

MINORITY NURSE

The Career and Education Resource for the Minority Nursing Professional • SPRING 2015

Annual Salary Survey Issue



**NAVIGATING FINANCIAL
TRANSITIONS**

10 WAYS TO GET
PROMOTED

**Why Good Nurses
Leave the Profession**

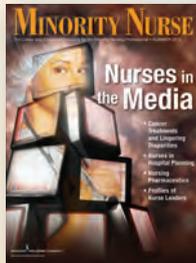


PRSR1 STD
US POSTAGE PAID
BOLINGBROOK IL
PERMIT #2020

SPRINGER PUBLISHING COMPANY
www.minoritynurse.com

MINORITY NURSE

Dedicated to Diversity



Minority Nurse magazine is committed to increasing diversity and inclusiveness in academics and nursing practice.

Diversity is more than a check box on a form, more than a dry statistic hidden in a table of demographic data. It is more than the color of one's skin, the nation of one's heritage, or the origins of one's social beliefs.

Diversity celebrates culture.

Diversity is inclusive.

Diversity is the catalyst for the collaboration and discovery that is essential for an understanding and appreciation of the human spirit. Diversity allows us to engage with our differences and provides the mechanism that leads to acquiring cultural sensitivity and achieving cultural competence.

We honor the individual and the community.

We encourage ourselves and others to behave equitably.

We promote acknowledging and respecting different beliefs, practices, and cultural norms.

We uphold academic excellence, celebrate best practices, honor traditions, and embrace change that advances our objectives of caring for ourselves, advancing our educational and career opportunities, and providing quality health care for our patients.

We are *Minority Nurse* magazine.

Join Our Community. Get your Free Subscription!

Visit www.MinorityNurse.com and subscribe today!

 **SPRINGER PUBLISHING COMPANY**

11 West 42nd Street, 15th Floor, New York, New York 10036
Tel 212-431-4370 • Fax 212-941-7842





**THE MAGAZINE
IS JUST THE BEGINNING...**

MINORITYNURSE.COM

**YOUR GO-TO SOURCE FOR NURSING NEWS ON THE WEB.
WHAT ELSE WILL YOU FIND ON **MINORITYNURSE.COM**?**

JOB POSTINGS Hundreds of national listings,
updated regularly.

ACADEMIC AND EMPLOYER PROFILES Explore schools of nursing, hospitals,
and other health care facilities.

SCHOLARSHIPS Almost 15,000 scholarship
opportunities, worth \$52 million.

In Every Issue

- 3 **Editor's Notebook**
- 4 **Vital Signs**
- 7 **Making Rounds**
- 44 **Highlights from the Blog**
- 48 **Index of Advertisers**

Academic Forum

- 37 **New Case Management Opportunities for Minority Nurses**

By Catherine M. Mullahy, RN, BS, CRRN, CCM

With our growing multicultural population, the need for diverse medical case managers has significantly increased

Second Opinion

- 40 **Hope for Healing in the Face of Embittered Race Relations in the United States: One Nurse's Perspective**

By Miriam O. Ezenwa, PhD, RN

A nurse reflects on racial tension in America and what it takes for our nation to heal

Degrees of Success

- 42 **Workplace Initiatives That Promote Diversity and Inclusion**

By Julie Jacobs

Embracing diversity in health care is critical to achieving best outcomes

Cover Story

- 26 **2015 Annual Salary Survey**

By Ciara Curtin

Are you stuck in a career rut? Let our annual salary survey results guide you on your journey to career fulfillment

Features

- 8 **Navigating Life's Milestones and Financial Transitions**

By Julia Quinn-Szcesuil

Learn how to tackle the unique financial challenges that each life stage brings

- 14 **Self-Advocacy for Nurses with Mental Health Disabilities**

By Pam Chwedyk

Empower yourself for career success by knowing your legal rights and learning how to advocate for them

- 20 **Why Good Nurses Leave the Profession**

By Nachole Johnson

Discover what's causing nurses who love their profession to consider leaving it for good

- 32 **10 Ways for Nurses to Get Promoted**

By Leigh Page

Stop waiting to be noticed and follow these 10 proactive tips to take charge of your own career ladder

Editor's Notebook: Be Your Own Advocate

They say we are our own worst critics. It's one thing to want to better yourself by learning a new skill, but striving for the perfection that society demands leaves many feeling burned out and destined to fail. Those who get ahead are often their own cheerleaders—and it's time for each of us to take back some control in our own lives. Once we stop letting others define who we are, we unlock our true potential. If you're stuck in a career rut, check out the results of our third annual salary survey to find out whether you're living up to your potential.

Talking about money is often as taboo as religion or politics. We run our salary survey each year to give you the answers to the questions you're too afraid to ask, but every nurse should take some time to educate herself on financial matters. Each stage of life presents its own financial challenges—and navigating them can be overwhelming if you are unprepared. Julia Quinn-Szcesuil helps you navigate those financial waters and shows you what to expect with each milestone.

Are you waiting around hoping the bosses will notice you at work? If so, you may be waiting around for quite a while with all of today's distractions. Follow Leigh Page's advice and start being proactive if you desire that promotion. Sometimes we need to be our own champions to get ahead. Take the time to nurture your career, and you will reap the benefits.

Still, some need a little more guidance to succeed than others. Is a mental disability holding you back? There may be a lot of stigma surrounding mental disabilities in this country, but know that you are not alone and that you have rights to protect you from discrimination. Pam Chwedyk teaches you how to advocate for those rights when no one else will.

Many say they became a nurse because they love helping others, but for every nurse who says that there's another one out there considering leaving the profession for good. Are nurses not getting the recognition they deserve? Nachole Johnson investigates why some good nurses are considering a career change despite the strong employment outlook.

Rather than trying to compete with an ideal that doesn't exist, learn to embrace yourself—flaws and all. Our flaws help define who we are, and everyone could benefit from a little kindness.

— Megan Larkin

Minority Nurse (ISSN: 1076-7223) is published four times per year by Springer Publishing Company, LLC, New York.

Articles and columns published in *Minority Nurse* represent the viewpoints of the authors and not necessarily those of the editorial staff. The publisher is not responsible for unsolicited manuscripts or other materials. This publication is designed to provide accurate information in regard to its subject matter. It is distributed with the understanding that the publisher is not engaged in rendering legal or other professional services. If legal advice or other expert assistance is required, the services of a competent professional person should be sought. The publisher does not control and is not responsible for the content of advertising material in this publication, nor for the recruitment or employment practices of the employers placing advertisements herein. Throughout this issue, we use trademarked names. Instead of using a trademark symbol with each occurrence, we state that we are using the names in an editorial fashion to the benefit of the trademark owner, with no intention of infringement of the trademark.

Subscription Rates: *Minority Nurse* is distributed free upon request. Visit www.minoritynurse.com to subscribe.

Change of Address: To ensure delivery, we must receive notification of your address change at least eight weeks prior to publication. Address all subscription inquiries to Springer Publishing Company, LLC, 11 West 42nd Street, 15th Floor, New York, New York 10036-8002 or e-mail subscriptions@springerpub.com.

Claims: Claims for missing issues will be serviced pending availability of issues for three months only from the cover date (six months for issues sent out of the U.S.). Single copy prices will be charged for replacement issues after that time.

Minority Nurse® is a registered trademark of Springer Publishing Company, LLC.

© Copyright 2015 Springer Publishing Company, LLC. All rights reserved. Reproduction, distribution, or translation without express written permission is strictly prohibited.

CORPORATE HEADQUARTERS/ EDITORIAL OFFICE

11 West 42nd Street, 15th Floor
New York, NY 10036
212-431-4370 ■ Fax: 212-941-7842

SPRINGER PUBLISHING COMPANY

CEO & Publisher Theodore Nardin

Vice President & CFO Jeffrey Meltzer

MINORITY NURSE MAGAZINE

Publisher James Costello

Editor-in-Chief Megan Larkin

Creative Director Mimi Flow

Production Manager Diana Osborne

Digital Media Manager Andrew Bennie

Minority Nurse National Sales Manager

Peter Fuhrman
609-890-2190 ■ Fax: 609-890-2108
pfuhrman@springerpub.com

Minority Nurse Editorial Advisory Board

Jose Alejandro, PhD, RN-BC, MBA, CCM, FACHE
President
National Association of Hispanic Nurses

Teresita Bushey, MA, APR-BC
Assistant Professor, School of Nursing
The College of St. Scholastica

Wallena Gould, CRNA, EdD
Founder and Chair
Diversity in Nurse Anesthesia Mentorship Program

Constance Smith Hendricks, PhD, RN, FAAN
Professor
Auburn University School of Nursing

Sandra Millon-Underwood, PhD, RN, FAAN
Professor
University of Wisconsin, Milwaukee, College of Nursing

Tri Pham, PhD, RN, AOCNP-BC, ANP-BC
Nurse Practitioner
The University of Texas-MD Anderson Cancer Center

Ronnie Ursin, DNP, MBA, RN, NEA-BC
Parliamentarian
National Black Nurses Association

For editorial inquiries and submissions:

editor@minoritynurse.com

For subscription inquiries and address changes:

admin@minoritynurse.com

Coffee Intake May Lower Endometrial Cancer Risk

Women who drank about four cups of coffee per day appeared to have decreased endometrial cancer risk compared with those who drank less than a cup each day, according to a study published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research.

“We used a ‘nutrient-wide association study,’ a new approach to systematically evaluate the association of dietary factors with endometrial cancer risk,” says Melissa A. Merritt, PhD, a research fellow in cancer epidemiology at Imperial College London in the United Kingdom. “This approach was inspired by genome-wide association studies that look at genetic risk factors for cancer, but in our case we investigated 84 foods and nutrients in place of genes as risk factors for endometrial cancer.

“We confirmed observations from previous studies

that having a high versus low intake of coffee was associated with a reduced risk for endometrial cancer, and for most other dietary factors there was no association with endometrial cancer risk,” Merritt adds.

“Coffee intake is worth investigating further to see if coffee can be used for the prevention of endometrial cancer. However, before clinical recommendations can be made, further studies are needed to evaluate this question in other studies and to try to isolate the components of coffee that may be responsible for any influence on endometrial cancer,” Merritt says.

Merritt and colleagues eval-

uated the association of 84 foods and nutrients based on dietary questionnaires from a prospective cohort study, the European Prospective Investigation Into Cancer and Nutrition (EPIC) Study. They then validated nine foods and nutrients identified from the EPIC study as having associations with endometrial cancer risk in two prospective cohort studies, the Nurses’ Health Study (NHS) and NHSII, two cohorts based at Brigham and Women’s Hospital, Boston, and Harvard School of Public Health, Boston, respectively.

Among the EPIC study participants, those who drank about three cups of coffee per day (750 g/day) had a 19% lower risk for endometrial cancer compared with those who drank less than one cup of coffee per day. Among the NHS/NHSII participants, those who drank about four cups of coffee per day (1,000 g/day) had

an 18% lower risk for endometrial cancer compared with those who never drank coffee.

This study focused on 1,303 endometrial cancer cases in the EPIC study, and 1,531 endometrial cancer cases from the NHS/NHSII studies.

The nine foods/nutrients that were found to have associations with endometrial cancer in the EPIC cohort were total fat, monounsaturated fat, carbohydrates, phosphorus, butter, yogurt, cheese, potatoes, and coffee.

Total fat, monounsaturated fat, and phosphorus were associated with decreased risk for endometrial cancer, and carbohydrates and butter intake were associated with increased risk for endometrial cancer in the EPIC cohort, but these findings could not be validated in the NHS/NHSII cohorts.



New AMA, CDC Initiative Aims to “Prevent Diabetes STAT”

With more than 86 million Americans living with prediabetes and nearly 90% of them unaware of it, the American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC) announced in March that they have joined forces to take urgent action to prevent diabetes and are urging others to join in this critical effort.

Prevent Diabetes STAT: Screen, Test, Act - Today™, is a multi-year initiative that expands on the robust work each organization has already begun to reach more Americans with prediabetes and stop the progression to type 2 diabetes, one of the nation’s most debilitating chronic diseases. Through this initiative, the AMA and CDC are sounding an alarm and shining a light on prediabetes as a critical and serious medical condition.

“It’s time that the nation comes together to take immediate action to help prevent diabetes before it starts,” says AMA President Robert M. Wah, MD. “Type 2 diabetes is one of our nation’s leading causes of suffering and death—with one out of three people at risk of developing the disease in their lifetime. To address and reverse this alarming national trend, America needs frontline physicians and other health care professionals as well as key stakeholders such as employers, insurers, and community organizations to mobilize and create stronger linkages between the care delivery system, our communities, and the patients we serve.”

People with prediabetes have higher-than-normal blood

glucose levels but not high enough yet to be considered type 2 diabetes. Research shows that 15% to 30% of overweight people with prediabetes will develop type 2 diabetes within five years unless they lose weight through healthy eating and increased physical activity.

As an immediate result of this partnership, the AMA and CDC have co-developed a toolkit to serve as a guide for physicians and other health care providers on the best methods to screen and refer high-risk patients to diabetes prevention programs in their communities. The toolkit along with additional information on how physicians and other key stakeholders can Prevent Diabetes STAT is available online at www.preventdiabetesstat.org.

Over the past two years, both the CDC and the AMA have been laying the groundwork for this national effort. In 2012, the CDC launched its National Diabetes Prevention Program based on research led by the National Institutes of Health, which showed that high-risk individuals who participated in lifestyle change programs, like those recognized by the CDC, saw a significant reduction in the incidence of type 2 diabetes. Today, there are more than 500 of these



programs across the country, including online options.

The AMA launched its Improving Health Outcomes initiative in 2013 aimed at preventing both type 2 diabetes and heart disease. That work includes a partnership with the YMCA of the USA to increase the number of physicians who screen patients for prediabetes and refer them to diabetes prevention programs offered by local YMCAs that are part of the CDC’s recognition program. This joint effort included 11 physician practice pilot sites in four states, where care teams

helped to inform the development of the AMA and CDC’s toolkit. In the coming months, the AMA will be identifying states in which to strengthen the linkages between the clinical care setting and communities to reduce the incidence of diabetes.

“Long-term, we are confident that this important and necessary work will improve health outcomes and reduce the staggering burden associated with the public health epidemic of type 2 diabetes,” says Wah.

Half of Nurses Surveyed Have Witnessed a Medical Error Because Medical Devices Were Not Coordinated

Nurses believe medical errors could be reduced if the medical devices hospitals rely on for testing, monitoring, and treating patients could seamlessly share information, according to the results of a national survey of more than 500 nurses conducted online by Harris Poll on behalf of the Gary and Mary West Health Institute.

Each year, it is estimated that more than 400,000 Americans die from preventable medical errors. This not only takes an enormous emotional toll on families and friends, but also places a heavy economic burden on the nation—an estimated trillion dollars or higher. As hospitals wage a war on error, there is growing appreciation that medical devices, while individually safe and effective at improving care and saving lives, can create risks for patients and challenges for clinicians when not seamlessly connected.

According to the survey, half of these nurses said they witnessed a medical error resulting from a lack of coordination among medical devices in a hospital setting. Devices include everything from infusion pumps, ventilators, pulse oximeters, and blood pressure cuffs to electronic health records. The weighted survey was conducted online from January 7–16, 2015, and included 526 nurses (credentialed at RN or higher and with an education of BSN or higher) who work full-time in a non-school setting.

Among these nurses, three in five (60%) said medical errors could be significantly reduced if medical devices were connected and shared data with each other automatically. This problem could be addressed by

the widespread adoption of open communications standards that allow for the safe and secure exchange of data.

