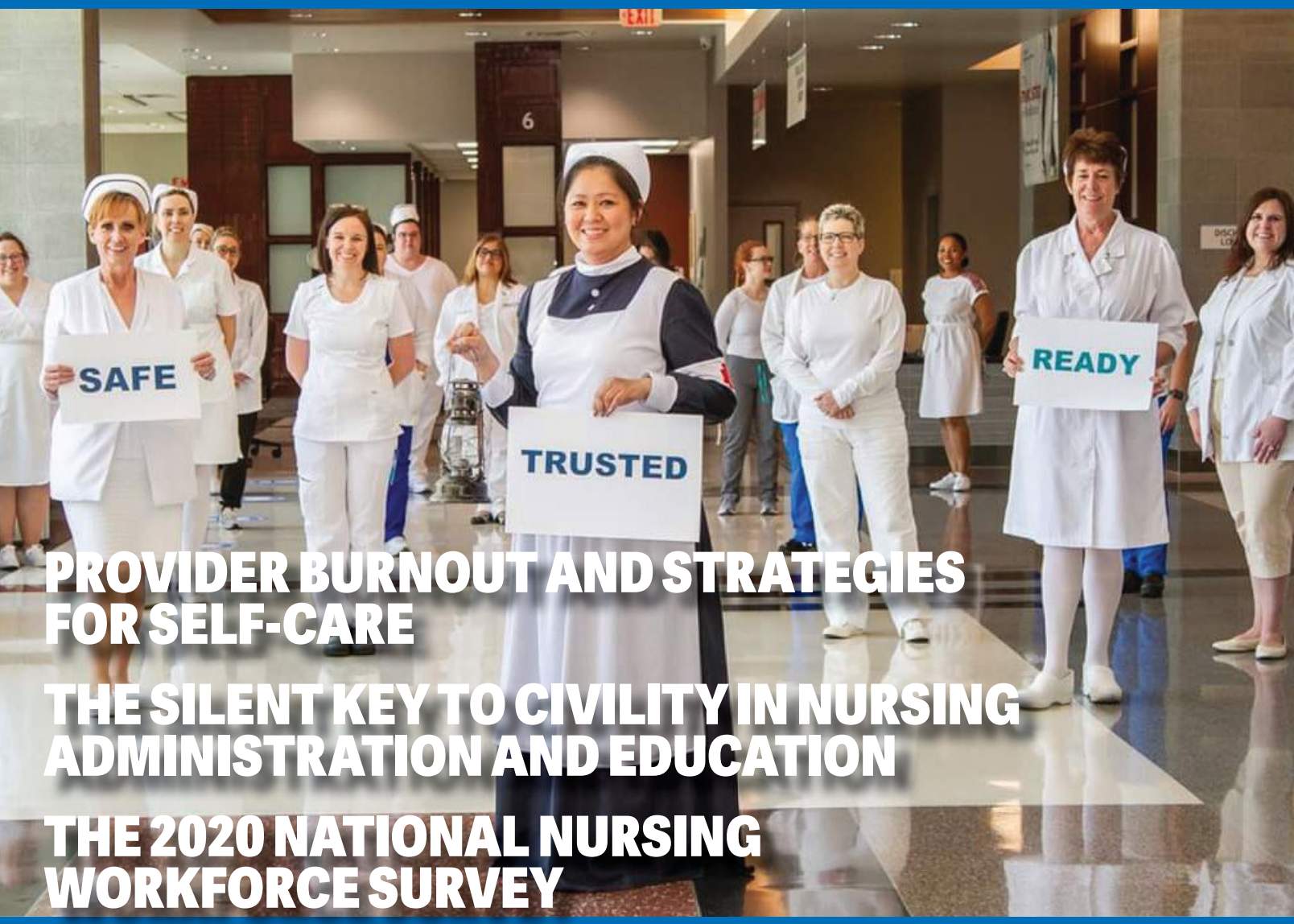
Nevada State Board of

Nursing News

Summer 2021



PROVIDER BURNOUT AND STRATEGIES FOR SELF-CARE

THE SILENT KEY TO CIVILITY IN NURSING ADMINISTRATION AND EDUCATION

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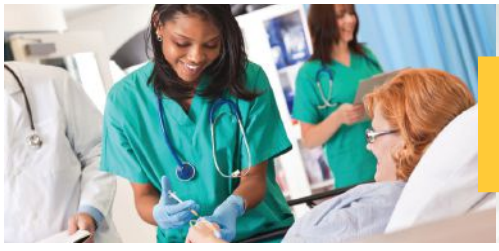

"Let us never consider ourselves finished nurses.... we must be learning all of our lives."

-Florence Nightingale

874 American Pacific Drive, Henderson, NV 89014

The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

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Editor

The Nevada State Board of Nursing News publishes news and information quarterly about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.

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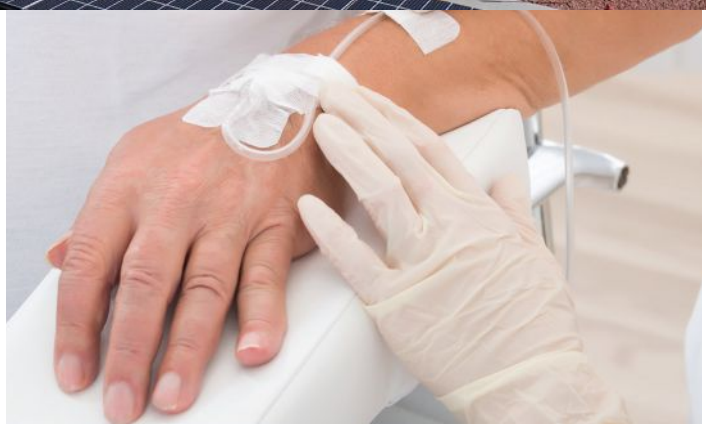


contents

WORDS

FROM THE EXECUTIVE DIRECTOR

Cathy Dinauer, MSN, RN, FRE

Hello colleagues,

The 81st Legislative Session is a little more than halfway complete, and many bills have received introductions. It is an odd session, given that the legislature met during a global pandemic, and few people were allowed in the building. Normally, the session is a bustling time for lobbyists and lawmakers to meet and discuss issues.

This session is very different. Instead of meeting in the historic Legislative Building in downtown Carson City, many legislators are sequestered to their home offices without face-to-face conversation with their peers. The COVID-19 pandemic challenged our legislative session as never seen before and truly changed how the process works. Not only are lawmakers at a disadvantage, but everyday citizens are not allowed access to the building due to the pandemic. Remote testimony is now the norm.

Despite the challenges, several bills affecting the Nevada State Board of Nursing (NSBN) were considered. Some bills were heard in committee, while others never received an opportunity to be heard.

AB 142 is the Nurse Licensure Compact (NLC) bill. Assemblyman PK O'Neill sponsored the bill, but it never was heard in committee. Despite all the hard work from so many stakeholders, the NLC will not be heard this session. It is very disheartening given all the meetings and support from so many groups, including veteran groups and the Department of Defense, the NLC failed to get a hearing. I am thankful for your support of the NLC and all your work to make it a reality in Nevada.

AB 91, sponsored by Assemblywoman Benitez-Thompson, mandates that an APRN be a member of the NSBN Board. While we have been fortunate to have APRNs on the Board, it is not mandatory. AB 91 does not increase the number of Board members. Instead, it changes the composition to allow an APRN member. This change will create well-rounded board member representation. The bill has been heard in both the Assembly and Senate.

