>

## WORKERS MEMORIAL DAY OBSERVED ON APRIL 28

Every year on April 28, Workers Memorial Day is observed worldwide. More people are killed at work than in wars. In 2022, a U.S. worker died every 96 minutes from a work-related injury. On this Workers Memorial Day, we honor the workers we've lost and reaffirm

CONTINUED ON PAGE 8

## A Letter to My Abuser

On Monday, August 7, 2023, our beautiful girl, Tristan Kate Smith, ended her life.

Tristin was 28 years old, and the youngest of two brothers and three sisters. She was a daughter. She was an aunt. She was a friend. She was a nurse. Tristin was brave and beautiful and smart. She fought depression for a long time. With regret-filled hindsight, we can now see the signs for what they were. She never sought professional help, but her home was filled with evidence that she'd been trying to help herself. Her beloved dog, Calypso, and cat, Sphinx, wanted for nothing; Tristin spent her time and energy with them. We found more dog enrichment toys and contraptions than a single pet store sells. She had written and posted positive affirmations and mantras throughout her house. She displayed photos of herself with her friends, family, and pets. She had reached out to friends. She had reached out to family.

She tried so hard to stay alive, but none of it was enough to stop the darkness.

You're reading this now because Tristin's story needs to be told. We need to take action. Our nation's healthcare system is broken, and it broke our girl. Her passion for nursing had turned into a nightmare. Tristin was in trouble. Nurses are in trouble. Female nurses commit suicide at more than twice the rate of females in the general population. We must do better. Call or email your congresspeople. Tell them we can do better. Reach out to your friends in nursing and offer to listen. Help them get the help they need.

The following is a letter we discovered on Tristin Kate's laptop that she wrote in March of 2023:

### Letter to My Abuser

Ever since I was young, I expressed interest in healthcare and becoming a nurse, so I began my study. I gave my heart. My body, and my mind to you; dedicated long hours and days and gave you my all. I have cried with patients, with their families, and for them. I held their hands, and they

held mine as I moved forward in my nursing career. My patients and their families have been there for me, supported me, and reminded me why I do what I do. I thought that was enough; this would be all I needed to carry me through my career. I told you I would be there through the good and the bad, but you have taken my heart and slowly crushed the goodness it had. You love-bombed me with affection, and you told me I was going into a career that matters. I could make a difference.



**Tristin Kate Smith**  
Feb. 21, 1995 - Aug. 7, 2023

You made me feel comfortable, despite the rumors of your abusive past - rumors I didn't want to believe. The compliments, the pizzas, and the thank you letters gradually had less meaning to me, though. The staff I worked beside began to go away. In your eyes, these staff were "unnecessary," but it came at a high cost for the advertised "quality care" provided to our patients by those of us who were left.

You asked my colleagues and me what we needed to help patients and improve satisfaction scores, and we told you the truth. But then you sent us to online courses that taught us

to just smile more and be friendlier to the patients. That's when I began to understand your true cruelty and manipulation.

I remember the first time I heard about nurses getting hit. I remember that you asked them what they'd done - or didn't do - to prevent it from happening. "Don't protect yourself by fighting back," you said, "just lay with your hands over your head and wait until security comes." You created an environment of fear and blame in a place we already felt unsafe. You blamed us for things out of our control. You criminally charged my colleagues for things that happened as a direct result of your own actions. The law doesn't protect us, and neither do you.

I no longer feel like you care about me or the people you say you serve. I sit at my front desk just waiting for someone to walk in off the street and shoot my patients and me; you do not care about keeping us protected. You haven't provided even the slightest amount of security to keep us safe. You use and exploit us to line your pockets, using the common citizen's money for overpriced healthcare.

You are a narcissist. I can see you for what you really are. You say you care, but you ignore us while we beg on our hands and knees. You tell us we do so much and that we put up with so much. But when we dare to think we are finally going to get the love and support we deserve, we get a pizza party and free pens for the "healthcare heroes."

I so desperately want to continue to help people, but I cannot stay in this abusive relationship.

Each day, you ask me to do more with less.

You beat me to the point that my body and mind are black, bruised, and bleeding out.

I'm only sorry to my patients and colleagues. You deserve so much better, but my abusive partner is relentless.

If I stay, I will lose my sanity - and possibly my life - forever.

**Ron Smith**



# CALLING ALL INTERESTED RETIREEES

LAST OCTOBER, THE MEMBERS OF THE ALASKA NURSES ASSOCIATION (AaNA) VOTED TO ESTABLISH A UNION NURSE RETIREE PROGRAM. OUR RETIRED MEMBERS FROM THE UNION, MAY WISH TO PARTICIPATE IN OUR RETIREE PROGRAM. WHILE ALL NURSES ARE ABLE TO PARTICIPATE IN AaNA EVENTS, WE WANTED TO ENSURE OUR UNION ADVOCATES COULD REMAIN ACTIVE WITH OUR OTHER UNION PARTNERSHIPS LOCALLY, STATEWIDE AND NATIONALLY. WE HAVE PARTNERSHIPS WITH THE ALASKA AFL-CIO, THE ANCHORAGE CENTRAL LABOR COUNCIL AND THE AFT — EDUCATION/HEALTHCARE/PUBLIC SERVICE. WHILE OUR MEMBERS HAVE LONG SERVED OUR COMMUNITIES BY HAVING FULL CAREERS OF CARING AND HEALING OF PATIENTS AND THEIR FAMILIES IN HOSPITALS, IN THEIR HOME OR THE MANY OTHER CAREER CHOICES OUR PROFESSION OFFERS. WE FULLY RESPECT AND APPRECIATE THE CONTRIBUTIONS OUR RETIRED NURSES HAVE PROVIDED OVER A FULFILLING THEIR CAREER.

While working nurses are busy working and have obligations for families, whether this is a young family, or aging parents, there are retiring members who may want to continue to “give back” to our profession. Our support of the working nurses can give satisfaction to the retired nurses who have put in their time, but they may still want to assist our profession. The AaNA was established in 1953. We have had many years of advocating for nurses and our communities through our various programs that include Legislative, Continuing Education (CE), Professional practice and the labor program that started in the 1980’s. The AaNA Labor Program established itself as a force in the labor movement in 1994 with the organizing of the Providence Registered Nurses (PRN).

Soon after, the nurses at Central Peninsula Hospital (RNs United) also voted to organize with the AaNA. Finally, the nurses at Ketchikan Hospital organized in 2001. While the nurses all worked very hard to get a “first contract” and several successor contracts, some of the retired, or retiring nurse may wish to participate in some of our community engagement activities. Our next community activity will be on June 29th, at the AaNA office from 12PM - 4PM. We will be building Narcan kits for our community. This is the second time we have provided the space and volunteers to get this done. Last winter we put together about 1260 kits that were distributed by

CONTINUED ON PAGE 8

Project Hope coordinator, Tim Easley to our community. We hope to have enough volunteers to complete 2000 kits in 4 hours that we have allotted for this activity. Many of the activities work toward engaging with community members and qualify for volunteer CE time. With the next RN license renewal (November 2024), you will be required to have 2 of 3 of the following to qualify for renewal of your RN license.

See Article 6 of the BON Statutes at <https://www.commerce.alaska.gov/web/Portals/5/pub/NursingStatutes.pdf>.

Completion of two of the following three methods for maintaining continuing competency:

- (A) continuing education as prescribed under 12 AAC 44.610;
- (B) professional activities as prescribed under 12 AAC 44.620; and
- (C) nursing employment as prescribed under 12 AAC 44.630.

AaNA will continue to honor the many years of service to our patients, of nurse advocacy, promoting education, and mentoring that retirees have provided to our nursing communities.

Please join us June 29th to participate in our next community outreach program.

