MEMBERSHIP MYTH:

“I must be a member, I get ILLINOIS NURSE”

The truth is Illinois Nurse is published and distributed to all nurses in Illinois. If you are not paying dues, you are not a member of INA. (please see page 15 for other Membership Myths & Misconceptions)
Transition Strategies: Not Just For Advance Practice Nurses!

Pam Robbins BSN, RN
President, Illinois Nurses Association

Registered professional nurses who complete graduate education achieving an advance practice nursing (APN) degree deserve a nod for scholarly progression. As if educational accomplishment is not enough, the marketing of oneself as a new APN graduate may be the next level of challenge as one transitions from academic safety zone to the real work world. There are many resources to assist the nurse practitioner with the “how-to” building of their practice ranging from marketing strategies and service reimbursement basics, billing, the legal specifics of regulation and collaboration agreements with physicians (Hamric, 2009) (Buppert, 2008). If that was not enough, how does one stay centered amongst the rigors of business and maintain any remnant of your so called life? How does one seek a work-life balance as the payoff for your efforts of educational and professional accomplishment? We must look into our own profession and education preparedness to answer such questions and heed the same sage advice for ourselves as we would offer to our patients. The key to reigning in anxiety is by valuing self and spirit first. This may sound counterintuitive, as nurses often sacrifice self for others. If nurses tend to suffer on the vocational cross, we put everyone ahead of ourselves, but in all honesty, nurses will burnout using up our proverbial tank down to empty…expend all of our fuel for one last run, only to find ourselves physically, emotionally and spiritually drained. The term burnout is common place. Nurses must achieve a balance of work and life if we truly want to sustain ourselves in nursing. One nurse spoke to Greg Risberg and said she felt the response of “fine” could also reflect an acronym for “feelings inside not expressed.” Think on how to incorporate Bolles (2002) recommendations to sustaining a positive outlook during transitional periods. Find a balance of work and life that will sustain you. These strategies can be beneficial not only for APN graduates but for anyone in transition. Taking care of self is the first place to start! Work towards answering the question that describes that you are more than just “fine!” Value self by taking measures to stay positive and physically fit. Re-energize with emotional and spiritual connections that keep you healthy and transition to “anywhere” successfully!

You and I know, “fine” may be the farthest from the truth, but for various reasons, nurses, avert attention from self, and rarely share their true feelings. Greg suggested that “fine” could be an acronym for F=frustrated, I=irritated, N=neurotic and E=exhausted. The crowd roared with laughter, and at the same time the heads in the room began nodding in affirmation. If “fine” is your acronym for frustrated, irritated, neurotic and exhausted, then I recommend considering the five strategies by Bolles (2002) to fortify your defenses. During transitional periods of life, whether from academia to practitioner, new parent or finally embracing a life decision to seek work balance, you must take a positive outlook with time for self value and recognition!

• Keep physically fit by developing an action plan that makes time for positive self-care
• Deal with emotions by building an effective support network
• Monitor mental stamina, and focus on positive views
• Utilize spiritually for support in difficult times
• Keep active by using time and talents within the community

One aspect of nursing is we seem to give away all, leaving but crumbs for self. We run our proverbial tank down to empty…expend all of our fuel for one last run, only to find ourselves physically, emotionally and spiritually drained. The term burnout is common place. Nurses must achieve a balance of work and life if we truly want to sustain ourselves in nursing. One nurse spoke to Greg Risberg and said she felt the response of “fine” could also reflect an acronym for “feelings inside not expressed.” Think on how to incorporate Bolles (2002) recommendations to sustaining a positive outlook during transitional periods. Find a balance of work and life that will sustain you. These strategies can be beneficial not only for APN graduates but for anyone in transition. Taking care of self is the first place to start! Work towards answering the question that describes that you are more than just “fine!” Value self by taking measures to stay positive and physically fit. Re-energize with emotional and spiritual connections that keep you healthy and transition to “anywhere” successfully!

References
Risberg, Greg CSP,MSW. “You make a Difference” 2009 INA/ISAPN convention.
Executive Director’s Update

Susan Y. Swart, MS, RN
INA Executive Director

As this new biennium begins several things are keeping us busy at the association. We are assisting in the preparation for a summit in April. An invitation has been extended to multiple organizations to present a summit on the topic of Educational Advancement for Registered Nurses. This event will be open to those interested and will be held at Heartland Community College in Normal. I wish to take a moment to thank Heartland and their Dean Catherine Miller who have generously agreed to host this event.