AB 327 requires all licensee holders to complete two hours of continuing education in cultural competency every two years. This bill was heard in the Assembly.

AB 387 establishes a Certified Professional Midwife Board (non-nursing), creating the regulation of licensed, certified professional midwives.

AB 287 provides licensing and regulation of free-standing birthing centers.

SB 335 revises provisions relating to professional and occupational licensing. It creates a Division of Occupational Licensing within the Department of Business and Industry. This would mean that the NSBN would become part of the is new Occupational Licensing Division. Also, it requires that boards give 5% of their fees to the Occupational Licensing Board. This bill has been heard in the Assembly.

SB 379 requires licensing boards to request certain information from renewal applicants. This includes information regarding race, ethnicity, primary language spoken, specialty, area of practice, employment, and salaries. It is possible that a separate link on the application will direct the applicant to the questions since these questions are not mandatory for license renewal.

We will keep you posted regarding any and all changes to your licensure/certification, so it is critical to check your message center or email you have on file with the NSBN. The session is not over yet, and I will provide a complete list of bills passed that affect your license/certification.

Thank you to all who have provided input and expertise for the bills this session.

MESSAGE

• FROM THE PRESIDENT

Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP

The role of the president of the Nevada State Board of Nursing encompasses many duties. The president presides over the scheduled board meetings, helps plan the agenda, and represents Nevada at the National Council State Boards of Nursing (NCSBN). As president, I have the opportunity to attend meetings with other state board leaders to discuss a variety of topics impacting the nation and our states.

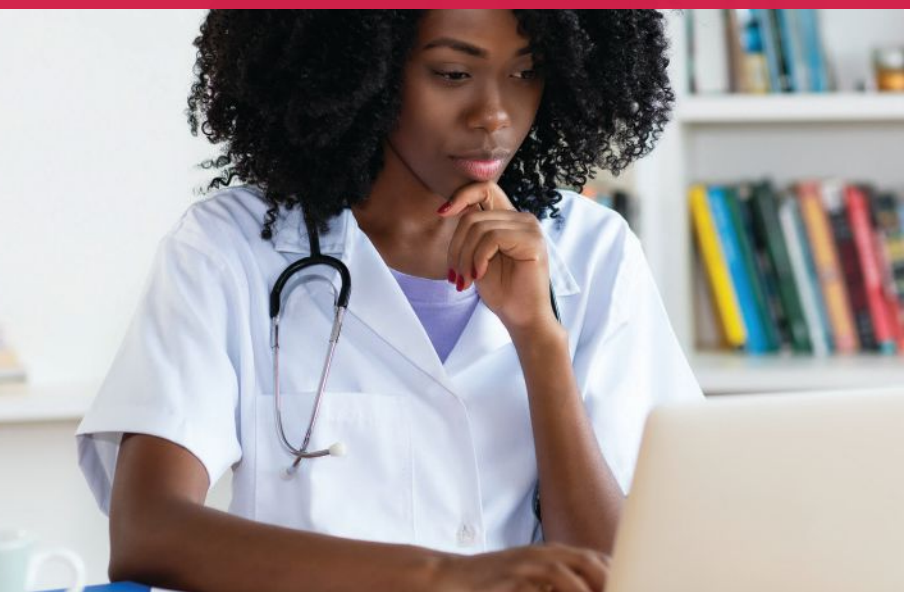
The NCSBN is the world leader in nursing regulatory knowledge. Their mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public. The National Council of State Boards of Nursing is an independent, not-for-profit organization through which nursing regulatory bodies act and counsel together on matters of common interest and concern affecting public health, safety and welfare, including the development of nursing licensure examinations. The Nevada State Board of Nursing is one of 59 U.S. members of the total 89 members worldwide. According to the National Nursing Database (NND), there are over 5.9 million licensed registered nurses and practical nurses in the United States (NCSBN, 2020). Since 1994, over 6 million nurses have taken the NCLEX exam.

The NCSBN plays an important role in the synergy between states and other regulatory bodies, who have common interests and concerns affecting public health, safety and welfare, and nursing licensure examinations. Nevada is one of those states where we have this synergy. The resources of this membership include NCLEX, nurse licensure compact, research, policy & government, and a network of other nursing boards in the U.S. and internationally. There are many conferences each year to gain continuing education, network, and learn about regulatory policy.

Take time to look at the National Council State Boards of Nursing website (https://www.ncsbn.org/index.htm). The information on this site pertains to all types of nursing licensure. There is a mountain of resources about licensure, education, practice, and discipline. Three areas that may be of interest include the national nursing database, Nursys license verification system, nurse licensure compact (NLC), and the APRN campaign for consensus.

National Council for State Boards of Nursing (NCSBN). (2020).

Home page. National Council of State Boards of Nursing | NCSBN



Angela Falls, BSN, RN

HOW TO DISPLAY YOUR NURSING CREDENTIALS

Should I sign my name as "RN, BSN" or "BSN, RN"? Whether you are a new nurse or a seasoned veteran, you may be confused about how to properly display your nursing credentials. These credentials are important because they show other colleagues, patients and the public that you have the education, licensure and sometimes certification to do a particular type of nursing. Also, having a standard way to display credentials ensures understanding of the value and significance of them. In an effort to be consistent, the current American Nurses Credentialing Center (ANCC) guidelines have been provided.

The ANCC's recommended order of credentials for all nurses, regardless of employment setting, is as follows:

Highest degree earned
Licensure (LPN, RN, APRN)
State designations or requirements
National certification
Awards and honors
Other recognitions

Your education cannot be taken away from you (typically) which is why it is listed first.

It is not necessary to list lower levels of nursing education.

For example:

MSN, BSN, APRN, FNP-BC. It is preferable to use: MSN, APRN, FNP-BC.

APRNs who practice autonomously should not change their credentials. Their practioner profile will indicate Autonomous APRN. Also, section 464.0123(7) of the Florida Statutes requires the Autonomous APRN to notify their patients in writing of their qualifications and the nature of their autonomous practice before or during the initial patient encounter.

Since many nurse practitioners earn more than one national advanced practice certification, the ANCC offers the following guidance: List the highest education degree first (e.g., DNP, MSN).

If you have a second degree (and perhaps a third) that is relevant,

list it as well (e.g., DNP, MBA, MSN for a hospital executive). Consider listing the certifications in order of relevance to your practice or in the order they were earned, with the most recent first.

https://www.nursingworld.org/~48fdf9/globalassets/certification/renewals/how-to-display-your-credentials

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By Susan S. VanBeuge, DNP, APRN, FNP-BC, FAANP

PROVIDER BURNOUT AND STRATEGIES FOR SELF-CARE

The concept of provider burnout is not new in healthcare but has received more attention in the past year related to the impact of Sars-CoV-2 "COVID-19" on those providing care. Burnout is defined as "a long-term stress reaction marked by emotional exhaustion, depersonalization, and lack of sense of personal accomplishment" (AHRQ, 2017). In recent years, this has been studied as its rising prevalence has been noted by all types of health care providers. The etiology is multi-faceted and can be linked to work conditions such as time pressures, chaotic environments, poor organizational culture, feelings of dissatisfaction, stress, and outside responsibilities related to family and life pressures (AHRQ, 2017).

