



May 4, 2023

P.O. Box 647 Kennebunk, Maine 04043

To: **Committee on Labor and Housing**

- **Senator Michael Tipping- Chair**
- **Senator Matthea Daughtry**
- **Senator Matthew Pouliot**
- **Representative Amy Roeder- Chair**
- **Representative Dick Bradstreet**
- **Representative Gary Drinkwater**
- **Representative Joe Galletta**
- **Representative Vali Geiger**
- **Representative Traci Geer**
- **Representative Marc Malon**
- **Representative Ronald Russell**
- **Representative Charles Skold**
- **Representative Mike Soboleski**

From: **Juliana L'Heureux, B.S., M.H.S.A. R.N., ANA-Maine President:**
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Ref: **Oppose An Act to Address Unsafe Staffing of Nurses and Improve Patient Care**

Thank you Senator Tipping, Representative Roeder and members of the Committee on Labor and Housing for providing this opportunity to offer testimony in opposition to LD 1639, **An Act to Address Unsafe Staffing of Nurses and Improve Patient Care**. My name is Juliana L'Heureux and I am currently the president of ANA-Maine, a non-profit organization in Maine, with 702 members from throughout the state. ANA-Maine has participated in the coalition to oppose staffing ratios during previous attempts to pass this legislation and we stand with our colleagues in the Organization of Maine Nursing Leaders, the Maine Nursing Action Coalition and the Maine Emergency Nurses Association to explain to legislators why staffing ratios are not

-serving the purpose of (1) creating a safer work environment for nurses (2) not providing support for the training and hiring of more nurses who will work in Maine or (3) improve Maine's already high standard of nursing care as determined in quality performance evaluations.

ANA-Maine appreciates the dedication and high quality nursing care provided to our citizens, in all kinds of health care settings. This quality care was acutely evident during the past several years when many nurses were the only conduit between families and patients who were isolated due to COVID. Understandably, many nurse experienced exhaustion as a result of the intensity of the pandemic. Therefore, consistent with the ANA-Maine's non-profit mission to improve health, and availability of healthcare to Maine people, and stimulate and promote the professional development of the nurse, we advocate for safe working environments based on inclusivity and collaboration. LD 1639 does not support including more nurses in health care but, rather, risks the consequences of creating a highly monitored, strictly regulated and inflexible work environment. Rather than adding 13 pages of enforcement to the nursing process and give directives to professional nurses about how to provide patient care, we advocate for the legislature fund opportunities to train young nurses who will fill the nursing shortages caused by more nurses retiring than those that are available to fill their positions.

In response to the reality of nurse "burnout", I have attached to this testimony articles about how nurses are supporting programs within their work places to help address nurse fatigue and burnout. Every nursing journal I open includes similar articles. Nurses will continue to provide safe and quality patient care in spite of challenges. Health care facilities are already adopting wellness and health programs in free on-line seminars and in the workplace.

ANA-Maine supports all of Maine's nurses and we hope public policy initiatives will provide for training and licensing more nurses for the state's health care facilities. Thank you.

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Normalizing the language of stress, burnout, and nurses' well-being

By Allison Nordberg

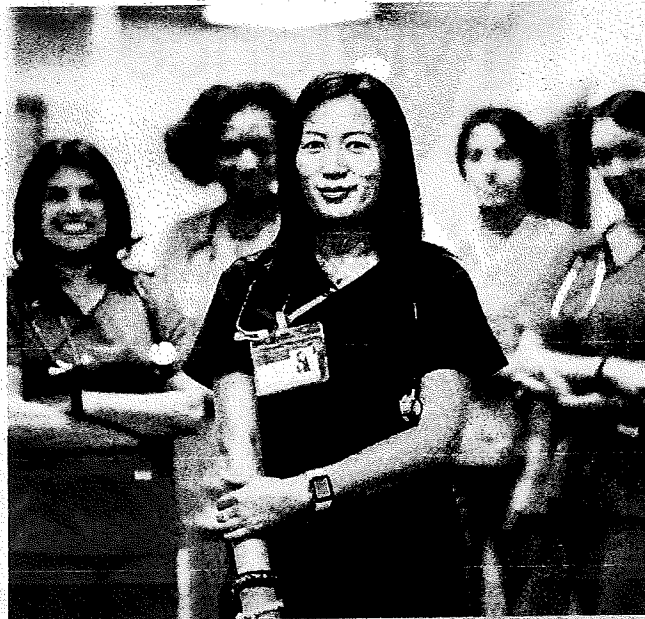
Burnout is a buzzword used nationwide, perhaps nowhere more than in healthcare and nursing. In a recent Pulse on the Nation's Nurses Survey, 56% of respondents indicated they were experiencing some level of burnout, including 7% who reported being "completely burned out, and may be in need of help" (bit.ly/3GEU3EQ). This only adds to ongoing feelings of stress, frustration, and exhaustion that have remained unsustainably high for nearly 3 years. Although the frequency of burnout is acknowledged, a gap exists in implementing solutions. This inspired the American Nurses Foundation's (the Foundation) newest initiative, which launched in the fall of 2022. The Foundation Stress and Burnout Prevention Pilot, made possible by generous support from the United Health Foundation, a leader in healthcare philanthropy, involves a 3-year, \$3.1 million grant to address well-being and burnout among nurses. The pilot aims to enhance nurses' ability, individually and in teams, to deal with the reality of sustained and excessive stress in the work environment.

