

Nebraska Nurse



Sent to all Nebraska Nurses courtesy of the Nebraska Nurses Foundation in partnership with the Nebraska Nurses Association



Quarterly circulation approximately 36,000 to all RNs, LPNs, and Student Nurses in Nebraska.

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American Nurses Foundation Launches National Well-being Initiative for Nurses

In response to the growing burden of stress and moral distress on the nation's nurses as they valiantly care for patients on the frontlines of the pandemic, the American Nurses Foundation (the Foundation), the philanthropic arm of the American Nurses Association (ANA), announced the launch of the national Well-being Initiative designed specifically for nurses across the U.S. These new resources will help nurses build resilience and take necessary steps to manage the stress and overcome the trauma caused by COVID-19.

The Well-being Initiative gives nurses access to digital mental health and wellness-related sources, tools and more to support their emotional well-being while taking care of those affected by the virus. Developed 'for nurses by nurses,' the Foundation partnered with the American Nurses Association (ANA), the Emergency Nurses Association (ENA), the American Association of Critical-Care Nurses (AACN), and the American Psychiatric Nurses Association (APNA).

"Nurses are putting their physical and mental health on the line to protect us all during this pandemic. Every day they confront traumatic situations while they face their own worries about the risks to themselves and their families," said Kate Judge, executive director, American Nurses Foundation. "Nurses are always there for us and we owe it to them to support their well-being during this crisis and in the future."

Recognizing individuals process stress, trauma and anxiety differently, nurses will have the option to join virtual groups, express thoughts through writing workshops or talk one-on-one. The comprehensive offering includes both responsive measures (peer-to-peer conversations, warmlines, hotlines, cognitive processing techniques) and preventive actions (stress reduction, mindfulness and educational materials):

Nurses Together: Connecting through Conversations – there is significant value in peer support during times of crisis and these virtual voice and/or video calls provide nurses a safe space to openly talk about self-care and wellness, recovery and resilience, care dilemmas

and bereavement. Led by the ENA these are one-hour, volunteer-led calls for nurses.

Narrative Expressive Writing – writing is a proven and effective tool for building resilience, improving mindfulness, and reducing psychological distress. In this five-week program, nurses respond anonymously to COVID-19-related writing prompts. A certified responder reads individual's submissions and provides confidential feedback.

Happy App – emotional support is critical, especially for nurses tackling anxiety, stress, daily life and death decisions, fear, and isolation during the COVID-19 pandemic. This easy-to-use smart phone app connects nurses one-on-one to a Support Giver team member 24/7.

Moodfit Mobile App – self-care is critical for nurses, even more as work and life stresses mount during the COVID-19 pandemic. This mobile app, customized for nurses, will support them with wellness goals and activities. Nurses can set and track their own goals for sleep, nutrition, exercise, mindfulness and other activities.

Self-Assessment Tool – an important part of self-care for nurses is understanding and connecting with their mental health needs. This evidence-based tool recommended by APNA will help nurses identify symptoms, understand if they need to seek help, and direct them to relevant resources.

Hotlines and Provider Resources – evaluated and recommended by the Foundation and its partners, these resources include instructions for finding mental health providers, how to get a referral, and what to look for in a provider.

A 2017 study found 63% of hospital nurses reported burnout. During the COVID-19 pandemic the rate of burnout is expected to increase even more as the mental and physical strain and moral distress take its toll on nurses. This underscores the essential need for these tools and resources. If you are a nurse and want to join the peer-to-peer conversations, download the apps or use the tools; visit the Well-being Initiative at <https://bit.ly/35qLV7x>.

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INSIDE THE NNA

President's Column

Kari Wade, RN
Nebraska Nurses Association President

First and foremost, thank you Nebraska Nurses. Over the past 12 months, you have worked bravely and tirelessly through the challenges of a pandemic while citizens of our great state watch with appreciation and respect. The 'professional' side of being a nurse has resonated through the leadership, advocacy, and example you set in practice and in the public eye.



Kari Wade

Professionalism is a critical factor of being a nurse. Membership in professional nursing organizations provides a powerful, trusted, and united platform to actively engage in the health of our communities, our health systems, and the nursing profession. A wise person once said to me, if you don't speak up, others

will make the decisions for you. This is true with our profession. We must speak up to educate and protect the health of all. And now is your time to speak up.

The American Nurses Association (ANA), American Medical Association (AMA), and American Hospital Association (AHA) have collectively called upon health professionals to share your experience with the COVID-19 vaccine.

"As frontline caregivers, our essential role in protecting the health and wellbeing of our communities goes beyond the care we provide. As a valued and trusted voice, our example is perhaps the strongest health resource we have. Our hope is simple; we urge you to get the COVID-19 vaccine and share your experience with others."

