

Please stand by for realtime captions. >>Good afternoon everyone. Thank you so much for joining us for the future of nursing 2020-20 2030 webinar on supporting nurses to advance health equity. I am Sue Hassmiller, advisor to the president. The future of nursing 2020-20 20/30, turning a path to achieve health equity report released in early May and is currently online. The report builds on progress nurses have made over the past decade since the last report on nursing, leading change advancing health, we have strengthened education and promoted leadership and increased workforce diversity. As the largest and most trusted segment of the healthcare workforce, nurses are well-suited to help our country to advance health equity and we believe that. It is clear that nurses are more than capable and have the potential to build healthy communities for all. Nurses will need more support from the systems that educate, pay, and employ and enable them to do this critical work. The COVID-19 pandemic has underscored that nurses cannot care for others if they are not receiving adequate and appropriate pair of care with physical and mental health at the assistance level and individual level. We have a fantastic lineup of speakers that will cover worst scenarios and how to support nurses well-being. You can see our fantastic lineup and we will show the first two speakers. I am happy to announce that we have nearly 1700 people registered. We are very happy about that. Big numbers on all of our webinars. So, let's get started. The first two speakers will provide an overview of nurses well-being and the connection to advancing health equity. Mr. Marcus Henderson who served on the future of nursing 2020-20 2030 committee is a charge nurse at Fairmont behavioral health system and lecturer at the school of nursing Pennsylvania. We will hear from Katy Boston as the director of nursing programs at the American nurses Association. Marcus, take it away.

>> Good afternoon and thank you, Dr. Hassmiller. I am grateful for the opportunity to speak with you all and to have served as a member of the committee, having served in this important work. The future of nursing is the achievement of health equity in the United States build on strengthened nursing capacity and expertise. By leveraging these attributes, nursing will help to create and contribute comprehensively to equitable public health, social service and healthcare systems that are designed to work for everyone and eliminate disparities. The systems that educate pay employee and enable nurses need to fully support nurses and foster nurse well-being so that we can in turn, support the well-being of others. Promoting nurses health and well-being is critical towards advancing our collective vision of health equity through nursing. Next slide, please. As the COVID-19 pandemic has starkly revealed, responding to crises takes a serious toll on nurses mental and physical health. Nurse well-being is impacted by physical, mental, moral and social factors that originate from a range of sources from the individual to system level. Nurses were experiencing a well-being crisis well before the pandemic and here are some facts. Estimated rate of nursing burnout is 45 to 50%. Nurses are at a higher risk than the general population for suicide. Nurses that report poor physical and mental health are more likely to commit errors. Bullying still remains a major problem in nursing schools and in practice today and can result in burnout, high turnover and mental health issues. One in four nurses experience violence leading to mental health issues and affecting well-being. Racism, discoloration and harassment from employers, educators, managers, colleagues and patients based on an individual's race, ethnicity, gender,

disability, sexual orientation, gender identity and gender expression have long been issues in the profession and this leads to emotional exhaustion, hardship, burnout and the increased labor and burden of an already emotionally demanding and stressful job. Confronting these issues can be uncomfortable and challenging and nurses may not feel empowered to raise these concerns because of fear of retaliation or compromised relationships. When they are discounted in silence, well-being is negatively impacted. Portner's well-being can lead to higher cost and more nurses leaving the job entirely. Racism has imposed new and evolving challenges for nurse well-being and have also offered opportunities to give nurse well-being the attention it deserves and to address systems and policies that create stressors. Four nurses to take on many of the social determinants, nurses must first feel healthy, well and supportive. We are calling on nursing to assume a more prominent role on advancing health equity and if we do not fully support nurses and foster well-being, how are we to achieve equity? Next slide, please. Many professional organizations are also taking steps to permit nurse well-being. For example, the American nurses credential centers and path to excellence program organizes healthcare organizations that foster a work environment and promote well-being. Institutions that meet the 12 standards focusing on workplace excellence are seeing improved patient care, decreased emotional exhaustion and higher job satisfaction. The American nurses foundation launched a national well-being initiative with the American psychiatric nursing and emergency nurses and for nurses to address the increased stress related to the COVID-19 pandemic. This initiative involves peer-to-peer conversations, cognitive process techniques and stress reduction. The national black nurses Association has reset a mental wellness program with educational webinars. The national Association of Hispanic nurses conduct educational programming on stress and compassion fatigue. Next slide, please. The future of nursing committee concluded the following about the state of nurses health and well-being. All environments in which nurses work affect the health and well-being of the workforce. Ultimately, the health and well-being of nurses influences the quality, safety, and cost of care they provide as well as organizations and systems of care. The COVID-19 process has highlighted shortcomings and has intensified nurses stress and left nurses feeling unprotected and unsupported. The lack of sufficient data and evidence about the negative impacts of burnout, fatigue and stress hinders our understanding of the severity of these issues and limits the ability to address them appropriately. Many programs and initiatives seek to improve the well-being but the translation of affective interventions requires further research to understand the impact of these programs and initiatives in the relationship. Structural racism and cultural racism exists within nursing. Nurses of color experience racism, discoloration and bias within the workplace and educational systems compounded by the lack of diversity among the workforce and faculty. Nurses and educators and leaders have a responsibility to address racism and discrimination within the profession and to build structures and systems that promote inclusivity. Finally, coordinated and collaborative action encompassing nurses educators and employers and all relevant stakeholders is needed to promote nurses health and well-being. Improving the health and well-being of the workforce will require a multilevel approach to establish safe and supported and ethically grounded environments. Next slide, please. For

