



210 N. State St. 1-A Concord, NH 03301

## FALL 2010 ANNUAL MEETING

October 20th 4:45 p.m.

Church Landing - Meredith, NH

Call to Order	Jim Biernat, President
Establishment of Quorum	Pamela DiNapoli, Secretary
Introduction of Board Members	Jim Biernat
Financial Report	Peggy Lambert, Treasurer
President's Report	Jim Biernat
Commission Reports	
1. Continuing Education	Chair, Aleta Billadeau
2. Government Affairs	Chair, Judy Joy
3. Nursing Practice	Chair, Joanne Welch
4. Organizational Affairs	Chair, Barbara Barton
Association Business	
1. 2010 Election results – and call for additional volunteers	
2. New mission and vision	Discussion - J. Biernat
3. Revenue generation	Discussion - P. Lambert
4. Education Advancement initiative	Discussion - P. DiNapoli
5. Nurse Staffing initiative	Discussion - J. Joy
Adjournment	

The NHNA October 20, 2010 Treasurer’s Report

As most non-profit organizations the New Hampshire Nurse’s Association has been challenged by these economic times. Before I share the numbers I would like to recognize all of the volunteers (and their organizations) that do the important work of the organization, the hours they donate every month represent a value that cannot be quantified. Secondly, I would like to acknowledge Avery Morgan, who has helped to manage the NHNA budget in a fiscally responsible manner, keeping expenses to a minimum.

As of September 30, 2010

NHNA has \$289,612.64 in assets; of this number we administer an account totaling \$ 2298.71 that is a special project account from DHHS and not our funds.

<b>Assets</b>	<b>Sept .30, 2010</b>		<b>Liabilities</b>	
Checking	\$ 18504.01		Gala & Special Project	\$ 6298.71
<b>Wells Fargo</b>	<b>\$ 263,199.02</b>			
<b>Citizens CD</b>	<b>\$ 3869.89</b>		<b>Equity</b>	
Citizens Bank Savings	\$ 866.01		Designated fund -C	\$564.24
Special Project Account	& 2298.71		Designated fund CE	\$ 574.31
General and restricted	-\$ 4125		other	\$286.56
Fixed Assets	\$ 1000			
Gala Scholarship Fund	\$ 4000			
<b>Total Assets</b>	<b>\$ 289612.64</b>		<b>Total Liabilities &amp; Equity</b>	<b>\$289,612.64</b>

Last year on Sept. 30, 2009 we showed Total Liabilities & Equity of \$341,869.88 of this figure \$42,393.51 represented unverified accounts and 2,479.84 “found” account.

To compare 2010 to 2009 if we remove the unverified & add the found account the Total Liabilities & Equity would equal \$ 301,956.21. This means our net worth has decreased by 12,343.57 in a year’s time or approximately 4%.

During this past year we said goodbye to our administrative assistant and after several months filled the position, this represented a cost saving in payroll. We replaced the computers and printer as well as bought out the contract on our copier. We have seen a significant decrease in revenue generated from conferences. We have benefited from increases in membership, with the “special” one time rates. Our goal to maintain high membership numbers and indentify new sources of revenue. New income will be most challenging in the coming year.

Respectfully Submitted

Peggy Lambert RN, MS, MBA, CRN

NHNA Treasurer

## NEW HAMPSHIRE NURSE'S ASSOCIATION

### 2010 ANNUAL MEETING – PRESIDENT'S REPORT / YEAR IN REVIEW

#### JANUARY

- Orientation & ANA update conducted for the Board . Welcoming of New Board members.
- Town Hall Forum was well attended with several specialty associations represented. Decision made to focus again this year on prevention related bills.
- Search underway for new part time office assistant. Former assistant elected not to return after an extended LOA. *Exec. Director and Continuing Education Commission needed to operate with reduced support*

#### FEBRUARY

- Serious evaluation of the projected budget deficit. The 2009 deficit of \$11.5K ( \$1k over planned deficit). We still had \$260k reserves from building sale. CD interest still very low.
- Began discussion on Board job descriptions – need to review and revise current version to be more specific and therefore a more helpful tool for Directors to understand their roles.
- Began review and revamp of mission and vision.
- Membership up to 540 from a long term plateau of 499-500.
- Weekend workshop for Critical Care Certification exam prep held at DHMC.