– ANA, AMA, AHA December 15, 2020
Open Letter to All Health Professionals

Share your experience with others. Have your voice heard to educate your community. This is a simple, yet influential impact you can make in 2021.

ANA Enterprise Leaders Named to Modern Healthcare's 100 Most Influential People in Healthcare List

American Nurses Association President Ernest Grant, PhD, RN, FAAN and ANA Enterprise Chief Executive Officer Loressa Cole, DNP, MBA, RN, FACHE, NEA-BC, FAAN have been named to Modern Healthcare's "100 Most Influential People in Healthcare – 2020." This prestigious recognition program honors individuals who are deemed by their peers and the senior editors of Modern Healthcare to be the most influential individuals in health care, in terms of leadership and impact.

This year, Modern Healthcare awarded the top spot on its annual list to the "Front-line Worker." This

recognition of the nation's health care workers, who risk their health and safety to care for their patients and loved ones, honors them as the "true heroes of this pandemic."

The "100 Most Influential People in Healthcare" honorees come from all sectors of health care, including hospitals, health systems, insurance, government, vendors and suppliers, policy, trade and professional organizations. Dr. Grant, Dr. Cole, and fellow honorees are highlighted in the December 7 print edition of Modern Healthcare and online at ModernHealthcare.com

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NNA's Mission:

The mission of the Nebraska Nurses Association is advancing our profession to improve health for all. The vision of the Nebraska Nurses Association is to be a proactive voice for nurses and an advocate for improved health for all.

NNA's Core Priorities

C – Collaboration
A – Advocacy
R – Recognition
E – Education

NNA's Official Publication:

The *Nebraska Nurse* is the official publication of the Nebraska Nurses Association (NNA) (a constituent member of the American Nurses Association), published quarterly every February, May, August, and November. The NNA provides education, networking opportunities, publications and other products and services to its members and extends its mission to all nurses in Nebraska.

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Email: Director@NebraskaNurses.org

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3340 American Avenue, Suite F

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Questions about your nursing license?

Contact the **Nebraska Board of Nursing** at:

(402) 471-4376. The NBON is part of the Nebraska Health and Human Services System Regulation and Licensure.

Questions about stories in the *Nebraska Nurse*?

Contact: NNA.

This newsletter is a service of the Nebraska Nurses Association and your receipt of it does not mean you are automatically a member. Your membership in support of this work is encouraged; please visit www.nebraskanurses.org.

Writer's Guidelines:

- Any topic related to nursing will be considered for publication in the Nebraska Nurse.
- Authors are not required to be members of the NNA; however, when space is limited, preference will be given to NNA members.
- Photos are welcome, digital is preferred. NNA does not assume responsibility for lost or damaged photos.
- Use current APA formatting for any article requiring citation.
- Provide a brief author biography indicating the author's nursing experience and/or expertise with the paper's content.
 - Limit the author's biography to 4-sentences.
- Submitted material is due by the 2nd of the month in January, April, July, and October of each year.
- The peer-review is blinded; submit the title page separately from the article
- Submit the title page and article as Word documents to npsc@nebraskanurses.org

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INSIDE THE NNA

NNA State Director

Kim Houtwed, MBA, BSN, RN
NNA State Director

We Made It!

2020 is finally in the past and we are thankful for the new hope that 2021 brings for us personally and professionally. There are always going to be issues to deal with – but 2020 gave us a lot of them!

Many of us found ourselves taking refuge in more immediate fixable problems than the long-range uncertainties we have all navigated. The mundane household tasks, cooking, cleaning, and reorganizing—each just a task, but they felt like an accomplishment and something we could be in control of. Despite all the disruptions there have been upsides too. We are all running around and travelling less, so we are spending more time with our families. This has also been a year of reflection on our priorities and to give thanks.

Thankful for the new traditions with our families, friends, and coworkers that without technology advances that allowed us to stay connected—would not have been possible 10 years ago. Thankful for a vaccine that is being administered to healthcare professionals across the nation. With that vaccine brings hope. Lastly, we are thankful for you and all you do.

Congratulations to our newly elected officers and committee members. We are grateful to have you representing Nebraska nurses and look forward to your contributions to the Nebraska Nurses Association. With gratitude we say thank-you to our outgoing officers and committee members. Your visions have helped the NNA continue to grow.

As the NNA looks to the year ahead, there are still uncertainties of in-person or virtual gatherings. We are proud to represent all Nebraska nurses and are anxiously looking forward to the time when we can be together in person.

