

Resources Humanitarian Initiative

From Dr. MJ Bulbrook

[01 Serve Those Who Served Certificate Program – Dr. MJ Bulbrook Author](#)

Web Sites

<http://www.healingtouchprogram.com/conference/2016/>

<http://cam.institute/>

[Global Healing Alliance](#)

<https://www.energymedicinepartnerships.com/a/>

[Certificate Program “I Serve Those Who Serve”](#)

<http://artwithapurposeforveterans.com/>

<http://www.VetTRIIP.org>



RAH for Veterans 2020

Collaborative Approach to Serving Veterans

Material from the 2016 Healing Touch Worldwide

Conducted by Dr. MJ Bulbrook

Conference post conference workshop **Energy Medicine with Veterans & Families to become a member of the “I Serve Those Who Serve” consortium of dedicated energy practitioners and programs to help veterans and their families, heal, grow and thrive after their tour of service using an Integrative Health approach.**

RAH for Veterans 2020

Material from Amy Frost



Amy Frost, MBA, M.A. Spiritual Psychology
Business, Career and Wellness Program Director (Facilitator/Mentor/Coach), Career
Institute: www.cinow.org

Flowerful Living Founding Member
Flowerful Living Wellness Community Facebook Public
Group <https://www.facebook.com/groups/406281525119160>

Author, *A Workaholics Guide to Resilience at Work: Life/Work Harmony*

[909.709.8076](tel:909.709.8076) mobile

Resources For Resilience: www.energypsych.org/resilience

Brochures: www.r4r.support/downloadable-brochure

<https://r4r.energypsych.org/finding-safety-and-connection>

Brochure includes:

- Instructions for four energy practices to increase resilience and decrease the harmful effects of stress and trauma on the body and the mind
- Live links to web resources (clickable in PDF)

Bibliography

Anthony, M. *The Afterlife Frequency: The Scientific Proof of Spiritual Contact and How that Awareness Will Change Your Life*. CA: New World Library. 2021.

Anthony, M. *The NDE Zone: Connected by the Light from the Cosmic to the Subatomic*, [Video online presentation through the International Association of Near Death Studies \(IANDS\), August 19, 2023.](#)

Anthony, Mark: *Evidence of Eternity: Communicating with Spirits for Proof of the Afterlife*. Minnesota: Llewellyn Publications. 2017.

Anthony, M. *Never Letting Go: Heal Grief with Help from the Other Side*. MN: Llewellyn Publications. 2016.

Baron-Reid, C. *Uncharted: The Journey through Uncertainty to Infinite Possibility*. Australia: Hay House. 2016.

Basting, A. ***Creative Care: A Revolutionary Approach to Dementia and Elder Care – The Power of Connecting through Imagination, Joy and Wonder.*** NY: Harper Collins Publishing 2021.

Biedenharn, C. ***Reflect, Reconnect, Restore: Healing from Secondary Grief.*** Your Listening Partner. Page Beyond Press. 2022.

Biedenharn, C. ***Heart to Heart: Spiritual Care through Deep Listening.*** Your Listening Partner, Page Beyond Press. 2020.

Braden, G. ***The Spontaneous Healing of Belief: Shattering the Paradigm of False Limits.*** New York: Hay House. 2008.

Bryant, K. ***The Zola Experience: The Zen Peacefulness When One is Open to Love Again.*** NC: PIMOSH Publishing Company. 2020.

Blickwedel, Ltcol.T, ***Broken Promises: Marine Combat Veteran turns Whistleblower Exposing compromised Mental Health Care at the Department of Veterans Affairs (VA).*** Coba Press. 2023.

Buehrle, P, McDowell, P. ***The Honest Truth about Leadership.*** ISBN: 979-8-9858881-0-2 Published by authors in 2022.

Bulbrook, MJ. Editor. ***Development of Therapeutic Skills.*** Boston: Little Brown and Company, 1980.

Bulbrook, MJ. ***The Roots of Healing Touch & Beyone.*** North Carolina: Water Lily Publishing. 2024..

Bulbrook, MJ. ***Helping Individuals & Families to Change. Shaping You – Theory, Experimental, Debriefing.*** Perth, Western Australia: Edith Cowen University.

Callanan, M. ***Final Journeys: A Practical Guide for Bringing Care and Comfort at the End of Life.*** NY: Bantam Dell A Division of Random House Inc. 2008.

Chopra, D. ***Life After Death: The Burden of Proof.*** NY: Harnomy Books. 2006.

Eden, D. ***The Energy Medicine Kit.*** Colorado: Sounds True. 2004.

Gerber, R. ***Vibrational Medicine.*** VT: Bear & Co. 2001.

