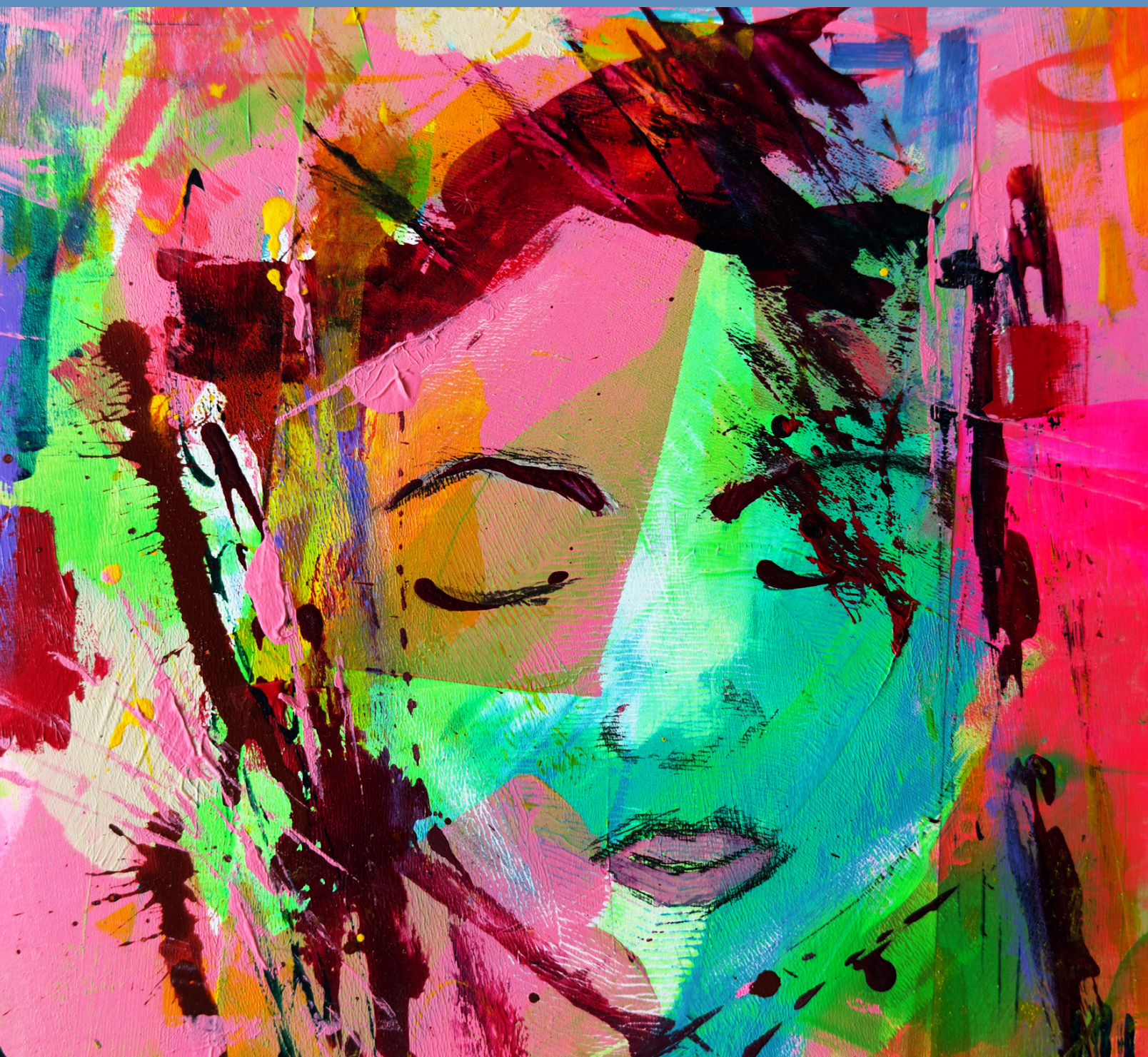


UC San Diego Health

JOURNAL OF NURSING

SPRING 2025

UNIVERSITY OF CALIFORNIA, SAN DIEGO



Promoting Nurse Wellness From Within

Publisher
UC San Diego Image of Nursing
Council

Editors-in-Chief
Suzanne Agarwal, MS, BS., BSN RN
Cecily A. Arenas, DNP, MPH, MSN, RN,
PHN, NE, FNP-BC

Principal Managing Editor
Celine Palmiter, BSN, RN, OCN

Editorial Board
Shannon Cotton, BSN, RN, CCRN
Pamela Smith, RN, BSN, CEN, OCN

Design
Burritt Design

Photography
Shelby Samonte, RN

Five Magnet Components



- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge and Innovation
- Empirical Outcomes

Shared Governance committee membership is a great way to become personally involved in the Magnet journey and to help shape the future of nursing at UCSDH. For more information go to our nursing website at <https://health.ucsd.edu/for-health-care-professionals/nursing>



Front cover artwork:“Her”:
Contemplations on the humbling
experience of life’s journey



Ten Mendoza , DNP, PMHRNBC,
has worked at UCSDH 7-East
Senior Behavioral Health unit
since 1998. She has many hobbies
including dancing, drawing,
playing the piano and writing.
Two of her latest favorite books
are Born a Crime by Trevor
Noah and the Next Conversation
by Jefferson Fisher. She loves
learning, languages, long walks
and tango music. She believes
that everyone is lonely nowadays
and the world can be less lonely
if we make it our goal to connect
with one another in however way
we can.



Back cover artwork:“Beyond
the Doors”: Contemplations on
living with grief, like doors with
no knobs

- 2. Message from the Chief Clinical Officer
- 5. JOURNEY
- 6. Finding Balance: A New Nurse’s Journey to Self-Care and Resilience
Ivan Zamora-Díaz, BSN, RN, PHN
- 8. Electric Reawakening...A Personal Story of Rebirth
Heather L. McCain, BSN, RN, WOCN
- 10. Finding Peace on the Trails: How Hiking Helped Me Reclaim My Mental Health
Stephanie E. Daniels, MSN, RN, CPAN
- 12. From Struggle to Strength: A Nurse’s Journey to Health and Empowerment
Eliane B. Moreira, BSN, RN
- 14. Speaking Truth, Building Grit
Joanna Y. Calhoun, BSN, RN, CPT
- 15. RESEARCH
- 16. A Healing Place for the Healers: Meditation Room for Neuro ICU
Healthcare Heroes
Jansen Irving B. Pagal, BSN, RN, CCRN, SCRNI
- 20. Changing National Policy to Address Nurse Suicide
Judy E. Davidson, DNP, RN, MCCM, FAAN
- 25. Supporting Nurse Leaders to Recognize & Intervene in Team
Members Suicidality
Kristina E. James DNP, RN, CNL, PCCN and Rachael Accardi, LMFT
- 27. Nursing Wellness in the Workplace: A Contemporary Analysis
Carolyn A Wilder, PhD, BSN, RN
- 29. ONWARD
- 30. Pathways to Wellness: Creating a Walking Group to Promote Wellbeing
and Connection
Jill Valenzuela, RN and Celine Palmiter, BSN, RN, OCN
- 36. The Things We Carry: Practical Strategies to Promote Well-being
Holly Anguiano, LCSW, OSW-C
- 39. Schwartz Rounds
- 40. UC San Diego Health Team Member Well-being Overview
Brenna Joyce, M.A.
- 42. ART AND POETRY
- 48. LETTERS TO JUDY
- 51. WE PROUDLY RECOGNIZE
- 52. UCSDH Nursing Publications May 2024-May 2025
- 54. 2025 Certified Nurses
- 61. 2024 Nurse of the Year Winners



Message from the Chief Clinical Operating Officer

Enhancing Workplace Wellness Through De-Implementation Science

MThis year's journal focuses on workplace wellness, an essential element of sustaining a healthy and productive workforce. While activities such as stress-reducing events and the Healer Education Assessment and Referral (HEAR) program play a critical role in supporting employee well-being, these efforts often address symptoms rather than root causes of workplace stress. To foster a truly resilient work environment, we must shift our focus to prevention—specifically through the application of de-implementation science.

To create a healthier and more efficient work environment, we must embrace de-implementation science—a process of systematically identifying and discontinuing ineffective or outdated practices. While our nursing workforce has demonstrated excellence in evidence-based practice and performance improvement—conducting over 100 projects annually—de-implementation represents a new frontier. It challenges us to critically evaluate longstanding practices and eliminate those that no longer add value or may even detract from patient care and staff efficiency.

Two UCSDH nurses have already demonstrated the impact of de-

implementation science through innovative projects that streamlined care and improved resource utilization. Jay Castillo, RN, BSN, CNN, CNIII works in Nephrology with patients receiving CRRT therapy. When the equipment was updated and the nursing practices were being keenly evaluated, it was identified that UCSD nurses were spending time routinely flushing the lines in an effort to keep the filter pressures low. This extra work was not evidence-based or endorsed by the vendor. Jay conducted a project to evaluate filter pressures before and after discontinuing the flushing protocol. His findings demonstrated no difference in pressure levels, confirming that the practice was unnecessary. This project not only saved nursing time but also conserved valuable saline during a period of shortage.

Erin Giovannetti, RN, MSN, FNP-C, is a board-certified Family Nurse Practitioner at Altman Clinical and Translational Research Institute (ACTRI), specializing in diabetes research and inpatient glycemic management. With 18 years as an ICU, Trauma, and Emergency Medicine Nurse Practitioner, she understands the challenges of glucose control in hospitalized critically ill patients. Standard practice for insulin infusion is

hourly point-of-care testing (POCT) finger-sticks or blood draw which is invasive and labor-intensive. This experience led to a quality improvement project by the inpatient diabetes team, aiming to enhance glycemic control, efficiency, safety, and nursing workflow in the ICU using continuous glucose monitoring (CGM) technology. Compared to POC, which took an average of 4 minutes and 59 seconds, CGMs provided real-time data in just 3 seconds with customizable alerts. The results demonstrate high accuracy, enhanced safety, reduced glucose excursions, and decreased nursing workload.

We can all do our part for workplace wellness. Embracing de-implementation science, we can eliminate wasteful practices, reduce unnecessary workload, and create a more efficient and supportive work environment. This not only enhances our well-being but also ensures that our resources are used where they are most needed.

I call on every nurse, council, and leader at UC San Diego Health to champion de-implementation science. Let us commit to identifying and discontinuing outdated and non-evidence-based practices, recognizing and rewarding those who lead these

efforts. By embracing this approach, we will reduce workload, enhance patient care, and create a more supportive and resilient work environment. Together, we can set a new standard for excellence in healthcare.

Margarita Baggett MSN, RN Chief
Clinical Operating Officer

REFERENCES:

Walsh-Bailey, C., Tsai, E., Tabak, R. G., Morshed, A. B., Norton, W. E., McKay, V. R., ... & Gifford, S. (2021). A scoping review of de-implementation frameworks and models. *Implementation Science*, 16, 1-18.

