

# National Association of Indian Nurses of America Embracing Diversity & Celebrating Excellence



## NAINA BIENNIAL REPORT 2019 -2020

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## ARTICLES RECEIVED FOR 2020 LEADERSHIP CONFERENCE SOUVENIR

Nursing **now**

# In NAINA, Everyone Matters!

# *National Association of Indian Nurses of America President's End of Term Address December 8, 2020*



**Agnes Therady**, PhD, MBA, NEA-BC, FACHE, RN

Dear NAINA family of the Governing Board, members of the 22 chapters across USA and all virtual members,

Thank you for being part of this great organization, you are the strength and the life-force of NAINA.

It has been my distinct honor and privilege to serve you as the seventh President of the National Association of Indian Nurses of America, the foremost organization for all professional nurses of Asian Indian heritage in the US since 2006.

I enjoyed meeting so many of you in person and virtually through conferences, meetings and chapter level events, individual and group conversations during these two years. You helped pave the way for the journey towards excellence for NAINA and me during this term.

When I submitted my intention to serve as the President of NAINA, I sought to accomplish the following shared goals for NAINA.

1. To serve the needs of the organization in any capacity that will make a positive difference to the national and local members' collective goals
2. To join forces with the governing board and the general body to increase\ NAINA's chapter membership
3. To strengthen and uphold the values of NAINA as an exemplary professional organization committed to its mission, vision and values
4. To secure ANCC provider status for NAINA and the chapters to offer unlimited continuing education

5. To continue to organize community health events and make sustainable positive changes to the health of our people
6. To continue to elevate the standard of NAINA's performance through individual and collective advancement of its members
7. To champion, support and advance occupational health and the safety of nurses
8. To secure public funding and member participation in research grants
9. To increase NAINA's visibility at local, regional, national and international health care professional environments
10. To develop and nurture world class leaders of Indian heritage for excellence in nursing practice, research and administration

I will not make references to all of NAINA's accomplishments here, they are in the Secretary's report, and some noteworthy matters that were strategic for NAINA in 2019-2020 is included here. The new term that started in January 2019 held the promise of new opportunities, of challenges, potential for disruptive innovation and we managed them as a team as best as we could. Together, we championed the mission, vision and values of NAINA with diligence and sincerity of purpose, believing in the that at NAINA, *everyone matters*. True to our mission and values, we also promoted and upheld a culture of giving and sharing - our talents, treasures and time, serving the less fortunate in our world through medical mission activities,

health education, advocated for the safety, health and well-being of men especially during the tragic Corona Virus pandemic that turned our world upside down and disrupted our plans for two major NAINA conferences, namely the Leadership Conference in Maryland that would, if not for the Pandemic be held on April 18, 2020 and the 7<sup>th</sup> Biennial Conference that would have been hosted by the Indian American Nurses Association of North Carolina on October 2-3, 2020. Despite the constraints, we did conduct an exceptional virtual biennial conference on November 7, 2020 with the hard work and commitment of the Conference Planning Committee and the NAINA Provider Unit. As has been our legacy since inception, we also invested in our next generation of nurses through scholarship, recognition, awards and mentorship and provided an incredible extensive offering of continuing education events through our own continuing education provider status from ANCC. A new achievement for NAINA this term was gaining the status of ANCC provider of Continuing Education in September 2019. It was a proud moment for NAINA and all the chapters for this exceptional achievement. It started as an approved agenda during our last term that became a reality this year. Letha Joseph, Sara Gabriel and Agnes Therady worked towards it application and establishment although I will be remiss if I do not acknowledge and thank Letha Joseph for the heavy lift for obtaining this coveted status.

It gives me great pleasure to share with you that this term we have welcomed five new chapters to NAINA. They are San Antonio, Central California, South Carolina, Arizona and Austin and the beginnings of

the sixth chapter in Delaware has been initiated by Mary Abraham. Letha Joseph, NAINA secretary was instrumental in the formation of the chapters in Central California and South Carolina. San Antonio was formed under the innovative leadership of Sam Merchant, the executive vice-president of SAINA. Haridas Thankappan, Accamma Kallel, Pressanna Parackal led the way for the formation of Arizona and Austin chapters. We also established a play book for Conference planning at the national level. This was a direct outcome of NAINA's first Strategic Planning Meeting of the Governing Board held on April 4<sup>th</sup> and 5<sup>th</sup> at Tampa, Florida and approved by the Governing Board in June 2019.

As I reflect on the past two years at NAINA, I am thankful to God and NAINA for an enriching experience. I am both honored and humbled for the blessing to serve you and gratefully acknowledge the selfless contribution of the many dedicated past and current NAINA leaders at the National level and local chapters. NAINA is, what it is today, because of the dedication of its leaders and members and I thank each of you for it.

I take this opportunity to thank all the NAINA health care heroes who quietly exemplified the values and virtues of

nursing during this pandemic and wish you one last time, "Happy Year of the Nurse and Midwife". You deserve the global honor and distinction. I pay homage to all the NAINA nurses and healthcare workers around the world who lost their lives in service of others. May their sacrifices and their lives inspire us to be more compassionate and caring.

As vaccinations against Corona Virus become available, I urge all NAINA nurses to please be a role model and get vaccinated, promote vaccinations for your family, friends, patients and your community by sharing accurate information to dispel their myths and fears.

As we look to the future of our organization, I am certain that the new officers and the governing board of NAINA will do a superlative job at taking NAINA to peak performance and the highest levels of excellence in the next term.

Lastly, I wish you joy, love, peace, health and wellbeing during this Christmas, Hanukkah, Kwanza and the New Year. May God bless you and your families abundantly until we meet again in 2020 !



# Secretary's Report 2019-2020



**Letha Joseph**, DNP, AGPCNP-BC, RN

National Association of Indian Nurses of America (NAINA) is completing another successful term in December 2020. NAINA had a highly productive term where it pioneered several professional activities and set new examples of professional excellence. As the organization's secretary, it is an honor and privilege to highlight NAINA's activities during 2019-2020.

## Governance

NAINA's governing board consists of chapter presidents, national committee chairs, advisory board, and the executive board. The governing board makes monthly virtual meetings to plan and evaluate NAINA functions and decide future directions. At the beginning of the term, the governing board convened in Tampa and contributed to the strategic planning. This governing board retreat in April 2019 was the first-ever forum for the governing board apart from the regular monthly board meetings.