nurses to help others, be healthy and well, we must first be healthy and well ourselves. This could impact the progress towards advancing health equity. The future of nursing committee recommends that education programs and employers and leaders in licensing boards and educators should have interventions to promote nurses health and well-being especially as nurses take on new roles to advance health equity. Some examples to implement our forte nursing education programs to integrate content into the programs and to raise awareness among students about the importance of understanding these concerns and develop the skills necessary as they transition to practice. Education programs can create mechanisms including organizational policy and regulations to protect students most at risk for behavioral health challenges including those that feel as though they are unsafe, isolated or targets of bias, discrimination or racism. Employers can also create similar mechanisms to protect nurses in the workplace from retaliation when advocating on behalf of themselves, peers and patients when reporting unsafe working conditions, bias, discrimination and racism. Employers can establish a culture of physical and psychological safety and ethical practice and create accountability for nurses health and well-being. Ensuring nurses well-being requires an investment within a systems approach that addresses the structures and policies responsible for the hazards and stressors that lead to poor health and well-being. This investment is analogous to that need to address DOH in our communities. It is not fair to ask them to make simply better choices when the structures that surround us are designed to promote core health and inequity. Approaches to supporting well-being must be embedded systematically in every aspect of nursing and every practice setting. Next slide, please. As we transition to our next speaker who will provide you with a more detailed overview , from the American nurses Association extensive work during COVID-19 and with that healthy nurse healthy nation initiative, this is a program building a community to connect and engage individuals, nurses and organizations to take action and improve health and well-being across the domains of activity, sleep, nutrition, quality of life and safety. The goal is to create a healthier nursing workforce thus improving the health of our nation. Thank you.

>> Thank you. Thank you, Mr. Henderson. That was a good presentation and there is a lot that you cover that I will cover in my presentation so I would just exemplify your points and share some of the data behind what you had to say. So, thank you for that. The final site captures the American Association to have a healthy nation by building a healthy nursing population. Let's take a step back and review the data and then we will look at the urgency and importance to address nurses health and wellness. Next slide, please. We will start by understanding the current state of nurses health. In 2018, the Bureau of Labour statistics indicated that some of the highest rate of nonfatal injuries were with nurses. They have expensed the highest illness rates in healthcare. The same report also indicated that nurses health and wellness rated worse than the average American. Nurses tend to be overweight, have higher levels of stress, get less sleep and suffer occupational hazards with workplace violence and physical injuries mostly due to the demand of shift work. Next slide, please. The next five provides more granular information with four of the five fillers that you saw on Mr. Henderson's list. As you can see, there is not much different surprisingly in health behaviors which indicate that nurses were not

prior to the pandemic and certainly during. This is interesting data as we expected far worse numbers during the pandemic. It does make you ponder how much of these shortcomings in the areas of nutrition, safety, sleep and exercise are baked in or normalized. Let's bring these numbers down. A BMI of 27 indicates that our nurses are 27% overweight. Under safety, workplace stress is the highest work factor. Only 45% of nurses engage in regular exercise. Next slide. We analyze data on mental health from nine surveys that we conducted of a total of 110,000 nurses during the pandemic. 85% of nurses reported feelings of exhaustion with 65% reporting anxiety. Look at the number of nurses seeking mental health support. The data on suicidal ideation is concerning as well. By the way, 1% of nurses reporting suicidal ideation equals 42,000. Moving any nurse is unacceptable and we must address that. There is a lot of variability with how organizations are addressing health and wellness with resiliency programs and EAP or some taking an approach hoping that all will be well. The point is that we need to constantly assess and measure the wellness of nurses and respond accordingly. These reports require immediate action, positive disruptions and innovation. Next slide, please. So, why is the need for action urgent? Here is a breakdown of data regarding nurses that tend to leave the profession. A survey conducted earlier this year indicated that 18% of nurses intended to leave the profession with 21% undecided. As you can also see, the number one reason for nurses intending to leave is the work is negatively impacting my health and wellness. Next slide, please. With health and well-being a concern for most nurses, one would hope that most of us would have sought mental health support. The data suggests otherwise. 76% of nurses did not seek mental health support with the top two reasons being not needing it and feeling that I can deal with it on my own. A particular concern is that nurses of color were less likely to seek support. Let me give you some numbers. 55% of black nurses that responded to the survey most often noted that they did not need mental health support. 51% of Asian nurses felt that they were able to manage stress on their own. There was a high concern of stigma with family seeking support with Pacific islanders but all in all, issues with stigma and fear of retribution were a consistent concern across all races in terms of seeking mental health support. Speaking of nurses of color, we have partnered with multiple agencies across the country to form the commission to address racism in nursing. This is a sampling of numerous stories and statements from a series of listening sessions of approximately 50 nurses. You will see the lack of opportunity and questioning of critical skills, low expectation, harm, marginalization, submissiveness and the need to cope with this. These experiences occur in the academic or school setting and have continued and carried over into the work environment. Next slide, please. This slide shows that nurses of color are worst in every category from being exposed to COVID to financial fitness and impact. Overall, this further exposes the cultural issue. When programs are made available, nurses tend to not take advantage of these programs. Have we normalized suffering as part of our nursing culture? We must explore what lies below the surface and understand what causes this. Is it the chicken or the egg? We were soon after entering the profession and to weathering experiences with nurses of color conjuring to health behavior. All of these questions require research in contention. In closing, the case has been made for nurses health and wellness to be owned and addressed with urgency. It is clear that a relatively small segment of the nursing population are

