

NATIONAL BLACK NURSES ASSOCIATION

NBNA

NEWS

SPECIAL ISSUE: Men in Nursing



MALE NURSES ATTENDING THE INAUGURAL MEN'S HEALTH
BOW TIE INSTITUTE, NBNA 2019 CONFERENCE

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Male Nurses Attending
The Inaugural Men's
Health Bow Tie Institute,
NBNA 2019 Conference

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Men in Nursing — A Valuable Perspective



Nurses make up the largest segment of healthcare providers in the United States, and the majority of nurses are white and female. Gender diversity in the nursing work force is a current area of concern. Of the four million registered nurses in the United States, approximately 10% are male (US Census Bureau, 2017). The demand for registered nurses is expected to increase nationally faster than all other occupations (Bureau of Labor Statistics, 2019). To meet the current and future demand and to ensure safe care for the nation's citizens, the pool of prospective nurses should not be limited based on gender. In this issue of *NBNA News*, as we focus on men in nursing, I challenge everyone to join the conversation on the importance of gender diversity in the profession.

While the nursing profession's current challenges related to diversity in the area of gender persist, men have been a part of the practice and profession of nursing from its inception. As the first nurses, men cared for the sick in ancient Rome and during the Crusades religious wars in the 11th-13th centuries. Religious nursing orders consisted of monks who provided most of the care. In early nursing, organizations of men built hospitals and provided care to the sick and injured. Nursing was considered as much a male profession as a female one prior to the mid to late 19th century. Some sources propose that the emergence of Florence Nightingale in the mid-1800s may have been a major contributor to the changing perception toward nursing as a female profession. Nightingale's high profile work with wounded soldiers during the Crimean War successfully created the idea of nursing as a role for females. By the end of the 19th century, women began their dominance in the nursing profession.

Despite the prevalence of females in the nursing profession, the number of men who are registered nurses is slowly increasing. Currently however, traditional gender roles continue to permeate society's identification of nurses as females. Cultural conditioning, stereotypes, and the continued depiction of the female image of nurses in literature and in the media contribute significantly to the perpetuation of this social perception.

As nurses, we must consider that the lack of gender diversity in the nursing profession may have a negative effect on the delivery of nursing care and subsequent patient health outcomes. The continued underrepresentation of men in nursing increases the likelihood that a large segment of care recipients may perceive that their needs are not fully addressed. A nursing workforce that is reflective of the patient population with regard to age, ethnicity, and gender is an important goal in the provision of patient-centered health care.

Therefore, we must continue to investigate and implement strategies for increasing the number of men in nursing. An obvious first step is to recruit more men into schools of nursing. In order to attract more men to nursing, we must call on schools of nursing to

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A Message from the Co-Editor-in-Chief

develop programs that acquaint elementary and high school students with the nursing profession. Nursing must be seen as a possible career option for men well before high school when students begin to seek college and technical training opportunities.

Another recommendation is the need for attention to retention and graduation of men who are nursing students. The unique challenges that face male nursing students must be addressed. Some of those nursing school challenges may include the lack of mentors and role models, the persistent negative media portrayals of men in nursing, and any faculty bias and barriers perceived by male nursing students.

Men in nursing offer a diverse and valuable perspective in our efforts to provide culturally competent care that results in positive patient outcomes. The increasing diversity of our patient population demands that the nursing profession is equally diverse and fully equipped to meet the needs of all of our care recipients. The articles, by men, in this issue of *NBNA News* offer a glimpse into the richness of the nursing profession when we fully embrace inclusion and when we include all perspectives in our important work as nurses. This issue contains examples of critical thinking, attention to detail, communication and organizational skills, leadership, compassion, and emotional resilience that are reflective of the authors' ongoing works in nursing. Our tacit acceptance of the gender gap in nursing and any implicit bias that may exist must be addressed and resolved. I call on all of our NBNA members and friends to join this critical conversation, and to propose and implement strategies that address the nursing gender gap.

Respectfully,

Jennifer J. Coleman, PhD, RN, CNE, COI
Co-Editor-in-Chief

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Population Health: Men Health Matters

Dr. Martha A. Dawson
President, National Black Nurses Association



This NBNA newsletter is focusing on men's health and celebrates male nurses. As the 13th president of NBNA, I am proud to follow the presidency of our first male president, Dr. Eric J. Williams. July 2019, at our 47th Annual Institute and Conference, we held the inaugural Men's Health Bowtie Institute. You will learn about this institute in this issue as well as learn from the wealth of knowledge that our male nursing colleagues bring to the table.

It is well documented in health care literature that African American (AA) men have some of the poorest health outcomes, experience more violence, grow-up in food insecure households, become incarcerated more, live in single parent households and are more likely to have limited or no health insurance. As a population, men tend to visit their doctors less, ignore health symptoms and fail to take prescribed medication. Due to our society and cultural upbringing many of our young and older men are suffering in silence from medical and mental health issues. All of us have a role in promoting healthy lifestyle, safe living environments, physical activities, and spiritual and emotional well-being in our men. Mothers, grandmothers, sisters, wives and aunties are usually the caretakers and health monitors in our families. Therefore, we are excited to see our male nursing colleagues join us to improve the health of all men.

For decades, NBNA nurses have used a collaborative health model to address health disparities and improve population health in our communities. We provide health services in homes, schools,

beauty salons, barber shops and faith-based organizations. Our initiatives include blood pressure monitoring, health screening, wellness education, medication management, diet and nutrition, infant care, mental health and more. Our expertise and focus starts with preventive services, prenatal care, pediatrics, teenagers, adults, seniors and end with transitional care. NBNA nurses are partnering with politicians, other health care disciplines, schools of nursing, medical colleagues, and community activists to improve the health of our men.

We are leaders in education, research, and practice. As nurse practitioner providers, we are providing primary care services in urban and rural areas to increase access to care and improve health outcomes. NBNA is proud of our nurse researchers who are contributing to a body of knowledge that is culturally sensitive and focused on the unique needs in our communities. Our members are educating the next generation of nurses and actively recruiting more men in nursing. NBNA's membership includes registered nurses, licensed practical/vocational nurses and student nurses. We represent every discipline in the profession from frontline care to leadership, advocacy, discovery, translation of science/research, and we have a presence in boardrooms. Under my leadership we will increase the number of AA nurses and make NBNA a household name as we continue to influence population health.

Martha A. Dawson, DNP, RN, FACHE
NBNA 13th President

African American Men in Nursing: Barbershop Talk

Carter Todd, MS, RN, CCRN



Carter Todd is a founding member and current President of Capitol City Black Nurses Association. His research was conducted at The Betty Irene Moore School of Nursing at The University of California, Davis, where he obtained a graduate degree in Nursing Leadership. Todd works bedside as a Pediatric Intensive Care Nurse at UC Davis Medical Center and continues to be an active advocate for the health of the Black community in Sacramento, CA.

In Sacramento, CA research took place in three barbershops to better understand the perception of nursing within the African American male community. There is a dearth of literature pertaining to African American male (AAM) nurses specifically. The lack of research, coupled with a lack of these men entering nursing, served as the premise to conduct this work. Through the use of qualitative methods, we were able to focus on some of the factors that contribute to a lack of representation of AAM in the profession.

Men in the study spent time within the barbershops openly discussing with the researcher some of their learned and assumptions about nursing. A theme emerged from this study revolving around nursing having the stigma of being a woman's profession. The men believed that nursing is a respectable

profession that was traditionally more suited for women. When asked how to increase the number of AAM in nursing, a majority of the men quickly spoke to outreach similar to barbershop talks as a gateway to spread information about the profession. Barbershops serve as a hub of cultural influence in AAM where politics, faith, family, and many other topics are discussed.

Utilization of the barbershop as an avenue for educational outreach was demonstrated in this study. Through a qualitative approach, we learned about barriers to AAM joining nursing. Further studies should focus on AAM in other regions of the country in order to elicit more representative data. Programs where nursing outreach takes place within the barbershop has been shown through research to be a viable option for impacting health disparities.

The Journey of an African American Male in Nursing

Adam O. Smith, MSN, APRN, FNP-C



Adam O. Smith, MSN, APRN, FNP-C is a board certified family nurse practitioner practicing at Northeast Florida Endocrine & Diabetes Associates. Mr. Smith has been a member of the National Black Nurses Association since 2012 and is currently active with the First Coast Black Nurses Association in Jacksonville, Florida.

Around this time of year the crisp chill in the air not only welcomes in a new fall season, but also the beginning of a new semester for college students. In October 2019, I returned to my alma mater, Florida Agricultural & Mechanical University (FAMU) in Tallahassee, Florida for homecoming weekend! Anyone who has experienced a collegiate homecoming weekend will tell you that there are love, laughter, and memories in the air. Among many memories of my undergraduate experiences at FAMU, I can never forget the memories experienced while in nursing school.

At the time, I was a young freshman student from Jacksonville, Florida eager to learn and anxiously anticipating the start of my nursing journey. Nursing school was quite challenging for me. I have reflected on the challenges I faced not only as an African American, but also as a male nursing student. Concepts in my pathophysiology and pharmacology courses seemed easy to grasp by my peers but were difficult for me. I even faced a professor who made me doubt my ability of ultimately becoming a nurse practitioner. What kept me grounded was the spiritual adage stating "...that the race is not given to the swift, nor to the strong, but to the ones who endure to the end... (Ecclesiastes 9:11)". The blessing comes through enduring the process. You have to trust the process and endure the journey.

While walking on campus reminiscing on my undergraduate experience at FAMU, I passed by the school of nursing building. I noticed a Florida historical landmark sign with a caption stating that FAMU School of Nursing originated out of the first healthcare facility for African Americans in the northwest region of Florida. This occurred during racial segregation in 1904. FAMU School of Nursing is one of the oldest continuing baccalaureate nursing programs at a historically black institution. In fact, FAMU School of Nursing became the first baccalaureate program for African

American Floridians in 1936. In 1941, the Florida Board of Nursing approved the program, allowing graduates to sit for the licensure examination. Ten years later, the program obtained accreditation by the Collegiate Board of Review of the National League for Nursing Accreditation Service. Many Historically Black Colleges and Universities (HBCUs) provide an excellent education that fosters academic development of students from diverse ethnic backgrounds. The legacy that preceded FAMU was my reason for attending.

At the start of my nursing journey in 2009, FAMU School of Nursing only accepted 50 students per cohort in the undergraduate baccalaureate program. I was one of only five male nursing students in my class. Can you imagine only 10% of a nursing cohort comprised of male students? Sadly, this number is consistent with the total distribution of male nurses nationwide according to the 2017 United States Census Bureau. The statistics indicate that there are roughly 4,369 male nurses (9.1%) compared to 43,715 (90.9%) female nurses nationwide (Smiley, et al., 2018). What are some of the barriers causing this gender gap? Research from the American Association for Men in Nursing suggests a few notable barriers. Some male nursing students face gender discrimination from female nursing instructors, unequal access to clinical rotations such as obstetrics/ gynecology, and lack of support from family and friends who hold a prehistoric view of males in nursing roles. Many interventions are necessary in efforts to break barriers to ethnic and gender diversity among incoming nursing students. How do we obtain more males in nursing and nurses of color from diverse ethnic backgrounds that reflect our nation's diverse patient population?

Dr. Martha A. Dawson, NBNA's 13th national president, has proposed a membership drive campaign affectionately known as

the 20 by 20 Membership Recruitment and Retention campaign. The goal of the campaign is for every chapter to obtain at least 20 members by 2020. Additionally, the goal of the campaign is that, collectively, NBNA's membership will grow to 5,000 members. In efforts to reach this goal, the membership campaign proposes a discount rate for student membership. Over 40 listed HBCUs offer undergraduate and graduate degree programs in nursing. I suggest NBNA chapters strategically target male nursing students for membership into our organization. What better place to find male nursing students from ethnically diverse backgrounds than at an ethnically diverse institution. An HBCU recruitment tour at major HBCU nursing programs poses a potential solution to the recruitment and retention of NBNA members. Ultimately, this offers a solution that provides support in closing the gender gap among male nursing students of color.

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Are You Less Manly if You Become a Nurse?

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Mr. George has over 18 years of experience as a registered nurse, and 5 years as a nurse leader. He

is an extremely competent healthcare service professional with a Master of Business Administration (MBA) focused on Health Care Administration, and a Bachelor of Science in Nursing. He currently works as a Patient Care Director in New York City, at the number one healthcare facility, which was recently acknowledged as one of the top five hospitals in the nation.

My perception when I entered nursing

At the age of 19, I made a conscious decision to go into a field that was predominantly female. Even though I made the decision to be a nurse in the nineties, I was very concerned about the perception by others, peers, and society as a whole. Some of the questions that crossed my young mind were: “Am I going to find a spouse who will respect me as a man? Will my children respect me? What does my family truly think of my decision?”

Society’s perception of men in nursing

The reason I struggled with these thoughts for the first few years as a professional nurse was due to societal biases of men in nursing. Men in nursing were perceived as non-masculine, and if you were in nursing as a man, you must be gay. This stigma carried its weight over the years to the point it made me question my sexuality, although I came into the profession with no doubt of my heterosexual nature. I was rarely questioned about my sexuality throughout the years as a nurse or student; which may have been because I ensured to carry myself and spoke of my heterosexual relationship. Still, I felt the questions lurking beneath the eyes of patients, peers, and even the individuals I dated. Only a few bold souls, usually family, close friends, or individuals I dated, would ask: You’re a man; why are you in nursing? Are you gay and don’t know it? I normally laughed and answered. However, inside I felt ashamed and wondered, “Why am I here? What is the bigger plan for my life? Was I so in need of a financial footing for my future I would go to the extreme of embarrassing myself for the remainder of my life?”