Gordon, J.S. ***The White House Commission and the Future of Healthcare.*** *Alternative Therapies*, 6(6), Pg. 26-28.

Gordon, J. ***Manifesto For A New Medicine: Your Guide to Healing Partnerships and the Wise Use of Alternative Therapies.*** New York: Addison-Wesley Polishing Company, Inc. 1996. (See pages 342 -346 for a list of Organizations to consider

Goldstein, B. ***The Secret Language of the Heart: How to Use Music, Sound, and Vibration as Tools for Healing and Personal Transformation.*** San Antonio, TX: Hierphant Publishing. 2016.

Colten, C. Kates, RW. Laska, SB. ***Three Years after Katrina: Lessons for Community Resilience***, Environment: 50 pg. 36-47. 2008.

Covey, Stephen R. ***The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change***. 4th Ed. NY: Simon & Shuster, 2020.

Hover-Kramer, D. ***Healing Touch: A Resource for Health Care Professionals***. NY: Delmar Publishers. 1996.

Lama Surya Das. ***The Essence of Awakening: Who Are We Really – and How Can We Find Out?*** Deep Transformation Podcast <https://deepertransformation.io/> aired June 22 & 29, 2023.

Leslie, M. Editor, Broide-Miller, N., Gerhardt, J, Lundholm, A, Gallant, L., Leslie, M. Nagel, J, Nesbitt, C. Virginia Satir's Evolving Legacy: Transformatie Therapy with a Bodymind Connection. Agio Publishing House. Canada, 2024.

Marcy, M. ***The Small College Imperative: Models for Sustainable Futures***.VA: Stylus Publication 2020.

McTaggart, L. Living the Field: Directed Intention Free Download. 2023.
<https://lynnemctaggart.com/wp-content/uploads/2020/10/Directed-Intention-Part-2.pdf>

Perlmutter, D. with 21 contributing Authors. ***Alzheimer's: The Science of Prevention: Full Length Interviews DVD & Episodes 1 – 12 and Transcripts***. 2019.

Richardson, C. ***The Art of Extreme Self-Care: Transform Your Life One Month as a Time***. New York: Hay House. 2009.

Reed, P.G. ***An Emerging Paradigm for the Investigation of Spirituality in Nursing***. Research in Nursing and Health, 15, 349-357. 1992.

Rundio, A. ***The Nurse Manager's Guide to Budgeting & Finance***. 3rd Edition. IN: Sigma Theta Tau, International. 2022.

Schwartz, S. ***Science Slowly Accepts the Matrix of Consciousness***. link
<https://www.semanticscholar.org/paper/Science-slowly-accepts-the-matrix-of-consciousness.-Schwartz/e2cb270c34648a1001bdfa465583a7252e362977>. October, 2022.

Siegel, B. ***Peace, Love & Healing: Bodymind Communication and the Path to Self-Healing: An Exploration***. NY: Harper & Row, Publishers, Inc. 1989.

Siegel, B. ***Love, Medicine & Miracles: Lessons Learned About Self-Healing from a Surgeon's Experience with Exceptional Patients***. NY. Harper & Row, Publisher, Inc. 1986.

Thich Nhat Hanh. ***Creating True Peace. - Ending Violence in Yourself, Your Family, Your Community, and the World***. NY: Free Press. 2003.

Virtue, D. *Chakra Clearing: Awakening Your Spiritual Power to Know and Heal*. California: Hay House. 1998.

Background Resources:

Journals:

American Nurse: Official Journal American Nurses Association. MYAmericanNurse.com



Formula for accessing mental health resources

April 11, 2022

By: Genna Rollins

Commitment to wellness culture, infused with fun and creativity, encourages nurses to engage with support.

With the COVID-19 pandemic now having crossed into a third year, its emotional and psychological toll on nurses remains high, a circumstance borne out by the American Nurses Foundation (the Foundation) Pulse on the Nation’s Nurses Survey Series. In the 2-year impact survey of 12,000 nurses released on March 1, sizable numbers reported feeling stressed (71%), exhausted (65%), and burned out (49%) within the past 14 days.

Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAAN, FAANP, FNAP, vice president for health promotion, university chief wellness officer, and professor and dean of the college of nursing at The Ohio State University in Columbus describes the state of nurses’ mental health as a “pandemic inside the COVID-19 pandemic.” Her research showing high rates of depression and burnout echoes the Pulse Survey Series findings.

Since the pandemic’s start, the American Nurses Association (ANA), the Foundation, and partnering organizations have offered, highlighted, and continually updated an array of self-care resources for nurses via the Well-Being Initiative and Healthy Nurse, Healthy Nation™ (HNHN). Getting nurses to engage with these evidence-based efforts and those of their employers and other organizations, however, remains challenging due to the degree of burnout they’re experiencing and other factors.