Literature

In a 2018 study of advanced practice nurses (APNs) and physician assistants (PAs) at Vanderbilt University Medical Center, 433 participants reported this experience of burnout in one of three groups: never experiencing burnout (40.4%), formerly experienced burnout (33.3%), and currently experiencing burnout (26.3%). The largest group, never experiencing burnout, reported low levels of emotional exhaustion and depersonalization, and high personal accomplishment. The group currently experiencing burnout demonstrated high levels of emotional exhaustion, moderate depersonalization, and moderate personal accomplishment. This group reported fewer opportunities for advancement and lesser work appreciation (Kapu, et. al, 2021). This study found that most advanced practitioners (59%) had experienced or were experiencing burnout and 41% had not identified as experiencing burnout.

A study on the burnout of nurses during COVID-19 in 2020 demonstrated that those who had increased anxiety and less experience had a higher level of burnout (Guixia, & Hui, 2020). This study showed during the early days of COVID-19 there was high morale and work enthusiasm. As the burden of long hours, sick patients, lack of specific drug treatments, and a feeling of limited impact nurses could make, an increase of emotional exhaustion, depersonalization, and lack of personal accomplishment became more prevalent leading to burnout. An interesting observation about this study was nurses who had experience with previous SARS/Influenza A/Avian Influenza had less reported burnout with COVID-19. This study demonstrated that having more clinical experience gave them greater skills to deal with the negative emotions to protect themselves from emotional exhaustion and depersonalization, thus protecting themselves from burnout.

The COVID-19 pandemic provided the template for increased reports of burnout in health care providers. Intense pressure on the healthcare system, overburdened workers, complex multi-system conditions, and long hours are some of the contributing factors to burnout in the acute care setting. Over time, this burnout has been seen in all areas of healthcare from acute to outpatient community care. In focusing on strategies to prevent and mitigate burnout, many individual-focused interventions may be employed (Howell, 2021). Self-care measures such as proper nutrition, adequate rest, and physical exercise should be the foundation of care. Finding work-life balance measures are important to find balance. These include being with family, participating in social activities, taking vacations or taking time off work, and being engaged in activities outside work that give pleasure. In this time of COVID-19, the struggle with social distancing can make some of the balancing activities challenging but not impossible. Other interventions include activities to build resistance such as stress-reduction techniques (yoga, meditation, mindfulness, focused breathing), developing flexibility and coping skills. And seek out help or assistance as needed in the form of therapy, debriefing, or counseling sessions (Howell, 2021).

How to incorporate self-care and mitigate or prevent burnout

Self-care is important for all health care providers. In a case-control design study on sleep, COVID-19, and burnout, they reported that less sleep and high levels of burnout were associated with an increased risk for COVID-19 among healthcare workers (Kim, Hedge, & LaFiura, 2021). They found that every one-hour increase in sleep duration was associated with 12% lower odds of contracting COVID-19.

Incorporating individual-focused care along with strong support of others such as family, spiritual, social connections, and other positive collaborative relationships are ways to promote care. Taking time to prioritize you as an individual can mitigate burnout over time.

It is important for advanced practice nurses to deliberately prioritize self-care to promote well-being as an individual. This self-care can be modeling for our colleagues and those new to the profession as well as the organizations to which we may belong.

At the time of this writing, we are still in the depths of our COVID-19 pandemic.

Each day brings new numbers, more statistics, and more patients who need care as the virus evolves. As we continue to navigate our roles in nursing, take time to do a self-check and take care of you, deliberately and kindly.

References:

Agency for Healthcare Research and Quality, (2017). Physician Burnout. Downloaded from https://www.ahrq.gov/prevention/clinician/ahrq-works/burnout/index.html

Howell B. (2021). Battling burnout at the frontlines of health care amid COVID-19. AACN Advanced Critical Care, e1–e9. Advance online publication. https://doi.org/10.4037/aacnacc2021454

Kapu, A. N., Borg Card, E., Jackson, H., Kleinpell, R., Kendall, J., Lupear, B. K., LeBar, K., Dietrich, M. S., Araya, W. A., Delle, J., Payne, K., Ford, J., & Dubree, M. (2019). Assessing and addressing practitioner burnout: Results from an advanced practice registered nurse health and well-being study. Journal of the American Association of Nurse Practitioners, 33(1), 38–48. https://doi.org/10.1097/JXX.0000000000000324

Kim H, Hegde S, LaFiura C, et al COVID-19 illness in relation to sleep and burnout BMJ Nutrition, Prevention & Health 2021;bmjnph-2021 000228. doi: 10.1136/bmjnph-2021-000228

Liu Guixia, & Zhang Hui. (2020). A study on burnout of nurses in the period of COVID-19, Psychology and Behavioral Sciences. 9(3), 31-36. doi: 10.11648/j.pbs.20200903

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THE SILENT KEY TO CIVILITY IN NURSING ADMINISTRATION AND EDUCATION

GOALS

1. To share experiences of nurses in the realm of Civility.
2. To present nursing education behaviors that are fair, informative, and civil.
3. To identify specific nursing administrative silent methods and habits that promote Civility.

KEYWORDS FOR APPLICATION

1. Civility
2. Incivility
3. Nursing Faculty
4. Nursing Administrator
5. Reflection
6. Paraphrasing
7. Entropy

Derivation Of The Term Civility

In the late 14th century, the word "Civil" was derived from Old French. The term was related to public life, behaviors befitting a citizen, and good citizenship. In the 15th century, it meant "State of Being Civilized." By 1540, it related to "Behavior Proper to a Civilized Person." Today, especially because we are nurses, we require CIVILITY (in all its historical and current forms) to be a necessary part of our nursing behavior.

Civility involves acts of kindness and caring. It is a simple word with a magnitude of simple to complex behaviors. Being nurse administrators and educators, we can say that every day requires our attention on behalf of others' needs. Indeed we strive to practice the tenderness of Civility to humankind as well as to other living creatures. It is part of us. It describes our basic nature. When we fail to exhibit Civility, thereby being uncivil, we forget our commitment to nursing. Let us be civil mentors to all nurses—especially nursing students by teaching them the unfortunate consequences of incivility and, conversely, the pride in Civility.

May we never forget who we are as professional nurses and the history that has always identified nurses as a civil part of our society.

To understand Civility, we must first understand what Civility is NOT. We will begin with the "NOT." It is like knowing the bad to appreciate the good!

The Uncivil Implication: too Busy to Care---Go Away!

Standing silently at the nursing administrator's open door, I saw a female nursing administrator engrossed in the content on her desk computer. The desk was located in the middle of the room with the computer facing away from me. I could see her facial expression as she looked at the computer screen. Her facial expression screamed of disgust and concern. She grimaced and shook her head at what she saw on the computer. Her face contorted again and again with no awareness of my presence (or maybe not caring that I was standing at her open door). No vacant chair for a visitor was in sight. Needing work, I said, "Hello, may I talk with you?" Looking up with a flat affect and a "go away" look on her face, she said, "No, I am busy! You will need to come back at another time!" "All right," I said. I turned to leave and said to myself—"No! I will not return at another time!" "YOU did not care enough be respond to my need in a kind and helpful way." In keeping with my promise to myself as an outcome of uncivil administrative behavior, I never returned to contact her again.

This type of experience and obvious rejection always results in a negative outcome for all parties concerned. The nursing leader had an opportunity to make a meaningful and lasting positive impression on a fellow nurse. Caring for others, even at the expense of an administrator's untimely intrusion by another nurse, is Civility's historical basis.

The Uncivil Implication: How Did You Get This Far With Your Nursing Education? What a Mistake!