Contact Geri at AaNA for more details and to sign up. [geri@aknurse.org](mailto:geri@aknurse.org)

our fight for the health and safety of the living. We stand together to raise our voices to support improved workplace standards, fight against attacks on workplace safety measures, and demand action to win stronger protections. For more information, read the AFL-CIO's annual report "Death on the Job."

**READ THE ANNUAL REPORT:** <https://aflcio.org/reports/dotj-2024>

## A BENEFIT OF MEMBERSHIP: PET HEALTH INSURANCE

Through Union Plus, AaNA-AFT members have access to Pets Best, a leading U.S. provider of pet insurance plans. Pet insurance reimburses you on your veterinary bills when your dog or cat gets sick or

injured, giving you peace of mind as a pet parent. As an ASA union member, you get up to 10% off monthly premiums!

**ACCESSYOURMEMBER BENEFIT:** [www.unionplus.org/AFTpets](http://www.unionplus.org/AFTpets)



## Pet Health Insurance



## AFT+ Member Benefits

AaNA union members have access to a rich array of discounts, services, and benefits that go beyond the workplace. Benefits include exclusive financial products, trauma counseling, pet insurance, scholarships, and savings on travel, computers, prescriptions, cell phone service, and so much more!

Explore your benefits at [www.aft.org/member-benefits](http://www.aft.org/member-benefits)



# LEGISLATIVE ROUND UP



The 2024 Alaska Legislative session began with a multitude of healthcare-related bills being submitted by members of both the House and Senate, focusing on Overtime Exemption, Contraceptive Coverage, Pharmacy Benefit Managers, and the ever-present Nurse Licensure Compact. With the advent of compacts being introduced in other healthcare fields and trades, we have learned that not all compacts are the same. What compacts an individual is a part of can be based on whether it is non-governmental versus governmental, which then incorporates a person's home state involvement in areas of feeds, investigations,

and renewal options. From testifying in opposition on the Overtime Exemption bill and Nurse Licensure Compact to supporting our Labor brothers and sisters in the race for defined benefits and student base allocation increases, the session ended with a fight to the finish. Senator Giessel stood in solidarity with our nursing workforce and kept the nurse licensure compact from moving out of the Senate for another year and our students were granted an increased BSA rate that is only the tip of the educational iceberg for a growing need in our schools and universities.

# NURSING AND SELF-CARE



## Why is it so important?

By Stacey Sever, BSN, RN, CCDS  
AaNA Health and Safety Committee Chair

During the last 15 or so years in my professional nursing career, I have been hearing more and more about the need for nurses to engage in self-care. It is a frequent topic of healthcare research and nursing conferences. The most noteworthy research into self-care was the Harvard Medical School and Brigham and Women's Hospital Women's Health Study, which followed almost 40,000 health professionals, nearly all nurses, for more than 20 years, and has contributed to key advances in women's health (Ross A, 2017). The result from this study and other research studies was that nurses sometimes fail to engage in positive healthy behaviors, but the work environment for nurses also contributes to poor health behaviors.

The Oxford Language definition of self-care is "the practice of taking an active role in protecting one's own well-being and happiness, in particular, during periods of stress". As staffing deficiencies continue to impact hospitals and other healthcare institutions as well as the increase of the aging population, and the recent COVID-19 pandemic, the need for nurses to maintain their physical health and mental well-being is as important as ever.

There are many different sources of information available regarding self-care and how to achieve optimal health and mental well-being. Below are just a few topics that are identified as having impact on that health and well-being:

### Healthy Eating and Physical Activity

Diet and physical activity have been identified as the two top health-promoting behaviors that have received the most research attention to date, and they are often researched together. Proper nutrition and physical activity are considered the first line of defense to combat obesity and to prevent cardiovascular disease (Ross A, 2017). Sedentary lifestyles are known to increase the risk of mortality proportional to the amount of time sitting per day.

### Stress Management

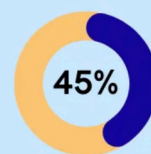
The nursing workplace is stressful for many reasons. The high demands and low control often associated with nursing practice and unfavorable work schedules (eg, work overload, shift work, long work hours) all contribute to decreased job satisfaction and increased burnout and stress. Shift work, particularly 12-hour rotating shifts, is associated with increased rates of obesity, smoking, alcohol consumption, physical inactivity, and sleep disturbance.

### Sleep Hygiene

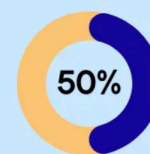
Sleep is an issue for nurses, particularly those taking overnight call or working 12-hour shifts. Both day- and night-shift hospital nurses working 12-hour shifts report an average of 5.5 hours of sleep per night, with progressively increasing drowsiness for each consecutive shift worked. This sleep debt comes at a cost because good sleep is needed for a healthy immune system and for memory and executive cognitive function.

## Nurses Self-Care Survey

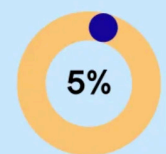
How many nurses engaged in self-care in 2022?



of nurses practiced self-care on a daily basis



of nurses practiced self-care activities sometimes



of nurses did not engage in self-care at all

Nurses preferred: Physical health and wellbeing.

Nurses avoided: Psychological & social comfort.

Source: NIH

DROPSTAT

### Healthy Relationships

Diet, exercise, sleep hygiene, and stress reduction are widely accepted as health-promoting behaviors, but the quality of interpersonal relationships also can have a profound influence on health. Night shift nurses reported that their peers influenced their patterns of diet and exercise both positively and negatively. Nurses reported that starting a healthy diet was easier with peer support, but peer pressure to consume junk food or special occasion treats was also present. Social ties not only directly relate to mortality risk but may also predict the level of participation in health-promoting behaviors.

### Family caregiving

A study conducted by A. Ross, et al, found that “over half of the participants were caring for dependent children in the home, and nearly a quarter were providing unpaid care for a sick or ill family member or friend. The nurses in that study clearly were exhausted, and their comments underscore the impact of family care giving on their ability to participate in self-care” (Ross A T.-L. K., 2019 Oct/Dec). Despite nurses’ knowledge regarding the importance of healthy behaviors, this knowledge does not always translate into active self-care. Many barriers still exist that make it challenging for nurses to be able to find the time and energy they need to engage in activities that will promote health and wellbeing. The consequences of an unhealthy workforce can adversely affect nurses’ health, morale, productivity, and ultimately, the quality of patient care.

## Self-Care For Nurses: A Gap

82%

of nurses believe self-care improves their ability to provide quality care to patients. However, only



37%

of nurses report engaging in self-care activities regularly. This indicates a gap between awareness and practice.



Source: ANA

DROPSTAT

## Effects of Lack of Self-Care For Nurses

71%

musculoskeletal pain



91%

emotional exhaustion



18%

depression



77%

significant risk of stress



Source: NIH; nursejournal.org, BMC

DROPSTAT

# 2024 SOLIDARITY PICNIC

The Anchorage Central Labor Council is excited to host its first Solidarity Picnic since the COVID-19 pandemic! Join us for an afternoon of fun on the Delaney Park Strip.

**Music • Free Food • Family Fun!**

**Bring your family and friends!**



Saturday, June 8th



12:00 PM - 4:00 PM



Delaney Park Strip  
Between N & P



# LABOR UPDATES

## from our local bargaining units



We, the Ketchikan Registered Nurses, Alaska Nurses Association (AaNA) AFT #1953, are happy to announce that we have successfully ratified a contract with PeaceHealth Ketchikan Medical Center. We would like to express our profound gratitude to our fellow nurses negotiating team members, family, friends, and community for their unwavering support throughout the long and difficult contract negotiations. The support we received from our community was truly inspiring and kept us motivated to achieve our goals. We are deeply grateful for the signs in business windows and homes that show our community's appreciation and recognition of the value we bring to them.