<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-021-01173-5>

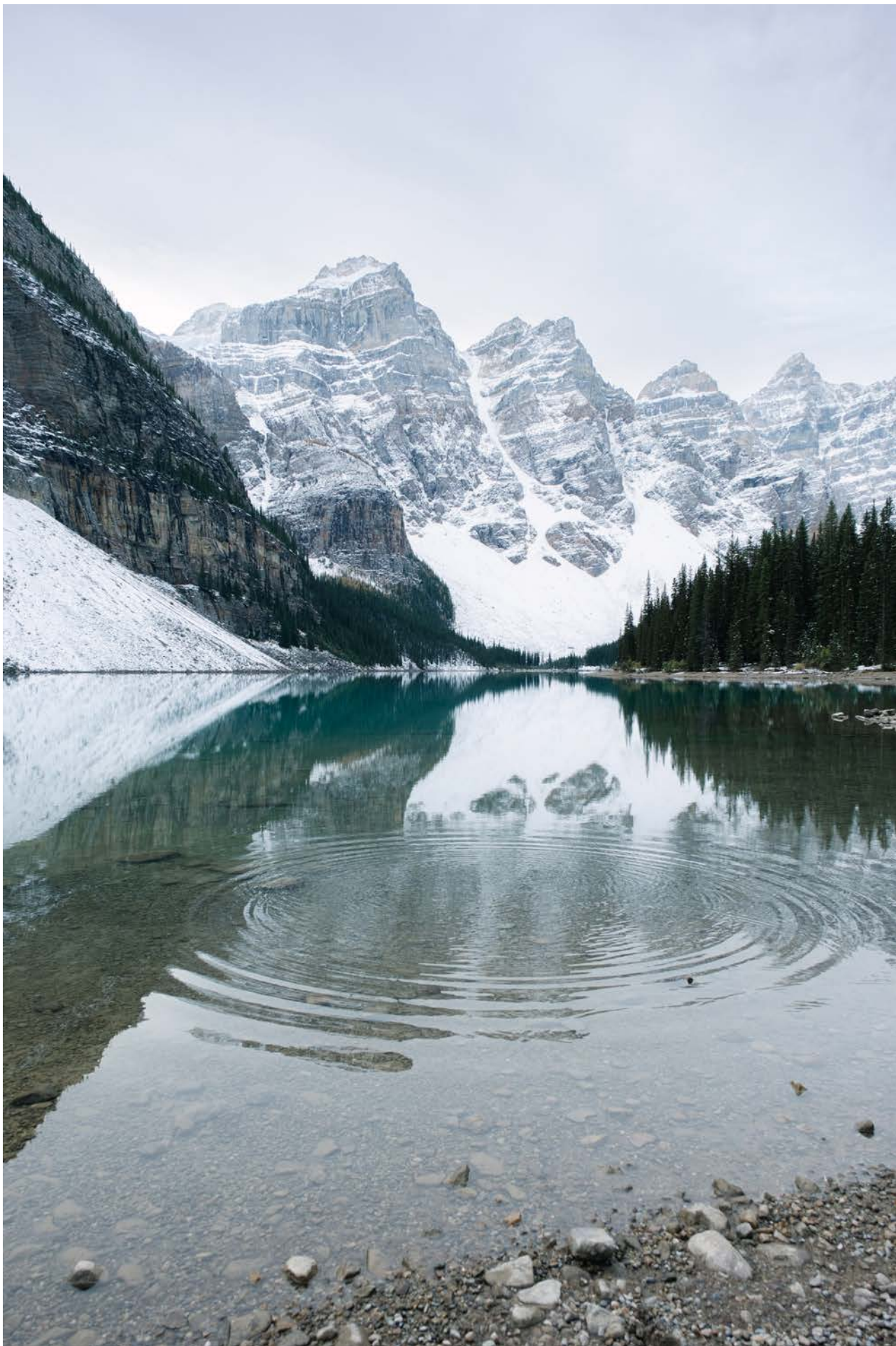
Kien, C., Daxenbichler, J., Titscher, V., Baenziger, J., Klingenstein, P., Naef, R., ... & Sommer, I. (2024). Effectiveness of de-implementation of low-value healthcare practices: an overview of systematic reviews. *Implementation Science*, 19(1), 56.

<https://implementationscience.biomedcentral.com/articles/10.1186/s13012-024-01384-6>



Promoting Nurse Wellness From Within





“The Ripple Effect” - Taken at Moraine Lake in Banff, Canada. This popular lake is renowned for its beautiful surroundings and stunning reflections. Just like a ripple in water, this photo is a reminder that even our smallest thoughts and actions can create a series of lasting effects.

Photographer: Sheila Rivera

Journey



Sheila Rivera, MSN, APRN, CNS, PCCN, has spent her entire nursing journey has been at UCSDH. She started on 10 East (a telemetry unit at the time) as a newly graduated nurse in 2015. Recently, in 2024, she obtained her Master of Science as an advanced practice nurse with a concentration on adult-gerontology from SDSU. She has always been interested in education and loves that she is able to do that in her current role as Advanced Practice Specialist on 10 East PCU. Outside of nursing, she loves to travel with her husband and capture those memories through photography. Having an outlet helps to process emotions, manage stress, and maintain a healthier work-life balance.

Finding Balance: A New Nurse’s Journey to Self-Care and Resilience

Author: Ivan Zamora-Díaz BSN, RN, PHN

Maintaining Well-being in the Transition from Nursing Student to Nurse

The transition from nursing student to registered nurse is a significant milestone marked by excitement and apprehension. As a novice nurse, one is thrust into a demanding role that requires a delicate balance of clinical competence, emotional resilience, and physical well-being while balancing work and new graduate curriculum. Here, I dive into strategies I employed to navigate this transition while prioritizing self-care and maintaining a healthy work-life balance.

The Challenge of the Transition

The nursing profession is inherently demanding, characterized by long work hours, high stress levels, and an emotional toll. The transition from the structured environment of nursing school to the fast-paced, high-stakes reality of clinical practice can be overwhelming. The long hours of study, daily assignments, and stressful exams pale in comparison to the constant barrage of alarms, urgent calls, and complex patient care that requires immediate response in the clinical setting.

Prioritizing Self-Care Outside and Inside the Clinical Setting:

To mitigate the negative impacts of a demanding nursing career, it is imperative to prioritize self-care. Taking a multi-faceted approach, encompassing physical, mental, and emotional well-being, is essential. Here are several techniques I’ve picked up

and attempt to implement regularly, both while on shift and my days off.

Establishing Work Boundaries
- When I am off work, I am entirely off. During my lunchtime, I go for a walk around the building to step away from the constant noise, thus avoiding alarm fatigue. When I clock out, I actively disconnect from work-related thoughts and reset during the walk to my car. On my days off, I enjoy taking my dogs on long walks and focus on being in the moment with my fiancé to help me recharge for my next shift. These strategies have proven crucial for both my physical and mental health.

Prioritizing Sleep - During nursing school, I was accustomed to long nights of studying. Now, as a new grad nurse, I recognize that sleep is essential for optimal cognitive function and emotional regulation, so I aim for at least 7-8 hours of quality sleep, especially on the days I work.

Strategies for Maintaining Well-being in the Clinical Setting:

Mindful Presence - Prior to interacting with patients, I do a self-inventory by taking a moment to pause, take a deep breath to help center myself and assess my stress level. This allows me to approach patient care with a calm and compassionate mindset.

Effective Communication - Open, honest and thoughtful communication with colleagues and supervisors helps alleviate stress and prevent burnout. Receiving constructive feedback with an open mind is important. I embrace feedback as a crucial tool for my



Ivan Zamora-Díaz BSN, RN, PHN, was born and raised in east Oakland and is the oldest of three. He obtained his first degree at UC Berkeley in Molecular and Cell Biology: Neurobiology. After graduating, he did research at UCSF, while also working as an afterschool teacher in downtown Oakland. He moved to San Diego and worked in tech for a few years, but knew he wanted to go back to his original goal of serving in the medical field. During Covid-19, that desire grew even stronger, as he embarked on his nursing journey at Azuza Pacific University San Diego, where he obtained his BSN. Currently, he lives with his fiancée, his niece, his 11yo Husky and his 1yo Husky/Corso mix. He enjoys going on bike rides, taking camping trips, and taking walks with his fiancé and dogs as well as watching football. When he is not with his family or out with his dogs, he enjoys volunteering at a local monthly health fair in his community. He loves learning and always seeks to better himself and grow.

development as a nurse. I’m confident in requesting guidance and identifying opportunities to enhance my skills. I understand the importance of collaboration and readily seek support from colleagues and nurse leaders.

Continuous Learning - As a lifelong learner, I continue to embrace new challenges and opportunities. I proactively seek out training, connect with resource nurses, ask questions, and practice new procedures to ensure I am prepared and confident in my abilities. This commitment to continuous learning fuels my motivation and job satisfaction, while helping my comfort level and reducing anxiety. Knowledge decreases anxiety and providing high quality patient care creates positive feelings.

By implementing these strategies, I am attempting to cultivate a sustainable and fulfilling start to my career. At the present time, I am still transitioning and figuring out what works for me and what needs further adjustment. Having a strong, dependable supportive unit that genuinely cares about my success significantly impacts my well-being and the transition process. Through my transition from the stress of nursing school to the stressful world of nursing, I realized that prioritizing self-care is not a luxury but a necessity for long-term well-being as a healthcare provider. Special shout out to the wonderful 2-West team Day and Night for their great work and support!

Electric Reawakening... A Personal Story of Rebirth

Author: Heather L McCain, BSN, RN, WOCN

In 2019, I was presented with the opportunity to join a yoga teacher training. I initially dismissed this because I did not feel like this was my path. I could only envision being a student rather than a leader. Upon sitting with the opportunity, I reevaluated the experience and knew that it was time for a change in me. Oh boy, I did not know all the beautiful things about to happen!

I entered yoga teacher training with the wrong perspective. I was scared because of the age discrepancy between myself and the idea of demanding presence from an audience that I was unsure would accept me. Life presents

obstacles. If we open our hearts to release our fears, the gift is abundant. I continued my journey and with each new day I kept telling myself... "you are here for a reason." I wanted to find out this purpose. The excitement that came with trying out to be a teacher and making it was immeasurable. I thought to myself, "Oh my goodness what am I going to do now."

Every class brought a bucketful of doubt, fear, joy from the students, encouragement, and growth that I never expected. One month after I started teaching, COVID-19 hit and the world shut down. The new question was, "How do I take what I have



Heather McCain BSN, RN, WOCN has been serving her community with 20 years as a nurse. She currently specializes in Wound and Ostomy care at UCSDH. Heather became a yoga instructor during the Pandemic. A believer in the power of self care and overall equilibrium, Heather assists colleagues and patients recognize the power of both. Heather loves a great yoga session or baking sourdough for friends. Heather feels that warmth and kindness are found in every hug or treat.



learned and share it with the people that I love?" How do I continue to practice, learn how to lead, and inspire people to seek mind, body, soul equilibrium? I rose to the occasion and taught neighbors in my garage, and friends at parks. I had the awesome opportunity to teach my peers on the lawn at UCSDH. I sought out solace, comfort, and peace for my team. My goal was to bring a little bit of sunshine to what felt like continuous clouds or to stretch the body and mind for a midday reboot. The classes were supported by my friends and colleagues, my chosen family. Every time I teach the sweet energy that the students feel is sent back to me tenfold. Despite life obstacles, our beloved tribe was available for self-care, body positivity, and soul harmony. Yoga also taught me how to effectively find my voice and travel different avenues when dealing with big emotions. Navigating this journey, I know that I have opened my eyes to the benefits of wellness, joy, community, and support through teaching. I identified that every time one steps on the mat to teach, one also learns a little bit about oneself. It is the perfect recipe to practice self-compassion and uplift the spirit.

I ask you to consider doing the things that jolts you. I dream that sharing my testimony will inspire people to do anything that seems impossible. Understand that your journey is created by YOU. Every body is a yoga body, recognize that self-care is necessary, realize you are always under construction, and reacquire yourself with YOU from time to time.

With Much Love from "the Yoga Lady"
aka your forever yoga teacher,
Namaste,
Heather McCain



Finding Peace on the Trails: How Hiking Helped Me Reclaim My Mental Health

Author: Stephanie E. Daniels, MSN, RN CPAN

I grew up in Tyler, a small town in Texas. When I was younger, my parents used to take my brother and me to Tyler State Park for a weekend of camping, fishing, and hiking. I always looked forward to spending time with my family; however, I hated being outside and dealing with all the bugs! Every year, we would pack up the car with a tent, cooler, food, and an assortment of snacks. Once we got the tent up and the car unpacked, we would go fishing or my parents would take us hiking on one of the many trails near the campsite. I don't remember how far we would walk. This was before you could track how many miles you walked, but I remember feeling as if each hike was the longest walk of my life! To this day, my parents love to remind me how much I would complain during the hikes. At the time, I didn't appreciate the wellness benefits of hiking or spending time outdoors.

