

## **COMMISSION ON PROFESSIONAL ISSUES (COPI)**

### **Jacquelyn Lambert-Davis, DNP, RN**

**View of the Issues:** Bullying in the workforce: As a Doctor of Nursing practice (DNP) my role is to lead the future of nursing by advocating for, then evaluating the quality and safety of effective nursing practice. It is what I call a self-appointed watch dog of quality and safe nursing that is free of incivility. We provide leadership in nursing education by not only teaching but by being able to use Evidence Based Practice to move from the classroom to the broad room, to policy and political arenas to advocate for change, thus creating better outcomes for all nurses. Doing my course of study, I was trained to be an Educational Leader.

I will bring my research on caring and the knowledge that I obtained from it to the role of Commission on Professional Issues. Building translational research capacity by moving this knowledge from its creation to the realization of the vision, thereby, decreasing Toxic Culture and Environment. Mentorship is a practice area that demonstrates giving back to help others. I have done this through tutoring and mentoring young nurses since 2006. I will continue to search out opportunities to mentor others thereby strengthening competent and caring nurses. Moreover, I would ensure that I embed a civil culture and a reflection of equality with whom I work.

### **Candace Pierce, DNP, RN, CNE, COI**

**View of the Issues:** In the last year, how we provide patient care has been drastically altered. The care issues nurses are facing are unlike anything seen in the last 100 years. The emotional burdens of our profession have continued to increase. Nurses are struggling with fear, anxiety, PTSD, and emotional and physical fatigue. The mental health of our front-line healthcare workers must not be forgotten. Mental health affects all aspects of our patient care responsibilities, leads to compassion fatigue, and a loss of an already short staffed nursing workforce. Novice nurses are also struggling with an ever-expanding practice gap that has grown exponentially as nursing schools switched from a clinical setting to a virtual setting. These are two major professional issues that have adverse effects on our profession. It will be imperative to advocate for our workforce's mental health and find ways we can minimize the practice gap of our onboarding nurses.

## **NOMINATING COMMITTEE**

**Denise Robertson, MSN, RN, CNL**

**View of the Issues:** As a RN of more than 25 years, I have been a part of many changes that have impacted the future of nursing but none as much as the movement towards telehealth and telehealth technology. Telehealth is the use of electronic information and technology to provide care when a patient and health care professional cannot be in the same place at the same time. In 2016, an estimated 61% of United States healthcare institutions and 40–50% of hospitals were using telehealth. Also, due to the coronavirus (COVID-19) pandemic, telehealth is being used more now than ever as physicians and practitioners are needing to find new ways to provide care from as distance. There is currently a lack of awareness and knowledge about telehealth because nurses are not commonly taught about telehealth in most nursing programs therefore, there is a general lack of knowledge and awareness about this specialty amongst the clinicians that are providing care. As a result of this deficiency, professional recruitment for this field is problematic. Also, the population that is often served is usually older adults which often times have a negative perception of technology. As a Manager of Telehealth Operations, I aim to change this by providing education and telehealth focused training to all, not just nurses. I will help the ASNA address this issue my offering my knowledge as a subject matter expert. I will also offer educational trainings that will help to satisfy some of the curiosity that nurses have for the specialty.