We have made progress in recruitment, retention, and fostering a culture of respect, but we recognize that this will be an ongoing process. Our determination to honor the agreement we have made with our new contract is unwavering. Additionally, we remain committed to advocating for the well-being of our patients and community.

It was truly heartwarming to see our physicians and patients come out in the pouring rain and wind to show their support for us during our information picket. Witnessing their dedication and commitment to our cause brought tears to my eyes. This experience was a true testament to why we chose to live and work in this community. It is a privilege to work alongside such devoted nurses and to serve such an amazing community.

Thank you  
Karen Afonso  
President Ketchikan Registered Nurses

The AaNA/AFT#1953 Labor Council and BOD members are so proud of the way our RN colleagues in Ketchikan stood together for the patients and other nurses' in Ketchikan. The Ketchikan Registered nurse ratified a 3-year successor agreement with PeaceHealth Ketchikan

Medical center (PHKMC) in February 2024. Our collective voices continue to work to improve nurse retention, prioritize safe staffing and eliminate violence in our workplaces. The AaNA/AFT #1953 continues to believe that collective bargaining is the strongest tool to improve working conditions and increase patient safety.

Our community members, other union members and patients are the reason nurses continue to fight for safe staffing that focuses on care and education of patients and families during their time in the hospital. Congratulations to the community of Ketchikan nurses working at PHKMC for a great outcome to their negotiations. Continue your support of your community by leading wherever your interests are. I know that nurses are often giving of your time and energies to keep communities great.

The Ketchikan Registered Nurses at PHKMC organized with the AaNA in 2001, with their first collective bargaining agreement ratified in 2002. They have successfully negotiated successor agreements since that time.

Donna Phillips, BSN, RN  
Labor Council Chair, AaNA/AFT#1953  
AFT Vice President

*The Alaska Nurses Association is the professional association for nurses, student and retired nurses and healthcare workers in Alaska. The Alaska Nurses Association, founded in 1953 is the unified voice of nurses in the Last Frontier.*

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# STUDENT DEBT

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Student debt can cause mental distress for a new nurse trying to juggle a new profession and the stress of entering the workforce. This can even be a stressor for nurses trying to work full time and go back to school to advance their education. No matter what your employment status is, full-time, part-time or per-diem there could be an option for you.

We have a few resources to check out when you are looking at changing your financial situation. If you are a union member (working under a collective bargaining agreement at PAMC, CPGH or PHKMC) of the Alaska Nurses Association/AFT (education, healthcare and public services) you can participate in AFT student debt clinics which are one of the many member benefits offered by our National Union. The AaNA local number is #1953 Student Debt Clinics | American Federation of Teachers (aft.org)

<https://www.aft.org/student-debt-clinics>

## We have closed the 2024 Nurse Corps Loan Repayment application

The Nurse Corps Loan Repayment program is currently reviewing applications. Applicants will receive notification of their award status by September 30, 2024.

Sign up for our emails, and we'll notify you when next year's application cycle opens.

<https://bhw.hrsa.gov/subscribe-to-emails>

Read the Application and Program Guidance(PDF -509 KB).

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/nurse-corps-loan-repayment-fact-sheet-508.pdf>

Check out the Nurse Corps Loan Repayment Fact Sheet(PDF -155 KB)and the Spanish Fact Sheet (PDF -117 KB) to help you prepare for next year.

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/nurse-corps-loan-repayment-fact-sheet-508.pdf>

Employers that offer educational assistance programs can also use those programs to help pay their employees' student loans.

Though educational assistance programs have been available for many years, the option to use them to pay student loans is available only for payments made after March 27, 2020. **Under current law, this option will be available until Dec. 31, 2025.**

Traditionally, educational assistance programs have been used to pay for books, equipment, supplies, fees, tuition and other education expenses for the employee. These programs can now also be used to **pay principal and interest on an employee's qualified education loans.** Payments made directly to the lender, as well as those made to the employee, qualify. By law, tax-free benefits under an educational assistance program are limited to \$5,250 per employee per year. Normally, assistance provided above that level is taxable as wages.

Educational assistance programs can help pay workers' student loans | Internal Revenue Service (irs.gov)

<https://www.irs.gov/newsroom/reminder-educational-assistance-programs-can-help-pay-workers-student-loans>

Please check out these options as you may be able to for loan repayments

# THERAPY DOGS

## and Secondary Traumatic Stress in Nursing

By Michael Hilliard

So, you have chosen a career as a nurse. Congratulations! You have dedicated countless hours and late nights studying the meanings of every eight-syllable word in the medical dictionaries. You survived grueling lectures, taxing homework assignments, and the dreaded NCLEX. You have since been rewarded by getting covered in every bodily fluid the human body has to offer, getting yelled at by patient's family members, whose Google speech apparently trumps your medical degree, and perhaps even being questioned by your own peers for decisions you have made in inpatient care. So why do you do this? Hopefully, it is because you are a compassionate person that strives to help those in need. Be careful with this.

Along your compassionate journey, you may have listened to the absolutely horrific events some of your patients have endured. Perhaps you are treating a sexually abused child, or an elderly patient that has been neglected. Some of these cases may resonate with your own personal experiences. You may take on the emotional

burden of these tragedies as your own traumas. If you are not careful, the very compassion that drives you to help others, can eat away at you, and break you down, both mentally, and physically. In fact, studies have shown that nurses suffering from Compassion Fatigue (Vicarious Trauma) are more likely to make errors, and less likely to interact with their patients, or even their peers.

“What doesn't kill us makes us stronger.” I feel like this famous quote should have a question mark next to it. Taking on others' problems as our own breaks us down. It is absolutely crucial to our mental health to understand that Secondary Traumatic Stress (the emotional duress of others that we take on as our own trauma) is prevalent among healthcare workers. It is equally important that we know how to seek treatment. When left untreated, Secondary Traumatic Stress has some workers changing jobs within the healthcare field, while others leave the healthcare field entirely. Often times, this happens too late, after psychological trauma has already greatly impacted our personal lives as well.

We cannot provide optimal clinical care if we are traumatized ourselves. It is imperative that we are able to recognize

*“I lied and said I was busy.  
I was busy, but not in a way  
most people understand.*

*I was busy taking deeper breaths.  
I was busy silencing irrational thoughts.  
I was busy calming a racing heart.  
I was busy telling myself I am okay.*

*Sometimes, this is my busy, and I will not  
apologize for it”*

*- Brittan Oakman*



our own stressors, and when we have had enough. So where do we turn when we have had enough, or preferably, before we have reached that point? Let's take a look at Animal-Assisted-Intervention.

Research has demonstrated that therapy animals can improve mental health by decreasing fear, anxiety, loneliness and isolation. They can influence our physical health by lowering perceived levels of pain, and shortening recovery times. Animals can even influence those who are ill to have a more positive outlook during recovery. The human-animal bond is a mutually beneficial relationship that improves the physical, social, and emotional lives of those involved in Animal-Assisted-Therapy. Furthermore, there is an abundance of scientific evidence which has shown that interacting with animals prompts the human body to release certain 'feel good' hormones and chemical messengers such as serotonin, oxytocin, prolactin, dopamine and endorphins.

Therapy animals can be a good fit in healthcare settings, as these animals have been trained not to react to distractions such as wheelchairs, walkers, or alarms from medical equipment. A well-trained therapy animal will not be phased by emotional people yelling, by the shaky touch of someone with poor muscle control, or the prolonged hold of someone that just needs a 'pet hug' while they break down and cry. Dogs can sense rising levels of adrenaline and cortisol and seek to actively calm people down by nuzzling next to them. Therapy animals can be used with a dual-leash between a handler and a patient to go for a walk. Therapy animals are utilized with patients in recovery, people with intellectual disabilities, seniors living with Alzheimer's, veterans with PTSD, and people who have experienced crisis events. However, these animals are not just for patients.

