Celebration and Gratitude

May 6-12 is National Nurses Week which culminates on May 12, the 201st anniversary of Florence Nightingale’s birth. This is a time of celebration and gratitude.

I am deeply grateful for Red Cross Nurses. You are smart, compassionate and effective, whether serving in a leadership or support role. For the twentieth year in a row, nurses topped the Gallup poll of perceptions of a profession’s honesty and ethics in 2022. Your trust is earned in part because of your advocacy for those you serve. The person, family or community you serve is central. You use your expertise to promote health and well-being, to mitigate suffering, to be present with individuals who face death and those they leave behind. Compassionate action is powerful.

As we celebrate nurses, we acknowledge that we do not work alone. Our families, friends and the complex networks that underpin our work contribute to our successes.

To continue to serve, we must attend to our personal and collective resilience. “Resilience is the capacity to prepare for, recover from and adapt in the face of stress, challenge, or adversity” (HeartMath®). We can build our resilience capacity. Regenerative feelings like gratitude and appreciation foster resilience—and I encourage you to appreciate yourselves for who you are and what you do.

Volunteers Needed

Disasters are becoming larger and more intense every year and the need for volunteers has never been greater. With hurricane and wildfire season just ahead, we have a critical need to fill these volunteer positions. Visit redcross.org/volunteertoday to get started today:

The Red Cross Health Professional Community consists of nurses, other health professionals and champions for well-being. As this community grows, the capacity to deliver the Red Cross humanitarian mission increases. The past two years left a wake of suffering and yet inspired innovation and extraordinary acts of compassion. Please share this link to become a volunteer with your family, friends and colleagues so that we can mitigate suffering and bring hope and healing.

If you are not a member of the Red Cross Health Professional Community, I invite you to join by applying to volunteer. You will join a community of extraordinary humanitarians and will likely forge lifelong friends. For questions, please contact RedCrossNurse@redcross.org.

Happy Nurses Week! I humbly thank you for your amazing service.

Linda MacIntyre, PhD, RN, PHN

Last summer, we held a Resilience Workshop for Red Cross leaders in the health professions. Some leaders were deployed to several disasters, some were champions addressing the blood shortage and some were struggling with aging parents. Many experienced both losses and joy. Using simple HeartMath techniques, they collectively increased their resilience by 17%.

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Linda MacIntyre, Chief Nurse
American Red Cross Volunteer Medical Screener Program

Are you interested in a career in the medical field? Do you already have experience as a health care provider? The American Red Cross has an ideal volunteer opportunity for you: qualifying those who wish to donate blood. You will work alongside trained Red Cross staff performing medical screening at blood drives. You will engage with blood donors, take vital signs and ensure health history questions are answered. The Volunteer Medical Screener (VMS) position is a fun and rewarding experience. Volunteers make up approximately 90% of the Red Cross workforce performing our humanitarian work. The Red Cross collects nearly 40% of the nation’s blood supply. The VMS has a direct role in assuring that the nation’s blood supply is maintained at a safe level. Since it was reintroduced in 2017, the VMS program has grown to support multiple states nationwide (currently AZ, CA, GA, ID, MN, MT, NY, OH, TN, TX, UT and WI).

Participants in the VMS program augment collections employees by performing donor registration, taking vital signs, and recording health histories. Three weeks of training to be a VMS, provided by the American Red Cross, prepares volunteers to perform the regulated tasks of the position. Training involves both virtual sessions and in person on the job training in your community.

Once fully trained, VMS team members are expected to support a minimum of 2 shifts (4 to 6 hours each) on an ongoing monthly basis. Participation in the VMS program can enhance your medical education and allow you to use your skills to assist your community.

Hear what current VMS have said about how the position is a natural fit between their career aspirations and the program:

Gary Soloff, Los Angeles, CA is making a career transition to become a nurse practitioner and shared “The VMS role has been instrumental in providing clinical experience and direct donor interactions. It has been extremely rewarding being able to give back to the community and learn at the same time. My interpersonal skills assist me in connecting to the donors, helping them feel more at ease and less stressed going into the donation process. The VMS position is an extremely rewarding way to give back to the community. Volunteering at drives in my neighborhood has enabled me to bond with the community and feel more connected.”

Michael Alduino from Buffalo, NY is working towards his career goal as a neurosurgeon and shared “the VMS position is the perfect microcosm for premedical students, and anyone interested in understanding more about the medical field. Unlike volunteering at hospitals/clinics, the VMS job lets you get hands-on training in a smaller and more controlled environment to prepare you for what to expect. My knowledge of social psychology helps me to know what techniques are more effective for communication, while providing a calming environment to new or stressed donors.” Alduino shared his view that for “anyone considering this program would be introduced to basic fundamentals in the medical field, which...
improves an individual’s confidence and refines their abilities before pursuing other options.”