The Illinois Nurses Foundation is planning its first “Wisdom of Giving” Benefit. A late spring, early summer event. We have generously agreed to host this event.

Other individuals elected to office for the 2009-2011 term include:
Congress on Health Policy & Practice
Catherine Neuman
P. Joan Larsen
Ann Smith

Commission on Continuing Education
Kim White
Debra Goodard

Committee on Nominations
Judith Nykiel
Alma Labunski
Patricia Lewis
Mary Petrella

New Board continued from page 1

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Announcement, as we are sure this will be the event to attend. Proceeds for this brunch will go to expand the scholarship programs of the Foundation.

A new board was elected at the 80th Biennial Convention held in Lombard in October. I am pleased to introduce them to you on the front cover of this issue. A lot of challenges will be faced by this group as INA begins to plan for both the changing world of healthcare as well as the changing world of associations. Empowerment of the individual nurse member will be our focus as we begin to re-define our programs and services.

The next big project for INA will be the launch of our new publication: CHART. This journal will be dedicated to scholarly articles focused on various clinical and professional issues facing the nurses of Illinois. This will mark a beginning for INA as we shine a spotlight on innovative nursing practice throughout Illinois. We are reaching out to all clinicians and educators to submit articles that will help to bring attention on nursing in Illinois and our impact on the profession. Our first issue will be distributed in the spring of 2010. Please be on the lookout for the NEW and IMPROVED CHART.

I am sure this will prove to be an exciting year as we progress into 2010. Please take a few minutes to look through this issue and discover the work of your colleagues. If you are not a member of the Illinois Nurses Association, I invite you to join TODAY. For a meager $4.80/week you can become a member of the only nursing association in Illinois that is dedicated to working on behalf of all nurses throughout this great state.
New Illinois Law Allows Innovative STD Treatment Method

John Peller, Director of Government Relations, AIDS Foundation of Chicago
jpeller@aidschicago.org

Remember that patient who came back again and again, infected with chlamydia or gonorrhea, because her partner never got treated? Thanks to legislation recently enacted in Illinois and supported by the Illinois Nurses Association, a solution is on its way.

Beginning January 1, 2010, a sexually transmitted disease (STD) treatment method called expedited partner therapy (EPT) will be allowed under Illinois law. EPT is recommended by the U.S. Centers for Disease Control and Prevention (CDC) and is permitted in 20 states and one city, Baltimore. 1

With EPT, providers are permitted to prescribe antibiotics to the partners of patients diagnosed with chlamydia or gonorrhea, without examining the partner. Providers can give patients medications or prescriptions to give to their partners. Providers will be required to counsel patients and give an information sheet along with the prescription or medication.

EPT addresses the problem that more than half of partners of patients diagnosed with chlamydia and gonorrhea are usually never treated, often because they are asymptomatic. Both STDs are treated with single doses of widely-tolerated antibiotics, azithromycin and cefodoxime.

Chlamydia and gonorrhea are the two most common reportable STDs in Illinois and across the nation. In 2007, over 55,000 chlamydia cases and over 20,000 gonorrhea cases were reported in Illinois. STDs can cause severe and life-long health problems for women, including pelvic inflammatory disease (PID), infertility, and ectopic pregnancy.

Illinois' newest STD treatment law came after a two-year effort led by the AIDS Foundation of Chicago (AFC) and a broad coalition that included the Illinois Nurses Association. The bill, SB 212, sponsored by State Sen. Pat Quinn (D-Chicago), was signed into law in August by Governor David Koehler (D-Peoria) and State Rep. Sara Feigenholtz (D-Chicago), was signed into law in August by Governor David Koehler (D-Peoria) and State Rep. Sara Feigenholtz (D-Peoria).

In 2008, ANA introduced an action report which supports the advancement of a nurse's education. INA followed with a position paper supporting ANA's action report. Different from entry into practice, this concept of advancing a nurses education, recognizes the value of multiple points of entry into nursing education, with the ultimate goal being baccalaureate education within ten years of initial licensure. This approach continues to recognize all educational entries into the profession while acknowledging the changing healthcare environment and associated competencies necessary to adapt to those changes.