NNA MIG Reports

Omaha Metro Area MIG Update

Anna Mackevicius, BSN RN PMP
Past Chair, Omaha Metro Area Mutual Interest Group

Welcome to Brodi Willard, the new Chair of this MIG, starting January 2021! Our planning group has turned its attention to 2021 and looking for ways to re-invent contact and engagement while still meeting the goals and objectives of the event. More virtual meetings are likely. We are planning a couple of virtual meetings just to say “Hi!” Remember, all area nurses are welcome at any of our events.

Student Leaders Recognition

The planning members for this event, led by Beth Flott Assistant Professor at Creighton University College of Nursing, have turned their attention to the 2021 event. The tentative date is March 20, 2021 and most likely will be a live virtual event. More to come on this activity!

Celebrate Nursing! and Positive Image of Nursing Breakfast

We are moving forward with the Positive Image of Nursing recognition awards; although sadly, no breakfast is planned for 2021. The MIG is planning to post a pre-recorded video for the 2021 award presentation, as well as the guest speaker and the NNA president. The MIG will carry the tradition forward and hopefully we can gather in the future to honor our brightest!

Nurses Political Reception

The Thompson Alumni Center allowed us to apply our 2020 deposit to our next event. Mark your calendars now - the next Nurses Political Reception will be held on August 23, 2022 at the Thompson Alumni Center.

Omaha Metro Area Nurses MIG Fun Run/Walk

The annual Omaha Metro Area Nurses MIG Fun Run/Walk is scheduled for September 2021; the Run/Walk will likely be a virtual format in 2021.

Annual Dinner

After a lengthy discussion, we opted to cancel the in-person 2020 Annual Dinner. Perhaps a virtual meeting to catch up on news from members and gather input on innovative ways to connect.

Feel free to contact the new chair, Brodi Willard, at willardbk01@midlandu.edu or me at annamackevicius@gmail.com if you have any questions about the Omaha Metro MIG events or membership to NNA.

Region 1 MIG Update

The Region 1 MIG (Panhandle) continues to be on hold due to COVID-19. No events are currently scheduled.

If you have any questions, please contact Wendy Wells BS, BSN, MSN, RN at wwells@unmc.edu.

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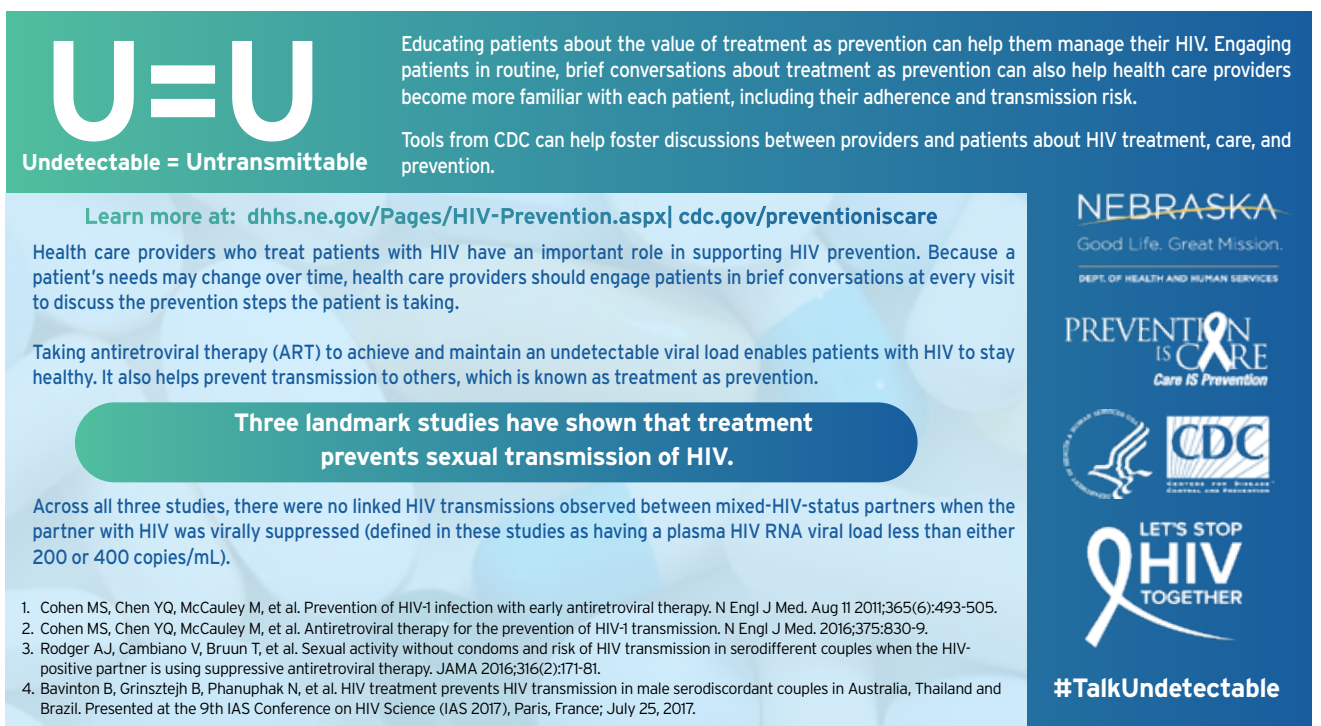


TALK PrEP

PrEP is an HIV prevention option. When taken daily it can greatly reduce your risk of getting HIV. You can protect yourself even more if you use condoms and other prevention tools.

