



Indiana State Board of
NURSING **FOCUS**

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The Essence of Belonging

ALSO IN THIS ISSUE

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Board Director's Letter



Audrea Racine, JD

*Board Director
Indiana State Board of Nursing*

Hello, I hope this letter finds you well. My name is Audrea Racine, and I recently transitioned into the role of Director of the Indiana State Board of Nursing. Earlier this year, I began my journey with the Indiana Professional Licensing Agency as the Associate General Counsel, which has provided me with valuable insights into the regulatory landscape. My professional background spans various areas, including work in a private practice law firm and a nonprofit healthcare association focused on primary health care policies. Additionally, my experience with the Family and Social Services Administration has allowed me to assist healthcare providers enrolled in the Indiana Health Coverage Programs (THCP). I also have a strong foundation in investigations of licensed professionals from my time in Licensing Enforcement at the Office of the Indiana Attorney.

General. I am eager to engage with the nursing profession to learn how we can better serve our nurses and ensure we continue striving for high standards of care for patients across the state. I look forward to sharing insights and collaborating on initiatives that foster excellence in our nursing community.

Thank you for welcoming me into your midst. I am excited about the journey ahead..

Audrea Racine

Audrea Racine, JD
Director of the Indiana State Board of Nursing

2025 BOARD MEETING DATES

Full Board

January 16, 2025 – CC Room B	May 15, 2025- CC Room B	September 18, 2025- CC Room C
February 20, 2025- CC Room B	June 19, 2025- CC Room B	October 16, 2025- CC Room B
March 20, 2025- CC Room B	July 17, 2025- CC Room B	November 20, 2025- CC Room B
April 17, 2025- CC Room B	August 21, 2025- CC Room B	December 11, 2025- CC Room B

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Board Perspective



Have you ever wondered what happens behind the scenes to prepare for an Indiana State Board of Nursing Day? Like any other position, being a board member requires much preparation to succeed. There are many moving parts, and many people have various roles that lead up to the Board Member receiving their Board Day packets. When the PLA Director sends out the agenda the week before a meeting, each Board Member is responsible for familiarizing themselves with almost 4,000 to 6,000 pages of information. Fortunately, as Board Members gain experience, they know how to look for specific information that will help parse out the most relevant information.

Each Board Member has access to a SharePoint site, where the information is housed online. The PLA Director and the PLA team work hard to ensure the information is uploaded into defined online folders to make the review as easy as possible. As Board Members, we are not privy

to some of the information until the actual Board Day. This, among other reasons, is why the Board Members have their computers open during the meeting. With so much material, it is crucial for the Board Members to actively participate and continue to review during the proceedings, as their insights and contributions are integral to the Board Day.

The Board comprises five registered nurses, one advanced practice registered nurse, two licensed practical nurses, and one consumer member. The Board must represent a diverse range of thought, practice, and even geography from across the state. Having a diverse board allows for pronounced dialogue and provides a greater depth of opinions. Board Members may not always agree or vote the same, but each has the shared goal of having a healthy nursing workforce and providing excellent care to Hoosiers across the state.



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CENP, CLNC, FAONL**
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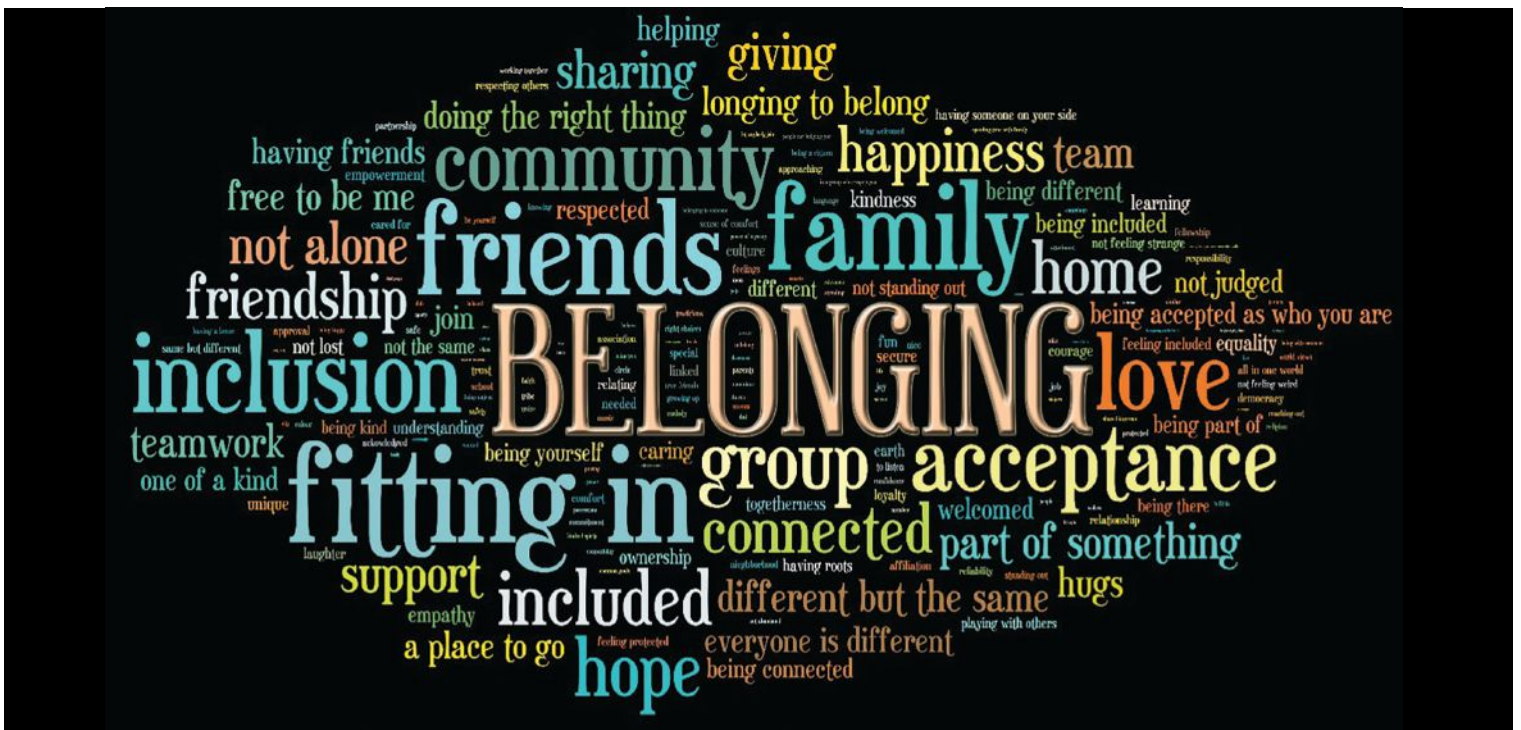
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Carolyn Taylor, E.D. M.N. R.N.
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The Essence of Belonging

