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**Report of the
ANA Professional Policy Committee
2024**

Dialogue Forums

**Membership Assembly
June 29, 2024**

**Grand Hyatt Washington
Washington, DC**

23 **Report of the 2024 ANA Professional Policy Committee**
24 **Dialogue Forums**
25

26 Presented by: Mary Vitullo, MBA, MSN, RN, CV-BC, PCCN, NE-BC, CLSSBB
27 Chair, ANA Professional Policy Committee
28

29 President Mensik Kennedy and ANA Membership Assembly Representatives:
30

31 **Dialogue Forum #1: Breaking Barriers to Nurse Workforce Well-Being: A Call for**
32 **Licensure and Employment Policy Reform to Combat Stigma.**

33 This Dialogue Forum topic was submitted by Courtney Hickey, BSN, RN, and Mary Satre-
34 Kerwin, MSN, MBA, RN. Members of the Colorado Nurses Association.
35

36 **Issue Overview:** Nurses have struggled with mental and emotional well-being due to the
37 inherent obligations and stressors of their profession. Nurses encounter higher rates of
38 mental health issues, substance abuse, and even suicide compared to the general
39 population (Choflet et al., 2023). Tragically, the stigma surrounding seeking support
40 perpetuates a culture of silence, where nurses suffer in solitude, fearing repercussions
41 such as losing their license or enduring professional setbacks (Murthy, 2022). Because
42 these realities have not been adequately addressed, they have resulted in a nursing
43 workforce mental health crisis, which has been compounded by the COVID-19
44 pandemic. A fundamental shift in culture and a united organizational response are
45 imperative to dismantle the systemic barriers obstructing personal and professional
46 well-being.
47

48 **Summary of Dialogue Forum Discussion:**

- 49 • Commenters identified many financial barriers to recovery
50 ○ Loss of job, insurance, livelihood – the need to pay significant amount of
51 money to get back in the workforce
52 ○ Cost of recovery programs can be significant
53 ○ Some recovery programs can have financial incentives to keep nurses in
54 the programs

- 55 ○ Potential solution is to identify opportunities to financially assist
56 individuals in recovery and support their ability to return to their
57 professional role.
- 58 ● Commenters identified opportunities to partner with other organizations
- 59 ○ National Council of State Boards of Nursing (NSCBN)
- 60 ○ Tri-Council for Nursing (ANA, the American Association of Colleges of
61 Nursing, the National League for Nursing, the American Organization of
62 Nursing Leaders, and the NCSBN)
- 63 ○ Dr. Lorna Breen Heroes’ Foundation
- 64 ○ Medical Associations
- 65 ○ Pharmacist Associations
- 66 ● There are discrepancies across the states about mental health and substance use
67 disorder and recovery questions associated with licensing and Alternative to
68 Discipline (ATD) and Recovery programs. Need to push for standardized approach
69 across the states.
- 70 ● Mental health conditions and substance use disorder are diseases and should be
71 treated as such. Compassionate responses, not punitive, are needed from state
72 boards of nursing, employers, and colleagues.
- 73 ○ Focus on all ages and stages of careers
- 74 ○ Address stigma and fear of coming forward
- 75 ○ Everybody knows somebody – it affects everyone.
- 76 ○ Advocate for adequate coverage via short and long-term disability and
77 health insurance.
- 78 ● It was recommended that there be a focus on the need to come into compliance
79 with the Americans with Disabilities Act (ADA).
- 80 ● It was suggested that ANA move away from using the term “burnout” and
81 consider a move toward characterizing mental health conditions and substance
82 use disorder as occupational hazards.
- 83 ● There was discussion about students who may also be impacted by mental health
84 and substance use disorder issues. Education and support are needed for faculty
85 and impacted students.

86

87 **Recommendations:**

88 Based on the feedback from the Membership Assembly, the Professional Policy
89 Committee supports adoption of the following recommendations:

90

91 **Proposed Recommendations:**

92 1) Reduce mental health-related stigma in health care settings at all levels (ANA,
93 2020; Naegle et al., 2023).

94 a. Support education and awareness campaigns on burnout, moral distress
95 and well-being (Murthy, 2022).