Several times I have heard graduate nurses state that their nursing administrators/educators made insensitive and hurtful remarks about their student nursing academic behavior(s). One nursing administrator said that maybe she (a nursing student) did not have what it took to be a nurse and recommended that another profession might be a better choice. Another nursing program director told an educationally advanced nursing student that she (the student) came across to others as not very smart, but testing

seemed to be just fine. Interesting—Both nursing students were devalued and felt less than they, as students, thought they academically deserved.

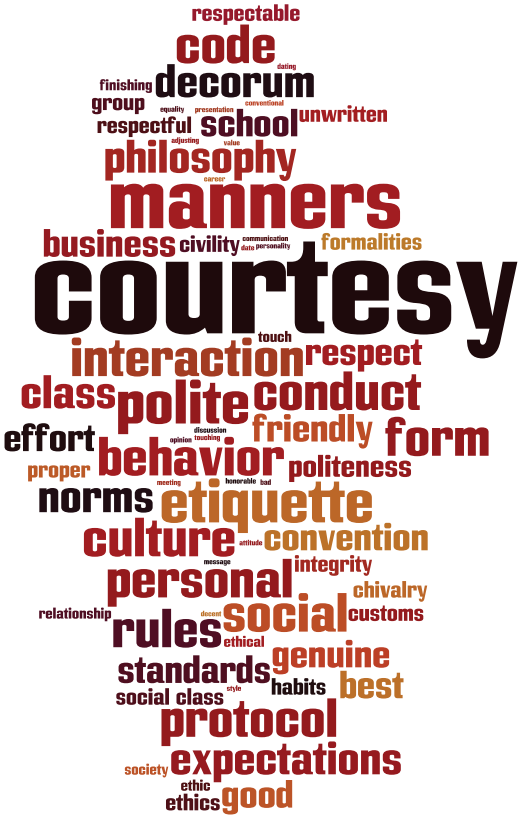
PLEASE REMEMBER THIS: Unnecessary and unkind words that intentionally demean a nurse or nursing student are remembered by that student and remain hurtful for a lifetime. Without question-- an unfortunate example of incivility!

The Civil Role Of a Nursing Administrator and Educator

Civility by nursing administrators and educators means accountability for what is said and done to nurses and nursing students. It is a lack of Civility (active incivility) to communicate insensitive comments. There is always an effort and need to reinforce a nurse's or student's goodness. Never tear down the dreams and any positive success toward an educational goal. Admonish current and past positive actions. Support actions that will (in most cases) lead to work or academic success.

Academic success means a nursing student is admitted to a nursing program and succeeds in a nursing course by meeting the pre-established criteria, standards, and policies of a program or academic study. There is a need to help with student success. Faculty "help" means civil support, kindness, and encouragement for all nursing students accepted into a nursing program. Negative comments deter positive outcomes.

As a nursing leader, you are trusted with the development of many students who love the idea of serving others. Never let it be said or remembered by any accepted nursing student that you, as a nursing administrator or faculty, discouraged an accepted nursing student's dream related to helping others! Always help students succeed in their level of ability through positive reinforcement. Never EVER have a student recall a nursing instructor's uncivil acts, comments, or inferences intended to remind students of their possible negative human inadequacies. A student never forgets in their lifetime such an insane lack of civil support!



If the civil approach includes advising a student, the effort is presented as encouragement for future success. Ongoing documentation (including date) of civil efforts to help a student toward academic success is advised. Latent after-the-fact statements that infer or state the student historically did not meet educational or behavioral standards is too late. If the nursing student achieves academic success by meeting the stated course criteria, objectives, and standards, positive faculty civil praise is the expected professional response.

<u>Therefore, the nursing administrative reality is this:</u>
Encouraging nursing students to succeed requires little effort. No one said that nursing education was easy. We admit it is a challenge for the best of students. It is different than a course in math or science. It adds the civil component of helping humankind. Suppose a student has chosen to be a nurse and experience this wonderful feeling of giving kindness to others. In that case, it behooves the nursing faculty to support a student's hard-working effort within reason. Together (faculty and student) can often find common ground to encourage and succeed at academic success.

<u>The nursing course/program expectations that lead to academic success:</u>
Course performance expectations are encouraged and made clear to students by establishing course criteria, goals, objectives, and policies before exposing students to any academic course. Nursing program expectations are also outlined in writing by nursing administrators. Some nursing program administrators and faculty feel it is important to inform nursing students when a student's academic performance is not conducive to performance expectations and might even result in state board exams' failure. A civil approach to such an informing philosophy and policy is best presented to students initially at the beginning of a nursing program as possible positive and helpful faculty input during the educational experience.

Nursing program and course criteria, including goals, objectives, standards, and policies, are important as <u>predetermined</u> academic success criteria. Therefore, well prepared and thoughtful course expectations decrease the possibility of latent (after-the-fact) personal administrative and instructor <u>biases and discrimination</u> related to any student. The process of informing students of less than satisfactory performance involves a timely sharing of perceived and tested academic performance relative to already (previously) established expectations. Once a student has met an educational milestone (no matter how small), it is positively rewarded—hence,

continued on page 12

continued from page 11

an act of educational Civility! Most educators consider this approach to be a civil, honest, and professional approach to nursing education.

Unspoken Civility in a Nursing Administrator's and Educator's Office

A nursing administrator or educator's office is sacred ground for imparting feelings of anxiety, concern, rejection, and acceptance. It just takes a little nonverbal consideration by an administrator/educator to say (without words) that "I care about what you want/need to tell me." Through visual acts, the true sense of caring (Civility) emerges. Consider the following recommendations:

*Leave your door open when you are willing to accept visitors. Close the door when you are too busy with work that cannot be interrupted. When someone appears at your open door, stand and invite the visitor into your office/space. Make a welcoming statement to the visitor. Call the person by name, if possible. If the visitor's name is unknown—ask—then use his/her name during the conversation! (People love to hear their name!) Ask the visitor, "What can I do for you today?" (Or a comment just as nice and accepting of the visitor). Determine where this visitor works, and what he/she does within the organization, what hours he/she works. If it is a person not employed, ask who they are, who they represent, or any other question that helps you, as an administrator/educator, better understand their role as it involves a situation. Put the total picture together—the face, the name, his/her location within the facility/organization, or their intent or purpose for the visitation.

*The goal is to provide a comfortable, informal atmosphere for conversing with the visitor. Refrain from having a table between you and the visitor. A table is not an object to lean on or become an obstacle barrier between a nursing administrator/leader and a visitor. A table is a place intended to hold things, such as books and papers. A table might be appropriate for projects or round-table discussions and written material. Sitting on one side of the table with the visitor and facing your visitor might be an option.

*When you are not in the office, leave a message on your door as to how you can be located, contacted by phone, and when you plan to return.

*Arrange your office into two areas—one area with a desk, computer, files, etc. The other site is a less formal area where you can sit across or next to the visitor. If you don't feel you have enough room in your office, consider putting the desk against the wall. Moving the desk away from the center of the room makes more room for facing a visitor for a one-on-one conversation. Verbally invite the visitor to have a seat in the less formal area. With the desk against the wall, conversation exchange is encouraged by turning your chair away from the desk. It, then, allows for conversing with a visitor sitting in a chair across from you. Your office furniture arrangement says you care (or don't care) about truly listening to the message. Your furniture placement—is it currently a sign of your Civility or incivility? --- you decide!

*If you have your computer on the desk when it is against the wall, the computer could be turned so that the visitor is in a comfortable position to watch any computer presentation you, as an administrator/leader, desire them to view.