GOAL

To identify a few ways (among many) how behaviors of belonging are an important aspect of establishing and maintaining important aspects of successful living.

Why are feelings of belonging important? Because—our essence related to belonging impacts us physically, emotionally, psychologically, and spiritually. The most important connection of belonging ties us to the people and places we love.

Belongingness is a human emotional need to be an accepted group member. Our beginning in our inherent desire to belong started when we became part of a family and our place within the home. It was (and continues to be) a feeling that involves familiarity, friends, and an accumulation of acquaintances.

The most accepted belongingness theory suggests that people devote much of their cognitive/intellectual thought process to establishing interpersonal relationships and attachments—an effort to belong. Because—most of us crave a connection and a feeling that we belong to something bigger than ourselves. This connection helps us manage stress, anxiety, health concerns, and behavioral issues.

Sometimes it seems easier to remove ourselves from the supposed support/belonging systems in our lives because it might seem too much to “handle.” It can cause excessive personal inner turmoil. Even though we are surrounded by behaviors and systems of belonging that remind us of our supposed belonging status, it is amazing how the little covert verbal and nonverbal innuendos speak louder than any behavior or words to tell a person if they truly belong!

If aloneness (resulting in the lack of belonging) were important to humans, we would have been born and immediately kicked out of our homes, resulting in no family ties or organized government. For some society members, however, the human need for support and belonging is not desired, and aloneness is preferred—hence, the role of community support services, activities, and resources is unimportant.

Used with permission from the Arkansas State Board of Nursing

The psychology of thoughts and feelings of loneliness shows that lonely consumers (a lack of belonging) tend to seek opinions from other people about products and services—and lonely people tend to try to influence others with their views.

The truth is: It is difficult to be totally alone. You are not alone, even though you might sometimes feel alone, as we all belong somewhere and at some time to someone who does or has loved us and who cares about us.

Belongingness Theories

Abraham Maslow: The Maslow Theory recognizes that physiological and safety needs must be met first to experience love with someone else completely. The loving ability (once physiological and safety requirements are met) supports the willingness to belong with someone else in a loving relationship.

Ray Baumeister & Mark Leary: Baumeister & Leary (an intellectual duo) reminds us that much of what we do is due to our desired feelings of belongingness. The theory states that all humans need a certain quantity of regular and satisfying social interactions to form bonds of belonging. Our social attachment efforts show our belonging needs as we naturally reach out to others. It is also proposed that the desire for death/suicide is caused by the failed interpersonal process of an unmet need to belong and a sense of not belonging to/with others.

The Reinforcement Theory shows the importance of personal reinforcement of belonging needs as we seek out others during emotional stress. We seek reinforcement of our belonging needs by seeking power, intimacy, approval, achievement, and affiliation.

R.M. Lee & S.B. Robins: Lee & Robins (another intellectual duo) Introduced the 1995 Social Connectedness Scale (SCS)—and has since been revised (SCS-R). The SCS-R assesses the degree to which youth feel connected to others in the social environment—their sense of belonging. The scale reminds us that a sense of belonging evolves through companionship, affiliation, and connectedness from infancy to maturity.

KEYWORDS FOR APPLICATION

Physical Belonging
Emotional Belonging
Psychological Belonging
Spiritual Belonging
Aloneness
Loneliness
Maslow Theory
Ray Baumeister & Mark Leary Theory
Reinforcement Theory
Lee & Robins Theory
Social Connectedness Scale
Life-Time Maturation
Community Sense of Belonging
Belonging in Relationships
Workplace Belonging
High Achiever & Belonging

Lifetime Maturation of Belonging

Early childhood is a time for developing prosocial behaviors and understanding the self in relation to others. In the period of 14-18 months, there is a time of learning the meaning of belonging as a child performs helpful behaviors, gains confidence, and enhances self-identity. Next comes the identification and belonging to family, cultural groups, neighborhoods, and the wider community. Belonging helps shape the maturational process as to who a child is, who they can become, pride in who they are, and respect for the dignity of others. The outcome is strong relationships, a warm and caring personality toward familiar adults, and empathy and willingness

to care for others.

As an estranged child from a family constellation through a divorce, death (or any other reason), there is usually a desire by a child to witness and recall family-inclusive behaviors. The belongingness felt by a child within the family constellation is a measure of true and worthy placement within the family. Early family behavior and words (positive or negative) become lifetime reminders of the extent of belonging to the family. A child who senses a lack of belonging experiences a sense of abandonment. If a child is a stepchild, there is already a potential sense for the child to feel they do not belong to the family constellation. Therefore, the smallest negative comment or behavior perceived to indicate a lack of belonging to the family constellation is magnified and reaches the inner soul as a forever reminder.

To encourage a sense of belonging in any child, encourage family unity and personal pride in the child's small accomplishments. This promotes a child's feelings of belonging, parental acceptance, and dignity. Our children should always hear affirming words of encouragement, an abundance of positive familial terms, and experience belonging behaviors and unconditional love no matter the type of family constellation.

Community Sense of Belonging

Belonging to a community with members that are welcoming is The American Way! Most importantly, new community arrivals appreciate a "Hello" from neighbors.

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It doesn't take much to help new neighbors feel they belong. A kind effort is the key to building a sense of community and belonging. Practice your ability to give to others regarding concern and interest for their well-being. Think less about yourself and, instead, the needs, comfort, and intended welcoming of others in the community. The gift of giving yourself results in a shared feeling of community belonging.