Harmony and I are a Registered Therapy Animal Team. I have lost count of how many times I have been thanked by staff members at a senior center, or by family members who have just lost a loved one for allowing them to visit with my therapy dog. I let them know that we are here for whoever needs us. Whether you are a healthcare worker, a patient, or a family member of a patient, if you walk through the door of a healthcare facility, you may have a need for a therapy dog.

Routine visits by a Therapy Animal Team can have a huge impact in the lives of healthcare workers. I learned quickly to hold Harmony up in one of my arms at a convenient 'petting' level. At chest height, more people tend to take the time to pause in their hectic day, and just get a few quick pets in. I often hear, "I needed that" or "that just made my day" before they are off and running again. It really does not take much time petting a dog to make a huge difference in someone's day.



We as a society rely on those who take care of us. We need our nurses to recognize when they need care for themselves, and reach out for it. Pet Partners is an organization that trains Therapy Animal Teams that can visit in a variety of settings. Their mission is to improve human health and well-being through the human-animal bond. Pet Partners can be contacted through their website at [www.petpartners.org](http://www.petpartners.org). Consider reaching out to your supervisors to arrange a visit from a Therapy Animal Team; it could be just what the doctor ordered (after the nurse recommended it).

Do you have a dog at home that you feel may be a good fit as a therapy dog? Are you curious where to start? The AKC (American Kennel Club) has several classes with titles you may wish to consider prior to beginning therapy dog training. The AKC Temperament Test (ATT) assesses if your dog remains emotionally stable while introduced to stimuli in the six categories of: Social, Auditory, Visual, Tactile, Proprioceptive (motion) & Unexpected stimulus. Canine Good Citizen (CGC) teaches good dog manners, and responsible dog ownership. The skills include basic interactions with others, such as being greeted, and pet by a stranger, walking through a crowd, and appropriate reactions to seeing another dog out in public. The skills also include following basic commands, such as sit, stay, and come. Urban CGC (CGCU) is evaluates how your dog can perform in the real world. Your dog will demonstrate that they can act appropriately around cars, while crossing a street, riding in an elevator, entering a public building, and other unpredictable stimuli found out in public.

Although the aforementioned AKC titles are not required prior to begin training with an organization such as Pet Partners, I feel these are classes that can help you decide if your pet is ready to begin the journey as a therapy animal. Even if your pet turns out not to be a strong candidate for therapy work, you will have a much more socialized dog by the end of your AKC classes.

To our nurses: *Remain compassionate; the world needs you. Remain whole; you need you.*

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# House Bill 2697: Oregon Hospital Staffing Law

## Minimum Nurse-to-Patient Ratios

Key components of the law include first-in-the-nation nurse to patient ratios in state statute for a wide range of acute care settings, including emergency departments; intensive care units; labor and delivery units; operating rooms; and others. These ratios are “minimum” because it is the minimum staffing allowed under the law. Facilities can’t increase patient load from the ratios in the law without facing consequences. It is NOT the minimum number of patients a nurse can have. It’s also important to remember this law is a floor not a ceiling, staffing committees can create staffing plans with even higher standards with their facilities’ needs in mind. It is also important to remember current staffing plans which satisfy the minimum standards of the new statute will remain in place.

The only time facilities can deviate from the legal ratios is when the nurse staffing committees pursue an innovative care model by including other clinical staff. The model must then be re-approved by the staffing committee every two years.

There are many layers to this law, and because of various needs, implementation takes a little bit of time.

The implementation timeline is intended to ensure hospitals and staffing committees have sufficient time to prepare for the changes.

**September 1, 2023:** The bill takes effect and agencies can begin rulemaking.

**September 1, 2023 – December 31, 2023:** ONA is at the rulemaking table.

**January 1, 2024:** Deadline for OHA to adopt a system to receive complaints.

**June 1, 2024:** Nurse and CNA ratios begin.

**December 31, 2024:** Deadline for new staffing committees to be developed.

**June 1, 2025:** OHA enforcement including civil penalties begins.

## Oregon Minimum RN-to-Patient Staffing Ratios

Emergency Dept. (Trauma)  
Active Labor and Delivery  
Operating Room



1 to 1



Intensive Care Unit  
Not Active Labor and Delivery  
Post-Anesthesia Care Unit



1 to 2



Intermediate Care Unit



1 to 3



Emergency Dept. (Non-trauma)  
Postpartum Couplets | Medical  
Surgical\* | Oncology | Telemetry



1 to 4



**CNA Ratios: 1 CNA to 7 Patients (Day Shift), 1 CNA to 11 Patients (Night Shift)**

\*Medical surgical has a 1RN:5Patient ratio until June, 2026 at which time it will change to a 1RN:4Patient ratio



## Wall-to-Wall Staffing Committees

This law also establishes two new staffing committees! One category is for service workers (such as environmental and food services), and the other is for technical and professional providers (like radiology and ultrasound technicians, physical therapists, and occupational therapists). Our health care colleagues will now be able to shape and influence the quality of care they provide right

alongside nurses and gain a voice in the crucial decisions made in care delivery.

If all staff in staffing committees in a hospital are subject to a collective bargaining agreement, and if all unions to whom these collective bargaining agreements pertain agree, the committees may combine and meet jointly to streamline planning. This includes the nurse staffing committee.



Oregon passed legislation to protect patients. Groundbreaking ratios that include nurse to patient ratios AND CNA/PCT to patient ratios. Please fill out our nurse staffing survey, to help us identify issues our nurses in Alaska may be experiencing.

See **PAGE 3** for the QR code to link to the survey

## Enforcement & Rest and Meal Breaks

ONA members know that one of the key failures of Oregon's health care system is the lack of enforcement by the Oregon Health Authority (OHA). Our new legislation dramatically increases the enforcement mechanisms needed to uphold the provisions of our bill. That includes enforcement that is complaint driven, with specific timelines for investigations into those complaints and clear, unequivocal direction to OHA on its role as the enforcement agency. This is a major shift away from the ineffective and inefficient "audit and survey" model currently used by OHA. In addition, our law creates a series of financial penalties levied against hospitals who consistently violate the law, putting real teeth into these provisions.

The safe staffing law puts an end to the "buddy break system!" This law closes loopholes and creates powerful enforcement mechanisms so nurses can get their meal and rest breaks without compromising patient safety and care by doubling another nurse's assignment. The statutory ratios must be maintained even when a nurse

gets a break: this means when you go out on a break your patients are cared for so you will not be behind in your work when you get back!

### OHA Enforcement Fines Table

Violation	1st Offense	2nd Offense	3rd Offense	4th+ Offense
Missed break	Warning	\$200 from the employer or, if no CBA, up to \$1,000 from BOLI	\$200 from the employer or, if no CBA, up to \$1,000 from BOLI	\$200 from the employer or, if no CBA, up to \$1,000 from BOLI
*Other Violations	Warning	\$1,750	\$2,500	\$5,000

\*Other Violations = failure to establish new staffing committees, no staffing plan, staffing plan is not adhered to, excessive overtime required, direct care staff is not released for staffing committee meeting

Violations are assessed based on frequency in a four-year period.

For more details visit [SafeStaffingSavesLives.com](https://www.SafeStaffingSavesLives.com)

**ONA** Oregon Nurses Association  
Voice of Oregon Nurses Since 1904

**Safe Staffing  
Saves Lives**

**ONA** Oregon Nurses Association  
Voice of Oregon Nurses Since 1904

The Oregon Nurses Association (ONA) is the state's largest and most influential nursing organization. We are a professional association and labor union which represents more than 16,000 nurses and allied health workers throughout the state. ONA's mission is to advocate for nursing, quality health care and healthy communities.