“Nurses are the front line of patient care and have an unrivaled ability to identify and address problems at the intersection of patients and technology,” says Dr. Joseph Smith, West Health Institute’s chief medical and science officer. “The survey helps show how much of a nurse’s time could be better spent in direct care of patients and families, and how errors could be potentially avoided if medical devices, which have been so successful at improving patient care, were able to take the next step and seamlessly share critical information around the patient’s bedside.”

Medical device interoperability, the ability to safely share health information across various technologies and systems, could provide important benefits such as enhanced patient safety and better clinical outcomes at a lower cost. The West Health Institute has estimated that a system of connected devices could potentially save more than \$30 billion each year by reducing redundant testing, manual data entry, and transcription errors.

According to the survey, nearly half of these nurses (46%) said an error is extremely or very like-

ly to occur when information must be manually transcribed from one device to another.

“I have seen many instances where numbers were incorrectly transcribed or put in reverse or put in the wrong column when typed manually, which can cause errors,” said one nurse who participated in the anonymous poll.

But perhaps even more important, transcribing data “takes way too much time for the nurses to adequately care for the patient,” one nurse responded. Many of these nurses agreed, with more than two out of three (69%) saying manually transcribing data is very likely to take time away from patients who need attention.

“Nurses enter the profession because they want to care for patients, not because they are interested in programming machines,” says Patricia H. Folcarelli, RN, senior director of Patient Safety at the Silverman Institute for Health Care Quality and Safety at Beth Israel Deaconess Medical Center. “As many as 10 devices may monitor or treat a single

patient in an intensive care unit. The nurse not only has to program and monitor the machines, he or she often spends a significant amount of time transcribing data by hand because the devices are not designed to share information.”

“It’s time that we free our health care workers to do what they do best and what they are most needed for, which is caring for patients,” says Smith. “Let’s not ask busy clinicians to do those things that technology can automate easily and effectively. Medical device interoperability can save lives, time, and money, and at the same time allow nurses to focus on caring for patients.”

ABOUT THE WEST HEALTH INSTITUTE

The Gary and Mary West Health Institute is an independent, nonprofit medical research organization that works with health care providers and research institutions to create new, more cost-effective ways of delivering high-quality care. For more information, visit www.westhealth.org.



April

23-26

The Dermatology Nurses' Association

33rd Annual Convention

Rio All-Suites Hotel & Casino

Las Vegas, Nevada

Info: 800-454-4362

E-mail: dna@dnanurse.org

Website: <http://2015.dnanurse.org>

30 - May 2

American Conference for the Treatment of HIV

9th Annual Conference

Renaissance Dallas Hotel

Dallas, Texas

Info: 540-368-1739

E-mail: ACTHIV@meetingmasters.biz

Website: www.ACTHIV.org

May

18-21

American Association of Critical-Care Nurses

The National Teaching Institute & Critical Care Exposition

San Diego Convention Center

San Diego, California

Info: 800-899-2226

E-mail: info@aacn.org

Website: www.aacn.org

June

9-14

American Association of Nurse Practitioners

Annual Conference

Ernest N. Morial Convention Center

New Orleans, Louisiana

Info: 512-442-4262 ext. 5238

E-mail: conference@aanp.org

Website: www.aanp.org

11-14

Association of Black Nursing Faculty, Inc.

28th Annual Conference

New York Marriott Downtown

New York, New York

Info: Sallie Tucker Allen, 630-969-0221

E-mail: abnf.secretary@gmail.com

Website: www.abnf.net

12-17

American Holistic Nurses Association

35th Annual Conference

Chateau On The Lake Resort

Resort Spa & Convention Center

Branson, Missouri

Info: 800-278-2462

E-mail: conference@ahna.org

Website: www.ahna.org

13-17

The Association of Women's Health, Obstetric and Neonatal Nurses

Annual Conference

Long Beach Convention Center

Long Beach, California

Info: Cathy Warner, 202-261-2426

E-mail: cwarner@awhonn.org

Website: www.awhonnconvention.org

July

7-10

National Association of Hispanic Nurses

40th Annual Conference

Hyatt Regency

Anaheim, California

Info: 501-367-8616

E-mail: info@thehispanicnurses.org

Website: <http://nahmnet.org>

21-24

National Association for Health Care Recruitment

41st Annual IMAGE Conference

Hyatt Regency New Orleans

New Orleans, Louisiana

Info: 913-895-4627

E-mail: nahcr@goAMP.com

Website: www.nahcr.com

22-26

Philippine Nurses Association of America

36th Annual National Convention

Hilton Hawaiian Village

Honolulu, Hawaii

E-mail: info@mypnaa.org

Website: www.mypnaa.org

29-August 2

National Black Nurses Association

43rd Annual Conference

Atlanta Marriott Marquis

Atlanta, Georgia

Info: 301-589-3200

E-mail: info@nbna.org

Website: www.nbna.org

September

16-18

Doctors of Nursing Practice, Inc.

8th Annual Conference

Renaissance Seattle Hotel

Seattle, Washington

Info: 888-651-9160

E-mail: Info@DoctorsofNursingPractice.org

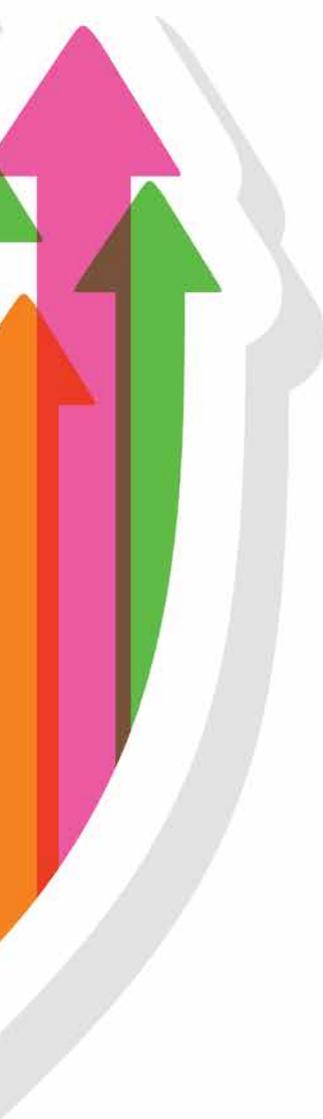
Website: www.doctorsofnursingpractice.org

Navigating Life's and Financial Tra

BY JULIA QUINN-SZCESUIL



Milestones nsitions



Imagine chatting up your new neighbor with this gem: “So, how’s your retirement planning going?”

If you want to shut down a conversation quickly, ask someone about personal finances. Shrouded in mystery and rife with rumors and misinformation, the subject of money is right at the top of the list of to-be-avoided topics—right along with sex and religion. But being ignorant about money matters and not planning for all life’s milestones put you at a disadvantage.

What keeps people from learning about handling their own money?

Lack of knowledge tops the list. Professionals in non-financial fields, such as nurses, may not be skilled in financial lingo, so they don’t think much about it, says Cary Siegel, author of *Why Didn’t They Teach Me This in School? 99 Personal Money Management Principles to Live By*. “It’s the last thing they want to do,” he says.

Enjoy the Nursing Life

You might not think about your money, but you need it, and each life stage brings unique financial challenges.

New grads are sorting out student loans and rent payments. In another few years, getting married and starting a family might be closer. Later on, travel, vacation homes, extended family obligations, and retirement become more pressing.

Luckily, job prospects for nurses are encouraging and show strong growth, which means some job stability and financial security. According to the Bureau of Labor Statistics, jobs for registered nurses are expected to increase by 19% in the 10-year period between 2012 and 2022, which will outpace all other occupations.

That’s good news for nurses seeking great salary and ben-

efits package—and for those who are looking for ways to pay for advanced degrees, too. “There are all kinds of opportunities through the state and federal government to fund education or forgive loans, and that’s especially true for minority nurses,” says Nancy Sharts-Hopko, PhD, RN, FAAN, director of the PhD program and professor at Villanova University College of Nursing.

Start with the Basics

Despite that strong employment outlook, life is unpredictable. How can you plan for all these transitions? Follow the advice of many financial experts: be prepared, learn all



Professionals in non-financial fields, such as nurses, may not be skilled in financial lingo, so they don't think much about it, says Cary Siegel, author of *Why Didn't They Teach Me This in School? 99 Personal Money Management Principles to Live By*.

you can, don't panic, and just start saving.

Establish a written monthly budget and stick to it, says Siegel. "If you don't know what you're spending and saving and where it's going, there's no way you'll ever manage it," he says. If you follow your budget, spend less than you earn, and have only one credit card that you pay off monthly, Siegel says you have established habits needed for financial stability.

Change Your Financial Patterns

Financial attitudes accumulate over a lifetime and can impact relationships, especially between spouses, says Chris Hogan, financial expert with Ramsey Personalities.

Be aware of financial tensions and then get everyone on the same page, says Hogan. "The key is having conversations," he argues. "Couples need to ask each other, 'How do you look at money? How do you feel when we don't have enough to do what we want to do?'"

Many couples have a saver/spender dynamic, says Hogan, and that isn't a bad thing. "They can complement each other once they know where they are going," Hogan says. "It all boils down to working together."

Whether as a couple or not, decide what you want, when you want it, and figure out if you are ready to get seri-

ous about it. Then plan how to reach your financial goals, says Hogan. You don't have to be an economist or a financial expert to achieve financial stability and independence. "It's a process and you have to keep your eyes on the steps," he says. "You have to sit down and look at it and realize it is possible."

Taking that first step might be all you need. "For people who are overwhelmed," says Christine Benz, director of personal finance at Morningstar, an investment research and management firm, "it's empowering to get your priority list and to get started."

Build an Emergency Fund

Once you start making an income, put aside money for an emergency fund. "Life does happen," says Hogan. "That's why you have an emergency fund."

Benz advises putting three to six months' worth of expenses into an easily accessible account, such as a money market fund or a CD. Plan to keep a higher total if you are in a per diem career or if your career (or even your partner's career) is unstable. "But don't overdo it," she says. You still want your money growing, and a money market account won't offer as much long-term growth as other savings vehicles, such as stocks. Keep just what you need so you can have instant access to it if needed, but don't use your emergency fund for long-term investments.



Shop around at local banks or even check online outlets for the best rates, suggests Benz. Use Bankrate.com to compare different savings vehicles, too. "It's like a supermarket for savings," she says.

If you want to start an emergency fund, but have no extra cash, Hogan advises taking a fresh approach. Hold a garage sale and take a hard look at your expenditures. Can you start packing lunch and forgo the outlet trip with friends? The gratification isn't immediate and giving up things you enjoy isn't fun, but if you ever need a financial cushion, you will be glad you have it. Don't forget to replenish any funds you use.

"There are all kinds of opportunities through the state and federal government to fund education or forgive loans, and that's especially true for minority nurses," says Nancy Sharts-Hopko, PhD, RN, FAAN, director of the PhD program and professor at Villanova University College of Nursing.

Get a Jump on Retirement

When you're serious, start learning. "When people think of savings, they aren't sure what savings vehicles to use for each event," says Hogan. "But oftentimes pride will get in the way of them asking for help." Look at it this way—it's no different than hiring an expert mechanic to fix your car.

And it helps to know what

to expect over the years. In your 20s and 30s, your money hardly seems like your own. You're focused on paying the immediate bills, and retirement is decades away.

When you're starting out, you probably can't sock away tons of money for retirement. According to Richard Marston, PhD, James R.F. Guy Professor of Finance at the Whar-

ton School at the University of Pennsylvania and author of *Investing for a Lifetime*, that's okay. Your early goal isn't the amount you save, it's the action of saving at all.

"You only need half of your estimated retirement income by the time you are 55," he says. Even if you only put aside \$50 a month for retirement, if you start doing that at 25, your money will compound dramatically more than if you start at 35.

Contribute even a modest amount to your company's retirement plan or start one on your own. "This gets you in the habit of saving," says Marston. "A lot of saving has to do with making it as automatic as pos-

sible. With a 401k, you take it out before you even see it.”

Hogan recommends saving 15% of your household income

things they really can't afford. "Don't try to keep up with the Joneses because they are going bankrupt," he quips.

Many employers also offer some kind of tuition reimbursement, says Sharts-Hopko, a bonus for those who want advanced degrees.

for retirement by putting it into a retirement account, such as a 401k, 403b, an IRA (pre-tax savings), or a Roth IRA (which is post-tax savings, but you are not taxed when you withdraw on your substantially more valuable fund in later years).

Some money has nothing to do with cash. Many employers also offer some kind of tuition reimbursement, says Sharts-Hopko, a bonus for those who want advanced degrees. For instance, many established nurses are going back to school for a BSN degree so tuition assistance is valuable.

"Those are opportunities to be aware of," she says. "Maximize your employer's contribution." Plan with your own aspirations in mind. For example, the federal Nurse Faculty Loan Program will forgive up to 85% of graduate school loans in exchange for four years of full-time teaching at an accredited nursing school.

Use Salary Changes

Siegel says that as your salary increases, put half of a raise into savings, but spend some of it as well. Enjoy yourself, Siegel says, but remember you are going to need money when you are 75, too.

Think hard about how you spend any increase. Siegel notes that many people get into trouble when they buy

Assess Mortgage Options

Home ownership is a huge milestone and you want to minimize your total expense. Varying home-buying advice abounds, but the overall message is to borrow only what you can comfortably afford—this is often a lower number than a bank provides—and for as short of a term as possible. Hogan's approach of taking out only a 15-year fixed-rate mortgage is tough, but if you can do it, the extra amount you'll pay each month could save you tens of thousands of dollars in interest.

Plan for All the Other Stuff

Once the emergency fund is in place, the retirement fund is established, and the home buying is in motion, it's time to start thinking about other expenses that might come your way over your lifetime. Not everyone will have the same financial needs and not everyone will follow the same order. But thinking ahead to see what might be in your future can help you plan and earmark funds.

As Sharts-Hopko notes, many minority nursing students are supporting or involved in the care of their extended family. "They have a great sense of responsibility to their families," she says. And while that extensive network



Chris Hogan, financial expert with Ramsey Personalities

offers great comfort and support, any crisis in the family can touch everyone.

What if you lose your job? Benz says income shock calls for tough measures. Instantly reduce your expenditures and cut out all unnecessary expenses. Once that's done, where can you go for cash?

Emergency funds are the first place to turn, but lack-

drawing any money with the potential interest payments if you use your credit cards. Be aware that you typically cannot borrow money from a retirement fund like a 401k if you are no longer an employee of that company.

Consider Insurance

Benz believes nursing's physical demands make disability

Nurses should especially look at the Women's Institute for a Secure Retirement's Nurses' Investor Education Project.

ing that, you have a couple of options. You don't want to take from any funds that will penalize you for early withdrawal (like many retirement funds), but sometimes potential credit card charges can surpass those withdrawal fees. Compare the costs of with-

insurance coverage a good idea. If your job involves lots of physical exertion, short- and long-term disability coverage—either through your employer or on your own—will protect your financial resources should you get hurt.

And long-term planning

AIM
 COMPETE
 EXCEL
 EXPANSION
 DEVELOPMENT
 INNOVATE
 GROWTH
 ADVANCE
 RISE
 SUCCESS
 ENHANCE
 INCREASE
 COMMUNICATE
 DELIVER
 DIRECTION
 NETWORK
 AMBITION
 CHANGE
 IMPROVEMENT
 EVALUATE
 SURGE
 BOOST
 EVOLUTION
 RESPONSIVE
 ENGAGEMENT
 LEADERSHIP
 TEAMWORK
 GAIN
 HEADWAY
 CHALLENGE
 STRETCH
 PROGRESS
 BREAKTHROUGH
 TOGETHER
 PROFIT

means you hope for the best but have plans for the alternative. The cost of living in a nursing home is astronomical, so long-term care insurance is something to consider adding to your financial landscape.