nurses of color and are doing worse than white counterparts. We must do better at taking care of ourselves and each other and address racism within the profession and in care delivery. The path to addressing health and equity starts with having a strong and healthy and resilient workforce but also runs through addressing inequities that exist within the profession. This quote really stresses addressing this issue and how structural racism in healthcare is the key influencer of health and elimination to align with the profession or professional policy and in order to effectively address health and equity and social determinants of health and you must look inward to address inequity and lack of diversity, discrimination and racism that lies within the profession. It is not hiding. It has always been in plain sight. We do have many resources on our healthy nurse healthy nation website and on the well-being initiative website that is free to anyone and everyone. You do not have to be a member. The healthy nurse healthy nation website gives you comparison data to other nurses in the U.S. and we also offer challenges for the well-being initiative with a stress health assessment and mental health support services and a writing program for nurses to anonymously share experiences. Leslie, my ANA colleague who will be speaking later leads our excellence program. Thank you for listening and I will turn it back over to Dr. Hassmiller.

>> All I can say is, "Wow!" I love data and I think we have a fantastic basis for the rest of our speakers that will talk about the systems level and also the discussion that I really want to lead the group in at the end. So, I also want to mention at this time that we had a lot of people turning in questions to us ahead of time, ahead of this presentation and I kept track of those. I really want to encourage you as you are listening to these presentations to please put your questions in the chat function and we will try to get to as many questions as we can. I will tell you that many of the questions so far that have come in are around strategy. Not only from a system-level but individual level. Please, send me those questions. Also, what is resonating with you? The next two speakers will be discussing the systems level approach to address well-being. Dr. Victoria that also served on the future of nursing 2020-2030 committee is a director of research science and strategy at the New York Presbyterian Hospital. She will discuss how technology can negatively and positively affect nurses well-being. Dr. Deborah stance is the Executive Vice President of quality safety and innovation and chief diversity officer and inclusion officer at Rochester regional health. She is also the president of the college of health careers at the Isabella Graham part school of practical nursing and I might add a very important leader in the future of nursing campaign with the New York State action coalition. I thank Debbie for her work as well. With that, let's turn things over.

>> Terrific, thank you and good afternoon. As mentioned, I had the pleasure of serving as a member on the future of nursing committee providing expertise. Today, I would like to share with you that technological factors that impact nurses well-being. Next slide, please. For this report, the committee chose to examine well-being with a very broad lens. Encompassing many aspects with the physical and mental and social well-being. In the chapter, the report references another national Academy of science report called taking action against clinician burnout. In that report, it outlines three levels contributing to a decreased well-being. The first is the external environment which is really around

the healthcare industry and regulations and standards. The second level is healthcare organizations which encompasses leadership, management, structures of organizations in the third level for front-line care delivery includes things connected to team interactions with local and organizational conditions and technology in the workplace and to connect to that physical environment. I will focus on that third level, specifically. In the coming decade, we expect to see bigger technical advances in healthcare. Such as connecting with patients and using monitoring and providing more access to rural populations and implementing innovative technologies to support nursing practice. These all must be considered and implemented with technological stress related to the well-being of the nurse in workforce. One big stressor is the electronic health record and the increase in electronic data collection. While it can certainly be advantageous to have more data, we also need to ensure that it is not adding an additional burden. Nurses spent a large portion of their day charting and searching for hard-to-find data within the record. Research has indicated that this can negatively impact their morale and take away from other activities such as spending time with patients and families. For tasks that are clerical in nature, this may also prevent nurses from practicing at the top of their license and create a moral dilemma. As we propose the inclusion of social determinants of health data, that is a very needed data source to address inequities. We must consider a significant redesign of clinical documentation and that is not just removing unnecessary documentation but streamlining ways to view patient data quickly and efficiently. Another technological source is the abundance of clinical alerts and alarms. This can impact the nurses well-being and can lead to adverse offense with patient care. There is an opportunity to generate more research and to understand the impact of inappropriate parameter settings in our devices and the unneeded alarms on nurses well-being. On the flipside, we have seen some very promising interventions utilizing technology that have come to light in this past year. In particular, mindfulness skills and practice have gained traction. There has been a steady increase with several mental health focused apps. Also, it can help with managing symptoms of other chronic illnesses that nurses may be struggling with. When example is the happy app which is for emotional needs and nurses tackling anxiety and stress. It is easy to use and is a smart phone app that connects nurses one-on-one to a support person 24/7. You can talk to a compassionate listener in the first call is free for as long as you want to talk. There are a number of resources like this and Katie certainly alluded to that site where you can find more like this. The proliferation of telehealth technology and visits has also really benefited nurses that may need access wherever it is needed. The hope is that over the next decade that these technological advances will continue to support nurses and their well-being. Next slide, please. Going forward, there must be a real measured approach to not only leverage a promising intervention that I just mentioned but also to alleviate the stressors as we continue to investigate the effects of new data sources and the use of mobile health technologies on well-being. One way to do this is for nurse leaders to role model the use of mobile health apps and to create this space and opportunity for nurses to participate in such activities during the workday. Next is collecting data to better understand the health and well-being of the workforce. Especially as it relates to the use of mobile health and this enhance understanding should