[www.SafeStaffingSavesLives.com](https://www.SafeStaffingSavesLives.com)

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About the author: Michael Hilliard is a Pet Partners Registered Therapy Dog Handler who offers his services to police departments, fire departments, hospitals, nursing homes, schools, etc. Harmony is a Mental Health K-9 for the Alaska State Troopers, and together, they are one of only 10 Red Cross Animal Visitation Teams in Alaska.

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# LABOR'S SUCCESS IS LIMITED ONLY BY ITS IMAGINATION

## Reflections on AaNA's 2024 PRN Contract Campaign

By: Zachary Christy and Terra Colegrove, RN

The foundation of any labor union is found in its ability to organize and take collective action. Labor organizers, an active membership, and community support are necessary conditions by which to achieve this. From smaller to progressively larger scale actions of escalation, a union's utilization of these three elements is what displays its power, thereby forcing management to concede to its demands. These concessions are made because management knows labor is what generates their organization's profit, and when labor knows this too, its success is limited only by imagination.

By 2020 the COVID-19 Pandemic had begun ravaging healthcare staff and systems the world over. These systems, which have faced years of unsafe staffing situations, often relied on both newly graduated nurses with little to no experience and veteran nurses with too little time and resources to meet the demands of the community. Hospital administration and leadership's response to mitigate the hardship faced by its workers and patients was less than satisfactory, to say the least. Not only were nurses subject to a once in a lifetime global health crisis, but at work they faced it almost entirely alone. Providence Registered Nurses (PRN) was no exception to this fact.

Prior to the 2024 Contract Campaign, PRN included some of the lowest paid organized nurses in the north-west region of the country. Dwarfed by the complex and generous contracts of other nursing unions at hospitals such as Swedish Medical and Providence Everett in Washington State, PRN had little footing to establish itself at the bargaining table. It lacked an organizer, and consequently struggled to garner membership engagement. Terra Colegrove, the President of PRN, recognized the challenges of engaging members and the lack of recognition from the community for its efforts. She knew there would be a fight in the upcoming negotiations and started working to address the issues one by one. Hiring an organizer was the first order of business for the Alaska Nurses Association (AaNA). Thus, AaNA hired Zachary Christy in July 2023 to serve as the association's full-time labor organizer. Filling this role was vital to the campaign's success. As an organizer, PRN would be allowed to mobilize its members, identify member-leaders, and orchestrate large-scale collective actions to apply pressure on management at the table.



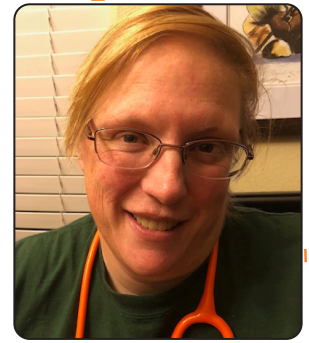
During the summer of 2023, a diligent and concerted effort was made to call every bargaining unit member for department meetings to identify PRN activists and collect data to highlight the most important issues to members. Over time, a long overdue organizing structure was built. From this structure, collective action was able to be coordinated with the goal of flexing PRN's strength at Providence Alaska Medical Center (PAMC). Smaller actions occurred, such as the sticker and button days during negotiations. These actions did well to show management that nurses were united. Another action was having nurses post their negotiation objectives to their lockers. This action proved to be a contentious one with management as over 700 of the 1297 member bargaining unit participated. Despite being a legally protected practice in the eyes of the National Labor Relations Board, PAMC management attempted to remove and destroy these flyers, taped throughout nursing locker rooms. This allowed PRN to file an unfair labor practice

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# THE ROLE OF HUMOR IN NURSING

## A Vital Coping Mechanism for Healthcare Professionals

By Cynthia Booher, PhD, RN



Nursing is a profession that demands resilience, compassion, and unwavering dedication to patient care. As nurses navigate the complexities of their work, they often encounter high-pressure situations, emotional challenges, and moments of intense stress. In the face of these demands, many nurses turn to humor as a coping mechanism to navigate the emotional toll of their job and find moments of levity amidst the seriousness of healthcare settings. Nursing is a profession that has many challenges, and those challenges often make the day a long one. A recent Tik Tok noted that nurses want to go out with their friends and be social but after three long days of thousands of micro decisions that are the difference between life and death, they do not have the mental capacity to socialize. Is this why nurses tend to hang with other nurses, does this explain why some of the best friends' nurses have are other nurses, or is there another explanation? Working in a high stress environment for long hours many days in a row can cause a person to develop stress and nurses must develop coping mechanisms.

Nursing is a profession where the person is often yelled at for doing their job. It is a profession that most people feel they could do and will tell the nurse that. Having to explain to patients why they cannot eat, or why a medication is important to their care comes with challenges as well, especially when that patient is afraid or scared of outcomes. After three 12-to-14-hour shifts nurses are numb and do not want to think. This leads to what is often perceived as a weird sense of humor.

Humor serves as a powerful tool for nurses to release tension, cope with stress, and maintain their mental well-being in the face of challenging circumstances. While the nature of nursing work is serious and demanding, the use of humor allows nurses to find moments of relief, connect with colleagues, and navigate the emotional highs and lows of their profession. By sharing jokes, finding humor in difficult situations, and using laughter to decompress, nurses can navigate the complexities of their work and maintain their well-being in the face of adversity.

The things that nurses find funny are often seen by the public as morbid. All one must do is look at social media to see the myriad nurses that use humor to make it through.

The field of nursing is a high emotion job and humor is often used to get through those emotional days. Have you ever heard a nurse joke about a situation and thought, that is no laughing matter and thought they were uncaring. I am here to say that it is the opposite. I remember one Thanksgiving many years ago, I was working as an ICU nurse, we had everything set up in the break room to have a staff meal when a patient coded. After over 45 minutes of trying to revive her, she was brought back. After another hour of helping the family cope with the code and prepping all the new orders, my coworker and I took a break so she could go smoke (does this tell you how long ago it was). While on this break, another nurse asked if the code she heard called was for one of our patients. "Yes, it was." "Oh, my did they die". My coworker missing not a beat says "Nope we let her live since it would have been too much paperwork if she died." This made the other nurse laugh, but it was a laugh of understanding. Here we were working on the holiday missing plans with our family, and we were having a difficult day, a laugh was needed.

Humor has long been recognized as a powerful coping mechanism for dealing with stress, anxiety, and emotional challenges. In healthcare settings, where the stakes are high and the demands are constant, humor serves as a valuable tool for healthcare professionals to release tension, connect with colleagues, and find moments of levity during difficult circumstances. Whether it's sharing a joke with a coworker, finding humor in a challenging situation, or using laughter to decompress, humor can provide much-needed relief and support in the face of adversity.

Research has shown that humor has a range of psychological benefits, including reducing stress levels, improving mood, and promoting a sense of well-being. When healthcare professionals use humor as a coping mechanism, they are not only lightening the emotional load of their work but also tapping into the healing power of laughter. By finding moments of humor amid difficult situations, healthcare professionals can boost their resilience, strengthen their connections with colleagues, and enhance their overall mental health.