Take Control of Your Money

Here's the dreaded part: You need to do more than just save money. Understanding finances is essential, but it should not be daunting, says Siegel. "Spend an hour a

Equifax) through Annualcreditreport.com and request one every four months. By alternating your requests, you can monitor your credit for free. Security breaches aren't going to disappear, so make sure your information is secure and correct. Fix any problems immediately.

If you find tracking accounts, paying bills, and following budgets unwieldy, plenty of apps and programs will help you get organized.

If you find tracking accounts, paying bills, and following budgets unwieldy, plenty of apps and programs will help you get organized.

week learning about money," he says. "Just get your brain going and thinking about it. No one bothers to teach us about this stuff in school. But you don't need to know so much about stocks and bonds; you just need to know how to manage your own money."

Find something easy to look at—read *Money* magazine or the financial columns in the paper and check out some finance blogs (such as TheBillfold.com or GetRichSlowly.org). Sign up for newsletters like *Morningstar's Practical Finance Newsletter*. Nurses should especially look at the Women's Institute for a Secure Retirement's Nurses' Investor Education Project. Google "money management" to become familiar with terms, trends, and general advice.

Managing money means more than actual cash. Check your credit report using the three credit bureaus that offer one annual free report (Experian, TransUnion, and

Mint.com offers a place to consolidate your bills, follow your savings goals and spending habits, and even get your credit reports.

Find Peace of Mind

What's the final take away from financial planning and financial security? For Hogan, it means more freedom to use your money the way you want, which, for him, includes helping others. "Once you are completely debt-free, you can give money to charity," he says.

Taking the first steps at managing your own finances gives you control and helps you change what you aren't happy with. "Seventy percent of people are living paycheck to paycheck," says Hogan. "Where they are right now doesn't have to be where they will end up." **MN**

Julia Quinn-Szcesuil is a freelance writer based in Bolton, Massachusetts.



Self-Advocacy for Nurses with Mental Health Disabilities

BY PAM CHWEDYK

Knowing your rights and options—and even more important, how to advocate for them—can help you break through the barriers on your path to career success.

Nurse practitioner George Copeland, MSN, NP-C, NRCME, is at the top of his profession. He's been a nurse for 25 years, has earned advanced degrees and certifications, has his own family practice in southeast Florida, and teaches part-time at a community college.

Yet achieving a successful nursing career wasn't always easy for Copeland, who was diagnosed with bipolar disorder in 1981. Like many new RN graduates, he started off working in the traditional hospital setting. But he quickly realized that he couldn't handle the constant pressure of shift work.

"I tried, but I cannot work

in that setting," he explains. "I can't take that particular kind of stress. Stress is the number one trigger for people with bipolar disorder. That's why I went back to school to become

All too frequently, they face formidable barriers on the path to career success in nursing, from self-doubt and stigma to bias and outright discrimination in education, licensing, and employment.

a nurse practitioner so that I could work at my own pace and at what I wanted to do."

"The Stigma Is Real"

It's impossible to make generalizations about nurses and

nursing students who are living with mental health disabilities, because the term encompasses such a broad range of conditions—including bipolar disorder, schizophrenia, depression,

post-traumatic stress disorder, anxiety disorders, obsessive-compulsive disorder, attention-deficit/hyperactivity disorder, and more.

But this often-unrecognized population of minority nurses

does have one thing in common. All too frequently, they face formidable barriers on the path to career success in nursing, from self-doubt and stigma to bias and outright discrimination in education, licensing, and employment. That's in spite of the fact that the Americans with Disabilities Act (ADA) has been the law of the land since 1990 and will celebrate its 25th anniversary this year.

"Nurses with mental health challenges are struggling, and the stigma is real," says Donna Maheady, EdD, ARNP, founder and president of *Exceptional-Nurse.com*, an online resource network for nurses and students with disabilities. "Often

they are very hesitant to ask for accommodations [under the ADA], or to come out in public as needing help, because of the fear of potential discrimination. They're scared silent."

Researcher Leslie Neal-Boylan, PhD, RN, CRRN, APRN, FNP-BC, dean of the University of Wisconsin Oshkosh College

uncomfortable around them."

But even though a surprising number of nursing gatekeepers still seem to be clueless about their obligations under antidiscrimination laws, that doesn't mean you have to be. If you're a nurse or student with a mental health disability, your most effective success

health conditions are "invisible disabilities," your biggest self-advocacy decision is whether or not to disclose your disability to potential or current employers, says Robin Jones, MPA, COTA/L, ROH, project director and principal investigator for the University of Illinois at Chicago's Great Lakes Disability and Business Technical Assistance Center and an instructor in the university's Department on Disability and Human Development.

First, be aware of what the law says about your disclosure rights. According to the Boston University Center for Psychiatric Rehabilitation, a research and service organization dedicated to improving the lives of people with psychiatric disabilities, "Under the ADA, a person with a disability can choose to disclose at any time, and is not required to disclose at all unless s/he wants to request an accommodation or wants other protection under the law."

The pros and cons of the decision to disclose must be weighed very carefully, because disclosure can be a dou-

ble-edged sword. If you know that you'll need the employer to provide accommodations that will help level the playing field for you, then you must disclose. But the unfortunate reality is that bringing your "hidden" disability out into the open may result in discrimination.

If you decide that the benefits outweigh the risks, then when, what, and how much should you disclose?

"The general consensus is to disclose as little as possible. Disclose only as much as you need to get the support you need," Maheady advises. "If you're talking with your coworkers, you don't have to go into every detail of how long you've been in therapy and what meds you're on. That kind of information should be shared only with the designated people in the organization whom you'd request accommodations from, such as the human resources or equal employment opportunity departments."

It's also important to know that you don't necessarily have to make your disclosure im-

If you're a nurse or student with a mental health disability, your most effective success strategy is to actively be your own best advocate.

of Nursing and author of *Nurses with Disabilities: Professional Issues and Job Retention*, has documented ample evidence that disability-based discrimination is alive and well in the nursing profession.

"Many administrators don't seem to understand that they're really leaving themselves open to legal action," she says. "The nurse develops a disability, or reveals it, and then the discrimination begins—the assumptions that these nurses can't do the things they're supposed to do, and that people will be

strategy is to actively be your own best advocate.

"It's very important for nurses with any kind of disability to know their rights going in, rather than feeling vulnerable and being afraid to make waves," says Karen McCulloh, BS, RN, co-founder and co-director of the National Organization of Nurses with Disabilities (NOND). "But not all of them do, and not all of them are good self-advocates."

Do's and Don'ts of Disclosure

Because chronic mental





mediately. “The whole issue of when to disclose is totally based on when you believe you need to ask for an accommodation,” says Jones. “You have no obligation to disclose until that time.”

Adds McCulloh, “Sometimes when you start a job, you don’t think you’re going to need an accommodation, but you may end up needing one after all. So if you need to disclose later, you can. I know that some employers are not pleased about that. But you do have the right to do that.”

Still, many experts recommend that it’s usually better to tell the employer up front. This not only establishes your legal

protect you—if you suddenly pick that time to reveal that you have a psychiatric disability.

Early disclosure makes good sense for nursing students, too. “From my standpoint as an instructor, I would say the earlier the better, so that I can make accommodations for that student at my end,” says Patricia Giannelli, DNP, APRN, FNP-BC, PMHCNS-BC, ACNS-BC, assistant professor at Quinnipiac University School of Nursing in North Haven, Connecticut. “In our program, we always encourage students with disabilities to let us know as soon as possible, because we want them to succeed and to have all the tools they need.”

The pros and cons of the decision to disclose must be weighed very carefully, because disclosure can be a double-edged sword.

rights from day one but also increases your chances for success by enabling you to receive accommodations right from the start. Furthermore, if you don’t disclose but later experience problems on the job as a result of your condition, such as a bad performance review, employers are less likely to be sympathetic—and the ADA may not

Know the Law(s)

Knowledge is power. That’s why another key self-advocacy strategy is to make sure you’re thoroughly knowledgeable about all the various disability rights laws that apply to you. You may find that you’re protected by more laws than you thought.

At the federal level, nurses

who work at, or are applying for jobs at, private health care facilities with 15 or more employees are covered by Titles I and III of the ADA. If you’re a nursing student, or a nurse who works for a governmental or federally funded employer, such as a VA hospital, you’re covered under Title II of the ADA and Section 504 of the Rehabilitation Act of 1973.

Both laws protect people with disabilities from discrimination and entitle them to receive “reasonable accommodations” that will help ensure that they can perform the essential functions of the job or education program. For example, says Copeland, “When I was in nursing school, I had problems with not being able to concentrate. So I went to the Office of Students with Disabilities and asked for a quiet place to take exams, and extra time to take them. They gave that to me and they also gave me free counseling.”

Next, you need to be well-informed about what kinds of accommodation options you have the right to ask for. The federal Job Accommodation Network’s 2013 report, *Accommodation and Compliance Series—Nurses with Disabilities*, provides some examples of reasonable workplace adjustments a nurse with

a mental health disability could request, including:

- Reduced distractions in the work environment, such as a quiet place to chart;
- Being able to take breaks or time off to see your therapist, talk to your therapist on the phone, or give yourself some downtime to relieve stress;
- More flexible scheduling, such as being able to work a shorter shift or one that’s less demanding and stressful;
- Modifications in the way you’re managed, such as having your supervisor provide to-do lists, written rather than verbal instructions (or vice versa), reminders about upcoming deadlines, and more frequent feedback about your performance.

In addition, the ADA Amendments Act of 2008 clarifies and expands the definition of “disability” in a way that’s especially beneficial for people living with chronic mental health conditions. The Amendments stipulate that “an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.”

In other words, Jones explains, “You don’t have to always be exhibiting the limitations of your mental health disability to be covered under the ADA. For example, a nurse may be doing fine without any accommodations but then suddenly starts having problems as a result of switching to a new medication. That’s an episodic situation in which the nurse would be entitled to receive a temporary, short-term accommodation.”

Federal protection for working nurses doesn't end with the ADA. "Many nurses with disabilities don't know that they can, for instance, take time off under the Family and Medical Leave Act if they need to leave work to go to a medical appointment [or if they need to be hospitalized]," Neal-Boylan says.

And don't forget about state and local equal opportunity laws. "Many state laws provide greater protection for people with disabilities than the federal laws do," Jones points out. "For example, if you live in California, you would be much better off pursuing an employment discrimination

Filing a discrimination complaint isn't your only recourse—and it definitely shouldn't be your first choice. "Try to see if you can get some resolution as close to the fire as possible," says Maheady. "Is there a leader in the organization whom you can talk with to try to deal with the problem in a more effective way? Could you get a transfer to another unit? You need to explore every possibility for working it out internally."

But if you've exhausted all of your internal resources without getting results, it's crucial to do your homework about how the complaint process works.

Nursing students should

take their employer to court. EEOC complaints must be filed within 180 days of the date the discrimination occurred.

After the EEOC reviews your complaint, one of two things can happen. "The EEOC may decide that they will pursue your case against the employer," says Jones. "Or they can issue a 'Notice of Right-to-Sue' letter, which gives you the right to go into the federal court system on your own and pursue the complaint with a private attorney."

But before you decide to make such a drastic move, sit down and do some soul-searching about this question: Is it worth it?

"Be careful what you wish for," Maheady cautions. "You have to ask yourself: Is this the hill you want to die on? If you lawyer up, do you think you're going to be welcomed in that hospital? I'm not saying that suing your employer is never warranted. But I always advise nurses with disabilities to take that step very, very carefully."

McCulloh agrees. "It's not an easy process," she emphasizes. "The right to sue still means that you need to have the financial resources to hire a lawyer, file a case, and take it to court. And it's not a quick fix. Going through the legal process takes a very long time, which could put you in a situation where you're not working, and not earning any income, for that entire period."

Empower Yourself for Success

Ultimately, the most empowering pathway for nurses and students with mental health disabilities is to find positive alternatives that will let you create the best possible

working or learning environment for your needs—one that will minimize your triggers and maximize your ability to succeed.

One way to do this is to connect with resource organizations that can provide advice and support—from university or employer disability services offices to peer advocacy groups, such as NOND and ExceptionalNurse.com, where you can network with other nurses who have similar disabilities to learn what's worked for them. (See "Resources" sidebar.) These support systems can also help you identify employers who are more welcoming to nurses with disabilities because they recognize the value of having a diverse, inclusive, culturally competent nursing staff.

If you can't change your current working conditions, or

Still, many experts recommend that it's usually better to tell the employer up front. This not only establishes your legal rights from day one but also increases your chances for success by enabling you to receive accommodations right from the start.

claim under your state's civil rights laws than you would under the ADA. It's just a stronger law."

Should You File a Complaint?

Being fully aware of your rights as a nurse or student with a mental health disability also means understanding what action you can take if those rights are violated. In cases of obvious discrimination, such as being denied accommodations that would clearly not be an unreasonable burden for the employer or school, or being pushed out of your job or nursing program after disclosing your disability, knowing how to stand up for yourself becomes more important than ever.

start by reviewing their school's grievance procedures. If going through the grievance process doesn't end the discrimination, you can file a formal complaint against the school through the US Department of Education's Office for Civil Rights (OCR). To find your nearest state or regional OCR, and learn more about how to pursue a complaint, visit www2.ed.gov/ocr. Students also have the option of suing the school directly rather than working with OCR.

Employment discrimination complaints are usually handled by the federal Equal Employment Opportunity Commission (EEOC). Unlike students, working nurses are required by law to file a complaint with the EEOC first before they can



if you find that your job is just too stressful even with accommodations, consider following Copeland's example of pursuing a specialty career niche

Copeland offers this first-hand advice: "Don't let yourself be defined by the fact that you have a mental health condition. If your goal is to be a

Being fully aware of your rights as a nurse or student with a mental health disability also means understanding what action you can take if those rights are violated.

that will be a better fit for you. For instance, one nurse from the ExceptionalNurse.com community (who asked to remain anonymous) comments: "I have bipolar affective disorder and I work as a clinical documentation improvement specialist. I couldn't handle [bedside] nursing, but I found another area where I could be successful and use my clinical knowledge."

nurse, or to be a nurse practitioner or a DNP, don't let other people tell you that you can't do that because of your disability. There are so many nurses out there who have multiple disabilities, and yet they've proved they can do it." **MN**

Pam Chwedyk is a freelance health care writer based in Chicago. She is a former editor of *Minority Nurse*.



Resources for Your Self-Advocacy Toolbox

National Organization of Nurses with Disabilities

www.nond.org

is an expert source of advice, advocacy, and online resources, including articles such as "Can I Be a Nurse if I Have a Mental Health Condition?" and a job board exclusively for nurses with disabilities.

ExceptionalNurse.com

www.ExceptionalNurse.com

is an online community for nurses and students with disabilities and provides opportunities for national peer networking and information sharing, plus a newsletter, scholarships, and more.

Center for Psychiatric Rehabilitation at Boston University

<http://cpr.bu.edu>

offers a wealth of free downloadable information on how to handle everything from disclosure to discrimination complaints.

National Alliance on Mental Illness

www.nami.org

provides an employment rights fact sheet; legal assistance resources; and national, state, and local support networks.

ADA National Network

<http://adata.org>

is a one-stop information source for everything you need to know about the Americans with Disabilities Act.