The program is also rewarding for those already in the medical field such as RNs, LPNs, LVNs, EMTs, med techs, and pharmacists. Barbara Chang, Pomona, CA is a recently retired registered nurse who volunteers as a VMS and an RN of Record. Chang stated, “this program has provided me the opportunity to do more for my community, while keeping my technical skills fresh while assisting and relating to the donors.” Additionally, Chang noted that this program and volunteering in her community has an unexpected bonus, “Overall I think it’s important for people to give a little bit of themselves by volunteering; also it’s good for the soul.”

When asked how the VMS position has enhanced their professional skills, Michael Alduino provided this feedback: “the opportunities to work with such different and diverse groups of donors have helped me learn how to tailor my bedside manner and people skills so I can better know how to handle certain types of people with different philosophies, beliefs, attitudes and dispositions.” Gary Soloff stated, “the skills learned have provided me the ability to be hands-on with donors and practice bedside manner during health histories. The role

Nursing and Health Professional Continuing Education at the American Red Cross

Aside from being a requirement for licensure in many states, continuing education is viewed as an important way for nurses and other health professionals to continuously develop their knowledge base, skills and attitudes, which in turn can improve health care in society.

In 2021, the National Academy of Medicine (NAM) published its consensus study, “The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity.” Among the recommendations of the study is, “Recommendation 7: Nursing education programs, including continuing education...should ensure that nurses are prepared to address social determinants of health [SDOH] and achieve health equity.” The study advocates that nursing education programs, “Integrate social needs, SDOH, also enhanced my understanding of the blood bank industry and the critical needs within hospitals.”

The benefits of the VMS program go far beyond the professional scope. VMS team members shared what they like most about the work they perform for the Red Cross. While each felt proud and enjoyed the respect of donors, they agreed this opportunity provided a broader understanding of the constant need for blood and the direct impact the work they do has on families. Barbara Chang shared that she appreciates “providing service to the community and knowing that with every donor we are saving lives. I enjoy working alongside the Red Cross employees; they are always welcoming and helpful. I feel like I am helpful to both the staff and donors by assisting them to move through the process in a timely manner. Volunteering as a VMS is also an opportunity for me to keep motivated to learn and be active while providing me a good sense of helping others and making a difference.”

Anyone interested in getting involved in the Volunteer Medical Screener program is encouraged to visit the site for new volunteers, or Volunteer Connection if you are already a volunteer, and complete an application while applying for VMS in your area. For additional information about the American Red Cross Biomedical program, visit RedCrossBlood.org or check out this video (recorded prior to the pandemic but which accurately describes the role).

Nursing and Health Professional Continuing Education at the American Red Cross

Posie Carpenter, RN, MSN, MPH

populations health, environmental health, trauma-informed care, and health equity as core concepts...in continuing education.” Specifically, the NAM consensus study cites a 2018 National Sample Survey of Registered Nurses (NSSRN) in which respondents were asked, “As of December 31, 2017, what training topics would have helped you do your job better?” The study found overall that RNs working in schools, public health, community health, and emergency and urgent care were more likely than RNs working in all other employment settings to indicate that they could have done their job better if they had received training in SDOH, population health, working in underserved communities, caring for individuals with complex health and social needs, and especially mental health. The 2018 NSSRN also found that compared
to earlier cohorts, RNs who had graduated after 2010 were more likely to indicate that they could have done their job better with training across all these topics. The NAM consensus study posits that, “These results could reflect RNs encountering increasingly complex individuals and populations, rising numbers of visits and caseloads, the fact that the RNs working in these settings frequently provide care for people facing multiple social risk factors that harm their health and well-being, or inadequacy of the training in these areas that RNs had received.”

In an effort to support Red Cross nurses’ and health professionals’ continuing education requirements for licensure and be responsive to the recommendations of the Future of Nursing 2020-2030 report to ensure that the Red Cross health professional workforce is prepared to address SDOH and promote health equity, National Headquarters Volunteer Services Nursing and Health is sponsoring a Spring Continuing Education Series.