Humor in healthcare settings not only benefits individual healthcare professionals but also

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EXCERPTS FROM

# “WE ARE NOT OK”



## A Nurse Shares Her Journey to Moral Injury and Her Struggle to Return to the Bedside

By Tamie Cline

Illustrations by Nicole Xu | Published in AFT Health Care, Fall 2023

I've been a nurse for over 20 years, and I've spent most of my career at Good Shepherd Medical Center (GSMC), a 25-bed acute care hospital in Hermiston, Oregon. I was a supervisor in the medical-surgical unit before I transferred to general surgery, where I spent almost 15 years. Now, I work as an IV therapy and wound care nurse in the treatment center. I love being a nurse. I love my colleagues. I absolutely love caring for my patients. But every week, just the thought of coming in for my shift gives me mind-numbing anxiety: unrelenting headaches, an upset stomach and tight chest, a constant feeling of impending doom. I dread even driving down the road leading to my hospital, let alone opening the front doors and walking in.

### Patients First, Nurses Last

I quickly learned that the life of a nurse is hard. We take care of our patients first before anyone else, even when

that means putting our own lives on the line. Many of us take on every aspect of the caregiver role thinking no one else can, and our dedication is easily taken advantage of and unappreciated. By 2019, I was working in the surgery unit and had become ONA's treasurer. But we were still regularly being asked to do more with fewer resources and not enough nurses, and we were exhausted. For years, we would be on call for 24 weekday hours plus a weekend that started at 3 p.m. Friday and ended at 6:30 a.m. on Monday. We would sometimes work over 24 hours straight, and when the 3 p.m. call time came, there was no one to give us a break because we did not have enough staff. There were times I would clock out from my shift, drive home, fall asleep in my truck in the driveway, and wake up with no memory of getting there. Other times, I would just barely get home and in the door before I was summoned right back to work. And although the staffing law offered nurses some measure of protection, other

colleagues, like scrub techs and our certified registered nurse anesthetists (CRNAs), weren't protected—so there were times that they'd have to put in even longer hours.

## From Desperate to Unimaginable

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I didn't realize at the beginning of the pandemic that the stress, anger, and loss of compassion I was experiencing were signs of burnout. I just thought I needed a change of pace. So I moved to the treatment center on April 1, 2020, just weeks after the country went into lockdown. I'd barely gotten used to my new unit when it seemed the entire medical profession was turned upside down. COVID-19 ran rampant through our community and hit our hospital extremely hard. We had no beds. Some days, there were no beds anywhere in the region, so we had to send patients to other states for care. We shut down the hospital to outside visitors. Nurses became unable to touch our patients or colleagues. Ours is a compassionate, nurturing profession, and touch is one of our key assessment tools. But our patients were dying, and we were putting gloves filled with warm water in their hands so that they would feel some kind of touch. We were calling families over iPads to say goodbye as their loved ones died, because they weren't allowed to come in and hug them. Our colleagues were in pain, and we could only give them air hugs in the hallways.

But something was very wrong. Nurses felt it during the worst of the pandemic, when it was all we could do to survive. And we were still feeling it two years later, when the tide had seemingly turned. When one of my nurse colleagues was injured by a patient who had become violent, management asked what the nurse did wrong. Our request for extra security was refused because in management's view, the nurse could have done something different to avoid the attack. By asking to be safe, we were asking for too much.

## Dying Inside

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For two years, I acted like everything was normal, but internally I was angrier than I'd ever been. I was the chair of the hospital bargaining team, and I had run for and become ONA president so that I could fight for the rights of our nurses. But every day that I stepped into that hospital, I was dying inside. I had stopped most self-care. I would wash my hair in the bathroom sink before work but sometimes went a month without taking a bath because I just didn't want to. I used to exercise all the time, but now I no longer had the energy. All I would do was go to work, come home, sit in my chair, and read. I gained 50 pounds. I didn't sleep. My blood pressure was out of control. For a solid six months, I had a headache that no medicine could take away. I was an emotional wreck.

In early October 2022, I saw my primary care physician

in the hallway and spontaneously said, "I think I'm experiencing some burnout."

He looked right at me. "Tamie, I know you are. Do you need time off?"

"No, I've got this," I said. "I just feel that way."

He told me, "Well, when you hit your brick wall, come see me."

A couple of weeks later, I did. One morning I clocked in for my shift at 7:30 a.m., and by 8:30 a.m. I wanted to walk out the door. I told my boss, "I can't do this. I can't be here." I finished my shift that day, and then I took the rest of the week off. I saw my doctor again on November 1. When he walked into his office and saw me waiting, he said, "You hit your brick wall, didn't you?"

I started crying.

He suggested I take a month off to start, and while I agreed, I couldn't imagine ever coming back. Yet, as I took the elevator up two floors to my manager's office with my paperwork in hand, I felt so sick to my stomach that I wanted to throw up. I almost turned around and changed my mind about the whole thing. But I walked into my manager's office and handed her the paperwork. She told me to take all the time I needed.

Another nurse was sitting in the office when my manager stepped out to print my leave paperwork. "Have a great vacation," she told me.

I don't think she meant it the way it sounded, but it made me feel worthless. Why was I taking time off for myself when I still had a job to do and there was so much need? My coworkers and community were counting on me to keep showing up. How could I let them all down?

I looked at that nurse and said, "I will." And I left.

## It's OK to Not Be OK

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I was off work for five months, and much of that time is a blur because of how numb and traumatized I was. I couldn't even think of going back to work. Just turning down the road that led to the hospital on my way into town sent me into a panic attack. My headaches returned, and my anxiety went through the roof. So, I stopped taking that road. I found another way to town or left the area altogether—my family's cabin in the mountains became my safe place.

I began counseling, grateful that it was offered through my employer. As I started talking over my feelings and experiences with my counselor, I became angry all over again that my nurses and I—and nurses all over the country—endure mistreatment, disrespect, violence, and more in order to care for our patients. I was furious that it's the culture of nursing to put ourselves last and feel guilty for taking any time at all to care for ourselves.

Most importantly, I acknowledged that I wasn't OK. It's a hard thing to admit. And it took a lot of time and

CONTINUED ON PAGE 22

counseling for me to believe that nothing is wrong with me. I'm not defective. It's OK to not be OK. That's the message that I needed years ago, and that nurses across the nation need now more than ever.

## Caring for Ourselves

Taking care of ourselves starts with admitting that we're not OK and then seeking help. But I don't think we push hard enough to get our members and all nurses the education and resources they so desperately need to improve their mental health and well-being. We need to reach out through every avenue available, including through commercials and on social media, because no one is talking why nurses are experiencing burnout. No one's saying, "It's OK to leave the bedside if you need to." In my experience, most nurses leave when they hit their brick wall, like I did, or when something traumatic happens in their care that they blame themselves about. And we lose nurses to suicide when they can no longer sit in their pain and they don't have the physical or mental ability to find help. So, we need to let them know that it's OK to start taking care of themselves long before they reach that point. It's OK to take a day off whenever they need to reset. It's OK to get help.

We also need to normalize counseling. It's not the culture to talk to someone unless we're in crisis. But nurses in every hospital and every care setting need regular access to behavioral health counseling. Dropping in to see a counselor, whether one-on-one or in groups, should be as common a practice as getting a meal in the cafeteria. It is a vital self-care tool that we shouldn't have to beg for or pay for out of our own pockets.

## Caring for Each Other

To change our system and nursing culture, we also need to change how we treat each other. We need more respect and kindness for our coworkers. Nurses aren't trained to be bullies. Bullying stems from being under pressure; when we are unable to control a situation, we project our anger onto someone more vulnerable. The problem is those vulnerable nurses—usually our new grads or younger nurses who are still trying to learn the profession—have no way of protecting or defending themselves, and no voice to speak up for themselves. To nurses and other healthcare workers who are experiencing PTSD, burnout, and moral injury: Please know that you are not alone, and you haven't let your families, coworkers, or communities down. Maybe one day, we will all be OK. But until then—and long after—we'll fight for and

support each other because we are stronger together. We are in a special moment now: our voice is strong, and we have the power to make a difference like never before. Together, we can lead a movement to change nursing and rehumanize healthcare. Together, we can be healthy again.