Sense of Belonging and Relationships

The sense of belonging in relationships is tied to identified social identities. People are friends, relatives, husbands, wives—and many other words indicating some ties of belonging. The sense of belonging is evident through behaviors of acceptance, support, trust, and honesty. Personal independence in all relationships is a positive sign of belonging. Mutual respect, acceptance, support, trust, honesty, and recognition of the need for individual differences recognize the need to belong to a realm of personal thoughts and philosophy. Positive relationships emit a sense of belonging to those who share a close relationship—yet can maintain individual boundaries of disagreement.

Maintaining a sense of belonging in all relationships takes effort. Behaviors that encourage belonging include:

- Small gestures and gentle words of kindness and love
- When you are sorry—be truly sorry—and say so!
- Small tokens regularly and on special occasions

Our ability and desire to have meaningful relationships show our human need to belong to something beyond ourselves. It validates our humanity and sense of belonging to a world much larger than ourselves!

Building A Workplace Culture-Of-Belonging

Effective leaders can build a culture of belonging in the workplace—equally as powerful in the workplace as in our personal lives. All workers have the right to be treated fairly and to participate using their talents.

Diversity, equity, and inclusion (DEI) increase mutual belonging. Large corporations have reported spending billions of dollars on DEI training, realizing that employees increase their commitment if they feel they truly belong at work. Harvard Business Review says that their studies show 40% of today's workers feel isolated at work. This research demonstrates that DEI efforts increase a worker's connection, commitment, and feelings of belongingness toward the job; however, it noted that there is no promise of success because

of DEI efforts. Consider this—If, at least, a leadership effort to promote a culture of belonging in the workplace is not made—you, as a workplace leader, missed the mark of leadership excellence that encourages worker connection and commitment!

Some organizations are truly immersed in the efforts of employees belonging by seeking employee Net Promoter Scores (eNPS). The claim is that this measurement of employee satisfaction, engagement, and ambassadorship results in retention, teamwork effectiveness, and a feeling of happiness score.

Leaders can project a sense of employee belonging through the following behaviors that increase employee trust:

- Finding creative ways to listen to employee feedback
- Asking for feedback in meetings and privately
- Expressing gratitude for a job well done
- Being honest about what is good and not so good
- Listening and watching more than speaking
- Considering the possibility of later-morning meetings
- Providing flexibility in work schedules
- Creating a family workplace (specially to help women participate in the workplace) by providing computers to help children do homework, online classes, or virtual school opportunities
- Developing ways of group interaction
- Sharing impact stories—relating good or bad outcomes
- Considering informal get-togethers
- Participating in online connections (e.g., Zoom)
- Valuing contributions through appropriate responses

The message is clear: Workers who feel accepted, respected, and a part of belonging increase their support for each other and the organization.

High Achiever and Leader Belongingness Challenge

When an organization's leadership strategy needs improvement, the high achiever is there to problem-solve with the existing leader. Nevertheless, it is not uncommon for high achievers (regardless of their potential contributions) to feel that they do not belong in an established organizational setting—irrespective of their positive contributions. Constantly trying to achieve an almost unachievable objective, they push through difficulties and continue to try to improve situations despite often

being made to feel they do not belong. Therefore, in select settings, high achievers often struggle with social belongingness.

Definition of a High Achiever: High achievers are ambitious, goal-focused, self-disciplined individuals who are driven by a strong personal desire to accomplish meaningful and important goals. They like to be the best at what they do, which helps them stay motivated through hard work. While achievement may be partly due to basic personality, it's also a matter of a perspective related to making a positive difference.

Likewise, leaders not known for high-achieving behaviors might feel disrespected for their expended organizational leadership efforts. If the existing leader is challenged with evidence of leadership incompetence, it can diminish the feelings of belonging as a competent leader. The leader's feelings of intimidation from a high achiever can encourage feelings of non-belonging by an existing leader.

Definition of Intimidation: Words or actions that cause reasonable fear of inadequacy.

Conclusion

It is true—we belong to each other as neighbors and community participants. Repetitive efforts of belonging in any situation have shown that who you know (not what you know) too often makes the major difference related to the personal belonging (or not) outcome.

Therefore, the price of listening and understanding positive and negative leadership behaviors and concepts helps toward selecting more positive belonging outcomes. Visualizing possible positive results by belonging to something bigger than ourselves helps us to perform in BELONGING WAYS for the greater good of all things.

Life is a puzzle of feelings—a merry-go-round of emotional responses. We are free to feel and respond to our liking to all belonging or nonbelonging happenings. However, the goal is to belong and make from our belonging abilities something wonderful, beautiful, and healthy.

The increased awareness of the Essence of Belonging encourages a positive choice of belonging behavior(s).

References:

Maslow's Hierarchy of Needs (numerous illustrations)—online availability

Lee & Robbins Social Connectedness Scale (1995 and Revised)—online availability



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TEN-4-FACESp Bruising Rule

Kids are kids, and sometimes they play in ways that result in minor cuts, scrapes, and bruises. These minor injuries are often found on bony areas of the body like knees, shins, elbows, and foreheads. However, there are other types of bruises that should be a red flag for possible abuse.

When is bruising concerning for abuse in children younger than 4 years of age? If bruising in any of the three components – Regions, Infants, Patterns – is present, strongly consider evaluating for child abuse and/or consulting with an expert in child abuse.

REGIONS

“TEN”

Torso | Ears | Neck



“FACES”

Frenulum
Angle of Jaw
Cheeks (fleshy part)
Eyelids
Subconjunctivae

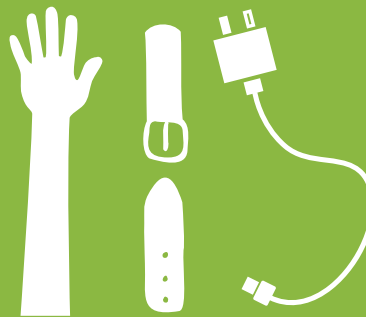
INFANTS

“4” = infants ages 4 months and younger



PATTERNS

“p” = patterned bruising



© Ann & Robert H. Lurie Children's Hospital of Chicago

TEN-4-FACESp is a useful acronym to help screen children under 4 years of age with bruising to identify when a bruise is more likely to be caused by abuse than accidental injury. The TEN-4-FACESp is not intended to diagnose abuse. **Scan the QR code to learn more.**



How To

1. Stay calm and convey information on a child.

- Ask non-leading questions
 - What happened?
 - Where were you?
 - Did an adult do it?
- Refrain from asking leading questions to reach conclusions.
 - Professionals are trained to handle these situations.