The series kicked off in February with an informative session entitled Meeting the Transfusion Needs of Patients with Sickle Cell Disease – It’s About More Than Blood that was co-presented by Yvette Miller, M.D., Executive Medical Director, Biomedical Services, and Nicklaine Paul, RN, BSN, CCM, Executive Consultant Sickle Care Solutions, LLC. The attendees, many of whom were seasoned nurses, expressed gratitude for the content in this session that would help them to make more informed and compassionate patient care decisions and to be better advocates for patients with sickle cell disease. In March, Linda MacIntyre, PhD, RN, PHN, Chief Nurse of the American Red Cross and her volunteer partner, Posie Carpenter, RN, MSN, MPH, provided foundational knowledge for health equity concepts in their session entitled, Supporting Health Equity in our Communities: Addressing the Social Determinants of Health and Future of Nursing Report 2020 to 2030. The April education session, Vaccines and Immunizations for Red Cross Health Professionals, detailed the science behind vaccines and immunizations and provided real-world suggestions on communicating the importance of and evidence for vaccines and immunizations. This excellent session was presented by Carolyn Nganga-Good, RN, DPH, Red Cross National Nursing Committee International Services Workgroup Chair, James Noe, Senior Program Officer for the Measles & Rubella Initiative, and Laura Fullem-Chavis, RN, MSN, Nursing and Health Special Projects Leader. Each of these sessions has been approved for 1.0 nursing continuing education contact hour through the California Board of Registered Nursing. Recordings of the sessions and links to the post-test and evaluation may be accessed on the Red Cross Health Professional page on The Exchange.

During the month of May, the Nursing and Health Spring Education Series will conclude with a four-part Symposium, “American Red Cross - Supporting Health Equity in our Communities.” Each of the four one-hour sessions will address the topic from a different perspective as follows:

- May 3, 2022 (3:00 – 4:00 p.m. ET) A Leadership and Advocacy Perspective – Session Link
- May 10, 2022 (3:00 – 4:00 p.m. ET): An Emergency Preparedness Perspective – Session Link
- May 17, 2022 (3:00 – 4:00 p.m. ET): A Well-Being Perspective – Session Link
- May 24, 2022 (3:00 – 4:00 p.m. ET): A Blood Supply Perspective – Session Link

The sessions will be recorded, and each will be approved for 1.0 nursing continuing education contact hour through the California Board of Registered Nursing. Recordings and links to the post-test and evaluation will remain accessible on the Red Cross Health Professional page on The Exchange through July 31, 2022. Please join us and invite your fellow Red Cross nurses and health professionals to learn about supporting health equity with the American Red Cross.

American Red Cross Health Professionals Get Pinned  Posie Carpenter, RN, MSN, MPH

Derived from a pin of the American Medical Association with the addition of the laurel wreath on the outer edge, the American Red Cross Nurse pin (or "badge") was adopted and first ordered in 1906. The first order was for 250 pins. Since then, thousands of men and women have worn their Red Cross Nursing pins with pride, and pins have been designed for Licensed Practical Nurses, Licensed Vocational Nurses, Student Nurses, and Emergency Medical Services professionals. Mindful that the
current collection of available pins does not recognize all of the Red Cross health professionals such as physicians, mental health professionals, pharmacists, physical and occupational therapists, respiratory therapists, phlebotomists and laboratory technologists, the NHQ Nursing and Health unit commissioned the design of an “American Red Cross Health Professional” pin. To assure health professional involvement in the pin selection, five pins were designed by the Red Cross Brand Marketing team, and health professionals were asked to choose their favorite design. The resulting pin choice was marketed to the regions in early February for ordering. The first order of the new Health Professional pin will be for 650 pins and will be distributed to the regions in late May. Now all Red Cross Health Professionals will have the opportunity to be recognized for their service by getting pinned!

Inoculating Against Misinformation

Vaccine hesitancy is nothing new, in fact one of the first mentions of anti-vaccination sentiment can be traced to 1763 in Paris, France during efforts to inoculate the populace against smallpox. Over the years there have been many more instances where vaccines have been villainized due to a lack of understanding of how they work and the fear that they are more dangerous than the diseases they are protecting against. As our world becomes increasingly connected though social media, we are unfortunately seeing new levels of vaccine hesitancy fueled by misinformation online.

As frontline healthcare workers, nurses play a pivotal role in helping patients make the right choices when it come to their overall health. When it is time for a parent or caregiver to make the decision to have their children vaccinated, they need accurate information coming from a trusted source. This may require nurses to gain a greater understanding of how vaccines work, what safety measures go into the development and life cycle of a vaccine, as well as strategies on how to talk with patients who may be hesitant. With this in mind, the American Red Cross’ Measles & Rubella Initiative, in partnership with the National Nursing Committee’s International Services Workgroup, has developed an educational presentation titled Vaccines and Immunizations for Red Cross Health Professionals to properly prepare current and future healthcare workers to discuss the facts about vaccines.