Additional Organizational Resources

[ANA Position Statement, Promoting Nurses’ Mental Health](#)

[Healthy Nurse, Healthy Nation™](#)

[Nurse Suicide Prevention/Resilience](#)

[Pulse on the Nation’s Nurses Survey Series](#)

[See You Now Podcast](#)

Episode 65: Sending Out An S.O.S.

Episode 64: Reporting Powers: Leading With Love, featuring Julie Kennedy Oehlert

[Well-Being Initiative](#)

[ANA/California Mental Health in Nursing: Uncovering Barriers to Access](#)



Building Wellness Culture

Bridging the gap between making resources available and getting nurses to engage with them rests on creating a wellness culture that supports evidence-based healthy behaviors and quality improvement throughout an organization, according to Melnyk, an ANA, American Psychiatric Nurses Association, and HNHN Advisory Committee member.

Anita Girard

Anita Girard, DNP, RN, CNL, CPHQ, NEA-BC, chief nursing officer at Cedars-Sinai Medical Center in Los Angeles and president of ANA/California stressed the importance of initiatives that foster optimism and even fun in counteracting the psychological and moral injury that nurses are experiencing. “We as leaders have to create hope, think outside the box, and not stay stuck in the hopelessness of COVID,” she said.

Cedars-Sinai has implemented a range of activities guided by Jean Watson’s Science of Caring theory, which describes love, heart-centered caring, and compassion—including loving kindness towards oneself—as essential to nursing practice. One such activity involves letting go ceremonies in which employees move through a series of interactions such as a healing gong, a meditation, and a touch of hands, ending at a place where they write about whatever might be troubling them and put this note in a bowl to symbolically wash away the concern.

Hazardous Exposures and Military Veterans

April 4, 2022

By: Andrea Kossoudji, MS, MBA, RN, AMB-BC, and Julie Scott, MSN, RN

Identify veterans and perform exposure assessments to improve care outcomes.

Takeaways:

- Many military service members access healthcare outside of the Veterans Health Administration, so nurses must take steps to identify them.
- Veterans have unique healthcare needs related to the effects of military service and hazardous exposures.
- Conducting a thorough hazardous exposure assessment that includes risk communication promotes high-quality, veteran-centered care.

To provide culturally sensitive care to veterans, nurses must understand how military service influences their health. However, healthcare organizations lack consistent mechanisms to identify veterans, which results in missed opportunities for related screening and triage.

Of military veterans seeking healthcare, 90% have concerns about the health effects of hazardous exposures, and more than half have symptoms without a clear cause that may be attributed to exposures. Most physical and visible injuries unrelated to exposures can be easily identified, whereas invisible injuries require additional screening to ensure appropriate assessment. Nurses should perform proper hazardous exposure assessments to aid in creating individualized care plans that address the unique health concerns of military service members and veterans.

Ask

Ask every military veteran if they have concerns about hazardous exposures. Gather information using the “Who, What, Where, When, How” technique. (*See Ask the right questions.*) Gather specific information to ensure an adequate assessment.

Ask the right questions

Ask these questions when assessing a veteran for environmental and hazardous exposures:

- **Who**
 - Who was affected?
- **What**
 - What were you exposed to?
 - Did you experience any symptoms at the time of exposure?
 - Did you use any personal protective equipment or any other precautions to minimize exposure?
 - Did you receive any treatment?
- **Where**
 - Where were you exposed? On a military base or during combat?

- **When**
 - When were you exposed?
- **How**
 - How were you exposed (inhalation, dermal, ingestion)?
 - What was the length of the exposure?
 - How concerned are you about the exposure?

Adapted from the U.S. Department of Veterans Affairs environmental exposure pocket card.

Many service members need additional prompting because they may not consider common experiences—such as sand, dust, or cold injuries—to be exposures. Ask for dates of service to help identify occupational and environmental exposures common to specific eras of military service. *(See Common exposures by conflict.)*

Common exposures by conflict						
Adding when a patient served in the military can help identify potential hazardous exposures.						
	Korean War (1950–1953)	Vietnam War (1965–1975)	Cold War Era (1945–1991)	Persian Gulf War* (1990–1991)	War in Iraq (2003–present)	War in Afghanistan (2001–present)
Agent Orange*		X				
Chemical warfare			X	X	X	
Cold injuries	X					X
Depleted uranium*				X	X	X
Heat injuries				X	X	X
Oil well fires and open-air burn pits*				X	X	X
Particulate matter* (sand and dust)				X	X	X
Radiation*	X	X	X	X	X	X
Toxic embedded fragments*				X	X	X

*U.S. Veterans Affairs environmental health registry is available. For a more comprehensive list, visit <https://www.va.gov/ehrs/>.
Adapted from Elter et al. 2021 and the iMABLE Exposure Kit App (<https://www.va.gov/ehrs/>).