### 2019-2020 BOARD MEMBERS:

#### Advisory Board

**Jackie Michael**,  
Ph.D., APRN, WHNP-BC  
(Chair)

**Sara Gabriel**,  
MSN, MBA, RN

**Solymole Kuruvilla**,  
PhD, MSN, APRN, ANP-C

**Omana Simon**,  
DNP, MSN, APRN, ANP-C

#### Executive Board

President:  
**Agnes Therady**,  
PhD, MBA, NEA-BC, FACHE, RN

Executive Vice President:  
**Lydia Albuquerque**,  
DNP, APN, ACNP-BC, CCRN

Vice President:  
**Mary Abraham**, MSN, RN

Secretary  
**Letha Joseph**,  
DNP, APRN, AGPCNP-BC

Treasurer:  
**Pauline Alookaran**,  
BSN, MSc (A), RN

#### Committee Chairs

Awards/ scholarships:  
**Lilly Anickatt**, MSN, RN, CCRN

APRN forum:

**Rachel Koshy**, DNP, NP-C, APRN  
Bylaws: **Rachel Zachariah**, Ph.D., RN

Communication:

**Suja Peter Thomas**,  
MSN. Ed., RN, CCCN

Election: **Mary Philip**, MSN, RN, CNOR  
Education/ Professional Development

**Alphonsa A Rahman**,  
DNP, APRN-CNS, CCRN

Editorial Board:

**Laly Joseph**, DVM, DNP, CNE, ANP-BC

Membership:

**Haridas Thankappan**,  
MBA, BSN, RN, CNN, CPHQ

Research and Grant:

**Anne B. Luckose**,  
Ph.D., APRN, PM-ANP



*Board Members @ 2019 GB Retreat, Tampa, FL*

## Chapter Presidents

- |                               |   |
|-------------------------------|---|
| 1. Albany, New York           | Donnie Mathew, MSN, RN                          |
| 2. Arizona:                   | Ampili Umayanna, DNP, NP-C                      |
| 3. Austin :                   | Asha Suresh, MSN, NP-C                          |
| 4. Connecticut:               | Neethu Mathew, MSN, APRN, NP-C                  |
| 5. Central Valley, California | Harkirat Bal, DNP, FNP                          |
| 6. Central Florida:           | Sally Kulangara, BSN, RN                        |
| 7. Dallas, Texas:             | Mahesh Pillai, MSN, AGNP                        |
| 8. Georgia:                   | Vidya Kanagaraj, BSN, RN                        |
| 9. Houston, Texas:            | Accamma Kallel, MSN, APRN, ANP-C, CCRN          |
| 10. Illinois:                 | Aney Abraham, DNP, RN, NE-BC                    |
| 11. Maryland:                 | Alphonsa A Rahman, DNP, APRN-CNS, CCRN          |
| 12. Michigan:                 | Saraja T Samuel, RN                             |
| 13. New Jersey I:             | Bobby Thomas, MSN, RN                           |
| 14. New Jersey II:            | Sandra Emmanuel, MA, RN-BC                      |
| 15. New York:                 | Tara Shajan, MSN, MBA, RN                       |
| 16. North Carolina:           | Sumana Gaddam, BSN, RN, CCRN                    |
| 17. Oklahoma:                 | Divya Joykutty, APRN, NP                        |
| 18. Pennsylvania:             | Bridget Parappurath, MSN, CRNP, CCRN            |
| 19. San Antonio, Texas:       | Pressanna J Parackal, DNP, RN, CCRN, CNRN, CRRN |
| 20. South Carolina:           | Mercy Roy, MSN, ANP-C                           |
| 21. South Florida:            | Bobby Varghese Ph.D., RN, CNE                   |

The pandemic created several challenges. Since nurses are the critical component of disaster management and the public health workforce, professional nursing organizations reassigned their priorities and modified their approaches. NAINA was fortunate to have highly committed members whose flexibility, perseverance, and creative ideas helped NAINA continue its professional excellence journey during these challenging times.

## ORGANIZATIONAL GROWTH AND VISIBILITY

### New Chapters

In 2019 January, NAINA had chapters in Albany, Central Florida, Connecticut, Dallas, Georgia, Houston, Illinois, Michigan, Maryland, New York, North Carolina, New Jersey I, New Jersey II, South Florida, Oklahoma, & Pennsylvania. In this term, NAINA reached to nurses living in Arizona, Austin, California, South Carolina, and San Antonio and established new chapters. With five new chapters, NAINA has 21 chapters that completed the regulatory process in terms of incorporation in their respective states. Furthermore, an organized Indian nurses group in Delaware is in the early stages of forming a chapter in that area. NAINA recognizes the effort from Haridas Thankappan (Membership committee chair), Mary Abraham (Vice President), Accamma Kallel, Prasanna Parackal, Missam Merchant, and Letha Joseph as the organization welcomes the new chapters to the family.

### Communication Platforms

Suja Peter Thomas, MSN. Ed., RN, CCCN, the communication committee chair, led the efforts to improve the visibility by creating a Facebook page and a YouTube channel. NAINA events and activities are widely shared and viewed on social media platforms. Additionally, NAINA features its events in print and electronic media platforms and television channels. The communication committee established direct electronic communications from the national organization to chapter members.

NAINA published the organization activities in *Minority Nurse* and *Nursing now* global platforms. In 2020, various cultural and social organizations arranged virtual events commemorating the year of the nurse. NAINA's representation at these events improved NAINA's visibility and collaboration with various cultural and social organizations.

### Nursing now campaign

NAINA joined the *Nursing now* global campaign in July 2019. NAINA marked the official inauguration of its campaign activities at the 2019 Clinical Excellence conference held on November 2<sup>nd</sup> in New Jersey. NAINA was one of the first nurse's organizations in the US that joined the global campaign, which elevated NAINA's status in the mainstream professional community. Letha Joseph, the organizational lead for the campaign, attended the strategic planning meeting for 'Nursing now - USA' organized by the American Nurses Association and its partners. NAINA's focus areas for the campaign are enhancing clinical practice by ongoing education, empowering nurses to be leaders at the bedside



and beyond, and sharing best nursing practice examples. NAINA organized several activities in this focus.

## Healthy Nurse Healthy Nation Challenge

NAINA Joined the American Nurses Association(ANA) as a grand challenge partner for Healthy Nurse Health Nation Challenge. NAINA planned the leadership conference on this theme. Though the conference got canceled on short notice, NAINA created awareness on the theme and the opportunities available for nurses to promote their health and well-being. Furthermore, for NAINA, this is an initial collaboration with ANA, the nation’s largest professional association for nurses.

## Invitation from the American Nurses Association

NAINA’s accreditation by ANCC, involvement in ‘Nursing now campaign,’ ‘Healthy Nurse Healthy Nation challenge,’ and other professional activities earned a unique spot in the professional community and opened new possibilities. American Nurses Association extended an invitation to NAINA to be an organizational affiliate. The governing board discussed the benefits of the affiliation and did not decide to accept the invitation. President Agnes Therady had initial conversations with Debra A. Toney, Ph.D., RN, FAAN, president of the National Coalition of Ethnic Minority Nurse Association (NCEMNA), and Nelson Tuazon, DNP, RN, FAAN, an NCEMNA board member on possible organizational collaborations.

## NAINA National Survey

In May 2020, NAINA embarked on a project to survey all Indian nurses (active and retired) living in the United States. This survey aims to gather demographics of Indian nurses in the US and quantify their contribution to healthcare. The survey taskforce includes Agnes Therady, Simi Jestu Joseph, Alphonsa Rahman, Bobby Varghese, Jessy Kurian, Ingrid D’Souza, Lavina Patel, Mary Philip, Solymole Kuruvilla, Sara Gabriel, Presanna Parackal, Suja Thomas, Haridas Thankappan and Letha Joseph. Phase 1

of this Franciscan Health IRB approved project concludes in December 2020, and the task force will report in 2021.