The presentation is aimed towards reaching a somewhat technically-inclined audience: it provides an overview of the science behind topics ranging from how vaccines create an immune response within the body to the exhaustive and ongoing safety measures built into the development and use of all vaccines approved for the public in the United States. Modeled after UNICEF’s strategy of “inoculating against misinformation,” the goal of the presentation is to provide healthcare professionals with a foundation of knowledge and scientifically-based facts that they can pass on to their patients and community and can utilize to critically evaluate information and messages about vaccines that they may come across.

Featured recently as part of the Nursing and Health Spring Continuing Education Series, the Vaccines and Immunizations for Red Cross Health Professionals materials were presented to an online audience of Red Cross nurses. The session was well received and included an opportunity for a continued education credit upon the successful completion of a post-test. A recording of the session as well as the post-test are still available for those interested. In addition, the PowerPoint presentation is available on the Measles & Rubella Initiative topic hub on the Exchange for use by volunteers and chapters within their communities.

It is important to remember that vaccines are
Red Cross Fights to Erase Measles & Rubella

The American Red Cross is one of the founding partners of the worldwide Measles and Rubella Initiative (M&RI), leading the effort to eliminate these diseases through vaccinations.

Founded in 2001, the M&RI is led by the American Red Cross, the United Nations Foundation, the U.S. Centers for Disease Control and Prevention (CDC), UNICEF and the World Health Organization. The aim is to vaccinate children across the globe in hopes of eradicating these devastating diseases.

Here in the U.S., Red Cross nurses provide community education and educate legislators about the Measles and Rubella Initiative (M&RI). Red Cross nurses have been invaluable in reaching out to key members of Congress to raise awareness of the continued global disease burden due to measles and rubella and advocate for continued support for M&RI through the U.S. government. More than 50 nurse advocate volunteers have been trained and conducted visits with 28 congressional offices. These nurses have helped to secure $50 million annually toward measles and rubella elimination programs through our key M&RI partner, the CDC.

Since 2001, more than 3 billion children have been immunized against measles in over 88 countries, reducing global measles deaths by 94%. But this is not enough. It is estimated that more than 166 kids — most of them children under the age of 5 — still die every day from these preventable conditions.

The Red Cross has contributed more than $185 million toward campaigns and the purchase of vaccines and materials and plays a pivotal role in vaccination campaigns worldwide. Local volunteers use mass media, rallies, door-to-door visits and educational entertainment to reach families who do not have access to routine health services. Whether in distant villages or urban settlements, these campaigns may be the only way for children to receive this lifesaving vaccine.

Through partnerships with Red Cross and Red Crescent national societies, local volunteers are mobilized and trained to conduct home-to-home visits among their neighbors, providing information on vaccination campaigns to caregivers and encouraging the vaccination of children. Since 2001, 136 campaigns in 46 countries have been directly supported by the American Red Cross with more than 77,000 volunteers mobilized. Learn about efforts in Benin and Kenya.

Measles is a highly contagious virus, spread by contact with an infected person through coughing and sneezing. In 2000, measles was a top five cause of death of children under the age of 5 years, with 1,072,000 deaths annually. Complications from measles can include pneumonia, blindness, encephalitis and diarrhea. Rubella is generally a mild disease but can have serious consequences for pregnant women and their children. Pregnant women can pass rubella to their fetuses resulting in Congenital Rubella Syndrome (CRS), often resulting in multiple birth defects including heart problems, deafness, and blindness.

How You Can Help Learn more about this important effort here. It only costs $2 to vaccinate a child. To join the global flight, text PREVENT to 90999 to give $10 to the Red Cross and help us vaccinate children against measles. With just $10 you can save the lives of 5 children. Please consider making a donation today to support this vital effort.
The last several years have seen record-breaking wildfires and hurricanes hit the United States due to our changing climate, and this year looks to be no different. The American Red Cross is urging you to plan now for the 2022 wildfire and hurricane seasons.

Wildfire season is really all year round, but most fires occur between June and August. The Atlantic hurricane season runs from June 1 to November 30 but storms have occurred earlier in the year.

In 2021, there were more than 940 large wildfires which destroyed almost 6,000 structures and caused an estimated $90 billion in damages. There have been more large hurricanes in this country in the last six years than seen in the previous 53 years combined. It’s critical that you get ready now.

GETTING READY IS EASY There are simple steps you can take to be prepared:

1. **Create an evacuation plan.** Plan what to do in case you are separated from your family during an emergency and if you have to evacuate. Coordinate your plan with your child’s school, your work and your community’s emergency plans. Plan multiple routes to local shelters, register family members with special medical needs as required and make plans for pets. If you already have an emergency plan, talk about it again with family members so everyone knows what to do if an emergency occurs.