A group of nursing leaders from across the state have formed a task force challenged to develop a nursing summit to discuss this very issue. Leaders representing various nursing associations, educators of associate and baccalaureate nurses and nurse managers have gathered in a collaborative effort to facilitate a statewide discussion regarding the feasibility of moving forward with this issue. The date for this open forum has been set for April 20, 2010 at Heartland Community College. Further details regarding this event, are not yet available. Our website will list the details of the meeting as it becomes available: www.illinoisnurses.com

Some key points regarding the educational advancement of RN's include:

• The purpose of requiring the baccalaureate degree for continued licensure as a registered nurse within ten years of initial licensure is to be responsive to meet the increasingly complex health care needs of the residents of Illinois.

• This preserves associate, diploma and baccalaureate nursing education. No associate degree or diploma program would be closed.

• Applies only to future educated graduates of associate and diploma nursing programs.

• Nurses who are already licensed and students who have applied to or are enrolled in nursing schools would be exempt. Due to this clause, the nursing shortage would not be intensified.

• Seeks to advance the education of nurses to levels closer to that of the majority of health care disciplines

• There are many avenues for RNs who want to earn a bachelors degree. In Illinois, there is increased availability of program articulation.

Rollo May stated, “Communication leads to community, that is, to understanding, intimacy and mutual valuing.” Mark your calendars to join your nursing community for this respectful discussion of this important issue.

References:

Snapshots from Convention
INA 2009 HOD Votes to Influence Health Care Reform

Below is the letter sent to President Barack Obama and the US Congress:

Dear President Barack Obama:

On October 17, 2009, the Illinois Nurses Association’s 2009 House of Delegates voted to send letters to President Barack Obama, the United States Senate, and the House of Representatives stating that: The Illinois Nurses Association seeks to influence the Federal Administration, the U.S. Senate and U.S. House of Representatives to pass a bill that provides a robust public health insurance option with fiscal responsibility, no denial of health insurance due to a pre-existing condition, no loss of coverage due to an illness, and affordable premiums.

The Illinois Nurses Association has a long history in support of health care as a right, including accessible, affordable quality healthcare for all. The American Nurses Association, of which Illinois Nurses Association is a constituent member, as well as the United American Nurses/AFL-CIO, are in support of national health care reform legislation.

Thank you for listening to the Illinois Nurses Association,” The Voice of Illinois Nursing for over 100 years”.

The Illinois Nurses Association
2009 House Of Delegates

INA-PAC
Illinois Nurses Association Political Action Committee

Nurses want to provide quality care for their patients...
The Illinois Nurses’ Association Political Action Committee (INA-PAC) makes sure Springfield gives them the resources to do that.

The work of INA-PAC is supported through the generous contributions of its members. In the coming years, some of the most significant nursing issues could be decided legislatively—making it crucial to maintain a powerful position among lawmakers in Springfield. Help PAC, help YOU!

So... if you think nurses need more visibility
...if you think nurses united can speak more effectively in the political arena
...if you think involvement in the political process is every citizen’s responsibility

Become a INA-PAC contributor TODAY!

Make checks payable to INA-PAC.

Please indicate above your desired level of contribution

Date: ___________________
Name: ___________________________ E-Mail: _________________________
Address: _________________________________________________________________________
City, State, Zip Code: ________________________________
Preferred Phone Number: ________________________________

Please mail completed form & check to: Illinois Nurses Association
Attn: INA-PAC
105 W. Adams St., Suite 2101
Chicago, IL 60603

SAVE THE DATE

PANN Peer Assistance Network for Nurses
Nurses helping nurses with impairment from alcohol, drugs, or emotional disorders.
Hotline 1-800-262-2500

VOTE
Illinois Nurses Foundation

Caring Garden
Growing Support for Nurses in Need

Illinois Nurses Foundation Seeks Your Assistance For Nurses In Need

The Illinois Nurses Foundation understands that times continue to be challenging, however, they are even harder for those who are less fortunate. In this tough economic environment, we have seen many people suffering without food, clothing and/or shelter. Among those in need may be nurse colleagues. Many stories such as, tending to adult children and their children and grandchildren (i.e., multigenerational family members living under the same roof) who have undergone severe crises, dealing with deaths of immediate family members, multiple injuries with complications which prohibited their return to employment, sudden deaths of family members, etc., are some of the typically reported stories. The Illinois Nurses Foundation created a CARING GARDEN in order to grow a special fund for providing this much needed assistance.