#### MARCH

- Proposed new Mission / Vision draft rolled out for comment in Nursing News. *Originally believed a by laws change would be required and therefore a member vote. However, changes remain within the stated 'purpose' of NHNA so no vote required.*
- CCE submitted its extensive ANCC renewal application for Approver Unit status.
- Exhibited at the Northern NH AHEC symposium at Attitash.
- Membership at 548...seeing more new members ...but still need to address member retention with more outreach.
- Admin staff hired.

#### APRIL

- Saturday conference in partnership with NHTI: "Leadership - Be a Lamp, a Lifeboat or a Ladder". Attendance fell short of goal but the day was well received by participants.
- Two successful Health Policy Days conducted. Potentially enough interest from the nursing schools to fill three sessions.
- Exhibited at the Manchester Healthcare Symposium attended by over 1000 nurses, nursing students and other healthcare workers.

## MAY

- Nurse Week half-day event held on May 10<sup>th</sup> : The 3 R's of Rejuvenation. Included three CE sessions followed by a networking social.
- Special membership drive conducted in conjunction with National Nurses Week. One year "half rate" offer extended to participants of above event; facilities that would allow us in to do direct recruiting during that week, and also mailed to lapsed members. 67 'recruits' gained (total 603); five hospitals visited.
- Examined functioning of - and adequacy of[-resources for each Commission. Recommendations made for improvements.
- Review begun on staff job descriptions.

## JUNE

- Four members of NHNA served as representatives to ANA House of Delegates in D.C. (Jim Biernat, Judy Joy, Sue Fetzer and Sally Patton). New ANA President elected: Karen Daley from Massachusetts; ANA BOD attended by President Obama.
- Review begun on NHNA policy manual.
- ANCC conducting its 'virtual site visit' of NHNA's CCE Approver Unit. *(Their new virtual process saves NHNA what used to be several thousand dollars in ANCC staff time and travel expense for an in-person audit.)*
- An 'evening of discussion' conducted jointly with BON on the growing issues / complaints around Medical Assistants who are not licensed / regulated and have no standardized training or defined scope of practice. *Joint task force created.*
- NHNA featured in both an NPR piece and Union Leader article on nursing issues.
- Two-day Gerontology certification review class created in response to a request from LTC nurses. Instructors S. Beyea and J. Montgomery from DHMC recruited to conduct.
- Part Time Admin. Assistant job description approved.

## JULY

- Developed and submitted a \$10k grant proposal in response to an RFP from ANA who was encouraging creative methods of member recruitment and retention. Application was not one of the nine ultimately funded, but yielded several elements for consideration including web based interconnectivity.
- Board voted to maintain our membership in the Center for American Nurses – which is no longer officially connected to ANA. An ANA 'dues rebate' will cover that cost through 2011. New rate structure = \$2500 annual subscriber fee plus \$4 per full ANA member.
- Invited by ENA (Emergency Nurses Assoc.) to join them in legislation around assaults on nurses. Two NHNA Directors attended their discussion meeting – and would prefer a different course of action – but talks will continue with the inclusion of a joint NHNA-ENA member in our own Govt Affairs Commission.
- President Elect and Exec. Dir. attended workshop on fundraising and Board Governance.
- Revised Executive Director job description approved.