A few years after I graduated nursing school in South Carolina, my husband and I moved to Maryland. I started working in the Multi-Trauma Intensive Care Unit at the University of Maryland Shock Trauma Center in Baltimore, MD. I was excited to transition from a Medical-Surgical ICU at a community hospital to a Multi-Trauma ICU at a large university hospital. However, I did not anticipate how the move would impact my mental health. To say that working in the Multi-Trauma ICU was stressful is an

understatement. I remember having a significant amount of anxiety and stress. Years later, I realized I developed PTSD. At the time, I did not know how to process working in a stressful environment. I did not fully understand the importance of self-care or how crucial it is to prioritize mental health. I would work out at the gym and spend time with friends and family. I traveled a lot internationally and locally in the U.S., but at times would still feel weighed down mentally. I always felt like I needed to escape and clear my mind.

After a year or so of living in Maryland, a friend invited me to go hiking with her. It would be the first time I had gone hiking since I was a kid with my parents in Tyler State Park. The morning of the hike, I laced up my tennis shoes, grabbed a bottle of water, and headed to the Billy Goat Trail in Potomac, MD. The Billy Goat Trail is a very popular 4.7-mile trail, that is well-maintained and well-marked. We started our adventure along the trail and while we were walking I remember breathing in the fresh air and feeling the warmth of the sun on my skin. I remember the beauty of nature surrounding me and the feeling of peace washing over me. I thought to myself, "Is this what I have been looking for?" After the hike, my mind, was suddenly clear and at peace. I was excited and could not wait to plan my next hike! During the remaining years I lived in Maryland I would hike several times a month, each time experiencing



Stephanie E. Daniels, MSN, RN, CPAN is a Clinical Nurse Educator IV supporting Preop, PACU, and RRU. A passionate advocate for wellness and self-care, she believes in the importance of prioritizing mental and physical health. When she is not working, you can find her hiking, traveling, or enjoying quality time with her husband and their goldendoodle, Safari.

positive mental health benefits. I hiked so many trails that I inspired some of my co-workers and family members to start hiking too.

I moved to San Diego in January 2019, and I have continued to find peace and solace while hiking the many trails around this beautiful city. During the pandemic, I spent even more time hiking, and it continued to be very helpful in navigating that stressful time. In late 2019, I started hiking in National Parks around the U.S. My first few National Park hikes were Zion National Park in Utah, the Grand Canyon in Arizona, and Sequoia National Park in California. I have been to several National Parks since then and each time I enjoy the time I get to spend outdoors. I plan to continue hiking and I have a goal of hiking at least one trail in every National Park in the U.S. No one is more surprised than I, that the little girl who once dreaded the outdoors would grow up to become an avid hiker, sharing her journey about the mental health benefits of hiking and inspiring fellow nurses to embrace time in nature!



From Struggle to Strength: A Nurse’s Journey to Health and Empowerment

Author: Elaine Moriera BSN, RN

Journey to Health and Wellness

Growing up, I struggled with obesity, a challenge that stuck with me throughout my childhood and shaped the way I approached my health. As I got older, I began making healthier choices, but it wasn’t until a particularly difficult time in my life—after my divorce—that I truly started focusing on my own well-being. I remember feeling so lost, consumed by anger and hurt. For a long time, I had focused on my ex-husband’s behavior and blamed him for so much of my unhappiness. But one day, something clicked. I realized that if I wanted things to change, I needed to stop seeing myself as a victim. I had to take control of my own life.

That’s when I discovered meditation. It helped me find a sense of peace and clarity, allowing me to look inward for answers rather than constantly seeking them outside myself. Through that introspection, I started understanding the deeper reasons behind my emotional eating and the unhealthy choices I’d been making. The wisdom of Socrates—”To know thyself is the beginning of wisdom”—became my mantra. It led me on a path to deeper self-awareness and a healthier, more balanced life.

A Day in My Life

These days, I’ve developed a routine that keeps me grounded. I’m an early riser, waking up between 4:00 and 4:30 a.m., even on my days off. My

mornings are sacred to me. I start with a large glass of warm water, then sit down with a cup of dark coffee. For about 30 minutes, I just enjoy the quiet. I meditate briefly, maybe read a few pages from a book, and give thanks for the good in my life. It’s a small ritual, but it makes all the difference in how my day unfolds. I try to keep my phone away for the first hour of the day—though I’m not always perfect—but this protected time helps me set a positive tone.

On my days off, I make time for exercise. It’s non-negotiable for me. I try to stay active at least four times a week, alternating running, weightlifting, long walks, or dancing. Having healthy meals ready to go keeps me on track when life gets busy. Advance meal prep makes this easier.

My nights are just as important. My terrible sleep habits are now the past. Nowadays, I make a real effort to wind down. Strategies include a warm shower, lavender oil, and over-the-counter supplements. My husband and I are usually in bed by 9 p.m., and I love that we share this routine. It’s a small thing, but it helps us stay in sync.

Bringing Wellness to My Nursing Practice

Being a nurse comes with its own set of challenges, and I’ve learned how important it is to be present—not just for my patients, but also for my colleagues and myself. When I’m at work, I try to leave my personal



Eliane B. Moreira BSN, RN, is a nurse who transformed her life through mindfulness and wellness after overcoming struggles with obesity and a toxic marriage. Now a life coach, she integrates wellness into her nursing to help other women on similar paths. She prioritizes balance, focusing on mental, physical, and emotional well-being in all areas of her life.

struggles at the door. Each of us has things we’re dealing with, but I remind myself that my challenges are my responsibility. Practicing mindfulness has been a game-changer. It helps me focus on the present moment and be more empathetic to the people around me. Of course, it’s not always easy, but when I approach my day with this

mindset, everything tends to flow more smoothly.

I’ve also found that healthy humor is a powerful tool. It lightens the mood and helps me stay kind and be calm, even when things get tough. A good laugh can bring patients and colleagues together, creating a stronger connection and making those difficult moments a little more bearable.

The Challenges of Maintaining Wellness

Balancing my wellness routine with the demands of nursing isn’t always easy. Long shifts, irregular hours, and the emotional weight of patient care make it hard to keep up with everything. There are days when I just don’t have the energy to work out or meal prep, but I’ve learned to be flexible. If I only have 10 minutes, I’ll do a quick workout or take a few deep breaths to center myself. When I don’t have time to cook, I rely on meal prep delivery services. It’s a little thing, but it makes a huge difference in keeping me on track without feeling overwhelmed.

At work, it’s tough to incorporate wellness into patient care, especially when patients come in during a crisis. I try to make small efforts—like teaching patients a breathing exercise or creating a calming environment with lavender oil. These little acts of care, though subtle, can make a big difference in how someone feels. The healthcare system has inherent challenges. With the focus on efficiency and acute care, there is often little room for amore holistic approach. Many nurses are burned out, struggling to keep our own wellness in check while caring for others, but I keep pushing for it, for my patients, my colleagues, and myself.

Empowering Others as a Life Coach

When the COVID-19 pandemic hit, everything changed. I was scared, uncertain, and like many others, suddenly had a lot of extra time on my hands during the lockdowns. Instead of letting the fear consume me, I decided to use that time to focus on self-growth. I signed up for online courses and started applying what I learned to my life. The change was incredible.

I began to see challenges as opportunities for growth rather than



setbacks. This mindset shift—realizing that everything in life is either a blessing or a lesson—helped me find more meaning and joy. It was during this time that I became inspired to help others on their wellness journeys, and I decided to become a life coach. Sharing my story and helping has been a genuinely rewarding experience plus has helped me heal from the burnout I experienced on the frontlines of the pandemic.

Starting Your Own Wellness Journey

My advice to anyone wanting to start their wellness journey is to begin small. Don’t overwhelm yourself by trying to change everything at once. Focus on simple, manageable habits. Prioritize sleep, even if it means creating a calming bedtime routine. Practice mindfulness, even if it’s just for a few minutes each day. Remember to move your body—whether it’s through walking, dancing, or strength training, any activity counts.

Take care of yourself first. It’s not

selfish—it’s necessary. You can’t pour from an empty cup, so fill yours first and then you’ll have more to give to others.

A Personal Story

I spent 14 years in a toxic marriage, struggling to balance nursing school with the demands of a husband who didn’t support me. I grew up believing in the fairy tale of Prince Charming, but over time, I realized my ex-husband wasn’t that person. I felt unworthy and constantly doubted myself. It took incredible strength to ask for a divorce, but it was the best decision for me. That journey, though painful, led to my own transformation.

Today, I’m remarried to an incredible man, and we’re both thriving. Our relationship is built on mutual wellness and personal growth. My journey taught me that no matter how hard things get, there’s always room for healing, growth, and happiness ahead.

Speaking Truth, Building Grit

Author: Joanna Y. Calhoun, BSN, RN, CPT

Purpose: I hope to inspire and challenge you to speak your truth during times of adversity. You are not alone.

My therapist states, “You have PTSD. You did the right thing by journaling, experiencing a self-discovery moment and realizing you need more help. To be honest, I am proud, and you should be proud of how you were able to navigate this trauma at such a young age and use it to motivate you to get to where you are today because your situation could have easily gone in different directions.”

Let’s backtrack. I grew up in Mobile, AL in an interracial family. That alone made it tough to grow up there. But I was able to be the “cool” kid because my parents enrolled me in basketball and softball at age 5. I was a natural athlete. My parents were strict and preached discipline. Through sports, I developed a special bond with my father. I trusted my father. I wanted him to be proud of me. I wanted my parents to be proud of me. But instead, I was never good enough.

In high school, I was a four-sport varsity athlete in cross country, volleyball, basketball and softball, while also taking advanced honors/ placement classes. I made the Alabama All-State team my senior year, so naturally, my dad wanted me to accept a softball scholarship. He thought it was my best sport. I chose to play volleyball. During my first semester, the demands on my time were

overwhelming. It became a full-time job. I devoted all of my time to athletics and extracurricular activities, which did not yield ideal grades my first semester. One of those “extracurriculars” was my boyfriend. He was my first boyfriend. My dad wasn’t exactly thrilled.

During winter break I went home because I needed to rethink my priorities. That break from school permanently changed me. I was sexually assaulted by the one person I thought I could trust with my life. With everything falling apart at school, I believe my dad felt he lost control over me; my hypothesis of his action, not an excuse.

My perspective changed when I went back to college for spring semester. The only way out was to apply myself, so I would never have to return to the God forsaken place I used to call home. My teammates thought I became an extremely dedicated student athlete. I didn’t give myself much grace during this time. I disassociated. I had to learn how to be my own leader, my own hero, my own parent. I didn’t trust anyone but myself. The rest of college was without much help from my parents. Their view was that nothing had happened. I earned a spot in nursing school. I managed nursing school while playing collegiate volleyball and graduated from nursing school Summa Cum Laude. The day of my graduation, my parents said, “We are so proud of you!”, I didn’t want or need their approval. I navigated my own escape.

I would need to write a book on my experiences over the ten years it took

Joanna Y. Calhoun, BSN, RN, CPT graduated from the University of North Alabama, and is currently a neuro critical care nurse at UC San Diego Health. She is also a Certified Personal Trainer through the National Academy of Sports Medicine (NASM). She has competed in three bodybuilding competitions, with hopes of becoming a professional athlete.

me to get to where I am today. Unfortunately, we don’t have that kind of time. But, yes, it took me ten years! I had many sessions with my therapist, journaling, doing breathwork and meditation. Exercise has always been an outlet to decrease stress. After college, I was a CrossFit athlete then a bodybuilder. Painting has been my creative outlet even though I am no Claude Monet. I have a loving support system through my partner and friends. I am grateful and proud to have accomplished so much. There were so many ways this situation could have negatively impacted my life, but I always chose to be a better version of me. You cannot control what happens to you, but you do hold the power to make choices that can change your life.