US Department of Labor's Job Accommodation Network

<https://askjan.org>

can give you free, confidential answers to questions about requesting workplace accommodations.

Why Good Nurses Leave the Profession

BY NACHOLE JOHNSON

It's 8:00 a.m. and Christa Thompson, BSN, RN,* is travelling to a local Houston hospital to educate nursing staff on the latest medical device. A typical day is anywhere from two hours up to 12 hours for her, but she's not unusually tired or stressed by the end of the day. A nurse for over five and a half years, Thompson is a RN by trade and works part-time as an independent clinical consultant training other people on the use of medical devices. She credits her nursing education and curiosity at an international nursing conference for getting her this job.

*Name has been changed.



“I went up to a medical device booth at the conference and asked the representative if they hired nurses, simply out of curiosity,” says Thompson. “I was pretty much hired on the spot.” She loves her consultant job and knows her new career is a dream job for most nurses, but nursing is not where her true passion lies.

Thompson plans on leaving nursing to become a doctor.

Many nurses unhappy with their chosen profession find that job mobility from the bedside is difficult without an additional degree.

Nursing has been a rewarding career for her, but she realizes she can't do nursing forever, even if her intentions weren't to continue on to medical school. She is not alone in the sentiment that nursing at

the bedside is not something that most nurses can do for their entire career. Her path to transition from the bedside is unique but not uncommon to many nurses in the profession.

Of the 3,514,679 nurses

in the United States, nearly 63.2% of RNs and 29.3% of LPNs work in a hospital setting. The RN Work Project reports an average of 33.5% of new RNs leave the bedside within the first two years. Leaving the bedside to pursue other nursing positions does not necessarily mean nurses leave the profession, but it is a catalyst to do so. Why do some nurses leave the bedside and eventually the pro-



profession? Ask any nurse and the answers are varied, but common themes seem to ring true for most.

Why Nurses Leave the Bedside (and, Ultimately, the Profession)

Poor Management. One of the greatest complaints nurses have is the lack of support from their management team. What makes a poor manager? Some nurses may say it's one who doesn't value open communication and feedback from his or her staff. Some say it's the management team that plays favorites amongst staff or a particular shift. Yet, other nurses say it's the manager who is not supportive of a nurse advancing her career. The list could go on forever,

but one common frustration among nurses is the overall lack of support for those at the bedside. It seems to some that once nurses become managers, they "forget where they come from" and are oblivious to the struggles a bedside nurse faces on a daily basis.

Management may not even be aware of the stressors their staff encounters working the bedside. It could be that they are so wrapped up with their

Nurses are notorious for picking up extra shifts on their day off because they feel like they are being paid not nearly enough for the work they do.

own job that they can't focus on what would make life better for their staff. Or it could

be that they just don't care. Whatever the case, nurses do feel strongly about poor management.

Thompson agrees that management sometimes shows little consideration for those working at the bedside: "I feel like the night shift is ignored by management, like they have no voice." The same sentiment echoes true for many other nurses. They feel as if management does not value them as

part of the health care team—just as a docile staff that follows orders without question.

The best form of leadership follows a diplomatic approach; meaning, higher-ups actively engage their employees for input on situations that may arise. The diplomacy allows for everyone to have a voice. This type of management style encourages active participation among all employees and may dissipate some of the negative feelings some nurses feel towards their management team.

Lack of Upward Mobility. Many nurses unhappy with their chosen profession find that job mobility from the bedside is difficult without an additional degree. A nursing degree overqualifies many from other jobs outside of nursing and may not pay the equivalent of a nurse's current

salary. In order to get a job that pays as much or more than the average RN makes, additional years of school are typically required. This is a sacrifice that some may not be able to make, given that going back to school requires time away from work.

For those willing to go the extra mile and complete a higher degree in nursing, many career opportunities abound. Going back for an advanced nursing degree is the way some nurses find personal satisfaction in their career. Although not in a graduate program yet, Brittany Green, BSN, RN, a relatively new nurse of three years, plans on becoming a family nurse practitioner to influence patients in an outpatient setting and prevent some of the morbidity and mortality she sees in her current job as a cardiovascular recovery room nurse.

Green believes nurses leave because they experience burnout. "It's not a career for everyone. It takes a special type of person to handle the emotional and physical stress that comes along with nursing," she says. "I know I won't be able to do bedside nursing forever; the long hours and stress will start to wear more on me."

Underpayment. A nurse's job can be physically and emotionally draining. Many nurses feel like they are severely underpaid for the work they do. Twelve-hour shifts can feel more like 16 when you are working the job of four people, but only getting paid for one. Nurses also sacrifice holidays, weekends, and family events because of their long and ever-changing schedule.

On the other hand, one may say a nurse's schedule is ideal; a three-day work week

schedule and having the ability to take long vacations using minimal vacation time

Although the typical nurse's schedule consists of three 12-hour shifts per week, when the days are packed with multiple tasks and responsibilities each and every day, burnout is inevitable.

sounds appealing to many. But at what cost?

Nurses are notorious for picking up extra shifts on their day off because they feel like they are being paid not nearly enough for the work they do. Based on the most recent *Minority Nurse* annual survey results, the average RN salary in the United States is \$67,980 per year. This may be considered a solid middle class income for most Americans, but nurses work very hard and feel as though it is not enough most days.



Too Many Tasks. Today's nurse does it all; you name it, nurses do it. Administer meds? Check. Assist patients with dressing, bathing, and mobility? Check. Perform bedside procedures once done by physicians? Check. Coordinate

care between all disciplines of the hospital? Check. The list is endless—and that's the prob-

lem. Nurses are responsible for so many aspects of a patient's care that it can become overwhelming for one person to manage during a shift.

A typical nurse works a 12-hour shift that translates into much more when the nurse is doing the job of multiple people day in and day out. Sometimes a nurse is so involved in completing everything it becomes difficult to take a much needed and deserved break during her shift. This makes for a very long day. Although the typical nurse's schedule con-

nurse burnout and job dissatisfaction—both precursors of voluntary turnover—also increase.

Nurses performing too many tasks typically boils down to staffing, specifically understaffing, which is also known as short staffing. When nursing units are short-staffed, nurses take on a majority of tasks done by others simply because they know how to do many other people's jobs, but those people cannot do the job of the nurse. How many nurses have had to cover the front desk because there is not a unit secretary on duty? Or how about the nurse who is behind on her nursing duties just because she is trying to complete activities of daily living for a patient that is usually carried out by a nurse's aide? Nurses wear the hat of many, but no one can take on the role of the nurse.

Short Staffing. A resounding number of nurses blame short staffing as the most common reason nurses leave the profession. According to a recent poll on Allnurses.com, more than one third of 1,500 nurses polled say that continuous short staffing drives nurses from the bedside and, ultimately, the profession. One of the reasons for short staffing is management cutting costs as much as possible—and what better way to do that than cut staff and work on less than is needed? Nurses are notoriously known to multitask, wearing many hats on a day-to-day basis. Management knows this and may not think it's a problem to go without a unit secretary or nurse aide on the unit because nurses will pick up the slack. Unfortunately, this unequal distribution of work leads to many unhappy nurses who burn out quickly when doing the job of many people.



Employers can ease the burden on nurses by mandating nurse-patient ratios. Since 2004, California has mandated patient ratios of 1:5 for nurses working in hospital settings. Studies have shown the benefit of such staffing ratios. The Aiken study demonstrated that nurses with California-mandated ratios have less burnout and job dissatisfaction, and the nurses reported consistently better quality of care, leading to decreased turnover.

Decreasing patient-nurse ratios has more benefits than disadvantages that could benefit US hospital systems. The Aiken study followed nurses in three states: Pennsylvania, New Jersey, and California—with California being the only state with mandated nurse-to-patient ratios. Over 22,000 RNs were surveyed, and researchers found:

- RNs in California have more time to spend with patients, and more California hospitals have enough nurses to provide quality patient care;
- In California hospitals with better compliance with the ratios, RNs cite fewer complaints from patients and families;
- Fewer RNs in California miss changes in patient conditions because of their decreased workload than RNs in New Jersey or Pennsylvania;
- If California's 1:5 ratios on surgical units were matched, New Jersey hospitals would have 14% fewer patient deaths and Pennsylvania hospitals would have 11% fewer deaths;
- Nurses in California are far more likely to stay at the bedside and less likely to report burnout than nurses in

New Jersey or Pennsylvania.

Maybe other states should follow California's lead and mandate nurse-patient staffing ratios. What will it take to get the message across to industry leaders and make a change in how staffing levels are managed across the United States?

To Stay or Go?

The nursing profession isn't completely lost on Thompson. She still works occasionally at the bedside on an intermediate care unit simply because of the one-on-one interaction she has with her patients. Many nurses reflect that they love nursing and enjoy spending time with their patients—something that is becoming more and more difficult with everything nurses are expected to do in this day and age.

The decision to leave the bedside affects not only the nurse contemplating such a transition but also the facility and patients who may be taken care of in a facility that is short-staffed. Replacing a nurse is costly. The RN Work Project cites the average cost to replace an RN who leaves the bedside ranges from \$10,098 to \$88,000 per nurse. What's more astonishing is total RN turnover costs range from approximately \$5.9 million to \$6.4 million per year at an acute care hospital with more than 600 beds.

There are nurses who love their career and wouldn't ever think of leaving. Kim Hatter, MSN, RN, is one of them. Drawn to the profession because of her mother, she was inspired by her compassion at an early age: "[My mother] was actually one of the first African Americans to graduate from Southern Arkansas University as a registered nurse."

When questioned whether or not she had plans on leaving the profession, Hatter says no. "I've never thought of leaving the nursing profession, but I have sought a higher level of

choose to pursue nursing higher education to move from the bedside instead of leaving the profession completely. "I've heard of a lot of nurses with back and knee injuries," says

answer to keep nurses at the bedside and, ultimately, in the profession? The RN Work Project reported when RNs leave their job, most go to another health care job not necessarily in a hospital. This is great for the general community, but it leaves a gap in coverage in hospitals where most acutely ill patients go. Where does that leave patients who need care in a hospital setting?

"I think paying nurses a higher rate of pay is always an incentive to stay. I also think nurses should receive more recognition for the valuable role they play in society." The common denominator between Hatter and Green is that they both believe the nursing profession deserves more credit than it currently receives—and maybe this is the first step in keeping nurses happy and in the profession for the long haul. **MN**

Replacing a nurse is costly. The RN Work Project cites the average cost to replace an RN who leaves the bedside ranges from \$10,098 to \$88,000 per nurse.

education in nursing recently." Like Green, Hatter is completing her goal of becoming a nurse practitioner. She recently graduated from an adult-gerontology program and will soon leave the bedside to work at an outpatient clinic.

Hatter. "Nursing is a physically taxing job and does take a toll on your body."

What is the Answer?

Nurses face a variety of challenges in the workplace that makes their job difficult. Based on the most prevalent and distressing issues identified by nurses, what is the overall

Green doesn't think there is any one solution to the problem. "Burnout will always be an issue in the nursing profession," she explains. "I think one of the most important things is for nurses to feel appreciated—by employers, coworkers, physicians, and hopefully patients."

Hatter has a different perspective on potential solutions to this monumental problem:

In addition to working as a FNP, Nachole Johnson is a freelance copywriter and an author. Her first book, *You're a Nurse and Want to Start Your Own Business? The Complete Guide*, is available on Amazon. Visit her ReNursing blog at www.renursing.com for more ideas on how to reinvent your career.



Civilian Nursing Careers

Care for military personnel, their families, and beneficiaries at Army hospitals and clinics worldwide.

- » Exceptional Benefits
- » Rewarding Careers
- » Opportunities Worldwide
- » Flexible Work Schedules

Search jobs online today at
CivilianMedicalJobs.com

civilian CORPS
* U.S. Army
worldwide medical, behavioral health & dental careers



★ Vast Opportunities ★ Exceptional Benefits ★ Rewarding Careers

Army Medicine Civilian Corps employees are NOT subject to military requirements such as "boot camp," enlistments or deployments.

U.S. ARMY

THE DEPARTMENT OF DEFENSE IS AN EQUAL OPPORTUNITY EMPLOYER.

CivilianMedicalJobs.com

➤ FIND JOBS ➤ POST RESUMES ➤ APPLY TODAY

BY CIARA CURTIN

2015 Annual Salary Survey



Where nurses work, as well as their education level and specialty, can all influence how much they earn in salary. But all in all, respondents to the third annual *Minority Nurse* salary survey report making more this year than they did last year.

With rising salaries, the outlook for nurses may be getting brighter, but there are still some differences in pay by ethnicity.

Last year, nurses reported earning a median \$68,000, and this year they reported an increase that brought their median salary to \$71,000—a \$6,000 jump over what they'd said they earned five years ago.

While African American nurses reported earning more this year than last, a median \$60,200 in 2014 as compared to this year's \$70,000, they still took home slightly less than the overall median. Hispanic and Asian nurses said they earned slightly more than the overall median salary, and more than they reported earning last year, while white nurses reported a salary close to the overall median salary and similar to what they reported taking home last year.

To collect this data, *Minority Nurse* and Springer Publishing e-mailed a link to an online survey that asked respondents about their jobs, educational background, ethnicity, and more.

Nearly 2,400 nurses from a variety of backgrounds and filling different job descriptions responded to the survey to provide a glimpse into their day-to-day roles, their plans for the future, and their current and past salaries.

The respondents work in various aspects of nursing from patient care to education and research, and have certifications in critical care, advanced practice nursing, and family health, among others. The nurses also work for a range of employers, from large organizations with more than 10,000 employees to ones with a hundred or fewer employees, and from public hospitals to colleges to home health care services.

Drilling down deeper into the data, wider gaps in pay start to emerge. For instance, white nurses working at private hospitals earn a median \$80,000, while African American nurses earn a median \$62,000. Similarly, at public hospitals

white nurses earn \$79,500, and African American nurses \$71,000. However, nurses employed by college or universities reported largely similar salaries falling between \$70,000 and \$80,000, with African American and Asian nurses reporting receiving the higher end of that range.

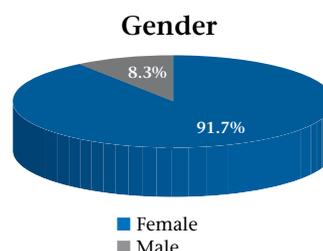
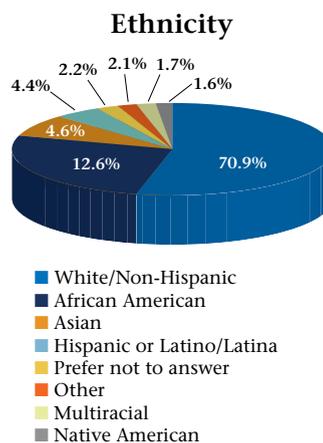
Salaries also vary by region in the United States. Nurses take home the most in the Northeast, followed by the West, though there also appear to be slight variations by ethnicity as white and Hispanic nurses living in the western US earn a median \$80,000, while African American nurses earn a median \$73,000.

Education also affects take-home pay, and nurses reported higher salaries with increased education. Nurses with associate's-level degrees reported earning \$67,000, while nurses with bachelor's-level degrees said they earned \$70,000. And that increased further with advanced degrees as those with master's degrees reported taking home a median \$72,000 and those with doctoral degrees said they made \$82,000.