Be informed

Many resources can help increase awareness and knowledge of environmental exposures. Use them to ensure your discussions with veterans include individual exposure-related concerns and possible health effects. *(See Exposure resources.)*

Exposure Resources

Use these tools to stay informed about veterans and hazardous exposures.

- **American Academy of Nursing:** Have You Ever Served? campaign: This resource provides a list of common military health risks to ask about during patient assessment. Learn more at haveyoueverserved.com.
- **American Association of Colleges of Nursing:** Access a tool kit to enhance veteran care and various resources for nurses caring for veterans and their families. Find out more at aacnnursing.org/Teaching-Resources/Tool-Kits/Veterans-Care.
- **U.S. Department of Veterans Affairs:** Veterans and healthcare providers can access this site for current information on military exposures by war and operation. Learn more at publichealth.va.gov/exposures/wars-operations/index.asp.
- **VA Exposure Ed App:** Access education on over 20 military-related exposures. Information can be found by exposure, date/location, or conflict. The app includes health implications and resources specific to each exposure. Download the app at mobile.va.gov/app/exposure-ed.
- **War-Related Illness & Injury Study Center:** This resource offers courses on the following topics:
 - Airborne hazards
 - Assessing deployment-related environmental exposures
 - Chronic multi-symptom illness
 - Depleted uranium and toxic embedded fragments
 - Gulf War illness

Nurses employed with the Veterans Health Administration can complete courses at <https://www.tms.va.gov/SecureAuth35>. Non-VA nurses can register at train.org/main.



Stop Violence Prevention Starts with Awareness

April 8, 2022

This article is sponsored content supplied to American Nurse Journal by Crisis Prevention Institute, Milwaukee, WI, and is not peer reviewed.

Engaging healthcare systems to prevent workplace violence.

AlGene Caraulia has seen a revolution in approaches to workplace violence over the past 20 years.

“The idea of healthcare workers being assaulted by a patient is just not okay anymore,” said Caraulia, vice president of integration and sustainability at Crisis Prevention Institute (CPI) in Milwaukee. “For a long time, the conventional wisdom was that [workers] needed to ‘grow a thick skin.’ That’s not the case anymore.”

CPI includes 38,000 certified instructors, each of whom work to equip hospital staff with the skills to recognize the initial signs of behavioral stress and de-escalate tense situations—all in the name of reducing workplace violence.

“At CPI, we’re dedicated to changing behaviors and reducing conflict through the emphasis of four main tenets: Care, Welfare, Safety and Security™,” said Caraulia.

He has an unyielding belief in the power of empathy, compassion, and the creation of meaningful connections.

“It’s a compilation of what’s necessary to create the best possible outcomes for those in care, as well as staff members,” said Caraulia. “Healthcare professionals have a genuine desire to help and care for people, so our approaches and skills must encompass those ideas.”

As healthcare organizations have discovered the need for specialized training, they have struggled in three main areas:

- **Training:** Deciding who should receive training, choosing the type of training required, and knowing what the appropriate skills look like.
- **Implementation:** Developing a strategy that minimizes time spent off the floor while maximizing return on investment and working toward long- and short-term goals.
- **Resources:** Allocating time, personnel, facilities, and capital in the face of competing initiatives.

CPI responds by offering targeted, competency-based learning through a combination of high-quality online material and in-person training in a classroom environment. Acknowledgement of the differing necessities for each job profile (a nurse in the intensive care unit has a different risk profile than a nurse in the post-anesthesia care unit) allows certified CPI instructors to address each professional’s expectations. This benefits both the instructor and learner—the instructor can confirm competency while the professional learns and corrects mistakes in a safe environment, rather than “throwing them in the deep end,” Caraulia said.

“Prevention starts with awareness. When we look back on an event, we often can identify a moment marking the early stages of crisis,” explained Caraulia. “We then realize, ‘This is when I could have addressed the behavior.’ That’s critical. Awareness goes beyond recognizing changes in the individual, it’s also recognizing how the professional impacts the person in crisis.”

Among the 18,000 organizations worldwide that utilize CPI's services, healthcare organizations in particular serve as subjects for several case studies demonstrating the effectiveness of the approach. Healthcare organizations recognize the need for these de-escalation services, and given the rising cost of nurse replacement, quickly recognize the bottom-line implications.