## PROFESSIONAL DEVELOPMENT

### NAINA Professional Development Unit

NAINA established a nursing continuing professional development unit and completed the initial accreditation process by the American Nurses Credentialing Center (ANCC). NAINA achieved this milestone



in September 2019 and became the first minority nurses association to achieve the prestigious ANCC accreditation. As the lead planner, Letha Joseph coordinated the effort to establish the professional development unit, training the planners, and meeting the accreditation standards. Agnes Therady and Alphonsa Rahman supported the accreditation process and were actively involved in organizing the continuing education activities after the accreditation. Suja Thomas provided oversight for the contact hour certificate issuing process. In January 2020, NAINA started regular web-based learning events and organized 32 educational activities during this term. These activities attract nurses from all ethnic backgrounds and geographic locations. NAINA achieved its goals in establishing and maintaining a venue for the global nursing community’s continuing professional development. Professional development unit continues to receive compliments from members and non-members for providing this learning platform. Agnes Therady, Alphonsa Rahman, and Letha Joseph will disseminate the professional development project outcomes in 2021.

### Independent Medical Education Grant

NAINA professional development unit received an Independent Medical Education (IME) grant from Pfizer for implementing the project “COVID 19: The Pandemic That Changed the

World: An Educational Intervention to Prepare Healthcare Professionals to Combat the Novel Corona Virus”(ID 60932941). This project’s deliverables include three webinars of one-hour duration, community education materials in English, and five Indian languages (Hindi, Gujarati, Kannada, Telugu, and Malayalam). Alphonsa Rahman, Missam Merchant, Reenu Varghese, Mary Abraham, Soumya Xavier, Sujayalakshmi Devaraya samudram, and Letha Joseph coordinated the community education materials, which will be available on the NAINA website by December 2020. Project report and dissemination work is progressing, which will complete in 2021. Project lead Letha Joseph works closely with Agnes Therady, Alphonsa Rahman, Missam Merchant, and Reenu Varghese on the dissemination process.

## Educational partnerships

NAINA established an academic partnership with Walden University and maintained partnerships with Grand Canyon University, Chamberlin College of Nursing, and Thomas Edison State College of Nursing. Several NAINA members continue to take advantage of discounted tuition and enroll in baccalaureate, master’s, and doctoral education programs offered by these institutions. Additionally, Walden University sponsored two NAINA members for the Virtual CNO Academy. Viji George, MA, BSN, RN, RNC-NIC and Shijy Alex, RN, MSN, MBA, CCRN-CMC, CNAT attended this 3-day event. It is worth adding that four San Antonio members (Missam Merchant, Pressanna Parackal, Lucy Koneri, and Preety Khanna) also attended the CNO academy on sponsorship from Johnson and Johnson and AMN Healthcare.

## National Conferences

In this term, NAINA planned three national conferences: the clinical excellence conference, the leadership conference, and the biennial educational conference. The 2<sup>nd</sup> NAINA Clinical Excellence conference took place in New Jersey on November 2<sup>nd</sup>, 2019. APRN forum chair Rachel Koshy, DNP, NP-C, APRN, and the New Jersey team worked closely with the national team to organize the conference on the theme, “Population Health: Bridging Gaps and Improving Access to Care” and

the event attracted NAINA members and non-members nationally. The pandemic shattered NAINA’s plans to conduct the 3<sup>rd</sup> NAINA Leadership conference in Baltimore. However, Alphonsa A Rahman and the Maryland team cherish the learning experience and collaboration established during the event planning. Similarly, the 7<sup>th</sup> biennial conference planned in North Carolina got canceled after initial work.

## Virtual Biennial Conference

Challenges related to the pandemic gave unique opportunities for NAINA too. NAINA decided to use a virtual platform and conduct the 7<sup>th</sup> biennial conference on November 7<sup>th</sup>, 2020. The conference featured internationally renowned nurse speakers who enlightened the global audience on the theme “Nursing 2020 and Beyond: Challenges and Opportunities”. Speakers were Ernest Grant, Ph.D., RN, FAAN (President, ANA), Rebecca Love, BS, MSN, RN, FIEL (Director of Nurse Innovation & Entrepreneurship at Northeastern School of Nursing and founder of Hire Nurses.com), Cheryl D. Parker, Ph.D., RN-BC, CNE, FHIMSS (President, American Nursing informatics association), Patricia M. Davidson, Ph.D., MEd, RN, FAAN, FAHA (Dean, Johns Hopkins School of Nursing), Meg Zomorodi Ph.D., RN, ANEF, FAAN (Assistant Provost and Director, Office of Interprofessional Education and Practice, University of North Carolina, Chapel Hill), Ali Shazib, DMD (Clinical Assistant Professor, Adams School of Dentistry, UNC-CH), Raheleh Tschoepe, MS, OTR/L (Assistant Professor, Division of Occupational Science & Occupational Therapy, UNC-CH), and Meryl Kanfer, MSW, LCSW (Project Coordinator, University Of North Carolina School of Social Work). Over 350 participants from across the globe logged onto the virtual platform. NAINA received great feedback on the topics, speakers, and the event in general. Dr. Agnes Therady, Dr. Alphonsa Rahman, Dr. Reenu Varghese, Missam Merchant, and Dr. Letha Joseph, helped plan and conduct this event.

## Support in the Pandemic

The pandemic brought several challenges to the organization and members. Local chapters rose to the occasion and supported the local

community in many ways. There are thousands of Indian nurses who are at the forefront of the battle against COVID 19. A large portion of the membership worked in hospitals that were once considered the epicenters of this pandemic. On April 7<sup>th</sup>, NAINA conducted the webinar “COVID Related Stress among Healthcare Workers: Fighting Vs. Coping, Practical Stress Reduction Tips”. Bobby Varghese, Ph.D., RN, CNE, George Peter, DNP, ARNP-BC, and Viji George, MA, BSN, RNC-NIC, facilitated this well-timed and high-demand discussion of practical strategies. NAINA surveyed the governing board members and identified the membership priority needs, and organized virtual learning sessions to educate and empower nurses as the global community navigates through the virus’s fierce and devastating effects.

## CONCLUSION

NAINA continues its journey of excellence. This success belongs to each NAINA member who makes strides at the local level and to the chapter presidents and national committee

members who strive for the NAINA mission and vision with the NAINA executive board and the advisory board. Without the Indian community’s immense support in the United States, NAINA would not accomplish this excellence. Support from mainstream nursing professional organizations encouraged NAINA to explore new dimensions of professional excellence. The governing board expresses sincere gratitude to all members and well-wishers of NAINA and solicits continued support in our journey towards the new heights of professional excellence.

As I sign off my second term as the NAINA secretary, let me conclude with a personal note. It has been an honor and a privilege to have served the organization, and I am grateful for your support and motivation. It is worthy of mentioning Sheryl Sandberg’s definition of leadership that reportedly moved the Harvard scholars. **“Leadership is about making others better as a result of your presence and making sure that impact lasts in your absence.”**

*All glory and honor belong to God!*

Thank you,

**LETHA M JOSEPH, DNP, APRN, AGPCNP-BC**  
Secretary 2017-2018 & 2019-2020

# RESILIENCE IN NURSING

**Pressanna Parakkal** DNP, RN, CCRN, CNRN, RN-BC, CRRN is working as House Supervisor in UHS, Nurse Officer Duty in VA and adjunct faculty in UT Health Science center. Her research interest in Simulation and she is a master trainer for Team STEPPS. She is the founding member and the first president of San Antonio Indian Nurses Association (SAINA) and Treasurer of San Antonio United Malayalee Association (SUMA). In 2018, she was the image make of SAINA and has done commendable charity works such as distribution of 1000 Kits to Haven for Hope, Adopt-a-veteran Program and major Contribution of Labyrinth Project for Transitional Rehabilitation Program is San Antonio, Texas.