## AUGUST

- Decision made to renew office lease for 2011. Consideration was given to 'going virtual' or finding donated space. The current location proved our best financial option at just \$750/month inclusive of all utilities.
- Began examination of an opportunity to partner with the Center for American Nurses on a Conflict Engagement training program which includes a revenue sharing component. This could allow us to offer a concrete 'workplace advocacy' tool and generate income. Further discussions to take place.
- Director at Large vacancy on the Board created by a resignation. Determination was made not to rush to fill as part of the Fall election – but rather fully assess current BOD resources to identify what we need in a replacement candidate, and then appoint.
- Board voted to approve the use of NHNA name / logo in support of a Safe Patient Handling conference being conducted in Concord one week after our own Fall convention. This does not constitute endorsement of any particular company or product – but will give us an opportunity to highlight the ANA "Handle With Care" program – and recruit RN members.

## SEPTEMBER

- Gerontological Certification Exam prep class held as a split session on two Saturdays. Hosted by Merrimack County Nursing Home.
- Have begun to explore obtaining CE 'Provider' status – in addition to current 'Approver' status - to allow more flexibility in creating our own programs – be they 'live' or webinar or video conferences. Reciprocal arrangement to be worked out with Maine and Vermont.
- Election ballot sent to full membership (615). Did not have candidates for all positions. *Additional ballot question included re: conversion to electronic voting in 2011.* [Voting results affirmed electronic preference. Paper ballots can still be provided for those without email.]
- Changes to Bank of America 'affinity' program will require more direct marketing on our part to retain current revenue levels – but also creates potential for growth in income per each new card holder we sign up directly (effective Jan. 1).

## OCTOBER – to date

- Fall conference: 10-20-2010. 100 registrants at this writing; 16 presenters; 2 sponsors and 17 other exhibitors.
- Difficulty creating a 2011 budget until final decisions are made about 2011 programming / events. Surveys being created to get input from various constituencies: CNO's / Nursing Directors; members; non-member prospects and students. Viability of utilizing the Granite State Distance Learning System for videoconferencing sites also being assessed. Sponsor funding required.
- Need to recruit a member to represent NHNA on the Endowment for Health 'nursing diversity' advisory group. (Robert Wood Johnson Grant)
- Membership as of 10/16 = **623!**

**Annual Business Meeting Report from the  
Commission on Continuing Education  
October 20, 2010**

The Commission on Continuing Education (CCE) is an Accredited Approver Unit through ANCC for continuing nursing education (CNE). That means we review applications for organizations that wish to be approved providers of CNE. We also review applications for individuals or organizations to offer activities for CNE.

At this time the CCE consists of 10 volunteers, all of whom have a master's degree in nursing or education. The volunteers on the commission are experts on CNE requirements.

This year, the commission's accredited approver status was due for renewal in April. The application was successfully completed on schedule, the review and telephone site visit by ANCC went well, and the accreditation status was renewed for another four years.

The CCE currently has 27 approved providers that it monitors. Each approved provider must reapply every 3 years to maintain their approved provider status. The commission monitors each approved provider halfway through their 3 year providership and now requires an annual report log to meet reporting requirements by ANCC.

The commission has reviewed 15 activities to date for 2010. Though the number of activity applications has dropped sharply over the recent years with the declining economic conditions, we saw those numbers level out and 2010 has matched 2009 at this time.

As the Commission chair I have participated in orienting two new volunteers this year, completing the renewal of the Accredited Approver Application with a subgroup from the commission, and maintaining processes to keep the commission functioning as an accredited approver through ANCC.

Bulleted list:

- Renewal of ANCC Accredited Approver status for four more years
- Maintaining reviews for 15 activities and 27 approved providers
- Refining the new monitoring process for providers (18-month interim report format)
- Orientation of two new members
- Maintaining the information on the CCE page of the NHNA website
- Electronic applications now accepted for activity applications

Current Members include:

Aleta Billadeau, RN, MSN- Chairperson  
Pat Moysenko RN, MSN, BC, CD  
Kristine Irwin, RN, MS, BC  
JoAnn Vatcher, RN, MS

Rae Mello-Andrews, RN, MS, CENE  
Deb Hastings, RN, PhD, CNOR  
Brenda Shurtleff RN MSN,CWOCN

