

Danbury Nurses' Union Local 5047

UPDATE 47

AFT Nurses' and Healthcare Professionals, AFTCT AFL-CIO

Winter Issue

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It's Time I say Goodbye

It's been an interesting 5 years. I answered a request to help fix a computer for Mary Consoli and somehow ended up a member of the Executive Board. As a group we've created and defined the VP of Communications and Technology role. I've been involved in negotiations as well as meetings in order to help other members; I've also been called to walk someone through how to open a stubborn word document. I've grown and become more confident in my role, and I have met an amazing group of nurses and individuals. I'm not leaving my bedside position, but between three kids under the age of 5, full time graduate school, and work, I feel it's time for me to step back from my VP role. I'll still be here when needed, including answering contract questions for those that usually reach out. Thank you for your time and support in this role. I have confidence that Brittany will do an amazing job. And if anyone needs anything, you know where to find me, running around the ED like a crazy person.

Danielle Paravati, BSN RN CEN CT-SAFE

Hello there!

My name is Brittany. I appreciate the nomination for Vice President of Technology and Communications, and I look forward to keeping our membership informed and up to date on all the going on in the hospital and community. I'm excited for the opportunity to bring a new perspective and collaborate with an already amazing team in the executive board.

I am currently a member of the Unit Without Walls, but I started at Danbury Hospital on 9 Tower. If you ever have questions or concerns feel free to reach out to me via the Facebook page (which if you're not a member of yet, you should!) or the union email.

In cheerful solidarity,
Brittany Manley

Recent Election Results

Unit 47 Elected Officers:

Term from January 1, 2022 to December 31, 2024

Vice President – Tiina Hawley

Treasurer – Kristin McKay

VP of Communications & Technology – Brittany Manley

Delegates:

Term from January 1, 2022 to December 31, 2022

Maggie Cleary

Maryann Milleville

Amanda Hutchins Warren

Brittany Manley

Thank You To My Fellow Nurses

If you've been a nurse for any length of time, you know that it is not easy. At all. Whether you are a new grad just taking a full assignment for the first time and scared witless, or you've been doing this for 30+ years, each shift can bring with it a high dose of stress.

I've been a nurse at Danbury Hospital for three years and I wanted to take this opportunity to thank my fellow nurses.

Thank you for helping me fix that IV pump that just would NOT stop beeping, making me want to rip my hair out and/or cry.

Thank you for checking on me to see if I was alright, even when you had 8 patients of your own.

Thank you for passing by in the hall with a smile, or a joke or words of encouragement.

Thank you for sitting next to me while we both started our charting at 3am, listening to my rants and sharing a snack from the bistro.

Thank you for throwing me a birthday party in the break room and going to check on my patient who started vomiting as soon as I sat down to eat my cake.

Thank you to all my fellow nurses who took time out of your busy, nightmare assignments to help make my night even the tiniest bit better. I will never forget your kindness.

Anonymous

My Time For Change

I recently made a very difficult decision to leave a job I have called home for 18+ years for something so very different and unknown. I had always imagined myself staying on the same unit caring for the same patient population for 30+ years like my mentors before me. As I was working through the decision whether to apply for the position, let alone take it if it was offered, I asked myself so many questions. One GIANT question that kept nagging at me was why was I so afraid of change? I reached out to trusted co-workers and respected retirees and asked them to give me a one word answer to the question, what do you first think of when you hear the word CHANGE? Some of the responses included SCARY, HARD, INEVITABLE, STRESSFUL and UNCERTAIN, but also HAPPY, GOOD, NEW and GROWTH.

I took these words and tried to plug them into my upcoming change:

SCARY- New co-workers, new procedures, doing things I haven't done since nursing school (doing IV's lol)

HARD- Leaving my unit after so long, leaving friends and co-workers. Transitioning from (3) 8 hour evening shifts to (5) 8 hour days. And what about leaving bedside nursing?

UNCERTAIN- Would my new position be the change I was looking for, would I be happy?

GOOD- I'd be home every night, weekend, and holidays for my family. No more missing my kid's games and activities.

NEW & GROWTH- Stepping out of my 18+ year comfort zone to take on a new challenge and spread my wings. Chances of more personal and professional growth down the road because I took this first step.

Working through each of these, I learned that there are things in our life that aren't meant to stay the same and that's ok. Sometimes change may not be what we want but exactly what we need. Sometimes change is within. But ultimately change helps us grow and learn more about ourselves.