There are more HIV prevention options than ever before. Learn more about PrEP to decide if it is right for you.

Start Talking. Stop HIV.
[cdc.gov/StartTalking](https://www.cdc.gov/StartTalking)
#ActAgainstAIDS
#StartTalkingHIV
@TalkHIV



U=U

Undetectable = Untransmittable

Educating patients about the value of treatment as prevention can help them manage their HIV. Engaging patients in routine, brief conversations about treatment as prevention can also help health care providers become more familiar with each patient, including their adherence and transmission risk.

Tools from CDC can help foster discussions between providers and patients about HIV treatment, care, and prevention.

Learn more at: dhhs.ne.gov/Pages/HIV-Prevention.aspx | cdc.gov/preventioniscare





Health care providers who treat patients with HIV have an important role in supporting HIV prevention. Because a patient's needs may change over time, health care providers should engage patients in brief conversations at every visit to discuss the prevention steps the patient is taking.

Taking antiretroviral therapy (ART) to achieve and maintain an undetectable viral load enables patients with HIV to stay healthy. It also helps prevent transmission to others, which is known as treatment as prevention.

Three landmark studies have shown that treatment prevents sexual transmission of HIV.

Across all three studies, there were no linked HIV transmissions observed between mixed-HIV-status partners when the partner with HIV was virally suppressed (defined in these studies as having a plasma HIV RNA viral load less than either 200 or 400 copies/mL).

1. Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. Aug 11 2011;365(6):493-505.
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4. Bavinton B, Grinsztejn B, Phanuphak N, et al. HIV treatment prevents HIV transmission in male serodiscordant couples in Australia, Thailand and Brazil. Presented at the 9th IAS Conference on HIV Science (IAS 2017), Paris, France; July 25, 2017.

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FEATURE ARTICLE

Developing a Peer Support Program to Mitigate Compassion Fatigue in Health Care: A Quality Improvement Project

Rebecca S. Chambers, MSN, RN, NEA-BC

Nurses are tasked with providing exceptional care for patients and families above all other priorities. However, we may encounter roadblocks when nurses themselves need care. It does not matter what discipline, role or unit; we all have the potential to be negatively affected by the work we do. Caregivers are at risk for compassion fatigue, defined as emotional exhaustion, depersonalization, inability to work effectively and provide empathetic care (Crewe, 2017). Compassion fatigue can be related to exposure to a patient's trauma or simply being a witness to another's despair (Sinclair et al, 2017). As compassion fatigue takes hold, nurses can quickly lose their empathy for patients, families and



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colleagues and quality of care can suffer (Swensen, 2018). The Compassion Fatigue Awareness Project (2017) notes that this can also lead to conflict amongst staff, increased absences, turnover, lateral violence and inability to honor commitments. The Compassion Fatigue Awareness Project is a great resource which seeks to educate professionals about compassion fatigue, risk factors, signs and symptoms as well as recommendations for wellness.

Organizational resources may not be as available or sufficiently robust to address the needs of employees suffering from compassion fatigue. At our institution, we decided to utilize our most valuable resource, our own staff, to fill this gap by developing our Care for Caregivers program. Through this program, we had high hopes of developing a more empathetic culture. We began by developing a steering team of five individuals who each expressed a particular interest in preventing compassion fatigue, some due to a personal experience of their own. The team included physician and nursing leadership as well as front-line staff members. The bulk of the efforts came from one front-line staff member and a single nurse manager. Over a period of one year (2013-2014), this steering team trained over 90 peer supporters to cover the needs of employees at our 195-bed academic pediatric hospital. Our hospital employs approximately 1,500 individuals, so this was a small, but mighty group of peer supporters.

