

# LIVEWELL NURSING

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## NURSE'S NOTES

*Denise Foster, CNO*



*"To say nothing is saying something. You must denounce things you are against or one might believe that you support things you really do not."*  
Germany Kent

Advocacy is a very broad term that includes a number of activities and strategies to address issues. The act of advocating can be initiated for a particular person, a population, or a cause. Advocacy is needed to create a culture of excellence and as nurses, we have a right and a responsibility to participate in the decisions that impact the work environment, professional practice, and care delivery. When nurses use evidence-based approaches to resolve clinical and operational issues there are higher levels of professional competence and confidence. A culture of shared leadership benefits nurses, their colleagues, and those they serve. It also benefits the organization through improved outcomes, employee engagement, and retention.

Shared Governance (SG) is a leadership framework that advances nurses' ownership and autonomy, and it promotes equity and empowerment. Developing SG takes time, commitment, and initially extra work. However, SG is a proven strategy that leads to excellence and sustained quality outcomes, and over time it builds effective collaboration and coordination of effort. Advancing the profession and the quality of care is each nurses responsibility. Shared governance makes that a collective effort and maximizes our impact. There is a lot to do but we are stronger together and together we can be part of the solution.

## IN THIS EDITION

NURSE'S NOTES.....	1
UPCOMING DATES.....	1
SUBMISSION GUIDELINES.....	1
ADVOCATING FOR NURSES.....	2
STD CLINIC NURSES AS ADVOCATES.....	2
NURSES AS ADVOCATES.....	3
NURSE FAMILY PARTNERSHIP.....	3

## UPCOMING TRAININGS & DATES

**July 25–July 28 pending\***

**Essentials of Nursing Onboarding Program: Group 3;  
hosted by the Office of Nursing Excellence**

**\*Please verify eligibility with your department before enrolling or registering.**



## SUBMISSIONS

Please e-mail submissions (articles, ideas, photos, trainings, dates, accolades, local or national news, etc.) to [Sara.Wilson@sdcounty.ca.gov](mailto:Sara.Wilson@sdcounty.ca.gov)

For consideration in the next issue, please submit entries by close of business on July 12 2022.

Submission limits: 125-275 words

## ADVOCATING FOR NURSES

*Teresa Sands,  
ACNO*



With a collective voice of nearly 3.5 million in the United States, what can we as registered nurses accomplish? Advocating for our clients is a given; however, how do we advocate for our profession? Downs & Fiore-Lopez, (2022) provide key points, stating, “Advocacy is our responsibility as nurses, and we should be able to speak about our profession and the legislative issues that affect it” (p. 41).

### Key Points:

- Through nursing education, we all have the foundation to build political advocacy skills
- Effective nurse leaders incorporate opportunities to make a positive impact through political advocacy for the nursing profession.
- Nurse leaders have an ethical responsibility and professional mandate to lead the way by taking up the advocacy mantle.
- Nurse leaders can make a difference in legislative decisions by finding their voice and using it to advance the profession.
- The ANA Code of Ethics for Nurses and Nursing’s Social Policy Statement serve as reminders that advocacy is a professional obligation.
- Professional nursing organizations provide education and guidance on key legislative issues, in addition to forums to engage in advocacy related to the nursing practice.

According to the American Nurses Association (ANA), “When nurses speak, Washington listens.” So, let us begin to speak. And for those of you that already do, I applaud your efforts!

American Nurses Association (n.d.). Get involved. Retrieved June 17, 2022 from <https://rnaction.org/SitePages/Homepage.aspx>

Downs, S., & Fiore-Lopez, N. (2022). Getting Comfortable With the Uncomfortable: Nurse Leader as Advocate—One Leader’s Story. *Nurse Leader*, 20(1), 37–42. <https://doi.org/10.1016/j.mnl.2021.10.004>

## STD CLINIC NURSES AS ADVOCATES

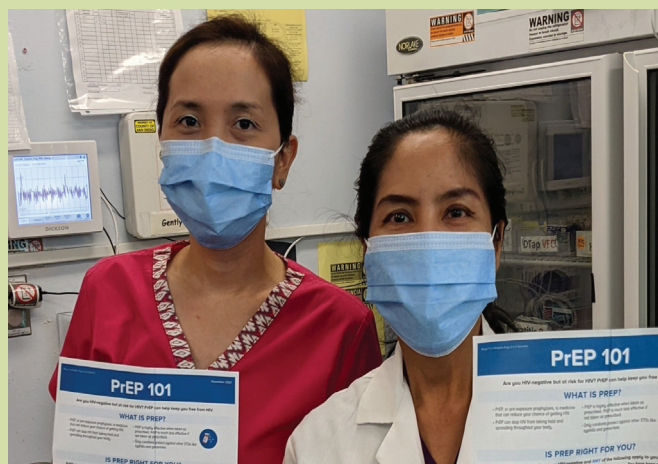
*By Timothy McWilliams, MSN, RN, PHN,  
Interim Public Health Nurse*