be used to inform the development of additional evidence-based interventions for mitigating burnout, fatigue and turnover and also to inform the design and development of new technologies to support nurses. That is where we need nurses at the table to participate in the design and solutions that are most needed. Last but not least, the report's recommendations include ways to evaluate and strengthen and advocate for a policy and program and structure within organizations and licensing boards to support mental health treatment for nurses and make the structural changes that drive improvements. When it comes to technology, the burden of electronic documentation must be lifted by federal regulators with insurance companies and technology companies and the like. One great example of work in this area is the centers for Medicare and Medicaid services with patients over paperwork initiative. Through coding and reporting, this program is looking to streamline regulations that decrease cost and burden of documentation while also improving patient outcomes. To conclude, for nurses to take on the many social determinants that influence health, nurses need to first feel healthy, well and support themselves. The judicious use of technology can alleviate burden and with the careful design and impact, it can advance well-being initiatives. Think you and I will turn it over. >> Thank you so much. Next slide, please. Thank you again, everyone for this opportunity to share our systems and strategies regarding nurse wellness. Nurses, including front-line nurses, nurse leaders, student nurses and faculty encountered physical, mental and emotional challenges and lead to burnout. The COVID-19 pandemic highlighted these challenges and in order for nurses to care for others, they must care for themselves starting with being healthy and well and this has been shared by my colleagues in the previous presentations today. Nurses not only being healthy can lead to the negative consequences for each other from a collaboration perspective for our patients and employers in schools of nursing and the communities in which we serve. The pandemic also highlighted that we have not made progress in achieving health equity and nurses can take an active role in advancing equity. It will become more imperative that all of our stakeholders including policyholders and educators and employers and leaders and nurses take a step to ensure that nurses have good well-being. I will share our strategies, some of them related to nurse, faculty and student nurse health and wellness leading to health equity. Just to tell you a little bit about Rochester regional health, we are in nine healthcare systems and we are the largest healthcare system in upstate New York where we care for close to 2 million patients across 14 counties and we span over almost 3000 square miles. Next slide, please. We are an integrated healthcare delivery system where we have close to 20,000 employees in just over 4300 nurses and we have various specialties from primary care and we see more than 200,000 emergency visits and we have health careers that have two programs with practical nurse programs that enrolls about 300 students a year and applied science programs. Next slide, please. For Register regional health, health equity is really about eliminating disparities in health and this also includes social determinants of health. For us, health equity is not an additional thing to do but the goal and expectation is woven through everything that we do. You will also note that we will achieve health equity in our community with every person having the opportunity to obtain his or her full health potential. There is no one left behind and no disadvantage because of any social or social determinants of health. Next slide,

please. Our strategy is looking at nurses and when I speak of nurses, here, I am including nurses that are front-line as well as nurse faculty. Then, I will refer to students. For nurses across the health system, this is really a lot of the work being with our diversity inclusion team as well as the counsel. We have to start with recruitment. We have to be intentional and look at the data, which we did. We looked at the makeup of our staff and employees and we went deeper and looked at nurses. We have to be intentional with our recruitment and we want to have a diverse pool and we will talk about how we have done that with our student nurses and most people want to have a work life balance so having a schedule that meets the needs of individual nurses and being flexible. Having those opportunities and then having opportunities for advancement whether that is through a career path from front-line nurses or nurse leader and so forth. We also have incorporated diversity equity and inclusion basic training and education where we are rolling out across the health system, foundational knowledge starting with a center vocabulary and unconscious bias in social determinants of health. Also, looking at those social determinants and how they affect our employees. We also have to have a diverse workforce that meets the needs of our communities. Also, understanding what the data looks like from a community perspective and ensuring that we have the workforce. We have to have the inclusion at our various systems and locations that support diversity and inclusion. Nurse retention, our chief nursing officer counsel with various departments across our health system looked at the various items here. Compensation programs, are we innovative or competitive enough? We looked at flexible scheduling and weekend programs. We look to optimizing care delivery. This was mentioned earlier in this is taking feedback from the nurses to create that care delivery model. We also did this in the College of health careers with our two programs to get feedback from the faculty and to optimize how we deliver our curriculum and the program's. The electronic optimization was spoken about and we were in the process of doing that led by nurses. Again, other employee driven solutions. When we think about health and wellness programs, that is the use of yoga, cooking demonstrations that can be fun and focus on building 18. Office meditation and what can you do at your desk as far as meditating? Taking that moment just for yourself and deep breathing exercises. Practicing mindfulness. We have a series of cross our health system that focuses on how to reduce burnout. Then, pet therapy and aromatherapy are proven strategies for reducing stress and improving health and wellness. Having the wellness room, how do we provide a space, a safe space where you can go and relax and get in touch with yourself? The strategies will lead to workforce equity where we cannot only recruit but retain a diverse workforce. As far as students, it is about access to the programs. We have programs in place to help students prepare for entry into a nursing program and we also educate diversity equity inclusion throughout the program. There is a curriculum in the beginning of the programs and it is transitioned throughout where it ends with a community project that they complete and present. We also look at the social determinants and we know that they are on the journey from increasing education but do they have trauma that they have to manage? Do they have food insecurities? Ensuring that we have the resources for those wraparound services so they can be successful in the programs. We also look at behavioral health and have a large network so we have an advantage for crisis intervention and ongoing support along with the financial and we have student focused town halls