2. Document what you see.

- Color, shape, location
- What the child or caregiver says
- A list of all questions asked

3. Make the report.

Contact Child Protection Services

1-877-KYSAFE



TEN-4-FACESp was developed by the National Children's Advocacy Center. It is published and available for free.

Take Action

Conversational if you notice bruising

questions, such as:
When did it happen?

Where were you when it happened?

How did you see it happen?

Are you asking specific questions or jumping

to conclusions with appropriate training will
be helpful in the investigation.

What you see, hear, and ask. Include:

Location, and size of the bruising.

When the parent says happened.

Questions you asked.

Contact Protective Services by calling:

911 or 1-877-597-2331



Developed and validated by Dr. Mary Clyde Pierce and colleagues.
FREE download at luriechildrens.org/ten-4-facesp.

When is bruising a concern for abuse in children under the age of 4?

It is imperative that everyone, especially those who provide medical care for children, are educated on the common warning signs of child abuse. One way to remember some of these warning signs is the “TEN-4 FACESp” Bruising Clinical Decision Rule (Pierce et al, JAMA Network Open 2021).

The “TEN-4 FACESp” Bruising Clinical Decision Rule states that any bruising on the Torso, Ears and Neck (TEN) as well as the Frenulum, Angle of jaw, Cheeks, Eyelids, Subconjunctivae (FACES) and Patterned (p) bruising for children under the age of 4, and AND bruising on a child who is not yet pulling up or walking, especially 4 months of younger, is a big red flag for child abuse. Having one of these bruises has been found to greatly predict the risk of more serious injury, including abusive head trauma (Sheets et al, Pediatrics 2013).

The American Academy of Pediatrics’ policy statement, Abusive Head Trauma in Infants and Children (Narang et al, Pediatrics 2020), affirms that particular attention should be given to “TEN-4” bruising. Learn more at <https://youtu.be/evFiNHfJ4o> from Lurie Children’s Hospital and <https://www.youtube.com/>

[watch?v=UNeIk6yeac8](https://youtu.be/evFiNHfJ4o) from Norton Children’s Hospital.

Montana promotes the education of medical providers, nurses, social workers, first responders, and other professionals who work with children and families on this rule, including through pediatric abusive head trauma (formerly known as Shaken Baby Syndrome) training. One such resource for education is the Children’s Alliance of Montana (<https://childrensalliancecm.org/>).

We are looking to medical providers who care for children to help spread the word. We hope to create discussion and interest around the “TEN-4 FACESp” Bruising Clinical Decision Rule so the general public understands these signs of abuse, along with the importance of preventing child maltreatment and supporting families. One way we are hoping to spread the word is to have Montana join many other states in having October 4th proclaimed TEN-4 Day.

Will you join us in recognizing the TEN-4 FACESp Bruising Rule by adding your signature to the request for Proclamation by the Governor’s Office for October 4, 2024 to be the first TEN-4 Day in the State of Montana?

Building Strong Foundations: The Crucial Role of Professional Identity in Nursing Excellence



By Guest Authors *Kary Anne Weybrew*, MSN, RN, WHNP, *Kristen D. Priddy*, PhD, RN, CNS, *Matthew S. Howard*, DNP, RN, CEN, TCRN, CPEN, CPN, FAEN, and *Beth Cusatis Phillips*, PhD, RN, CNE, CHSE

Introduction

A nurse's professional identity is not just a label but an energetic philosophy driving passionate actions. Both seasoned and new nurses find themselves drawn to the movement of Professional Identity in Nursing (PIN) and Healthy Work Environments, recognizing the potential to revolutionize the profession. Incorporating identity formation into practice, nurses actively invest their time and effort into addressing crucial issues within their field. Identity formation is not just a concept but an essential component of our journey toward becoming seasoned professionals.

The nursing profession has not kept pace in defining its role and scope of contemporary nursing practice, characterized by ongoing and consistent transformations. The absence of a definitive and unified understanding of what it genuinely means to embody the role of a nurse highlights the crucial juncture where the nursing profession

currently stands (Joseph et al., 2021; Phillips & Priddy, 2023). The quest for clarity in professional identity aligns with broader patterns observed in medical, pharmacy, veterinary, and physical therapy, where professional identity development has been integrated into educational programs (Godfrey & Young, 2021; Riley et al., 2021). Acknowledging this unavoidable principle, the International Society for Professional Identity in Nursing (ISPIN) has intervened to furnish an all-encompassing description of professional identity in nursing, encapsulating the indispensable aspects of this complicated concept.

Professional Identity in Nursing: Definition and Domains

In 2018 and 2019, the leaders of ISPIN convened two think tanks of experts in nursing practice education and regulation to develop a clear definition of PIN and identify the key domains of the profession. Think tank participants adopted the following definition:

“Professional Identity in Nursing is a sense of oneself, and in relationship to others, that is influenced by the characteristics, norms, and values of the nursing discipline, resulting in an individual thinking, acting, and feeling like a nurse” (ISPIN, 2019).

This definition is the foundational framework, addressing the intricate interplay between personal identity and the broader nursing community. To further delineate this concept, ISPIN identified four domains of professional identity: values and ethics, knowledge, nurse as leader, and professional comportment (ISPIN, 2019). All academic accrediting bodies’ have highlighted professional identity definitions and language in their standards or curriculum essentials (Accreditation Commission for Education in Nursing, 2024; Commission for Nursing Education Accreditation, 2021; Commission on Collegiate Nursing Education, 2021).