The Sexually Transmitted Diseases (STDs) clinic has continued to provide direct client care to all San Diego County residents. Focusing on populations that are at-risk and underserved, STD clinics offer low or no-cost medical assessments, testing, and treatment. Staff nurses and nurse practitioners of the STD clinic promote sexual and reproductive health for everyone in our communities by advocating sound practices and educating clients on healthy sexual behaviors. STD’s and HIV impact some racial/ethnic groups disproportionately. In response, our STD clinics provide medical services to help address some of these health disparities. Staff are committed to providing high quality STD/HIV care in an unbiased and compassionate environment. Our nurses, continue to advocate and promote HIV harm reduction measures by offering free condoms, HIV testing/counseling, information on HIV Pre-exposure Prophylaxis (PrEP), and Post Exposure Prophylaxis (PEP).

Throughout the COVID-19 pandemic, STD services remained available to the community. Our nurses, who are passionate about public health and prevention of sexually transmitted diseases, fearlessly worked every day to ensure their clients received services.

As client advocates, we empower them to take control of their sexual health. We do so by providing education on safe sexual practices, education on diagnosis, treatment, and connecting clients to community resources. Ensuring client safety at our clinic, protecting client’s rights, and providing them with a voice is our top priority.

Thank you, STD nurses!



Kathlyn Gonzales and Lourdes Medina



# NURSES AS ADVOCATES

*By Amaya Ly, PHN Supervisor*



The American Nurses Association (ANA) Code of Ethics states that patient advocacy is when, “the nurse promotes, advocates for, and protects the rights, health, and safety of the patient.” The East Region Public Health Center nursing team has been promoting advocacy by listening to clients’ concerns, providing education, connecting community to resources, and empowering clients to advocate for themselves. They enable access to resources, such as, medical insurance, food, mental health support, healthy development services, and other community resources as needed. A prime example is when a nurse completed a screening on a child and was able to provide early intervention. The child was not meeting developmental milestones, and the nurse advocated for early intervention from the child’s primary care provider. Through advocacy, the family was able to get the resources they needed for their child, which prevented further delays and set them on the path for optimal health.

Our nurses have also been providing education to clients and parents, such as teaching about vaccines when they are hesitant about getting vaccinated. Through active listening, they understand the concerns of their clients, provide appropriate education, and empowering them to take an active role in their healthcare. They encourage clients to follow-up with providers and to complete wellness visits. Additionally, nurses collaborate with their clients and other health care professionals to set and achieve health goals. As Florence Nightingale said, “So, never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.”



From left to right: Teresa Corral, Miriam Kadinger, and Amaya Ly



From left to right: PHNs Bre’aja Bruce, Aracely Ruvalcaba, Valerie Agustin, Kaila Domingo, Rosemarie Ang, Shena Cacho, and Linda Guay

## Nurse Family Partnership & Nurse Home Visitor

*By Bridget Shidler, PHN*

“I am of certain convinced that the greatest heroes are those who do their duty in the daily grind of domestic affairs whilst the world whirls as a maddening dreidel.”  
— Florence Nightingale

As public health nurses (PHN), we advocate on behalf of vulnerable clients in our communities, impacting multiple generations. The Nurse Family Partnership (NFP) program empowers pregnant women of all ages to create a better future for themselves and their children. This evidenced-based program has been in existence since 1977 and was developed by Dr. David Olds. First-time pregnant mothers benefit from the support and guidance of visiting nurses who provide prenatal and parenting education, child and home safety, and nutritional recommendations during pregnancy and after childbirth. As a PHN in the NFP program, I work closely with teenage mothers through a collaboration between the County of San Diego Central Region Public Health Center (CRPHC) and the San Diego Unified School District, and the California School-Age Families Education (Cal-SAFE) program. Clients are empowered through learning a variety of life-skills including parenting, and budgeting skills. Many teenage clients have economic and healthcare barriers coupled with a lack of support from their family and or community. The nurse home visitor supports their clients, cheering them on in their success. This positive impact helps lead to the best possible outcome for them and their child’s future. By becoming a trusted resource, home visiting nurses help first-time mothers by providing them support, resources, and education to help envision a life of stability and opportunities that will benefit both mother and child.