that help students to bring concerns for us also. The wellness opportunities are similar to what we offer for nurses in the workplace. This all leads to equity, health equity. If we can identify and mitigate those social determinants of health and continue to make it a more inclusive work environment, we will have health equity that helps with the outcomes that we are all looking for with the elimination of those disparities. This is a fun example of some of the activities that our chief nursing officer has done over the last year and a half. Celebrating successes and whatever is important to that team at that time. Spirit days, you might see a spirit day for the Olympics going on right now or you might see a spear day for because it was national cheesecake day last week. Those types of things that help gather commodity and support and some other things that they are working on is the balance for nurse leaders to emphasize that you have to take your time off and you don't have to answer your email at 9:00 at night. There are times that you have to take care of yourself. In closing, there are many organizations that have implemented wellness programs and we have to learn from each other. MD Anderson has a very inclusive and robust wellness program that has spanned from nurses to the medical staff and so forth and we have to learn from each other. I think that is the take away. We have to get better at sharing our experiences and partnering with policymakers so we can have the funding and support to move these programs forward. Thank you. >> Okay, I am a little slow with the technology here but thank you so much, that was fantastic. A lot of what our audience is asking for our strategies but we will come back to all of that. The final speaker, the President-elect of the metropolitan D.C. chapter of the Philippine nurses Association of America will discuss strategies that they have undertaken towards individual approaches to address nurse well-being and health. We are so glad to have you here today because we know that the Filipino nurses in this country have been very hard hit. You were specifically asked to come to the webinar to address what you are doing.

>> Great, good afternoon and thank you so much for that. Thank you for inviting me to be a part of this today. Professional organizations play an important role in safeguarding that and I am representing the Philippine nurses Association of America which has 55 chapters that support Filipino American nurses across the U.S. This represents 20% of immigrant nurses and 5% of the workforce. Since we have limited time, I will only highlight the things that we offer that contribute to well-being. We provide educational programs and during those events, we are big on awards and have mentorship and leadership development programs that I actually am a proud graduate and now serve as one of the faculty. We do tons of community outreach and participate in medical missions and vaccination clinics and food pantries and we influence policies and those that are not only important but also personally meaningful to us like policies that promote diversity and equity and inclusion. We also added many other initiatives to support nurses. One of these initiatives is to heal our nurses program. The program's goal is to create support and to have a shoulder for Filipino nurses to lean on. This was critical as we begin to see statistics of how Filipino nurses were being disproportionately impacted by the pandemic. As I mentioned earlier, Filipinos only make up 4 or 5% of the workforce but the data being shown is that 30% of all the nurses in the U.S. were Filipinos. We knew how Filipino nurses and families, even though they might have smiles on their faces were suffering from the emotional pole of the pandemic. Knowing

this, our local chapter administered the emotions behind the mass survey in June of 2020 and because of the valuable information that we gained, the Kabalikat program had a survey created and we knew that nurses were all feeling a mixture of emotions behind their masks so we wanted to identify and begin the much-needed dialogue about those solutions. We like to focus on the positive so sending the message that it is okay to not be okay, we felt that was extremely important. Second, we asked our members what activities they tried and found to be helpful in improving their well-being and this was important to offer effective strategies and we knew that as an association, we wanted to offer additional resources but we did not want to make the usual mistake of offering multiple things to be underutilized so the third goal was to identify other activities that we weren't offering yet that our members said they would be interested in engaging with. When we analyze the results, we were glad to see that many opened up about their emotions and when we asked which motion best to find the overall status, we found the majority were unable to stop worrying. They were angry and felt isolated. When we probed deeper, we found that more than half said that the biggest worry was keeping their families safe. Even though they are the ones at the front line, they are concerned for their own safety but that came second. I don't think any of us are surprised by that because this is very typical of nurses. We always tend to put others first. They also shared that the rapidly changing and overwhelming amount of information that they were getting also added to their anxiety. Our association quickly responded to this and invited experts from ANA and offered webinars to provide credible and essential and current information. More important, we provided a place where they can be with people that they felt safe with. This was particularly important and especially when we addressed faxing hesitation. As many of you are probably aware, the survey did show that hesitation was higher in people of color. We wanted to make sure that we provided culturally central information and invited Filipino nurses that are like them to share their lived experience with the vaccine and have experts on hand to answer their questions. We were able to find out what their fears were and effectively address those fears for them. I do want to point out that not all had negative emotions. Some did say that overall, they felt confident about their ability to handle things and some said that they felt good that they were making a difference. The question about a coping mechanism, nurses found groups to be effective in reducing anxiety. This was something that was not surprising to us because most Filipinos lean a lot on their faith to get them through a difficult time. Because of this, several chapters, including ours, started to have nightly prayer meetings at the onset of the pandemic. I think the initial thought was we would offer this for a short period of time but many of the members did verbalize that they found it to be very comforting and healing so we have kept it going even up until now. Respondents also shared that staying socially connected with family and friends and enjoying different forms of entertainment such as reading, watching movies or listen to music were also helpful. We asked a question about what initiatives they were willing to engage in if it was offered by an association. You can see the top three things on the slide. Number one was engagement and outreach activities in charitable work. We made sure that we provided opportunities for our members to get involved. Our local chapter did the mask for the homeless program and in a short period of time, the group successfully provided masks to almost 50 homeless