At the heart of our professional identity lies our values and ethics, which form the foundation of our practice in nursing. This domain encapsulates the guiding principles that mold and regulate ethical behavior within the nursing profession. Our nursing knowledge represents the intellectual dimension of our professional identity, reflecting our expertise, understanding, and ongoing pursuit of excellence in the field. This domain emphasizes the analysis and application of information derived from nursing and other disciplines, experiences, critical reflection, and scientific discovery. Nurses are leaders in the healthcare environment, so we emphasize nurses’ transformative role to inspire themselves and others to translate a shared vision into tangible reality, showcasing their roles as leaders as an integral component of professional identity. Through professional comportment, we find ourselves extending beyond skills and knowledge. This domain encapsulates a nurse’s professional behavior demonstrated through words, actions, and overall presence, emphasizing the importance of demeanor in the professional identity of a nurse. Recognizing nursing as an integral aspect of personal identity while understanding the necessity of a distinct professional identity emphasizes the importance of aligning one’s actions and values with the standards and principles of the nursing discipline. See Figure 1.

Following the 2018 and 2019 think tanks, we wanted to understand how practicing nurses responded to the definitions and domains of PIN and what practicing nurses believed about the impact of PIN. We developed a mixed methods online survey and obtained IRB approval through Duke University. In collaboration with the Oregon State Board of Nursing, an invitation to participate in the online survey was sent to licensed nurses across all levels of practice and practice areas in Oregon. Through responses of over

Figure 1



700 Oregon nurses, we discovered the powerful connection between PIN and the well-being of patients and nurses, as well as the employer’s role in helping nurses flourish in their professional identities.

Nurse and Patient Wellbeing: The Impact of Professional Identity in Nursing

Many respondents to our survey agreed that professional identity is critical to functioning in the nursing role (74%) and agreed that nurses with a strong professional identity stand out as having a higher impact than those who do not possess this attribute (92%). Participants described PIN as our “individual and collective identity,” the “compass that guides our practice.”

We asked our participants two important questions: “How do you think having a strong professional nursing identity impacts practice?” and conversely, “How do you think failure to form a strong professional identity impacts practice?” What became very clear in the data is that practicing nurses see a strong connection between PIN and the outcomes of safe, high-quality patient care and nursing job satisfaction and retention. When nurses have a strong professional identity, they have role clarity, confidence, pride in the profession, and ownership of practice that leads to a desire for lifelong learning, high ethical practice standards, advocacy, innovation, trust and respect, effective teamwork, and a healthy work environment. When PIN

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is lacking, there is a troubling cascade of lack of role clarity and lack of a unified value system that leads to self-doubt, anxiety, ineffective decision-making, decreased advocacy, decreased trust, increased conflict, ineffective communication, and impaired teamwork. Of particular concern are nurses who lack pride in the profession and view their work as “just a job,” resulting in “unethical shortcuts” and “sloppy practice.” The result is an unhealthy work culture and harm to both patients and nurses. Nurses in such a work environment are less engaged in improvement, which will impair the ability of the profession to innovate and correct inequities in health care.

The Role of Employers in Supporting Professional Identity in Nursing

When asked about their employers’ role in supporting PIN, 97% of participants agreed that

healthcare agencies can contribute to professional identity through their mission, values, programs, practices, and other mechanisms, and 80% believed that healthcare agencies are obligated to advance professional identity. However, only 28% were certain that their employers had a process for ensuring that nurses have a strong professional identity. We asked the participants to describe how employers support PIN. The overwhelming majority of responses related to employers supporting and recognizing professional and personal growth and development through funding education, proactively providing opportunities for continuing education, and acknowledging achievements. Shared decision-making and the professional practice model associated with ANCC Magnet designation were also important elements of a work environment that supports flourishing PIN. Finally,

participants identified the importance of clearly and regularly communicating the values, ethics, mission, and vision of the organization.

Next Steps from Quality and Safety Study

Findings from the study indicate a critical and urgent need for changes in the nursing profession and work environment. If nurses are not clear about who they are as nurses and their role in the work setting, their professional identity will flounder, and ultimately, the patients will suffer (Phillips & Priddy, 2023).

To change the nursing culture, all nurses must understand what professional identity is and determine ways to form and foster their own professional identity and that of the nurses around them. Nurses with a well-established professional identity improve their health and well-being (Hinkley et al., 2023). When nurses understand their roles, they are more engaged in their practice and better support interprofessional collaboration (O’Rourke, 2021). Nurses at every level of the profession can adopt the definition and share it with their teams. Nurses can strengthen the professional identity of all involved by addressing the four domains through critical self and collective reflection, continuing education, and teamwork. The strength of the individual nurse’s professional identity combined with our collective professional identity is crucial to the flourishing of the nursing profession (Owens, et al., 2024 in press).

Creating healthy work environments that allow all nurses to flourish begins with the senior leadership team. Once key leaders value professional identity and welcome the change it creates, it is our hope that it will permeate all levels of formal and informal leadership from



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management to frontline nurses. Support, encouragement, and collaboration must be sincere and deliberate.

Next Steps for You

If this discussion of professional identity in nursing has piqued your interest, you are not alone. More than 700 nurses from around the globe have joined ISPIN, and for good reason. When asked about the nursing profession, Kaile Crawford, MSN, RN, NPD-BC, from Kansas, stated, “The important link between nursing practice and a core identity of integrity, compassion, and ethical conduct is crucial for the continued growth of profession and individuals alike” (K. Crawford, personal communication, February 15, 2024). Tracy Hayes, MSN, RN, CPN, from North Carolina, noted that she wanted to be involved in ISPIN because she wanted to be “a part of changing and improving healthcare professionals' sense of self and impact their practice” (T. Hayes, personal communication, February 13, 2024). These changes can come through active participation in many work groups offered through ISPIN (ISPIN, 2023).

A long-standing member of ISPIN from California, Donna Meyer, MSN, RN, ANEF, FAADN, FAAN, stated that “nursing is part of my soul, heart, and being. I am so very proud to be a nurse, and when I am asked what I do, the first thing I say is ‘I am a nurse’ (D. Meyer, personal communication, February 18, 2024). Many of us feel this way as well. As the most trusted profession in the United States for over two decades (Gallup, 2024), nurses have a sense of pride in the work that we do. Participation in ISPIN, through

our quarterly updates, virtual sessions, and work groups, enhances our passion and dedication to the profession.