Melissa DeJoseph RN

Musings from a critical care nurse:

I've been reflecting on the Covid 19 pandemic. It is interesting to observe the change in the climate surrounding the virus from patients and their visitors to hospital staff. At the start of the pandemic hospital workers were hailed as heroes. Despite the fear of the unknown we nurses donned our PPE and cared for those suffering and dying from the novel Covid 19 virus. Patients and families were so thankful for our brave care. The surrounding community showered hospital staff with rich food and gifts. Parades circled around the hospital. Our own families stayed home from their jobs while we continued to go to work.

Pan out to nearly 2 years later. The climate has changed. The same nurse heroes are being terminated for electing not to take the Covid 19 vaccine. Other nurses have left the bedside for an array of reasons. Units are running short staffed. Patients afflicted with Covid 19 are admitted to our units no longer trusting in our ability to treat them. Some don't believe in Covid 19 and want to know what it is that they are actually ailing from. There's even a story of a patient severing her IV line to stop administration of a medication used to treat the virus. Angry family members phone to demand non approved medications are given to their loved ones despite there being no evidence they are effective in treatment of Covid 19. Paranoid patients refused to be swabbed for Covid 19 because they believe we're trying to infect them with the virus on those very swabs thereby causing them to be admitted as PUIs on Covid positive units. I've read that some hospitals have had to post signs in Covid units reminding visitors to be nice to the staff. These are real scenarios.

Visiting policies have changed frequently. Nurses are ultimately the people deemed responsible for deciding what constitutes an extenuating circumstance to make exceptions to the visiting policy in place allowing more visitors in or perhaps for longer. We make the best decisions we can as situations arise and then hear feedback from infectious disease that we're allowing far too many visitors in. On the other hand, a nurse who didn't allow a visitor in, as complying with the visitor policy in place at the time, was asked by another staff member where his compassion was. Nearly every shift I personally find myself involved in some kind of visiting dilemma. If I allow a visitor to stay a few hours, I'm told they're not supposed to be there so long by other staff. If I say more than one person can't come in the second visitor tries to sneak past the information desk and pressures the ICU secretary to be allowed in. Most recently, I cared for a dying 57 old man on ECMO admitted with Covid 19. Considering his young age and the depth of his demise I allowed more than one family member to visit and say their goodbyes before we terminated supportive care. I was reported for possibly exposing the family to Covid 19 though they had all recently been infected and recovered themselves. He is only one story of so many but somehow it poignantly stuck out for me. The family had all acquired the virus on a recent beach vacation. He had young daughters with babies. He and his wife had just purchased a new home allowing them to live closer to their daughters and grandchildren. They weren't even unpacked. They didn't believe in the vaccine. Did that mean he deserved to die or not receive visitors? Such things were said. Staff are fighting amongst themselves as well as with families and visitors.

On a personal note, I recently became infected with Covid 19 myself, along with my sister. We have done everything "right". We are both vaccinated. We comply with mask policies in public and at our places of work. Yesterday a close family member told my sister that perhaps she became too comfortable with not wearing a mask despite the mandates being lifted in many places. We both feel as if we're being judged for having contracted Covid 19. We have family members who aren't vaccinated and it has been suggested we shouldn't allow them to visit our home. Is this what our world has come to?

I encourage folks to consider how this virus has created a societal chasm and disparity...how it has caused some very ugly human behavior. Personal interactions aside, as nurses we taught not to judge. We care for the prostitute, the drug addict, the rich, the poor, the intelligent and the ignorant equally alike. Are you Republican, Independent or Democrat? Do you watch Fox News or CNN? Do you believe in vaccinating or not? Do you wear a mask or not? Variety is the spice of life. We all may have different beliefs and our decisions may even cost us our life. At the end of the day, if I'm alive and well I'll take care of you.

Regards,

Brook Haddy RN BSN

Let's Stay Together

I know most of you reading this newsletter have been with the hospital for many years now. I myself reached my 10 year anniversary and looking back even I can say how much has changed. I never worked for Frank Kelly in the good old' days, but still, things have gotten so much worse. The thing is, it's not going to get that much better anytime soon. I mean, let's be honest, it's just not. So, we have some decisions to make. Do we come into work every day so stressed, which may cause us to yell or be angry or, even worse, make a mistake? I have been there, but it's not who I want to be anymore. I want to have fun with my coworkers again. I want our DH family back. And I think the only way we can do this is through our Union. We really are all the union, and it really does not take that much to participate, and we really can all have a good time.