*Civility is encouraged by giving your full attention away from other work distractions. Sit directly in front of the visitor. Lean forward and look into their eyes. If you require a visitation from this person at another time due to a time-constraint or need to acquire related information about the topic, make it known. Make another arrangement regarding another time. Perhaps there is a more mutually convenient time for a more extensive visit. Attention to the problem/concern is more likely to occur when there is uninterrupted time.

*Make an initial verbal statement confirming your appreciation for his/her visit. Know the name of the visitor. Say out-loud his/her name. If you don't know his/her name, ask. Consider, "Hello, it is nice to see you (say his/her name). Make a note to yourself if you need to remember this person's name in the future.

*Your room/office is to be a place of intellectual exchange, problem-

solving, decision-making, and foremost a place where every visitor feels welcome and his/her message is heard. Maybe your office is not an appropriate or convenient place for a private conversation. If so, find another place!

*Your nursing administrative/faculty job (as stated in your job description) should require you to respond intellectually and in a caring way to questions or concerns. Use problem-solving expertise. Represent yourself as a true example of nursing compassion and dignity in your communication. Consider asking related questions to understand the reason for the visit. Use open-ended questions requiring the sharing of cognitive/intellectual information. The increase in verbalization regarding a problem or concern increases shared understanding, rather than asking questions that need only a "yes" or "no."

*Consider the urgency of the message brought to you. Know the predetermined definition of a crisis when you see or hear about it to avoid a tragedy! That is, know intellectually and experientially how long you might have before the message/problem/concern becomes an insurmountable problem or a disaster. If the message you hear is not clear, try to understand and clarify the inferred, implied, intended, or an underlying message.

*Use the communication skills of Reflection by repeating to the visitor one or more keywords you have heard—encouraging the visitor to expound on these words to increase understanding of the desired message. Or, Paraphrase by repeating in your own words what you think you have heard. Confirmation of what you heard helps assure a civil and appropriate response.

*Watch the visitor's body language to determine if what you have interpreted to be the verbal message appears accurate. Does the visitor's body language confirm your understanding of the message? Does the visitor need an enhancement to the message to promote your correct and thorough understanding?

*This total exchange--an invitation to sit down and use communication skills to hear a message requires your full attention. If the phone rings, do not answer it. Hopefully, the phone has a message in place from you when it is inappropriate to interrupt a conversation. The phone message says: "This is (state your name and title). Please leave a message and phone number, and I will return your call as soon as possible." There is nothing more irritating than to have the nurse administrator/educator with whom you are talking answer the phone! The message is lost. Attention is diverted.

*Clarify the problem or concern. Encourage visitor input to help resolve the problem (if the reason for the visit is a problem). Make a mutual plan for the next "move" to fix the problem or concern or improve the situation. Watch the demeanor and body language of the visitor. If you are successful as a mediator, you will hear a change in the tone of the visitor's voice, see physical relaxation as he/she sits in the chair, observe a smile, or hear a statement

continued on page 14

continued from page 13

of appreciation. All aspects of behavior that you note will confirm or disconfirm your success in the practice of Civility.

*Thank the visitor for coming to see you and sharing thoughts, etc. Make an appropriate gesture that denotes a shared understanding of the meeting's closure. Be sure you have determined how to communicate with the visitor in the future—name, email, phone number, or other means. Record this information where it is convenient and accessible in the future.

Telephone Calls

Cell phones are as "smart" as nurse administrators/educators choose to make them. Cell phones usually allow for the programming of the acceptance or nonacceptance of phone calls. Phone calls programmed as "acceptable" phone calls from individuals are calls that are necessary or desired. They are professional and work associates, friends, family members, and perhaps a person who has visited your office. Their name shows on the phone screen. When your programmed "acceptable" phone calls show on your phone, you know who is calling. Say "Hello" to the caller on your phone by addressing him/her by name. It is a nice way to increase Civility on a device known to allow or disallow (by your choice) the acceptance of phone calls.

By programming acceptable and unacceptable phone calls, unnecessary calls during the work-day are thwarted. Numerous scam calls seem to occur too frequently. It is important to be selective about personal communication due to the time and mental attention it involves. Having such communication control is "power-rewarding," and knowing how to control phone communication attempts with a welcoming response is a necessary part of being a civil, effective, and productive nursing administrator/faculty member.

Record Keeping

A nursing administrator/educator is a busy person! How do you "juggle" everything and every conversation on a busy day and then try to remember conversations from an earlier time? To help with remembering, acquire an email address from every visitor with whom you have a conversation regarding a problem/issue/concern. The purpose of the email is to share a post-script of the visitor's meeting date, important discussion topics, and final decision(s) – at that time--regarding the important issues or problems discussed. Sending a reiteration as to what was understood to be the issue/problem and resolution (at that time) allows for confirmation that you did or did not understand his/her intended message. It also confirms what you intend to do about the topics of the conversation. In review, it provides a reminder as to your intended commitment.

Entropy (universal movement toward degrading change) occurs in all things—even messages and processes to resolve problems/concerns need to be updated relative to changes. Keeping facts straight and revised can be challenging. Timely notes and computer updating are reminders of specifics and a means of confirming a resolution plan as "things" change.

A special email of "Thank You" to a visitor who took the time to trust in your ability to respond appropriately to a concern or problem is an act of Civility.

Record keeping allows easy access and an opportunity to reclaim information at a given point in time relative to a past conversation. Record keeping needs to occur in every exchange of important information! Keep a notepad (or other means) in your pocket for an easy reminder of original and necessary updating related to each situation.

We could say that nursing administrators/faculty are the "Civil Engineers" of the involved facility/organization—constantly surveying situations and monitoring possible outcomes.

On-the-Job Meetings

Nursing meetings occur for many reasons—change of shift, family conferences, in-services, committee, etc. Certain people (staff or otherwise) attend. However, nursing responsibilities require patients/residents to come before everything else. Their safety and

immediate needs are paramount.

When an individual is mandated to be in a meeting and does not appear, does/should the situation concern the meeting leader?

Civility says that there might be a reason for that person not to be in attendance! Common sense also says that it might be prudent to find that person in the building and see if there is a problem with their nonattendance.

Nurses sometimes have to make logical safety decisions on behalf of a patient/resident or safety measures. These decisions might keep a nurse from attending a scheduled meeting. Taking the time to locate a non-attending nurse expected to be in attendance might be the extra help needed to save a patient's life or maintain safe working conditions. Compassion and Civility would mean that the non-attending nurse is located and helped resolve the problem or safety measures that keep him/her from the meeting.

Attending a scheduled meeting is NOT always considered as "most important." We know, as nurses, who and what is "most important!" Professional Civility means putting a patient's/resident's immediate and necessary caring needs and safety before all else when making choices.

Meeting minutes can be shared with a missing nurse from a meeting after the patient crisis or safety concern is resolved. This post-meeting sharing should be known and accepted under some unexpected situations. Civility results when a required nurse's nonattendance is recognized as important for a patient/resident or a safety issue.

Composure in the face of unexpected happenings is a sign of professionalism and positive control that speaks loudly of Civility. Civility understands the uncontrollable incidents and emergencies of life as an outcome of caring for others.

Recommended Reading

Communication by this author
Entropy by the author
The logic of Civility by this author

Last thought
In a world where you can be almost anything you want to be---be kind!