Amy Guthrie, RN, MS, CAGS  
Denise Nies, RN, MSN, BC  
Sandra McBournie RN, MED

Respectfully Submitted,

*Aleta Billadeau, RN, MSN, Chair, NHNA CCE*

**Annual Report 2009 – 2010 Legislative Session**

**Government Affairs Commission**

**New Hampshire Nurses' Association (NHNA)**

The Government Affairs Commission (GAC) met eight times since the last report and has had an active year. The annual Town Hall meeting was conducted in January where the legislative agenda is discussed and guidance is received from the membership. As in the past the GAC also sponsored Policy Days at the State House. This year, as a result of continued popularity of the event, two sessions were again held with both fully subscribed.

The GAC was also represented at other policy discussions. The GAC has continued to be actively involved in the Safe Staffing Committee, a collaboration of the NHNA, the New Hampshire (NH) Organization of Nurse Leaders, the NH Hospital Association and the Organization of Human Resources Professionals of NH. This group was organized as a result of a GAC effort to support safe staffing initiatives. The GAC will be moving forward with a plan to ensure nurse representation on staffing committees.

The GAC has also been involved in the Educational Advancement for Nurses Ad Hoc Committee. Member of the Committee have been conducting focus groups throughout the State to help NHNA determine the best education strategy for NH nurses. The Committee has completed its work and the NHNA Board has its report under review.

As a result of concerns expressed by the GAC, in response to complaints from our membership, the NH Board of Nursing sponsored an evening of discussion related to the unlicensed practice of medical assistants. NHNA is working with medical assistants and others on efforts to license medical assistants. In addition, the GAC is in discussion with the NH Board of Nursing on a mechanism to legislatively protect the title "nurse."

The GAC successfully supported and opposed a number of bills during this legislative session which are documented in the minutes of the Commission. In addition, the Commission actively monitored the budget process for issues of concern to nurses.

In the upcoming year GAC will focus increased attention on authoring position briefs for consideration by the NHNA Board of Directors and the membership. It is the GAC's hope that taking active positions in the health care policy arena will positively support visibility of our organization to our membership, our clients and our government. By sheer number nurses are a force. With active engagement in the health care issues of importance we can benefit the health of New Hampshire's people.

Respectfully submitted,

Judith Joy, RN, PhD

Chairperson, Government Affairs Commission, NHNA

## Annual Business Meeting Report from the Commission on Nursing Practice October 20, 2010

The Commission on Nursing Practice is responsible for advancing the profession of nursing through activities that identify and evaluate trends, developments and issues that impact nursing. At this time the CNP consists of 8 volunteers in diverse roles and settings across the state. Geographic areas currently represented include the Merrimack Valley, southern NH, the seacoast, western NH and the North Country.

A major accomplishment for the commission this year was the revision of the awards program. Multiple awards were condensed into 5: Direct Care Nurse of the Year, Professional Advancement, Champion of Nursing, Student Nurse of the Year and the President's Award. Beginning this year all awards will be scheduled for presentation at the Fall Conference with the exception of Student Nurse of the Year, which will be presented in the spring. The awards program was revised with the goals of increasing relevance and focus as well as the number of nominations. The commission received a respectable number of nominations for this year's awards, and we anticipate that this number will grow as changes to the program are reinforced throughout the coming year.

The CNP has experienced some challenges with meeting attendance over the course of the past year due to scheduling conflicts and geographic diversity of the membership. One meeting was held via conference call and our most distant member has graciously called in to the meeting on several occasions.