*Tamie Cline, RN, is the president of the Oregon Nurses Association (ONA) and a bargaining unit leader at Good Shepherd Medical Center in Hermiston, Oregon. She has served on the ONA Professional Nursing Care Committee since 2020 and has been a delegate to the AFT's convention since 2018. She is currently an IV therapy and wound care nurse in the Good Shepherd Treatment Center.*

\*To learn more about the causes of moral injury and what it will take to protect healthcare workers and enable them to heal, see "Clinicians in Distress: Addressing Moral Injury in Healthcare" and "Moral Injury: From Understanding to Action" in the Spring 2021 issue of AFT Health Care.

†To learn more about this legislation and how we won passage, see "Historic Staffing Win for Oregon Health Professionals."

‡For details, see "Bedside Medicine to Corporate Medicine" in the Spring 2023 issue of AFT Health Care.

## Endnotes

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# WHY ARE NURSES Burning Out?

BY JULIE COTTRELL, RN, CPAN



Lately, I find myself wondering why the younger generation of nurses are not lasting in our field. There has always been a certain level of toxicity associated with younger nurses trying to prove their value as a nurse to more experienced nurses. Even the current climate of nursing, “eating their young” mentality, is not tolerated by administration and experienced nurses are trying to teach the younger generation skills that they do not have due to lack of clinical experience during the Covid-19 pandemic. Nurse burnout has been correlated to a few of the following factors: mass exodus from nursing after the pandemic, the stress of watching so many people die, the lack of skills necessary to cope with demanding situations, and the severe emotional wear and tear that all of us endure daily. The question remains, “why do nurses continue to burn out? Are we suffering from compassion fatigue? How can we come together and demand better working conditions, a better work life balance?”

According to the World Health Organization (WHO), “Burn out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: Feelings of energy depletion or exhaustion, increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job and reduced professional efficacy.”

The American Nurses Association (ANA) has outlined burnout in their standards of nursing practice as the following: “Regardless of role, this reality can lead to moral injury, moral distress, burnout, and nurses leaving nursing. Professional associations and healthcare systems are recognizing the relationship between resilience and burnout and are implementing evidence-based programs to enhance nurse resiliency.” (ANA, 2021., p.6). The ANA states that if nurses do not begin to recognize the symptoms of burnout, the nursing shortage will only become greater, and more nurses will not only leave the bedside, but individuals will not want to pursue the nursing profession. This could lead to a complete collapse of the entire healthcare system in the United States.

Nurses should feel confident that the ANA has recognized burnout as a real nursing delivery issue to the point that this organization has recognized it and has included it in their nursing scope of practice. Hospitals and administrators and the entire healthcare system are recognizing burnout and have begun to put safety

measures in place to protect the nurse from burnout. Nurses are people. When a person is failing to perform at the highest level possible, they can become disenchanted with their professional duties and will end up leaving their chosen profession. Our healthcare system is extremely stressed since the toll it has taken on all healthcare professionals since the Covid-19 pandemic. Unfortunately, it has taken a pandemic and studies being performed across the world to realize that nurses are the most susceptible to compassion fatigue and burnout.

Tristin Kate Smith was a victim of burnout and her employer and coworkers did not see the warning signs. Tristin wrote a letter to her abuser, the healthcare system she worked for and would eventually take her own life due to the extreme stress, and as Tristin felt, the abuse that led her to end her own life at the age of twenty-eight.

Today, new nurses and veteran nurses alike have an expansive list of choices to help them cope with the stressors of being a nurse, dealing with personal issues, and balancing the two so that compassion fatigue does not occur. Workplaces are now offering free counseling that is anonymous, classes for stress management and healthy living, and some healthcare facilities have gyms and exercise classes to reduce stress and encourage comradery among staff nurses. The AFT out national union (AaNA/AFT #1953) also has trauma counseling as a member benefit.

It is important for nurses to understand what compassion fatigue is and the significance of how this can diminish the quality of their patient care. Through recognizing the symptoms, reaching out to their nurse leaders, and devising an established plan to intervene in a positive way with nurses, this phenomenon can be extinguished completely.

All nurses need to have a healthy work life balance to counteract against burnout and fatigue. Factors can include; finding a few coworkers to confide in at work and building those relationships, set boundaries and stick to them, reaching out to the free counseling and classes that their facility may offer, take time off from work either by treating yourself to a vacation or a stay-cation and finally, allow yourself compassion. Know your limits and know that it is perfectly acceptable to have limits; take time out to recharge your batteries and find ways to fill your cup for yourself.

contributes to creating a positive work environment that promotes well-being and camaraderie. Shared laughter can foster a sense of community, support teamwork, and help healthcare professionals bond over the shared experiences of their work. By cultivating a culture of humor and positivity, healthcare organizations can create a more supportive and resilient workforce that is better equipped to handle the challenges of the job.

Humor in nursing is not about making light of serious situations or being careless; rather, it is a way for nurses to build resilience, connect with their colleagues, and find moments of joy amid challenging circumstances. Through shared laughter, nurses can create a sense of camaraderie, support each other through difficult times, and foster a positive work environment that promotes well-being and mental health. Sometimes humor is what allows the nurse to get through the day. A well-placed joke can diffuse that difficult situation just enough to allow the nurse to decompress.

Karyn Buxman states, “Humor is a healthy coping mechanism; it can be used to dispel tension and accumulated emotion in a socially acceptable way.” So, the next time that you hear nurses joking and laughing, ask yourself how much stress they are under and join in the fun. They are not making fun of anyone, but some situations are just plain comical.

In conclusion, the role of humor in nursing is a vital aspect of the profession that helps healthcare professionals cope with the demands of their work, navigate emotional challenges, and maintain their well-being in high-pressure environments. By recognizing the importance of humor in nursing and understanding its role as a coping mechanism, we can better support and empower nurses to thrive in their roles and continue providing exceptional care to patients. Humor is not just a source of laughter; it is a tool for resilience, connection, and well-being in the demanding world of healthcare.

against PAMC, generating leverage at the bargaining table.

More aggressive actions were also undertaken. On the days bargaining occurred, the entire bargaining unit would wear red scrubs. Not only did members participate in this, but solidarity was shown with other professions including doctors, and technicians that would wear red too. Arguably the most aggressive action during the campaign was having 154 nurses, clad in red, attend a bargaining day as in-person observers. During this, PAMC could physically visualize how united PRN nurses were in winning a fair contract as concerns over breaking fire codes were communicated. This action struck fear in PAMC’s management.

Roughly a month later, during the fifth bargaining session, two 14-hour days of negotiations took place. By the end of the second day, PAMC still had not extended a fair offer to their nurses, prompting PRN leadership, under the advice of AaNA’s national affiliate the American Federation of Teachers (AFT), to begin walking away from the table while stating that they would continue with their organizing actions. Fearful that PRN would host an informational rally with 300 nurses, and untold hundreds of other community members outside of the hospital, PAMC relented. That night, PRN and PAMC agreed on 23.7% average wage increase for all nurses in the hospital, among other issues that were resolved. This wage increase was the highest in association history, and more than double the previous

highest wage increase. It also skyrocketed PRN members to some of the highest paid nurses in the north-west region.

The reason why this victory was achievable is three-fold. Firstly, hiring a full-time organizer to carve out activists from the membership to mobilize for large scale collective action was foundational. Secondly, active members who were willing to be organized by starting small, and growing in ownership and accountability to the goal of winning a fair contract was instrumental in affording PRN’s bargaining team “ammunition”, if you will, to pressure PAMC. Lastly, the community’s support, or at least the threat of it, in wanting to attend and coordinate how to maximize the number of rally attendees was a direct threat to PAMC’s public image, one that the hospital prided itself on. The culmination of these elements was integral to garnering a historic contract. These three conditions and how they played out serve as the historical basis for future findings. They also inform us about how to run a successful contract campaign at PAMC. Future AaNA and PRN leadership and members would be wise to reflect on this with the succinct understanding that when labor realizes it is the reason why organizations like PAMC make a profit, its success is limited only by its imagination.