"The impact has been fascinating," Caraulia concluded. "Professionals gain confidence from this training, which has direct impact on reducing both crisis and the [resulting] workman's comp claims. The average cost to replace a nurse is around \$82,000—and we're reducing that turnover."

Asked to quickly condense his philosophy on crisis de-escalation, Caraulia didn't hesitate.

"Take a breath," he said. "Don't rush in but assess. Ask what is this person trying to communicate? That's our greatest opportunity—recognizing these elements and acknowledging rather than reacting."

To learn more about CPI and download the free "Top 10 De-Escalation Tips for Health Care Professionals," visit www.crisisprevention.com/tips.

ANA created an End Nurse Abuse Series: Stories of Workplace Violence.

ANA created an all-new End Nurse Abuse video. Watch as ANA staff share real accounts of the abuse & violence that nurses face on the job. Join thousands in standing with nurses.

[#EndNurseAbuse](https://twitter.com/EndNurseAbuse)

www.endnurseabuse.org

<https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/>



October 6, 2022 Vol. 17, #10.

By: Ernest J. Grant, PhD, RN, FAAN, President, American Nurses Association

Guidance for navigating complex healthcare dilemmas.

From



the joyous celebrations at the sound of a newborn's first cries to the solemn moment when a patient takes their last breath, registered nurses are there, sharing these experiences with our patients and processing them within ourselves. Our unique role spans the spectrum of life, health, and disease,

granting us exceptional privileges and placing special obligations on us. Navigating the delicate and nuanced aspects of providing sometimes lifesaving and often transformative care also requires balancing our responsibilities with our values, ideals, and risks of practice.

This is why ethics in nursing matter and why the American Nurses Association (ANA) Center for Ethics and Human Rights closely monitors events across healthcare. By considering changes in healthcare delivery, finances, and structures through a lens of moral principles and values, the Center anticipates emerging issues and offers guidance to nurses in all practice settings as they wrestle with ethical dilemmas inherent in complex and stressful environments.

October 5, 2022

By: Lisa Summers, DrPH, MSN, RN, and Kimberly Gordon, DNP, CRNA

Nurses can help heal the political divide.

Nurses are sorely underrepresented in elected office—from local school boards to the halls of the U.S. Congress. Currently, only three nurses serve in the House of Representatives and a nurse has never served in the Senate. The National Conference of State Legislatures tracks state legislators' occupations. Because so few nurses serve in state legislatures, they don't even merit an occupational category; they're included among "other."

Nurses have what it takes to serve the public beyond our clinical and leadership roles. They excel at communicating, listening, and consensus building. Think about what you do every day. Chances are it involves teambuilding, negotiating, managing competing priorities, identifying and solving complicated problems with incomplete information, and implementing specialized skills and scientific knowledge. Nurses are eminently qualified for elected office.

Nurses understand healthcare, but our expertise doesn't end there. We're acutely aware of social determinants of health and how public policies—including housing, food access, and healthcare accessibility—impact patients. Whatever the subject, we see our communities through the eyes of patients. We have the qualifications, skills, and experience to run for elected office, win, and govern.

Consider whether your leadership abilities should extend to elected office. Most current elected officials come from three professions—law, business, or politics—and they didn't learn how to serve during their education. Launching a campaign for Congress may seem overwhelming, but many local, county, and state offices don't require huge sums of money and extensive teams of consultants.

If you don't want to run but think increasing nurse representation is valuable, consider taking one.

American Nurse: November 2022. Vol. 17, #11.;

As the Foundation continues this vital work, its Well-Being Initiative resources and those of Healthy Nurse, Healthy Nation™, sponsored by the ANA Enterprise, are freely available 24/7. More than 500,000 individuals have accessed these tools, which provide a range of strategies to support one's well-being....

Every nurse is a whole person with a full range of emotions and life experiences. We aren't merely the sum of our credentials and skills, the shifts we complete, or organizations we work for. Bringing our whole selves to our work enables us to serve our patients and the profession we love with passion, while living our lives fully with joy and purpose. We deserve nothing less.

– Ernest J. Grant, PhD, RN, FAAN, President, American Nurses Association

November 6, 2022

By: Interview by Elizabeth Moore, content creator at ANA

Building a foundation for a stronger healthcare system

Early in her career, Betty Rambur, PhD, RN, FAAN, grew concerned about what she saw as unnecessary care. This interest led her to pursue a latticework of career moves, becoming one of the foremost voices on healthcare payment reform. Author of *Health Care Finance, Economics, and Policy for Nurses: A Foundational Guide* and professor of nursing at the University of Rhode Island, Rambur currently serves as Routhier Endowed Chair for Practice. In 2020, she was appointed to the Medicare Payment Advisory Commission. Rambur, an American Nurses Association (ANA)-Rhode Island member, recently spoke with ANA about her leadership in payment reform.