Early in 2010 the commission was asked to address repeated concerns reported to NHNA by members related to the role of the medical assistant. CNP members researched various aspects of the topic and we were also aware that similar concerns had been voiced to the NH Board of Nursing. Margaret Walker, EdD, RN, Executive Director, NH BON and Norma Blake, MS, RN, Assistant Director of Education, NH BON attended the April CNP meeting to share past history surrounding this issue and brainstorm future strategies. As the commission chair I co-facilitated an Evening of Discussion at the Board of Nursing regarding the role of the medical assistant in relation to nursing practice with Norma Blake. Norma and I have subsequently co-chaired a task force to develop a joint position statement and address the possibility of legislation to regulate the role. Cindee McDonald, MS, RN has provided additional CNP representation on this task force.

### Bulleted list:

- Revision of NHNA Awards Program
- Participation of (2) commission members (Mary Catherine Rawls, MS, RN-BC and Joanne Welch, MS, RN, NE-BC) on the Educational Advancement Task Force chaired by Pam DiNapoli, PhD, RN
- Leadership in statewide task force to address the role of the MA in relation to nursing practice
- Addition of (3) new members with a 4<sup>th</sup> voted in this election

Current Members include:

Joanne Welch, MS, RN, NE-BC, Chair	Kathleen Hartmann, MSN, RN	Wendy Burke, BSN, RN
Bonita Kershaw, MSN, RN	Margaret Burns, PhD, RN	Cynthia McDonald, MS, RN
Tracey Collins, MSN, RN, NEA-BC	Mary Catherine Rawls, MS, RN-BC	

Respectfully Submitted,

*Joanne Welch, MS, RN, NE-BC, Chair, NHNA CNP*

## Annual Business Meeting Report - Commission on Organizational & Membership Affairs

October 20, 2010

The Commission currently has 6 regular members and 1 ad hoc member.

Barbara Barton, BS RN

Heidi Squires, BSN, RN

Jane Leonard, MBA, BSN, RN

Camella Granara, BSN, RN

Elizabeth Bouley, MS, RN

Amanda Callahan, MBA, BSN, RN – ad hoc member

Susanna Gadsby, BSN, RN

This year the Commission provided Spring and Fall conferences for NH nurses. Certification exam prep courses in both Critical Care and Gerontological Nursing were provided, and a leadership conference was conducted jointly with NHTI. There has been much discussion and exploration of innovative ways to meet the needs of nurses in this state. Future events may utilize technology such as webinars and videoconferencing in order to serve a larger audience.

Membership has increased in part through offering discount memberships at our events. Visits to healthcare organizations throughout the state were made and proved to be a great way of connecting with nurses. These visits were an opportunity to educate people about the work of NHNA and to enroll new members. We currently have over 600 members. This number is still a very small representation of all of the nurses licensed in the state of New Hampshire. Work will continue on membership recruitment and retention issues. There has been much discussion within the Commission and the organization about the importance of remaining relevant to our constituency.

The current economic conditions have lead to organizations having to tighten their financial belts. This has resulted in less money for employees to attend educational conferences. We understand this and know that decisions about which conferences to attend are carefully considered. It is imperative that we get feedback from our membership about the types of events that are needed and wanted. Members will be surveyed this Fall and are always encouraged to email or call NHNA with any and all suggestions / requests.

The Commission is seeking volunteers interested in event / program planning and or membership recruitment. **This is your organization. Please help us meet your needs.**