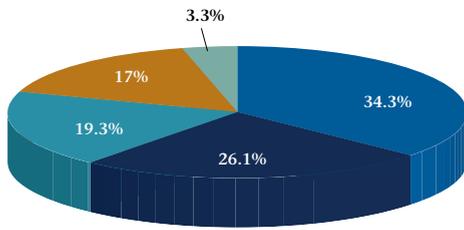
There, too, were slight differences by ethnicity. For instance, African American nurses with associate's-level degrees reported taking home a median \$65,119, less than the overall median, while white nurses took home a median \$68,320, slightly more than the median. At the bachelor's and doctoral levels, though, African American and white nurses reported earning approximately the same salary.

Despite rising salaries—and recent raises—more than a third of nurses still said they are contemplating leaving their current jobs in the next few years. When they left previous jobs, respondents said it was mostly to pursue better opportunities, and this year's respondents reported that the best-paying places to work are in private practice or at private or public hospitals.

Number of Respondents: 2,390

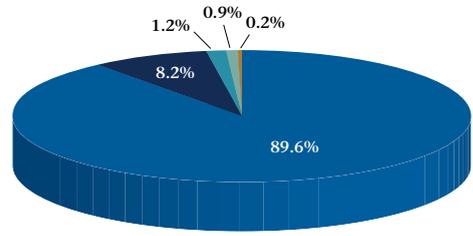


Regions



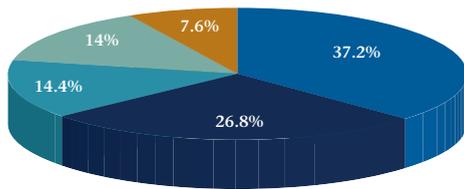
- South
- Midwest
- Northeast
- West
- Outside the US

Employment Status



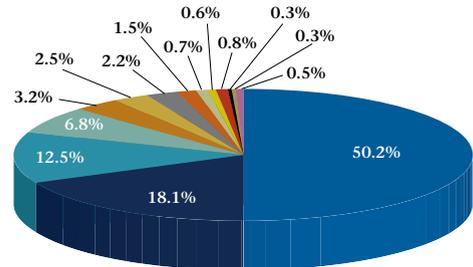
- I am employed full time
- I am employed part time
- Other
- I am unemployed, but I am looking for a job
- I am unemployed, and I have stopped looking for a job

Years at Current Job



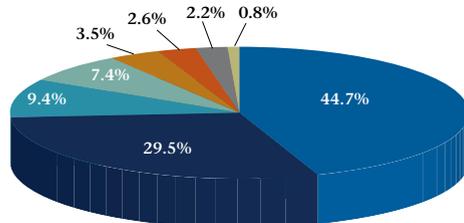
- More than 10 years
- Five to 10 years
- One to three years
- Three to five years
- Less than a year

Employer Type



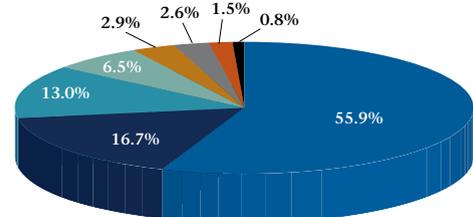
- College or university
- Public hospital, including Veteran's or Indian Affairs hospitals
- Private hospital
- Other
- Public school
- Private practice or physician's office
- Pharmaceutical/Research company
- Correctional facility
- Nursing home, LTC, or rehabilitation center
- Health department/Public health
- Health insurance/HMO/MCO
- Home health care service
- Walk-in clinic
- Military

Main Role



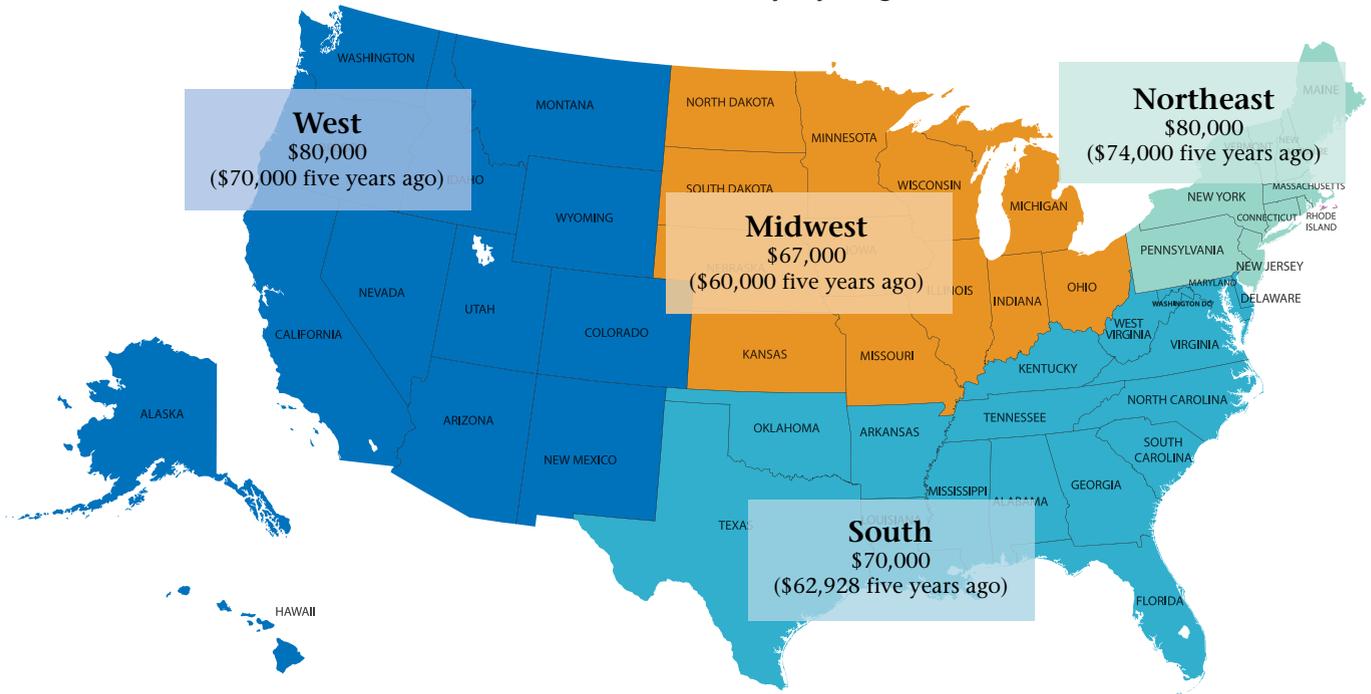
- Education
- Patient care
- Leadership/Management
- Administrative
- Other
- Research
- Case management
- Triage

Reason for Leaving Prior Job

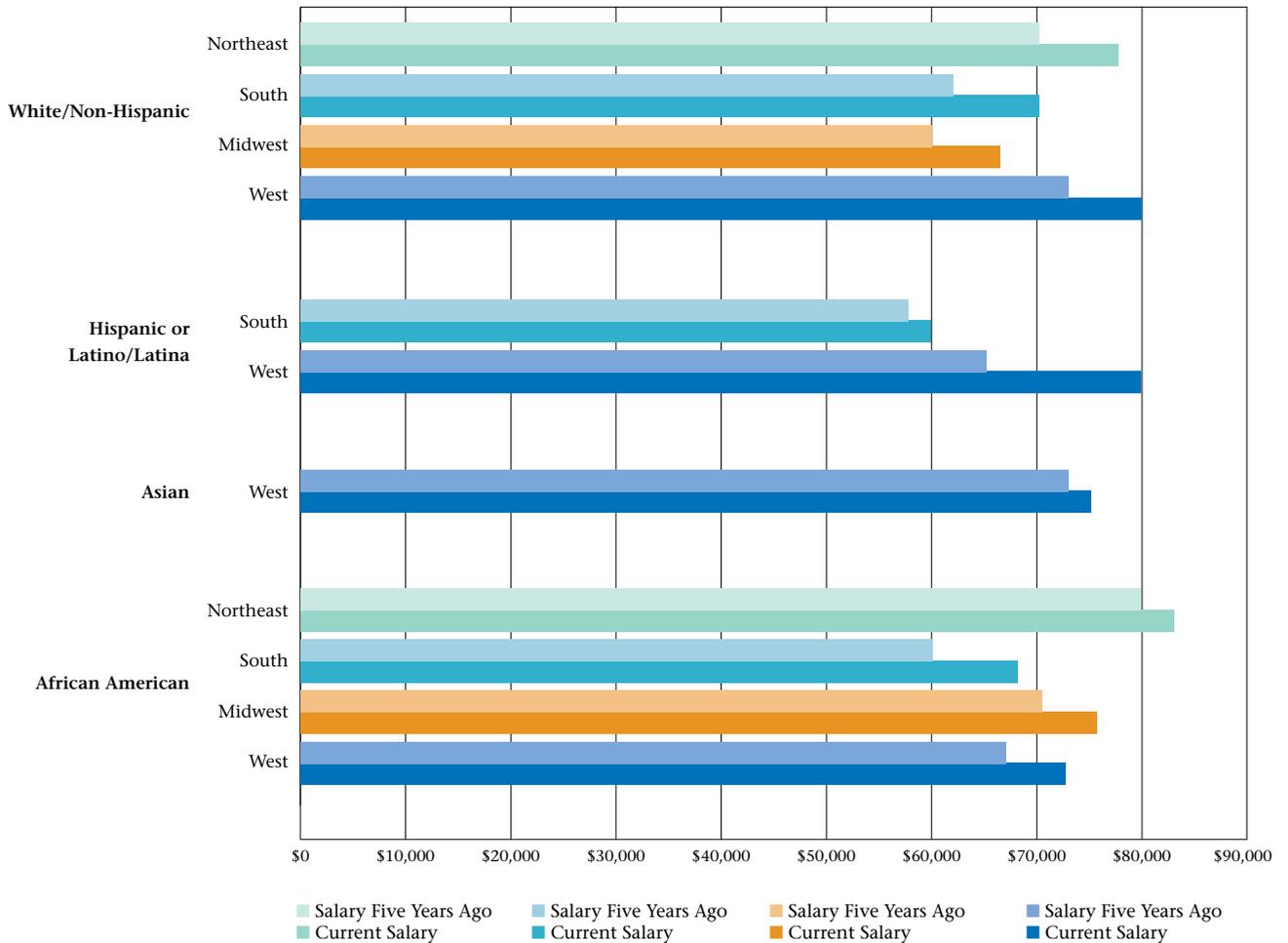


- To pursue a better opportunity
- For personal reasons
- To change careers
- This is my first job
- I was laid off
- I quit
- My contract ended and was not renewed
- I was fired