The reason I had such a struggle to transition comfortably into nursing was due to my accidental arrival in the profession. Contrary to my journey, you hear stories from nurses, especially female nurses, of how they’ve always wanted to be a nurse from childhood. These stories are rampant throughout the profession. However, during my childhood and most of my teenage years, I never planned for a career in nursing. I always wanted to become a physician or physical therapist, and open my own professional practice. However, being a physician seemed like a far off goal because of my family’s financial constraints. So I decided to apply to Seton Hall University to the physical therapy program. After applying, I sat back and waited with confidence for my acceptance letter. The reason for my confidence was due to my attending one of the best healthcare focused undergraduate city universities, Hunter College, and I had maintained a GPA of 3.8. So I felt assured I didn’t need to apply to any other schools to get into a physical therapy program. Little did I realize I had made a significant blunder during the application process to Seton Hall. In my haste, I entered the incorrect code for the physical therapy program. This error had an unexpected ripple effect throughout my life that I failed to realize, at that moment, was a blessing.

Realization over the years

Because of nursing, I had to thoroughly question who I was as a man and reflect on my purpose for choosing to stay in nursing. I went as far as asking, “What makes a man manly? Is it his sexuality or his compassion for others?” I decided that being manly or masculine was an act of choice. So I chose to believe masculinity is grounded

in compassion and caring for others. The mental shift in thinking helped me fulfill my life's purpose of helping others. Since my focus on helping others did not require a particular profession, physical therapy or medicine, I was able to fully delve into the profession of nursing and offer my best self.

The realization that I don't have to be feminine to be compassionate and provide care for others freed me from the mental biases. I thoroughly and sincerely love being a nurse - not a male nurse, simply a nurse. The reason is that I get to complete my life's calling each and every day, helping others through their storms.

So, to answer the subject line question, "Are you less manly if you become a nurse?" The answer is a firm NO! Reason: Your masculinity is not dependent on others' perception of you, but how you view and carry yourself. You can be strong, assertive, and powerful as a nurse, male or female.



The Vaping Crisis and The Roles of The Professional Nurse

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Introduction

Electronic cigarettes (E-cigarettes) are battery-operated devices that transport a nicotine-containing aerosol or vapor by heating the liquid. The liquid usually contains nicotine, propylene glycol or glycerol, chemicals, and a flavoring agent. Additionally, e-cigarettes are used to vape illicit substances such as cannabis. When the chemicals are heated, they convert to toxic aldehydes that cause lung disorders, inflammation, and upper airway irritation. Some of the flavorings for e-cigarettes contain chemicals that can cause inflammatory obstruction of the bronchioles. This is called bronchiolitis obliterans (popcorn lungs). Bronchiolitis obliterans is an injury to the small airways. The signs and symptoms of bronchiolitis obliterans are cough, dyspnea, wheezing, and fatigue. The symptoms are usually slow and progressive (Duderstadt, 2015; Gonzalvo, Constantine, Shrock, & Vincent, 2016; Schnur, 2019).

Trends in Vaping

E-cigarette use increased in high school students in the United States (U.S) from 11.7% in 2017 to 20.8% in 2018. E-cigarette use increased in middle school students in the U.S from 3.3% in 2017 to 4.9% in 2018. Approximately 3.62 million middle and high school students were current users of e-cigarettes in 2018 (Food and Drug Administration [FDA], 2019). A large national survey administered annually to students respectively in 8th grade, 10th grade, and 12th grade found vaping prevalence more than doubled in each of the three grades from 2017 to 2019 (Miech, Johnston, O'Malley, Bachman & Patrick, 2019). With e-cigarettes marketing campaigns capturing the attention of youth, vaping among middle school and high school students has exceeded cigarette use.

Current advertising and health debates about e-cigarette use do not include the negative health effects of nicotine addiction and the vulnerability of young people to nicotine because their brains are in a critical time of development (Duderstadt, 2015).

Vaping flavored e-cigarettes

Many tobacco companies claim the flavoring in electronic cigarettes is in food products which consumer ingests daily. While this claim may be truth, food products in the pulmonary system is associated in health hazards. Diacetyl and acetyl propionyl found in flavoring may be safe to eat, data suggest, however, that they are not safe when vaporized and breathed (National Institute for Occupational Safety and Health, CDC).

Unfortunately, the youth vaping crisis is directly related to the appeal of flavored e-cigarettes (CDC, 2019). A recent survey attests 97% of youth e-cigarette users report using a flavored product in the past month while 70% cite flavors as the reason for their use. Many teens and pre-teens vape due to flavoring. Unfortunately, there are over 8,000 different types of flavors on the market. The youth used different types of Electronic Nicotine Delivery Systems (ENDS) which include electronic cigarettes to inhale their flavored nicotine (see Figure 1).

It's more than just Vitamin E

Vitamin E is a fat-soluble antioxidant that stops the production of reactive oxygen species formed when fat undergoes oxidation, which, in turn might help prevent or delay chronic diseases associated with free radicals (National Institute of Health, 2019). While patients are being encouraged to keep take vitamins, the

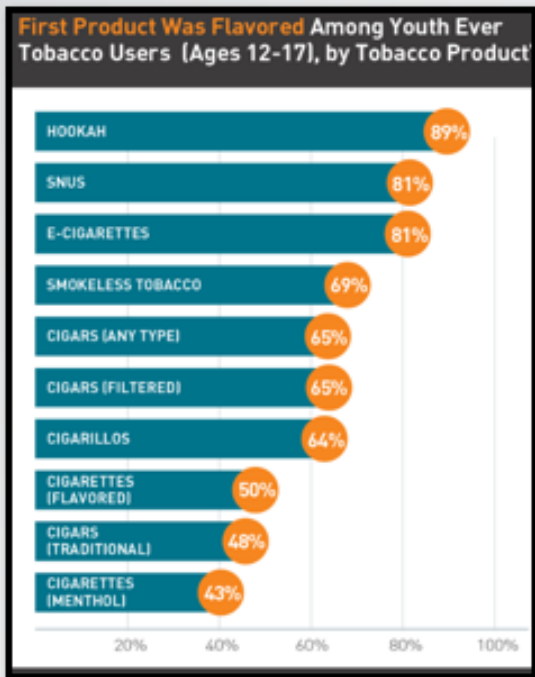


Figure 1

tobacco industry used vitamin E acetate as an additive in the production of e-cigarette and other vaping products. Vitamin E acetate resembles tetrahydrocannabinol (THC) oil. The liquid in e-cigarettes may contain nicotine, THC, cannabinoid (CBC) oils, and other substances and additives. THC is the psychoactive mind-altering compound of marijuana that produces the “high” that individuals may experience. When ingested as a vitamin supplement or applied to the skin, vitamin E acetate usually does not cause harm. However, previous research suggests when vitamin E acetate is inhaled, it may interfere with normal lung functioning (CDC, 2019).

The Outbreak

As of the end of October 2019, the CDC has investigated samples of bronchoalveolar lavage (BAL) fluid from 29 injured patients represented from 10 States. Vitamin E acetate has been identified in 100% of the sample, THC in 82%, while nicotine was identified in 62% of the sample (CDC, 2019). The investigation continues and spans across nearly all states, involves over 2,000 injured patients.

Thirty-nine deaths have been reported in **24** states and the District of Columbia. The age of deceased patients ranged from 17 to 75 year of age with 40% of cases between the ages of 18 and 24, 25% between 25 and 34.

A Call for Policy Change

Given the state of the youth e-cigarette epidemic, severe illnesses and deaths linked to electronic cigarette use, the National Black Nurses Association (NBNA) Ad Hoc Committee on Substance Use Disorders called on all nurses to take action to educate our population about the health hazards of vaping. Additionally, the committee submitted a toolkit to empower nurses to support patients and the public. NBNA congratulates the White House’s proposal to remove flavored e-cigarettes from the market pending an FDA review. NBNA is calling on the FDA to act quickly to save our youth and young adults. According to the CDC three areas are most concern: 1) evidence detailing the long-term and short-term effects of vaping , 2) the risk of nicotine addiction, 3) and distrust that the e-cigarette industry will support regulation given their advertisements targeting the youth (CDC, 2019). NBNA is calling on Congress to pass legislations that ban the sales of flavored e-cigarettes.

The Roles of The Nurse

The roles of the nurse go far beyond caring for the sick. The nurse should always be willing and ready to apply the systematic guide of the nursing process while advocating for the vulnerable population. The nurse, as the most trusted professional across healthcare, should advocate at the Federal, State, and local levels by partnering with Legislators and advocate for change. We need to encourage legislation to prevent the sales, marketing, and use of e-cigarettes.

During the vaping crisis, if a patient has been vaping and experienced respiratory issues such as a cough, shortness of breath, wheezing, or chest pain, they should go to the Emergency Department (ED) immediately. Patients that vape should tell their primary care provider (PCP) of any of the symptoms immediately for further direction. The role of nurses during the vaping crisis is to be knowledgeable about vaping, advocate for patients, follow institutional protocol, and if bronchiolitis obliterans known as popcorn lung is suspected in the community, patients should be referred to the ED for prompt evaluation. As the most trusted professionals, nurses should support patients to stop smoking and vaping (Schnur, 2019).

Nurses should know that the nicotine in e-cigarettes varies from 0 to 36 mg/ml. Even the so-called nicotine-free products have been shown to contain nicotine, and heating e-liquid which elevates temperatures increases nicotine release with negative effects. When nurses are evaluating patients with respiratory issues, they should ask patients if they have used e-cigarette products or vaped in the last 3 months. If the patients say “Yes,” nurses should

ask about the substances used (homemade liquid, re-used old cartridges, commercially purchased liquids, etc.), the brand name, purchased location, whether e-cigarettes were shared with others. The nurse should act accordingly and report to the Department of Health (Schnur, 2019).

Conclusion

Efforts from multiple agencies to address vaping has been insufficient. Of concern is that American youth continue to be exposed to the negative health effects of vaping. While the etiology of pulmonary injuries linked to electronic cigarette use remains unclear, the evidence has suggested that vitamin E acetate and THC inhalation have contributed to the US vaping death toll. We are fully aware of the importance of interdisciplinary and multifactorial approaches (e.g., education, nurse's involvement, regulatory changes) to address the vaping issue. It is imperative that nurses remain vigilant and be fully aware about the signs and symptoms of bronchiolitis obliterans. As outlined above, the nurse should direct patient to emergent care when the PCP is not available. Given the susceptibility of nicotine addiction in the youth and the current crisis, measures need to be taken to help prevent exposure, which in turn will prevent additional casualty vaping related death.

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Men in Nursing: Building Diversity in Healthcare

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Background of Men in Nursing

Men remain underrepresented in the nursing profession although they have provided care and protection to the sick since the fourth and fifth centuries (Evans, 2004). This underrepresentation may be related to the fact that men's roles in nursing have been overshadowed by the documented accomplishments of women such as Florence Nightingale and society's stereotypical view of masculinity (Arif & Khokhar, 2017; Evans, 2004). It is estimated that men account for less than 10 percent of approximately 4.8 million registered nurses in the U.S. (National Council of State Boards of Nursing [NCSBN], 2019). Many professional organizations recognize the need for diversity and inclusion in their vision and mission. It is imperative we understand the importance of increasing gender diversity in advancing the nursing profession. To accomplish this goal, we will discuss the value of diversity in healthcare, and explain the role of the climate of acceptance, nursing faculty, and mentoring in building diversity in the nursing profession.

Importance of Diversity in Healthcare

Diversity encompasses all populations, however our discussion focuses on gender differences and the descriptors men/male and women/female will be used interchangeably. Men and women are different not only biologically, but also in cultural expectations, perceptions, experiences, and approaches to health and health care. Recognizing the importance of such differences, the Institute of Medicine (IOM) recommends that ensuring the nursing workforce reflects the populations we serve is essential for achieving equality in health (IOM, 2011).

Before 2000, men accounted for only 5.8% of nurses (Smiley et al., 2018), and by 2017 they accounted for 9.1% of licensed nurses (NCSBN, 2017). This upward trend is projected to continue because male students were 12.9% of baccalaureate, 12.2% of graduate, 13.4%

of Doctors in Nursing Practice, and 11.2% of Ph.D. programs in 2018 (American Association of Colleges of Nursing [AACN], 2019a). As more men become nurses, one can expect a reduction in the profession's gender gap and an enhancement in cultural competence because male nurses bring a diverse perspective to care.

Building Diversity

A diverse workforce is essential for achieving equality in healthcare. It is important to highlight steps the nursing profession must take to increase the number of males in nursing.

Climate of Acceptance

Because of societies' stereotypical view of nursing, male nurses and nursing students often experience role strain and lack of acceptance (Kelly, Shoemaker, & Steele, 1996; MacWilliams, Schmidt, & Bleich, 2013). This role strain is amplified by a lack of male nurse representation in nursing textbooks, professional posters, and learning materials (Bell-Scriber, 2008). Scott (2007) found that male nurses feel a sense of isolation and exclusion from academic and clinical settings. To reduce this sense of isolation, schools of nursing, professional nursing organizations, and healthcare systems can develop comprehensive plans to reduce gender bias, and recruit, educate, and employ more men. For instance, scholarly publications and presentations should include images of men in nursing. Other professional nursing associations can follow the lead of the National Black Nurses Association and the American Nurses Association, and elect men into leadership roles (American Nurses Association, 2019).

Nursing Faculty

Educators play a significant role in professional role development and delineation. The NLN and AACN estimate that men account for less than 10% of nurse educators. (NLN, 2017; AACN, 2019b). Thus, the need for male faculty who can serve as role models for male nursing students cannot be overemphasized. Nursing programs need to review current diversity educational practices to provide gender-neutral climates of acceptance for students of various backgrounds, and to empower male nurses in caring for diverse patients (Kouta, & Kaite, 2011). A neutral climate also enhances students' ability to learn how to manage sensitive conversations and situations with patients of all genders.



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Mentoring

Mentoring allows the mentee to gain insight and professional role expectations from the mentor. Mentoring has been associated with increased job satisfaction, retention, and development of leadership skills (Hodgson & Scanlan, 2013; Gruber-Page, 2016). It can reduce the feeling of isolation and loneliness often expressed by male nursing students (Kelly et al., 1996; Scott, 2007). Also, male students entering obstetrics and perinatal clinical rotations may experience less anxiety and fear of rejection if they are mentored by a male nurse (Patterson, & Morin, 2002). Mentoring can help socialize male students to the role of nurse and to provide support in their career goals. Increasing the number of male nurses is one approach to ensure that diverse perspectives are considered when planning care, which can improve health outcomes.