96 2) Accelerate changes to mental health reporting requirements and normalize the
97 process for nurses to seek help for workplace-related stresses (NAM, 2022).

98 a. Advocate for changes to state licensing statutes and regulations to support
99 nurses' health and wellness and ensure that they are not deterred from
100 seeking mental health and substance use care. (AMA, 2023a; Dr. Lorna
101 Breen Heroes' Foundation, 2020; Murthy, 2022).

102 b. Advocate for state licensing boards to abstain from using stigmatizing and
103 punitive language on applications and establish a national requirement to
104 adhere to the Americans with Disabilities Act (ADA) guidelines for
105 questions about personal health information, inquiring only about
106 "conditions that currently impair the clinicians' ability to perform their job"
107 (AMA, 2023a, p. 3; Murthy, 2022; Naegle et al., 2023; NAM, 2022).

108 c. Advocate for changes to statutes and regulations to ensure the
109 confidentiality of information collected by licensing boards, including
110 refraining from publicly disclosing a nurse's diagnosis as part of any board
111 process and restricting access to mental health-related disciplinary records
112 (AMA, 2018, 2023b; Henry, 2023; Legal Action Center, 2004; Murthy,
113 2022).

114 3) Encourage employers to foster an organizational culture that prioritizes health
115 worker well-being, normalizes open communication about mental health
116 challenges, supports prevention and promotes care-seeking as a sign of strength
117 (Murthy, 2022; United States Substance Abuse and Mental Health Services
118 Administration [SAMHSA], 2021).

119 a. Encourage licensing boards to develop partnerships with employers to
120 facilitate the successful return to practice of nurses participating in ATD
121 programs (Choflet et al., 2023).

- 122 b. Encourage federal and state governments and regulatory agencies to
123 incentivize employers to hire individuals in recovery and adopt recovery-
124 oriented employment standards and policies (SAMHSA, 2021).
125 c. Encourage employers to review and revise policies and questions on
126 applications and renewal forms for jobs and hospital credentialing to
127 adhere to ADA guidelines and ensure nurses are not discriminated against
128 or deterred from seeking care for their physical health, mental health
129 and/or substance use challenges (Murthy, 2022; Naegle et al., 2023; NAM,
130 2022).

131

132 **Dialogue Forum #1 - [Background Document](#)**

133

134 **Dialogue Forum #2: Improving Care for the Veterans Population.**

135 This Dialogue Forum topic was submitted by Edward Briggs, MS, DNP, APRN and Willa
136 Fuller, PhD, RN. The ANA Board of Directors, Florida Nurses Association, and the
137 National Organization of VA Nurses.

138

139 **Issue Overview:** The conflicts in Iraq and Afghanistan have resulted in a significant
140 increase in the veteran population, creating unique healthcare challenges and needs.
141 The Veterans Health Administration (VHA) has faced strain in providing timely care,
142 prompting Congress to pass the MISSION Act in 2018, allowing veterans to access
143 healthcare services outside the VHA through the VA Community Care (VACC) program.
144 While well-intentioned, the expansion of care into the community overlooks the specific
145 healthcare needs of veterans, particularly in the context of the unique challenges arising
146 from military service. ANA has historically supported increased access to care for
147 veterans and, in response to the MISSION Act expansion, should reinvest efforts to
148 ensure that United States veterans receive appropriate healthcare services. Veterans,
149 with their distinct determinants of health and increased rates of mental health disorders
150 and exposure-related illnesses, require healthcare providers, including Registered
151 Nurses, to undergo specialized training and education for the detection and treatment of
152 these challenges to improve healthcare outcomes. This policy proposal outlines
153 recommendations for action to ensure that all healthcare providers are adequately
154 prepared to provide the highest level of care to this specific patient population.