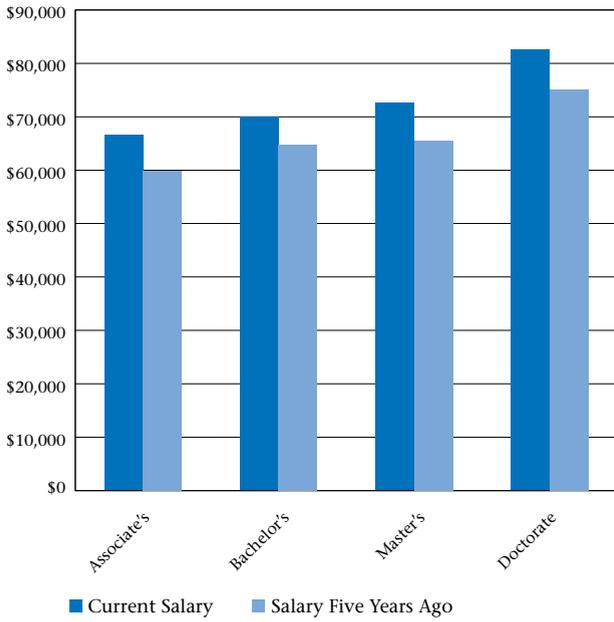
Median Salary by Region



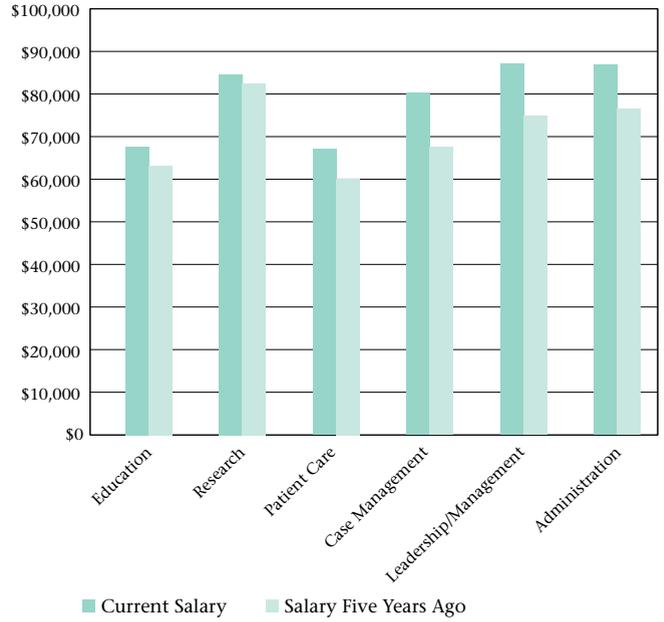
Median Salary by Region and Ethnicity



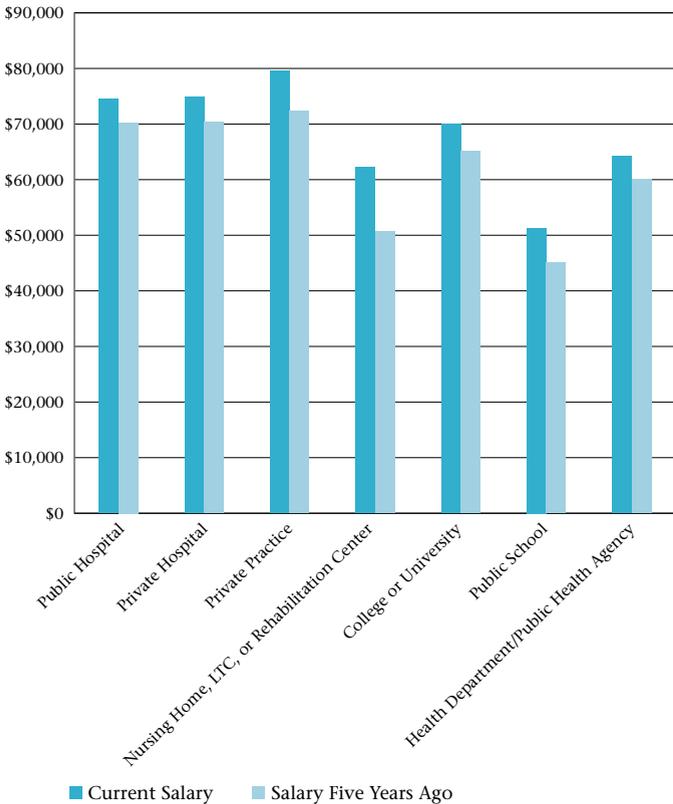
Median Salary by Education Level



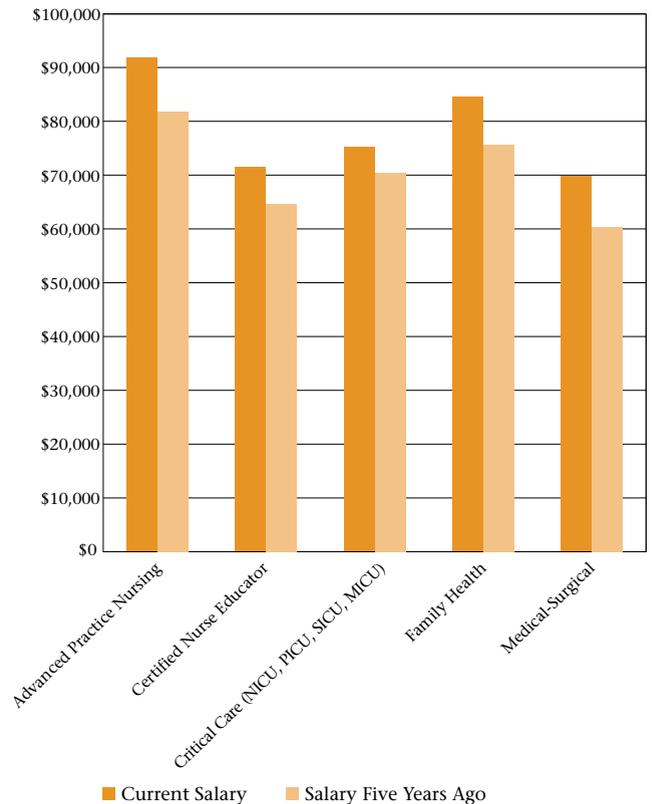
Median Salary by Main Role



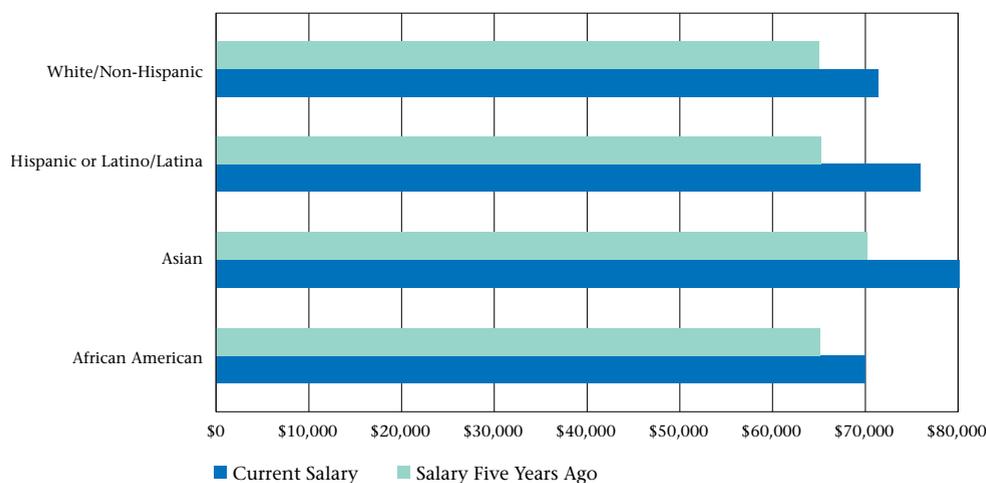
Median Salary by Employer Type



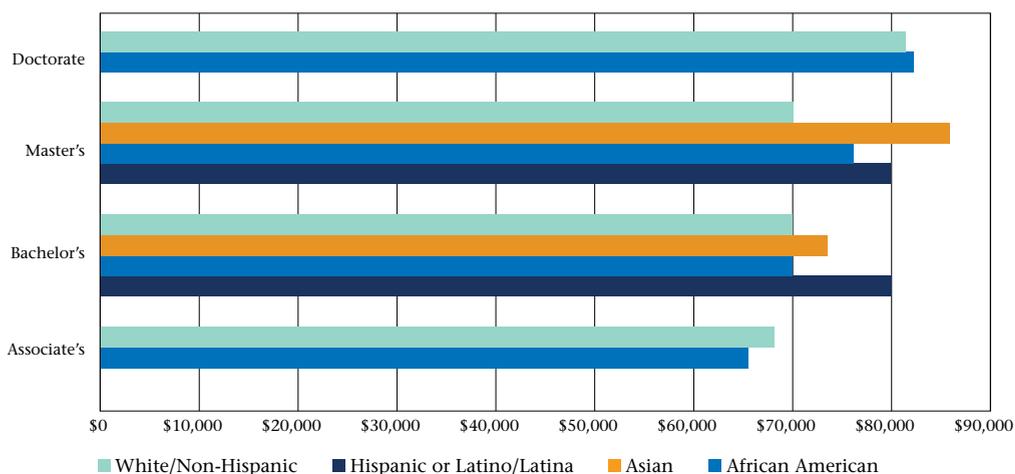
Median Salary by Specialty



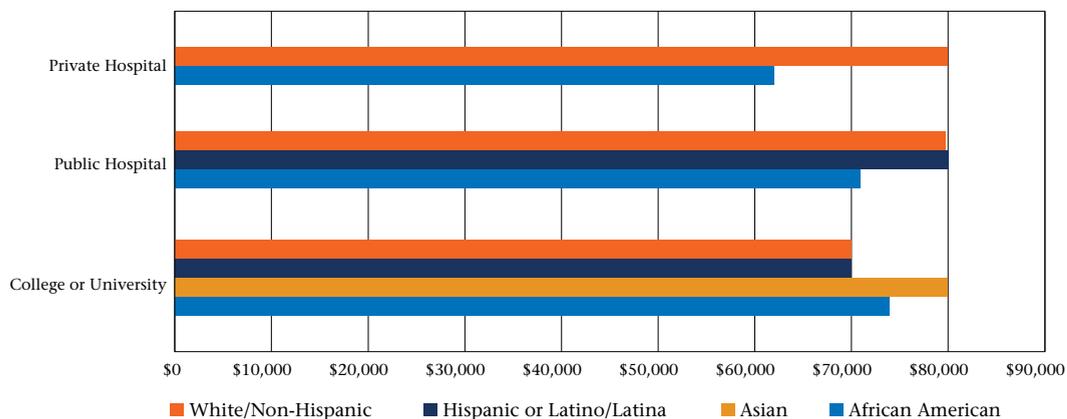
Median Salary by Ethnicity



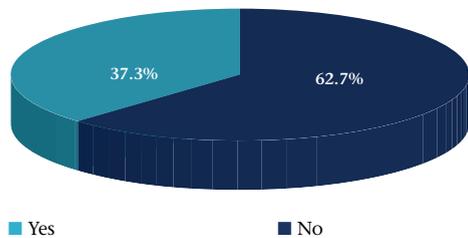
Median Salary by Education and Ethnicity



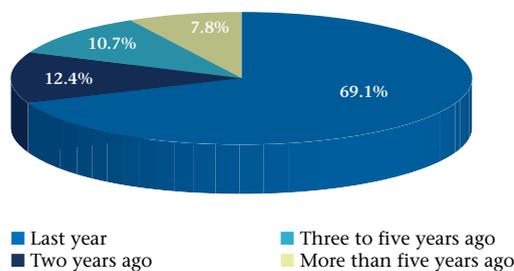
Median Salary by Organization and Ethnicity



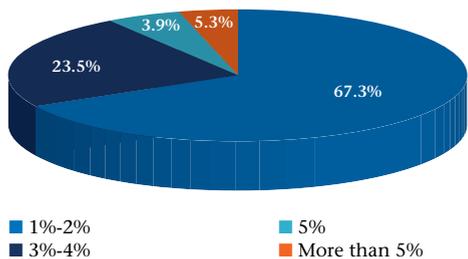
Looking to Leave Job in Coming Years



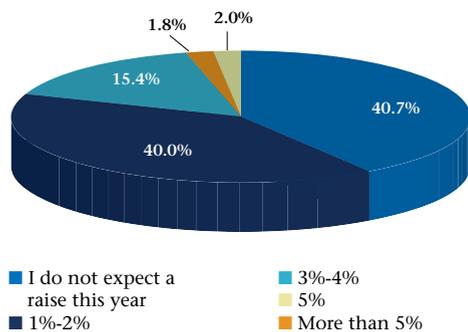
Timing of Last Raise Received



Percentage of Last Raise



Raise Expected This Year



Highlights

- **27.6%** have a doctoral degree
- **50.2%** work at a college or university
- **64.0%** have been at their current job for five or more years
- **69.1%** received a raise within the last year
- **55.9%** left their last job to pursue a better opportunity
- **40.7%** do not expect a raise this year
- **37.3%** say they are looking to leave their current job in the next few years

Five Most Common Specialties

- Certified nurse educator
- Critical care (NICU, PICU, SICU, MICU)
- Advanced practice nursing
- Family health
- Medical-surgical

Highest Paid by Employer Type

- Private practice
- Public hospital
- Private hospital
- College or university
- Health department/Public health agency

Most Common Benefits Provided

- Health insurance
- Retirement plan (401(k), 403(b), pension, etc.)
- Dental insurance
- Life insurance

10



Ways for Nurses to Get Promoted

BY LEIGH PAGE

Are you stuck in a rut at work? If so, it might be time to consider a promotion. You may not have the authority to make that happen exactly, but you shouldn't wait around expecting to be noticed either. You can—and should be—your strongest supporter. If you're ready to take charge, here are 10 proactive ways to help you take that next step in your career.

1 Don't Wait to Get Started

Don't put off getting your career going, advises Beverly Malone, PhD, RN, CEO of the National League for Nursing (NLN) in New York City. "A lot of young people in particular will say, 'I don't know exactly what I want to do, so I'm going to wait before I make a move,'" she explains. "My advice is get started, even if you have to change directions later."

For Malone, starting her career moves early made it possible to have a highly varied and distinguished career. The eldest

"Don't be too concerned about what kind of degree you get," Malone advises. "There will always be something you can do with it later."

of seven siblings, she was raised by her great-grandmother in rural Kentucky. As a young nurse,

she worked in a psychiatric unit. Later, she served as dean and vice-chancellor of a historically black college. Then she became

president of the American Nurses Association (ANA). And before taking the helm of the NLN,

she lived in London, serving as general secretary of the Royal College of Nursing.

One of the hardest decisions for young nurses is choosing a field of study for a degree. "Don't be too concerned about what kind of degree you get," Malone advises. "There will always be something you can do with it later." For example, she no longer works as a psychiatric nurse, but she says her experiences in the field still serve her well.



2. Be a Team Player
You can't rise through the ranks without being a team player, argues Kanoe Allen, RN, MSN-CNS, PHN, ONC, executive director of nursing at Hoag Orthopedic Institute in Irvine, California. "Understand the staff you are working with," she suggests. "The team can make or break you."

She also recommends volunteering for extra duties. "It allows other people to see you," she says.

Raised in a family of Chinese, Japanese, and Hawaiian descent, Allen rose rapidly as a young nurse. Taking a job at a critical care ED, she was named charge nurse within a year and became interim administrator a year after that. A rapidly rising young nurse might have ruffled a lot of feathers among older nurses, but Allen thinks

she "garnered some good will from the staff."

Allen puts a lot of emphasis on social skills. "You need to understand the interplay between personalities and departments and work in a collaborative manner," she advises. She

Finding a mentor is important to your career, because mentors know about "the back stairs," Malone says, referring to the secrets of getting ahead in a large organization like a hospital.

still finds these skills invaluable as an administrator. "You have to really listen to your team," she adds.

3. Find a Mentor
Finding a mentor is important to your ca-

reer, because mentors know about "the back stairs," Malone says, referring to the secrets of getting ahead in a large organization like a hospital. As a floor nurse, "you know there's a door to go up, but you don't know where the

door is until a mentor shows you it."

Sasha DuBois, RN, MSN, a 29-year-old floor nurse at Brigham and Women's Hospital in Boston, relies on several mentors to show her the way. She acquired her first mentor in nursing school, when she

heard her making a speech. "I walked up to her afterwards and struck up a friendship," DuBois recalls. "She's invested in seeing me grow." They get together at least once a year.

Allen advises young nurses to cultivate people who are very accessible to them and can serve as career coaches. "A coach is someone who can be honest and tactful," she says. "She can provide supportive feedback and help you with your own critical thinking."

4. Follow Your Passion
You can't have a successful career unless you are passionate about your work, argues Maria S. Gomez, RN, MPH, founder of Mary's Center for Maternal & Child Care in Washington, DC. "If you want to achieve anything, you have to have a passion," she says. "If you only care about your own job, it's easy to get burnt out. You just go to work and come home."

As an immigrant from Colombia at age 13, Gomez did not know any English except "thank you." When she went to work in a large organization as a young nurse, she was unable to find a mentor. "The older nurses I worked with didn't like their work," she says. "I couldn't wait to move on."

She found her calling working at a public health department. "I saw a lot of injustices, and I wanted to make a difference," she explains. In 1988, she founded Mary's Center as a shelter for women immigrants from Latin America. Today, the organization has a budget of \$39 million and provides care at six locations for low-income women, children, and men in the DC area.

5. Go Back to School Going back to school to get a higher degree or certification is really about “creating opportunities for yourself,” says Kerry A. Major, MSN, RN, NE-BC, chief nursing officer for Cleveland Clinic Florida. “A degree can open multiple doors and help you find out what your passion is,” she says. “A lot of young nurses don’t realize all the choices that are out there.”

A degree makes you more competitive, Major says. At many hospitals, a master’s degree is a requirement for entry into management. But apart from spiffing up your resume, a degree is an opportunity to learn new skills. “The literature shows that a degree produces a more rounded nurse,” she explains.

Major notes that school is a great opportunity to mix with nurses from other walks of life who you might never have met within your own institution. “You can get an idea of all the opportunities that are out there,” she says. “You’ll meet someone who works in public health, and someone else is an operative nurse.”

6. Nurture Your Communications Skills

Speaking and communications skills become more important the further you move up the career ladder, says Glenda Totten, RN, MSN, CNS, PHN, director of nursing service at Kaiser Permanente Los Angeles Medical Center.

Totten is constantly honing her skills. She identified a senior manager with a great communication style and started paying attention to what

he says and how he says it. “I listen intently,” she says. “He’s very precise. He doesn’t beat around the bush when answering questions. He’s able to give bad news in a realistic way, without sugarcoating it or kowtowing. And he’s open to feedback.”

Totten can practice her communication skills in many ways, including serving on a nursing quality improvement committee. She is also responsible for coming up with tools to quickly inform frontline nurses about changes in the hospital policies.

7. Read Voraciously Don’t forget to read. It can help you improve your communications skills, find new role models, and get on-the-job training. “Reading increases your written and verbal comprehension, improves your vocabulary, and widens the topics you can talk about,” says Totten.

Through reading, Malone says she discovered a new mentor named Mary Seacole, a Jamaican-born nurse who worked in 19th century Britain. In a parallel career to that of Florence Nightingale, Seacole tended to troops in the

You can also take webinars. The “Nurse Manager Development Series” was designed by Lippincott’s *Nursing Management* journal and ANA to help new nurse managers develop their skills. Topics include retaining talent, managing

Speaking and communications skills become more important the further you move up the career ladder, says Glenda Totten, RN, MSN, CNS, PHN, director of nursing service at Kaiser Permanente Los Angeles Medical Center.

Crimean War. “Sometimes having a mentor just means having that person in mind when you’re trying to accomplish something,” Malone explains.

Reading is also a good way to pick up new skills. Consider checking out *The Nurse Manager’s Survival Guide: Practical Answers to Everyday Problems* by Tina M. Marrelli, which is now in its third edition.

disruptive behavior, conflict resolution, budgeting, and finance.

8. Volunteer for Assignments Volunteering for assignments outside of your department helps broaden your skills and makes you a better candidate for promotion, says Juanita Hall, BSN, RN, a nurse



manager for cardiology, outpatient treatment center, and dialysis at Providence Hospital in Washington, DC. "Get experience in different departments," she advises. "Volunteer to be the float nurse." For

church, Hall relies on her spirituality to center herself.