What can nurse leaders do to promote payment reform?

Nurses have the potential to be the vanguard for controlling healthcare costs and focusing on value. If we understand patient care and we understand economics and financing, we can really fly with two wings. It's foundational to know the economic basis for change as well as the ethical one.

March 5, 2023

By: American Nurses Association

Nurses ranked most honest and ethical professionals for 21st year

The American Nurses Association (ANA) congratulates nurses for maintaining the number 1 ranking in Gallup's annual Most Honest and Ethical Professions Poll. The American public rated nurses the highest among a host of professionals including medical doctors, pharmacists, and high school teachers.

"This recognition belongs to America's 4.4 million incredible registered nurses," said ANA President Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN. "For more than two decades now, the nation has recognized the vital role you play in keeping our friends, families, and communities safe and healthy, regardless of the setting you work in or the challenges you might face. Your ranking in this poll is an

acknowledgement that without your bravery, professionalism, and clinical expertise, our healthcare system could not function.”

According to the poll, 79% of Americans rated ^[L]_[SEP]nurses’ honesty and ethical standards as “very high” or “high.” The second highest-rated profession, ^[L]_[SEP]medical doctors, was rated 17% behind nursing.

Nurses have been able to maintain their ranking in this poll by providing high-quality, patient-centered care to individuals, families, and communities across the country and in every conceivable healthcare setting. But this accomplishment doesn’t overshadow the serious challenges facing the entire nursing profession.

How artificial intelligence is transforming the future of nursing

Share

September 6, 2020

By: Brian J. Douthit, MSN, RN-BC; Xiao Hu, PhD; Rachel L. Richesson, PhD, MPH; Hyeoneui Kim, PhD, RN; and Michael P. Cary, Jr., PhD, RN

Thinking about care in a new light.

Takeaways:

- Artificial intelligence (AI) is an umbrella term for several different technologies and methodologies that contribute to many advances in healthcare today.
- Nurses should have a basic understanding of AI so they may be informed users and contribute to their development.

According to Merriam-Webster, artificial intelligence (AI) is defined as a machine’s capacity to imitate intelligent human behaviors, such as reasoning and problem-solving. In healthcare, AI frequently refers to computer software programs designed to interpret data (for example, patient records, administrative claims, medical imaging, and data from mobile devices), learn from that data, and inform clinical and operational decision-making. In 2018, Becker’s Health IT reported that healthcare AI was valued at more than \$2 billion and projected to exceed \$36 billion by 2025. Investment in AI is increasing as healthcare organizations seek to improve care and lower costs.

Healthcare AI isn’t the stuff of science fiction; it uses computational algorithms with the electronic health record (EHR) as the data source. Although work is being done to develop “robotic clinicians” to automate human activities, this AI application isn’t common, nor is it the primary focus of research and development. In fact, the National Academy of Sciences urges researchers and industry leaders not to prioritize developing task-automation AI; instead, AI should be developed to support tasks and reduce clinician burden.

In this article, we'll clarify what AI means in the context of healthcare today and provide examples of how AI currently is used to support nurses and the care they provide.

[WHOQOL: Measuring Quality of Life](#)

World Health Organization defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

American Nurse: June 2023: Vol. 18, #6

Innovation at the Frontline of Nursing: An Opportunity to Build Enthusiasm and Engagement.

Gerand, S. Lucia, CJ.

Current healthcare challenges require reinvigorated frontline staff. The American Hospital Association's 2023 Environmental Scan provides a comprehensive and sobering account of the current workforce crisis, specifically within hospitals. The report highlights the fragility of healthcare workers, which only increased during the COVID-19 pandemic, and the need to strengthen their resiliency and capacity. Can innovation processes provide a possible solution for keeping nurses on the frontline of hospital care?

Resources

Our research uncovered the following innovation resources and programs.

- **American Nurses Association and Healthcare Information and Management Systems Society Nurse Pitch™** (nursingworld.org/practice-policy/innovation/events/nursepitch): This annual program supports innovation ideas, with winners receiving scholarship money, mentorship, and technology-based resources to aid development of their ideas.
- **American Nurses Association Innovation Awards** (nursingworld.org/practice-policy/innovation/events/awards): These awards recognize and celebrate nurse-led innovation that improves patient safety outcomes. Individual winners receive monetary support of \$25,000, and team winners receive \$50,000.
- **Johnson & Johnson Nurses Innovate QuickFire Challenge** (jninnovation.com): Nurse innovators with the best ideas receive up to \$100,000 to bring their ideas to life.
- **Society of Nurse Innovators Entrepreneurs and Leaders (SONSIEL)** (sonsiel.org): This inclusive organization empowers nurses to ideate, create, and deliver new solutions to transform healthcare and care delivery. Membership includes monthly meetings, resources, and The Healthcare Innovation Conference (THInC).