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Social Media Highlights:

- The most effective way to improve cultural competency in healthcare is by increasing the diversity of care providers.
- Academic nurse leaders should collaborate with educators and employers to increased student diversity to meet the demands of a diverse patient population.
- With the increasing number of male nursing students, the need for male faculty is of great importance.
- For employers, actively engaging in mentoring practices improves nurse satisfaction, reduces turn over, and affords opportunities to identify potential future nurse leaders.
- Opportunities exist to bridge the diversity gap for men in nursing by participating in mentoring the next generation of male nurses.

Why I Love Teaching at My School of Nursing

Austin Nation, PhD, RN, PHN



Dr. Nation is a graduate of the University of California, San Francisco – School of Nursing, Community Health Systems and has been a nurse for over 35 years. He is currently an Assistant Professor at California State University

(CSU), Fullerton and his research examines substance use, mental health and health care access issues within the LGBT community. He is involved with the Substance Abuse Mental Health Services Administration (SAMHSA) @American Nurses Association (ANA)-Minority Fellowship Program Alumni Work Group, Sigma Theta Tau International, Association of California Nurse Leaders, and the Association of Nurses in AIDS Care.

It has always been my dream to be involved in teaching the next generation of nurses, specifically at California State University, Fullerton (CSUF). I am excited to be here in the School of Nursing. I am thrilled that CSUF aims to become a model of faculty and staff inclusivity, diversity and engagement in order to better serve our diverse student population. As an African-American male and nurse scientist doing research in the Black community, I am uniquely positioned as to be able to bring my personal and professional experiences into the classroom and incorporate them into the course content. The insights and perspective I have in working in the community with vulnerable populations and those who experience health disparities allows me to enhance student learning by bringing “real-world” discussions into my various course content.

I absolutely love teaching! I believe the teaching should be a priority and always student-centered to support their success. Teaching should focus on meeting the needs of the student, using clearly stated objectives and measurable outcomes. Teaching and learning should be stimulating, fun, engaging and interactive. I love sharing my pearls of wisdom and the insights I have learned over time with my students. Learning is like a buffet where students take what they need and leave the rest. I enjoy encouraging, supporting, and guiding students through the process. I recognize the anxiety they often have at the beginning, where I can provide the most support, and then watching them gain more confidence as time goes on. I want them to be challenged by new learning situations and excited when they see the big picture and finally “get it”.

My beliefs are manifested in the classroom in term of my passion for teaching the next generation of registered nurses. I believe it is important to find out more about who they are, why they want to become a nurse, and what they want to do once they graduate. With this information, I can help them create their own vision and assist them toward meeting the goal. I am sometimes challenged by

students who are in the profession for reasons other than serving the variety of clients that nurses often encounter, in particular when working with vulnerable populations. I always encourage my students to do more than the minimum required and to have a standard of excellence in everything that they do. I do not support moving students along in the program when they have not put in the required work as the rest of their peers. To some degree, I believe that nursing is still a calling and those selected should be in the profession for humanitarian reasons.

I am particularly excited about diversity. I recognize the uniqueness and cultural diversity of each student as a quality that should be fostered and shared in the classroom to increase both instructor and student understanding of potential challenges their classmates may face. By increasing student knowledge of cultural diversity cohesiveness and unity among the students will be promoted. I believe in the importance of mentorship, role- modeling what it's like to have a mentor as well as also being available as a mentor to my students. I also highly encourage and support the development of networking skills for my students as I believe that this is a key to a successful career.

Working at a Hispanic-serving university, I recognize the importance of respecting different cultures and fostering the unique contributions that each student brings into my classroom. I am aware of the many challenges our student can face, such as

English as a second language and difficulty with work-life-school balance while they are trying to complete their program. I want to support the efforts of the School, College and University by making myself available to my students, as well as promoting student success resources on our campus so that students feel supported and valued. I'm glad I get to do what I always dreamed of.



Relevance of Male Minority Nurses

Anthony R. Pierson, BSN, RN

The first thing you realize when you are a black male registered nurse is that you are somewhat of a unicorn. Recent studies reveal that Black or African Americans comprised only 11.8% RNs in despite being the most significant racial subgroup in the United States (US) (Murray, 2015). Additionally, men make up a mere 9.1% of registered nurses and 12% of baccalaureate nursing students in the US (Englund, 2018). I was of only two African American graduates in my 2018 graduating class, as well as the only black male. Faculty demographics within my program were also under-represented. The demographics did not change with my first nursing job, as I was one of only three black males on the medical-surgical unit at a primary health care center in Chicago, Illinois. As a result, I could have questioned the decision to join a profession where my image was rarely seen. Instead, I accepted the challenge as an opportunity to represent my family, culture, and demonstrate how my values could transform traditional gender roles in nursing.

I have had the opportunity to work with and be mentored by the best nurses in the world. I refer to them as such because without their purposeful mentorship I would not have persevered through a combat deployment for over a year or made it through nursing school. When I initially joined the military, my goal was to pay off the massive amount of student debt that occurred pursuing a career in social services. Instead I discovered my passion for healing the mind, body, and spirit of my patients. As nurses we treat the entire person. It is hard for someone who is their family's only source of income to focus on sticking with their chemotherapy treatment regimen. As a nurse with the Department of Veteran Affairs, I see firsthand the pain, disappointment, and frustrations encountered by my fellow service members. It gives me pride when one of my brothers in arms says "So there are male nurses at the VA that are Veterans, that's great, I know I am in good hands!" I remind them that I do this for them so that someone will do this for me. It is comforting to know that in your darkest hour there is someone who not only looks like you but understands what you're going through.

One of the things I take great pride in as a black male nurse is when I see others like myself or those who are attempting to become male nurses. African American male nurse educators recognize how seeing someone who looks like them influences and attracts



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Houston, Texas, and raised in California, he served as an Army Combat Medic in Iraq from 2007-2008. He holds a BSN from Herzing University-Kenosha and is currently enrolled as MSN Leadership and Administration graduate student. His nursing philosophy is to show kindness, compassion, and remain humble to those you serve.

students to pursue careers in nursing (Evans, 2018). The first time I saw a black male nurse was in a Combat Support Hospital when I was an Army Combat Medic. He was an Army Captain, and I immediately thought to myself, "How did he become that?" Seeing someone that looks like you perform at the highest level in their career field is truly inspirational. I can only describe it like seeing Jackie Robinson take the field for the first time or President Barack Obama's inaugural address! So to have an opportunity not only to be trained by someone that reflects you but to be blessed with the opportunity to enter that profession provides you with a sense of acceptance and validation.

Addressing the concerns of minority male nurses is essential to improving diversity in nursing. Schools of nursing must expand their recruitment incentives to identify and hire more male and minority nurses. Nurses possess a strong desire to teach new nurses and are willing to tolerate tradeoffs, such as reduced salaries, to become nursing instructors (Evans, 2018). Academic institutions must also place greater emphasis on incorporating more cultural competency training and increasing diversity of nursing faculty (Englund, 2018). As populations become more diverse, it is imperative that representatives of the nursing profession equally reflect the races and genders of their communities.

I often reflect on my life and career and forget that joy comes from the journey, not the process. Every patient encounter adds more fulfillment, knowledge, and happiness in my career. Just as it was an honor and privilege to serve as a soldier it is with the same pride that I perform my duties as a professional registered nurse. My motivation to grow and learn derives from my family, friends, mentors, and patients. Mutual respect, honor, integrity, and a fair

amount of confidence has taken me across the world and back. As a black male nurse, I stand proud and hope that my experiences motivate others like me to join our profession.

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Driving Care Excellence at Yale New Haven Health

Dian Chen, RN, BSN



Dian Chen has been a Registered Nurse for approximately three

years and currently serves as a nurse in the Yale New Haven Health System Resource Pool. Dian joined Yale New Haven Hospital in 2016 as a staff nurse on a Medical-Surgical Unit with a primary psychiatric focus. He obtained his BA in Economics from New York University and subsequently a BSN in Nursing from the University of Connecticut.

Nursing is a career change for me and it all happened with a visit to the emergency room. My grandmother is a very important person in my life. In 2014, she became feverish and lethargic. I immediately took her to the emergency room and spent 12 hours waiting for a diagnosis. I was worried that her condition would deteriorate before receiving appropriate treatment. However, a nurse took her time and explained the care that was being done for my grandmother. She demonstrated a caring demeanor that day which really made me feel valued as a family member. My worries finally turned into a smile and I thought that this was the type of work that I would like to do in the future. So, with careful planning, I found my way into a nursing program and career. Five years later I am in the nursing profession and truly appreciate the opportunity to care for patients every day! My grandmother eventually recovered as well.

Care for patients in an acutely ill medical surgical population was the first step in my career. The universality nature of medical surgical nursing inspires me to work hard every day. In fact, I plan to begin a family nurse practitioner program in the spring of 2021 with the goal of helping patients manage acute and chronic illnesses in a variety of healthcare settings.

The biggest challenge for me though was a complete lack of healthcare knowledge and experience. Graduating in 2002 with an economics degree, my early career was in major banking companies. I worked full time while taking prerequisite classes at night and successfully completed an accelerated nursing degree program in three years. Needless to say, nursing is a career where learning never stops. I am still learning and improving every day to better my practice in patient care.

I think more males are switching into nursing later in life just like myself. This bears weight as nursing is not always a field where men would think of as a first field of choice. As a career change

**“I've learned that
people will forget what you said,
people will forget what you did,
but people will never forget
how you made them feel.”**

— Maya Angelou

that happened later in life, I am more motivated to do better in nursing and positively impact the lives of those I serve on a daily basis. I know I don't have the luxury of complacency like when I was younger, therefore, I always challenge myself to be a better nurse and a better person every day.

I have learned that getting patients to accept men as their nurses is the first step. I believe that by being more visible while competently demonstrating compassion, empathy, self-confidence and humility in practice is key. It is about affecting the mindset of future generations to acknowledge that nursing is a career for any gender. Nurses should be identified by our commitment to care for sick patients, not by our gender at birth. In addition, people should realize that nursing is just a good career to go into, period. Opportunities for competency development and career growth are in abundance. Nurses can advance their level of education from an entry level BSN (Bachelor of Science) to a DNP (Doctor of Nursing).

There are a variety of nursing specialties to fit your personality and lifestyle preferences. Most healthcare organizations are also very supportive of nurses by offering benefits such as on the job training, tuition reimbursement and supporting management structures.

In my case, choosing nursing as a career has truly made a positive difference in how I view life and healthcare. The most rewarding aspect is how impactful the role is in patient care outcomes. Seeing a smile on the face of my patients and their family members always reminds me why I became a nurse in the first place.

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Driving Care Excellence at Yale New Haven Hospital

Yaw Appiah, RN, BSN



Yaw Appiah has been a Registered Nurse for nine years and currently serves in a leadership role as a Patient Service Manager at Yale New Haven Hospital. Yaw joined Yale New Haven Hospital in July of 2014 and holds a BSN, MBA and is Nurse Executive Board Certified (NE-BC).

My grandmother, in the 1980s, was one of the few midwives and women's health advocates in Ghana West Africa. When I visited her as a young boy, she would bring me along with her to work at the clinic. Every day we arrived to long lines of women waiting for her services. The care she provided and gratitude they showed was amazing. During this time, the passion for caring for people who needed healthcare developed and I wanted to be just like her. When the time came for me to choose a career path, it was psychiatric nursing. I've worked in this field since becoming a registered nurse.

In my career, the most impactful, relevant learning this profession has afforded me is the understanding that simple fundamental principles of human decency, empathy and concern for our fellow man, can impact the response of a patient to their clinical care and treatment.

Growing up in Ghana West Africa I'd see people walking around town talking to themselves, and behaving oddly. I'd hear tales of how their behavior was attributed to a 'curse' or some sort of paranormal or spiritual activity. During my psychiatric nursing classes, I gained a better understanding of what the people I had seen all those years ago may have been going through. It dawned on me that with better understanding of mental illnesses, maybe they could have lived as productive members of society. This realization lit a fire in me for this area of nursing that burns to this day.

My biggest challenge as a nurse is the feeling that as part of the interdisciplinary team caring for patients, my voice is not always as valuable as others on the team. Earlier on, I often felt like I was there to carry out the orders from others on the treatment team and my input was looked at as an afterthought in the care of my patients. The way I overcame these challenges was to ensure that my contributions to the care of patients was rooted in evidence. I always had the evidence available to back my nursing care suggestion to the interdisciplinary team. Gradually, the team became more receptive when they realized that my evidence-based input would yield positive clinical outcomes for the patient.

Care provider fatigue and burnout can lead to serious safety events for our patients which is why it is very important for nurses to take good care of themselves. I make it a point to incorporate self-care in my every day practice as an RN by taking 5 minutes during my work day to do quick breathing and meditation exercises to de-stress. I try to work out at least 3 times a week and have a fulfilling social life with family and friends but my most powerful coping mechanism is my faith.

Historically, nursing has not been a profession that men have flocked to. Being a male nurse comes with some stereotypes, such as it being a female profession. I think some men believe they can't be nurses because there's a belief that women are more caring, more empathetic, and are better at patient care. This perception is changing though. Sometimes patients assume you are not as empathetic or will not pay attention to detail. I learned to go the extra mile to make a patient feel comfortable with me. It also made me pursue more knowledge about any issues my patients have so I could provide accurate responses to inquiries about their illness. Being a male nurse today should not hinder anyone that has the passion, drive, and heart, and for me being a male nurse has been a positive choice for my career.

To promote greater diversity in the nursing profession we need to return to our communities and communicate how fulfilling the profession is. A major barrier to diversity in nursing is the lack of means to funding. Initiatives that market the profession to diverse communities are needed along with access to funds for education. Lastly, health care institutions should have targeted tuition reimbursement programs to ensure a diverse workforce.