Richard A. Smiley, MS, MA | Clark Ruttinger, MPA, MBA | Carrie M. Oliveira, PhD | Kyrani A. Reneau, MA
Josephine H. Silvestre, MSN, RN | Maryann Alexander, PhD, RN, FAAN

THE 2020 NATIONAL NURSING WORKFORCE SURVEY

Background

Every two years, the National Council of State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers (Forum) conduct the only national-level survey focused on the entire U.S. nursing workforce. The survey generates data on the supply of registered nurses (RNs) and licensed practical nurses/licensed vocational nurses (LPNs/LVNs). These data are especially crucial in providing information on emerging nursing issues which in 2020 was the significant burden placed on nurses and the healthcare system by the coronavirus (COVID-19) pandemic.

Purpose

To provide data critical to planning for enough adequately prepared nurses and ensuring a safe, diverse, and effective healthcare system.

Methods

This study used a national, randomized sample survey of 157,459 licensed RNs and 172,045 LPNs/LVNs. Data from 42,021 RN respondents and 39,765 LPN/LVN respondents were collected between February 19, 2020, and June 30, 2020. Data included nurse demographics, educational attainment, employment, practice characteristics, and trends.

Results

The total number of active RN and LPN/LVN licenses in the United States were 4,198,031 and 944,813, respectively. The median age of RNs was 52 years and 53 years for LPNs/LVNs. The nursing workforce has become more diverse than in any other study year as nurses between 19 and 49 years of age have introduced greater racial diversity. Findings suggest the nursing workforce is becoming increasingly more educated and experienced. An average of 83% of all nurses who maintain licensure are employed in nursing with roughly two-thirds working full-time. Hospitals and nursing/extended care facilities continue to be the primary practice setting for RNs and LPNs, respectively. More than one-fifth of all nurses reported they plan to retire from nursing over the next 5 years. Nursing incomes have remained essentially flat over time.

Conclusion

Employment setting, age, diversity, and education have all changed over the last 2 years. Challenges will continue in the nursing workforce such as matching workforce diversity to the population, compensation, and opportunities; preparing for the large numbers of nurses retiring; exploring the role of nurses in new practice settings; and changes in healthcare delivery modalities such as telehealth.

Executive Summary

Worldwide, the coronavirus (COVID-19) pandemic has simultaneously strained healthcare infrastructures and demonstrated the agility and resilience of frontline healthcare professionals. In the United States, significant demand has been placed on the nursing workforce as cases continue to rise (National Council of State Boards of Nursing.)(National Council of State Boards of Nursing, 2020). The collection of nursing data is especially crucial during this time because of the burden on our healthcare delivery systems. Evidence on the supply of nurses can be used to help curb potential shortages, guide recruitment efforts, influence policy decisions, and plan for future healthcare challenges (Fraher et al., 2020). Since 2013, the NCSBN and the National Forum of State Nursing Workforce Centers (Forum) have collaborated every 2 years to conduct a national sample survey of registered nurses (RNs) and licensed practical nurses/licensed vocational nurses (LPNs/LVNs) in the United States. A team of scientists from both organizations developed and analyzed the data. The purpose of this study is to provide the most accurate data available on the characteristics of the U.S. nursing workforce. This study presents a national, randomized sample survey of 157,459 licensed RNs and 172,045 LPNs/LVNs. Data were collected between February 19, 2020, and June 30, 2020, from 42,021 RN respondents and 39,765 LPN/LVN respondents. Data collected included nurse demographics, educational attainment, employment, practice characteristics, and trends of the U.S. nursing workforce as of 2020. The data are also compared with data from previous Workforce Surveys. The 2020 data provide a portrait of the current state of the nursing workforce in the United States. Healthcare policy makers and leaders in nursing education and practice can use this evidence-based research when making decisions that impact the future of nursing in America.

Selected Survey Results

Size of the Workforce

As of December 31, 2019, the total number of active RN licenses in the United States was 4,948,914, an increase of 309,366 (6.7%), and active LPN/LVN licenses was 996,154 (National Council of State Boards of Nursing, 2020), an increase of 20,166 (2.1%), compared to 2017. After adjusting for nurses with multiple licenses, the total number of active RNs in the United States was 4,198,031, an increase of 246,970 (6.3%), and active LPN/LVNs was 944,813 (National Council of State Boards of Nursing, 2020), an increase of 24,070 (2.6%), compared to 2017.

Aging of the Workforce

The median age of RNs was 52 years, up from 51 years in 2017. Nurses aged 65 years or older account for 19.0% of the RN workforce, up from 14.6% in 2017 and 4.4% in 2013. They also comprise

the largest age category. The median age of LPNs/LVNs was 53 years, up from 52 years in 2017. LPNs/LVNs who are aged 65 years or older account for 18.2% of the workforce. This cohort has grown by 5.0 percentage points since 2017 and by 8.3 percentage points since 2015. The aging of the nurse workforce is expected to continue: In 2020, more than one-fifth of all nurse respondents replied positively when asked if they plan to retire in the next 5 years.

Gender, Race, and Ethnicity

Males accounted for 9.4% of the RN workforce, an increase of 0.3 percentage points since 2017. Additionally, males accounted for 8.1% of all LPNs/LVNs, an increase of 0.4 percentage points since 2017. In 2020, a third gender response option of "other" was added to the survey and was selected by 0.1% of nurses. Nearly 81% of RNs reported being White/Caucasian. RNs who reported being Asian accounted for 7.2% of the workforce, representing the largest non-Caucasian racial group in the RN workforce. Black/African American RNs increased from 6.0 % in 2013 to 6.7 % in 2020 and the proportion of RNs reporting being Hispanic/Latinx also increased from 2017. LPNs/LVNs who reported being Black/African American represent the second largest racial group in the workforce (17.2%) after White/Caucasian (69.5%). LPNs/LVNs who reported being Hispanic/Latinx account for 10.0% of the workforce, an increase of 2.6 percentage points since 2017.

Education

Approximately 42% of nurses in 2020 reported the baccalaureate nursing degree as their first U.S. nursing license, an increase of 5.8 percentage points from 2013. The percentage of respondents who initially earned a diploma or associate degree decreased by 7.5 points. Diploma (almost 50%) and associate degree (17.2%) were associated with RNs who were aged 65 years or older. Increasingly, a baccalaureate degree is more common in younger age groups for initial licensure (13.5% for RNs younger than 30 years and aged 30-34 years), which suggests the RN workforce is becoming increasingly educated at initial licensure. The most common highest level of nursing education is a baccalaureate degree across all groups (65.2% of RNs), which increased by 7.8 percentage points between 2013 and 2020. RNs achieving a doctorate of nursing practice (DNP) as their highest level of nursing education increased by a full percentage point from 0.4% in 2013 to 1.4% in 2020.

In 2020, 81.5% of LPN/LVN respondents reported a vocational/practical certificate for their first nursing license. Interestingly, the proportion of LPNs/LVNs with an associate or baccalaureate degree increased over the years, while the number of those qualifying with a vocational/practical certificate and diploma has decreased. The highest level of nursing education reported by LPNs/LVNs were vocational/practical certificate (72%), diploma (12.2%), associate degree (12.7%), and baccalaureate degree (3.1%).

Licensure

Less than 1% of RNs also held an LPN/LVN license, while 6.6% held an advanced practice registered nurse (APRN) credential, which represents the highest proportion of RNs not credentialed as an APRN since 2013, dropping 3.4 percentage points since 2017. RNs responding to the survey were licensed for a median of 20 years. Most RNs (93.9%) reported receiving their entry-level nursing education in the United States and 24% reported holding a multistate license. Of those nurses reporting possession of a multistate license, 33% use that license for physical crossborder practice.