INF would like to take this opportunity to thank those individuals who contributed items to this year’s Silent Auction, including: Cheryl Anema, Ardyss International, Kathy Blachowski, Farmer’s Guest House - Galena, Sharon Canariato, Hilton Oak Lawn, Loretta Headrick, HIS Rest Bed & Breakfast, Alma Labunski, LPGA Teaching Professional, Charlice Martin, Renaissance Hotel, Catherine Neuman, Jennifer Nykiel- Donlin, Judy Nykiel, Tom Nykiel, Ann O’Sullivan, Maureen Shekleton, Susan Swart, Deb Weiderman, District 19, District 20 and SIUE Nursing Students.

District 2 presents the Foundation with a check

Judy Nykiel, INF President; Mary Bortolotti, District 2 President.

INF Silent Auction Sells Out!

The Illinois Nurses Foundation held a successful silent auction during the 2009 Convention. We are happy to report that every item contributed to the INF Silent Auction was sold and a total of $2131 was donated to the Nurses in Need fund.

Nurses who are facing financial hardships due to illness, natural disaster, personal or family crisis often have no place to turn. The Foundation wants to give them hope as one more way to further our mission in support of nurses in Illinois. Through your efforts in growing this fund, you will be tending to the needs and future hopes of these nurses. A donation form is located here for your convenience. It is also on our Web site at www.illinoisnurses.com. Won’t you help us give nurses in crisis a ray of hope? This special fund is the only one of its kind in Illinois.

Donate to the CARING GARDEN for Nurses in Need Today!!! Don’t delay!
A solid knowledge of nursing, extensive educational preparation and strong clinical skills provide a school nurse with the ability and confidence to respond independently and appropriately to any situation.

Myth #2 Any nurse can do school nursing.

That is far from the truth! School nursing is a very unique area of practice requiring a broad-based nursing knowledge, as well as on-going education in pediatrics, public health, emergency care, orthopedics, endocrinology, respiratory and neurological disorders, and many other specialties and treatments. In Illinois and many other states, postgraduate work in education and specialized certification provides a school nursing specialization.

Furthermore, working within the education field requires nurses to learn an entirely new system that has different laws, language, and professionals. Legislation, such as the special education laws developed within the last thirty (30) years requires nurses to provide care for children with disabilities to receive free and appropriate education and Section 504 of the Rehabilitation Act ensuring equal access to education for children with disabilities, has dramatically changed the landscape and population in our schools. These changes create new challenges and have had a huge impact on the practice of school nursing. To insure compliance and safe care of students, a school nurse needs an understanding of school law and its impact on her practice.

Myth #3 School nursing is limited to putting band-aids on boo-boos.

You must be kidding! One of the most rewarding features of school nursing is the positive impact the nurse can have on the academic and social development, and self-image of a student. More importantly is how that academic success, social development, and self-concept contribute to success as an adult.

This occurs when school staff recognizes a child struggling within the school. In a true collaborative effort, a team of diverse specialists work to better understand and solve the problem. This comprehensive evaluation includes assessments and analyses from each specialist that are used to formulate a plan specific to the child and his or her needs. In this effort, each specialist contributes his or her expertise, with team members relying on the nurse for her insight into any medical condition and its impact on student academic and classroom functioning. As a valued member of this education team, the school nurse is in the sole position to make instructional judgments based on knowledge of health and school law and her evaluation of the student’s health.

The product of this collaboration, an Individualized Education Plan, provides the support the student needs for success in school. Witnessing a student’s success and its positive effect on self-esteem is one of the great rewards of school nursing.

Myth #4 School nurses have the best schedules: no weekends, no holidays and summers off.

OK, that one is true! Yes, school nursing is a great career! One of the reasons school nursing is such a great career is that by seeking ways to keep kids healthy and at school where learning can occur, school nurses focus on wellness more often than focusing on illness. What’s more, it is rare to drive home at the end of the day without chuckling over something a student did. Sure, the challenges are there, but when you work with kids, it is truly impossible to lose hope.

School nurses, as liaisons between the students, staff, families, and medical professionals, have opportunities every day to make a difference in a life. In the end, nurses gaining an understanding and appreciation of the other areas of nursing benefit the profession as a whole. We cannot truly support each other, celebrate our collective successes, and encourage our shared challenges until we understand the work and needs of fellow nurses. As colleagues, let’s commit to advancing our cause, the art and science of nursing, by providing support to each other as individual nurses and as a profession.