Resilience is an essential quality for nurses to overcome the daily stresses they face in their professional life dealing with very sick and dying patients. Resilience is a useful learned behavior to cope with and recover from the physical and psychological stresses they encounter while performing their duties with the much praised “Angel Effects”.

Reducing stress at workplace is paramount in acquiring the ability to rebound faster from its emotional impact on a nurse. One way to get that is to strengthen the ties among all coworkers including nurses and other paramedical staff. A free communication between the staff and participating in events like birthday celebrations at the hospital seem to have a tremendous impact on building and fostering personal relationships.

Very often we have a tendency to take home the stresses we have faced at work. This will reduce our own ability to recover from its harmful effects and also infect our own personal and family life. Instead of brooding over the painful events at the workplace, channeling our thoughts and intelligence in the pursuit of newer knowledge and career development by taking online courses and certification is a really powerful tool in acquiring resilience from past stress.

The newly acquired knowledge in the currently developing techniques in nursing will give us an additional benefit in our approach to very sick patients. It will also help us to counsel the patient and relatives about the various aspects of what they are facing but unaware of why they are having them. The nursing students we are mentoring will be able to learn from this and the feed back from them will help us to reduce the stress and monotony of our work.

The improved patient care from this newly acquired knowledge will not only benefit the patient but will be a great asset to the institution in making policy decisions to improve patient care and cost reduction.

Making the patient understand that your main goal is to serve their interest first and that you have the knowledge and skill to do that will go a long way in reducing stress from patient care and enhance patient satisfaction. Helping a bedridden patient to ambulate may not sound much but its effect on the patient’s ability to go home and care for self and the happiness expressed by that patient is really soothing to a tired nurse going home after a long shift and act as a tonic to return to work the next day with joy.

Forming an association of nurses and discussing various aspects of our profession in an open forum unencumbered by the constraining hospital environment will greatly add to the way we can recover from job stress.

For your physical and emotional health, you have to combine job-related growth with other aspects of your life. One way to accomplish that is to form or participate in social or community organizations interested in physical and recreational activities such as Yoga, Zumba, training for Marathons, and cultural activities like musical evenings and dance programs.

One common cause of job-related stress is conflicts between leaders in decision making and the way that is addressed by both sides. One thing I have found that helped me is to not react immediately with an answer that is emotionally charged but take my time to analyze what I did and

what they said to counteract my point of view. The time off often cools down the situation and clarifies the real answer which both sides can easily accept. This has often reduced my own job stress.

Thus a holistic approach to nursing care based on continued education and training, close co-operation and comradery with colleagues and other hospital staff, frank discussion with patients about the nature of their illness and your genuine interest in their symptom relief and disease recovery based on sound scientific knowledge. Calm and effective communications with hospital administration about the best approaches to nursing care and healthy home and community recreational activities are the foundations for resilience to combat and recover from the stressful modern hospital nursing practice.



# MY STORY OF BECOMING A CERTIFIED REGISTERED NURSE ANESTHETIST AND AN ASPIRING TRANSFORMATIONAL SPEAKER.

**Rupa Meshram**, MSN, APRN- CRNA, CH, CP-HNLP is a self employed nurse anesthetist provides Anesthesia services in and around state of Maryland. She is currently in the process of pursuing PhD in Mind and body medicine. Her research area includes impact of hypnotherapy in integration of mind, body and spirit for the holistic transformation of an individual.



## **My Story of Becoming a CRNA and an aspiring Transformational speaker.**

It's a great honor and privilege to be a Certified Registered Nurse Anesthetist (CRNA)

As a blooming nurse aspiring to be more...I immigrated to USA in December 2005... a land of opportunity, hope, growth and lots of promises...I was thrilled to explore possibilities, enchanted... It was true sense of freedom. I had lots of dreams...to be different... Do something that will add value...to people's life when I stepped into the promise land...USA

I was looking to advance my career... into the direction where it would be service driven, outstanding, passionate... about what they do, filled with type A personalities with No nonsense attitude... yet gentle and compassionate... Guess what attracted me the most...CRNA

Shadowing... a great mentor, leader and highly skilled professor...Richard Conley,

CRNA at Shock trauma UMMC made my decision affirmative... I chose Georgetown Nurse Anesthesia program 2009... And was drilled and trained by most amazing mentors/preceptors who enhanced my skills and education to the next level...

Along the way, I met many outstanding CRNA Clinician, Practitioners, Leaders... who has morphed and shaped me into... who I am today as a Nurse Anesthetist.

It just did not stop there... Because of my constant hunger...and passion in becoming a better version of myself...and believing that...there is always more to life. To realize and serve my life's purpose...and understanding that... success is not just reaching a destination...it is lifelong journey of learning... dreaming, Focusing, achieving... and repeating.

I am pursuing my dream... and life's purpose... to make a difference in people's lives...by sharing my life story as an

inspirational.. and transformational message. I am also super thrilled to... pursue PhD in Mind and body medicine... and scientific research in understanding... hypnotherapy and its impact in mind set shift for a comprehensive transformation...

This is nothing but an amazing experience to look back at my own life journey...from where I started...and where I am headed... and best part is...The best is yet to come.

It gives me immense pleasure...and gratification when I see a happy and cheerful twinkle... in someone's eyes and when they say...Rupa, Thank you. I want to INSPIRE

people...I want someone to look at me and say...because of YOU I did not give up...

This is merely impossible to achieve... without the support and ongoing guidance of... outstanding mentors that I have met along the way... who helped me sharpen my skills...every step of the way.

Thank you... Mentors, Teachers, Professors, Preceptors, Colleagues and Friends who have become a family...

Thank you all... for transforming this caterpillar into a Butterfly...



# REFLECTIONS ON MY NURSING JOURNEY

**Sara (Samma) Joshua**, RN, BSN, CMSRN, is a Clinical Nurse II at the University of Maryland Medical Center, Baltimore. She is excited for the Asian Indian nurses who are excelling as nurses and clinicians and leading the way in providing compassionate, professional care to patients and families in their areas of practice.



I am a nurse, a career that came searching for me when I was in my teens. As I contemplate retiring from a profession that gave me a lifetime of experiences, I often retreat to those days that saw me getting pulled into the world I now cherish.

1968 was the year that saw me leave behind my family and travel to Bombay, now known as Mumbai, to join a group of girls – many of us were in our late teens, who became my family for the next five years. To me, Nursing was the practice we undertook day in and day out; by the support, service, and care we provided to our doctors, patient families, and patients. In a period where ‘disposable’ was just a term yet to find its way into nursing, patient care and medicine, in general, reusing gloves, syringes, thermometers, surgical instruments, required meticulous cleaning and sterilizing, a challenge I appreciated early in my career. Money was scarce, but responsibilities to the profession and families were also daunting. Classroom sessions immediately followed practical applications. I realized soon in my training that I was interacting with patients and families in their most vulnerable times of pain, grief, suffering, and above all, in their time of hope. The hospital was a sacred place. I learned, I practiced and found my vocation.