Training consisted of peer support techniques such as active listening, normalizing emotions, reframing the situation, sharing stories and offering ideas for coping mechanisms and self-care. Referrals to the peer support program began on a paper form but quickly transitioned to an online submission format to allow for a timelier response. Referrals are routed to two members of the steering team who then assign referrals to trained peer supporters. Peer supporters are asked to contact the individual who was referred within 48-72 hours. Referrals are assigned to supporters in like roles or units, to provide a frame of reference and hopefully, benefit from an existing relationship. Supporters are encouraged to identify themselves as members of the Care for Caregivers team to ensure that their knowledge of the event was through secure channels. Confidentiality and respect are emphasized at every step of the process; we want staff to feel comfortable confiding in their peer supporter without fear of gossip or judgment. We maintain program utilization data including number of referrals made, vague reason for referral, role of individual referred and role of individual who submitted referral. We intentionally do not keep any identifying information related to persons or events. The majority of referrals result from traumas and patient deaths, though we have seen a steady

FEATURE ARTICLE

increase in workplace violence, possibly associated with higher levels of stress in our community. Most referrals are placed by peers or direct managers, 50% and 31% respectively. Anonymous referrals and self-referrals are permitted though these referrals comprise less than 10% of overall referrals.

Since the program's inception, 1,035 team members have been referred for support; our largest group of recipients are nurses, encompassing 71.4% of referrals. Care has also been offered to physicians, support staff such as respiratory therapists and pharmacists as well as ancillary teams—environmental services and security. We do not ask peer supporters to report back on the content of any discussions they have though we do encourage them to reach out to the steering team if they feel the employee needs more support that they can provide safely. Additional resources available include the employee assistance program, professional debriefings and pastoral care.

While the bulk of the work is conducted by the peer support team, everyone in the organization plays a role. All staff are offered an awareness of the program through new employee orientation and staff meetings. Peer supporters are given monthly information about the program to help encourage referrals as well as proactive ways to support their teams. Leaders are invited to participate by identifying team members who may be interested in becoming a peer supporter, making referrals as needed and attending program events.

The organization was surveyed by the Agency for Health Care Research & Quality in 2014 and again in 2016. In 2014, 56% respondents shared that they experienced a patient safety event that caused anxiety, depression or concern about their ability to perform their job—only 16% of those respondents felt adequately supported by the hospital. In 2016, 15% of respondents experienced such an event while 83% felt adequately supported by the hospital.

We have been able to maintain a core group of 75-90 peer supporters and have been able to encompass a more diverse group—including physicians and ancillary team members. For the first few years of the program, we offered four training sessions per year—now we are able to maintain a sufficient amount of peer supporters with one or two sessions per year. Peer supporters are provided monthly communication about the program. Our daily leadership huddle provides a reminder for leaders to submit referrals for events within the last 24 hours.

As our program matures, we have been able to offer a more proactive approach in addition to our referral response. Monthly sessions are provided on self-care, techniques for mindfulness and resilience. Popular activities include yoga and meditation. Participation in our monthly programs averages from 20-60 employees and we are exploring methods to bring these activities to the bedside to reach more staff in their own work environments.

Our program incurs very little cost. Initially, we spent about \$250 per year, funded by our own bake sales. In 2019, our Care for Caregivers program became part of our employee appeal and now garners donations from our own employees. Most of our funds are spent on supplies for self-care activities (journaling, art therapy, etc.) and



candy offered for program publicity. Several staff members donate their talents in yoga and guided meditation. The generous gift of a private donor this past year has allowed us to hire a program manager with professional counseling experience. In the future, we plan to provide a quiet space for employees to decompress after challenging events or have a forum to learn self-care techniques whenever it is convenient. We will continue to follow employee engagement data related to support of the organization during traumatic events as well as program utilization, first year turnover and employee retention. Culture change is a slow process. However, dedicated efforts from the front-line coupled with leadership support can make a tremendous difference.

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Nebraska Nurses Foundation Still Seeking Pandemic Nursing Stories!



Last summer, the NNF announced a project to publish nursing stories related to the COVID-19 Pandemic to honor the intent of a donation from a group of Raising Cane's franchise owners to recognize nurses for their strength, compassion, and caring during this very difficult time. Two of those stories are featured within this issue of the Nebraska Nurse. We have received fewer than two dozen stories and many more are needed to make publication of this historic volume possible. The NNF is not using this project as a fundraiser and will not benefit financially in any way from the publication of the stories. This publication will record the essential role of nurses during this event.

Nurses – Please consider sharing your story, which can be published anonymously if you prefer.

- What inspired you to stay strong?
- How did your team support each other every day?
- Did you share a reflection or a prayer as a team?
- How did you place the needs of your patients and their families beyond your own?
- Is there a phrase or slogan that has meaning for your team?
- What appreciation or recognition touched you or your team?

Non-Nurses – Did a nurse, group of nurses, or a group of healthcare providers including nurses have a significant impact on you or your family member? Please tell us their story.

Please visit the Nebraska Nurses Foundation website <https://nebraskanursesfoundation.org/book/> to submit your reflection, prayer, story or any other expression of your actions, thoughts, or feelings during this time. You may direct that your submission be included anonymously if you wish.