Even if we cannot change our staffing, maybe we can accept that we are just going to do our best and not put any guilt on our shoulders or judge each other when we don't get everything done. We will keep our patients safe and make them smile and at the end of the day say great job to each other as we walk away knowing we have done all we could, even if it's not what we used to do. Let us start nominating each other for the Daisy award again. Let us start 2-4-6-8ing each other for every little thing. Because these days there are no little things, and we deserve recognition. There has been so much sadness and difficulty for such a long time now, let's lighten things up. Even when we cannot change our circumstances, lets change our attitude so we can breathe easier and smile more.

It is not our responsibility to fix this health care crisis. It is only our responsibility to do our best when we go to work. And that does not look the same as it once did, but that's ok. We have all worked so hard and have been shown again and again that life is short. We are all doing an amazing job, we all need to give ourselves and each other the credit we are not getting from anywhere else, and we all need to take a breath and say, I'm happy that I've done my best. Let's stay together so we can make this place fun again.

Michalan Sheehan, RN

Reminders from Rapid Response

As we head into Flu season and continue to battle with Covid I would like to say a few things about Rapid Responses. First please remember YOU as the nurse can call a Rapid Response whenever YOU feel you need assistance. This includes helping the nurse or the patient. As you all know we have heard MD's state things such as "We don't need a fast team we have it under control" or "We are here you don't need a Rapid Response." Well this is a little reminder that as the nurse, you CAN and SHOULD call a Rapid when you feel it is needed. That is what the Multi-specialists are here for. If you don't want to call a Rapid Response because you are not sure if it is needed, please call our number and we can have a discussion about the patient or the MD. It is better to call the Rapid Response than to feel as though you should have called one and you did not. You all are wonderful nurses with excellent assessment skills and often the MD's will brush off or stall in treatment and we are here to help with facilitating the help you or your patient may need! You all provide extraordinary care to your patients so please remember to Call the Rapid despite being told it is not necessary!

Tracey Rullo RN



Save The Date for the Danbury Nurse's

UNION HOLIDAY PARTY

Sunday 12/5/2021
2pm-5pm

11 Fawnwood Road
Sandy Hook, CT 06482

Families welcome!

Join us for refreshments, drinks, crafts for the kids and more!
We will be collecting new, unwrapped gifts and giftcards for the Danbury Women's Center
More details and RSVP info to follow.



Can Bedside Nursing Survive Covid

It has been a little over 1 1/2 years since Covid hit, nursing as changed forever. Nursing continues to face the challenge of surviving Covid. What does the future of Nursing look like post Covid?

Covid seems to be the fall of the bedside Nurse. It hard to believe that at Danbury Hospital in February 2020 we had over 600 BU RN'S, within 1 month 56 RN, s very quickly decided to retire, the fear of dying from Covid was very surreal. The stress of bedside Nursing has become so over whelming and unbearable. Nurses continue to leave for several reasons such as burn out, transferring to PRN, CMR and other non-nursing positions, the need to be home with their kids to home school and now Vaccine Mandates. This year thus far 63 RN's have left our BU. This has led us to ridiculous staffing levels on every shift and every unit.

Nursing staffing levels are currently at their worst levels at Danbury Hospital. Hospitals continue to compete to get Nurses to join their organization. This year Danbury thus far has hired 63 nurses. There were 2 large groups of New Grads, The Union has had many discussions with management during Labor Management regarding recruitment and retention, The Union has offered many suggestions. We truly need to retain our bedside RN's. I must say I am pleased to see Nursing Students in lobby as walk in to work. I pray that nursing will come back stronger than ever, we need to stay positive.

Tiina Hawley RN

Remember when you decided to become a nurse? The excitement and all the studying for these nursing classes. I think about when I was a volunteer delivering flowers in Stamford Hospital to the patients in nursing units. I loved seeing the nurses and doctors communicate and the cart that I pushed around made me feel so special.

Nursing has changed and flowers are not even allowed in the ICU where I am working now. The joy I once felt has been taken from me and I am working hard to get this feeling back. I walked by the Be Kind mural outside the front of Danbury Hospital and I just stared at it. This made me feel good and brought some of that joy back to me.

We have so much talent at Danbury Hospital and we need to remember that we are strong. We need to lift each other up and support each other through this horrible staffing crisis. Hospital leadership and union leadership are working together to develop some new programs that hopefully will help with the staffing crisis. We are discussing a Fellowship program to provide much needed education to specialty areas for nurses that want this training. The Baylor Plan to supplement the weekend shifts and the Staffing Committee meetings with a focus on upholding our contract.