2. **Build an emergency kit** with a gallon of water per person, per day, non-perishable food, a flashlight, battery-powered radio, first aid kit, medications, supplies for an infant if applicable, a multi-purpose tool, personal hygiene items, copies of important papers, cell phone chargers, extra cash, blankets, maps of the area and emergency contact information. Because of the pandemic, include a mask for everyone in your household. If you already have a disaster kit, now is the time make sure the food and water is still okay to consume and that copies of important documents are up to date.

3. **Be informed.** Find out how local officials will contact you during a wildfire emergency and how you will get important information, such as evacuation orders.

4. **Download the free Red Cross Emergency app** to help keep you and your loved ones safe with real-time alerts, Red Cross shelter locations and safety advice on wildfires and other emergencies. To download the app, search for ‘American Red Cross’ in your app store or go to redcross.org/apps.

Red Cross and Resilience

I recently finished my Doctorate in Nursing Practice in Advanced Public Health at Rush University in Chicago, IL. As part of my doctorate, I worked with Red Cross Nursing and Health leaders to implement a resilience-building project.

While most of the world paused at some point during the COVID-19 pandemic, weather-related events and natural disasters did not. Natural disasters have been increasing in severity for more than a decade. At the American Red Cross, this increased the demands on disaster response resources like volunteers, supplies and deployment logistics. Red Cross disaster relief programs were acutely impacted by COVID-19 as the disaster season, more severe May through November, overlapped with the pandemic.

In the face of the persisting pandemic and increasingly severe disaster seasons, we saw an opportunity to implement a project utilizing resilience-building techniques. The Nursing and Health Leaders (NHLs) were invited to pilot this project in the late summer of 2021. The NHL group consists of 100 volunteer members across different U.S. geographic regions who help manage disaster response, blood donation events, training services, along with many other projects. This can also include frontline work and deployment.

Working with NHLs from the height of COVID in May 2020 through the summer of 2021, they had expressed strong feelings of fatigue and burnout. They voiced being overwhelmed, disengaged, irritable and even had trouble sleeping. Some attributed these signs of stress to the increased
demands of disaster response programs and the overwhelming impact of COVID-19 on workforce, resources and program delivery.

Literature shows that healthcare workers or responders who witness suffering for prolonged periods of time are more likely to suffer from emotional exhaustion (Rushton et al., 2015). This is a risk for NHLs who are deployed to disaster areas working the intake shelters, seeing neighborhoods destroyed, and helping families who have been devasted by wildfires or flooding. Work-related stressors and burnout, particularly in healthcare, can negatively impact mental health (Makwana, 2019; Rushton et al., 2015). Building resilience is an established technique to combat the effects of fatigue, stress, and burnout.

Let’s try something for a few moments:
• “Focus your attention in the area of your heart. Imagine your breath is flowing in and out of your heart or chest area, breathing a little slower and deeper than usual.
  o Suggestion: Inhale for 5 seconds and exhale for 5 seconds, or use whatever rhythm is comfortable.
• Make a sincere attempt to experience a regenerative feeling such as appreciation or care for someone or something in your life.
  o Suggestion: Try to re-experience the feeling you have for someone you love, a pet, a special place, an accomplishment, etc., or focus on a feeling of calm or ease.” (HeartMath, 2021)

What do you notice? Are you calmer? More focused on reading this? Or just wondering what this has to do with my project?

That was the HeartMath Quick Coherence® Technique. HeartMath is a program that combines science-based techniques with psychophysiological coherence training to empower people to self-regulate their emotions and behaviors with the goal of reducing stress, increasing resilience, and bringing balance. Different from meditation or deep-belly breathing, HeartMath is designed to be done in fast-paced environments for only a few moments to help focus attention and bring coherence between the heart rhythm and brain activity. These techniques have been utilized on an organizational level at the Department of Veterans Affairs, Kaiser Permanente, and the National Aeronautics and Space Administration.

HeartMath has demonstrated an average of 24% increase in focus, 30% increase in better sleep, and 38% increase in calmness. A study specific to nursing found that over 400 nurses benefited from HeartMath with significant increases in goal clarity, work attitude, productivity and communication effectiveness (Goldfisher et al., 2014).