LPN/LVN respondents reported they were licensed for a median of 17 years. In 2020, 21.2% of LPNs/LVNs reported holding a multistate license. Of those LPNs/LVNs reporting possession of a multistate license, 21.9% use that license for physical crossborder practice.

Employment and Salary

The major portion of responding RNs (84.1%) were actively employed in nursing, with 64.9% employed in nursing full time. This represents a 0.5% decrease in the proportion of RNs working full time from 2017 (65.4%). Hospital was the primary nursing practice setting selected by RNs (54.8%), representing a decrease of 0.9 percentage points from 2017. Ambulatory care setting was the second most frequently selected setting by 9.7% of RNs, followed by home health at 4.5% and the nursing home/extended care setting at 4.4%.

Staff nurse was the title that most closely corresponded to the primary nursing position by 60.1% of respondents, up from 58.0% of 2017 respondents. The APRN title decreased from 10.1% in 2017 to 6.3% in 2020. In 2020, 13.4% of RNs reported their primary practice specialty was acute care/critical care, compared to 14.0% in 2017. The second most frequently selected specialty was medical-surgical at 8.5%, down from 8.6% of RN respondents in 2017. When Survey respondents were asked, "In your primary nursing practice position, do you spend the majority of your time providing direct patient care?" More than two-thirds, (68.6%) of RNs and 77.8% of LPNs/LVNs responded "yes".

The median pretax annual earnings for responding RNs increased from $60,000 in 2015 to $70,000 in 2020, constituting 3.3% growth in earnings during the 5-year period. Categorically, the percentage of

continued on page 18

continued from page 17

respondents earning less than $40,000 annually decreased by 0.4 percentage points, the percentage making between $40,000 and $60,000 decreased by 3.9 percentage points. Since 2015, median earnings have risen in all states.

Among responding LPNs/LVNs, 65.7% reported being actively employed in nursing full time, which is consistent with the 2017 survey (65.0%). The most notable increase was among those who selected retired, which increased from 8.7% in 2017 to 11.3% in 2020.

The median pretax annual earnings for responding LPNs/LVNs increased from $38,000 in 2015 to $40,000 in 2017 and $44,000 in 2020. This constitutes a 3.2% simple annual growth in earnings during the 5-year period (0.1% lower than the growth in reported RN incomes during the same period). The largest increase has been in the $60,000 to $80,000 category, which has increased by 8.4 percentage points since 2015.

Telehealth Utilization

Telehealth utilization by nurses has remained relatively unchanged since 2017, with approximately 50% of RNs and LPNs/LVNs responding that they use telehealth technologies when providing nursing services. Considering that this survey was collected when healthcare delivery systems were transitioning to more telehealth due to the pandemic, it is expected that there will be a future trend toward an increase in time spent by nurses utilizing telehealth.

Conclusion

The nursing workforce in 2020 was more demographically diverse and representative of the country's population than in any other year in which this study was conducted. Although these data indicate that persons of color are still not adequately represented in the RN workforce, as younger nurses have entered the workforce, they have introduced greater racial diversity.

The proportion of nurses reporting a plan to retire from nursing over the next 5 years is on the rise, so the U.S. healthcare system needs to be prepared for large numbers of nurses leaving the profession in the near future. This may be even more critical as we face the COVID-19 pandemic, which may accelerate the retirement rate given that persons older than 60 years are at increased risk for severe symptoms from COVID-19.

The proportion of RNs holding a baccalaureate degree increased for those reporting their highest level of nursing education but remained steady for those reporting the degree held when obtaining their first nursing license. The proportion of RNs holding an associate degree when first licensed increased slightly in 2020. The proportion of LPNs/LVNs earning an associate or baccalaureate degree also increased, while those with a practical/vocational certificate or nursing diploma declined. The proportion of nurses with 10 or fewer years practicing declined according to survey respondents, while the proportion of those with between 11 and 30 years of experience grew in 2020. Evidence here suggests both RNs and LPNs/LVNs are more educated and more experienced now than in previous years.

Nursing incomes have remained essentially flat over time, with increases that just barely beat out inflation. Of concern are greater-than-average drops in reported median income in specialties related to women and maternal-child health.

While telehealth has become a major focus of healthcare delivery during the pandemic, it does not seem that there have been major changes to how nurses use telehealth, which may be due to the timing of this survey. It is anticipated that the use of telehealth will change a great deal in the future as our care delivery systems learn how best to utilize nursing services in this new normal.

Over the next few years, new challenges will continue as the nursing workforce undergoes significant changes and healthcare delivery systems adjust to the pandemic. Ongoing monitoring of nursing data will be more important than ever. Ultimately, nursing will continue pursuing the goals of achieving higher levels of education, promoting diversity, and improving data collection regarding the national healthcare workforce.

By Michelle Johnson, EdD, MS, APRN, CPNP-PC Editor

READY, SET, LEARN

A recent study published by the National Council for State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers (2021) found that of the participants surveyed (n=41,571.5), 48.1% of nurses had obtained their bachelor's degree. This demonstrated an increasing trend, with only 40.3% in 2013, 43.4 % in 2015, and 45.2% in 2017. However, this trend does not scale when advanced degrees are examined. In 2017, 17.1% had obtained a master's degree, but in 2020 only 14.9% were masters prepared. Nurses with terminal degrees also varied. PhD in nursing remained consistent, with the largest fluctuation occurring from 2013-2017. There was an increase from 0.6% to 0.9% between 2013 and 2015. However, in 2017, the percentage decreased to 0.6%. In 2020, the numbers remained steady at 0.7%. There was a substantial increase in nurses who held a Doctor of Nursing Practice (DNP) from 2013 (0.4%) to 2020 (1.4%). While nurses with doctoral degrees other than nursing remained the same from 2015 (0.1%) to 2020 (0.1%). In total, out of the nurses surveyed in 2020, only 17.1% held advanced degrees (master's or doctorate). This was a decrease from 2015 (17.4%) and 2017 (18.9%).

Master's level education and whether or not there was a decline was not discussed in the NCSBN and the National Forum of State Nursing Workforce Centers (2021) Discussion and Implications section. However, the article did state that there is evidence that RNs and LPNs/LVNS are continuing their nursing education after obtaining their initial nursing license.

Are there fewer nurses seeking master's degrees? Opportunities to obtain advanced degrees have increased. "More than 500 nursing schools nationwide offer a menu of more than 2,000 graduate programs tailored to the needs of nurses with varying levels of education as well as non-nurses looking to enter the profession at an advanced level" (American Association of Colleges of Nursing, 2021, para 7). Pilcher (2020) points out, "The decision to enroll in an advanced degree program requires some deep thinking, soul searching, and a careful exploration of options" (p. 68). One potential explanation for the decline in master's prepared nurses may be the DNP itself. Many BSN to DNP programs do not have a "step-out" option. Meaning students would have to complete the entire program to earn a degree. There is no master's degree earned on the way to the DNP. However, there are programs where an MSN is earned in route to a DNP. This could be an important factor to consider as one explores their options in choosing a school that best fits their needs both short term and long term.

Being a lifelong learner is extremely important to continued growth in the profession. However, seeking an advanced degree is not the only way to continue one's professional growth. The American Nurses Credentialing Center (ANCC) offers several areas in which an RN can become certified. Most require a minimum of two years of full-time practice as a registered nurse and at least 2,000 hours of practice in the specialty clinical area. ANCC even offers study aids to help nurses prepare for the certification exam (ANCC, n.d.).