My two top priorities are to provide a clinical environment that promotes excellent patient care, experience and outcomes and to train, develop and guide members of the nursing team to become expert practicing nurses in a fiscally sound manner to ensure that our services are available to the population we serve that need it the most.

To Care, Is Human

Roderick B. Hadnot, MSN/Ed



Roderick B. Hadnot, RN, MSN/Ed. is a Care Coordinator Registered Nurse and works with patients who have chronic conditions. His nursing abilities are: managing chronic cardiovascular conditions, community health and nursing education.

As a registered nurse, I have a blessed opportunity to care for people with varying types of beliefs, standards and preferences. I have cared for people who have their names celebrated on federal and state buildings. I have cared for people with no building at all because they were homeless. I have cared for people whose life practices did not always match up with my personal practices. I have cared for the incarcerated; and I have cared for the well financially compensated. If you look at the theme of what I am trying to say, you may easily note that.... I CARE.

While most nurses are female, as a male nurse, I do not recall too many issues that challenged me (as a male) to offer care to patients. Most of my nursing career has been in acute care and the patients I have cared for were really sick. At that point, some did not care who cared for them, as long as they got better.

Most of the issues I have had as a male nurse came from people who ask... "what do you do for a living....?" When I tell them I am a nurse, some turn their heads to the side and look at me out of the corner of their eyes with tight lips. I had one person laugh out

loud when I told them of my profession. Their attitude and belief started to change when they found out how passionate I am about nursing. People close to me have said, "Don't be a nurse, because nurses are female". Or my personal favorite is when people say..., "So being a doctor was too hard...huh?" Nursing is hard work and at the same time it is heart work... work that comes from the heart and touches the spiritual heart of others. Nursing is a calling. Some humanistic theorist believe that nursing focuses not just on the well-being of others; nursing also focuses on the more-being... trying to help people feel more like a human being in situations that may make us feel embarrassed and second class.

I learned early in my nursing career to reconcile my beliefs with the patients I care for or was assigned to give care to. If I knew in my nursing reports, that a patient prefers a female nurse then I would gracefully bow to the process. This has proven to be effective for me. While I cannot always reconcile, why I am a nurse with the general public. I know that I care.... I just pray that the general public focuses on the heart of ALL nurses and continue to understand... that.... TO CARE, IS HUMAN.

Beyond a CAP

Darwin Dollano, MSN, RN



Darwin Dollano is a Clinical Nurse III at Howard University Hospital in Washington, DC. He is board-certified in Medical-Surgical Nursing by the American Nurses Credentialing Center. He is an active member the District of Columbia Nurses Association and the American Nurses Association.

It is a great blessing that I am a male nurse. During my preparation years of becoming a nurse in the 1990s, I was happy that I didn't need to worry about wearing a nursing cap. Up to the time that I took my oath as a registered nurse until I landed a job and throughout practicing my profession I did not have to be concerned about the cap. For me, the best thing about nursing was the male nurses did not wear that famous cap that nurse are known to wear.

The cap, the nurse's cap or nursing cap has been a part of nursing history. It is regarded as a universal symbol of nursing; a part of the female nurses' uniform which was introduced early in the 1800s. Florence Nightingale, the mother of modern nursing was among the few nurses who started wearing a cap while attending to the needs of the sick people. The very purpose of the cap is to keep the nurses' hair neatly in place and to present a modest appearance. Nursing being a female dominated profession had change a lot as time passed by; especially the uniforms. From a clean white dress with a cap specifically for female nurses, it then became a unisex scrub uniform for both sexes with a variety of colors.

The disadvantage of wearing a cap outweighs its advantage of just being a recognized symbol of nursing and quick identification among the members of the health team. The cap was removed for the belief that it is a potential carrier of disease-causing pathogens that could be transmitted from one patient to another patient. This reason makes sense for advocating an effective infection control environment, especially in acute care settings.

Even though the cap is no longer used by nurses and is generally never been seen in the hospital, it still exists in the practice of the nursing profession. The symbol itself is gone but the real meaning of it lives on. Inspired by its significance during the early years of nursing, I gave an acronym using CAP which I believe holds truth and implication beyond its three letter word.

Every nurse who committed themselves to take care of sick patients or temporarily compromised individuals should always wear CAP, not the symbol per se but the quality of their CAP. The

acronym in respect to quality is defined as "C" for Cognition, "A" for Attitude and "P" for Practice. Nursing cognition is the functional process by which a nurse perceives, records, stores, retrieves and uses information. Nursing attitude encompasses some primary characteristics such as respect, motivation, compassion, integrity, cooperation, dignity, understanding and intelligence. Lastly, nursing practice is the application of the art and science of nursing to make safe clinical judgments using objective and subjective patient information.

Let us not just think about the CAP literally, let's remember the symbolism of a nursing CAP. Now, go beyond a CAP. Going "Beyond a CAP" calls for greater responsibility; demands increase knowledge, shows compassionate and skill proficiency in every aspect of nursing care. Nurses need to think critically, feel sensibly and act professionally and ethically at all times. That's the real essence of CAP.

Applying CAP in the workplace ensures holistic, effective, and quality patient care. CAP in itself is vital for best patient care outcomes. The nurses' cap indeed is far beyond the symbolic representation known throughout history. Thus, all nurses are required to wear CAP once the "Nightingale Pledge" is taken and throughout their careers; that includes the male nurses.

Using the Person-centered Care Coordination Model to Improve Outcomes and Lower Costs

John Madondo, RN, MSN, FNP-BC



John Madondo, RN, MSN, FNP-BC serves as the executive director of the Long Term Services and Supports program at UnitedHealthcare Community Plan (UHCCP) of Tennessee. Prior to joining UHCCP, John was a

co-owner and worked as a family nurse practitioner at a family practice clinic in Nashville. John also has experience as a co-owner and chief operations officer of a home health agency that primarily provided private duty nursing and custodial care for the elderly and physically disabled, as well as those with intellectual and developmental disabilities. As a registered nurse, John practiced in various health care settings, including hospitals (physical and psychiatric), primary care clinics and nursing facilities.

Chronic and mental health conditions are complex, and they account for 90 percent of the nation's \$3.3 trillion in annual health care expenditures, according to the Centers for Disease Control and Prevention. Increased emergency room use and hospital admissions drive these costs. Yet, most people with complex care needs report poor quality of care or dissatisfaction with the health care system.

In my experience as a health care provider, these consumers find navigating the health care system confusing, and more than half of people with high needs have low socioeconomic status, which contributes to their limited access to care.

For those with complex needs, often the last thing on their minds is seeking routine medical care. For this reason, care for people with complex needs must include addressing their social determinates of health, which include food, security, housing, education, transportation, violence, social support, health behavior and employment or income support.

How the model works

The UnitedHealthcare Community Plan of Tennessee uses a holistic, person-centered care-coordination model and integration of available health care benefits. As part of the model, all of the individual's needs are coordinated with the assistance of a primary point of contact, the care coordinator (CC).

Our CCs are teams of registered nurses and licensed social workers assigned to the population based on their needs. The CCs initially assess and periodically reassess each person with complex care needs and then help the person – together with others who are part of their care circle – develop a person-centered support plan (PCSP). This plan is instrumental in documenting what's important to the person and outlines their medical, behavioral and social goals and aspirations. The PCSP also spells out the support needed and how the person intends to meet their goals, the individuals involved in the care delivery team, and the benefits available from various funding sources.

Addressing what's important to people is critical to building the trusting relationships needed between CCs and those who have complex needs. When those with complex care needs understand that their CCs (and health plans) are working to help them, for example, solve their food insecurity concerns as well as better manage their diabetes and heart disease, they're more receptive to improving their health conditions.

The CCs work closely with a team of nonclinical advocates who are subject matter experts in connecting people to nonmedical, community-based resources that might include housing, food stamps, appliance repair or even transportation to and from appointments.

How integrated health care benefit programs help

People with complex conditions often qualify for enrollment in an integrated health care benefit program such as Dual Eligible Special Needs Plans or Fully Integrated Dual Eligible Special Needs Plans. Outcomes of the Affordable Care Act, these additional benefits were designed to promote the full integration and coordination of Medicare and Medicaid benefits for dual eligible beneficiaries by a single managed care organization. We've found integrated health care benefit programs such as these to be incredibly helpful in our efforts to better serve those with complex care needs and in recipients' efforts to meet their health care goals.

Closing in on our goals

There's much work remaining to measure the efficacy of our person-centered health care coordination model, yet we are already seeing marked improvements. For example, we reduced emergency room use by 11 percent between 2017 and 2018 for all individuals receiving home- and community-based long term services and support services using this care coordination model.

Successes such as these are getting us closer to achieving our goals of improving patient experiences and health outcomes at a lower cost of care.

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The Compassion Metric

Jeffrey Sherrill, RN, BSN, CCM



Jeff Sherrill started his clinical career at Emory University in Cardiovascular Surgery Care. He joined Optum as a telephonic case manager in 2007 and has served

in various leadership roles. Jeff obtained his Bachelor of Science in Nursing from the University of Alabama at Birmingham. He is a certified case manager. Jeff also brings strong business acumen from his previous career in banking and education in economics and finance. In his current role as executive director of Clinical Operations at Optum, he oversees the daily operations of clinical solutions.

As nurses, we're familiar with many methods of measuring patient satisfaction. Similarly, companies worldwide use the Net Promoter Score® (NPS) as a gold-standard customer loyalty metric.

Businesses use the Net Promoter System® to gauge what they do well, how they can improve and the willingness of customers to recommend their products or services to others. At Optum and our parent company, UnitedHealth Group, we use the system as a tool to make continual improvements to our health care offerings, products and services. I'd also argue that we use it to measure compassion. Yes, that's right: compassion.

NPS makes it possible for us to take the concept of compassionate care delivery and transform it into a metric we can measure.

What NPS really measures: Net Lives Enriched

In his blog post, Fred Reichheld, designer of the Net Promoter System, said, "I should have called the system "NLE," for Net Lives Enriched. After all, that is what NPS really measures."

His concept of a Net Lives Enriched type of measure, and the rigorous focus on the meaning behind interactions we have with one another, converts concepts into capabilities. To UnitedHealth Group, Optum and UnitedHealthcare, NPS is more than a number; it shows the value of our work and how we're accomplishing our mission to help people live healthier lives and to help make the health system work better for everyone.

At Optum, we use the NPS metric to develop closed-loop systems that provide valuable input from consumers who engage in our programs and services. All levels of leadership and staff review consumer feedback and take action based on the information. When we receive feedback that identifies a problem, we fix the problem in the moment and then we work to fix it systemically to avoid headaches and hardship for others as well.

For example, feedback revealed that caregivers for children with special health needs often face roadblocks. UnitedHealth Group's Special Needs Initiative team was created to work closely with families of children with special needs to help them navigate the complexities of the health care system (across insurance, care

delivery and social support) and to optimize decision-making to improve quality of life. The program's intent is to deliver the best experience possible for these families. Since launching the Special Needs Initiative, more than 100,000 providers have been engaged to support 75,000 families. In the process, those families have saved more than \$9 million in out-of-pocket costs and we've seen double-digit increases in NPS for this program. Because of the program's success, it has become a model for how to better assist specific populations navigating both complex health challenges and the health care system.

Delivering compassionate care

In terms of using data to drive improvement, Florence Nightingale was ahead of her time when she said, "I think one's feelings waste themselves in words. They ought all to be distilled into actions which bring results."

On our similar quest as health care professionals to improve health care to enrich lives, we must remember to base the care we deliver on compassion, which includes each consumer's needs and the best possible outcome in every case.

What we do can be as simple as providing patients with basic education for new diagnoses or as complex as coordinating life-saving transplants while arranging support for loved ones. In the process, we build relationships with consumers based on understanding and trust, and humanize the health care system.

When we start from a place of compassionate care, we see measurable increases not only in NPS, but also in positive feedback from our consumers whose lives we strive to enrich every day.

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Finding the Call

Anietie Williams, RN, WCC, RAC-CT

There are many professions all across the world and even more professionals who endeavor to pursue those diverse occupations. For some, it's a calling and there is a relative relief when one finds a calling or a purpose that suits them completely. For others, those professions become a necessity to maintain a livelihood that provides for them and their families. Professions become a substantial support to continue the journey which is life and one such profession aims to cater to the fundamental makeup of mankind.

Nursing is a profession in which the very basic elements of care are emphasized and practiced for the recovery of the sick or sustenance of a healthy wellbeing. Caring becomes a part of the individual as they progress within nursing. The understanding of the human condition becomes deeper with a more profound knowledge of providing care to others at their most susceptible states. The outlook of the nurse reaches a greater level of optimism with every patient under their care as daily tasks are infused with the hope for better outcomes.

Naturally, caring as it relates to the human condition is better expressed by women and for this reason, since 1975, the majority of nurses are women. As a man in this field, one becomes an immediate minority and the caring or expressive aspects of the profession becomes an uphill climb.

Coming from a background in construction, caring essentially involved the care of a hungry stomach after a long day's work. The daily interaction was with objects that needed to be pounded, thrown, aligned, cut, or painted. All my coworkers were men and the task had to be performed in the manliest way possible with the finesse of a cheetah on a hunt; fast and precise. There was no time to care for anything other than the job at hand and the compensation to be received for the job; such that a person is unaware of the phenomena of being emotionally drained.

The nursing profession is appropriately stable and secure enough to withstand changes in the economy and it was during the economic downturn of 2008 that I rethought my future and invested in an education for a profession that is highly stable and rewarding. I felt the career of nursing was a fit for me because my mother is one



Anietie Williams is a compassionate dedicated practitioner who represents the nursing profession in

the best way he possibly can. His primary goal each day is to formulate patient focused care plans and goals for wound healing and prevention for each patient he comes in contact with throughout the day. Restoring and assisting patients back to their highest quality of life as a part of the interdisciplinary team is his greatest goal.

and I could draw from her influence and knowledge. I went through a rigorous program and became a nurse. What was so intriguing was that more men had chosen nursing as a career than I thought would be in the profession. More men shared the same mindset as me deciding to leap into the career of nursing because of its professional stability and its capability to withstand recessions.