We used a HeartMath Workshop Series as the basis for my project designed to increase resilience for NHLs. This series was a voluntary six-week course of weekly one-hour sessions utilizing HeartMath resilience techniques with a one-hour follow-up session. More than twenty HeartMath certified trainers joined the Red Cross as volunteers to become Resilience Instructors, to help facilitate interactive sessions and educate on resilience techniques. Each week a different technique was facilitated, building on the previous week as the series progressed. The main objective was to demonstrate an aggregate increase in resilience as seen by pre- and post-survey scores based on an evidence-based resilience tool.

The Community Based Participatory Research (CBPR) model was used to guide this project’s development, implementation and evaluation (Wallerstein, 2020). CBPR is built on community involvement for problem solving and sustainable solutions. CBPR is a useful model for engaging communities that want to be involved in the problem-solving process, like the NHLs.

Some were skeptical when this project began. Many NHLs had reported using other types of wellness exercises in the past and were unsure how this would be different. During the series some shared they were using HeartMath techniques for personal challenges in their lives: chronic pain, caregiver fatigue and work-life balance.

The evaluation feedback was overwhelmingly positive. Participants’ comments included:
• “I feel better prepared going through stressful events knowing I have tools to help.”
• “HeartMath techniques helped me build resilience both professionally and personally.”
• “The skills learned in this training have been
timely and helpful.”

- “I learned that I am not always as resilient as I think... implementing the tools will make a positive difference.”

This project demonstrated a 17% aggregate increase in resilience from baseline as evidenced in pre/post test scores based on the Ohio State University Brief Resilience Scale. Two participants were so moved they have become HeartMath Certified Trainers themselves, contributing to the sustainability of the project. Based on this project, techniques like HeartMath can be effective tools at increasing resilience in NHLs, further supporting the literature that utilizing programs like this can have an overall positive effect on healthcare worker resilience. By prioritizing these tools, the overall workforce can be more resilient, and a strengthened organization can meet the needs of the community more effectively and compassionately.

As part of this project, a standardized request form was built into the Red Cross intranet (The Exchange). This form allows anyone in Red Cross to request a resilience training by a Certified HeartMath Trainer/Red Cross Resilience Instructor. Sessions include microlearning for just a few minutes, half hour sessions, to longer weekly sessions like this series. Data will be collected to show leadership the impact resilience instructors are having on the organization as well as the engagement in this initiative.

Like most wellness exercises, these techniques, while simple, take practice. To be most effective, resilience techniques need to be incorporated into daily life so that when a challenging moment develops, you can easily pull one of these techniques from your resilience toolbox.

To learn more about resilience at the Red Cross with HeartMath visit the Workforce Wellbeing Toolkit on The Exchange. For more detailed information on this project or to connect, email me at kathryncbooth@gmail.com.

References

Jane Delano Nursing Student Scholarship
Nursing students who are affiliated with the American Red Cross may be eligible to apply for the 2022 Jane Delano Nursing Student Scholarship Award. Undergraduate or graduate nursing students who have contributed volunteer service to or are employees of an American Red Cross Unit are eligible to apply for this $3,000 scholarship. The scholarship, established to promote nursing as a career and to promote the involvement of new nurses in the American Red Cross, is supported in the memory of Carol Fox Martin.

Information about scholarship criteria that must be met and a link to the application form is available on The Exchange. The application must be submitted to NationalAwards@redcross.org by 5 pm on Friday, May 20, 2022.

Florence Nightingale’s Influence on the Development of Nursing Education in America
Florence Nightingale, often referred to as the “Mother of Modern Nursing,” greatly influenced the creation of a secular trained nurse role for women through her work as a nurse and the development of a training school for nurses in the latter half of the 19th century. Her nursing school model and the resultant trained nurse role ultimately led to the professionalization of nursing in America. I would like to share some of my dissertation research that describes the influence of Florence Nightingale on the development of secular nursing education in America (Matthias, 2011).
Nightingale envisioned a role for a trained nurse within the public sphere. In alignment with the philosophies of expert nurses and gender roles of her time, she believed the nurse must possess a calling to care for the sick and that the role of nurse belonged to women because of a woman’s nurturing qualities. Nightingale also believed that the role of the trained nurse in the public sphere belonged to middle-class women who were intelligent and could learn the scientific theories underlying the rationale of nursing practice. The Crimean War provided Nightingale an opportunity to demonstrate the possibilities and effectiveness of the trained nurse.