## AFT Staffing Committee Training Series

### Course Description

Through the AFT Code Red campaign, health professionals are winning groundbreaking improvements for patient safety, including requiring staffing committees to create safer staffing plans in collaboration with direct care staff. Staffing committees are an important tool for safe staffing, but their success depends on the leadership of dedicated union health professionals. This series is designed to train, support, and empower health professionals from all backgrounds and experience levels to fully participate in an effective staffing committee. In this training, learners will move through three modules, each focused on a different aspect of staffing committee work. Each one-hour module is broken down into three lessons to support health professionals building these skills at a time and pace that works best for them.

**Contact hours awarded:** 3.0

**Registration Required:** <https://bit.ly/AFTStaffingCommittee>

### Presenters

- Kelly Nedrow, Senior Director, AFT Health Issues
- Matt Calzia, Director of Nursing Practice and Professional Development, Oregon Nurses Association
- Fred Hyde, Consultant, Fred Hyde & Associates
- Christy Simila, Nursing Practice Consultant, Oregon Nurses Association
- Erica Bell, Director of Nursing Practice, Ohio Nurses Association
- Sheryl Mount, President, HPAE Local 5105
- Deborah Egel, Consultant, Public Employees Federation
- John Brady, Vice President, AFT Connecticut
- Therese Hooft, Nurse Practice Consultant, Oregon Nurses Association
- Robin Haux, Labor Director, Montana Nurses Association

### Relevant Financial Disclosures

AFT Nurses and Health Professionals requires disclosure of any relevant financial interest or other affiliation a presenter has with an ineligible company. The planners and presenters for this training have declared no relevant financial relationships.

Accredited status of this activity does not imply endorsement of any product or service by AFT-NHP.

### Learning Outcome

80% of participants will be able to use the knowledge gained to fully participate on a committee to advocate for safe staffing at the local level and specific facility.

### Successful Completion

The learner must attend 100 percent of each lesson. After the learner has completed all lessons in the training series, a post-test with a passing score of 80% and program evaluation must be completed before a certificate of completion is issued.

### Contact Hours

3.0 contact hours will be awarded to attendees who successfully complete the full training series. No partial credit will be awarded.

### Accreditation

AFT Nurses and Health Professionals is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. #P0003

**Access to this course will end on March 15, 2026.**

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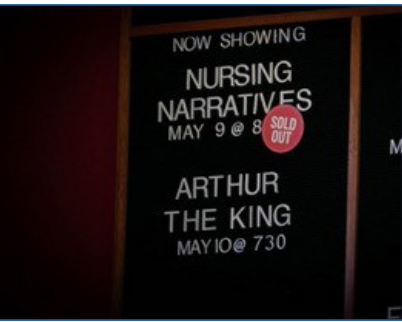


# Happy Nurses Week...

...to the phenomenal nurses that help to care for the people and communities of this great state!



## May 6<sup>th</sup>-12<sup>th</sup>



The week, May 6th -12th began with an interactive community event at the UAA Health Sciences building where nurses came from all aspects of healthcare to meet with students and individuals to discuss the various roles that can be done in nursing. For our students at UAA, APU, and Charter college nursing programs, we delivered bagels and sweet treats to show our appreciation for all their hard work in becoming our future nursing workforce. This event was followed by Nurse Narratives at the Bear Tooth Theatre Pub in Anchorage. The night filled with uplifting stories from nurses that give a glimpse into the life of a nurse and the trials and tribulations we face daily. Our friends at Kaladi Brothers donated delicious coffee and tea to our Providence Alaska Medical Center healthcare workers bringing a smile and liquid caffeine courage to brighten their day. The week ended with the Love a Nurse 5K Run at Goose Lake with over 190 outstanding individuals and a multitude of volunteers to make this event a day filled with fellowship, fun, sunshine, and sore calves. This week would not have been possible without the dedication and devotion of our volunteers and staff who work tirelessly to make these events as exceptional and remarkable as the nurses they represent. Proceeds from the week benefit the Foundation for Alaska Nurses; whose mission is to assist with educational events and provide support to the Nurses Honor Guard.



For more information about the Foundation, contact Donna Phillips at [donna@aknurse.org](mailto:donna@aknurse.org)

# Calendar of Events

## Solidarity Picnic

Hosted by Anchorage Central Labor Council (CLC)  
Delaney Park Strip  
Between N & P  
June 8, 2024  
12PM - 4PM  
Volunteers needed for First Aid tent.  
Please reach out to Shannon@aknurse.org to volunteer for on-site First Aid

## TUESDAY TALKS virtual

Hosted by AaNA  
3rd Tuesday of the month  
June 18, July 16, August 20, 2024  
Contact hours available  
[www.aknurse.org](http://www.aknurse.org)

## Alaska Health Fair, Inc

Many dates and locations are available. Need volunteer hours to renew your license (Expires Nov 2024)  
Health Fairs & Affordable Blood Tests in Anchorage, Fairbanks & Juneau  
[alaskahealthfair.org](http://alaskahealthfair.org)

## Narcan Kit Building

Hosted by AaNA  
June 29, 2024 @ 12pm  
Contact [Geri@aknurse.org](mailto:Geri@aknurse.org) to sign up for volunteer hours

## AFT Biennial Convention (Education, Healthcare, and Public Services)

Houston, TX  
July 22-25, 2024

## Northwest Region WOC Nurse and Pacific Coast Region's WOC Nurse Annual 2024 Conference

Anchorage, AK  
July 31 - August 1, 2024  
Northwest Region WOCN - Wound Ostomy & Continence Nurses Society  
[www.nwregionwocn.org](http://www.nwregionwocn.org)

## Alaska Board of Nursing Meeting

virtual in-person  
August 7-8, 2024  
Location: TBD (receive CE's for attending BON meeting)  
[nursing.alaska.gov](http://nursing.alaska.gov)

## 18<sup>th</sup> Annual Asthma and Allergy Conference

in-person  
Hosted by AAFA Chapter  
September 6-7, 2024  
@ Alyeska Resort  
[www.aafaalaska.com](http://www.aafaalaska.com)

## Alaska Nurse Practitioner Association Annual Conference 2024

Hosted by ANPA Alaska  
September 26 -27, 2024  
@BP Energy Center  
[www.Anpa.enpnetwork.com](http://www.Anpa.enpnetwork.com)

## Nursing Narratives 2.0

in-person  
Hosted by AaNA, Alaska  
October 2, 2024  
Beartooth Theatrepub  
[www.aknurse.org](http://www.aknurse.org)  
[beartooththeatre.net](http://beartooththeatre.net)

## 2024 Trending Topics in Nursing Conference

Hosted by AaNA  
October 3, 4 & 5, 2024  
APU-Grant Hall, Anchorage  
[www.aanaconference.org](http://www.aanaconference.org)  
[www.aknurse.org](http://www.aknurse.org)

## 2024 General Assembly

Hosted by AaNA  
October 5, 2024 (Following Trending Topics conference)  
APU-Grant Hall, Anchorage  
[www.aknurse.org](http://www.aknurse.org)

## Holiday Helping Hands AaNA Holiday Assistance Program for Nurses

November - December 2024  
[www.aknurse.org](http://www.aknurse.org)

Visit [www.aknurse.org/](http://www.aknurse.org/) events for frequent updates and information on AaNA events and local continuing education opportunities.

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

# TRENDING TOPICS IN NURSING

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