June 7, 2023

By: Marisa L. Wilson, DNSc, MHSc, RN-BC, CPHIMS, FAMIA, FIAHSI, FAAN; Lynn M. Stover Nichols, PhD, RN, PED-BC, SANE; and Nancy Rudner, DrPH, APRN

Nursing and the Evolution of Population Health: Look to the Past to Prepare for the Future.

Takeaways:

- An urgent need exists for nurses to engage in and lead population health activities and services.
- Many familiar with the nurse role in acute care view the nurses engaged in population health activities as novel, but nursing has a long history of involvement in this aspect of healthcare.
- Nurses with competency to engage in and lead population health programs can help design and implement activities to improve a community's overall health.

Significant change continues within healthcare and the nursing profession. To decrease health disparities and the costs of treatment and care, focus has turned toward prevention and population health and away from episodic acute care. This emphasis will require nurses to take on important operational and leadership roles in programs established to improve the health of the nation. These roles include identifying and mitigating social, environmental, and behavioral risk factors; assessing needs; and ensuring equitable healthcare for all. In addition to having strong population health knowledge and skills, nurses must also demonstrate confidence working autonomously, collaboratively, and innovatively as they lead in promoting community and population health. In addition, nurses will need to create new services and organizations that reduce disparities in targeted populations. Some in the nursing profession see this focus as new, but population health isn't new to nursing. It's core to what nurses have been doing for centuries.

A call to action

In 2010, President Barack Obama signed the Affordable Care Act (ACA) with a goal of reducing the number of uninsured individuals, decreasing the cost of healthcare, and improving care quality. The ACA spurred the development of expanded or new healthcare arrangements. Some of the innovative care models that have emerged or grown include accountable care organizations, patient medical homes, community health centers, and nurse-managed clinics, requiring nurses' full participation and engagement.

In 2011, in response to the changes in healthcare, the Institute of Medicine (now the National Academy of Medicine) published *The Future of Nursing: Leading Change, Advancing Health*. This report urged

strengthening the and roles of the the United States to needs generated by and to lead change.

By 2020, progress original goals hadn't As the world faced pandemic, the of healthcare determinants of for nurse leadership public health May 11, 2021, The 2020–2030, Charting Health Equity of the previous new pathways for profession. (See *Future of nursing goals*.)



Future of nursing goals

The 2011 *The Future of Nursing: Leading Change, Advancing Health* set the following 2020 goals:

- Ensure that at least 80% of practicing nurses would have a bachelor's degree.
- Double the number of nurses holding doctoral degrees.
- Ensure all nurses practice to the full extent of their education and licensure.
- Lift regulatory and institutional obstacles that limit scope of practice.
- Increase the diversity of the nursing workforce.

The 2021 *Future of Nursing 2020—2030, Charting a Path to Achieve Health Equity* report calls on nurses to help lead the nation toward a culture of health, reduced disparities, and improved well-being. The report specifically calls for nurses to have roles in improving the health of individuals, families, and communities and to lead endeavors across the continuum of care.

Nurses shouldn't fail to notice the consistent calls in both reports to work and lead change outside of the four walls of the acute care setting.

capacity, education, nursing workforce in meet emergent healthcare reform

had been made, but been fully achieved. the COVID-19 unmistakable impact disparities and social health and the need in population and became evident. On Future of Nursing a Path to Achieve extended the vision report and offered the nursing

By: Jennifer Mensik Kennedy, PhD, MBA, RN, NEA-BC, FAAN

Nurses act in concert to support and evolve the profession.

At

of



the end of June, thousands of nurses from more than 100 countries will convene in Montreal for two important biannual meetings of the International Council of Nurses (ICN), a federation of more than 130 national nurses associations. The first, from June 29 to July 1, is the Council National Nursing Association Representatives, ICN’s governing body. Immediately after, from July 1 to 5 is the ICN Congress, a 5-day gathering of learning and networking around the theme, Nurses Together: A Force for Global Health.

ICN’s mission to represent nursing worldwide, advance the nursing profession, promote the well-being of nurses, and advocate for health in all policies aligns closely with ANA’s mission to lead the profession to shape the future of nursing and healthcare. Our two organizations share a long and productive history in supporting nurses and the nursing profession, maturing and evolving nursing practice, and championing policies that bolster global health.