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NEBRASKA NURSES FOUNDATION



Antonia Brune, RN

Nebraska Methodist Hospital

No nursing shift on a medical/surgical floor is ever "routine." There are always unexpected challenges to address. COVID-19 has added many new challenges—things that nursing school could never have prepared us for. Helping one particular hospice patient with COVID-19 pass gently, feeling the love of her family and pastor via screens, was one of those new challenges.

When I started my night shift, my patient seemed restless. I cared for her gently and treated her discomfort. I told her through my mask and face shield that I was with her and that she was safe. I held her hand with my gloved hand and tried to be a reassuring presence. Once she seemed more comfortable and calm, I left the room and reached out to her family via phone. I told them that I sensed their mother's time was near. I could feel their heartache from being apart from their mother like a pit in my stomach. I imagined how I would feel if my own mother was dying alone in an isolated hospital room. I told the distressed family that I was there for them and for their mother, and that I would do whatever I could to help.

I could feel how my patient's three daughters were tormented by not being able to be there physically with their mom. But we as caregivers can channel their love, and that is what I tried to do. I fixed her hair, put her glasses on, and positioned pillows and blankets so she looked calm, peaceful, and as normal as possible. I had cared for this patient before, and remembered that she couldn't hear me even with her hearing aid batteries replaced. I put a pocket talker right next to the technology device we are using and conferenced her three daughters in using FaceTime. I dialed her pastor in by phone, and the five of us prayed around her together, through the screens, with bowed heads and closed eyes. I held her hand.

The daughters spent the whole night talking to their mother—sharing stories, laughter, tears, memories, and music. I continued to check in regularly but gave them plenty of time alone, and my work cellphone number to call me if they needed anything. In the early hours of the morning, she passed.

This was one of the hardest moments of my nursing career, but I tried to stay a servant to the moment. I allowed myself to be directed by three loving daughters in their first moments of grief, which are usually the most heart-wrenching. They asked me, "Could you touch her face?" I softly stroked her forehead. "Could you touch her cheek?" I caressed her cheek. "Could you hold her hand?" I took her hand. Her daughters gained peace from the sense that they were touching their mom, through me. We were all united in a beautiful, ephemeral moment—patient, family, and caregiver—as they said their final goodbyes.

2 | Proud to be a Nebraska Nurse

Aunna Nogosek, RN

Creighton University Bergan Mercy Hospital

My name is Aunna Nogosek and I would like to share my experience as an Emergency Response Nurse during the COVID-19 pandemic. As a native of Nebraska, I felt a calling to offer my assistance to the medical professionals on the East Coast during the COVID-19 pandemic. I lent my experience to Howard University Hospital in Washington DC for three months. Initially I was scared to leave my family, scared being alone in a big city, scared not having enough PPE, and ultimately scared of getting COVID-19 myself. My experience in Washington, DC was twofold. When I arrived in DC, I did not know that I would also experience history in the making during the Black Lives Matter Movement in our nation's capital. Washington DC was volatile, angry, and hostile.

As a nurse from the Midwest, I was not used to the health care disparities large East Coast cities experiences. Homelessness, mental health, and drug and alcohol abuse ran rampant. COVID-19 was spreading like crazy through the homeless population. Howard University Hospital was doing the best they could with what they had but there were many days we had to ration our PPE or re-use our supplies due to shortages. Cases were doubling daily. Employees were contracting COVID-19 and being hospitalized. The district remained on lockdown and stay-at-home orders the duration of my assignment. I was not mentally prepared for what I was saw and experienced. The mental strain from death was seen in everyone's eyes. Nursing school does not prepare you for what it feels like to be dressed in full PPE holding the hand of a COVID-19 patient alone in an isolation room as they take their last breaths. No next of kin to notify. No personal belongings. No permanent address.

During my time in DC I also go the privilege to volunteer as a street medic during the many marches and protests surrounding the White House. Our mission was reducing the anticipated spike in COVID-19 cases due to the 250,000+ people in attendance. We passed out face masks, hand sanitizer, sunscreen, snacks, water, and provided necessary medical care. I am thankful for the opportunity to serve my nation, try and protect the citizens, help the poor with medical care, fight COVID-19, and support equality and justice for all mankind.

In reflection, my experience has made me appreciate the humanity of mankind. The East Coast taught me to advocate for the needs of those less fortunate, to support others who don't look like you, and to not take life for granted.

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Nebraska School Nurses Association

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School nurses have been a key staff in covid management (including contact tracing) and mitigating strategies within the school districts they serve. As the covid vaccines are being rolled out—teachers (and school nurses have been identified in Nebraska as priority personnel (1B) to receive the vaccine—following the vaccination of acute care and long-term persons. School nurses will be receiving the vaccine AND assisting in the vaccination of other school staff members.