October 17, 2009
INA House of Delegates
Memorial Resolution

Whereas,
Recognition of service and dedication is always appropriate, and although the nursing profession displays these qualities in abundance, there are outstanding colleagues to be remembered, and

Whereas,
The nurses who have died since the 2005 House of Delegates were enthusiastic participants in the activities of the profession, American Nurses Association, Illinois Nurses Association, and District Associations, and

Whereas,
Their concern for others, enthusiasm for the profession and willingness to serve will be sorely missed by their colleagues and community alike; therefore be it

RESOLVED,
That this House of Delegates memorializes:
• Joyce Waterman Taylor, District 1 a neuro clinical specialist at County Hospital in the 1960’s and active member of the Cook County bargaining unit;
• John Garde, the long time Executive Director of the American Association of Nurse Anesthetist and graduate from the Alexian Brothers Hospital School of Nursing;
• Gladys Niggli, District 10 and INA member for 50+ years;
• Mary Elizabeth Carnegie, a champion for minority nurses, and the nursing profession;
• Hoyt White, District 10 and INA member for 50+ years;
• Kathleen Hoover Papes, a tireless advocate for advancing the economic and general welfare programs of nurses;
• Joan Duslak, District 19 member who gave many hours in service to our Approver unit as a CE Review Panel member;
• Imogene King, nursing theorist, who taught at Loyola University from 1960-1966 and again from 1971 to 1980 and received an Honorary PhD from the Illinois Institute of Technology in 1980;
• and Cindy Steury Lattz, District 17 member and the former INA President and therefore be it further

RESOLVED,
The principles by which they lived and worked be a constant reminder of the impact one person can make on the health of a community and strength of the profession. Their memories will be an inspiration to us all in our commitment to meet the challenges of the future; and therefore be it further

RESOLVED,
That this House of Delegates pause now for a minute of silence to honor and remember these members and all former members who marked nursing’s future which we now enjoy.
Is your community a good place to grow up and to grow old? A Community for All Ages? Will your community meet the needs of those 65, 75, 85, 95 or even 105? If not, how can a ‘livable community’ for all ages be created?

The dramatic rise in the numbers of older Americans will impact every aspect of communities. The entire social, physical and fiscal fabric of communities will be affected by the growing aging population with an impact on many areas including:

• Housing
• Health
• Transportation
• Land Use Planning
• Public Safety
• Parks and Recreation
• Workforce Development/Education
• Volunteerism/Civic Engagement
• Arts and Cultural Activities
• Economic Development/Fiscal Impact

The development of a ‘livable community’ project begins with

• Convening key stakeholders
• Assessing existing policies, programs and services that will effect an aging population (not just aging services)
• Determining challenges and opportunities to becoming an elder friendly community
• Engaging citizens, county agencies, businesses and the private sector to develop and implement an aging in place/community for all ages plan
• Getting people to understand that the importance of community as a whole to maintaining the quality of life for all citizens—including older adults
• Getting all the key stakeholders at the table in the beginning
• Establishing a shared community goal/vision
• Tackling issues incrementally—starting small and building on success
• Keeping the momentum going by publicly celebrating accomplishments (Markham, 2007).

In 2005/2006, the National Council of Area Agencies on Aging in partnership with the International City/County Management Association, National Association of Counties, National League of Cities and Partners for Livable Communities with the support of the MetLife Foundation conducted a national survey of America’s cities and counties to assess “aging readiness” and found only 46 percent of U.S. communities had even begun any planning efforts to prepare for their aging population. The communities with plans or programs in process tended to have addressed only one issue related to elders. The areas with the experience of heaviest in-migration of older adults were those more likely to have begun to plan.

Since 1900, the percentage of Americans age 65+ has more than tripled and as the Baby Boomers age, by 2030, 70 million Americans—twice their number in 2009—will be 65+. At that point, older Americans will comprise 20% of the U.S. population, representing one in every 5 Americans (Markwood, 2007). In Illinois, the 8 ‘collar’ counties surrounding Cook County (Lake, Dupage, McHenry, Kane, Kendall, Will, Kankakee, and Grundy) are experiencing an increase in the 60+ population much faster than the rest of the state. Between 2010-2020, the 60+ population of this region is expected to increase another 48.74% as compared to 31.58% for the state. The Northeastern Illinois (NEIL) Area Agency on Aging which provides services in the collar counties began a ‘livable community’ initiative in 2008 within four unique communities: Westmont, Elgin, Kankakee, Highwood, and Lockport. Criteria for participation included assurance of a mixture of high-density and low-density communities with at least “one chosen community representative of the economic, racial, ethnic and English speaking households found within the region. By sampling communities already experiencing high concentrations of older adults in order that the Area Agency on Aging can assess how these communities have adapted to-date.