The International Society for Professional Identity in Nursing strives to ensure all nurses know what Professional Identity is and how they form and foster it in themselves and others. Won't you join us in this effort to change the culture of our profession? If you are interested in getting involved with ISPIN, you can join our upcoming events, work groups, and virtual sessions by contacting Lauren Roberts at lroberts6@kumc.edu. You can also email us at NursignEdConsult@kumc.edu to subscribe to the ISPIN newsletter. We look forward to seeing you.

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References

Accreditation Commission for Education in Nursing. (2024). ACEN standards and criteria. Accreditation Commission for Education in Nursing. <https://resources.acenursing.org/space/SAC/1824227333/2023+Standards+and+Criteria>

American Nurses Association. (2021). Nursing scope and standards of practice (4th ed.).

Commission for Nursing Education Accreditation. (2021). Accreditation standards for nursing education programs. National League for Nursing Commission for Nursing Education Accreditation. <https://irp.cdn-website.com/cc12ee87/files/uploaded/CNEA%20Standards%20October%202021-4b271cb2.pdf>

Commission on Collegiate Nursing Education. (2021). Standards for accreditation of entry-to-practice nurse residency programs. Commission on Collegiate Nursing Education. <https://www.aacnursing.org/Portals/0/PDFs/CCNE/CCNE-Entry-to-Practice-Residency-Standards-2021.pdf>

Gallup. (2024, January 22). Ethics ratings of nearly all professions down in U.S. Gallup.com. <https://news.gallup.com/poll/608903/ethics-ratings-nearly-professions-down.aspx>

Godfrey, N., & Young, E. (2021). Professional identity. In J. F. Giddens (Ed.), Concepts for nursing practice (3rd ed.). Elsevier Health Sciences.

Hinkley, T.L., Kuhl, L., & Liebig, D. (2023). Professional identity in nursing: The role of efficacy in navigating the work environment. *Nurse Leader*, 21(2), 174-178. <https://doi.org/10.1016/j.mnl.2022.12.006>

International Society for Professional Identity in Nursing. (2019). What is professional identity in nursing? The University of Kansas. <https://www.kumc.edu/school-of-nursing/outreach/consulting/professional-identity/about/what-is-professional-identity-in-nursing.html>

International Society for Professional Identity in Nursing. (2023). Ways to get involved. The University of Kansas. <https://www.kumc.edu/school-of-nursing/outreach/consulting/professional-identity/about/ways-to-get-involved.html>

Joseph, M. L., Phillips, B. C., Edmonson, C., Godfrey, N., Liebig, D., Luparell, S., & Weybrew, K. (2021). The nurse leader's role: A conduit for professional identity formation and sustainability. *Nurse Leader*, 19(1), 27-32. <https://doi.org/10.1016/j.mnl.2020.10.001>

O'Rourke, M. W. (2021). Work engagement: Passion–role clarity connection in a turbulent time. *Nurse Leader*, 19(2), 204-209. <https://doi.org/10.1016/j.mnl.2020.11.006>

Owens, R. A., Kuhl, L. M., Hagopian, C. O. P., Goodolf, D. M., Ferrell, C., Liebig, D., Howard, M. S., Weybrew, K. A., & Yockey, J. (2024). Strengthening the profession: Clarifying professionalism and professional identity in nursing. *American Nurse Journal*. (In press)

Phillips, B. C., & Priddy, K. (2023). The link between safety, quality, and professional identity: What leaders need to know and do. *Nurse Leader*, 21(2), 158–162. <https://doi.org/10.1016/j.mnl.2022.12.001>

Riley, J. M., Beal, J. A., & Ponte, P. R. (2021). The exemplary practice life of a nurse. *Journal of Professional Nursing*, 37, 1018-1025. <https://doi.org/10.1016/j.profnurs.2021.07.003>



New AACN Data Points to Enrollment Challenges Facing U.S. Schools of Nursing

WASHINGTON, D.C., April 15, 2024 – New data released today by the American Association of Colleges of Nursing (AACN) show that sustaining student enrollment in baccalaureate and graduate programs continues to be a challenge at U.S. schools of nursing. Though enrollment in programs designed to prepare entry-level registered nurses held steady (up 0.3%), fewer students are entering baccalaureate degree-completion, master’s, and PhD programs, which poses a threat to meeting the nation’s healthcare needs.

“Despite facing enrollment challenges, nursing schools are committed to expanding their programs in response to the growing demand for nurses in all settings where health care is delivered,” said Dr. Deborah Trautman, AACN President and Chief Executive Officer. “As we consider the needs of the nursing workforce over the next 10 years, more federal and local support is needed to expand pathways into nursing to ensure an adequate supply of clinicians needed to provide primary, preventative, and specialty care to an increasingly diverse patient population.”

Each year, AACN conducts a national survey of nursing schools with baccalaureate and higher degrees to compile data on student enrollment and graduations, faculty and dean demographics, applications received, and qualified applications turned away, among many other key benchmarks. Conducted in Fall 2023, AACN’s latest annual survey, titled 2023-2024 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, contains data reported by 975 schools of nursing, which represents a 90.1% response rate.

Enrollment Changes by Program Level

Most individuals pursuing a career as a registered nurse (RN) in the U.S. enter the profession with a Bachelor of Science in Nursing (BSN) degree offered at 858 colleges and universities. Data from AACN’s Fall 2023 survey show that enrollment in BSN programs increased by 0.3% or 825 students from 2022 to 2023. This finding is welcome news, as AACN noted a decrease in BSN students last year, the first enrollment drop in more than 20 years (see trend chart). Total enrollment in BSN programs is currently 255,455, which is still below the all-time high of 256,578 students in 2021.