Schools—even with mitigating strategies can serve as a potential risk of spreading the virus. There are school nurses who serve areas in which the covid cases are extraordinarily high. Throughout all of this—school nurses have continued with cares that support keeping school age children—safe, healthy and ready to learn. The regulatory requirements of immunization compliance, physical exams and health screenings, emergency plans to manage potentially life-threatening conditions, medication administration and completing medically ordered procedures remain on the school nurses list of core job responsibilities.

As 2021 begins—school nurses along with all other healthcare professionals welcome the vaccination and the return to a new normal in which decreasing cases of covid exist and where school age children and their families can look forward to attending school.

Respectfully,

Catherine S. Heck, RN, BSN, MA
Assistant Supervisor of Health Services
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The 2021 Nebraska Nurses Association Nurses Day at the Legislature will be a virtual, on-demand program this year, with a live Q&A session with Senators in February. Nurses and student nurses are invited to join their colleagues in a day of learning about nursing's role in behavioral health, energizing your involvement in policy setting, challenges with the upcoming legislative session, and legislative updates.

The **2021 Nebraska Nurses Day at the Legislature** will be delivered in two parts:

- Part 1) a **live, virtual Q&A session** with Senators provided via ZOOM in **February** (projected to be on February 25th), specific dates/times for the call(s) will be shared in the coming weeks
- Part 2) a **virtual, on-demand program** that will be available from **February 25 through March 31** to those pre-registered—registrants will have around 30 days to view the pre-recorded educational sessions.

Registration Fees – includes both live (virtual) and on-demand components

- RNs \$55.00
- APRNs \$55.00
- Pre-Licensure Student \$25.00

The on-demand site will open to those registered on February 25 and the content will be available through March 31, allowing registrants around 30 days to view the educational sessions.

A link to access the on-demand activity will be emailed to all pre-registered individuals the week of February 22nd, so you can view the presentations at your convenience, anytime, anywhere.

Registration Process

We offer two ways to register – 1) as an individual and 2) as a group or school.

The deadline to register is **February 19, 2021**. No registrations accepted after February 19, 2021.

Individual Registration

Individuals seeking to participate and register on their own, not with a school or group, may register online.

Group & School Registration

Schools of nursing and specialty groups seeking to participate in the event together as a group (i.e. seating) have two registration options. **Groups of 20 people or less** may register online. **Groups of 20 or more** must register using the Group Registration Form and corresponding Group Payment Form. Online registration is not an option.

Full details, registration forms and online registration available at:
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Loneliness and Social Isolation Cause Emotional Pain in the Elderly

Karra Harrington and Martin J. Sliwinski

** This article was published in *The Conversation*, a free on-line newsletter.
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 Read the newsletter at www.theconversation.com

Maintaining high quality relationships may be a key for protecting brain health from the negative impacts of loneliness. The loneliness of social isolation can affect your brain.

Physical pain is unpleasant, yet it's vital for survival because it's a warning that your body is in danger. Pain tells you to take your hand off a hot burner or to see a doctor about discomfort in your chest. Pain reminds us all that we need to take care of ourselves.

Feeling lonely is the social equivalent to feeling physical pain. It even triggers the same pathways in the brain that are involved in processing emotional responses to physical pain.

Just like feeling physical pain, feeling lonely and disconnected from others is also a signal that we need to take care of ourselves by seeking the safety and comfort of companionship. But what happens when we are unable to find companionship and the loneliness persists?

As scholars at the Center for Healthy Aging at Penn State, we study the impact of stress on the aging body and brain, including how it can worsen cognitive decline and risk for dementia. The social isolation older adults are experiencing now amid the coronavirus pandemic is raising new mental health risks, but there are things people can do to protect themselves.

The health consequences of loneliness

The COVID-19 pandemic has put many older adults' social lives on hold, leaving them at greater risk for loneliness. They know they face a higher risk of developing severe symptoms from COVID-19, so many are staying home. Restaurant closures and limits on visitors to assisted living centers have made it harder to see family and friends.

But even prior to the pandemic, public health experts were concerned about the prevalence and health impacts of loneliness in the U.S. Loneliness affects between 19% and 43% of adults ages 60 and older, and many adults ages 50 and over are at risk of poor health from prolonged loneliness.

Research has shown that prolonged loneliness is associated with increased risk for premature death, similar to smoking, alcohol consumption and obesity. Other health consequences are also associated with loneliness, including elevated risk for heart disease and stroke, and it is associated with increased physician visits and emergency room visits.

Loneliness can affect brain health and mental sharpness

Older adults who are socially isolated or feel lonely also tend to perform worse on tests of thinking abilities, especially when required to process information rapidly.