Nursing has provided me a rewarding career and for the amount of money spent in training compared to my acquired earnings, it has been a worthwhile investment. Nursing has enabled me to genuinely care and express caring attributes for individuals, a trait I never thought I could possess. I have had the opportunity to meet and work with many great people from various places across the world and to connect with diverse groups of families.

Depending on the nurse's role, the business and legal aspects of the profession have begun to curb the amount of time nurses actually spend with patients with more nurses wishing they had more time to share with their patients and families instead of documenting. Consequently, I became increasingly dissatisfied with the limited amount of time I spent knowing, understanding and caring for patients that I decided to make a change. I took an opportunity to become a wound care nurse. Once I understood what the job entailed, I couldn't have been happier. The role was a perfect fit to my personality. The wound nurse role allows me the time to get to know and understand patients. Most importantly, I get to teach and build relationships. The role change afforded me the realization that I had found what I never thought I could find in this profession, a calling.

Let's Talk About Men's Health—It Shouldn't Be So Uncomfortable

John D. Lundeen, EdD, RN, CNE



Dr. John Lundeen is professor and MSN Program Director at Galen College of Nursing. Dr. Lundeen's educational background includes an ASN degree from the University of West Alabama, an MSN degree in Nursing Education from Samford University, and an EdD degree in

Instructional Leadership in Nursing Education from The University of Alabama. He is also credentialed as a Certified Nurse Educator and a Certified Online Instructor.

Dr. Lundeen has served as a Governor-at-Large on the National League for Nursing's Board of Governors since 2014, was a member of the CNE Certification Commission and chair of the CNE Test Development Committee. He has published articles on evaluation and certification.

As a nursing professor, I asked a question once of the female nursing students enrolled in a physical assessment course. That question was, "How many of you would say that your healthcare provider has discussed the importance of a monthly breast self-exam (BSE) and/or provided demonstration of proper assessment technique?" Of the females in the class, I would say about 90% raised their hand. I really was not surprised by the response, to be honest. We see images and materials related to breast cancer awareness and research in many places. Society has become accustomed to talking about the disease without feeling uncomfortable. I then addressed the men, a total of seven in this particular class, and asked a similar question, "How many of you would say that your healthcare provider has discussed the importance of a monthly testicular self-exam (TSE) and/or provided demonstration of proper assessment technique?" Not one hand was raised. Although not surprised, that concerned me and I began to wonder where men were getting this information. I was clearly aware of the importance, but why weren't these young men? For several years, I had been asked to provide the lectures on men's health and reproductive topics and issues. Part of that discussion included information regarding testicular cancer. I knew my students were being introduced to the material, at least, but that didn't answer the question about the general public. If 100% of the men in my class were unaware of the topic by the time they were college-aged, what about men outside of healthcare and healthcare education? I do not know the number of times I have lectured on that material; but I remember thinking each time, "I sure am glad I don't have to worry about this". Until I did....

My personal experience with testicular cancer has led me to a new passion regarding men's health, awareness, and education. As nurses and care providers, we must work to change the stigma that says it is not okay for men to talk about their healthcare and specific needs. That must begin with us. It is imperative that nurses and nurse practitioners begin talking with their male patients about

specific healthcare issues and ways to address them. Testicular cancer, for example, is the most common type of cancer in men between the ages of 15 and 40. While Caucasian men are 4.5 times more likely to experience testicular cancer than African American, Hispanic or Latino, and Asian men, all boys starting as young as 13 need to be taught the importance of a monthly TSE. When caught early, the 5-year survival rate is over 95% (Johns Hopkins, 2019; Testicular Cancer Awareness Foundation, 2018). Boys and men should be taught the signs and symptoms of this disease so they can pay attention to warning signs that may occur. If healthcare providers are not providing this important information and breaking down stigmas, boys and young men will not be prepared to identify problems. We should be just as comfortable discussing testicular cancer awareness as we seem to be in discussing breast cancer awareness.

Unfortunately, many men do not seek treatment until after metastasis has occurred (Testicular Cancer Awareness Foundation, 2018), and I believe that has a lot to do with a lack of education of signs and symptoms of the disease, in addition to not wanting to talk openly about private and sensitive matters. There is also a lack of role models for young men to learn from. There have been several celebrities affected by testicular cancer in the past, but none that seem to have used their platform for men's health

awareness and education. Recently, though, the five-time Olympic gold medal swimmer, Nathan Adrian, was diagnosed with testicular cancer and publicly discussed his condition and treatment on social media. Adrian has stated a desire to spread awareness of men's health issues and to work to break the stigma that is prevalent in our society regarding men's health and masculinity (Bonesteel, 2019). As more men are willing to talk about men's health issues, we will begin to see greater awareness in our young men which should lead to improved outcomes later in life. This does seem to be changing with the establishment of organizations and charities like Movember (n.d.); but there is a lot of work to be done to make the conversation as comfortable and commonplace as breast cancer awareness.

We cannot all be gold medalist role models or share personal stories related to a cancer diagnosis, but we can provide education and resources to our male patients to help them make appropriate healthcare decisions throughout life. Nurses are the frontline caregivers, and it is our responsibility to make sure our patients are educated on issues that affect them. We must be leaders in providing safe environments for our patients and the public to feel comfortable speaking about personal issues, while also feeling comfortable enough to initiate discussions and important teachable moments.

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Enhancing Education—The Case for Extended Nurse Practitioner Training and Its Impact on an Independent Practice Environment

Casey Fowler, DNP, NP-C, GS-C, ARNP
Brandon Greiner, PA-C, MPAS

As the U.S. population ages and the health care system grows increasingly complex, additional training is necessary to provide high-quality care to such patients in specialty settings. According to the Centers for Disease Control and Prevention, 85 percent of older patients suffer from at least one chronic health condition, with 60 percent suffering from at least two. Combinations of chronic conditions such as hypertension, heart failure, COPD, diabetes and vascular disease can lead to situations where a patient struggles both with basic functions such as breathing, and the ability to perform a simple, everyday task, such as walking down a hallway.

Nurse practitioners (NPs) – who diagnose and treat health conditions with an emphasis on disease prevention and health management, according to the American Association of Nurse Practitioners (AANP) – represent an important cog in providing complex patient populations with quality care when and where they

need it most. However, the ability of NPs to meet those needs is constrained by outdated state laws that limit their practice authority, with just 25 regions (22 states plus the District of Columbia, Guam and the Northern Mariana Islands) authorizing full practice authority, according to the AANP. Sixteen states allow for reduced practice authority that limit prescribing practices and require a physician's presence during a share of office hours, while 12 states restrict the practice authority of NPs, requiring constant physician supervision, creating a barrier to care for patients.

Full practice authority should be granted nationwide.

Improving Patient Care

Research published by a large health system based in the southeast U.S. shows that a fellowship program for advanced clinical practitioners providing post-graduate training as a transition to regular care practice helped to reduce turnover, which resulted in better satisfaction for employees, as well as existing providers.¹ Fellowship graduates reduced costs associated with poor patient outcomes and hospital readmissions because of an increase in clinical knowledge, as well as improved access to care.

Similar programs created for other clinicians, including NPs, have the potential to positively impact on patient care. Consider that, according to data published by the UnitedHealth Group Center for Clinician Advancement, eight of the top 10 healthiest states ranked by America's Health Rankings allowed NPs to practice to the full extent of their education and training. Conversely, all of the states ranked in the bottom 10 (least healthy states) either had a reduced scope of practice for NPs or restricted them from practicing outright.² Eliminating scope-of-practice barriers and enacting uniform nurse practice acts would help to expand the reach of NPs. Additionally, state Medicaid regulations should be revised to recognize NPs as primary care providers in managed care networks.

Comprehensive Training

This fall, MedExpress Urgent Care, in partnership with Optum, is launching a program designed to provide extended training for NPs in Western Pennsylvania. Starting in October, 10 fellows will work 11 clinical shifts each month, plus one mentor shift spent with an area medical director or advanced practice director. The fellows will also have one didactic shift each month focused on case presentations, skills labs and mock peer reviews.



Casey Fowler is a nurse practitioner and clinical services manager working for Optum Complex Care Management. He completed his BSN in 2009 at Northwest University in Kirkland, Wash., and his MSN (2013) and DNP (2015) at Gonzaga University in Spokane, Wash. He has been involved in leadership in various nursing organizations ranging from regional to national levels. In 2018, he became a board certified Gerontological Specialist (GS-C).



Brandon Greiner is the senior director of advanced practitioners at MedExpress Urgent Care. He specializes in advanced practitioner recruitment, advocacy, labor model optimization, provider scheduling, and provider engagement. In 2018, Brandon was appointed as the co-chair of the AP Executive Council for the Optum Care Delivery Team. Brandon holds his Masters of Physician Assistant degree from Duquesne University where he continues as an adjunct professor.

The program recently received approval to expand to an additional 10 fellows in West Virginia and Virginia, as well. The overall goal of the program is to develop a supply of highly trained and capable NPs across all of Optum's care delivery organizations who can practice with the utmost competency and efficiency and meet the complex needs of the populations we serve. That, in turn, could lead to increased retention and decreased attrition while amplifying the value around a career mentor, key performance indicators that will be monitored to ensure the program's success.

Caring for complex patients requires NPs who can practice care uninhibited. As those patient populations continue to grow, it's important to ensure that comprehensive efforts to keep pace are prioritized; fellowship training will have a greater impact in a full practice environment. States, federal agencies and health care organizations must prioritize the removal of barriers that prevent NPs from practicing to the greatest extent of their education, training and national certification.

¹ Taylor, D.A., Broyhill, B.S., & Burris, A.M. (2017). A strategic approach for developing an advanced practice workforce: From postgraduate transition-to-practice fellowship programs and beyond. *Nursing Administration Quarterly*, 41(1), 11-19. (https://journals.lww.com/naqjournal/fulltext/2017/01000/A_Strategic_Approach_for_Developing_an_Advanced.4.aspx)

² UnitedHealth Group Center for Clinician Advancement, Correlation between Nurse Practitioner (NP) Scope of Practice and Overall Health Rankings, by State/October 2016 (<https://www.unitedhealthgroup.com/content/dam/UHG/PDF/About/CFCA-Practice-Environment-Health-Rankings-Correlation.pdf>)

Social Media posts (for Twitter)

- Extended nurse practitioner training via fellowships hold the potential to improve access to quality care. Learn how.
- Learn how post graduate NP fellowships combined with full practice authority improve patient outcomes and access to care.

Men Need Self-care: Living Well on Purpose

Michelle Greene Rhodes, MHS, RN, CCM, CMCN



Michelle G. Rhodes is a Nurse Consultant based out of Tampa, Florida. She consults with corporations on how to increase nurse engagement into their programming. Mrs. Rhodes serves as a facilitator of Intrapreneurial/ Entrepreneurial workshops for Healthcare Professionals.

We are all here on this earth for a reason. We are not here by chance. We are here to bring something that only we can bring. It can be as simple as bringing a sense of humor, offering a helping hand or becoming a Nurse. It can be the work that we do or the lessons that we've learned and shared, but regardless what it is, it literally can only be done by us.

What I have found to be true is that our purpose can absolutely not be fulfilled if we are not taking the time to care for ourselves and to meet our own needs. Avoiding self-care and taking the time to nurture our souls, our bodies and our minds is essential if we want to fulfill our purpose in the world. And the truth is, when we are working on this higher mission, we literally feel better. We have more energy because we have a destination and a goal.

Sometimes it can be difficult to identify what your purpose even is. It might not be obvious or you might have been stuffing your strengths down for so long, that you can't even remember what's special about your contributions, but trust me, your purpose is present. It's present from the day you were born, but somewhere along the way, it has gotten lost.

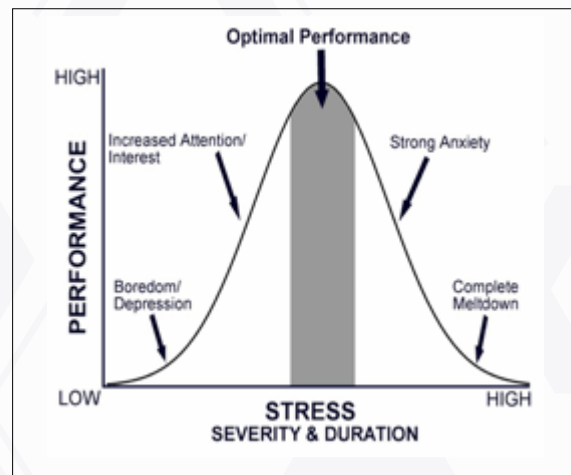
When we take the time to really practice self-care and nurture our mind, body and spirit with diligence, we can reconnect with that essence, that tiny part of us that sees the world in a totally unique way. Decrease the stress, get clear, and live optimally.

Questions to ask yourself

1. Is your day filled with empty obligations that only tire you out?
2. What are the things in your daily life that make you feel good from within?

3. Is your life set up in a way that you can do more of these things on a daily basis or do you more often feel stifled? Does it feel like you're here for a bigger reason? Who do you feel led to serve?

Excerpt from "When the Red Arrow Points Up: A Guide towards the Cost of Wellness at Work" Michelle Rhodes RN Media LLC



The Yerkes-Dodson Law and Performance

Courtesy of <https://examinedexistence.com/the-correlation-between-stress-and-performance/>

Relationship between stress and performance. The optimal performance zone is highlighted.

Prostate Cancer Screening: Still Important & Controversial for Men of Color

Dr. Sanford E. Jeames, DHA



Sanford E. Jeames, DHA, is currently coordinator of Health Science Programs at Eastside Memorial Early College High School in Austin, Texas, and is an adjunct professor at Huston-Tillotson University in Austin, Texas. He serves on the Patient Advocate Steering Committee and

is a protocol reviewer for the Cancer Care Research Delivery Steering Committee of the National Cancer Institutes. He was recently appointed as a panel review member for the Canadian Institutes of Health Research and also serves on the Patient Advocacy Council for University of Texas Southwestern Kidney SPORE initiative. Dr. Jeames also serves on the ASCO Health Equity Committee and the Cancer Research Advocacy Committee for the ECOG-ACRIN Cooperative Group.