shelters, police stations and we have centers in Virginia, Maryland and D.C. and we know from studies that when we engage in something that brings purpose outside of work, it can be very helpful in improving our well-being and I can confidently speak for my fellow members not for everyone that participated whether it be by donation with money or supplies or dropping them off at different sites, it made them feel good knowing that they were making a difference. This is just one of the examples of some of the community outreach that we did. Next, they said they were willing to engage in virtual workouts. This one, we weren't expecting. Because of that, we offered a virtual workout and everyone loved it. We did get feedback that some found it to be too intense so as you can see, the second one that we offered was one of lesser intensity and we offered the Polynesian dance which was a hit for old age groups. Finally, we heard that they would like peer-to-peer fellowship. There was a recent training that many of us had and during the training, the volunteers started sharing their own experience just so that everyone can practice facilitating the discussions. I can tell you that by the end of the hour, there were a lot of tears shed. Everyone was surprised about how many emotions they had held in. It was a beautiful moment for all of us to be there for each other and we realized how much the support group is needed and how having a safe place to share our stories is exactly what is needed in order for our nation to begin the healing process. Because of that, we are now more passionate than ever to offer this to our members. Again, thank you so much for the opportunity to share.

>> Thank you. That was wonderful. Lots of strategies. I think many of our speakers have been providing a number of strategies but I will ask everyone to come back. Let's have all of the panelists come back. So, thank you. The questions have been coming in. I will sort through the questions and determine who might answer. But, this is for all of you to begin with. Let's warm up the panel and I encourage -- as we continue to work about strategies and what is working, I encourage the audience to also put in the chat what is really working for you. I know I was talking to someone yesterday, a company that had a wonderful program on mindfulness and they said they would put their program in the chat function so let's all do that for one another. I want to ask you both at the individual and system levels, I am trying to condense some of these questions that have come in. At both the individual and system level, what is really working? The national Academy of medicine is all about evidence so is it one thing and then I will ask you to back up with data how you know what you will tell me is working. How are you measuring that and then we will get to some other questions around engagement and how you are measuring that and the outcomes. I will just open it up to the panel. Just raise your hand and go for it.

>> We are really looking at diversity equity inclusion in training education. How many people are participating and how many people come back to the next series. We are tracking that. We have closed over 20,000 and we started this training probably at the end of the spring. We jabbed just over 1000 members of our team from the physician level and members of the board and so forth that have had this education and we continue to have a number of sessions scheduled out through for the rest of the year. We are measuring participation and we are also looking at patient experience. Or team member experience. Both of those are concerns that are raised around health equity or inclusion and how we are addressing

and managing those and hopefully putting in strategies to mitigate those for the future as well.

>> Okay, others?

>> I will say this. It will not necessarily be reassuring of an answer but I learned from someone that was very wise during my time and she always told me constantly and is something that has been ingrained in me that a nurse is as good as their last shift. We tend to do these measurements and we have to get to a point where we are understanding how nurses are on a day-to-day and shift by shift basis. One interesting thing that I saw in my travels and this is an organization that has a very rudimentary process on how to feel every shift and it is green if you are good in red if you are not doing so good or yellow if you are not doing so good in red if it is bad. They made sure that they had indicators that were put on the board and they wanted to know the nurses state of being and how they felt afterwards. Those requirements go all the way up everyday so they can understand how nurses are doing and that is a level of detail that we have to get to. Honestly, we don't know how these programs are faring or how they are doing. By the time you get it, it can be three months later and it is hard to do. I think that is where we have work to do.

>> Okay. Vicki, go ahead.

>> That is perfect because I was going to go down a very similar path. The trick is that there are no quick fixes to well-being. I think a lot of times we find that they are looking at it with a problem-solving lens. Well-being is something to be solved and here are the things to put in place to solve it. Truly, this is something that needs to be managed over time, always. It's not new and it will not go away. The trick is that I love that example that it is something that has to be baked in to our processes and practice in the work that we do as nurses. I think thinking about that differently might help. I would say in addition to that, one thing that occurs in my organization is the listening sessions. It is listening and understanding and out assuming that here is how we will fix it. Let's put this in place and beginning with that first step of listening and understanding can go a long way.

>> Right, I would love to get your perspective and you are on the committee but you are also a frontline nurse at this moment. What is going on on the front lines in what is working for you and your peers?

>> I was sitting here thinking and you said looking at examples of programs and how are you measuring? From my experience, I am lucky if I get asked how I'm feeling and how I'm doing. When you ask about what programs and outcomes, I don't think we are even there yet because there are people that avoid the question. When you work in a constant environment of uncertainty and staffing shortages and experiencing verbal or physical abuse from patients, it seems as though it is almost the blame of what did you do wrong and how can we prevent that? It is not how my feeling after this incident or how to support you to make sure that when we come back to work that you are not scared or stressed or fearful of something that might happen. It always goes to that reactionary peace and I struggle because I am an educator and I always do post checks with my students. How are you feeling? How are you doing? I wasn't always asked that so I try to instill that release from the peer to peer level of doing those check ins. The first question is how are you today and how are you feeling and what has happened to you? Taking that trauma informed approach as we speak to anyone is really what was going through my mind.