Respectfully Submitted,

Barbara M Barton BS, RN, Chair, NHNA COA

## **New Hampshire Nurses Association**

### **Position on the Requirement of Bachelor's Degree in Nursing (BSN)**

#### **for Continued Practice**

**DRAFT DRAFT DRAFT DRAFT - for discussion**

It is the position of the New Hampshire Nurses Association that there will be a voluntary commitment to advancement of nursing education beyond the Associate's Degree in Nursing. The choice to pursue continued education should be supported and encouraged by educators and employers of Registered Nurses. The goal of educational advancement in nursing should be that within ten years or sooner of their initial licensure, RN's will earn a bachelor's degree in nursing. In 2008 ANA House of Delegates resolved, "that the American Nurses Association support initiatives to require registered nurses (RNs) to obtain a baccalaureate degree in nursing within ten years after initial licensure, exempting (grand-parenting) those individuals who are licensed or enrolled as a student in a nursing program at the time legislation is enacted; and be it further resolved, that the American Nurses Association advocates for and promotes legislative and educational activities that support advanced education in nursing." (O'Brien & Gural, 2008) This declaration is consistent with the more recent May 2010 position of the Tri-Council for Nursing - a long-standing collaboration between the American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, and National League for Nursing (<http://www.aacn.nche.edu/Education/pdf/TricouncilEdStatement.pdf>). In this consensus position "The Tri-Council organizations agree that a more highly educated nursing profession is no longer a preferred future; it is a necessary future in order to meet the nursing needs of the nation and to deliver effective and safe care." Finally this initiative is in alignment with specialty nurses associations such as the National Association of School Nurses.

The NHNA does not currently support legislation or regulation that would require a nurse to attain a baccalaureate's degree they do however encourage a collaborative, voluntary effort between and among key stakeholders with the consideration being the provision of quality patient care to citizens of New Hampshire.

The position is based on the following:

- A commitment to educational advancement preserves existing educational entries into nursing (diploma and associate degree) however it encourages a culture of excellence in which nurses seek continued education supported by employers and educators. It is recognized that excellence in the ever changing health care environment necessitates strengthening RN Skill sets and competencies through lifelong learning.
- Research has demonstrated that educational advancement improves patient outcomes through the use of evidence based practice and critical thinking. With educational advancement comes the creation of a culture of professional credibility and interdisciplinary respect from health care professionals (Physical therapists, Pharmacists, Occupational therapists) that have already recognized the value of advanced education.

- For educational advancement to become a reality it will take a commitment by both educators and employers alike. Beginning in the associate degree academic setting, clear and consistent communication regarding the value of baccalaureate level education will be necessary as the initial step in fostering a professional ethic of lifelong learning. Each practice setting will be challenged with mapping out strategies designed create and sustain an environment in which RN educational advancement is valued and rewarded. Further there must be academic and clinical partnership seeking solutions that support this transition.
- Concern that legislation or regulation of advancement in nursing education will contribute to an increase in the nursing shortage or strains on existing BS programs are unfounded. Currently 87.7 % (13,562) of the licensed registered nurses in New Hampshire (15,468) are employed in nursing with RN vacancy rates reported at less than 4% by the New Hampshire Hospital Association. While access to BSN programs may be limited in some areas of the country a wide array of opportunities in New Hampshire including online education offer creative solutions for completing the degree.

Two-thirds of nurses in New Hampshire are graduates of Associate Degree Programs. The New Hampshire Nurses Association encourages Associate degree programs to work with colleges and universities to provide seamless access to advanced education. Further we look for employers to find creative solutions that afford nurses within practice settings the opportunity to achieve the goal of advanced education in nursing. Together this collaborative effort will enable nurses to practice as full partners on multidisciplinary teams resulting in professional satisfaction and improved health care outcomes positioning New Hampshire Nurses as leaders in the profession of nursing.

O'Brien, L., & Gural, L. (2008, June 27). Educational Advancement for Registered Nurses. Paper presented at the meeting of the American Nurses Association 2008 House of Delegates. Washington, DC

Educational advancement of registered nurses:

A consensus position: A policy statement from the Tri-Council for Nursing:

American Association of Colleges of Nursing (AACN), American Nurses Association (ANA), American Organization of Nurse Executives (AONE), National League for Nursing (NLN). Retrieved from

<http://www.aacn.nche.edu/Education/pdf/TricouncilEdStatement.pdf>

## Mission, Vision and Values of NHNA - Vital Signs: 2010

Jim Biernat, RN, MA - NHNA President

One hundred and four years and counting. That is how long NHNA has been in existence. We were birthed before a NH Board of Nursing was even conceived. The purpose of NHNA, then called Graduate Nurses Association of NH, was centered on the welfare of its membership and the profession, the health of mankind and the education of nurses. This was a noble and lofty purpose. Over the course of the unfolding century we journeyed into discovering and defining the meaning of nursing professional. We were driven to elevate standards of nursing not in the spirit of exclusion but in service to seeking the utmost in quality. As an association we evolved mission and vision statements to guide the work of NHNA and articulate the vision to which we as nurses aspire. But just as individuals grow and change over time so do associations.