Create some time to prioritize you. Take a deep breath. Then say, “I am so proud of myself!” Doesn’t that feel good? I encourage you to put yourself first. You can’t take care of others if you don’t take care of yourself. Period. Eat nourishing foods. Stay hydrated. Move your body. Try to be a 1% better version of yourself every day. Give yourself grace. Give yourself time. Most importantly, never give up.

Research

A Healing Place for the Healers: Meditation Room for Neuro ICU Healthcare Heroes

Author: Jansen Irving B. Pagal, BSN, RN, CCRN, SCRNP

INTRODUCTION

Working in the Neuro Intensive Care Unit (Neuro ICU) is demanding and rewarding. Neuro ICU nurses face unique stressors daily, including critical patient conditions, complex care demands, and the emotional toll of caring for patients with severe neurological illnesses. The added burden of the COVID-19 pandemic has intensified these stressors, increasing the risk of burnout among nurses¹.

Recognizing the immense pressure Neuro ICU nurses endure, we implemented a unit-based meditation room project titled “A Healing Place for the Healers: A Meditation Room for the Neuro ICU Healthcare Heroes.” This designated meditation room aims to provide nurses with a sanctuary for relaxation, meditation, and mental rejuvenation. Initial evidence and anecdotal feedback from our Neuro ICU staff at UC San Diego suggest that the meditation room has significantly reduced stress and improved well-being, job satisfaction, and retention rates.

This article explores the impact of a meditation room on Neuro ICU nurses, backed by recent evidence and staff feedback, and examines how this innovative solution supports the mental health, job satisfaction, and retention of nurses in high-stress settings.



Jansen Irving B. Pagal, BSN, RN, CCRN, SCRNP has over 20 years of ICU experience. Jansen is a dedicated nurse who serves in multiple roles, including bedside care, resource support, charge nurse, mentor, and preceptor. As Stroke Champion for his unit and co-author of *Fitness in the Workplace* (2023), he completed a widely recognized clinical advancement project on creating a meditation room for Neuro ICU nurses and he has presented at numerous conferences. His commitment to nursing earned him the 2024 Nurse of the Year in Transformational Leadership award at UC San Diego Health.

Background: Understanding the Need for Stress Reduction

Nursing is widely recognized as a high-stress profession, with Neuro ICU nursing presenting unique mental and physical challenges. Studies indicate that the intense workload, emotional toll, and long hours in the ICU setting contribute to higher burnout and turnover rates among ICU nurses compared with other specialties². Burnout among healthcare workers, particularly during the COVID-19 pandemic, has risen sharply, with many nurses reporting feeling emotionally exhausted, overworked, and undervalued³. Burnout can result in reduced job performance, compromised patient safety, and poorer physical health outcomes for nurses⁴.

The COVID-19 pandemic highlighted the necessity of psychological support for healthcare professionals. A recent survey indicated that nearly 40% of nurses experienced depression, anxiety, or post-traumatic stress symptoms during the pandemic⁵. This mental health crisis within the nursing workforce demands immediate solutions. Strategies for promoting mental health and resilience are essential for protecting the well-being of healthcare professionals and sustaining quality care delivery⁶.

Project Overview: “A Healing Place for the Healers”

“A Healing Place for the Healers” was designed to address these pressing concerns in the Neuro ICU. The project involved converting an underutilized space into a meditation room within the unit, specifically tailored for the needs of our nurses. This room provides a quiet, private environment where nurses can meditate, practice mindfulness, perform yoga, pray, destress, and even take a short power nap. The aim was to create a healing environment that encourages nurses to decompress and reconnect with themselves in the midst of a high-stress shift.

The meditation room is equipped with calming music, aromatherapy diffusers, soft lighting, comfortable seating, yoga mats, and resources for guided meditation. Nurses have access to the room during their breaks,



Figure 1. (Before) Exhausted Neuro ICU nurses reflect the heavy toll of relentless stress and burnout in the demanding healthcare environment.

Pictured with permission: Liliy Au-Yeung, Jansen Pagal, Kim Lustina, Joann Calingay, Teresa Angeles



Figure 2. (After) Neuro ICU nurses embrace the calming atmosphere of the meditation room, unwinding, yoga, essential oils, massage and inspiring books.

Pictured with permission: JoAnn Calingay, Giena Laroza-Allen, Sarah Breedlove, Michael Kennedy, Dawn Carroll, Jansen Pagal, Heather Stinger, Jessica Justus, Chirstine Lane, Molly Kelleher



Figure 3: Christie Lane

allowing them a dedicated space to recharge and regain emotional and physical balance before returning to their patients.

Evidence-Based Benefits of Meditation Rooms for Nurses

Research indicates that creating unit-based meditation or relaxation rooms can have a positive impact on well-being, job satisfaction, and retention rates of ICU nurses⁷. Meditation and relaxation practices have been shown to reduce symptoms of stress, anxiety, and depression, all of which are prevalent among ICU nurses⁸.

1. Reduced Stress and Burnout

Multiple studies highlight the effectiveness of mindfulness and meditation in lowering stress levels among healthcare providers. Mindfulness practices can reduce psychological distress, with measurable effects on stress levels, emotional well-being, and job satisfaction⁹. A similar study conducted in an ICU setting found that regular use of a relaxation room equipped with meditation resources significantly reduced burnout symptoms among nursing staff, leading to improved morale and job retention¹⁰.



2. Improved Mental Health and Well-being

Mindfulness and meditation have been associated with improved mental health outcomes, including decreased symptoms of anxiety, depression, and emotional exhaustion¹¹. Practicing mindfulness or engaging in meditation for even a few minutes each day has been shown to enhance resilience, increase emotional awareness, and improve self-care practices among nurses¹². Research shows that ICU nurses who regularly engage in mindfulness exercises report feeling less emotionally drained, enabling them to provide better patient care¹³.

3. Enhanced Physical Health and Reduced Fatigue

Stress management practices such as yoga and meditation can also improve physical health. The repetitive stress of long shifts can lead to physical ailments such as musculoskeletal pain and fatigue, impacting both work performance and quality of life for nurses. Studies reveal that nurses who participate in yoga and meditation experience reduced physical discomfort, improved sleep, and enhanced energy levels¹⁴. Additionally, meditation and mindfulness help

reduce the physiological impacts of stress, including lower blood pressure and improved heart health¹⁵.

4. Improved Staff Retention and Job Satisfaction

Nurses are more likely to stay in their roles when they feel valued, supported, and mentally healthy. Creating a space dedicated to their mental well-being not only boosts morale but also fosters a supportive workplace culture. A 2021 study found that access to workplace wellness programs, including meditation spaces, led to a 30% improvement in job satisfaction and a 20% reduction in turnover rates among nurses¹⁶. Neuro ICU nurses in our unit have reported increased job satisfaction since the introduction of the meditation room, with many expressing gratitude for having a quiet space to decompress during shifts.

The Importance of Supportive Environments in the ICU

The neuro ICU presents a unique set of challenges due to the critical nature of patients' conditions. Nurses in this setting must balance intense physical demands with significant emotional strain. Unit-based initiatives such as "A Healing Place for the Healers" not only support nurses in managing stress but also reinforce a culture of care that is essential for staff resilience. According to *Critical Care Medicine*, supportive work environments improve nurses' mental health, reduce the likelihood of burnout, and improve patient outcomes¹⁷.

Conclusion: Creating a Sustainable Model for Well-being

The success of "A Healing Place for the Healers" demonstrates the powerful impact of creating unit-based meditation rooms in ICU settings. While nursing is inherently challenging, providing nurses with resources to manage stress and mental health can make a significant difference in their well-being and job satisfaction. It is essential for healthcare institutions to invest in spaces and initiatives that support the mental and emotional health of their staff, ensuring the well-being of healthcare professionals and their patients. I am grateful to have



Figure 4. 3F Neuro ICU Zen Room

Pictured left to right with permission: Chirstine Lane, Molly Kelleher, Jansen Pagal, JoAnn Calingay, and Ali Ahmadzal

a committed manager, Dawn Carroll and our assistant manager Mia Douglass, for supporting us with this important endeavor to help our nurses. Considering the benefits observed, it is recommended that all critical care and other nursing units consider establishing similar meditation spaces for healthcare staff. This investment in the mental health and resilience of nurses improves individual well-being and strengthens the healthcare system as a whole.

REFERENCES:

1. Felton, J. S. (1998). Burnout as a clinical entity—its importance in health care workers. *Occupational Medicine*, 48(4), 237-250.
2. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103-111.
3. Shanafelt, T., Ripp, J., & Trockel, M. (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA*, 323(21), 2133-2134.
4. Aiken, L. H., et al. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987-1993.
5. Mealer, M., et al. (2012). The prevalence and impact of post-traumatic stress disorder and burnout syndrome in nurses. *Depression and Anxiety*, 26(12), 1118-1126.
6. Zhang, X., et al. (2021). Supporting health care workers during the COVID-19 pandemic: a review and comparison of four health systems. *Journal of Nursing Management*, 29(3), 412-421.
7. McPeck, S. A., et al. (2018). Wellness and stress management interventions in critical care nurses. *Critical Care Nursing Quarterly*, 41(3), 267-275.
8. Kabat-Zinn, J. (1990). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*.
9. Goyal, M., et al. (2014). Meditation programs for psychological stress and well-being: a systematic review and meta-analysis. *JAMA Internal Medicine*, 174(3), 357-368.
10. Westphal, M., et al. (2015). Mindfulness-based intervention in critical care settings: Effects on stress and burnout. *American Journal of Critical Care*, 24(6), 480-487.
11. Ricou, B., & Shivanand, P. (2021). Benefits of resilience programs on burnout and stress. *Nursing Standard*, 36(5), 43-49.
12. Melnyk, B. M., et al. (2021). Effect of mindfulness programs on anxiety and depression in ICU nurses. *Journal of Clinical Nursing*, 30(1-2), e1-e10.
13. Davidson, J. R. T., et al. (2019). Mindfulness and workplace stress reduction for nurses. *Critical Care Nurse*, 39(1), e1-e12.
14. Gross, C. R., et al. (2019). The effect of yoga and mindfulness on physical and psychological health of ICU nurses. *American Journal of Critical Care*, 28(3), 224-230.

Changing National Policy to Address Nurse Suicide

Author: Judy E. Davidson, DNP, RN, MCCM, FAAN

EMOTIONAL ALERT: Sensitive Content Ahead

The following articles discuss topics related to suicide, mental health struggles, and emotional distress. Please be mindful of your well-being before continuing. If you or someone you know is experiencing thoughts of self-harm or suicide, please immediately seek support. You are not alone—help is available.

- Immediate Support:**
- **988 Suicide and Crisis Lifeline:** This hotline is available for people experiencing a mental health crisis. The 988 Suicide & Crisis Lifeline is designed to be a memorable and quick number that connects people who are suicidal or in any other mental health crisis to a trained mental health professional. Simply call or text the numbers 9-8-8.
 - **Crisis Text Line** – Text HOME to 741741: This chat is staffed by trained volunteer crisis counselors.
 - **911:** Importantly, if you or someone you know is experiencing a mental health crisis and immediate support and action is required, please call 911 or present to the nearest emergency department.
 - **National Suicide Prevention Lifeline:** 1-800-273-TALK (1-800-273-8255)

Please take care of yourself, and don't hesitate to ask for help.