Another example one can take advantage of in your quest to be a lifelong learner, The University of Nevada Las Vegas (UNLV) has a wide variety of non-credit courses. Several recreation centers across the Las Vegas Metropolitan area also offer classes in foreign languages, art, music, computer science, and sports/ recreation, just to name a few. Continuing to grow as a professional and individually

continued on page 22

Have a question? Give us a call.

Nevada State Board of Nursing News

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CNA Program Questions
ICNA application approval
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Assistant to the Director of Nursing Education and the CNA Program Coordinator
Oversight of Nevada Consortium
CNA Program application and renewal

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Complaint Investigation
APRN Practice Questions
APRN Advisory Committe Chair
Ryan Mann, MSN, RN,
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Ray Martinez,
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Complaint Investigations
Nursing Practice Questions
Cindy Peterson, RN, CLNC, CHCQM,
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Complaint Investigations
Nursing Practice Questions
Sherri Twedt, BSN, RN, LNC,
Compliance Coordinator
Disability Advisory Committee Chair
Monitoring and Probation Programs
Reinstatement Applications
Elaine Ralph BSN, RN,
Nurse Investigator
Complaint Investigations
Nursing Practice Questions

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Ariadna Ramos Zavala,
Program Assistant
RN/LPN Endorsement Applications
Renewal Applications
Licensure Eligibility Questions
Spanish-Speaking Services for Consumers
Patty Towler,
Licensure/Certification Coordinator
CNA Certification and Renewals
APRN Applications
CRNA and EMS-RN Certification
Sandy Webb,
Program Assistant
RN/LPN Examination Application
Renewal Applications
RN/LPN Refresher Applications
Licensure Eligibility Questions

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Lashaun Thompson
Arlene Rojas- Guerrero
Brenna Stevenson

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Term expires 10/31/2024

Jacob Watts, CNA
Vice President
Term expires 10/31/2023

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LPN Member
Term expires 10/31/2021

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Term expires 10/31/2023

Richelle O'Driscoll
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Term expires 10/31/2021

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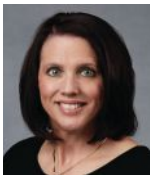
RN Member
Term expires 10/31/2024



Cheryl A. Maes, PhD, APRN, FNP-BC
RN Member
Term expires 10/31/2023

BOARD TALK

BOARD MEETINGS

The Nevada State Board of Nursing has a seven-member Board, appointed by the Governor, consisting of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member.
Its meetings are open to the public. Agendas are posted on the Board's website and at community sites.

- **COME TALK TO THE BOARD**

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a public comment period for people to talk to them on nursing-related issues.
If you want to speak during the public comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting public comment. Time is divided equally among those who wish to speak.
For more detailed information regarding the public comment period, please call the Board.

- **WE'LL COME TALK TO YOU**

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

BOARD MEETING DATES

Dates and locations are subject to change

January 20-22, 2021
telephonic/video conference

March 17-19, 2021
telephonic/video conference

May 11-14, 2021
DoubleTree by Hilton
Las Vegas Airport
7250 Pollock Dr,
Las Vegas, NV 89119

July 13-15, 2021
TBA

September 22-24, 2020
DoubleTree by Hilton
Las Vegas Airport
7250 Pollock Dr,
Las Vegas, NV 89119

November 18-20, 2020
Hyatt Place,
Reno-Tahoe Airport
1790 E. Plumb Lane,
Reno, NV 89502

YOU'RE IN GOOD COMPANY!

Active Nevada licenses/certificates as of May 10, 2021

RN • 47,596 **LPN** • 4,103 **CNA** • 9,478 **APRN** • 3,512 • **CRNA** • 215

ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to six standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. We have 1 RN member open on Education Advisory Committee (1). We have 1 CNA advisory, 1 RN home health, and 1 RN acute care. There are no other openings If you are interested in applying for a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board office for an application.

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months.
All meetings will be held via video-conference in Reno and Las Vegas.

Advanced Practice Advisory Committee:
February 9, 2021
May 11, 2021
August 10, 2021
November 9, 2021

CNA Advisory
January 28, 2021
April 14, 2021
August 5, 2021
October 28, 2021

Disability Advisory Committee
January 14, 2021
April 8, 2021
July 8, 2021
October 14, 2021

Education Advisory Committee
January 8, 2021
April 9, 2021
August 13, 2021
October 8, 2021

LPN Advisory
February 18, 2021
April 15, 2021
June 17, 2021
August 19, 2021
October 21, 2021
December 16, 2021

Practice Advisory
January 6, 2021
January 26, 2021
January 28, 2021
February 2, 2021
February 23, 2021
April 6, 2021
June 1, 2021
August 3, 2021
October 5, 2021
December 7, 2021

Education Advisory Committee (1)
CNA advisory (1 CNA, 1 RN home health, 1 RN acute care, 1 LPN Member, 1 RN- AARP)

MOVING?

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The law requires you to inform the Board when you change addresses.

You are required, by law, to inform the Board of any address change, including a zip code change within 30 days from the date of the change. To change your address please login to your Nevada Nurse Portal account and click on "manage profile". You can also update your email address, phone number or request a name change through your Nevada Nurse Portal account.

continued from page 19

remains an important component of both physical and mental health. Whether you are ready to complete your BSN, seek an advanced degree, becoming certified in your specialty area, or if you want to keep it moving with a Pilates class, learn baby learn. Learning and continuing to work on one of your most treasured commodities, yourself, can pay off in multiple ways for years to come.

REFERENCES

American Association of Colleges of Nursing. (2021). Master's Education. Master's Education (aacnnursing.org)

American Nurses Credentialing Center. (n.d.) Our Certifications. American Nurses Credentialing Center Certifications | ANA (nursingworld.org)

National Council for State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers. (2021). The 2020 National Nursing Workforce Survey. Journal of Nursing Regulation, 12(supplement), S1-S96.

Pilcher, J. (2020). Considering an Advanced Degree? American Journal of Nursing, 120(11), 68-71.

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About Intermountain Healthcare in Nevada

Intermountain Healthcare in southern Nevada is a network of more than **310 primary care physicians** and more than **1,700 specialists** that is part of a large regional healthcare organization spanning across Nevada, Utah, and Idaho. Intermountain Healthcare is ranked in the top five of our nation's health systems for quality, cost, and innovation, and brings 45 years' experience in making care more accessible and affordable. We are committed to delivering the highest quality of care to all of our patients with a guiding mission of helping people live the healthiest lives possible®.

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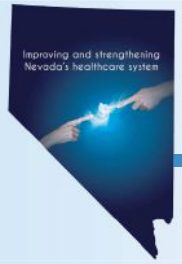

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Perinatal Health Resources

Reference Guide for Reproductive Health Complicated by Substance Use

Reference Guide for Labor and Delivery Complicated by Substance Use

Substance use, misuse, substance use disorders and opioid use disorders are common among Nevada adult populations, including among individuals of reproductive age and occur during pregnancy at alarming rates. These Perinatal Health Reference Guides have been developed to help medical professionals aid in substance misuse/dependency screening and referral.

For more information to access the Reference Guide and/or receive training for use in your health care setting visit:
https://www.nvopioidresponse.org/reference-guide/

"SBIRT is a comprehensive, integrated, public health approach to delivering early intervention for individuals with risky alcohol & drug use."

"SBIRT provides a timely referral to more intensive substance use treatment for those with substance use disorders."

- SAMHSA, 2017

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