In 1975 like many at that time, I found my destiny bringing me to the United States supported

by my cousin, who was also a nurse in New York. I started my work in a geriatric nursing home as I prepared for my licensure. Working in a nursing home gave me the experience of patient care I cherished. Caring for the elderly was the training I carried with me to the hospital setting when I moved to Baltimore in 1980. I was married in 1978 and in 1980 was blessed with twin girls. My cousin moved to Baltimore, and in a year, I followed her and joined the University of Maryland Hospital. My third daughter arrived in 1983.

Roughly calculated, I have spent over 60,000 hours of my waking hours as a nurse in the various units (Med-Surg, Telemetry, Cardiac Care, IMC) of the University of Maryland Medical Center. One of my first lessons was how patients and their families watched you as you entered the patient’s room immediately after being brought to the unit. Your persona, as you enter the room, had to give your audience the feeling, even before you utter a word, was “I am here for you, I sincerely care about you, let me know how I can help you.” With experience, I learned, ‘humility’ was the first characteristic I needed as a nurse. To me, humility meant providing care with confidence.

In 2005 my husband, following a heart attack, required quintuple by-pass. To this day, I remember the nurse manager in cardiac care, suggesting I get Dr. Bartley Griffith to help my

husband. I went to his office to request that he conduct the surgery. I remember his response, “Sara, it is my privilege to do the surgery, don’t worry.” I remember telling him how God puts angels in the right places; that day, he was in the right place for my family. It was his humility that put me at ease.

We are medical professionals by education, but humility needs compassion for others. It is when you are on the receiving end of nursing care that we appreciate those who see us through some tough times.

In 2008 I worked diligently to secure the CMSRN certification, and in 2012, I completed my BSN. Both required tremendous amounts of reading and practice tests. Both were made possible by the sincere support of family and my, then, nurse manager on Gudelsky 5. When I informed her of completing my BSN, her response, “we did it,” was uplifting. Respecting and supporting your co-workers was the second major lesson I learned as a nurse.

I have had the privilege of orienting a good number of nurses. They came armed with knowledge and enthusiasm. Their practical experience was limited to classroom practices in the presence of their instructors and classmates. There was always the occasional shadowing in hospital settings. The reality of nursing was that

patients had expectations; doctors needed feedback; families wanted constant information, and you were often caring for five or more patients at a time, patients with multiple and challenging needs. It was my responsibility to help them mature during the orientation without losing the passion they brought with them. One of the many duties of nurses was documentation. Proper documentation helps both doctors and nurses to know the patient’s status and progression at any given moment. More than that, it was essential as a reviewable record. I have often reminded the new nurses, “you have not done it if you have not recorded it.” I had the privilege of being selected on multiple occasions as an “Unsung Hero and “Outstanding Preceptor”.

As I enter my 40th year in nursing at the University of Maryland Medical Center, I take pride in watching many young nurses who successfully transition into Nurse Practitioners, Nurse Anesthesiologists, and other advance practice providers in their respective fields. I am equally proud of being a member of the Indian American Nurses of Maryland (IANAM) and look forward to participating in the Leadership Conference of the National Association of Indian Nurses of America (NAINA) in April 2020 to advance nurses’ health in order to promote the health of the nation. ■

# ACHES AND PAINS OF AN ADULT LEARNER

**Vidya Kanagaraj** has been a nurse for 32 years. She has worked in ER, GI, Outpatient units and PACU. She currently works in the Radiology Department at the Atlanta VA. Vidya is the Current President of the Georgia Indian Nurses Association (GINA)



Everywhere you turn, someone is going back to nursing school for an advanced degree. This is all great unless you are the one undertaking the journey. Being a graduate student in your golden years is not easy (I can see your smiles) I was a very happy and well – adjusted person, until last fall when I threw my hat in the ring and started my master’s program in Health Care Simulation.

Starting school again after a gap of nearly 30 years could be intimidating. I told myself, “This is cool. I get to have fun putting makeup on mannequins and teaching students how to be great bedside nurses.” I realized too quickly that I was naive in believing so. In actuality, it felt like starting kindergarten all over again- I had to learn my ABCs once again, and try as I might, I kept forgetting them. My gray matter has all but disappeared. I miss the good old college days when your professor photocopied all the chapters and told you what to read. I get cross eyed trying to find all the articles for a paper. After editing the paper a few times, Turnitin suggests that it has been used by 25 other students- well what do you expect. I find myself turning to my dog for guidance. He hates that I am in school, by the way- no more walks, no more soccer, no more cuddles. I’m inclined to agree with him.

I told myself at the start that if I survived one semester with my sanity intact, I’d keep going. My first class was Nursing Theory – my trial by fire. I almost lost it. We did not have nursing theory during undergrad classes and I was raving and ranting along with some of my senior classmates. I sought help from a friend for my first paper, and that was the last I heard from her. I frustrated her by waiting till the last day of submission to start an eight-page paper; bad habits die hard and aging does not help either. If you are reading this, please call me. I was a very laid-back student in my college days and I still cannot get the engine firing on all cylinders.

I survived the first semester with most of my sanity intact, though my children beg to differ. My co-workers were supportive to start with, but now they run away from me. I keep bugging them to proof read or give me suggestions for my school work. I have come so close to calling it quits but then I think of all of you who have accomplished so much that I am inspired to finish this journey. I managed to get decent grades- despite my dedicated procrastination. Maybe this semester I’ll become more organized. One can dream, can’t they? As my professor says Sim-u-Later! ■

# TRUE LEADERSHIP



**Alphonsa A Rahman**, DNP, APRN-CNS, CCRN is the clinical nurse specialist of the Medical Intensive Care Unit, Johns Hopkins Hospital, Baltimore, Maryland. She is passionate about community service, mentoring, patient outcomes, and education.

“You should work at Johns Hopkins Hospital,” my husband said. As I was excited to hear that, I stopped feeding my toddlers and stared up at him. “What is that?” I asked him, having never heard of this name before. “It is the number one hospital. I read about it in the newspaper today.” I looked at him and said “huh...It is way too big of a dream”.

It was a hot summer afternoon in Sharjah, United Arab Emirates in the year 2000. I was occupied at home with three kids and that conversation soon moved on. Yet it kept coming back in my mind: how amazing would it be to work at the best hospital in the world? That seed my husband planted in me started to grow slowly to a seedling, and we started to explore the opportunities. After an interminable series of exams, yearlong paperwork, interviews, and long waits.... finally, our dream came true.

I was exhausted, sleepy, and drained after a crazy busy night shift in the ICU. I had to attend a diversity meeting at 7:30 AM and run to drop kids off to school. We were still new to the country and trying very hard to settle into a nation where we knew no one. When I was trying to run home after the meeting, Dr. MaryAnn Green, Director of Nursing Education and Practice, stopped me and asked, “So Alphie, what is your future plan?”