The word cancer is still a careful topic of discussion in the African American community well into the 21st century of healthcare. A diagnosis of cancer, particularly prostate cancer, need not be the death knell it may have been many years ago. Ongoing research and improved treatments for prostate cancer have greatly impacted mortality rates for prostate cancer. Prostate cancer continues to be the most diagnosed cancer among men, and yet survival rates have increased steadily since the mid 2000s. Prostate cancer, however, still represents a form of cancer in which noticeable differences exist in incidence and mortality when comparing Caucasian American men and African American men.

According to the most recent statistics from the American Cancer Society (ACS), approximately 1.7 million Americans will be diagnosed with cancer in 2019, and some 606,000 people may die from cancer in 2019 (American Cancer Society, 2019). Of these, approximately 98,000 new cancer cases will be diagnosed within African American male populations. Overall, prostate cancer continues to be the most diagnosed cancer in the United States among men and ranks second in cancer related deaths among men. Within these figures, African American men continue to be diagnosed with an incidence rate that is 70% higher when compared with Caucasian American men. ACS reported that 29,570 new cases of prostate cancer are expected to be diagnosed in 2019 among African American men, which will represent 30% of new cancer cases in 2019. Approximately 5,350 African American men are expected to die of prostate cancer in 2019 (ACS, 2019).

ACS and the American Urological Association (AUA) presented conflicting recommendations about men seeking information about the benefits and drawbacks from getting screened for

prostate cancer via the use of prostate specific antigen (PSA) blood tests. ACS recommends that African American men begin having discussions with physicians at age 45 to begin screening for prostate cancer, and AUA recommends African American men should discuss screenings at age 40 (ACS, 2019). PSA exams were widely utilized in late 1980s and throughout the 1990s as a screening mechanism to detect early stages of prostate cancer, and thousands of men were found to have early stage prostate cancer. As a result, many men underwent various treatments for prostate cancer such as surgery, radiation, or hormone therapy. By the mid 2000s, however, it had been determined that early stage screening did not necessarily result in reductions in death rates, but increasing rates of erectile dysfunction, incontinence, and poor quality of life after treatment. The United States Preventive Task Force (USPTF) gave the PSA screening tool a grade of D, and subsequently, there were less PSA screenings throughout the country.

The decision by the USPTF naturally creates much room for discussion about the use of PSA and other mechanisms which can be used for many men who are considering the decision to get screened for prostate cancer with their primary care physician or urologist. The dilemma of prostate cancer screening remains a debate because there are men who may be advised to follow long

term surveillance if diagnosed after a screening, and other patients who may require active treatment upon diagnosis. These debates have stemmed from the admitted over treatment of the disease in the last decade.

While the research about improvements in screenings, treatments, and long term survivorship from prostate cancer is promising, there has not been wide-spread participation of African American men in the research arena. It is important that African American men become more educated about risk factors for prostate cancer. The decision to get screened for prostate cancer should be one that is shared by the individual and his physician. Thus, there is a need for improved communication and education for men of color.

In the final analysis, it is well known that higher incidences of prostate cancer may be affected by smoking, obesity, and diet.

It is imperative that African American men have shared decision making with their primary care physician about risks and benefits of screening for prostate cancer. Other than PSA blood test, men should also have a digital rectal exam to coincide with the PSA blood test. Shared decision making would mean that men, their families, and their provider are learning more about individual lifestyles, choices, and impacts of screenings and any follow up treatments that may be needed or desired.

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10 Month Pilot Program for Healthcare Leadership and Diversity, Includes NBNA Members

Patricia C. Lane, MBA, SCRN, BSN, FAAN



Patricia C. Lane, MBA, SCRN, BSN, FAAN. NBNA Second Vice President; BSR Administrative Director Neuroscience and Bon Secours EMS Outreach, Bon Secours Richmond Health System Richmond, VA

Pictured Left to Right: Dr. Rosa M. Colon-Kolacko, Tiffany Gibson – NBNA Member, Pat Lane – NBNA Member, Dr. Sarah Williams – NBNA Member, Dr. Christopher Metzler

When the program started in January the three classmates had no idea they shared two common bonds the spirit of inquiry for diversity and inclusion and membership in the National Black Nurses Association. NBNA's mission "to serve as the voice for Black nurses and diverse populations ensuring equal access to professional development, promoting educational opportunities and improving health" were the inspiration and courage these nurses needed to enroll in this higher education opportunity. These three ladies represented various platforms of nursing -Tiffany Gibson Nursing Education, Pat Lane- Nursing Administration, and Dr. Sarah Williams – Nursing Academia.

The Graduate Certificate in Healthcare Diversity Leadership at Thomas Jefferson University in Philadelphia offered an extraordinary educational experience for health care leaders who are accountable with managing or leading diversity initiatives.

Areas of concentration during the course focused on systems thinking, leadership concepts to implement change, multidisciplinary collaboration, supplier diversity, multicultural communications and marketing. To illustrate proof of concept participants had to complete and present a Business Imperative of the significance diversity and inclusion has within their organization.

Before diving into the course, they learned the significance of organizational culture and participated in several self-assessments on organizational structure, unconscious bias, and brain state performance. Throughout the course they had biweekly webcast

conferences and three in person intensives conducted on the campus of Thomas Jefferson University.

"The class exceeded my expectations", stated Pat Lane, – 2nd Vice President of NBNA and a Fellow of the Academy of Nursing. As a neuroscience nurse it was enlightening to learn brain state management has a direct correlation to your choices

**Three members of NBNA
embarked upon the
1st Healthcare Leadership
and Diversity Class
in the United States and
completed the program on
October 26, 2019.**

and perceptions and can impact overall levels of performance in advancing inclusion, communicating effectively and assisting with strategy to build trust.

“As an educator, there are many lesson plans I can create from the course content that are tangible for all health care professionals” stated Tiffany Gibson. The class materials and interactive assignments were beneficial for transformational change and embracing Diversity and Inclusion. Tiffany has even included her Business Imperative on her Nursing Education Consulting website, New Nurse Academy.

At the 47th Annual NBNA Conference, Pat and Tiffany presented on the topic of “Emotional Intelligence: The Impact of Self-Awareness and Empathy as a Diverse Leader in Healthcare.” They received excellent evaluations on their presentation. Attendees stayed after their presentation to learn more about strategies to use to in various health care settings to develop culture change as a successful diverse leader.

“I was very excited to bring the academia perspective to the class and represent the significance of having diverse faculty members be included in the development of higher education for students” articulated Dr. Sarah Williams, Fellow in the Academy of Nurse Education.

This course was specifically designed for health care leaders to assist with preparing the health care team for transformational culture changes and to prepare for multicultural collaboration that will better patient outcomes and enhance diversity and inclusion on a system thinking level.

The trio agreed the best part of the course was the expertise and dedication of the faculty in assisting us in becoming champions of change for diversity and inclusion within our professional and personal organizations.

The Program Director, Christopher Metzler, PhD, is a global thought leader, professor, political analyst, TV personality and the non-Executive Chairman of a global health care enterprise. A serial entrepreneur in the medical and management consulting fields, he is The CEO of Gordium HealthCare, City Place Pharmacy, Next Generation Labs, JMI Consulting, Medicine on Wheels, 911 Urgent Care, FHWFIT and others.

Other faculty included:

ROSA M. COLON-KOLACKO, PHD, MBA, CDM is the President and CEO of Global Learning and Diversity Partners, LLC, a consulting practice that designs and implements human capital and diversity strategies to build inclusive and learning organizations. She is also the co-founder of Health Innovation Globally, LLC, a business consulting firm that brings to market innovative international culturally competent telemedicine products to improve healthcare access and foster health equity.

Gloria Goins the Head of Diversity and Inclusion for the North American Consumer division of Amazon, which is currently the world’s most valuable company. In this role, Gloria leads all diversity and inclusion initiatives to advance the business objectives of a \$200 billion Amazon enterprise. Prior to joining Amazon, Gloria served as the Chief Diversity and Inclusion Officer for Bon Secours Mercy Health System, the nation’s 5th largest Catholic healthcare system. For three consecutive years, DiversityInc recognized Bon Secours as one of the 10 best healthcare systems for diversity and inclusion. Becker’s Hospital Review recognized Gloria herself as one of the top 15 chief diversity officers in the country to know.

Dorothy “Dottie” Reese, MPH, MSW, CCDP, has extensive experience in management and leadership, in the public, private and non-profit sectors. Her areas of expertise include strategic diversity management, performance and change management, community engagement, DBE compliance, education and training, and leadership development. She has utilized her skills as an advanced practitioner in strategic diversity management to assist organizations in assessing, and designing solutions that deliver lasting value. As a skilled change agent, she has successfully created and executed strategies designed to increase competitive advantage for organizations and businesses. As an accomplished and engaging speaker, she has presented workshops on the local, national and international level.

Next steps for the trio are to assist with providing feedback to Thomas Jefferson on the implementation of this course for years to come and to share learnings with NBNA colleagues via various venues such as this newsletter and possibly the annual conference or webinars with chapters.

Seek and Ye Shall Find —Amyloidosis

Cindy Bither, MSN, ANP, ACNP, CHFN, AACC



Cindy Bither has providing care for the heart failure population for the past 25 years. She is currently the Chief NP for the Adv HF Program at MedStar Washington Hospital Center in DC. Part of her role is caring for the heart failure patients who are diagnosed with Amyloidosis.

The two primary types of amyloidosis in the US, while having the same end process of causing devastating illness, actually are initiated in different organs. AL amyloidosis is the most common type, approximately 4,500 new cases diagnosed every year and it usually affects people from ages 50-80. About two-thirds of the patients are male.¹ It originates in the bone marrow, and treatment is primarily orchestrated by an oncologist with chemotherapy. Transthyretin (TTR) Amyloidosis, which originates in the liver, can basically be placed in two categories. The first one, hereditary Transthyretin Amyloidosis (hATTR) is a genetic mutation. This can be traced down family lines and in the United States, and one out of every 25 African Americans carry a hATTR Mutation.² The second category is that of wild type amyloidosis. This version is found in the elderly and primarily invades the heart and tendons. The symptoms and devastation from the disease appear as the misfolding proteins start to build up in different symptoms and they can no longer perform as intended.³ In order to get the best outcomes of treatment, the time to diagnosis is of utmost importance. While AL amyloidosis has a very fast progression of symptoms, and hATTR has a slower onset, they both have similar symptoms. The longer the time from symptom onset to diagnosis and subsequent treatment, the more the organs are affected. It is of utmost importance that everyone in the healthcare field know what to look for so disease progression can be halted.

So, what are the signs and symptoms to look for, and why is it so hard to find? Amyloidosis, as stated earlier, can misfold and invade many different organs. Many of the people present to their primary care physician with symptoms that are common to many diagnoses and as it can be found in multiple systems, they may be sent to many specialists. The skill set needed to diagnose amyloidosis is looking at the entire story and picture that the patient is presenting. There are RED FLAG symptoms associated with amyloidosis and to make it easier, we will discuss them by system.

We'll start with system that is affected the most, the nervous system and more specifically the Autonomic Nervous system. The most

common complaints are sexual dysfunction, abnormal sweating, urinary tract infections, and hypotension/orthostatic hypotension. People who previously had hypertension and required medications are suddenly being weaned off their meds. Even those that still take the medications may be very symptomatic when they try to stand up or change positions. The peripheral sensory-motor neuropathy symptoms are progressive and usually start distally and move more central. This is often mistaken for ALS or peripheral neuropathy (PN) that is similar to diabetic PN or Chronic inflammatory demyelinating polyneuropathy (CIDP), so the diagnosis is missed for many years. A true marker for amyloidosis is bilateral carpal tunnel syndrome (CTS). CTS is usually in the dominant hand and rarely bilateral. There is a study from Cleveland Clinic that showed 10.2% of patients whose tissue was tested at the time of the CTS surgery tested positive for amyloid. Tissue taken during spinal stenosis surgery has also tested positive.

Other systems that are prominent are the GI and cardiac systems. The GI symptoms are unintentional weight loss accompanied with alternating diarrhea and constipation. Unexplained nausea and vomiting, as well as loss of appetite add to the symptoms which plague the patient. As you can imagine, this is also mistaken by many for irritable bowel syndrome, diabetic gastroparesis, or is just not pursued because the patient is embarrassed to mention it until there are signs of cachexia. The cardiac symptoms of heart failure (HF), heart block, aortic stenosis, syncope, or fatigue/shortness of breath are often seen as unique diseases and not part of a group of issues. People are given a diagnosis of HF with preserve ejection fraction and no further testing is done.

With the variety of symptoms and the need for early recognition, the medical community must stay alert to all of the symptoms that a patient may complain of. Complaints cannot be siloed, and we need to think to ask questions that would bring out the red flags.

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Building Trust and Advancing Patient Care in the African American Community

Stanislav Lechpammer, MD, Ph.D.



Stanislav Lechpammer, MD, Ph.D. is a Senior Director and US Medical Lead for Prostate Cancer with Pfizer Oncology. He earned his MD and Ph.D. degrees from University of Zagreb, Croatia and subsequently did postdoctoral training in Radiation Oncology and Clinical Research Fellowship in Nuclear Medicine at Dana-Farber Cancer Institute and Harvard Medical School in Boston, MA.

The ideal patient-provider relationship is built on trust; a concept first outlined in the ancient Greek medical text, the Hippocratic Oath, which states that providers will do no harm or injustice to patients.¹ Yet for some in the African American community, mistrust of healthcare institutions remains a persistent barrier to care.²

Compared to the national average, African Americans today have less access and a lower quality of care, resulting in poorer health outcomes.³ This disparity is evident in higher rates of cancer, in addition to higher mortality rates, particularly among African American men.⁴ Prostate cancer, for example, is known to be more common, aggressive and deadly among African American men compared to Caucasian men. Research has shown that African American males are more than twice as likely to die from the disease than other racial groups and it often is not detected until it has progressed to a later stage.^{5,6}

As the medical community explores ways to rebuild trust with the African American community and address these disheartening numbers, nurses will continue to play a valuable role in impacting the care these patients receive.