In the Beginning

I spent more than 30 years of my career in and around intensive care, as a staff nurse, clinical nurse specialist, and manager. I developed the first nurse protocol for train of nerve stimulation¹ and was lead author on the national practice guidelines for family centered care.^{2,3} After moving into my role as nurse scientist, I continued to focus on researching topics related to critical care. Then one year, I heard through whispers in the wind, that not one, but

three different nurses had died by suicide among our ranks.⁴ After confirming, I went to the literature to see if this was higher than the expected incidence of suicide. Very little was known about nurse suicide in the world at that time. So, I cobbled together a research team and despite no funding, set out to find the answers. Were nurses at increased risk of suicide? The purpose of this article is to briefly describe our cumulative findings and advocacy efforts resulting in change to national policy.



Dr. Judy E. Davidson serves UC San Diego as a nurse scientist, supporting nurses with project development, presentation, and publication. Her research focuses on issues of workplace wellness. She authored a textbook on workplace wellness and has published widely on the topics of blame, cultivating kindness in the workplace, suicide, and suicide prevention among healthcare professionals.



“Hear me, see me, speak to me”.
Artist: Linda Lobbetael, MSN, RN

The Shocking Truth Behind Job-Related Factors Associated with Nurse Suicide

We first studied nurse suicide in San Diego and found that the raw numbers among nurses were higher than non-nurses, but the findings were not statistically significant, probably due to small sample size.⁵ We knew we were on to something, though, so we applied for access to the national suicide dataset maintained by the Centers for Disease Control and Prevention and embarked on studying the incidence of suicide among nurses, pharmacists, and physicians. We found that physicians were not at higher risk of suicide overall than non-physicians, but they had more known job-related problems prior to death than others.^{6,7} The same exact finding came up with pharmacists. Incidence was not higher than the general population, but they had more known job-related problems prior to death.^{8,9} Nurses, however, were a different story. For each of the years that the data existed (2005-2016) female nurses were at a higher incidence than non-nurse females. Male nurses were significantly higher for most years.¹⁰ It's not that the problem was new or rising, the problem had always been sitting there in the data without anyone knowing it because no one had looked. Since that time, other researchers have confirmed

our findings.^{11,12} The shocking part of the story became evident quite quickly. When we looked at all the nurses who had job-related problems known prior to death and read the narratives from the death investigations conducted by police and coroners, we found something deeply disturbing. More than 90% of those nurses were either out of work or being processed out of their jobs for mental health concerns, chronic pain, illness or injury, or substance use disorder. Many of them were going through fitness for duty evaluations or criminal proceedings with the boards of nursing. The process of losing their job or license was thought to have tipped them over the edge. Lose hope and die by suicide was the assumption.¹³ We've conducted iterative projects exploring the details trying to learn how to improve the situation and disseminated the results through national presentations and publications to raise awareness.¹⁴⁻¹⁷ Our most recent paper, which covers data through the first two years of the COVID-19 pandemic, showed that female nurses were between 21 and 40% more likely to die by suicide than female non-nurses in the U.S.¹⁸ While discovering that nurses were at a higher risk of suicide than others, we simultaneously expanded the physician suicide prevention program at UC San Diego Health so that nurses

and hospital staff could benefit from the program.¹⁹ With the knowledge that nurses were at higher risk of suicide than the physicians, we were compelled to take action and equalize access to the unique suicide prevention services UC San Diego Health has to offer. The Healer, Education, Assessment and Referral (HEAR) Program was designed by physicians in 2009 after a series of physician deaths. The program includes confidential, encrypted, mental health screening as well as group emotional process debriefings after emotional workplace events. A third arm of the program centers around providing education to reduce stigma against seeking mental health treatment. My personal mentor, Dr. Sidney Zisook MD, worked in collaboration with Christine Moutier MD, Medical Director of the American Foundation of Suicide Prevention, (once a UC San Diego Health physician) to develop the screening tool used by HEAR. The screening covers many different mental health conditions known to be associated with suicide and works through anonymous encryption.²⁰ This means that each individual can complete the online screening and contact a therapist through encryption without ever disclosing their identity. The next step is referral into treatment when indicated without anyone knowing. Each individual seeking help can get the advice needed to take a leave of absence for substance use disorder treatment before being found impaired on the job or diverting medications, which could lead to discipline and termination known to be associated with suicide.²¹ Since expanding this program to the entire hospital staff, we have referred over 1600 nurses and staff into mental health treatment in a psychologically safe manner.^{20,22}

Contact hear.ucsd.edu to complete the anonymous encrypted screening and share with colleagues.

Advocacy and Outcomes

Internally, in addition to the extension of the HEAR program to all health system staff, the annual training on the topic of diversion of medications

has been reformed to openly discuss how to receive help for substance use disorder, converting the language from ‘catching criminals’ to ‘connecting staff with care for a treatable disease’. Notably, we have worked with the medical staff office to improve credentialing questions, decreasing the stigmatizing questions that nurse practitioners and physicians answer to become credentialed at UC San Diego Health. Kristina James DNP, RN, who was one of the nurse managers conducting research on our team about nurse deaths during the pandemic, developed a program with Rachael Accardi, LMFT, HEAR therapist, to provide sorely needed training on how to talk to a suicidal colleague. We have also advocated with facilities management to begin to address the risk of suicide from tall buildings.

Externally, our research and prevention measures deployed by a large group of volunteers (our research has been nearly all unfunded) has led to national recognition and policy change. The surgeon general recognized and endorsed our method of detecting health care workers at risk using anonymous encrypted screening.²³ The Centers for Disease Control and Prevention commissioned the American Hospital Association to create a toolkit for healthcare executives to address the risk of suicide in health systems. I was called to serve as a content expert for the project including toolkit creation. Our collective research was cited to endorse these suicide prevention strategies.²⁴ The American Academy of Nurses further endorsed the nurse extension of the HEAR program for suicide prevention as an Edge Runner: a model for replication.²⁵ The National Academy of Medicine, in the Future of Nursing Report, and the American Academy of Nurses further endorsed separate calls for action to address suicide prevention for nurses.^{26,27} The Dr. Lorna Breen Heroes’ Foundation and Lorna Breen Act were stimulated by a physician death during the pandemic. The goals of these efforts were to address outdated licensure and credentialing issues, which ask about past personal mental health problems and sometimes medications. The questions violate The Americans with Disabilities Act and promote stigma

against help-seeking behavior. The efforts of The Dr. Lorna Breen Heroes’ Foundation were at one time focused purely on providers. Our research team collaborated and successfully advocated with the foundation to expand their scope of work to now include nurses.²⁸ Given what we have found related to the process of investigation for substance use disorder, and death by suicide, we have been advocating for changes in the system with the National Council of State Boards of Nursing, Tri-Council of Nursing, Nursing Organizations Alliance, Federation of State Medical Boards and the National Association of Boards of Pharmacy.^{15,29,30} Internationally, our work was used to help stimulate changes in policies in suicide prevention for healthcare workers in England. Scientists used our collective work to establish the need to study nurse suicide in England, where the same problem was found. Following publication of their results the National Health Service created a nurse suicide dataset, a toolkit for suicide prevention, and mandated suicide prevention in all healthcare systems in the country.^{31,32}

Conclusion

We noticed a heartbreaking problem, heard from those who died by suicide by analyzing their data and reading their stories in the death narratives recorded at the times of their deaths, published, and presented widely to speak the truth. This truth-telling resulted in change.

It started out of curiosity spurred by emotions. How could three nurses die in one year from one organization? The research mission of UC San Diego Health is truly enculturated. Our institutional spirit of inquiry coupled with the autonomy afforded to our research team to conduct this research, has since resulted in a great awakening within the profession. As I now prepare for retirement in June 2025, I leave behind a long list of leaders prepared to continue this advocacy into the future (See list of authors in references for a complete list). I thank every volunteer on our research team who has engaged in this work over time, and especially thank my mentor Dr. Sidney Zisook for guiding me in the process.

REFERENCES:

1. Davidson JE. Neuromuscular blockade: indications, peripheral nerve stimulation, and other concurrent interventions. *New Horizons* (Baltimore, Md). 1994;2(1):75-84.

2. Davidson JE, Powers K, Hedayat KM, et al. Clinical practice guidelines for support of the family in the patient-centered intensive care unit: American College of Critical Care Medicine Task Force 2004–2005. *Critical care medicine*. 2007;35(2):605-622.

3. Davidson JE, Aslakson RA, Long AC, et al. Guidelines for family-centered care in the neonatal, pediatric, and adult ICU. *Critical care medicine*. 2017;45(1):103-128.

4. Davidson J, Mendis J, Stuck A, DeMichele G, Zisook S. Nurse suicide: Breaking the silence. *NAM Perspectives Discussion Paper*. National Academy of Medicine; 2018. <https://nam.edu/nurse-suicide-breaking-the-silence>

5. Davidson J, Stuck A, Zisook S. Testing a Strategy to Quantify Incidence of Nurse Suicide. *J Nurs Adm*. 2018;In review

6. Ye G, Davidson JE, Kim K, Zisook S. Physician Death by Suicide in the United States: 2012-2016. *Journal of Psychiatric Research*. 2020;

7. Kim K, Ye GY, Haddad AM, Kos N, Zisook S, Davidson JE. Thematic analysis and natural language processing of job-related problems prior to physician suicide in 2003–2018. *Suicide and Life-Threatening Behavior*. 2022;52(5):1002-1011.

8. Lee KC, Gordon YY, Choflet A, et al. Longitudinal analysis of suicides among pharmacists during 2003-2018. *Journal of the American Pharmacists Association*. 2022;62(4):1165-1171.

9. Groner-Richardson MA, Cotton SA, Ali S, et al. Reflexive thematic analysis of job-related problems associated with pharmacist suicide, 2003–2019. *Research in social and administrative pharmacy*. 2023;19(5):728-737.

10. Davidson JE, Proudfoot J, Lee K, Terterian G, Zisook S. A longitudinal analysis of nurse suicide in the United States (2005–2016) with recommendations for action. *Worldviews on Evidence-Based Nursing*. 2020;17(1):6-15. doi:10.1111/wvn.12419

11. Olfson M, Cosgrove CM, Wall MM, Blanco C. Suicide risks of health care workers in the US. *Jama*. 2023;330(12):1161-1166. doi:10.1001/jama.2023.15787

12. Davis MA, Cher BA, Friese CR, Bynum JP. Association of US nurse and physician occupation with risk of suicide. *JAMA Psychiatry*. 2021;doi:10.1001/jamapsychiatry.2021.0154

13. James KE, Agarwal S, Armenion KL, et al. A deductive thematic analysis of nurses with job-related problems who completed suicide during the early COVID-19 pandemic: A preliminary report. *Worldviews Evid Based Nurs*. Apr 2023;20(2):96-106. doi:10.1111/wvn.12640

14. Choflet A, Davidson J, Lee KC, Ye G, Barnes A, Zisook S. A comparative analysis of the substance use and mental health characteristics of nurses who complete suicide. *J Clin Nurs*. 2021;30(13-14):1963-1972.

15. Choflet A, Rivero C, Barnes A, Waite-Labott K, Lee KC, Davidson JE. Accessibility and Financial Barriers in the Utilization of Alternative to Discipline Programs in the United States| OJIN: The Online Journal of Issues in Nursing. *Online journal of issues in nursing*. 2023;28(1)

16. Barnes A, Ye GY, Ayers C, et al. Entangled: A mixed method analysis of nurses with mental health problems who die by suicide. *Nurs Inq*. 2023;30(2):e12537.

17. Davidson JE, Ye G, Deskins F, Rizzo H, Moutier C, Zisook S. Exploring nurse suicide by firearms: A mixed-method longitudinal (2003–2017) analysis of death investigations. *Wiley Online Library*; 2020:264-272.

18. Davidson JE, Makhija H, Lee KC, et al. National incidence of nurse suicide and associated features. *Journal of Nursing Administration* 2024;in press

19. Davidson JE, Zisook S, Kirby B., DeMichele G., B. N. Suicide Prevention: A Healer Education and Referral (HEAR) Program for Nurses. *J Nurs Adm*. 2018;48(2):1-8.