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The role of NEIL in this ‘livable community’ project is to serve as consultant while highlighting the role of local provider agencies in community decisions as these communities include the needs of older adults into their community readiness planning process. The major activities within these four pilot communities will be summarized in a report to the Illinois Department of Aging and other area agencies in the state. Lessons learned will help other areas within the state to address the planning for a community that can meet the needs of all age groups.

References

Dr. Kraft is Assistant Professor, Marcella Niehoff School of Nursing, Loyola University-Chicago.
The field of correctional nursing is poised for its next big advance: specialty certification through NCCHC’s Certified Correctional Health Professional program. This is an idea whose time has come. But how did we get here? Let’s reflect on the evolution of this profession.

A Look at Our Past

The specialty of correctional nursing has been visible for more than 30 years. Although its early days are not well chronicled, it appears to have emerged largely in response to the forces that propelled correctional health care in general, such as the 1976 U.S. Supreme Court ruling in Estelle v. Gamble.

Before the 1970s, much inmate health care was provided by other inmates, correctional officers and the occasional physician. The first documentation of correctional nursing may have been a 1975 article by Rena Murtha, a director of nursing for a large correctional system. In her account, nurses were “a tool of the warden, a slave of the physician and an unknown to the patient.”

Since then, the literature on correctional nursing in this country has been limited. Some articles describe blurring boundaries between corrections and nursing, others found a lack of professional practice or lack of concern for inmate patients. For many years, correctional nurses themselves felt they were viewed as substandard, as castaways who could not practice anywhere else. Similar perceptions existed of correctional physicians.

It is true that initially there were no real standards or expectations for nurses or physicians working in corrections. Because recruitment was often a challenge, it was easier to simply hire someone without relying on a systematic method of reviewing credentials or experience.

However, as standards for correctional health care emerged, such as those of the National Commission on Correctional Health Care, likewise standards for health professionals took hold. These standards guided provision of care in jails and prisons, helping to improve quality and reduce negative stereotypes.

Despite these advances and the hiring of better qualified nurses, the perception persisted that good nurses would not work in corrections. In large part, this belief stems from the lack of knowledge about the environment and practice of correctional nursing, often coupled with fear and, occasionally, instances of nurses taking on aspects of their security counterparts. Consequently, some nurses left this field and others were reluctant to choose it.

It didn’t help that many facilities lacked the leadership and structure for nurses that exist in traditional health care settings. In years past, nurses usually reported to a corrections administrator or to a physician. In the absence of solid knowledge and expertise in nursing theory and standards, this reporting structure failed to optimize nursing practice in correctional health care.

What has changed?

Correctional nursing has experienced considerable growth in the past 30 years. The complex health needs of patients entering our systems require nurses with specialized knowledge and skill. Today, correctional nurses play a critical role in ensuring inmates’ access to care and in health care delivery. It is the nurse with whom the inmate interacts most frequently and whom the officer consults when an inmate has a health problem.

As in most health care settings, correctional nurses are the primary clinical providers of care. Registered nurses are necessary to lead care delivery, as well as to direct the licensed nurses who work under their guidance. Correctional nurses must be clinically competent and well grounded in nursing practice. They must possess excellent skills in assessment and critical thinking. Their judgment is critical to the inmates’ access to care.

Correctional nursing leaders have contributed greatly to improvements in delivery of services and quality of care. Certification is the formal recognition of specialized knowledge, skills and experience that demonstrate competence and achievement of standards of a specialty that fosters and promotes optimal health outcomes. A key part of the CCHP program is the test designed to measure a candidate’s mastery of the specialty.

Certification helps to legitimize this body of knowledge and skills. Just as important, it will certainly inspire others to pursue careers in correctional nursing and will stimulate scholarly research in this field.

Correctional nursing is poised for its next big advance: specialty certification. To learn about this CCHP program, see www.ncchc.org/cchp.