The Importance of Diversity in Research

Diversity in research is critical to understanding how specific treatments may impact patients of different races and ethnicities. A recent study in *The Journal of the American Medical Association* oncology found that only 18 of the 230 clinical trials that supported

oncology approvals broke the data down by what the paper defined as the four major racial groups in the United States.⁷ Even more discouraging is that since the study started in 2008, trials reporting on African American data decreased significantly from 57% in 2008 to just 22% in 2018.

Yet when researchers do examine data by race, the results can be both surprising and hopeful. Data from a retrospective analysis sponsored by Pfizer suggest that African American patients with advanced prostate cancer – when treated with novel hormonal therapies and having the same access to health care – may have better overall survival outcomes than white patients.⁸ This research demonstrates the importance of encouraging African American patients to participate in trials – and reinforcing the need for further analysis of those trials in the medical community.

Building on the Existing Trust in Nurses

However, there is more to this issue than just the research. Nurses have a unique role in the care cycle and have earned patients' trust at an astounding level. According to a recent Gallup Poll on the honesty and ethical standards of different professions, nurses ranked number one for the 17th year in a row. Ninety-nine percent of people polled responded that nurses had a high, very high or average honesty and ethical standard.⁹

This is a foundation of trust the rest of the medical community can help build upon. By empowering patients to monitor their health, encouraging them to participate in research when it's appropriate,

and working with other health care providers and colleagues to advocate change in how research is conducted, nurses will continue to be an important link in bridging racial disparities in health care.

This article was submitted in partnership with Pfizer

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Men in Nursing: A Most Precious Resource

Chad O'Lynn, PhD, RN, CNE, ANEF



Chad O'Lynn, PhD, RN, CNE, ANEF is the Director of Evaluation and Innovation at Chamberlain College of Nursing. Dr. O'Lynn has nearly 20 years of experience as a nurse educator. His program of research has had an emphasis on male nursing students and has yielded multiple publications and two books on men in nursing.

Calls to diversify the nursing workforce have been made for a number of years. Indeed, attention to diversity has likely resulted in progress (AACN, 2015; Budden, Zhong, Moutlon, & Cimiotti, 2013). Specific types of diversity, however, have received less attention and action than others. Gender diversity in nursing lags far behind diversity in traditionally male-dominated health professions. In 2018, 11.4% of registered nurses were men; whereas 35.7% of dentists, 40.3% of physicians and surgeons, and 63.4% of pharmacists were women (US Department of Labor, 2019). Moreover, the percentage of racial / ethnic minority baccalaureate nursing students rose 2.5% over the past 3 academic years (from 31.5% to 33.6%) outpacing the increase of 0.4% for male baccalaureate nursing students (from 12.5% to 12.9%) (AACN, 2017; 2018; 2019). These statistics are of concern since they forecast near future workforce diversity. Intentional action is needed to improve gender diversity in nursing. Such action can be supported by adopting a new mindset: Men in nursing are a most precious resource.

A most precious resource could be viewed as something scarce that requires attention to prevent resource loss. For men in nursing, this attention equates to mindful and targeted recruitment and retention strategies, notably at the beginning of the workforce pipeline through enrollment in pre-licensure nursing education. Few nursing schools devote significant resources toward recruitment since most receive many more qualified applicants than can be admitted (AACN, 2019). Targeted recruitment efforts, however, can and have been used to diversify the applicant pool, and can be directed towards populations with more men. For example, schools of nursing can have a larger presence at local sporting events and advertise in publications with large male readerships. Schools can engage with existing community initiatives and programs that provide mentorship and leadership development for young men and youth at risk. Schools can also design nursing bridge programs for existing healthcare workers in fields with better male representation, such as various allied health technical fields and emergency medical technicians (EMTs). Importantly, when engaging with these outreach activities, one should use male nurses and students as role models and ambassadors, particularly

male nurses and students of color who may be particularly under-represented.

Once admitted into schools of nursing, a most precious mindset should continue since the loss of any under-represented nursing student only undermines the goal of achieving workforce diversity. Precious resource loss is mitigated with appropriate retention strategies. Schools of nursing are familiar with providing various academic supports and services to retain students, but the most important strategy perhaps is the establishment of an academic environment that embraces gender diversity. The notion of embracing men in women-dominated spheres, such as nursing, has received less attention than the more common yet important discussions of the challenges of minorities and women in broader social contexts. The dearth of such discussions only sustains possible gender implicit bias that can be harmful to men and to nursing as a whole.

O'Lynn (2013) describes historical and persistent gendered barriers such as those pertaining to negative stereotypes of men in nursing; gynocentric pedagogies; minimal attention by nursing to men's health and wellness; unequal treatment and policies towards men; and a lack of value placed on diverse and gendered styles of communication, teamwork, leadership, and caring, and their appropriate context-based applications. These barriers are not universally present among schools and workplaces and often have variable impact for individual men. Nonetheless, O'Lynn offers a few strategies to confront barriers should they arise:

- **Speak up!** Men may not be accustomed to speaking from a standpoint of vulnerability. Men should be supported for providing voice and critique to perceived bias. Female allies can do much to role model confrontation of injustice.

- **Reflect.** Nursing academia and employment settings should undergo self-assessments and critique of anti-male implicit biases and possible unwelcoming environments. Such reflection can occur in conjunction with broader diversity assessments and are requisite in successful implementation of actions toward gender diversity and support.
- **Give Back.** Male students and nurses should be invited and encouraged to mentor those who follow, regardless of the gender of protégées. Mentorship makes visible men's collective skills and contributions to nursing. Mentorship does much to provide role identity for young men and instill gender-embracing attitudes and practices for future generations of nurses.

As with any type of diversity, nursing can only benefit from increasing the number and participation of men in nursing. Viewing men as a most precious resource may strengthen the foundation necessary to support improved gender diversity in nursing.

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Nurse Resilience, The 3 Principles Paradigm, and Achievement of the Quadruple Aim

Mary Turner, RN, BCNC



Mary Turner, RN, BCNC is Executive Director of Therapeutic Professionals, a holistic and wellness

organization dedicated to empowering nurses to participate in self-care and stress management which facilitates nurses to reach their peak potential ultimately enabling them to better care for their patients. She resides in Houston, TX and is a lifetime member of NBNA. Mary is committed to life-long learning and continuous personal growth and development.

A Missing Link

Healthcare professionals, researchers and policy makers have long advocated for fulfillment of the Triple Aim: improving the health of the individual patient and the health of the general population in a cost-effective manner.¹ Fulfillment of the Triple Aim cannot be realized in US healthcare without also taking steps to improve the health and work environment of the healthcare professionals that provide care. This is referred to as the Quadruple Aim.²

It is my strong conviction that *nurse resilience* is critical to achievement of the Quadruple Aim. Nurse resilience is defined as, "...a *learnable* multi-dimensional characteristic enabling one to thrive in the face of adversity." (p. 292)³ It is refreshing and encouraging to know that nurse resilience is a skill that can be learned by our army of dedicated and intelligent nurses; and taught by our passionate and expertly trained nurse coaches.

The inherent value of resilience has been documented in evidence-based research. In a study on nurses working on ICU units, psychological resilience was associated with lower levels of burnout and post-traumatic stress disorder.⁴

Unfortunately, not all of us understand how to use nurse resilient strategies. In a study that analyzed stress and burnout in male nurses, researchers confirmed that what we as nurses in the field have known for decades. On-the-job stress is significantly and statistically correlated with occupational burnout. Furthermore, job loading (too many tasks in the allotted time), organizational

interaction, and role conflict were also main predictors of occupational burnout. As one may predict, the ultimate result is high turnover and the potential to sacrifice high-quality patient care.⁵ Thus, it is of critical importance that Quadruple Aim initiatives include nurse resilience.

The 3 Principles Paradigm: A Foundation for Nurse Resilience

Nurse resilience can be taught and nurtured by utilizing the 3 Principles Paradigm.

These are:

- Thought,
- Mind,
- and Consciousness.

These 3 principles were originally conceived by a philosopher named Sydney Banks. Through deep introspection, interacting with others, and spiritual journeys, he came to the conclusion that thought, mind, and consciousness determine our state of psychological thoughts, health, and self-esteem. Habits, insecurity patterns, desires, and traits are the result of the interactions between these 3 principles.⁵

Our thoughts and feelings need to be brought into human consciousness with clarity and acceptance. Through our free will, we can link them together in a way that can either help or hinder us, or those with whom we interact. Banks' teachings help

us to change negative thoughts into positive ones, which result in different, healthier feelings.⁶

Keith Blevens, Ph.D. and Valda Monroe have embraced Mr. Banks' teachings and used them to help organizations and individuals manage workplace, social, and familial adversity. Clients have included those on neuropsychiatry units, prison populations, and healthcare professionals. Monroe and Blevens have used the 3 Principles Paradigm to help learners realize that if they can adjust their thoughts or look at challenges in a different way, then they can change the resulting feelings. Or rather, they can keep their thoughts and feelings from getting entangled and out of control. These insights in turn lead to a powerful resilience that allows the person to move forward, overcome adversity, and manage stress. Blevens and Monroe referred to these discoveries and transformations as, "The inside-out paradigm of life." [paragraph nine]⁷

Positive Change

Yes. The ability to change one's reaction to the adversity, stressors, and occupational hazards that bombard our daily work-life does exist. With the 3 Principles Paradigm, we can meet and exceed our challenges.

We have the inborn self-efficacy to make these positive changes in our workdays, our careers, and our lives. The key lies in the unwavering commitment to our patients and the realization that in order to be caring nurses to others, we must take care of ourselves. We can then successfully propel ourselves forward so that the Quadruple Aim initiative comes to fruition for all of US healthcare. Nurse educators have been leading the charge to realize the Quadruple Aim for several years.⁹ It is now nurse coaches using insight-based learning to forward this important work.

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Men in Nursing



NBNA Board Member Thomas Hill, Professor Hayward Gill, NBNA Immediate Past President Dr. Eric J. Williams, NBNA Board Member Dr. Sheldon Fields, NBNA Nominations Committee Chair Kendrick Clack.



Kendrick Clack, Thomas Hill, Dr. Larider Ruffin, Carter Todd, Zakhari Snow.

Men in Nursing



CJ Marbley



Dr. Donte Flanagan, Nkam Mongwa, Dr. James Dickens



Adam O. Smith



Dr. Chris Bryant

Men in Nursing



Dr. Julius Johnson and Jose Perpignan



Dr. Randy Jones



U.S. Army Nurse Corps Recruiters

Members on the Move



NBNA president and BBNA member, **Dr. Martha Dawson**, participated in a podcast with Movement is Life, a national organization that focuses on the elimination of musculoskeletal health disparities through behavioral change. Dr. Dawson shared NBNA's 50th anniversary vision and offered strategies for involving patients and communities in the work of reducing health disparities. Dr. Dawson's

13 minute podcast is available at the following link: http://www.movementislifeaucus.com/mil_podcast/nbnas-50th-anniversary-vision-getting-patients-engaged-in-their-own-health-by-moving-away-from-the-illness-model/



BBNA president emeritus, **Deborah Walker**, and BBNA member, **Dena Richard** taught health promotion activities at Bessemer Library on October 5.



BBNA members received several awards at the Alabama State Nurses Association Annual Convention in Point Clear in September. BBNA president, **Deborah Thedford-Zimmerman** received the Outstanding Retired Nurse Award. BBNA members **Jennifer Coleman**, **Kimberly Ayers**, and **Adrienne Curry** also received awards.

BBNA member, **Dr. Jennifer Coleman** and BBNA students, **Holland Bayles** and **Melanie Wren**, taught Hands-only CPR at the Optimist International Youth Conference in Birmingham.

Mary Williamson presented a session on the *All of Us* Research program at New Pilgrim Baptist Church Annual Health Expo on September 28, 2019.



Kimberly Ayers attended the American Psychiatric Nurses Association Annual Conference in New Orleans in October. Ayers and her team presented several sessions on staff engagement, relaxation, behavioral intervention resources, and collaborative approaches to reduce crisis calls in an inpatient psychiatric setting.



BBNA member, **Winifred Dill**, received her Level II Recognition Award on November 4, 2019 at the University of Alabama at Birmingham Hospital.

Members on the Move



Vineta Mitchell, RN, BSN, CCM, MBA/HCM, CMCN, was named New Managed Care Leader of the Year by the American Association of Managed Care Nurses. She is a member of the Detroit Black Nurses Association.

Miami Chapter BNA's Immediate Past President, **Linda Washington-Brown** PhD, EJD, ARNP-C, LHC, on the occasion of her induction as a fellow of the American Academy of Nursing on October 25, 2019 in Washington D.C.



Washington-Brown (left) with her sponsor Dr. Linda Amankwaa, PhD, RN, FAAN



Washington-Brown (left) with her sponsor Dr. Gloria McNeal, PhD, ACNS-BC, FAAN

Congratulations to the new President of the Diversity in Nurse Anesthesia Mentorship Program, **Marche Jenkins**, CRNA, MSN!

Marche is a retired Major from the United States Army and the Owner and Operator of Vigilance Anesthesia Services, Inc. in Alpharetta, Georgia. As a sole proprietor and operator of professional anesthesia in his own company, Marche is responsible for the comprehensive management of all aspects of anesthesia patient care including: orthopaedic, general, plastic, urology, pediatric, and neurological procedures.

Marche is committed to Diversity in Nurse Anesthesia Mentorship Program's mission and is excited about taking on the leadership role of the Board President. Marche is a member of Alpha Phi Alpha Fraternity, Inc. and 100 Black Men.

This picture of Marche surrounded by Black male critical care nurses aspiring a career in Nurse Anesthesia at the Diversity CRNA 2019 Information Session & Airway Simulation Lab Workshop at Augusta University. Wallena Gould, EdD, CRNA, FAAN is the Founder & CEO of the Diversity in Nurse Anesthesia Mentorship Program.



Correction



Janice Johnson, Member, BNA of Greater Washington DC and **Dr. Pier Broadnax**, DC President

Chapter News

Birmingham Black Nurses Association, Inc.