Please let us know how we can improve our union. 2022 will be here and we want to move forward to help make Danbury Hospital a great place to work. There are things we can do to help ourselves feel better when things are not ideal. I have found that if I do not get at least 7 hours of sleep in a 24-hour period, I am not at my best. I also have been drinking 6-8 glasses of water to hydrate. As nurses, we do need to focus on ourselves to get what our bodies need.

Please remember why you became a nurse and focus on the positive things you do every day. I bet we can all think of something great we did for one of our patients each shift. We make a difference in other people's lives every day.

Thank you for being you,
Janice

Don't Forget to Take Care of Yourself

By Kristin McKay

Nursing is an amazing profession. If you do not like the type of nursing you are currently doing you can easily move yourself to a different area. I have never regretted my choice to become a Nurse. I love lifelong learning, and I love that I have a skill that helps people, and I can make a connection with them while doing my job. I see a terrible trend in my beloved profession that is harming the caregiver. We are experiencing a global pandemic and a Nursing shortage, and it has been going on far too long. Because of this trend I have been very concerned about our normally resilient Nurses. Work demands make it extremely difficult to get through a shift. We are being asked to work beyond what is reasonable; long shifts without breaks, unsafe nurse to patient ratios, and no time to connect with a patient who needs our compassion and emotional support. We all know what this does to our patients: they receive their meds, but late; they wait for their Nurse for basic needs; they are at much higher risk for injury. Their skin is at risk, they are at a higher risk for falling, pneumonia, and dvt's and PTSD. I could go on. The nurse knows all of this and must suffer moral distress as it is impossible to truly prioritize. Sometimes there are no good choices.

This creates compassion fatigue or burnout. Compassion fatigue is a broadly defined concept that can include emotional, physical, and spiritual distress in those providing care to another. It is associated with caregiving where people or animals are experiencing significant emotional or physical pain and suffering.

And Burnout, As defined by the WHO include: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feeling of negativism or cynicism related to one's job; and reduced professional efficacy.

Take the quiz:

<https://extinguishburnout.com/2019/08/19/is-it-compassion-fatigue-or-burnout/>

What do we do when our caregivers can no longer provide patients with an essential part of healing process? There are many studies that look at empathy, compassion fatigue and burnout. Those in the medical field realize how much compassion fatigue and a general lack to compassion from the caregiver effects patients' health, actual compliance, and satisfaction with their healthcare experience of the health care.

Many caregivers possess and easily use Compassion which is the basis of empathy. *Scientists define compassion as an emotional response to another's pain or suffering involving an authentic desire to help. And empathy defined is how we perceive the emotional states of others. So, empathy is needed in order to provide compassion.*

For more information Please listen to this amazing episode of Freakonomics Radio where they discuss a book Compassionomics by Stephen Trzeciak and Anthony Mazzarelli in which they discuss the idea that compassion received during ICU or Emergency Room visits can reduce the amount of actual PTSD you experience when tested 30 days later. They also interviewed Helen Reiss, a Harvard psychiatrist who also practices at Massachusetts General Hospital, where she directs a program that does empathy research and training. She also started a company that teaches empathy called Empathetics; mostly to medical professionals.

Take the time to listen to this episode, you will not regret it.

[How Do You Cure a Compassion Crisis? \(Ep. 444\) - Freakonomics Freakonomics](#)

Quoted from the interview:

“As bad as physician burnout has been in recent years, Covid made it worse. A recent Medscape survey found that two-thirds of the doctors who responded said their burnout symptoms had **intensified during the pandemic**; a quarter of them said they are considering early retirement, in part because **their income has fallen**. Nurses are also thought to have very high rates of burnout — although, frustratingly, there's less data on nurses. And the lack of data on nurse suicide is even worse. Among doctors, burnout is known to start early. It's estimated that **44 percent of medical students suffer from burnout** before they even make it to their residency. “

Remember To Treat Yourself Kindly

While we can have some pretty decent shifts now and again, many of our shifts involve high patient loads, high acuity patients, or even just that one patient who takes up all of our time for various reasons. Maybe their family is very difficult, or maybe they themselves are very taxing or draining. We work very hard to always put our best foot forward as nurses and to give as much of ourselves as possible. Sometimes it seems as though nurses are jacks of all trades. I know I've certainly felt like a waitress, a therapist, a housekeeper, and/or a concierge at some point in my time here at Danbury Hospital. And sometimes even though we bend over backwards to make people happy, they just aren't. And we need to remember that that's okay. It is not our job to make other people happy.