Nightingale’s Training to Become a Nurse
Florence Nightingale was born in Florence, Italy on May 12, 1820, to a prominent family. Her father believed in discipline and ensured that she received the finest education known to that day. Nightingale was thoroughly trained in mathematics, Greek, Latin, French, German and Italian. In addition to her excellent academic education, Nightingale was raised to be a proper woman capable of caring for her household, family and community. Nightingale was highly educated and brilliantly accomplished, and very early she exhibited an intense devotion to the alleviation of suffering. Although Nightingale only received three months of nurse training at the Deaconess Institute’s hospital in Kaiserwerth, Germany in 1851, her upbringing and life experiences prepared her to become a nurse. In 1920, Nightingale’s short duration of formal nurse training was rationalized in this way:

In these days when at least three years are deemed necessary for a nurse’s training, the question arises how could so short a course have been considered enough by [Nightingale] who so fully understood the necessity of thorough preparation. The answer is that before she went to Kaiserwerth she was already a model housekeeper; she knew how to modify the home for the comfort of the sick and suffering; she had acquired sufficient knowledge of anatomy and physiology and hygiene; she knew the history of the art of nursing; and she had intently observed the actual practice of the art in her visits to the famous hospitals of Europe. She knew her lack of technical training and that is what she went [to Kaiserwerth] for (Worcester, 1920, p. 4).

Nightingale’s Nursing Care in the Crimean War
In October 1854, one year into the Crimean War, the British government pleaded for devoted women to help their soldiers who were wounded and diseased in the hospitals of Scutari. Sydney Herbert, England’s Secretary of War, wrote a letter to Florence Nightingale requesting that she lead a group of nurses to Crimea to care for and nurse these soldiers away from death. Remarkably, without knowledge of Herbert’s letter, Nightingale also wrote a letter to him volunteering her services to organize an adequate nursing department within the army’s hospitals. Nightingale with her 38 nurses headed to Crimea and upon their arrival at the Scutari Barracks in November 1854, found "thousands and thousands of sick and wounded men who had been brought from the seat of war, without nurses, without suitable food, without a laundry, without the possibility of a change of clothes, without a kitchen for preparation of proper food, with no possible conveniences or appliances for the care of the sick and the wounded" (Choate, 1911, pp. 352-3). With Nightingale’s leadership, knowledge, and organizational skills, the nurses improved the sanitation and hygiene so that in just a few months, the death rate was reduced from 60 to 1 percent (J.A.D., 1911). The hospitals of the Crimean War under the supervision of Nightingale became models of neatness, order and positive health outcomes.

Nightingale and her nurses through their excellent nursing care earned respect for nurses from the War Department of England (Mosby, 1940). She emerged from the Crimean War demonstrating two great principles: "first, that the physician or surgeon cannot work unaided, [the physician] needs an ally; second, that the ally best fitted by temperament and nature is the trained woman nurse" (Osborn, 1911, p. 339). Teamwork between
the doctor and trained nurse was necessary in nursing the sick. Nightingale's theory concerning the environment—to include the cleanliness of air, water, and food and its influence on the health and healing of the patient—was also clearly demonstrated in the Crimean War. She grounded her theory in practice for the profession of nursing: Nursing the sick and wounded was no longer a theory. She had proved through experience that nursing could be done successfully; the work she loved had a place; that it was a profession on a par with medical practice. The trained nurse had come into her own. A great profession was born (Mosby, 1940, p. 20).

Nightingale’s Nurse Training School
In the spring of 1855, Nightingale contracted the Crimean fever. Months later when she was well enough to travel, she refused to leave the army and remained until every patient was removed from her field hospitals in 1856. The English people donated thousands of pounds to honor Nightingale and her work in the Crimean War. Nightingale refused the money for herself but put the money into a fund to establish a training school for nurses. This school, "the first of its kind to be conducted on high and broad and pure methods and principles," opened in June of 1860 and was named the Nightingale Training School for Nurses at St. Thomas’ Hospital in England (Choate, 1911, p. 355). Nightingale’s training school was the first secular training school for nurses that allowed a woman of any religious denomination a place to train to become a nurse. Nightingale provided a “new and high calling for woman, in opening for them a new profession, a new sphere of usefulness” (Worchester, 1920, p. 7).

Nightingale Influences Nursing Care and Education
Nightingale’s nursing care during the Crimean War was inspirational in the development of the National Red Cross and Red Crescent Societies to carry out their traditional task of caring for wounded and sick members of the armed forces (ICRC, 2010). Her work during the Crimean War also influenced the work of the women’s branch of the U.S. Sanitary Commission, the New York Women’s Central Association of Relief (WCAR) for Civil War wounded soldiers (Choate, 1911; Hoff, 1911). Some of the women who worked within the New York WCAR developed one of the first Nightingale-modeled training schools in America in 1873, the Bellevue Training School for Nurses in New York. Those who proposed opening the training school for nurses at Bellevue consulted Nightingale and she provided a letter outlining fundamental principles of managing a training school. This letter was regarded as the “Constitution of [the] School” for many years (Hobson, 1916, p. 94).