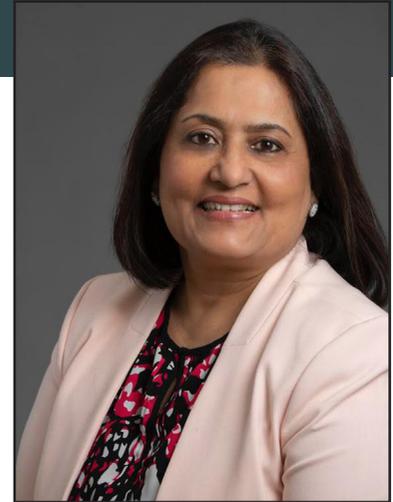
My mind went blank and I stood there smiling. I had no answer. I had graduated from nursing with 1<sup>st</sup> rank in the State and gold medal, but never thought about my professional growth

or my future career. The truth was, marriage and three little kids kept me quite busy and I had no time to think about career advancement. All I wanted was to have a stable life, a good place to work, and the best education for my children. “Just think about it. “You have a lot of potential Alphie, you have to think what you want to be retired as,” Dr. Green continued. As I had never thought about it, I politely said “I have a lot on my plate right now, but I will think about it.” I thanked her and ran to my car. My kids would be late to school.

What is your future plan? That question lingered in my mind day and night for a few months. Then I made my decision. I would go back to school. Once I started, there was no way to stop, I went on and on. The challenges were many and it was not easy to balance work, family, children, and school. But, I knew in my heart that, “where there is a will, there is a way” and there was a way for me, one that I charted with my faith and my family’s help. That seed Dr. Green planted in me that morning is a sapling now. It needs to grow a lot to be a tree but it has all that it needs –sunlight, water, and perfect weather.

Many people enter our lives and plant seeds of ideas and aspirations within us. Some seeds may die, but others flourish. Let us engage in conversations with our community, family, and friends to inspire and motivate others. Let us plant a seed in others and watch it grow into a sapling, a tree...in my view, this is true leadership.

# NURSING: HOW TO THRIVE IN 2020



**Aney Abraham**, DNP, RN, NE-BC, is associate vice president of nursing operations at Rush University Medical Center and an assistant professor at Rush University College of Nursing. Abraham is also president of the [Indian Nurses Association of Illinois](#).

For the 18th year in a row, respondents to a [recent Gallup poll](#) ranked Nursing as the No.1 profession in the United States for honesty and ethical standards when compared to a diverse list of 19 others. Nearly 85% rated nurses as having very high standards for honesty and ethics. In 2019, I shared my thoughts on why nurses deserve this recognition year after year in [Reflections on Nursing Leadership](#). I shared the importance of American Nurses Association code of Ethics, its nine provisions, its stipulations on how nurses must practice in the United States as being the foundation on why nurses are rated most honest and ethical. Practicing with compassion and respect, advocating for the patient, providing optimal care, preserving integrity, and improving the ethical environment of work settings are key to nursing success. As nurses, we are taught to live by this code in nursing schools and this code is part of our DNA.

Many authors have shared their insights into why nurses deserve such recognition. In an article published by [ONS Voice](#), author Alex Stone reports that nurses being the drivers of patient-centered care has a lot to do with why nurses are so highly trusted. (year?)

The year, 2020 is special to nursing for many reasons, one of them is for being ranked No 1 for honesty and ethical standards, the second is for having this year be named the “Year of the Nurse and Midwife” by the World Health Organization (WHO), in honor of the 200<sup>th</sup> birth anniversary of Florence Nightingale.

So how can nurses thrive in 2020? We can thrive in 2020, by taking this year and shining a light on this noble profession, raising visibility of nurses, and demonstrating the value we bring in meeting the needs of ever-growing health care needs of the population. According to [Nurse.org](#), nurses are critical in improving the landscape of health and health care, they are on the front lines when it comes to immunizations, shaping health policy and advocacy. We can work collaboratively with our professional organizations to be educated and informed on the various issues that are facing nursing today. Issues such as workplace violence, stress, burnout, work-life balance and nursing shortage to name a few. Let’s understand more about these issues by studying, researching and finding solutions to manage them while continuing to thrive. Let us also use all platforms available to nurses to discuss and brainstorm on how we can recruit and more importantly retain our nurses in our workforce. The [National Center for Health Workforce Analysis](#) in a 2017 report, stated that 3.6 million nurses will be needed in the United States by the year 2030. This will leave many states with significant shortages of registered nurses.

Nursing remains an excellent career choice, according to [US News](#), so let’s take 2020 - the year of the nurse and midwife to learn and practice the art and science of thriving. Let’s celebrate the last 18 years and let’s work together to ensure that every year nursing continues to remain as number one for honesty and ethical standards. ■

# Improving Nurse's Wellbeing : Lifestyle Transformation

**Rajitha Bommakanti**, RN, CCM, Faith Community Nurse, Patient Advocate, Lifestyle Coach

Short bio: Rajitha has been in nursing for over 27 years in various medical specialties. In her practice she has seen gaps in patient care. Her patients inspired her to fill the gap and make a difference in the community, by educating and empowering people that led her to start business called Healthy You Lifestyle Center.



Nurses work with patients and families to navigate through the complex healthcare system in an efficient manner. In doing this, they can find themselves in stressful situations. Many times, nurses watch their patients experience pain and suffering that can be attributed to poor lifestyle choices and unhealthy behaviors. Often times nurses put their patients' health over their own health and wellbeing. Nurses are exposed to pain, suffering, and trauma, and some times they do not even realize. Nurses function in hypervigilant state and are focused on giving. I believe if their wellbeing and happiness is addressed then they can perform at a higher level and be more productive and happy in personal and professional life. It is important for nurses to take time to care for themselves; this is one of the key steps in being an excellent nurse. Caring for self improves immunity, positive thinking, and less susceptibility to stress, anxiety, and depression.

Stress can also affect the health and wellbeing of the nurse. When nurses are equipped with a toolbox of healthy lifestyle choices, they are in a better position to educate their patients, and also take better care of themselves. This allows them to be more productive. By incorporating healthy lifestyle habits into nursing practice as well as into their own lives nurses can be successful going up the ladder from bedside to boardroom. The first step towards creating a culture of happiness in healthcare organizations is improving personal well-being of every nurse.

It is essential for nurses to build a strong and healthy foundation for their practice, the path can be difficult, slow, frustrating or even fruitless. Building a strong healthy foundation is similar to

building a house. A house built on strong foundation is better equipped to weather the storms of life. The architect and the builder put a lot of thought and great care into making sure that the foundation is built strong before they start building the walls. Often times we put more care into our profession, possessions, than we do for our own health, or we try to build upon our health without the basics in place. Our possessions are replaceable, but our bodies are not. That is why it is very important to focus on the six pillars of health namely stress management, mindfulness, sleep, nutrition, exercise, and faith, in order to build a strong foundation.