Correctional nursing is a critical role

Correctional nurses play a critical role in ensuring inmates’ access to care and in health care delivery. The nurse also assumes responsibility for their own health. The nurse also assumes responsibility for their own health.

Correctional nursing is on a roll, and even greater opportunities lie ahead. Last spring, CCHP program leaders began to explore the development of specialty certification for correctional nursing. Given that 53% of the more than 2,000 active CCHPs are nurses, this made sense.

Certification is the formal recognition of specialized knowledge, skills and experience that demonstrate competence and achievement of standards of a specialty. Clearly, correctional nursing is on a roll, and even greater opportunities lie ahead. Last spring, CCHP program leaders began to explore the development of specialty certification for correctional nursing. Given that 53% of the more than 2,000 active CCHPs are nurses, this made sense.

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Certification for correctional nursing helps to legitimize this body of knowledge and skills. Just as important, it will certainly inspire others to pursue careers in correctional nursing and will stimulate scholarly research in this field.

Correctional nursing leaders across the country. The standards state that “Matters of nursing judgment are solely the domain of the registered nurse.” A major emphasis of this work is primary health care. These services include intake screening and evaluation, health screening, direct patient care, assessment and evaluation of an individual’s health behavior, teaching, counseling and helping inmates to assume responsibility for their own health. The nurse also may identify and provide community linkages for inmates upon discharge.
EXECUTIVE SUMMARY

The Illinois Nurses Association (INA) supports the position which promotes culturally competent professionals who integrate all individuals regardless of age and culture. It reflects practice with compassion and respect for the inherent dignity, worth and uniqueness of all human beings. The INA supports implementation of continuing education for all professional and auxiliary health care delivery personnel regarding integration of culturally diverse health care services for older adults.

BACKGROUND

Aging population, currently registered by the United States Bureau of Census as 49 million individuals who are 65 years of age and over, significant trends are impacting the future of aging in the United States. First, older adults are increasing their life span; the aging population is rapidly growing with 78 million baby boomers soon reaching the age of 65 and over, (births between 1946-1964) by 2030 two-thirds of 65-74 year olds will reach major proportions by the year 2030. Hence, the nation’s capacity to provide quality and affordable care for older adults aging population will become increasingly challenging.

Also, the “face” of aging is changing nationwide. It is quickly becoming a sea of cultural diversity. The many cultures, ethnicities, abilities, skills, values and experiences, span from over 60 to 100 years of age. And, given the increasing longevity in all cultures, more older adults will require health services for complex chronic conditions and possibly disabling conditions. These numbers, diversity and location will impact the way health care is delivered in the community. The complexity of dementia care varies from acute care to community settings, promotes a dramatic increase in the demand for professionals to care for them. Only 4.5% of older adults reside in institutions (Adams, et al., 1991). 65-74 year olds live with spouse, and/or next of kin within the community. Those over 75 years of age generally live alone.

In current health care delivery, since more than one half of hospitalized clients represent adults over 65 (Yoon, et al., 2006), only nine percent of professional nurses have an undergraduate curriculum in gerontology (Tucker, et al., 2006), only nine percent of professional nurses have a baccalaureate preparation in 20 baccalaureate educational programs. Only 38 reported requiring a separate gerontological theory and clinical course at the undergraduate level (Labunski, 2005). Rationale for lack of inclusion was three-fold: faculty who were not experienced in this area of practice and had not had the same problems, thus should be not be separated. Also, students were exposed to older adults in clinical settings and the overall curriculum supported gerontological learning, which provided even greater negative attitudes toward the aged. Third, students reported that student attitudes were affected by their faculty’s attitudes toward aging, hence, showed little interest in serving the aged.

Professionals’ statements included, “although I was hesitant about spending an entire semester in this course, I really enjoyed the content and consider it so important for this population which deserves our best,” and, “this gerontological course needed to be added . . . there are a lot of myths which were dispelled by taking this course; it has helped me with all of my nursing considerably” (Aud, et al., March-April 2006).

The American Association of Colleges of Nursing (AACN) was awarded an extensive grant by the Hartford Foundation of New York to enhance curriculum development and implementation of a gerontological nursing course for undergraduate nursing. Over the four year grant program, survey feedback from nurses who reflect multiple chronic conditions, complex medication regimens, end-of-life issues, decision-making and rehabilitative services post hospital discharge and care needs of older adults. It further identifies population statistics which as indicated above, reveal that only a small percentage of older adults reside in nursing homes (Administration on Aging, 2004).