Nightingale combined the calling to serve, a woman’s nurturing qualities, and theoretically-based rationale of techniques to introduce a new role, the trained nurse. Nightingale’s model for training nurses and her vision of the role and functions of the trained nurse served as a foundation for trained nursing in America. With the explosion of hospital-based training schools in America during the turn of the 20th century, efforts to professionalize the trained nurse role also flourished to standardize nursing education and protect the title, nurse.

Nightingale’s Lifelong Contributions
Nightingale did not provide care to others as a nurse again after the Crimean War because she was homebound, intermittently ill, and often bedridden for the remainder of her life. However, she became an expert in public hygiene and sanitary conditions, development of nurse training schools, and efficient hospital planning and design. From her home, as a prolific writer, she served as a statistician, consultant, author, and advocate for healthcare reform to improve care of the sick. It is thought that she may have written roughly 200 books, articles, and pamphlets and around 14,000 letters after returning home from Crimea. Florence Nightingale died in her sleep on August 13, 1910, at 90 years and 3 months. Her
Where did Florence Nightingale’s Wheelchair Go?

Fern Shen

Fans of the founder of modern nursing needn’t worry – it hasn’t been snatched or mothballed.

Republished from the Baltimore Brew article dated February 10, 2022.

A hot tip came in from Baltimore’s Johns Hopkins School of Nursing: Florence Nightingale’s wheelchair had disappeared.

Students and staff who frequent the building at the corner of Wolfe and McElderry streets were abuzz over the sudden absence of the beloved artifact, purchased by a Hopkins physician in 1921 and donated to the school.

Nightingale, a British statistician and social reformer often referred to as the founder of modern nursing, used the wheelchair toward the end of her life.

Equipped with two large wooden wheels and an upholstered seat, the chair had been on display in a conference room. About two weeks prior to its disappearance, it was moved to the third floor of the school’s $45 million new addition, according to Tammy Berwanger.

“Last I knew, that’s where it was,” said a puzzled Berwanger, assistant dean of marketing and communications.

Observers told us the chair had vanished in recent days. Could it have been snatched? Or deemed inappropriate for the glassy, glittering new wing, added onto the Pinkard Building last fall?

Spotted by the President

Skeptical about motive and method (“I mean, how would anybody even get it out of there?”), Berwanger agreed to check the report out. “You were right!” she said after an interval, assuring us that the chair’s whereabouts were no mystery.

It turns out that Johns Hopkins University President Ronald J. Daniels became aware of the chair’s condition (“the fabric on the seat is kind of messed up”) and ordered it removed for repairs, Berwanger explained. The job should be completed by April.

“President Daniels wanted us to refurbish it,” she said. “After it gets a facelift, it will be right back here with us.”
Ukraine
Due to the rapidly changing situation of the war in Ukraine, for articles about Red Cross’ contribution, please check out these links:

- International Red Cross (ICRC) articles
- Stories of refugees from Ukraine (3/16/22)

Charitable Gifts Come in All Shapes and Sizes
If You Would Like to Remember the Red Cross in Your Will
Gifts can be designated to the American National Red Cross, a local Red Cross Chapter, and/or specific line of service. The Red Cross honors a donor's stated intent in the use of a gift. We welcome you to contact us if you would like information about how you can support our mission by creating your own legacy. If you have already included the Red Cross in your estate plans, please let us know so that we can welcome you to our Legacy Society.

For information, please contact Gift Planning Officer, Candace Roosevelt, at 617-306-3875 or by email at candace.roosevelt@redcross.org.

Any Shape
With a charitable bequest you can specify a dollar amount or a certain percentage of your estate or retirement plan. You may also choose to leave specific property, such as real estate. If you prefer, you can specify that your gift to the Red Cross is made only after all other bequests are complete. Or, if you are uncertain, you can make your bequest gift contingent on certain events occurring or not.

Any Size
Sometimes people think bequest gifts have to be very large to be meaningful. Nothing could be further from the truth. The Red Cross appreciates every bequest large or small. Each gift allows us to help people in need every day.

Help us connect with and recognize other current and former Red Cross Nurses!
Please send the email, phone, and address of your friends and colleagues to us at RedCrossNurse@redcross.org. Share this newsletter via email, Facebook, Twitter and your preferred social media. Go to http://www.redcross.org/about-us/our-work/nursing-health/nursing-network and select a link under “View Previous Issues.”

Thank you!