The initiative is based on the Stress First Aid Model, originally developed for the military and since deployed in other high-stress professions (bit.ly/3VOSs0b). At its core, Stress First Aid represents a framework of peer support and self-care designed to improve recovery from stress and avoid future harm. This novel approach builds awareness in recognizing stress injury and provides tools for individual and peer support at the organizational level. Additionally, a color-coded stress continuum chart gives nurses a common language to describe stress reactions, which in turn reduces stigma.

The Foundation pilot will expand beyond Stress First Aid and focus on implementing three key components with the goal of reaching thousands of nurses nationwide. Woven across these components will be a focus on Millennial and Gen Z nurses and nurses of color who, according to multiple studies, have been the most negatively impacted by stress and burnout.

The first component entails infusing a nursing lens into Stress First Aid content. A healthcare Stress First Aid exists, but building a nurse-focused intervention ensures nurses can see themselves in the content, imagery, and examples, which is essential for increasing credibility and adoption. Additionally, content will be adapted to include the broader nursing workforce and the diverse range of environments where nurses practice.

The second component involves engaging three diverse organizations across the country. These sites include BayCare Health System in Tampa, Florida, an



ANCC Pathway to Excellence®-designated organization; Indiana University Health in Indianapolis, Indiana, an ANCC Magnet Recognition Program®-designated organization; and University of South Alabama in Mobile, Alabama. Nurse champions at each organization will spearhead unit-level introduction and adoption of the initiative, promoting engagement in the concepts and real-time solutions.

Even as we gain valuable insights from deep engagement with the pilot sites, we recognize that nurses nationwide are grappling with extraordinary stress, leading to burnout and staffing shortages. These crucial needs can't go unaddressed, so the initiative's third component will build national awareness within nursing. This will leverage and make widely available the knowledge acquired from the pilot sites, thereby empowering nurses to speak about their stress and burnout, support their colleagues, and actively engage in interventions that reduce stress and burnout.

The health of the nursing workforce depends on addressing burnout. Doing so has implications on broader issues impacting the profession. Recommendations made by the Nurse Staffing Think Tank include using the stress injury continuum to address burnout, moral distress, and compassion fatigue as barriers to nurse retention (bit.ly/3gt1Qea). The Foundation Stress and Burnout Prevention Pilot is one solution that acts not only on these recommendations, but also on the calls from the nation's nurses to develop a healthier work environment for all nurses.

— Allison Nordberg is a program director with American Nurses Foundation.



Lisa DiBlasi Moorehead

Preventing workplace violence

Analyze, report, and educate to ensure staff and patient safety

By Lisa DiBlasi Moorehead, EdD, MSN, RN, CENP, CPPS, CJCP

Recent data show that healthcare workers are four times more likely to experience workplace violence than non-healthcare workers.

THE STRESS and isolation caused by the COVID-19 pandemic has exacerbated violence in our society. In January 2022, The Joint Commission published new requirements that support workplace violence prevention. Our previous survey process evaluated workplace violence primarily through existing environmental safety standards, but with an increase in workplace violence incidents, The Joint Commission felt that procedure was insufficient. Recent data show that healthcare workers are four times more likely to experience workplace violence than non-healthcare workers. Workplace violence also has been identified as a contributing factor to staff burnout and nurses leaving the profession, and it's always presented a patient safety issue. These findings and the recent tragic events in Texas and North Carolina further illustrate the point.

The Joint Commission's new workplace violence prevention requirements include three new and two revised elements of performance. The R3 Report Issue 30: Workplace Violence Prevention Standards (bit.ly/3hyE1BG) thoroughly explains new and revised elements, which provide healthcare organizations with a structure for accountability, evaluation, and response to workplace violence events. Highlights include the following:

- Conduct annual worksite analyses that help identify vulnerabilities within the hospital campus (dead-end corridors, inadequate lighting, multiple or uncontrolled building access points).
- Take action to mitigate or abate issues identified in the analysis.
- Collect and analyze information about workplace violence obtained through incident reporting.

- Act on trends and opportunities for improvement as identified via reporting and information analyses.
- Provide staff with training and education on the organization's workplace violence prevention program (when hired, annually, and when significant program changes occur).
- Include prevention, recognition, response, and reporting of workplace violence during training.
- Create programs developed by a multidisciplinary team and led by one designated expert.
- Report incidents of workplace violence to the organization's governing body.

Workplace violence standards have successfully provided healthcare organizations with a starting point to evaluate their vulnerabilities and subsequently take action to create safer environments for patients, visitors, and staff. In fact, most healthcare organizations currently meet the new workplace violence standards.

However, some organizations struggle with the worksite analysis requirement. They frequently fall short by failing to conduct a complete analysis or neglecting to implement needed improvements. The Joint Commission offers valuable workplace violence prevention resources (bit.ly/3EcFfdu) to help healthcare organizations successfully complete a worksite analysis and other workplace violence requirements.

I hope that by evaluating our worksites, analyzing data on reported incidents and risks, and providing education and other needed resources, we can decrease workplace violence within healthcare—a safety risk for all of us. AN

Lisa DiBlasi Moorehead is the leader of the Psychiatric Hospital Accreditation Program at The Joint Commission in Oakbrook Terrace, Illinois. She previously served as the associate nurse executive.