This common endeavor extends from ICN’s very founding, just a few years after ANA’s in 1896, as the Nurses Associated Alumnae of the United States and Canada. In fact, the first ICN Congress took place in 1901 in Buffalo, NY, and at an early ICN Congress, ANA’s first president, Isabel Hampton Robb, presented an influential paper, “An international educational standard for nurses.”

Notably, ICN was the world’s first international organization for health professionals and among the first non-governmental organizations accepted into official relations with the World Health Organization (WHO) at its 1948 founding. The latter designation allows ICN to attend meetings and contribute to discussions entered into official records.

Over the decades, ICN has wielded its status to protect and defend nursing interests and call out issues that affect nurses and our patients. Just in the past year, ICN has urged treating the worldwide shortage of nurses as a global health emergency and warned that WHO’s goal of universal health coverage in member states by 2030 is at risk without “immediate and drastic action to recruit and retain millions more nurses.” ICN also has published a roadmap for developing the mental health nursing workforce and asserted the nursing perspective on issues such as strengthening WHO’s preparedness for and response to health emergencies.

American Nurse: July 6, 2023 Articles: Vol. 18, #7:

July 1, 2023

By: Kendrea Todt, PhD, RN

Take steps to protect patient and nurse well-being.

“Eyes see only light, ears hear only sound, but a listening heart perceives meaning”. -David Steindl-Rast

Takeaways:

- Implicit biases (unconscious biases) are pervasive; we all have them, but they can be unlearned.
- Similar to medication, nurses words have the ability to heal or harm.
- Listening is the essence of good communication; it’s a skill that requires practice.

Supporting and advocating for APRNs

By: Katherine O’Brien

Expiring PHE waivers turn back the clock in some states

Despite the proven value of advanced practice RN (APRN) care, the APRN role is at a crossroads. After 3 years of relaxed practice restrictions during the COVID-19 public health emergency (PHE), which ended in May 2023, some waivers that allowed APRNs to practice to the full extent of their training and education have expired. Depending on the state in which they practice, APRNs now may face more restrictions than during the PHE.

While the PHE was in effect, physician supervision of APRNs in rural health clinics was waived and certain APRNs in critical access hospitals could practice to the full extent of their education and clinical training. Certain other restrictions also were lifted. During the pandemic, about 230,000 APRNs treated Medicare patients, and approximately 40% of Medicare beneficiaries received care from APRNs.

In anticipation of the end of the PHE, the American Nurses Association (ANA) along with its constituent and state nurses’ associations (C/SNAs) and collaborating organizations have advocated strongly on behalf of all APRNs and provided resources to strengthen and support them in their practices.

Article 2:

By: Elizabeth Schenk, PhD, RN, FAAN; Claire A. Richards, PhD, RN; and Phyllis Eide, PhD, MPH, RN

What can you do now to mitigate and prevent the health effects of climate breakdown?

Public awareness and engagement

As nurses, we’re using the term climate breakdown to help raise public awareness and promote active engagement in climate-related issues that profoundly affect our health. By emphasizing the urgency and potential consequences of environmental degradation, we seek to ignite a comparable intensity in the efforts of individuals, communities, and policymakers to take meaningful action. The terminology

highlights the crucial need for nurses to advocate for swift policy and practice changes that reduce waste, conserve energy and water, promote sustainable transportation options, and encourage federal, state, and local governments and healthcare systems to rapidly reduce the burning of fossil fuels and the emission of other greenhouse gases.

As the most trusted profession in the United States, nurses play a pivotal role in helping people achieve and maintain good health, even in a warming world. You can use your knowledge about the health impacts of climate breakdown to assess and educate patients and the public. In addition, you can use your powerful voice to advocate for health system and political action to slow climate breakdown and lessen its adverse impact.

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Kaleid Os Cope XR / www.kaleidoscopexr.ca Caregiver VR: Enhancing the human experience with technology for the greater good of all.

Japanese Nursing Association: Nursing in Japan Journal 2023.

Journal of Parapsychology: Rhine Research Center. Vol. 86, #1 Spring 2022.

Journal of Near-Death Studies: IANDS.org Summer 2018

- ***Near-Death Experience Features During Various Phases Related to Unconsciousness: An Exploratory Study of Norwegian Hospital Patients.*** Buer, O. Kalfoss, M. Weisaeth, L. Stifoss-Hanssen, H. Bendz, B.
- Book Review: by Matlock, J. Parapsychology Foundation. Shushan, G. ***Near-Death Experience in Indigenous Religions*** NY: Oxford University Press, 2018.