>> That is fantastic. It seems like that starts at the top. A chief nursing officer or manager, to set that tone with a culture of compassion. Let's stay on that for a minute. Trauma informed care was one of the questions. How might we incorporate that? Do you know examples of programs or institutions that are taking stock with trauma informed care and how they are bringing into the programming? Debbie, you are shaking your head yes.

>> Yeah, with the multiple pronged approach, we actually have opportunities within the school where we are not only educating but also providing an opportunity for our students to be able to work with the counselor and to work with their advisors and share those experiences. We can connect them to resources. The wraparound services are enormous. Our students in the first few weeks actually shared why did they choose to become a nurse and their stories bring tears to your eyes. That is another way to identify that there could be trauma that we don't even realize that has happened to them. It allows us to have counselors and advisors reach out to them and connect them with resources.

>> Yeah, Marcus, you said where you work that it would be nice if folks would ask each other how they work. It struck me as we took the committee on some site businesses, remember that? You look at best practices and I remember that we went to Philadelphia or New Jersey to the Camden coalition and it was really about caring for people in the community that had enormous challenges with social determinants and I remember the head of the Camden coalition saying that we don't wait to ask our nurses or providers if they have been traumatized in any way. We do huddles every day and we assume that everyone has issues in their life and we come together and check out how we are feeling with each other because nurses cannot give what they don't have. I was really struck. Don't worry about asking about trauma but just assume and do what Marcus, you said that would be helpful to you. I will ask you something. A question came in and you touched on this ever so briefly. Why don't you get us started but the question is, would you please talk to the intersection of spiritual and religious beliefs and practices as they intersect with their scoping and well-being. How do you think these approaches help or hinder getting nurses more involved?

>> I really do think that spirituality and well-being go hand in hand. If you look at the definition, it is our body mind and spirit being unbalanced so if you think about that, spirituality can immensely impact our well-being and I even read that believing in a higher power and looking out for us can be comforting and especially when we know that some of the things are outside our control. Even just some of the things that we do make a difference. This gives a feeling of hope and when you do it as a group, it provides attic comfort and having prayer groups has been so effective. We do feel stronger when we reunite and some of the things, you can even measure numbers but you look at engagement. They say this is healing and comforting on the fact that we see members continuing every single night, this is telling to us and something that is very effective and helpful to their well-being.

>> I think we can all agree that the strategies are important. We are trying to get a handle on breast practices and where the evidence is. I want to turn our attention to the students and faculty. What do you think should be done? I know when I was in nursing school, it was considered lucky to be here and there wasn't a lot of attention -- excuse me, there was no attention to my well-being. What do you think that nursing

educators and nursing schools should do to address this issue? Who wants to start? Okay, Marcus, go ahead.

>> I am happy to jump in.

>> Go ahead.

>> Yeah, happy to jump in because it was something I thought about when I saw that question come through. For me, it is the accountability piece. We need to take that assessment to take action and I think about accreditation standards. How are we ensuring that we are focusing on the well-being of our students in the future workforce and measuring that so that how will they respond? We want to ensure that there is a focus and another point much like the entire report, we are talking about social determinants and how it can no longer be to one course. That is well-being as well. When we think about the fundamentals course, that is where you begin the conversation in every course thereafter to continue that conversation about self-care. At the University of Pennsylvania, we provide on our syllabi, the resources that are available. We want to make sure it is upfront on the course management systems and that there are places you can access. I think for ourselves as educators normalizing it, I tell my students that I have experienced anxiety and have been depressed so normalizing that conversation so they don't think we are these perfect people because we have to model the behavior and I think that is how we reinforce it for our students.

>> Okay, Debbie, you are in the field of education.

>> I agree with what Marcus shared and it really is about accountability with the nursing programs. We have to set the expectation and provide resources. Whether that is through education or providing supports for faculty because many of them have experienced trauma. How are we supporting them to support students as well and having resources on the management system but also to have those community resources and connections and whether it is for food or additional finances. I think it is multifaceted and it will take us becoming comfortable with some of the traumas that students and faculty have experience in ensuring that we have the resources for them will be key. >> I will add this. There is a culture change and shift that has to happen. When we did our session, when you peel back a lot of the history and specifically for nurses of color, it starts in that setting. We have to be mindful that some of the harm is being inflicted by some of the faculty. We need more diverse faculty in the last data I saw, there needs to be an understanding towards all cultures and not just the people we care for but the people that provide the care. That is where we moved towards an understanding that self-care should be a part of that. We have to move away from this no crying in baseball thinking was getting through nursing school. Nursing school is set up to toughen you to make it on the other side. If you don't make it an even if it is not because of your grade, you are not tough enough so maybe you are not nursing quality. That is part of what we need to change in that setting and culture. That also extends to the workforce where you have to be tough and you can't cry or feel.

>> I think just to piggy on that, one other thing is that nurses have a long history of horizontal violence with bullying and we have to change the narrative on that as well. That does start with nursing school and goes into the work environment and we do have to change that narrative. I think that goes back to leadership with setting the tone that our program will be the one that embraces everyone and help students be successful and it is a contract. When we select them to come in, we owe them

everything as long as they work with us to be successful and to be able to complete the program. That is how that plays a role too.