Nurses can also be susceptible to burnout if they take on too many assignments. The prime time for burnout comes when studying for an

gym on off-days. "A lot of my friends look at my calendar and think I'm crazy," she says. But she also reserves time for fun. "I like going out to a party or birthday. I feed off of that. That's my time to let my hair down."

"It's important for nurses to be willing to absorb," Hall says. "Take in all you can from others. Ask questions [and] show yourself as very interested in what others have to say, so that people feed the information to you."

example, Hall volunteered to work in dialysis, where she didn't have much background.

As a young nurse, Hall didn't initially seek promotion, but she was always willing to learn new things. "I wanted to know what was going on," she says, and because she was involved in many activities, "my name would come up to the nurse manager." Even though Hall didn't have a master's degree, she got a job as an assistant nurse manager.

"It's important for nurses to be willing to absorb," Hall says. "Take in all you can from others. Ask questions [and] show yourself as very interested in what others have to say, so that people feed the information to you."

9 Don't Let Ambition Get Out of Control

Hard work and dedication are always welcome, but sometimes a person's ambition ends up alienating others. "My position is that good things will come to you," says Hall. "You don't have to beat anyone up to get to them." An associate minister in her

advanced degree while still holding down a full-time job. When DuBois was studying for her master's degree, she was working 36 hours a week and taking three classes each semester. "I didn't get burnt out, but I can see how it could happen," she says. "Everyone has to figure out how much you can handle. It's about balance."

Even with her studies completed, DuBois still maintains a busy schedule, including a morning workout in the

10 Use Your Organization's Career Ladder

Many organizations offer career-ladder programs, which offer higher pay or more responsibilities to nurses who demonstrate their skills, according to Shawana Burnette, OB-RNC, MSN, CLNC, a nurse manager on High Risk Post Partum and High Risk OB at Carolinas Medical Center in Charlotte, North Carolina.

Burnette's hospital's ladder process rates bedside nurses on engagement and certification and rewards them with a higher pay level. Nurses who achieve the next rung of the ladder, RN II, get a 10% raise. At higher levels, nurses may be asked to be a preceptor and

orient new hires or a nursing student. "The focus is to encourage professional growth and to reward highly engaged nurses in your facility," she explains.

The ladder process encourages earning certificates in various fields. Burnette is currently studying for a nurse leadership certificate. She says her hospital strongly encourages certification and even provides tuition reimbursement to take review classes to prepare for the certificate exam.

Enjoy the Journey

Nurses who continuously nurture their careers will reap great benefits as they advance up the ladder, argues Allen. "Your nursing career is a journey," she says. "It's an incredible journey. It will involve hard work and reaching something meaningful to you." **MN**

Leigh Page is a Chicago-based freelance writer specializing in health care topics.



New Case Management Opportunities for Minority Nurses

BY CATHERINE M. MULLAHY, RN, BS, CRRN, CCM

Shifting demographics and other market conditions have created a greater need for minority nurses, particularly in certain roles. With a growing multicultural and aging population in the United States, the need for medical case managers to serve patients of various ethnic and minority groups has significantly increased. Regulatory reform—specifically, the enactment of the Patient Protection and Affordable Care Act, which ushered in new preventable readmission requirements for hospitals, along with new models of care (e.g., patient-centered medical homes and physician-hospital organizations) and more prevalent consumer-driven health care plans—has created new opportunities for minority nurses in case management. For minority nurses whose goals are to help serve these largely underserved patient populations and advance in their careers, it is important to understand the changing health care landscape.

Let's look first at our nation's changing demographics. The graying of America has resulted in more Americans living longer with more age-related, chronic medical conditions, ranging from arthritis, hypertension, and heart disease to hearing impairments and cataracts. According to the National Academy on an Aging Society (NAAS), almost 100 million Americans have chronic conditions, with millions more developing chronic conditions as they age. By 2040, the NAAS estimates that the number of people in the United States with chronic conditions will increase by 50%. The cost of medical care for Americans with chronic conditions could approach \$864 billion in 2040—almost double what it was in 1995. While the most common chronic conditions are the same for blacks and whites, the conditions are generally more serious among minority populations, particularly individuals with lower incomes.

Another major factor in our changing health care land-



scape is the higher percentage of racially and ethnically diverse individuals. An *AARP*

Medical Group's Adherence to Hypertension Treatment and Measurement project to

if mismanaged, can also interfere with providing quality health care. For example, in Latin culture, religious healing, praying to certain saints, and relying on religious symbols to address health issues are not uncommon. Patients of African descent are inclined to believe in the healing power of nature and their religion. Within Asian groups, achieving balance between yin and yang, using certain herbs and foods, and relying on acupuncture to unblock the free flow of energy (chi) are common practices. Health behaviors also vary among ethnic groups. Armenians are tolerant of county health facilities, whereas the Vietnamese regard them and the related bureau-

cracy associated with government facilities as degrading. They, therefore, prefer receiving care in a physicians' office, even if higher costs are incurred.

There also are differences relating to how certain minority and ethnic groups want to hear about their medical conditions. Did you know that the majority of African Americans and European Americans believe patients should be informed of terminal illnesses, while fewer Mexican Americans and Korean Americans agree? Family values relating to health care decisions also differ among minority and ethnic groups. Within the Mexican, Filipino, Chinese, and Iranian cultures, for ex-

Beyond the obvious language and communication barriers that can prevent quality health care delivery and optimum patient outcomes, there are cultural issues that, if mismanaged, can also interfere with providing quality health care.

Bulletin article titled "Where We Stand: New Realities in Aging" reported that minorities are expected to comprise 42% of the American population by 2030. Currently, the United States has 150 different ethnic cultures represented within its population, with over 300 different languages spoken and a wide range of cultural nuances reflected. For health care providers, this broad spectrum of cultural diversity in its patients introduces higher incidences of certain conditions, while also posing challenges relating to care and communications.

educate English, Arabic, and Vietnamese-speaking hypertensive patients.

Beyond the obvious language and communication barriers that can prevent quality health care delivery and optimum patient outcomes, there are cultural issues that,

Addressing Cultural Challenges

On the disease front, we know that certain ethnic groups are more prone to certain medical conditions. Many health care providers and insurers are responding with targeted initiatives, such as: the Chinese Community Health Plan's Diabetes Self Management: A Cultural Approach initiative to enhance diabetes knowledge and management in the Chinese population; Excellus Health Plan's Healthy Beginnings Prenatal Care program to decrease NICU admission rates for African American teens; and Med One



ample, there is the belief that a patient's family should be first informed about a loved one's poor prognosis so they can decide whether or not the patient should be informed. Obviously, these variables and many others are important for health care professionals to understand when caring for a patient. This is an area where minority nurses of different backgrounds and cultures can be a tremendous asset to their patients and to the overall health care system. Studies have demonstrated that case managers help strengthen primary care. This is particularly true when patients have complex or multiple medical conditions—as many elderly people do—or chronic conditions such as diabetes or chronic obstructive pulmonary disease.

Combating Disparities in Health Care

It is widely known that disparities exist in the care of minority patients. While this is more pronounced in rural primary care practices, it holds true across the board. An Institute of Medicine report found that “racial and ethnic minorities tend to receive a lower quality of health care than non-minorities, even when access-related factors, such as insurance status and income, are controlled.” Other studies also have explored these disparities, including Aetna's “Breast Health Ethnic Disparity Initiative and Research Study” and Health Alliance Plan's “Addressing Disparities in Breast Cancer Screening.” Collectively, they further make the case for minority nurse case managers to advocate for minority patients.

Related research supports the fact that, where minority case managers are in place, there is a significant improvement in patient outcomes. This was evident in a study of rural African American patients with diabetes mellitus where it was found that they were able to better control their blood sugar levels with a redesigned care management model, which incorporated nurse-led case management and structured education visits into rural primary care practices.

From Public Sector to Hospitals, Physicians' Offices, and Entrepreneurial Settings

There is no question that, given today's health care landscape, minority nurses have a great opportunity to help make a difference in the care of minority groups and enjoy heightened career fulfillment and potential advancement. Among the settings minority nurses can consider are:

- The public sector—serving within the Veterans Health Administration system for our veterans, many of whom are minorities, or the Indian Health System for our nation's native American populations;
- Hospitals—helping hospitals achieve lower rates of preventable hospital readmissions, caring for minority and ethnic patients, and serving as a patient advocate and liaison with family members;
- Physicians' offices—facilitating patient-physician communications, assuring appropriate records are communicated between treating physicians, mon-

itoring patients' adherence to treatment plans, and identifying any family and/or home issues that might affect a patient's well-being;

- Financial advisors and estate planning attor-

with patient transitions of care, coordinating health care resources on behalf of their patients, reviewing hospital bills, helping patients assemble their health records, and providing end-of-life care coordination.

There is no question that, given today's health care landscape, minority nurses have a great opportunity to help make a difference in the care of minority groups and enjoy heightened career fulfillment and potential advancement.

neys—working with these professionals who are becoming increasingly more involved in the financial aspects of their clients' health care and the costs associated with their care, as well as protecting their clients' estates;

- Independent practice—working for a case management firm or establishing your own practice.

Independent practices present an opportunity for minority nurses to shape their own destiny and financial reward. Through one's own practice, a minority nurse can focus more fully on his or her patients' well-being without the over-emphasis on cost containment we see in many other practice settings, especially hospitals. These nurses can decide that they want to specifically dedicate their practice to a certain minority and/or ethnic group. They can establish a truly patient-centered care management business model, performing health risk assessments, providing health coaching, disease education and management, assisting

Based on a 2013 survey by the National Council of State Boards of Nursing and The Forum of State Nursing Workforce Centers, nurses from minority backgrounds represent 17% of the registered nurse (RN) workforce. Currently, the RN population consists of 83% white/Caucasian, 6% African American, 6% Asian, 3% Hispanic/Latino, 1% American Indian/Alaska Native, 1% Native Hawaiian/Pacific Islander, and 1% other. Given the increasing shortage of nurses, combined with the growing demand based on our shifting demographics, it appears that the time has never been better for minority nurses, while fewer in number, to take center stage in case management. **MN**

Catherine M. Mullahy, RN, BS, CRRN, CCM, is president of Mullahy & Associates www.mullahyassociates.com, and author of *The Case Manager's Handbook, Fifth Edition*.

Hope for Healing in the Face of Embittered Race Relations in the United States: One Nurse's Perspective

BY MIRIAM O. EZENWA, PhD, RN



The issue of embittered race relationships in the United States has been on my mind since August 9, 2014, when a white police officer named Darren Wilson shot and killed Michael Brown, an unarmed black teenager, in Ferguson, Missouri. The violent protests that erupted after the shooting culminated in even more pronounced violent protests in the early morning hours of November 25, 2014, following the grand jury decision not to indict Officer Wilson for the fatal shooting of Brown.

Not being close to the case, or having examined the evidence upon which the decision not to indict was based, I wondered whether that deci-

sion was purely based on evidence, or whether historical and institutionalized racism, discrimination, and injustice against blacks in the United States played a role. While I

have no answers to my question, I struggled to think about what we, as a nation, can learn from Michael Brown's death that will help this nation heal.

I believe that each one of us in the United States needs to think long and hard about race relations in this country. I allowed my mind to wander as I took this journey myself. I thought about the Institute of Medicine report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. In this report, the committee—charged by Congress with identifying and recom-

mending strategies to eliminate racial disparities in health care in the United States—chronicled the pervasiveness of poor health outcomes for minorities.

As a minority and an academic nurse researcher with a focus on health disparities in pain management, I thought about historical and institutionalized racism, discrimination, and injustice that contribute to poor pain management for patients with sickle cell disease—an inherited blood disorder suffered by an estimated 100,000 Americans, mostly of African descent—and for pa-

tients with other pain conditions. I thought about an article I had written for *Minority Nurse* back in 2003 titled “Mentorship in Black and White,” where I narrated my experience of being mentored by a white senior professor when I was a nursing student. This mentorship experience affirmed my belief that humanity is inherently good, but social constructions such as race taint our good nature. I thought about my current experience as an assistant professor of nursing in higher education and how I have reacted when I encountered interactions I felt were unjust. I wondered

believing they had the chance to repent of their sins at the time of death.

Now, in the United States, we must sing “Amazing Grace” in unison. Why is amazing grace important in this moment of pain and hurt, loss of faith in humanity, and lack of trust in race relations in the United States? The nurse in me feels that this nation needs healing. We must repent for whatever we might have done consciously or unconsciously, overtly or covertly, to contribute to racial unrest and the suffering of blacks and other minorities in the United States,. We will not stand

and just sing the lyrics of the hymn paying lip service. We must be on our knees and feel the words break through our

we use to oppress others who look different than us.

We must heal our nation by checking our individual biases

The words must purge us of the biases, injustices, discriminations, racism, sexism, ageism, and other “isms” that have deadened our spirits in this country.

We must repent for whatever we might have done consciously or unconsciously, overtly or covertly, to contribute to racial unrest and the suffering of blacks and other minorities in the United States.

hearts, minds, and spirits. The words must purge us of the biases, injustices, discriminations, racism, sexism, ageism, and other “isms” that have deadened our spirits in this country. We have to let the spirit that connects us as humans and make us one with the universe—the trees, the oceans, the winds, and the animals—emerge to help us heal. We must let the light of our spirit unite us, and together we can outshine the darkness in our hearts and minds that

that encourage us to treat others unfairly. Like Newton, we must repent so that God and the universe will shower our spirits with the everlasting peace that comes with positive race relationships in the world full of turmoil and unrest. We must heal our nation, the United States of America. **MN**

Miriam O. Ezenwa, PhD, RN, is an assistant professor in the Department of Biobehavioral Health Science at the University of Illinois at Chicago, College of Nursing.

about how I have interacted with students in my capacity as a nursing faculty where I have the opportunity to teach and mentor both black and white students. I wonder if I have done everything humanly possible and within my power to pay forward the inherent human goodness to improve race relations with my students, colleagues, and friends.

I thought about the slave ship captain and later an abolitionist, John Newton, who, after his repentance, wrote the hymn “Amazing Grace.” This hymn is sung in Christian churches around the world by many Christians to confess and repent of sins and enlighten the spirit. The song has also become the mainstay of funeral services around the globe—a way to send the dead home



Workplace Initiatives That Promote Diversity and Inclusion

BY JULIE JACOBS

As the United States becomes more of a melting pot, encouraging and nurturing a workplace that welcomes the different cultures, ethnicities, and lifestyles of staff are paramount to optimal collaboration, productivity, and success. In health care, where diversity increasingly is exemplified among patients as well as employees, such an embrace is critical to achieving best outcomes.

Health care institutions across the country are heeding the call for inclusion. Many have implemented initiatives to not only attract diverse staff, but also to keep and engage them.

The Mayo Clinic in Rochester, Minnesota, for instance, launched the Multicultural Nurses Mayo Employee Resource Group (MNMERG) in July 2014 to recruit and retain nurses from diverse cultures and offer them professional support and networking opportunities. The MNMERG also mentors and educates Mayo's diverse nurses and involves them in community programs.

With some 25 members, the MNMERG welcomes all Mayo staff. It meets monthly at the hospital, but this year will add quarterly dinners off site and is evaluating online technologies such as Skype and Sharepoint to "engage a 24/7 workforce," says MNMERG co-chair Deborah A. Delgado, MS, RN-BC, a nursing education specialist in psychiatry.