20. Norcross WA, Moutier C, Tiamson-Kassab M, et al. Update on the UC San Diego healer education assessment and referral (HEAR) program. *Journal of Medical Regulation*. 2018;104(2):17-26.

21. Davidson JE, Ye G, Parra MC, Barnes A, Harkavy-Friedman J, Zisook S. Job-related problems prior to nurse suicide, 2003-2017: A mixed methods analysis using natural language processing and thematic analysis. *Journal of Nursing Regulation*. 2021;12(1):28-39. doi:10.1016/S2155-8256(21)00017-X

22. Davidson JE, Accardi R, Sanchez C, Zisook S, Hoffman LA. Sustainability and outcomes of a suicide prevention program for nurses. *Worldviews on Evidence-Based Nursing*. 2020;17(1):24-31.

23. Addressing Health worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. Office of the Surgeon General. Accessed July 3, 2023. <https://www.hhs.gov/surgeongeneral/priorities/health-worker-burnout/index.html>

24. Suicide prevention: Evidence-informed interventions for the health care workforce. American Hospital Association. Accessed July 3, 2023. <https://www.aha.org/suicideprevention/health-care-workforce/suicide-prevention-guide>

25. Davis C. Nursing suicide prevention model recognized as an edge runner by the American Academy of Nursing. *HealthLeaders*. Updated December 17, 2021. Accessed 9/24/2024, 2024.

26. Schimmels J, Groh C, Neft M, Wocial L, Young C, Davidson JE. American Academy of Nursing Expert Panel Consensus Statement on leveraging equity in policy to improve recognition and treatment of mental health, substance use disorders, and nurse suicide. *Nursing outlook*. 2023;71(3):101970.

27. Wakefield M, Williams DR, Le Menestrel S. The future of nursing 2020-2030: Charting a path to achieve health equity. *National Academy of Sciences*; 2021.

28. Moutier CY, Myers MF, Feist JB, Feist JC, Zisook S. Preventing clinician suicide: a call to action during the COVID-19 pandemic and beyond. *Academic medicine*. 2021;96(5):624-628.

29. Presutti L. Nurse Suicide Prevention Review Committee. *ANA Enterprise*. Updated December 16, 2019. <https://www.anamass.org/news/481936/ANA-Enterprise-Nurse-Suicide-Prevention-Review-Committee-Deadline-December-31.htm>

30. Choflet A, Barnes A, Zisook S, et al. The nurse leader’s role in nurse substance use, mental health, and suicide in a peripandemic world. *Nursing administration quarterly*. 2022;46(1):19-28.

31. Working together to prevent suicide in the NHS workforce: A national suicide prevention toolkit for England. *Naational Health Service England*. Updated September, 2023. Accessed 10/10, 2023. <https://www.england.nhs.uk/wp-content/uploads/2023/09/Working-together-to-prevent-suicide-in-the-NHS-workforce--a-national-suicide-prevention-toolkit-for-England.pdf>

32. Appleby L, Kapur N, Shaw J, et al. National confidential inquiry into suicide and safety in mental health: Annual report: England, Northern Ireland, Scotland and Wales. University of Manchester. Updated October 18. Accessed December 12, 2023. <https://documents.manchester.ac.uk/display.aspx?DocID=49577>



“Naked truth”- Contemplations on loneliness at the core of being.
Artist: Ten Mendoza

RESEARCH

Supporting Nurse Leaders to Recognize & Intervene in Team Members Suicidality

Authors: Kristina E. James DNP, RN, CNL, PCCN and Rachael Accardi, LMFT

Suicide rates among nurses and healthcare support staff are alarmingly higher than those of the general population^{1,2,3,4,5}. These professionals dedicate their lives to caring for others, yet their own mental health often goes unaddressed. While mental health awareness has grown in recent years, one critical gap remains: nursing leaders are not adequately trained to recognize and respond to team members at risk of suicide. Prior to our work, UC San Diego Health did not have a training program to teach nurse leaders how to support and connect suicidal team members to resources.

To address the issue, we decided to create an evidence-based suicide prevention program as part of Kristina’s Doctor of Nursing Practice (DNP) project that targeted nurse leaders. The program was designed to educate participants on the risk factors of suicide associated with the nursing profession, identify behaviors suggestive of suicide risk, develop strategies for communicating with an at-risk team member and identify organizational and local resources for support. In this interactive program, we took the time to debrief with leaders, getting them to reflect and process their emotional responses to the material and created a safe space for those willing enough to share how they themselves had been affected by suicide. Most importantly, we provided them the opportunity to role play what they just learned to hone their skills. The goal of the program was to improve



Kristina James, DNP, RN, CNL, PCCN is the assistant nurse manager for Thornton 2 West at UC San Diego Health. She is an advocate for healthcare worker wellbeing and suicide prevention. Her passion for research and evidence-based practice evolved from her desire to find ways to better support her colleagues. In her free time, Kristina likes to trail run, read, and check out the local food scene.

self-efficacy and knowledge so that leaders could confidently act when a team member expressed suicidal thoughts or showed signs of distress.

The results were striking. Sixty nurse leaders participated in one of 11 remote-learning sessions. Surveys conducted before, immediately after, and one-month post-training showed a statistically significant increase in suicide prevention self-efficacy and knowledge. Participants felt more prepared to support suicidal team members and all who attended would



Rachael Accardi, LMFT, is a Program Counselor for UC San Diego Health’s Healer Education Assessment and Referral (HEAR) Program. She is a trauma informed, IFS oriented licensed Marriage and Family Therapist and Reiki Master Teacher. She is clinical lead of UCSDH’s Schwartz Rounds program. Rachael is currently completing her Somatic Experiencing certification, enjoys connecting with people, the outdoors, traveling and painting.

recommend the program to others.

This program confirms that suicide prevention training is not just helpful, it is essential. Nurse leaders are often the first point of contact for struggling team members, yet without the proper tools, they may feel helpless or unsure of how to respond. As a way to better support our nurse leaders, we are happy to report that this program will be included in the new Nurse Leader Onboarding program. In addition, to truly promote the overall well-being of

CONTINUED ON PAGE 27

Nursing Wellness in the Workplace: A Contemporary Analysis

Author: Carolyn A Wilder, PhD, BSN, RN

Introduction

Nursing is a demanding profession that requires physical, mental, and emotional resilience. The well-being of nurses is crucial not only for their personal health but also for the quality of the patient care they provide. In recent years, there has been a growing recognition of the importance of promoting wellness among nurses within the workplace. This article explores the current state of nursing wellness, the challenges faced, and effective interventions implemented over the past five years, supported by recent peer-reviewed literature.

Challenges to Nursing Wellness

Nurses encounter a multitude of stressors in their professional environment, including high patient acuity, staffing shortages, long working hours, and exposure to traumatic situations. There are multiple factors which contribute to physical and psychological strain, leading to issues such as burnout, anxiety, and depression. A systematic review and meta-analysis by Kooktapeh et al.¹ highlighted that approximately 2.75% of nurses experienced job burnout during the COVID-19 pandemic, underscoring the significant impact of the pandemic on nurse well-being. Additionally, workplace violence, including verbal and physical abuse from patients, families, and colleagues, negatively affects job satisfaction and retention rates². Rapid advancements in healthcare technology have also posed

challenges for nurses, particularly for those requiring additional training to adapt to new systems³. Mental health concerns are increasingly prominent, with stigma surrounding mental health issues exacerbating the problem⁴. Furthermore, disparities in resources and support for rural and underserved communities have limited equitable care delivery, placing additional burdens on nurses in these areas⁵.

Interventions to Promote Nursing Wellness

Recognizing these challenges, healthcare organizations have implemented various interventions to enhance nurse wellness. A systematic review by the British Medical Journal (BMJ)⁶ found that workplace interventions, including mindfulness-based practices, gratitude journaling, and organizational changes like workload reduction, significantly improved well-being, work engagement, and resilience while reducing burnout and stress.

Corporate wellness programs have also been introduced to promote employee health. For example, Wells and Azevedo⁷ evaluated a workplace health promotion program in skilled nursing facilities, demonstrating that such programs effectively introduce health promotion strategies, though accessibility issues persist for low-wage workers with inflexible schedules. Furthermore, academic-practice partnerships have been identified as vital in promoting self-care and



Carolyn Wilder, PhD, BSN, RN, is a nursing professional with over 10 years clinical experience and specialized expertise in neurosciences and patient-centered care. A published author and educator who has developed and validated a psychometric tool to measure suffering in patients with Multiple Sclerosis, Carolyn has provided podium and platform presentations at multiple conferences and was a regular speaker for the Arizona Nurses Association. She is dedicated to mentoring nurses and advancing holistic care through research, teaching, and community initiatives.

wellness. Zinsmeister and Schirm⁸ emphasized that these partnerships—by educating resilient and competent nursing students—contribute to workforce sustainability and enhanced well-being.

Academic-Practice Partnerships and Corporate Wellness Programs

Academic-practice partnerships and corporate wellness programs address systemic challenges faced by nurses by providing resources and fostering a culture of health. Programs tailored to individual needs, such as reducing workplace violence and offering flexible scheduling, have shown promise in improving job satisfaction and retention rates⁹. These initiatives serve as critical components in a broader strategy to ensure sustainable and effective nursing practices.

Conclusion

The well-being of nurses is integral to the effective functioning of healthcare systems. Recent literature underscores the multifaceted challenges nurses face and highlights interventions that promote wellness in the workplace. Continued efforts, including academic-practice programs and corporate wellness initiatives, are essential to address these challenges and ensure the sustainability of the nursing workforce and the delivery of high-quality patient care.

REFERENCES:

1. Ghasemi Kooktapeh, Z., Dustmohammadloo, H., Mehrdoost, H., & Fatehi, F. (2023). In the line of fire: A systematic review and meta-analysis of job burnout among nurses. *arXiv preprint, arXiv:2312.14853*.
2. Parker, K., Eaton, S., & McLellan, H. (2022). Understanding workplace violence in nursing. *Nursing Outlook*, 70(4), 579-588.
3. McBride, S., & Tietze, M. (2021). *Nursing informatics for the advanced practice nurse*. Springer Publishing.
4. Green, A., Smith, T., & Brown, L. (2020). Addressing mental health stigma in nursing: Strategies for change. *Journal of Nursing Management*, 28(3), 402-409.
5. Johnson, M., Williams, S., & Davis, R. (2023). Bridging the gap: Challenges and solutions in rural nursing practice. *Rural Health Journal*, 39(1), 15-24.
6. Søvdal, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2023). Workplace interventions to improve well-being and reduce burnout among healthcare workers: A systematic review and meta-analysis. *BMJ Open*, 13(6), e065639.
7. Wells, M., & Azevedo, S. (2020). A corporate wellness program and nursing home employees' health. *Frontiers in Public Health*, 8, 531116.
8. Zinsmeister, L. B., & Schirm, V. (2024). Supporting nursing student and nursing workforce wellness through academic-practice partnerships. *Journal of Nursing Education*, 63(5), 250-255.
9. Ahmed, F. R., & Timmins, F. (2024). Special issue of *Journal of Emergency Nursing* focused on nurse wellness, healthy work environments. *Journal of Emergency Nursing*.
10. Haddad, L. M., Annamaraju, P., & Toney-Butler, T. J. (2023). Nursing shortage: A state of crisis. *StatPearls*. <https://www.ncbi.nlm.nih.gov/books/NBK493175/>
11. Ohio State University College of Nursing. (2021). New study examines association between nurses' well-being, workplace wellness.

Supporting Nurse Leaders

CONTINUED FROM PAGE 25

the organization, we set out to offer the program not only to nurse leaders, but also to any unit/discipline interested in the program. So far, we have reached groups such as Patient Experience, Information Services, Ambulatory Leaders, Nurse Preceptors, and different Unit-based Councils (UBCs).