Our body is the reflection of our thoughts, feelings, beliefs, and attitudes. It is a reflection of our emotional health. Emotions are very complex and have different meaning to different people, but essentially emotions are conscious experiences that are characterized by states of mind external and internal reactions and expressions not clear what is intended in this statement. Mental pain has more impact on life because it creates physical symptoms by altering our body's chemistry. Thoughts are the mental link to the environment that allow us to assess the situation, in order to make choices to survive and then thrive. If the thoughts are pleasant the body will secrete oxytocin, growth hormone, and dopamine that create a sense of relaxation and wellbeing.

However if one experiences constant stress the body will release adrenaline and cortisol, that create a sense of insecurity. In this situation a person is motivated to control themselves or the situation to alleviate these feelings of anxiety. To get out of

the uncomfortable feelings of anxiety, one gravitates towards food or work which gives them a feeling of comfort and security. Anxiety stimulates negative thoughts and to mask those thoughts humans satisfy them with food that gives them pleasure. If a person cannot escape or solve the situation they will be trapped and that will lead to anger. When one is in a constant hyper vigilant state, the body will be continually in overdrive. One of the main antidotes for anxiety is control it. This can be accomplished by engaging in expressive writing and active meditation. Expressive writing reduces stress and it also helps process thoughts and emotions. When stress and thoughts are managed, it in turn promotes activities like restful sleep. Active meditation helps with focus, clearing the constant barrage of thoughts in our mind, and enhances calm and staying grounded. It also helps to connect mind, body, and spirit.

Faith and spirituality can have a positive effect on our health and wellbeing. They help manage stress by generating peace, purpose in life, and forgiveness. Contemplation-practices invoke the relaxation response, and it can be a great comfort and peace to surrender and contemplate on meaning and purpose. These rituals if practiced daily can have a positive impact on physical and mental health. Mindfulness is being aware, paying attention on purpose and being present. Nurses take pride in multi-tasking. Multi-tasking and being mindful do not go hand in hand. When one really focuses the mind on the task at hand, rather than multi-tasking, nurses will be able to see and pay attention to details and their patients will be very appreciative of the care they receive.

Daily exercise of at least 30 minutes will help a person in feeling a sense of satisfaction after the workout, and it also builds confidence. The feeling of happiness is derived from the biochemical process, the release of positive hormones like the endorphins, serotonin, and dopamine. If exercise is practiced on a regular basis the release of these hormones goes beyond the time of activity. The hormone concentration grows continuously in many areas of the brain, and the byproduct is sustainable improvement of concentration and an increase of happiness and satisfaction. When nurses are happy, they can manage the challenges of the work environment more efficiently.

Good nutrition combined with physical activity is an important part of health and wellbeing. This can reduce the risk of chronic disease and promote overall health. Better health starts with the basics of nutrition, it has a direct impact on overall health and quality of life. As nurses are well aware, the healing of the body takes place when the

nutrients that provide the building blocks for repair are present. In order to build strong building blocks, it is important to focus on consuming high-quality portion controlled meals. High quality foods include unrefined, minimally processed foods such as fruits, vegetables, grains, nuts, seeds, legumes, and lentils. Low quality foods include highly processed snack foods, sugar sweetened beverages, refined (white) grains, refined sugar, fried foods, foods high in saturated fats and trans fats. Quality of food needs to be considered over the calories. All calories are not equal, rather than focusing on choosing foods based on calories, opt for choosing high quality healthy foods, and minimizing low quality foods. In order to adopt a healthier eating pattern, select whole foods, plant-based meals, cut out unhealthy items like added sugars and refined grains. The emphasis on whole foods plant-based diet is to minimize animal products and processed foods. Evidence shows that plant-based foods are cost effective, they lower the BMI, blood pressure, HbA1c, and cholesterol levels. They can also lower the number of medications needed to treat chronic diseases and lower heart disease, and mortality rates.

In order to sustain a healthy diet, everyone can choose healthy, high-quality flavorful food. It will help create meals that works best in the long term.

Nurses are known to be compassionate and provide care for their patients, but, the big question is: who's caring for them when their fuel needs to be replenished? It is very important for nurses who spend their working hours caring for others to care for themselves. By practicing self-care, nurse's stress levels will be lowered, and their capacity to provide compassion and empathy is replenished, thereby improving the quality of care-giving. Most nurses do not recognize the signs of compassion fatigue syndrome that many experience. They should seek early intervention to build a strong healthy lifestyle. Many organizations only focus on the physical well-being, but each health pillar plays an important role in improving nurses' health and well-being. When nurses have strong health foundation, it gives them the energy to tap into their profound creative potential. It gives them the opportunity to begin living from their higher selves and bring their unique gifts to the world. By building a strong foundation, adopting simple healthy habits, nurses and nurse leaders can witness incredible positive changes within themselves. The by-product of adopting healthy foundation is that each and every nurse will be happy and healthy in their journey to transform healthcare.



# Artificial Intelligence

**Shaini Moonjeli**, DNP, ACNP, CHFN works as a heart failure nurse practitioner at the Atlanta VA health care system. She graduated from University of Alabama Birmingham with Doctor of Nursing Practice degree. Her clinical practice and scholarship focus on heart failure topics including heart transplant care coordination and follow-ups.



Have you ever questioned how an EKG machine can identify a heart attack? The EKG machine is trying to replicate the human knowledge of how to predict these events through various processes and patterns, a simple form of artificial intelligence. Artificial intelligence (AI) is computing technologies that simulate processes corresponding to human intelligence, such as reasoning, learning, adaptation, sensory understanding, and interaction (Nuffield Council on Bioethics, 2018)

AI and related technologies are widespread in business and society. Health-related innovations powered by AI are becoming mainstream in healthcare, from virtual doctor apps to wearable sensors (Davenport & Kalakota, 2019). AI has the potential to remodel clinical aspects of patient care, as well as the organizational process of an organization by making improved clinical decisions or even replacing human judgment in specific functional areas of healthcare (Davenport & Kalakota, 2019).

Artificial intelligence is a collection of technologies (Davenport & Kalakota, 2019). There are different types of AI technologies applied in a combined and integrated way to any fields of medicine, biomedical research, medical education, and delivery of health care

(Davenport & Kalakota, 2019). It includes the areas of machine learning, natural language processing, rule-based expert systems, physical robots, and robotic process automation (Davenport & Kalakota, 2019).

Machine learning, a form of AI, uses statistical techniques for matching models to data and identify patterns and create outcomes with minimal human intervention (Davenport & Kalakota, 2019). A few examples of machine learning that we use every day are virtual personal assistants; they assist in finding information or completing specific tasks when asked over voice such as Siri, Alexa, and Google Assistant. They can also make predictions for the daily commute through GPS location, calculate the fare for rideshare, analyze video surveillance footage to detect intruders, conduct facial recognition in social media apps, etc. In the health care field, it helps to predict what treatment protocols are likely to benefit for a patient based on various patient attributes and the treatment context (Davenport & Kalakota, 2019).

Another form of a higher level of machine learning is neural networks, a set of algorithms designed to isolate meaning from inaccurate or complex data to recognize patterns and identify trends that are too complex for the

human brain or other computer techniques (Davenport & Kalakota, 2019). A few examples of a neural network used in such an application are ridesharing apps, Gmail smart message sorting, suggestions on Amazon, improvement of power trains, virtual sensors, and warranty activity analyzers (Software, 2017). In the health care field, it is used to determine whether a patient can acquire a specific disease. The complex form of the neural network is called deep learning, in which many levels of features or variables that predict outcomes using graphics processing units and cloud architectures (Davenport & Kalakota, 2019).