Does our current mission and vision statement, last revised over a decade ago, capture who we are today and where we see ourselves into the future?

Findings of a survey conducted at the fall 2009 annual NHNA member meeting and from a focus group (conducted of members and non-members in August of 2009), indicate that it may be time for some re-alignment. A common theme from both queries was that NH nurses were unsure of NHNA's relevance and mission. Some of this uncertainty may be attributable to inadequate advertising and dissemination on NHNA's part. It also could be that in our busy worlds we often get too preoccupied to see the forest through the trees.

The board of NHNA thought it was time for the association to examine more closely the mission, vision and values of NHNA. In our first board meeting of the New Year we reminded ourselves of what a mission statement should be. The mission statement should capture NHNA's distinctive purpose and its reason for being. Mission should be directional and function as a guide. It needs to be specific enough to provide this sense of direction but also broad enough to allow for innovation and expansion of activities. We thought a good mission statement is one that both defines and inspires. It should capture a sense of organizational being and meaningfulness. In that spirit, we evaluated the current mission and is proposing that it be updated to read **Promote the practice, development and well being of New Hampshire nurses through education, empowerment and healthcare advocacy.**

To promote the practice, development and well being of NH nurses *should be* and *is* NHNA's reason for being. That is the essence of NHNA's work. While the first half of this revised mission statement readily lends itself to articulating *why* we exist as an association, the second part of the mission statement moves into the *how*. It captures a belief in methods that NHNA has embraced throughout our long history: **education, empowerment and healthcare advocacy**. The new mission is a 3 by 3 statement: three whys buttressed by three hows. The revised mission will be easier to remember and easier to articulate and better captures who we are.

When it comes to **vision**, we thought that ours should create a mental image of what we, as leaders and members of NHNA, want the organization to aspire to as we embrace the work that is our mission. Our current vision statement served as an adequate vision statement:

“To be the premier resource for professional practice and advocacy for nurses in New Hampshire”. But we yearned for a vision that reaches through the roots and into the very soul of NHNA. We believe that NHNA’s vision is to: **Cultivate the transformative power of nursing**

Throughout our 104 year history, we have sought to cultivate the profession and its members. Not unlike the monks from the Middle Ages, Florence Nightingale or Mother Theresa, NHNA continually seeks to leverage the potential power embedded within nursing presence. The transformative power of nursing presence is still unfolding today. NHNA’s vision should be to unbridle, unleash and advance the full transformative potential of nursing presence.

**What are the core values of NHNA?** NHNA does not have an overtly formulated statement of values. But if we look at our history and what we as an association embrace in 2010, the statement boils down to something like this:

- **Integrity:** of being and action.
- **Independence:** confident enough to cultivate interdependence.
- **Knowledge:** informed by study and practice
- **Clarity:** backed by resolve
- **Compassion:** for those whom we serve and for ourselves
- **Curiosity:** to better welcome the yet unknown

There may be other essential values not captured above. Values can be a lifeless list of organizationally-correct statements. As such they serve as meaningless clutter. So why do we, as NHNA, bother discerning and articulating our values? Values give us relevance and sustain our being. They have kept us alive for all these years and will nourish us into the future.

Please feel free to send any comments on these changes to [office@nhnurse.org](mailto:office@nhnurse.org). We will be using the mission, vision and values as the foundation upon which to build our strategic goals for the coming decade. This is an exciting time for NHNA. Let us cultivate the transformative power of nursing!

A handwritten signature in cursive script that reads "Jane Burnett".