Annual Scholarship and Awards Event



BBNA held its **annual scholarship and awards event** on September 21, 2019. Four students from area nursing schools received cash scholarships to assist with nursing school expenses.



BBNA members participated in Ephesus Academy's **Annual Health Day** on September 23. Chapter members taught Hands-only CPR to 125 students in grades kindergarten through high school.



BBNA chapter members taught **Hands-only CPR** at the Delta Sigma Theta Sorority Life Development Center on November 11. Twenty-four of the sorority's GEMS (Growing and Empowering Myself Successfully; Girls 14-16 years old) and six sorority members learned and practiced the technique and also learned about AEDs.

Chapter News

Birmingham Black Nurses Association, Inc. (cont.)



Alabama Nursing Hall of Fame induction ceremony

BBNA members supported NBNA president, Dr. Martha Dawson, at the **Alabama Nursing Hall of Fame induction ceremony** on October 24 in Tuscaloosa, AL. Dr. Dawson was one of six inductees during the black tie dinner and ceremony.

BBNA nurses and students spent time with the residents of Children's Village in Birmingham in October. Chapter members conducted informal discussions on health, hygiene, and healthy relationships with the seven girls and nine boys, ages 12-17. Children's Village is a temporary home for children in Birmingham who are suffering traumatic times.

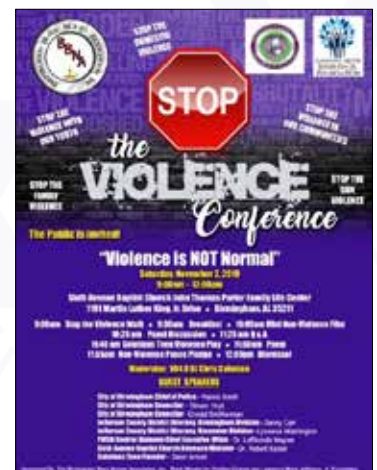
BBNA participated in Take a Child to the Doctor Day at the Birmingham Crossplex. BBNA member Miracle Reese, led an exercise segment with Doc McStuffins, a well-known animated Disney physician.

BBNA members were participants at the 13th Annual Birmingham Party with a Purpose, a communitywide health, wellness, and job fair event hosted by Birmingham Councilor Steven Hoyt. BBNA handled first aid and health education for the thousands of attendees.

In recognition of BBNA's violence awareness initiative, Education Committee chair, Heather Hardy, organized *Violence is not Normal*, a seminar held immediately after the chapter business meeting in October. After the panel presentations, the chapter collected hygiene items, linens, gift cards, and school supplies for area domestic violence shelters. Carthenia Jefferson coordinated a



Stop the Violence conference held at a local church on November 2, 2019. Panelists, presenters, and supporters represented the Birmingham mayor's office, the Birmingham City Council, the Birmingham Chief of Police, the Jefferson County District Attorney's office, the Jefferson County Sheriff's Department, the YWCA of Central Alabama, Black Women 4 Positive Change, the Lawrence Mond Jefferson, Jr. Foundation, and the National Black Nurses Association.



Chapter News

Birmingham Black Nurses Association, Inc. (cont.)

BBNA was a sponsor of the UAB Alumni Night at the UAB School of Nursing where several alumni received awards. BBNA past president, Dr. Lindsey Harris received the Joann Barnett Award for Compassionate Care.

BBNA President, Deborah Thedford-Zimmerman, and Dr. Lindsey Harris attended the Birmingham City Council meeting on October 22 to provide an update on the chapter's heart health initiative. Chapter members are continuing to teach Hands-Only CPR to students in each of the Birmingham City Schools. Students in District 7 schools are scheduled for sessions during this fall semester.



BBNA was on hand at the District 7 **recycling Shred-it community event** on November 5. The chapter taught Hands-only CPR to the Birmingham residents who participated in the day of safe document shredding.

Chapter Presidents

ALABAMA

Birmingham BNA (11)	Deborah Thedford-Zimmerman	Birmingham, AL
Montgomery BNA (125)	Katherine Means	Montgomery, AL
Northern Alabama BNA (180)	Bridgette Taylor	Harvest, AL
Tuskegee/East Alabama NBNA (177)	Dr. Cordelia Nnedu	Tuskegee Institute, AL
West Alabama Chapter of the NBNA (184)	Dr. Johnny Tice	Tuscaloosa, AL

ARIZONA

BNA Greater Phoenix Area (77)	LaTanya Mathis	Phoenix, AZ
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ARKANSAS

Little Rock BNA of Arkansas (126)	Jason Williams	Little Rock, AR
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CALIFORNIA

Bay Area BNA (02)	Norma Faris-Taylor	Oakland, CA
Capitol City BNA (162)	Carter Todd	Sacramento, CA
Central Valley BNA (150)	Dr. Jeanette Moore	Fresno, CA
Council of Black Nurses, Los Angeles (01)	Alexandria Jones-Patton	Los Angeles, CA
Inland Empire BNA (58)	Kim Anthony	Riverside, CA
San Diego BNA (03)	Samantha Gamble-Farr	San Diego, CA
Stanislaus and San Joaquin Counties BNA (176)	Gia Smith	Modesto, CA

COLORADO

Eastern Colorado Council of BN (Denver) (127)	Dr. Margie Ball-Cook	Denver, CO
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CONNECTICUT

Northern Connecticut BNA (84)	Florence Johnson	Hartford, CT
Southern Connecticut BNA (36)	Andrea Murrell	West Haven, CT

DISTRICT OF COLUMBIA

BNA of Greater Washington, DC Area (04)	Dr. Pier Broadnax	Washington, DC
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FLORIDA

Big Bend BNA (Tallahassee) (86)	Katrina Rivers	Tallahassee, FL
BNA, Tampa Bay (106)	Rosa Cambridge	Tampa, FL
Central Florida BNA (35)	Eloise Abrahams	Orlando, FL
Clearwater/ Largo BNA (39)	Mary Ann Young	Largo, FL
First Coast BNA (Jacksonville) (103)	Dr. Carol Jenkins-Neil	Jacksonville, FL
Greater Fort Lauderdale Broward Chapter of the NBNA (145)	Lyn Peugeot	Fort Lauderdale, FL
Greater Gainesville BNA (85)	Voncea Brusha	Gainesville, FL
Miami Chapter - BNA (07)	Patrise Tyson	Miami, FL
Palm Beach County BNA (114)	Avis Brown	West Palm Beach, FL
St. Petersburg BNA (28)	Janie Johnson	St. Petersburg, FL
Treasure Coast Council of BN (161)	Dr. Ophelia McDaniels	Port Saint Lucie, FL

Chapter Presidents

GEORGIA

Atlanta BNA (08)	Seara McGarity	College Park, GA
Columbus Metro BNA (51)	Pamela Rainey	Columbus, GA
Concerned National BN of Central Savannah River Area (123)	Romona Johnson	Martinez, GA
Emory BNA (165)	Taylor Miller	Atlanta, GA
Middle Georgia BNA (153)	Dr. Debra Mann	Dublin, GA
Okefenokee BNA (148)	Rosalyn Thomas	Waycross, GA
Savannah BNA (64)	Yvonne Bradshaw	Savannah, GA

HAWAII

Honolulu BNA (80)	Linda Mitchell	Aiea, HI
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ILLINOIS

Alliance of BNA of Illinois (178)	Beatrice Mbaocha	Chicago, IL
BNA of Central Illinois (143)	Dr. Elaine Hardy	Bloomington, IL
Chicago Chapter NBNA (09)	Ellen Durant	Chicago, IL
Greater Illinois BNA (147)	Jacinta Staples	Bolingbrook IL
Illinois South Suburban NBNA (168)	Dr. Carol Alexander	Matteson, IL
North Shore BNA (172)	Mary Harris-Reese	Gurnee, IL

INDIANA

BNA of Indianapolis (46)	Sallye Morris	Indianapolis, IN
Lake County Indiana BNA (169)	Michelle Moore	Merrillville, IN
Northwest Indiana BNA (110)	Mona Steele	Gary, IN

KANSAS

Wichita BNA (104)	Linda Wright	Wichita, KS
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KENTUCKY

KYANNA BNA, Louisville (33)	Tia Roberts	Louisville, KY
Lexington Chapter of the NBNA (134)	Dr. Lovoria Williams	Lexington, KY

LOUISIANA

Acadiana BNA (131)	Iris Malone	Lafayette, LA
Bayou Region BNA (140)	Salina James	Thibodaux, LA
Louisiana Capital BNA	Steven Jackson, Jr.	Baton Rouge, LA
New Orleans BNA (52)	Dr. Mary Kelly	New Orleans, LA
Northeast Louisiana Metropolitan BNA (152)	Audrey Rayford	Monroe, LA
Shreveport BNA (22)	Bertresea Evans	Shreveport, LA
Southeastern Louisiana BNA (174)	Rachel Weary	Abita Springs, LA

MARYLAND

BNA of Baltimore (05)	Dr. Vaple Robinson	Baltimore, MD
BN of Southern Maryland (137)	Kim Cartwright	Clinton, MD
Greater Bowie Maryland NBNA (166)	Dr. Jacqueline Newsome-Williams	Chevy Chase, MD

Chapter Presidents

MASSACHUSETTS

New England Regional BNA (45) Sasha DuBois Roxbury, MA
Western Massachusetts BNA (40). Anne Mistivar-PayenSpringfield, MA

MICHIGAN

Detroit BNA (13) Nettie Riddick Detroit MI
Grand Rapids BNA (93) Aundrea Robinson Grand Rapids, MI
Greater Flint BNA (70) Juanita Wells Flint, MI
Kalamazoo-Muskegon BNA (96). Dr. Birthale Archie Kentwood, MI
Lansing Area BNA (149) Meseret Hailu Lansing, MI
Southwest Michigan BNA (175) Deborah Spates Berrien Springs, MI

MINNESOTA

Minnesota BNA (111) Sara Wiggins St. Paul, MN

MISSOURI

BNA of Greater St. Louis (144) Quita Stephens St. Louis, MO
Greater Kansas City BNA (74) Iris Culbert Kansas City, MO
Mid-Missouri BNA (171) Felicia Anunoby Jefferson City, MO

NEBRASKA

Omaha BNA (73) Shanda Ross Omaha, NE

NEVADA

Southern Nevada BNA (81) Lauren Edgar Las Vegas, NV

NEW JERSEY

Concerned BN of Central New Jersey (61) Terri Ivory Neptune, NJ
Concerned Black Nurses of Newark (24). Dr. Lois Greene Newark, NJ
Mid State BNA of New Jersey (90). Tracy Smith-Tinson Somerset, NJ
Middlesex Regional BNA (136) Marchelle Boyd New Brunswick, NJ
New Jersey Integrated BNA (157). Thomas Hill Lyons, NJ
Northern New Jersey BNA (57). Dr. Melissa Richardson Newark, NJ

NEW YORK

Greater New York City BNA (167) Dr. Sheldon Fields Brooklyn, NY
New York BNA (14) Nelline Shaw New York, NY
Rochester BNA (182) Dr. Yvette Conyers Rochester, NY
Suffolk County BNA (183). Jacqueline Winston Ridge, NY

NORTH CAROLINA

BN Council of the Triad (160) Rashida Dobson Winston Salem, NC
Central Carolina BN Council (53) Bertha Williams Durham, NC
Piedmont BNA (181) Tammy Woods Salisbury, NC
Sandhills North Carolina BNA (138) Dr. LeShonda Wallace Fayetteville, NC

Chapter Presidents

OHIO

Akron BNA (16)	Cynthia Bell	Akron, OH
BNA of Greater Cincinnati (18)	Dr. Regina Hutchins	Cincinnati, OH
Cleveland Council BNA (17)	Stephanie Doibo	Cleveland, OH
Columbus BNA (82)	Pauline Zarrieff	Columbus, OH
Youngstown Warren BNA (67)	Carol Smith	Youngstown, OH

OKLAHOMA

Eastern Oklahoma BNA (129)	Rickesha Clark	Tulsa, OK
Oklahoma City BNA (173)	Irene Phillips	Jones, OK

PENNSYLVANIA

Pittsburgh BN in Action (31)	Dr. Dawndra Jones	Pittsburgh, PA
Southeastern Pennsylvania Area BNA (56)	Monica Harmon	Philadelphia, PA

SOUTH CAROLINA

Columbia Area BNA (164)	Whakeela James	Columbia, SC
Midlands of South Carolina BNA (179)	Lisa Davis	Columbia, SC
Tri-County BNA of Charleston (27)	Wanda Brown	Charleston, SC
Upstate BNA (155)	Dr. Colleen Kilgore	Greenville, SC

TENNESSEE

Memphis-Riverbluff BNA (49)	Betty Miller	Memphis, TN
Nashville BNA (113)	Shawanda Clay	Nashville, TN

TEXAS

BNA of Austin (151)	Janet VanBrakle	Austin, TX
BNA of Greater Houston (19)	Cynthia Brown	Houston, TX
Central Texas BNA (163)	Mack Parker	Temple, TX
Fort Bend County BNA (107)	Marilyn Johnson	Pearland, TX
Galveston County Gulf Coast BNA (91)	Leon McGrew	Galveston, TX
Greater East Texas BNA (34)	Melody Hopkins	Tyler, TX
Metroplex BNA (Dallas) (102)	Jacqueline Miller	Dallas, TX
San Antonio BNA (159)	Lionel Lyde	San Antonio, TX
Southeast Texas BNA (109)	Stephanie Williams	Port Arthur, TX

VIRGINIA

BNA of Charlottesville (29)	David Simmons, Jr.	Charlottesville, VA
Central Virginia Chapter of the NBNA (130)	Dr. Tamara Broadnax	North Chesterfield, VA
NBNA: Northern Virginia Chapter (115)	Joan Pierre	Woodbridge, VA

WISCONSIN

Milwaukee BNA (21)	Karina Brown	Milwaukee, WI
Racine-Kenosha BNA (50)	Joyce Wadlington	Racine, WI

Direct Member (55)*

*Only if there is no Chapter in your area