Mayo Employee Resource Groups (MERGs) have been an important component of Mayo's overall diversity initiative; the goal is to have the following five core MERGs—African American, LGBTI, His-

panic, Disability, and Veterans—at Mayo's three major clinical sites. Each MERG has an executive sponsor who is a leader at Mayo, but not a member of the group. For example, the MNMERG's sponsor is a male cardiologist with

experience in developing family/patient advisory groups. All of Mayo's MERGs have formally chartered to align with at least one of the organization's strategic diversity goals.

"These range from culturally competent care to inclu-

sion and addressing health disparities," says Sharonne N. Hayes, MD, FACC, FAHA, director of diversity and inclusion and professor of medicine at the Women's Heart Clinic at Mayo. She notes that the groups share innovations and hold cross activities. "By that collaboration," she says, "you get more hands to do the work obviously, but you also get a wonderful side product of some cross-cultural mentoring and some cross-cultural



experience.”

While the MNMERG is in its infancy, feedback has been positive. “By being visible, by engaging, and by contributing, it just leads to retainment,” Delgado offers. “People want to stay because they’re able to use all of their gifts and talents to affect the organiza-

“When you’re a minority and you’re going into an environment where you might be the only diverse person on your clinical unit, as an example, it can be really challenging; it can be very lonely,” says Gaurdia E. Banister, PhD, RN, FAAN, the PHC CLCDN liaison to UMass Boston and execu-

to work.”

At the Cleveland Clinic, location-specific Diversity Councils at each of the enterprise’s community hospitals and family health centers are effectively supporting and sustaining an inclusive work environment. These employee-led councils implement action plans and sponsor activities based on strategies and goals defined by an Executive Diversity Council, all aimed to enhance employee engagement and cultural competence.

While the Executive Diversity Council works “to set the tone and the agenda,” the location-specific councils “serve as the tactical team,” explains Diana Gueits, director of diversity and inclusion. The main-campus council, for one, formed the Nursing Cultural Competence Committee and the Disability Task Force; the task force, in turn, developed the Disability Etiquette Lunch ‘n Learn, a program

councils overall represent a cross-section of the clinic’s workforce). Two cochairs and a cochair-elect lead each council, act as local ambassadors for diversity, engage with executive leadership, and provide feedback to the Office of Diversity and Inclusion, which facilitates the business-like, SMART-goals approach of the councils.

“This is a passion for them,” says Gueits of the cochairs, who are selected based on their experience in leading transformative teams and their commitment to diversity and inclusion. “I think that what the councils provide them is an opportunity to see, to actually be part of an initiative and be part of that process from A to Z.”

Cleveland Clinic has 21 location-specific councils, a number that is sure to increase as the enterprise expands. “That is the intention,” Gueits says, “to make sure that we

In health care, where diversity increasingly is exemplified among patients as well as employees, such an embrace is critical to achieving best outcomes.

tion’s purpose and goals.”

The Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) at Massachusetts General Hospital in Boston has realized recruitment and retention success with diverse students of nursing. A scholarship and mentoring program established in 2007 by Partners HealthCare (PHC), an integrated system of which Mass General is a member, the CLCDN draws applicants from the nursing program at University of Massachusetts Boston.

Students must demonstrate leadership qualities, have cumulative general and nursing GPAs of 3.0 or higher, and must be entering their junior year of study since the CLCDN will carry them through their senior year. They link with racially and ethnically diverse nurse mentors, attend unit meetings and social and educational events, and observe nurses and nursing leaders in action. Additionally, they receive a stipend and financial support for tuition and fees with the expectation they will pursue employment at a PHC institution after graduating.

tive director of the hospital’s Institute for Patient Care. “We wanted to put mechanisms in place to ensure the success of our students and, certainly once they graduated, the best possible [career] alternatives,” she says.

Mass General diverse nurse leaders who have successfully navigated such waters can “provide these wonderful, wonderful pearls of wisdom and support and encouragement and listening skills,” explains Banister, and they serve as mentors, as do CLCDN graduates. Of the 54 mentors to date (32 from Mass General), some are repeats. Other statistics are just as impressive—such as PHC’s 82.6% hiring rate among the 69 graduates thus far (47.8% of whom have been employed by Mass General) and the almost 80% retention rate for these graduates.

“They love being a nurse. It’s exactly what they anticipated their career to be,” says Banister. “They are constantly promoting how positive it has been for them and that they feel like our organizations are becoming much more of a welcoming and diverse place

“By being visible, by engaging, and by contributing, it just leads to retainment,” Delgado offers. “People want to stay because they’re able to use all of their gifts and talents to affect the organization’s purpose and goals.”

to assist caregivers in their interaction and communication with disabled individuals that has since been taken enterprise-wide. Gueits notes the councils share and cross-pollinate ideas.

Cleveland Clinic’s chief nursing officer sits on the Executive Diversity Council, and many nurses participate in the location-specific councils with several diverse nurses serving in leadership roles (the

embed diversity and inclusion in our commitment to all our locations and give an opportunity or platform for all our caregivers to be engaged.” **MN**

Julie Jacobs is an award-winning writer with special interest and expertise in health care, wellness, and lifestyle. Visit her at www.wynnecommunications.com.

Highlights from the Blog



Speak Up! Be an Advocate in Nursing

With so many nurses in the country, you might think that nurses' voices would be heard loud and clear. But it's not always easy to speak up on issues, even those issues that are particularly close to your beliefs or those that can have a direct impact on your job.



Are You a Good Employee?

We all know coworkers who seem to have a foot into everything going on. These good employees are running meetings, always on time for work, ready to proof a quick e-mail, or help you study for an exam. How do they do it all?



6 Tips for Resumes That Rock

If you want to keep your resume out of the notorious slush pile, think like a hiring manager. Hiring managers want solid evidence of what you'll bring to the company, and they have less than a minute to decide if your resume makes you a candidate worth pursuing. How can you move your resume to the top?



Say Yes to the Right School for You

You thought applying to nursing school was hard? Try picking the one you want to go to! When it comes down to it, it's overwhelming looking at your acceptance options. When you've invested so much into choosing places you'd be happy attending, how can you pick one?

To read more, visit www.minoritynurse.com/blog.



Discover
Johns Hopkins
 doctoral nursing
 education

Doctor of Nursing Practice (DNP)
 Advance the practice of nursing and
 improve healthcare outcomes as a
 clinical leader.

Doctor of Philosophy (PhD)
 Advance the science of nursing and
 healthcare delivery as a research leader.

Choose your path at Johns Hopkins School of
 Nursing—a place where exceptional people
 discover possibilities that forever change
 their lives and the world.

www.nursing.jhu.edu/doctoral



Join one of the
 fastest-growing
 professions.

**Become a
 NURSE
 PRACTITIONER**

At the Betty Irene
 Moore School of
 Nursing at UC Davis,
 we prepare clinicians
 today to lead the
 health-care teams of
 tomorrow.

**SEE WHY UC DAVIS
 IS DIFFERENT**

nursing.ucdavis.edu



Master your nursing career.

Pick your pathway with our nationally ranked master's program.

You're a full-time nurse, wearing scrubs by day — or night — and you're ready to take your career to the next level. Now you need a master's program to make that happen. Our program offers advanced clinical experiences backed by our standing in the nation's top 10 percent, as ranked by U.S. News & World Report. And with concentrations ranging from primary or acute care to administration and leadership, you can tailor your degree to the path you want.

Ready to learn more? Visit nursing.vcu.edu/education/masters.

Creating collaboration. Advancing science. Impacting lives.



an equal opportunity/affirmative action university



TEMPLE UNIVERSITY
A Leading Philadelphia Institution

It is an exciting time in urban healthcare...
Are you ready to play a key role?

Learn More About the Doctor of Nursing Practice (DNP) Program at **Temple!** We prepare **Primary Care Nurse Practitioners to Improve Urban Health Care—we have two options:**

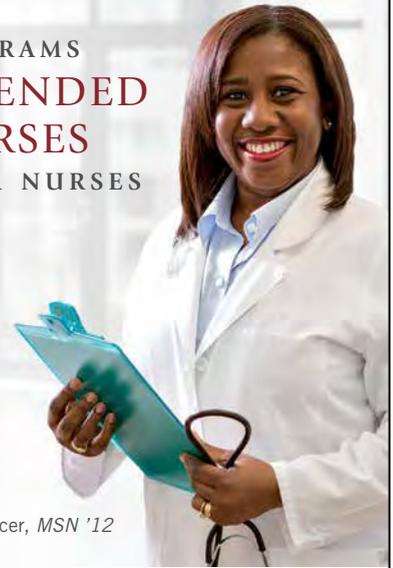
T **Post-BSN** DNP Program to become either an Adult or Family Nurse Practitioner
*** (full and part-time)*

T **Post-Master's** DNP Program for Advanced Practice Registered Nurses—certified nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists
*** (full and part-time)*

To apply online visit:
www.temple.edu/nursing

For more information, please contact:
Ms. Audrey Scriven
TUnurse@temple.edu or 215-707-4618

ONLINE PROGRAMS
**RECOMMENDED
BY NURSES**
FOR NURSES



Claudette Spencer, MSN '12

Online nursing programs at
W. Cary Edwards School of Nursing

LEARN MORE:
VISIT www.tesc.edu/nursing
CALL (888) 906-8619

- > RN-BSN: All BSN courses offered quarterly
- > RN-BSN/MSN
- > MSN
- > Graduate Nursing Certificate Programs
- > Accelerated 2nd Degree BSN (on-site) **SCHOLARSHIPS NOW AVAILABLE!**



EXCLUSIVELY FOR ADULTS

DIVERSITY *in* **NURSING**

empowering • transforming • rewarding • insightful
awareness • challenging • revealing • understanding

Become a...

- ▶ Nurse-Midwife
- ▶ Family Nurse Practitioner
- ▶ Women's Health Care Nurse Practitioner



Degree Options:

- ▶ Doctor of Nursing Practice
- ▶ Master of Science in Nursing
- ▶ ADN Bridge Entry Option
- ▶ Post-Master's Certificate



**FRONTIER NURSING
UNIVERSITY**

In a rapidly changing world, it's clear a more diverse group of nurse-midwives and nurse practitioners is needed to meet the demand. Joining FNU's PRIDE Program means becoming part of our legacy of providing culturally competent care to rural and underserved communities.

Contact us today to apply!
www.frontier.edu/PRIDEprogram

Take the next step to advancing your education and your career.

From Nursing Informatics to Neonatal Nurse Practitioner to Psychiatric Primary Care Nurse Practitioner—we have many programs to fit your needs.

For online and on-site program options, visit nursing.pitt.edu or call 1-888-747-0794.



University of Pittsburgh
School of Nursing

Ranked seventh among schools of nursing in *U.S. News & World Report's 2011 America's Best Graduate Schools*

INVEST IN YOUR FUTURE IN

NURSING

INDIANA
WESLEYAN
UNIVERSITY

SCHOOL OF NURSING

BACHELOR'S DEGREE

- Nursing (Traditional 4 yr)
- Nursing (Accelerated, 14 mos.)
- Nursing (RNBSN)

MASTER'S DEGREE

- ASN-MSN
- MSN MBA
- MSN Post MBA
- Nursing Administration
- Nursing Education
- Primary Care Nursing (NP)

DOCTORAL PROGRAMS

- Doctor of Nursing Practice (DNP)

CERTIFICATE PROGRAMS

- Certificate Parish Nursing



ONLINE & ONSITE

indwes.edu | 866.498.4968

Academic Opportunities

Earn a Credential That's in Demand Nationwide

MSN

MASTER OF SCIENCE
IN NURSING (MSN)

DNP

DOCTOR OF NURSING
PRACTICE (DNP)

PhD

PHD IN NURSING
SCIENCE

clinical interventions,
health services research

- #11 ranked nursing school
- Practice specialties for all interests
- State-of-the-art nursing informatics and facilities
- Community of scholars with broad faculty expertise
- Distance learning opportunities
- Seamless BSN entry-MSN-DNP option

Learn more. Apply today:
nursing.vanderbilt.edu



*Vanderbilt is an
equal opportunity
affirmative action university.*

Connect with us:



#VUSN



SCHOOL OF NURSING
VANDERBILT UNIVERSITY

TEACHING | PRACTICE | RESEARCH | INFORMATICS



Faculty Opportunities

Northeastern

Boston, MA

The School of Nursing at Northeastern University
invites applications for the following positions:

Associate/Full Professor (FTFR000587) - Tenure Track: This position calls for a doctorally-prepared researcher who has either current federal funding or a track record of federal funding with high potential sustainability. Reporting to the Dean of the School of Nursing, the incumbent will provide vision and direction to strengthen the research enterprise and to expand and enhance our professional masters programs and contribute to our PhD program.

Assistant/Associate Clinical Professor and Director of the Family Primary Care Nurse Practitioner Program (FTFR000588) - Non-Tenure Track: This is a faculty position as either an Assistant or Associate Clinical Professor and as Director of the Family Primary Care Nurse Practitioner Program. The Director will provide strategic direction, vision and leadership for the FNP Program. The Director will oversee the matters relating to the admissions, progression, curriculum and program development, program delivery, benchmarking and evaluation, and program marketing and will assure effective deployment of resources to accomplish the goals and objectives of the program.

Assistant/Associate Clinical Professor (FTFR000554) - Non-Tenure Track: This is a faculty position as an Assistant or Associate Clinical Professor. Responsibilities include participation in the development, instruction, and evaluation of courses in the undergraduate nursing program – both didactic and clinical, and academic advising as needed. The incumbent will fully participate in School of Nursing and Bouvé College of Health Sciences faculty meetings and serve on faculty committees. An opportunity exists within the School for a leadership role as an Assistant Dean of Undergraduate Programs.

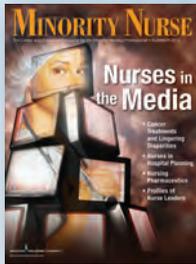
To view the full job description and to apply, visit <http://apptrk.com/565140>

EOE/AE

Index of Advertisers

ADVERTISER	PAGE #
AACN	C4
Civilian Corps	25
ACADEMIC OPPORTUNITIES	
Frontier Nursing University	46
Indiana Wesleyan University	47
Johns Hopkins University	45
Temple University	46
Thomas Edison State College	46
University of California, Davis	45
University of Pittsburgh	47
Vanderbilt University	48
Virginia Commonwealth University	45
FACULTY OPPORTUNITIES	
Northeastern University	48

Don't Miss Another Issue of **MINORITY NURSE**



America's most respected magazine for diversity and employment is now free.

***Minority Nurse* is a must-read!**

Each issue comes to you packed with in-depth articles that cover hot topics in nursing care, minority health, and nursing education and career development.

Only in *Minority Nurse* will you find these original columns:

- Academic Forum—research on issues with a direct impact on nurses as well as minority communities.
- Degrees of Success—written by nursing school representatives who address a variety of issues related to classroom diversity.
- Second Opinion—an outlet for members of the minority nursing community to voice their opinions on important topics in today's healthcare environment.
- Vital Signs—the latest news in minority health, diversity in nursing, and the achievements of minority nurses.

Get your Free Subscription!

Visit www.MinorityNurse.com and subscribe today!

SPRINGER PUBLISHING COMPANY

11 West 42nd Street, 15th Floor, New York, New York 10036
Tel 212-431-4370 • Fax 212-941-7842





Learn



AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES



Share



National
Teaching
Institute &
Critical Care
Exposition®



Lead

San Diego
May 18-21 • 2015
Preconferences May 17



thousands of nurses learning
the latest, sharing solutions and
improving outcomes for patients
and families...

the premier conference for high acuity and critical care nurses

www.aacn.org/ntisandiego • 800/899-AACN