Our job is really to keep our patients safe, give them the proper medications and treatments and to make sure they are as comfortable as can be, within reason. For sure our patients deserve to be turned and repositioned as frequently as possible, but this does not mean we have to stand at their bedside with ten pillows, moving "this one over here! no over here!" or catering to their every whim. I only say this because I've been there. I've definitely felt my time being sucked away from me some shifts, but then I remembered that I was the one allowing it. We have to set proper boundaries with patients and not allow them to walk all over us.

Usually when we hear about self care, we hear about treating ourselves to something nice when we get paid, or taking that weekend trip, or eating that chocolate cake, but there are things we can do each and every shift to practice self care.

First and foremost, as mentioned above, we must set proper boundaries with our patients. This shows them that we are here to help them but are not here to be their personal server or housekeeper. When you firmly but politely enforce boundaries, it can make for an easier experience for both parties. You as a nurse will not allow yourself to be walked on, and the patient will know what they can expect from you and what they shouldn't expect.

Another self care during a shift is, if you are feeling very overwhelmed, try to get off the floor for even five minutes. Have another nurse listen out for your patients (and hold your phone!!) while you walk away, grab and drink of water and collect your thoughts. It's healthy and necessary to allow ourselves to do this when we need to.

Also, remember to laugh! At yourself, at the situation, etc etc. We need to keep laughing and finding humor in things, because as the saying goes, "if you don't laugh, you'll cry."

And sometimes it's healthy to do both!

Take care of yourselves:)

Alexandra Perri

‘Staffing’ has become an undesirable word.

- Amanda Hutchins Warren RN – UWW.

It is all so depressing. It is harder, and harder to put on the scrubs and show up for work. I’m in the Unit Without Walls (UWW) so I get to see it, hear about it and live it along with so many of you – with assignments on the Tower, Buck, Family Birth, Rehab and even occasionally Psych. One of my colleagues recently described her Facebook words as a ‘rant’ – but so many (based on the comments) actively feel her frustration for the place where we all work and for what the job at the bedside has become. Safety should be a priority. It is for us as we try to prioritize our work as best we can. The thing is we are one person and cannot be in 6 or 7 places at the same time. (Cloning of oneself is unfortunately not an option presently available.) What should I tackle first? - blue lips/low pulse ox; or temp of 103.5; or new admission arriving even though no one has seen the SBAR (do I even have a name?); or two fresh post-ops requesting pain meds; and you know the antibiotics will be given late on the septic patient. The prior scenario can quite easily be the start of it all and you haven’t even got through ‘shift report’. I guess ‘blue lips’ goes to the top of the pile...we all maintain our BLS certification.

I have recently stepped into the Chair position of the Staffing Committee. Talk about a discouraging subject. I can see why it doesn’t appeal to most. What I did learn from been part of the negotiation team (for our present contract) is that the Staffing Committee has several responsibilities in collaboration with management/leadership. The hospital has not honored some items that were even in the last contract. An example would be a ‘Double Floating Form’. It should be a rare occasion that an RN takes two assignments in one shift. For my colleagues in the UWW this can happen most of their shifts for the month! We are about to finalize the form. It should be faxed to the Union Office after the RN has completed the top half. Management then needs to respond. It is important we keep track of how often this is happening. If you feel in addition that it is unsafe to have the two assignments, then you should complete an ‘Unsafe Staffing’ form in addition. Some RNs have already started to do this. I know we are not suddenly going to be able to hire the desired amount of mainly experienced nurses – but my aim is to keep up the pressure (since the bedside desperately needs help), ask for explanations/solutions to concerns, and for the Unit 47 contract language to be recognized and followed as best we can in these challenging times. Our contract is our Bible.

I am in the process of tidying up the old email list for Staffing Committee members. I don’t want to inundate nurses with messages that don’t pertain to them anymore. We do have representation from most of the ‘clusters’ – but would love input for the OR, Psych and possibly the ED. (Just awaiting some replies.)

The coming months and even years will not be at all pretty – but I hope together we stay strong and fight for a better tomorrow.

Danbury Nurses’ Union Unit #47

Update 47 is the official publication of Unit #47

AFT Local 5047 AFT-CT, AFL-CIO

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TOGETHER WE BUILD AND GROW