Also at the baccalaureate level, the number of students in RN to BSN degree-completion programs decreased significantly for the fifth consecutive year. These bridge programs for nurses entering the workforce with an associate degree or diploma programs provide an important pathway for nurses looking to advance their education to better meet patient care needs and employer expectations. Last year, enrollment in RN to BSN programs decreased by 9.9% or 9,774 students. This downward trend follows an enrollment surge in RN to BSN programs, which saw a rapid increase from 30,684 students in 2002 to 139,587 enrolled students in 2018. Today, 88,960 students are enrolled in these programs. AACN is exploring the causes that may be contributing to this trend, including declines by program type and any variations by region. AACN is also looking at any correlation between the increase in the number of nurses entering the profession with a baccalaureate and the number of nurses needing to complete a post-licensure BSN program.

At the graduate level, students in master's programs decreased by less than 1% (0.9% or 1,176 fewer students) since 2022, marking the third year of enrollment decline. Master's nursing programs prepare individuals for a variety of roles in administration, teaching, research, informatics, instruction, and direct patient care. Currently, 656 nursing schools nationwide offer master's programs with a population of 130,348 students. AACN continues to monitor master's program enrollments to identify any factors that may be influencing student demand, including the steady increase in enrollment in the practice doctorate.

Enrollment in PhD nursing programs continued to decline, with a 3.1% decrease (137 students) from 2022 to 2023. Since PhD program enrollment began to dip in 2013, enrollments have decreased by 17.5%, from 5,145 students in 2013 to 4,244 students in 2023. This downward trend over the last 10 years has created great concern among academic nursing leaders responsible for preparing future nurse scientists, educators, and leaders. In its report on the Future of Nursing: 2020-2030, the National Academy of Medicine, Science, and Engineering called the lack of robust enrollment in the PhD in nursing "a major concern for the profession and for the nation." AACN's research and data team are examining survey findings to determine factors that may impact enrollment declines, including program characteristics and applications received.

Last year, the number of students in Doctor of Nursing Practice (DNP) programs grew by 2.0% (810 students), marking 20 consecutive years of continuous enrollment expansion. DNP programs prepare nurses for practice at the highest level, including Advanced Practice Registered Nurses (nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and nurse midwives). Enrollment in DNP programs has grown steadily over the last two decades from 70 students in 2003 to 41,831 students last year. DNP programs are now offered at 433 schools of nursing.

Applications Received and Turned Away

In addition to enrollment and graduations, AACN tracks applications to schools of nursing in order to assess interest in nursing education among prospective students. Last year, the total number of applications to baccalaureate and higher degree programs held steady with programs receiving 682,547 applications, a decrease of 455 since 2022. By program level, the number of applications increased in entry-level BSN (+0.6%), master's (+0.6%), and PhD (+3.1%) programs and decreased in RN to BSN (-1.0%) and DNP programs (-7.9%).

AACN also tracks qualified applications not offered admission to nursing programs. Even though enrollments

were down across program levels last year, thousands of qualified applications were turned away from four-year colleges and universities. In 2023, a total of 65,766 qualified applications (not applicants) were not accepted at schools of nursing nationwide, though the students submitting applications may have been accepted and enrolled elsewhere. Within this total, applications turned away included 55,111 from entry-level baccalaureate, 703 from RN-to-BSN, 5,491 from master's, 4,225 from DNP, and 236 from PhD nursing programs. Given the persistent shortage of nurse faculty, AACN remains concerned that nearly 10,000 applications were turned away from graduate programs, which may further limit the pool of potential nurse educators.

The primary barriers to accepting all qualified students at nursing schools continue to be insufficient clinical placement sites, faculty, preceptors, and classroom space, as well as budget cuts. For a graphic showing the number of qualified applications turned away from entry-level baccalaureate nursing programs over the last 20 years, [click here](#).

"Generating strong interest in nursing careers and retaining new nurses in the healthcare system are top priorities shared by leaders in nursing education and practice," added Dr. Trautman. "Maintaining a healthy supply of practice-ready nurses is critical to ensuring access to essential patient care services and protecting the nation's health."

AACN is leading the charge to advocate for more federal support for nursing education, including funding for students interested in a nursing career and for schools of nursing to support faculty development and the infrastructure needed to accommodate more students. AACN is also calling for full participation among nursing schools in NursingCAS, the profession's centralized application service for students seeking to enter nursing school to begin or advance their education. Through NursingCAS, students are alerted to open enrollment slots at schools of nursing, which will help to ensure that all available seats are filled, and fewer qualified applicants are turned away.

About the AACN Survey

Now in its 43rd year, AACN's annual survey of baccalaureate and higher degree nursing programs is conducted by the association's Department of Research and Data Services. Information from the survey forms the basis for the nation's premier database on trends in enrollments and graduations, student and faculty demographics, and faculty and deans' salaries. These data

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are essential for policymaking at the local, state, and federal levels as well as for benchmarking by participating institutions.

The annual AACN survey is a collaborative effort, with data on nurse practitioner programs collected jointly with the National Organization of Nurse Practitioner Faculties and data on clinical nurse

specialist programs collected with the National Association of Clinical Nurse Specialists. Complete survey results are compiled in three separate reports, including:

- 2023-2024 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing
- 2023-2024 Salaries of Instructional and Administrative

Nursing Faculty in Baccalaureate and Graduate Programs in Nursing

- 2023-2024 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing

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View Highlights from AACN's 2023 Annual Survey: https://www.aacnnursing.org/Portals/0/PDFs/Data/2023-Survey-Highlights.pdf?utm_source=Informz&utm_medium=Test&utm_campaign=Test

On request, AACN can prepare customized data reports to meet institutional benchmarking and research needs. Reports are available to compare a nursing school's programs with institutions of similar size and type across geographic areas – nationally, state-wide, or locally. A variety of reports are available, including those comparing faculty and dean salaries and program enrollment and graduations across like institutions. Click here to find out more about AACN's custom report capabilities

The American Association of Colleges of Nursing (AACN) is the voice for academic nursing representing more than 875 member schools of nursing at public and private institutions nationwide. AACN works to establish quality standards for nursing education; assists schools in implementing those standards; influences the nursing profession to improve health care; and promotes public support for professional nursing education, research, and practice. Learn more at aacnnursing.org.