POSITION

The Illinois Nurses Association (INA) strongly opposes the perception that culture of ageism. The INA supports implementation of the following interventions to promote culturally competent professionals who integrate all culturally diverse health care services for older adults.

1. Laying the groundwork for older adults theory and clinical curriculum in undergraduate programs by: a. providing faculty education and development; b. insuring that faculty hiring, promotion and tenure procedures regarding independence, driving skills, and long term care; gender disparities; discrimination in health care delivery, Social Security, Medicare and Medicaid status; etc., persist in disparity among all cultures (Sampson & Stalpin, 2001).

2. Promoting culturally competent health care delivery, which reflects practice with compassion assessment, critical thinking and leadership as compared to the care of hospitalized patients. It ignores the complexity of nursing home residents who reflect multiple chronic conditions, complex medication regimens, end-of-life issues, decision-making and rehabilitative services post hospital discharge and care needs of older adults. It further identifies population statistics which as indicated above, reveal that only a small percentage of older adults reside in nursing homes (Administration on Aging, 2004).

REFERENCES


Aud, M., Bostick, J., Marek, D., & McDaniel, R. (2006). Introducing baccalaureate student nurses to gerontological course needed to be added . . . there are a lot of myths which were dispelled by taking this course; it has helped me with all of my nursing considerably” (Aud, et al., March-April 2006).


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Primary Author: Alma J. Labunski, EDD, MS, RN

Adopted by: Illinois Nurses Association
Are You Interested in Becoming a Nurse Educator?

If you currently have your Master’s degree in Nursing, you are qualified to teach in an RN nursing program. Teaching as an adjunct faculty member is a great way to enhance your career and help prepare the next generation of nurses. Most schools throughout the state are looking to hire part-time and full-time nurse educators. Open positions for some schools can be found at www.nursing.illinois.gov.

The Clinical Faculty Academy is a great resource for new and seasoned educators. The program is a two-day skill building program for registered nurses who have a contract to serve as clinical faculty at an Illinois nursing program. The mission of the Academy is to develop qualified Master’s prepared nurses for the role of clinical nurse educators in order to increase faculty workforce, which will expand and sustain enrollments in schools of nursing.

For more information on upcoming Clinical Faculty Academies across the state, or if you would like to plan an Academy in your region, please contact Mary Pat Olson, RN, MPH, Director of Workforce Development for the Metropolitan Chicago Healthcare Council at 312-906-6020, mpolson@mchc.com.

Mary Petrella presents “My Hero, My Dad The Nurse” to St Joseph’s School in Joliet

Mary Petrella (left) and Debbie Oriva
Membership Myths & Misconceptions

"INA must have thousands of members—they don’t need dues or help from me."

Sadly—not true. Similar to public TV or radio which benefits all listeners (whether or not they are paying members) INA provides information, political advocacy and other services which benefit all Illinois nurses, but receives financial support from only a small percentage. Currently there are over 166,000 RNs in Illinois and only 5,200 of these are members of INA.

"I don’t need to be a member—someone else will take care of all that.”

If not YOU, then WHO—you are the “someone else.” Non-nurses (physicians, insurance companies, hospital administrators, trial lawyers, etc.) are waiting in line to define nursing. Without the financial support of the nurses in Illinois, INA has limited ability to protect your rights as a professional registered nurse.

"INA is only a union"

Yes and No. We are a multi-purpose organization that provides services to all nurses in Illinois regardless of their specialty, place of employment or educational preparation. INA does provide union representation for registered nurses working in certain facilities. We are PROUD of our union work. Who else should be representing nurses in their work place if NOT NURSES? But we refuse to be defined as ONLY A UNION!

"INA is made up of all nurse managers and educators—they don’t represent staff nurses."

Our membership is over 70% staff nurses that work at the bedside. Our elected leadership includes a wide range of nurses from new grads and direct care staff to managers, educators and retirees. Our diversity is what makes us STRONGER.

"INA is only interested in hospital nurses and policies”

The association, since its’ founding in 1901, has supported and advocated for all registered nurses in Illinois—in all work settings—and across all nursing specialties. We even extend affiliate membership status to those such as the school nurses association.