Natural language processing (NLP) is utilized for speech recognition, text analysis, translation, and other goals related to language. NLP systems can evaluate unstructured clinical notes, organize reports, transcribe patient interactions, and conduct conversations (Davenport & Kalakota, 2019). Rule-based expert systems are the simplest form of AI, and it uses a set of IF-THEN rules as the representation for knowledge coded into the system (Grosan & Abraham, 2011). It is applied in clinical decision support purposes; however, it is slowly being replaced by machine learning because of its difficulty in changing rules with advanced medical knowledge (Davenport & Kalakota, 2019). Physical robots perform a pre-defined task like lifting, repositioning, welding, or assembling objects in factories and delivering supplies in hospitals (Davenport & Kalakota, 2019). Robotic surgery was initially approved in the USA in 2000, which improves the surgeon's ability to see, create precise and minimally invasive incisions, stitch wounds, and so forth (Davenport & Kalakota, 2019). Robotic process automation technology performs structured digital tasks for administrative purposes involving information systems (Davenport & Kalakota, 2019).

The clinical applications of AI impact clinicians in radiology, pathology, dermatology, ophthalmology, gastroenterology, and mental health (Davenport & Kalakota, 2019). It is utilized in the detection of clinically relevant features in imaging data, which the human eye is often blind to and can analyze some of the patterns that could be present in these images (Davenport &

Kalakota, 2019). AI is used to interpret chest radiographs using algorithms to detect breast cancers in mammograms through the analysis of computer tomography scans, to identify brain tumors on magnetic resonance images, and to predict the development of Alzheimer's disease from positron emission tomography (Kelly, Karthikesalingam, Suleyman, Corrado, & King, 2019). AI applications are applied to identify cancerous skin lesions, to interpret imaging, to detect arrhythmias, and to identify hyperkalemia from electro cardiograms (Kelly et al., 2019). In genetics, AI helps to improve genomics interpretation, to identify genetic conditions from facial appearance, and to assess embryo quality to maximize the success of in vitro fertilization (Kelly et al., 2019).

Other than clinical applications, AI is applied in health systems to improve workflow, reduce medical errors, risk prevention, risk-adjusted paneling, resourcing, chart review, and documentation (Chenny, 2019; Davenport & Kalakota, 2019). It can empower patients to promote health through wearable devices, digital health coaching, and voice assistants. It can also improve patient satisfaction by keeping them informed about test results and upcoming appointments (Chenny, 2019; Davenport & Kalakota, 2019).

Artificial intelligence advancements show incredible potential to make significant improvements in the healthcare field. Although AI has the capability to revolutionize the field of medicine, it cannot provide a caring hand, compassionate heart, and human touch that only a clinician can give, an element of nursing.

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# SELF - AWARENESS

## NURSES, ARE YOU AWARE OF YOUR HEALTH

**Malliga Jambulingam** PhD, RN, CEIM

Malliga has 28 years of experience in nursing and held various positions. Currently, she has been working as a PhD Program Coordinator/Asst. Professor at the Morgan State University since 2015, and teaching BSN, MSN, and PhD (N) students. Her research interests are: Global health (health promotion and disease prevention), bio-behavioral health, and nursing education. She has been involved in many nursing organizations at the regional, state, national, and international levels. She has been appointed as an award committee member and NLN CNEA on-site program evaluator from the National League for Nursing (NLN).



As nurses are the backbone of the health care system, it is important for them to maintain a good standard of health in order to provide safe and quality care for the patients. A good state of health is, “being physically, spiritually and emotionally fit to cope with the challenges of the daily life”. When the nurses are healthy and safe themselves, they will keep patients healthy, safe, and well. As nurses’ health positively impact the well-being of patients, are they self-aware of maintaining their health?

“Being self-aware” is a subjective experience of the self and getting to know about oneself as a person. It also embraces the reflection on how our attitude and believe can influence others. Promoting self-awareness of health in nurses is important not only for their personal growth but also for the professional growth. Although nurses are caring people, many of them do not realize that their health is vital, and they must care for themselves first before caring others. Many nurses put their patients’ health first and their own well-being under risk. As a result, they often do not engage in healthy activities such as not taking breaks, not eating healthy meals and/or not engaging in any physical activities. Instead

of eating well balanced meal to get their energy, they might eat a quick snack that is high in carbohydrates and fat which may give them a temporary boost of energy. At times they may skip meals that can make them feel more fatigued and stressed. Skipping meals or eating unhealthy snacks at work builds low or high blood sugar levels. High sugar causes our body to store fat, leading to obesity and other related health issues. American Nurses Association (2019) survey also confirmed that nurses are more likely to be overweight (BMI-28.5), have higher levels of stress, and get less sleep.

Many nurses are not aware of the negative health impacts of unhealthy lifestyle. In my experience, some nurses are very reluctant to take care of themselves because they are more focused on their family’s and patients’ wellbeing. Few years ago, one of my young and energetic co-workers used to work six nights per week. She worked three twelve-hour shifts in an acute care facility and another three twelve-hour shifts in a long-term care facility. Her routine after night shift was to go home, finish the household chores, sleep for three to four hours, and pick and drop kids from and to activities, and to come for work. She was happy that she was earning some extra

saving for her family and making her family happy. She used to stack pre-made food in the refrigerator and did not engage in any of the physical and social activities. From this small scenario we understand that she did not take care of her health and placed her health in jeopardy. When she was young and energetic, she did not think about her health. Last year, unfortunately she was diagnosed with diabetes and hypertension. She developed these health issues because she ignored the risk and stress factor in her life. Her primary care physician prescribed her medications for her diabetes and hypertension and advised her to lead a healthy lifestyle with balanced diet, regular exercise, and enough rest and sleep. Now, she understands that her health is more important than wealth. As she realizes that her health is critical for taking care of her family and patients, she works only three twelve-hours in the day shift and follows appropriate healthy routines for her life.

Hence, nurses are the ones who should be responsible for their own health and place a priority on a healthy lifestyle. Before nurses teach patients how to live a healthy lifestyle, they need to live healthy. The article ‘Dot com Women (2014)’ explains some of the techniques to improve nurses’ health

- ❖ **Nutrition:** Incorporate healthy eating habits: eating 5 to 6 times with a balanced meal and healthy snacks each day; don’t skip meals
- ❖ **Hydration:** Drink plenty of water throughout the day to maintain energy

- ❖ **Exercise:** Have exercise routines such as mini workouts throughout the day: taking the stairs instead of elevators, spending at least for 30 minutes/day for workout instead of sitting in front of TV or online.
- ❖ **Stress management:** Follow breathing and visualization (guided imagery, meditation, cognitive therapy) techniques. Exercise is a proven stress reliever.
- ❖ **Culture of support:** Encourage each other to take steps toward good health.

*“Lead by an Example” and Preach what you Practice”.*

The enhanced knowledge of oneself will result not only as a better nurse but a better person as well. *So, Nurses, if you are not aware of your health, who else can do?*

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# NAINA BIENNIAL CONFERENCE 2019 -2020