Moreover, those who feel lonely show more rapid decline in performance on these same tests over several years of follow-up testing.

It is thought that loneliness may contribute to cognitive decline through multiple pathways, including physical inactivity, symptoms of depression, poor sleep and increased blood pressure and inflammation.

Loneliness has also been found to increase the risk of developing dementia by as much as 20%. In fact, loneliness has an influence similar to other more well-established dementia risk factors such as diabetes, hypertension, physical inactivity and hearing loss.

Although the underlying neural mechanisms are not fully understood, loneliness has been linked with the two key brain changes that occur in Alzheimer's disease: the buildup of beta-amyloid and tau proteins in the brain. Other indicators of psychological distress, such as repetitive negative thinking, have also been linked with the buildup of beta-amyloid and tau in the brain. Theories suggest that loneliness and other psychological stressors act to chronically trigger the biological stress response, which in turn appears to increase beta-amyloid and tau accumulation in the brain.

How loneliness can contribute to disease

The evidence suggests that prolonged feelings of loneliness are detrimental to health. So, how do those feelings get converted into disease?

Feeling lonely and socially isolated can contribute to unhealthy behaviors such as getting too little exercise, drinking too much alcohol and smoking.

Loneliness is also an important social stressor that can activate the body's stress responses. When prolonged, that response can lead to increased inflammation and reduced immunity, particularly in older adults. Inflammation is the body's response to fight off infection or heal an injury, but when it continues unchecked it can have a harmful impact on health. Stress hormones play an important role in making sure that inflammation doesn't get out of control. But, under chronic stress, the body becomes less sensitive to the effects of the stress hormones, leading to increased inflammation and eventually disease.

In healthy older people, loneliness is related to a stress hormone pattern similar to that of people who are under chronic stress. This altered pattern in the stress response explained why people who were lonelier had poorer attention, reasoning and memory ability.

Loneliness and Social Isolation continued on page 11

Call for Submissions



Nebraska Nurses,

Are you a registered nurse with a powerful message to empower your fellow nurses or a student looking to publish an article in a state-wide publication? The Nebraska Nurses Association (NNA) is now accepting submissions for publication into *The Nebraska Nurse*. Guidelines for submission are as follows:

- Any topic related to nursing will be considered for publication in *The Nebraska Nurse*.
- Although authors are not required to be members of the NNA, when space is limited, preference will be given to NNA members.
- Photos are welcome, digital is preferred. NNA assumes no responsibility for lost or damaged photos.
- APA formatting required for any publications with citations.
- Please provide a brief author biography for research publications.
- Submitted material is due by the 2nd of the month in January, April, July, and October of each year.
- You may submit your material the following ways:
 - Prepare as a word document and attach it to an e-mail sent to director@nebraskanurses.org

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Loneliness and Social Isolation continued from page 9

Social activity can buffer against the decline

Maintaining high quality relationships may be a key for protecting brain health from the negative impacts of loneliness.

Older adults who feel more satisfied in their relationships have a 23% lower risk of dementia, while those who feel their relationships are supportive have a 55% lower risk of dementia, compared to those who feel dissatisfied or unsupported in their relationships.

Maintaining social activity also buffers against decline in thinking abilities, even for those who live alone or who have signs of beta-amyloid accumulation in their brain. One reason for these benefits to brain health is that maintaining strong social ties and cultivating satisfying relationships may help people to cope better with stress; people who feel better able to cope with difficulties or bounce back after a stressful event show less buildup of tau protein in their brains.

This is good news because, with the importance of social distancing for controlling the COVID-19 pandemic, how people manage their feelings and relationships is likely more important for brain health than the fact that they are spending time physically apart.

Strategies for coping with loneliness

Loneliness is a common and normal human experience. An important first step is to recognize this and accept that what you are feeling is part of being human.

Rather than focusing on what's not possible at the moment, try to refocus your attention on what you can do to stay connected and make a plan to take action. This could include planning to reach out to friends or family, or trying new activities at home that you normally wouldn't have time for, such as online classes or book clubs.

During times of high stress, self-care is essential. Following recommendations to maintain regular exercise and sleep routines, healthy eating and continuing to engage in enjoyable activities will help to manage stress and maintain mental and physical health.

Karra Harrington is a Postdoctoral Research Fellow, Clinical Psychologist, at Pennsylvania State University.

Martin J. Sliwinski is the Professor of Human Development and Family Studies, Director of the Center for Healthy Aging, at Pennsylvania State University.

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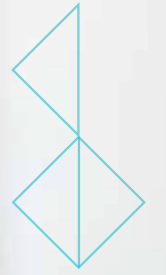
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