155

156 **Summary of Dialogue Forum Discussion:**

- 157 • Members were supportive of the policy recommendation and thought that it was
158 an important cause.
- 159 • Veteran families are an incredibly important population that also needs
160 specialized care and attention. Do not forget the families.
- 161 • Policy and implementation must include people who are very hard to reach, e.g.
162 people living on the streets and those who are not connected to the Veterans
163 Administration.
- 164 • Identify opportunities for medics to contribute to the nursing team to leverage
165 their knowledge and experience about the needs of veterans.
- 166 • Partner with the American Academy of Nursing and leverage their “Have You Ever
167 Served” resources. It is necessary to ask the question to know who is veteran and
168 provide the care that is needed.
- 169 • If community providers are not properly prepared to care for the veteran this can
170 and will result in inequitable care. They deserve better. Most people don’t
171 understand the life of a veteran.
- 172 • Important to support efforts to improve continuity of care and move toward a
173 more seamless system.

174

175 **Recommendations:**

176 Based on the feedback from the Membership Assembly, the Professional Policy
177 Committee supports adoption of the following recommendations:

- 178 1) The ANA considers the VACC as a supplement to care delivery by the VHA, not a
179 replacement for that care. ANA shall advocate for policies that ensure a seamless
180 care system between the VHA and VACC.
- 181 2) ANA shall work to improve nursing knowledge relating to the unique health care
182 needs of the veteran population and their families. This should include the
183 following:
- 184 a. Working with educational institutions and credentialing bodies to
185 incorporate the unique health care needs of the veteran population within
186 basic and graduate nursing educational curricula.
- 187 b. Coordinating with the VHA to develop, implement and disseminate
188 educational resources to prepare community nurses and other health care
189 providers to meet the unique health care needs of the veteran population.

190 3) ANA shall continue its efforts to remove all restrictions to nursing practice within
191 the VHA and allow all nurses to practice to the full extent of their education and
192 training to meet the health care access needs of all veterans and improve
193 timeliness of care.

194

195 **Dialogue Forum #2 – [Background Document](#)**

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198 **Dialogue Forum #3: Enhancing Ethical Practice Through the Voice of Nursing: 2025**
199 **Code of Ethics Revision.**

200 This Dialogue Forum topic was submitted by the ANA’s Center for Ethics and Human
201 Rights Ethics Advisory Board.

202

203 **Issue Overview:** The ANA's commitment to maintaining a Code of Ethics for Nurses is
204 enshrined in its Certificate of Incorporation, which mandates the establishment and
205 upkeep of ethical standards within the nursing profession. The *Code of Ethics for Nurses*
206 *with Interpretive Statements* (the Code or Code) is subject to periodic updates, with
207 revisions occurring approximately every ten years in accordance with ANA policy. The
208 purpose of revising the Code is to uphold the longstanding tradition of nursing ethics
209 rooted in relational values while addressing contemporary challenges. This Dialogue
210 Forum provides an opportunity to learn about the evolution of the Code, the approach
211 used to revise the document, and provide feedback on the proposed changes for the
212 2025 version.

213

214 **Summary of Dialogue Forum Discussion:**

- 215 • Many commenters supported the proposed revisions to the Code of Ethics and
216 the work undertaken to keep it relevant. In particular, there was significant
217 appreciation for the addition of the new Provision 10.
- 218 • There needs to be an effort to make the Code of Ethics actionable. Need to
219 provide an index connecting provisions to actionable steps.
- 220 • Identify strategies to make the Code of Ethics more accessible to students and
221 nurses.
- 222 • Continue to work on improving how the Code of Ethics is included in curriculum
223 and professional development across the education lifespan of nurses.

- 224 • Consider expanding advocacy efforts related to Provision 3 and planetary health
225 to include efforts to address nano plastics, endocrine disruptors, and other
226 environmental issues impacting health.
- 227 • Draft language associated with when nurses make the decision to strike needs to
228 be reframed. Nurses should not be accountable for ensuring that the employers
229 have done what is necessary to provide care during the strike. This language
230 needs to be pruned or reframed to be more neutral and not put the onus on the
231 nurse to develop a process to ensure the care for patients.
- 232 • 6.3, line 614 – Need to create an environment of psychological safety as part of
233 the leadership role.
- 234 • Need to consider the shift from the focus on the individual nurse (in the early
235 provisions of the Code) to nurses as a collective (in later provisions of the Code).
236 Individual nurses may not see themselves as part of the collective.

237

238 **Dialogue Forum #3 – [Background Document](#)**