>> I also want to add to what Katie said because I agree that we need to teach students about our duty to self. It is in our code of ethics and if you ask how many nurses know that, most of the time it is not something we give importance to and I say that because only we can make the time. One of the things that is disappointing when I talk from different organizations, they are so excited to share all of these things that they are offered to nurses and then they follow it with but no one is taking advantage of it. I think we also need to emphasize to nurses individually that they have a duty to their cells as individuals.

>> Okay, I have a very big question here. We have about 10 minutes left and I have tried to punch these questions together. The meeting before I came to you all this afternoon, there was a political consultant that was giving some comments about what was happening on Capitol Hill. He happened to make the comment that never before in his history of working on the hill and he has worked there for decades has he seen in administration who really cares so deeply about the workforce in this country and particularly the health professions. We know there is a lot of money that has been put on the table and probably more money to come. So, for those people that may be in the federal government or other folks that are listening in, or President Biden, -- let's do that, what would you tell President Biden about where the money should be spent in terms of nurse well-being? Lots of money. Where should the priorities be in spending money on nurse well-being and be as specific as you can. It is a big question so I will take anybody who wants to jump in.

>> I think there is enough data that indicates that this is the direction that we need to go in to work on tools and to get to a point where we are constantly assessing and acting on what we see in preventing issues that cause nurses to leave the proportion and worse, suicide. I think there is a lot of data with what we endured and I think now is more of a better time than any to have a national task force on this issue. We have seen enough families that have been impacted and the workforce is so unstable and there is a lot of data in this and I will start there.

>> Would you like to have a couple of organizations named that would be involved in the task force?

>> For one, I will say healthy nurse healthy nation but I also believe a lot are multi-ethnic and pristine organizations that are at the table. We should also have organizations address nurses there all settings. People are suffering in the academic setting and faculty so we have to have representatives from multiple areas.

>> Other recommendations for President Biden? >> So, getting back to the idea of the documentation burden of nurses, the amount that is regulatory and administrative in nature, there was an initiative that took place this year that was sponsored by the national Academy of medicine. It was a symposium to reducing documentation burden for clinicians by 75% by 2025 and was coordinated by Columbia. As part of that work, there were a number of initiatives that came out looking at quality reporting and some of the regulatory burden connected to documentation and I think putting some funding behind that work could be very beneficial. If we can create more time and space for nurses to have those relationships, to connect with coworkers, I think that can make a big difference.

>> Great, President Biden is listening. Others?

>> I think we can just assume about the prevalence and we don't know how much PTSD we will see but just properly identifying that and having programs in place to support nurses.

>> Okay. Okay.

>> For me, I don't know how specific this is but my brain is thinking about social needs. We as nurses have social needs and are impacted by social determinants. For me, it's thinking about what resources can be put behind housing needs and the American nurses foundation supported a lot of grant funding for nurses that were experiencing financial distress because of the COVID-19 pandemic. Looking at the data and paid leave from nurses that need that time to care for their family or sick loved ones. Looking at those social needs in the traumas we experience in our own lives. We saw that throughout the entire pandemic and needing to maintain their work to provide for their family members that lost jobs and they were the essential workers. Thinking about those programs much like we are talking about investing in infrastructure across the board.

>> Okay, Debbie?

>> Be able to have an infrastructure around data from an employer perspective at all levels and looking at nurses completing school and what is the turnover and what does that look like? That looks at outcomes.

>> Okay, that is great. We are about to adjourn and I want to ask one more popcorn question that will be really quick. We have a large listening audience and we talked a lot about strategies and education in policies and funding. What is the one thing? We have all been in this together and it has been a really rough road with COVID but this report comes at such a great time with all of the racial injustices that have gone on and the disparities with COVID. Unfortunately or fortunately, the report has come at a very good time. What is the one thing that you want to leave this audience with? What is the one thing you would like to leave the audience with? It can be one thing. >> I think one key thing is for nurses to not shy away from dealing with social issues and being at the front of social issues. Nursing was founded in a lot of our history is rooted in being front and center. Now more than ever, these issues require nurses to step up and until we deal with these issues, we cannot properly address this. The road runs straight three to understand that we have a role in our profession and then we can deal with this.

>> Great, I am inspired. Marcus?

>> For me, it is to recognize that we are all human beings and recognize the common humanity. We don't see that. Bringing it back to that human caring is the message I would leave the group with.

>> This is fantastic.

>> For me, I think sometimes we don't know what we need. We saw that in the training and I would just recommend everyone not to be afraid to try things. You also heard how organizations are making so many great resources available. I just want to say please take the time to utilize them because we are investing in you so we want to make sure everyone else is investing in themselves as well.

>> Okay, Vicki, bring it up.

>> I would say as nurse leaders, just continue to lift each other up. I think nurses are in such a unique position and we are seen and heard. If we can serve as role models for the rest of society, that would be a great thing.

>> I will tell you you have all been fantastic and have inspired me. Thank you for participating in a big thank you talk of you and all who joined us today. We are offering CEU's in this webinar will count towards one contact hour. The survey link will be sent in an email following this webinar. I will not say what that link is but the slides will be available on the national Academy of medicine website where you can access a link on the slide and it should be up now. You can complete the quiz and earn your CEU. This will be until August 30th. The attendance verification code is 804. Thank you again to our participants and thank you all for joining us and for submitting your comments and questions. We will have one more webinar this summer that you can register for and that will be on August 11th that will be on diversifying the workforce. So, goodbye everyone and let's do what some of the panelists said to do, continue to care for each other. Thank you so much.