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ABFM CERTIFICATION 2025

To meet the American Board of Medical Specialties Assessment Standards for Continuing Certification updated on January 1, 2024, the American Board of Family Medicine (ABFM) will begin the transition to Certification 2025, the new Continuous Certification 5-Year Cycle on Wednesday, January 1, 2025.

To learn more about this change and when it will impact you, watch the archived webinar (<https://youtu.be/tJWLrYXVbxA>) with ABFM Senior Vice President of Diplomate Experience Gary LeRoy, MD, FAAFP.

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Indefinite Suspension—Indefinitely prohibited from practicing for a specified minimum period of time.

Indefinite Probation—License is placed on probation for a specified minimum period of time with terms and conditions.

Renewal Denied—The nurse’s license will not be renewed, therefore, she/he does not have a license to practice in Indiana.

Summary Suspension—Immediate threat to the public health and safety should they be allowed to continue to practice. Issued for a period of ninety (90) days but can be renewed with Board approval.

Letter of Reprimand—Letter issued by the Board to the nurse indicating that what she/he did was wrong.

Revoked—An individual whose license has been revoked may not apply for a new license until seven (7) years after the date of revocation.

CEUs—Continuing Education Credits

Fine—Disciplinary fee imposed by the Board

Censure—A verbal reprimand given by the Board.

JULY 2024 BOARD MEETING

Bambi Hudson	28198642	Probation Withdrawn
Sierra Axe	27066628A	Probation Withdrawn
Joshua Azbell	27065863A	Probation Withdrawn
Amber Smith	28192777A	Probation Withdrawn
Sheryle Cullen	27042101A	Probation Withdrawn
Daphney Leverett	28112028A	Probation Withdrawn
Teresa Leckrone	28221046A	Probation Withdrawn
Sarah Bond	28180188A	Probation Withdrawn
Julie Ross	28230249A	Indefinite Probation
Nicholas Metzger	28228281A	Indefinite Probation
Melissa Kimberlin	28188025A/ 71007038	Indefinite Probation
Charmayne Booker	27050550A	Renewal of Emergency Suspension
Danica Elkins	28270979A/C	Renewal of Emergency Suspension
Sarah Haag	28179042A	Renewal of Emergency Suspension
Whitney Bennett	27071810A	Renewal of Emergency Suspension
Deana Faris	28204598A	Renewal of Emergency Suspension
Lori Sroda	28117586A	Indefinite Probation
Renee Begley	27061027A	Indefinite Suspension
Carol Edwards	27042499A	Indefinite Suspension
Amara Taylor	28188544A	Indefinite Suspension
Amy Holbert	28168211A	Revocation
Kasandra Hunt	28148726A	Indefinite Suspension
Matthew Clem	28235969A	Revocation

AUGUST 2024 BOARD MEETING

Elizabeth Foxworthy	28187057A	Indefinite Probation
Christi Collins	27064301A	Indefinite Probation
Samantha Mahoney	28168903A	Probation Withdrawn
Alisha Morr	28176671A	Probation Withdrawn
Holly Kline	28221397A	Probation Withdrawn
Jeffrey Hopper	28200274A	Probation Withdrawn
Lana Wells	28195134A	Probation Withdrawn
Kimberly Williams	27063936A	Probation Withdrawn
Stephen Hicks	28157278A	Probation Withdrawn
Lindsay Reich	28193122A	Probation Withdrawn
Kristy Hollen	28140180A	Probation Withdrawn
Michelle Hibbard	28168422A	Probation Withdrawn
Keith Crawley	28254810A	Probation Withdrawn
Paula McCarthy	28140692A	Probation Withdrawn
Dana Barnes	28284341A	Probation Withdrawn
Matthew Elkins	28220065A	Emergency Suspension

Wachauna Jordan	28284685A	Emergency Suspension
Tracy Bowers	28123007A	Renewal of Emergency Suspension
Peter Kinuthia	27067973A	Renewal of Emergency Suspension
Thomas Parkes	28202678A	Renewal of Emergency Suspension
Miranda Kahn	28212459A	Renewal of Emergency Suspension
Cassandra Bass	28090450A	Renewal of Emergency Suspension
Erin Caine	28212908A	Renewal of Emergency Suspension
Kendra Nelson	27074837A	Renewal of Emergency Suspension
Jennifer Wilson	28094839A	Renewal of Emergency Suspension
Samantha Marley	27066600A	Renewal of Emergency Suspension
Lisa Helmerich	28089995A	Probation Withdrawn
Jennifer Vukin	28221496A	Probation Withdrawn
Maureen Banning	28128594A	Probation Withdrawn
Rebekah Beaty	71008104A	Indefinite Suspension
Whitney Bennett	27071810A	Revocation
Samantha Marley	27066600A	Indefinite Suspension
Hassan Hazime	28273384A	Indefinite Suspension
Amanda Murchie	27064722A	Revocation

SEPTEMBER 2024 BOARD MEETING

Taylor Knox	27080243A	Probation Withdrawn
Tiffany Roberts	28209707A	Probation Withdrawn
Tracy Hearn	28166702A	Probation Withdrawn
Terry Riley	27037752A	Probation Withdrawn
John Gross	27080798A	Probation Withdrawn
Sarah Tallo	28236030A	Probation Withdrawn
Kristin Wagoner	28226622A	Indefinite Probation
Casey Elliott	28193475A	Indefinite Probation
Jessie Riggle	28280516A	Probation Withdrawn
Melinda Wood	28152038A	Probation Withdrawn
Rashanna Williams	28224548A	Probation Withdrawn
Pamela Baldwin	28218286A	Emergency Suspension
Clinton Marcus	28271808A	Emergency Suspension
Renee Patterson	28203900A/C	Renewal of Emergency Suspension
Shawn Randles	28256088A	Renewal of Emergency Suspension
John Robinson	27079075A	Indefinite Probation
Sheri Barnes	71003184A	Indefinite Suspension
Sarah Haag	28179042A	Indefinite Suspension
Holly Seale	28156964A	Revocation
Brenda McIntosh	27052235A	Indefinite Suspension

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