It is our hope that we can create a train-the-trainer program. By doing so, multiple training courses can be held throughout the year and this important information can become more widely spread. We anticipate that we will be able to introduce this program to other organizations as well, thereby equipping other leaders and health professionals with the powerful skills necessary to potentially save a life.

REFERENCES:

1. Davidson, J. E., Proudfoot, J., Lee, K., Terterian, G., & Zisook, S. (2020). A Longitudinal Analysis of Nurse Suicide in the United States (2005–2016) With Recommendations for Action. *Worldviews on Evidence-Based Nursing*, 17(1), 6–15. <https://doi.org/10.1111/wvn.12419>
2. Davidson, J. E., Makhija, H., Lee, K. C., Barnes, A., Richardson, M. G., Choflet, A., Ali, T., & Zisook, S. (2024). National Incidence of Nurse Suicide and Associated Features. *JONA: The Journal of Nursing Administration*, 54(12), 649–656. <https://doi.org/10.1097/NNA.0000000000001508>
3. James, K. E., Agarwal, S., Armenion, K. L., Clapp, C., Barnes, A., Ye, G. Y., Zisook, S., & Davidson, J. E. (2023). A deductive thematic analysis of nurses with job-related problems who completed suicide during the early COVID-19 pandemic: A preliminary report. *Worldviews on Evidence-Based Nursing*, 20(2), 96–106. -HYPERLINK "<https://doi.org/10.1111/wvn.12640>"<https://doi.org/10.1111/wvn.12640>
4. Lee, K. C., Ye, G. Y., Choflet, A., Barnes, A., Zisook, S., Ayers, C., & Davidson, J. E. (2022). Longitudinal analysis of suicides among pharmacists during 2003–2018. *Journal of the American Pharmacists Association: JAPhA*, 62(4), 1165–1171. <https://doi.org/10.1016/j.japh.2022.04.013>
5. Olfson, M., Cosgrove, C. M., Wall, M. M., & Blanco, C. (2023). Suicide Risks of Health Care Workers in the US. *JAMA: Journal of the American Medical Association*, 330(12), 1161–1166. <https://doi.org/10.1001/jama.2023.15787>



“Water Lilies” - Taken at Balboa Park in San Diego. Water lilies can have various symbolisms: rebirth, enlightenment, unity, and peace. They grow and bloom from murky waters and represent the ability to rise above and overcome challenges.
Photographer: Sheila Rivera

Onward

Pathways to Wellness: Creating a Walking Group to Promote Wellbeing and Connection

Authors: Jill Valenzuela, RN and Celine Palmiter, BSN, RN, OCN

Throughout her career, Jill Valenzuela has navigated the challenges of providing excellent patient care in a constantly evolving healthcare landscape. Recently, she experienced the impact that burnout and stress can have on healthcare professionals. She shares how her personal struggle with burnout helped her recognize the importance of self-care and wellness. In response, she created a walking group for nurses, aiming to foster physical activity and mindfulness, while creating a supportive community to help nurses cope with the demands of their jobs. Her story emphasizes the power of connection and the need for nurses to prioritize their well-being to provide the best care for others.

Celine: Could you provide a brief background about your nursing role?
Jill: Sure! I began my career with UC San Diego Health 30 years ago and currently work as an outpatient hepatology [liver] nurse. In my role, I focus primarily on telephone triage, care coordination, patient education, and providing support to our providers. Care coordination is the most challenging aspect of my work, particularly when it comes to our liver cancer patients. Many of our patients come from low socio-economic backgrounds and have little or no social support. In these cases, we become not just healthcare providers but advocates, helping to remove barriers to care and ensure that our patients receive the support they need. Although I work remotely, I have found that we can still build meaningful, impactful relationships

with our patients over the phone. Through regular calls, I learn about their lives, families, and the struggles they face as they navigate their illness. I strive to give as much as I can in these conversations by listening, learning, giving care advice, and even grieving with them in their moments of loss. It is humbling and incredibly rewarding work, though it can also be emotionally draining. At the heart of it, I am reminded daily of the profound connection we share with our patients and the importance of being present in their health journey.
Celine: I am sure you have seen so many things changing within the last 30 years. Prioritizing self-care and wellness seem to have been a more recent hot topic amongst nurses. Can you share more about how this became more apparent to the health of your nursing career?



Jill Valenzuela, RN, is an ambulatory care nurse specializing in hepatology with a deep commitment to nurse well-being. With extensive experience in patient care, she is passionate about promoting wellness and preventing burnout among healthcare professionals. She leads guided walks to help nurses reduce stress, build resilience, and strengthen their sense of belonging. Outside of work, Jill enjoys traveling and spending quality time with her family.



Celine Palmiter, BSN, RN, OCN, is a clinical nurse, working with the GI Medical Oncology team at Moores Cancer Center. She earned her BSN from San Diego State University in 2009 and joined UCSDH in 2014. She is co-chair for UCSDH Image of Nursing Council, Principal Managing Editor for the UCSDH Nursing Journal and serves as Program co-chair for San Diego Oncology Nursing Society.



Rose Canyon Walk

Jill: Oh definitely! Self-care and wellness are vital for ensuring the health and well-being of nurses. A few years ago, I went through a period of severe burnout. My work situation was incredibly stressful: COVID, constant staff turnover, departmental restructuring, and relentless project deadlines. On top of that, we transitioned from an office setting to working from home. It was a lot of change to navigate, and it left me feeling isolated, overwhelmed, and powerless. The usual coping mechanisms I relied on no longer worked, and I found myself stuck, unable to “fix” the situation. I am normally an active person, but at the time, I was not leaving the house for days. I could not even muster the energy to take my dog for a walk. I was not myself, and it was hard to admit how far I had fallen. That is when a colleague recommended the HEAR program and I reached out for help. I spoke with a counselor who was incredibly insightful. She helped me understand that my “pot” wasn’t just empty, it had boiled over. I simply could not keep giving because I had nothing left to offer. The counselor emphasized the importance of self-care, something I had been neglecting. I remember thinking, how could I have burnout? I do not have time for this! Accepting that I needed help was tough. As a nurse, I am used to being the one who fixes things. Asking for help felt counterintuitive. But I had to confront that superwoman mindset, realizing that pushing harder was not a sustainable solution, it was just a quick fix that would eventually lead to more harm. What really helped during this time was my friends. They called, checked in, and encouraged me to go on walks with them. I would get up and go, even when I did not feel like it. They kept me moving, kept me going. And my dog was certainly happier too! The truth is, healthcare is evolving, and it often feels like we’re being asked to do more than we can manage. We are all climbing that proverbial mountain, and the summit always seems just out of reach. The key to avoiding burnout is learning to prioritize ourselves first, even though it is hard. We cannot continue to help others if we are running on empty.



Volcan Mountain Hike

Celine: Can you speak about your relationship with fitness/physical activity? How has walking played a role in your self-care?

Jill: Walking is the ultimate form of self-care. It requires us to be fully present, connecting mind, body, and environment. Beyond its physical benefits, walking in nature fosters reflection, mindfulness, and a deeper sense of connection to ourselves and the world around us.

To truly understand my relationship with walking, I need to share my experience with the Camino de

Santiago.

In 2016, my friends introduced me to this 500-mile pilgrimage across Spain. We walked the first 150 miles over 10 days, beginning in France and crossing over the Pyrenees into Spain. The landscape was breathtaking, and the simplicity of the journey was deeply moving. All we had to do was walk, eat, and sleep; free from distractions, focused solely on the rhythm of the steps. It was a tremendous physical challenge, and along the way, I discovered my love for long-distance walking.

Mental and Emotional Wellness:

I like to hike/walk to reduce stress and burnout. But I lack motivation by myself so having a group of people to walk or hike with increases self-accountability. I've enjoyed experiencing the different locations. Places I wouldn't have gone to on my own.

But it was also a profoundly emotional time. During the trek, my father, Poppie, passed away. Being so far from home, away from my family, made it incredibly difficult to cope with the loss. My friends encouraged me to continue walking, and the next morning, as we walked through the fields, they were suddenly filled with bright red poppy flowers. In that moment, I smiled through my tears, feeling connected to my dad in a way I could not have imagined.

That moment became one of the defining reasons I return to the Camino each year. What began as an adventurous walk evolved into a deeply spiritual journey, offering me the time and space I needed to process my grief and honor my father's memory. The Camino, for me, is more than a physical pilgrimage. The walk has become a ritual of healing, reflection, and connection.

Celine: I can understand why you continue to walk the Camino and how it holds a special place in your heart. Can you talk about how this experience alone helped contribute to starting a walking group at UCSDH?

Jill: I want to bring the mindful walking and deep sense of connection I found on the Camino into my everyday life. For me, keeping the momentum has become essential, not only to heal but to support others who may be facing similar struggles.

My intent was to create a space where we could all show up for ourselves and each other, reminding ourselves that sometimes the hardest part is simply taking that first step. Through our shared commitment to walking and self-care, I hoped we could find healing, connection, and a sense of belonging, just as I did on the Camino.

Celine: Outside of physical activity, the social aspect seems to play a large role in this. Is that what you intended?

Jill: Absolutely. The walking group has truly filled a void for me. I grew up playing soccer and continued to play as an adult. Our women's team would meet every Sunday, and it was a regular, grounding part of my routine. But when COVID hit, our team disbanded, and I missed that sense of community and the connection it provided.

Now, I look forward to these regular

Qualtrics surveys were sent to participants to assess their sense of belonging (Table 1) and stress levels (Table 2) before and after participating in the UCSDH walk/hike group events. The results showed a significant increase in participants' sense of belonging, rising from an average score of 5.5 to 7.5 on a 0-10 scale. In contrast, stress levels decreased from an average score of 8 to 5 on the same scale.

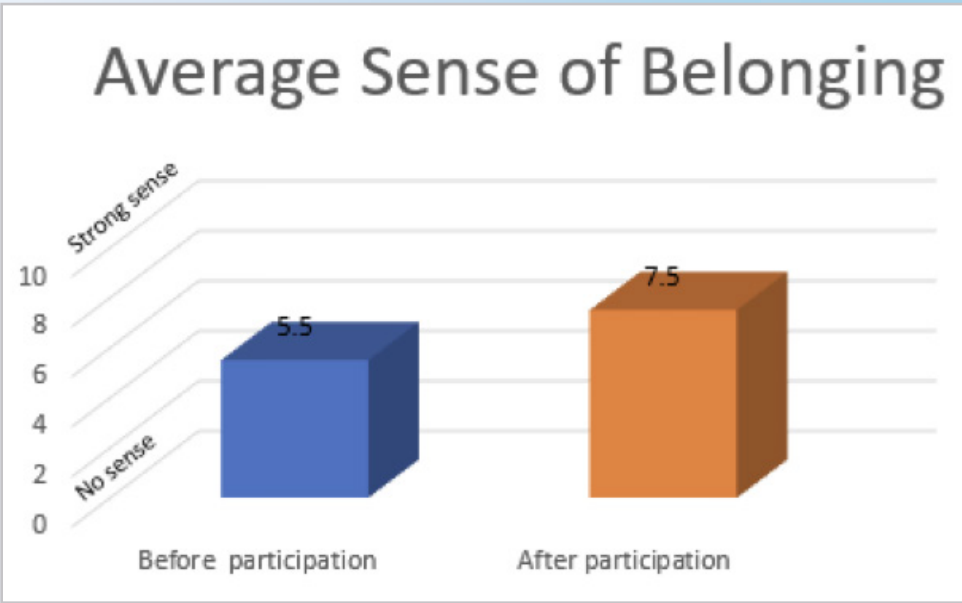


Table 1

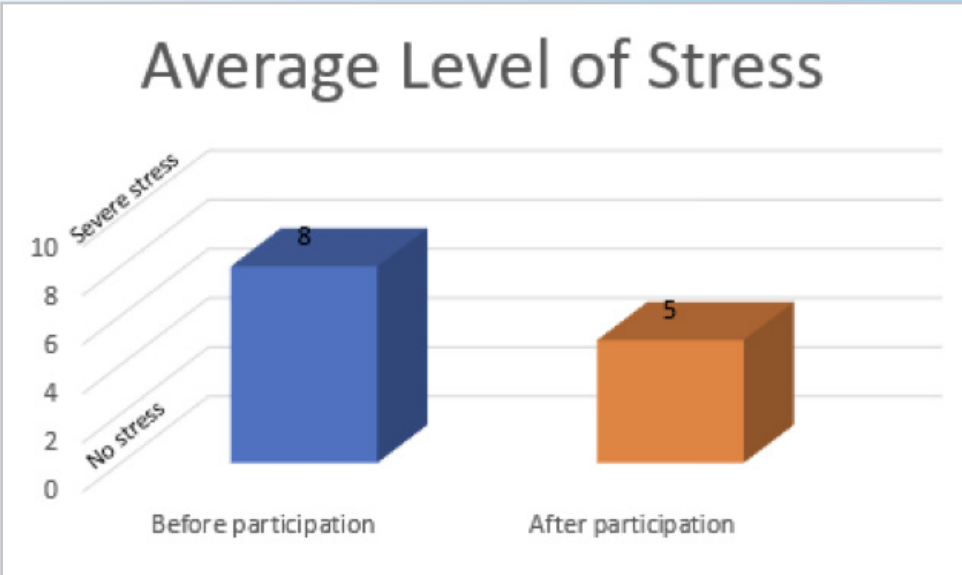


Table 2



Seven Bridges Urban Walk

Building Connections:

Being outside is like therapy. And the others on the walk are friendly and will chit chat if you're up for it. It's wonderful meeting People from other departments with other roles. This idea was truly a gift. And I have been blessed by it.

walks in much the same way. My hope is to build a walking community for nurses—or anyone struggling with burnout. Nursing is demanding, and we work in high-pressure environments that require constant decision-making with little downtime and frequent interruptions. Having a space outside of work where we can get physical exercise, recharge, and connect with others is so important.

It also reminds me that I am part of a larger community, not just a cog in the machine, and that connection is essential for maintaining our well-being, both individually and as a profession.

Celine: Outside of the feeling of belonging, there seems to be many ways that each nurse can benefit from this practicing self-care, which can impact other aspects of their job.

Jill: Yes. Self-care is essential for nurses, as it helps reduce stress, prevent burnout, and support mental and emotional health.

When nurses prioritize their own well-being, they create a more positive work environment, which enables them to offer better patient care and support colleagues. A well-supported, emotionally grounded nurse is more engaged, compassionate, and effective in their role, leading to higher-quality patient outcomes and a stronger healthcare team.

Celine: The group includes nurses across different specialties within UCSDH, can you talk more about the community and collaboration amongst nurses?

Jill: The walking group fosters community and collaboration amongst nurses by offering a relaxed, supportive environment to connect outside the clinical setting. It provides a space where nurses can share experiences, discuss challenges, and celebrate successes, strengthening trust and camaraderie.

Much like the Camino, where strangers unite through a shared journey, the group brings together nurses from diverse backgrounds, connected by their roles in healthcare or a desire for connection. As they walk, conversations flow naturally, shifting to challenges and passions. This openness sparks networking, idea-sharing, and collaboration, creating a powerful space for growth, innovation, and mutual support.

Celine: When did you start integrating a meal with walking/hiking?

Jill: On a recent trip to Italy with my daughter, I was reminded of the importance of taking time to break bread with friends and savor the moment. I wasn't sure if anyone would want to go out to eat afterward, given how precious weekends and time off are. But what I learned is this: if friends and food are involved, people always find a reason to stay and share.

It also offers a chance to talk and connect with those who may not have walked together on the trail that day. We have discovered some fantastic brunch spots along the way, and let's just say, we're a hungry bunch after a long walk or hike!



Sunrise Iron Mountain Hike

Celine: Have you found that the same group of people keep coming back?

Jill: Yes. We have formed a core group. It is always wonderful to welcome a new member and see familiar faces return.

Celine: Do you find that people are nervous to join if they are not very active?

Jill: Yes, I think some people may feel intimidated by the distance or worry about slowing the group down. We have participants who have never hiked before. Our group includes fast rabbits, slow turtles, and everyone in between! Everyone moves at their own pace, but we all reach the summit together.

Celine: How do you see this group evolving and growing?

Jill: We have 170 members and expect this will continue to grow. We currently offer weekend walks/hikes and are recruiting volunteers to lead events during the week to accommodate our inpatient nursing schedules.

In addition, we are looking to introduce yoga, paddleboarding, and

pickleball to offer something for everyone and keep the momentum going.

Celine: What has been your favorite hike so far?

Jill: The sunrise hike at Iron Mountain. We gathered at the trailhead in the morning and set off with our headlamps in the dark. It was a challenging hike, and everyone pushed through. When we reached the summit, the sense of accomplishment was palpable along with the smiles as we watched the sunrise. These moments together make the effort worthwhile.

Celine: That sounds so lovely. Thank you for sharing your story. It is incredible that you took your own experience with burnout into a powerful opportunity to uplift and support nurses. What advice would you give to nurses about burnout, self-care, and wellness?

Jill: My advice is to take care of yourself first. If we do not prioritize our own well-being, we risk burning out, which affects not only our own health

but the care we give to our patients and the support we offer to our colleagues.

Recognize the signs of burnout and get help. It is easy to dismiss feelings of exhaustion or frustration, but it is important to acknowledge when you are feeling overwhelmed, and it is okay to admit that. Burnout can happen to anyone, and it is not a reflection of your abilities or commitment. What matters is taking the time to step back and recharge.

Thank you for interviewing me and allowing me to share about the walking/hiking group. I hope I will see you on the trail soon!

If you'd like to join her group, please email her at jcvalenzuela@health.ucsd.edu. You will be added to the hiking group invite list and receive times and details of upcoming events!

The Things We Carry: Practical Strategies to Promote Well-being

Author: Holly Anguiano, LCSW, OSW-C

Eight missed calls. Racing heart. Dread. I knew who had called before I even listened to the voicemails. The time and emotional energy exerted on this one patient over the past weeks had been extensive—too much by any standard. Multiple well-intentioned patient and team meetings had seemingly gone nowhere. Possible remedies for the longstanding systemic issues that led to this patient’s mistrust in the medical system, chronic emotional dysregulation, and coping by means of illicit substances escaped our grasp. Despite everyone’s efforts, including my own, this patient could not engage in their care in a way that meant improving or extending their life.

Understandably, this patient was afraid to die, and they were going to die. The grief, distress, and fatigue washed over me. A helpless feeling in a hopeless situation...

Working in healthcare, we are often taught the importance of self-care, the role of boundaries, and cautioned against “bringing work home.” How though do you reconcile the all-too-common experience of losing a patient, of witnessing a patient work against themselves, or seeing the impact a lifetime of trauma or injustices have on a patient’s life? How do you move on, from one patient to the next, day after day, carrying the weight of this load? What is starting to feel a bit too heavy to carry each day? Is it the grief and loss you have experienced alongside your patients? Or perhaps it is witnessing the downstream effects of various systemic issues? Or maybe, it is the juggling of work and life. These

experiences can begin to take a toll and lead to various, often conflicting thoughts and emotions. Like the millions of other people who work in healthcare, you most likely pursued a career in this field to help others. Therefore, thoughts of dread or feelings of exhaustion may cause confusion or even distress. You are not alone; extensive research details these common experiences in healthcare workers¹.

Moral injury/distress is a common experience amongst healthcare workers and was magnified during the COVID-19 pandemic. Moral injury is often felt when healthcare workers recognize what needs to be done, but for reasons often beyond their control, are unable to do it. In other words,



Holly Anguiano LCSW, OSW-C, earned her Master of Social Work from Portland State University and holds both an active LCSW and OSW-C. She serves as the Social Work Supervisor for Cancer Services at UC San Diego Health. With a deep commitment to enhancing access to care, Holly is dedicated to addressing the unique challenges cancer patients face at every stage of their cancer care. In addition, she is passionate about promoting employee mental health and well-being, understanding the emotional toll this vital work can have.

moral distress occurs when healthcare workers are put in a situation where they must act contrary to their personal/professional values or the workplace expectation. For example, this could be felt in the setting of staffing shortages during a particularly busy day, or when a patient experiences a treatment delay due to a system issue, or when in order to do your job well, you must stay late and choose between providing patient care or going home to your family. Moral injury/distress can significantly impact healthcare workers’ mental health and overall well-being. Moral injury or distress can often manifest as: guilt, anger, frustration, demoralization, avoidance, and distancing.

Compassion fatigue is another common experience amongst healthcare workers. It generally presents in the setting of prolonged work with patients living with severe illness, distress, or trauma. Sometimes called secondary trauma, compassion fatigue can develop from witnessing and hearing about the traumatic experiences of patients. Compassion fatigue can have a significant impact on healthcare workers’ mental health and overall well-being. Compassion fatigue may manifest as: a diminished ability to feel compassion, sadness, feelings of numbness, loss of objectivity, feeling a sense of dread around work, irritability, and overall physical and mental exhaustion.

Finally, burnout is a common term. Burnout can be a response to chronic moral distress, compassion fatigue, general stress, or exhaustion, especially when these go unaddressed. Burnout can significantly impact healthcare workers’ mental health and overall well-being. When experiencing burnout, symptoms may manifest as: feelings of dread, feelings of hopelessness related to change, diminished pleasure or interest in work, and reduced efficacy at work.

It is important to note that experiencing any of these symptoms does not indicate a weakness or defect, rather, it is a common risk of extending a high degree of care and compassion such is the case for healthcare workers. The more we can openly talk about and normalize these experiences, the more this may allow healthcare workers to

feel supported and validated, allowing space to promote wellness, strengthen moral courage, and help sustain careers in healthcare.

Resilience is defined as the ability to recover in the face of adversity. In the healthcare setting, resilience may look like an ability to effectively cope with, adapt to, and recover from various stressors or challenges. Resilience is not only about recovering from these stressors or challenges, but also about the ability to remain engaged and continue providing quality patient care.

Charles Figley² is widely credited with coining the term compassion satisfaction, which refers to the positive benefits and fulfillment for those working in helping professions, such as healthcare, experience from their work. In other words, it can be understood as the positive impact of working in healthcare. Compassion satisfaction involves feelings of meaning, pride, accomplishment, value alignment, and deep connection to one’s work. Compassion satisfaction emerges from a place of feeling that the work one does contributes to the well-being of others. It can be experienced through witnessing the resilience of patients, helping address a major barrier, meeting a patient on their hardest day, and celebrating with them on their last day of treatment. It could also stem from the positive feeling experienced from being part of a team who prioritizes quality patient care.

You may be asking, okay, how can one move through moral distress, compassion fatigue, or burnout if these symptoms do present? And into a place of resilience or an experience of compassion satisfaction?

Here are a few strategies for you to consider:

Engage in self-care—activities that recharge, refill, or restore you.

You have heard it before, and I will say it again, you cannot care for others if you are not caring for yourself. What have you been neglecting in terms of your own physical or emotional self-care that needs prioritization? Create time and space to do this, whenever and wherever. It can be anything from space for meditation/mindfulness, connecting with others, time alone, a walk, or anything else that

helps you feel recharged. If you are unsure what to engage in for self-care, ask yourself: What brings me joy? What helps ground me? What helps me regain my calm after a stressful period of time?

Set and maintain boundaries.

Maintaining role, time, and emotional boundaries can help prevent burnout and help promote compassion satisfaction. Boundaries allow us to provide quality care within our scope and schedule while also ensuring time and space for self-care.

Self-compassion. How can you be just a bit kinder, a bit gentler, a bit less critical of yourself? If this is hard for you, think of what you would say or do to support someone close to you, someone who may be experiencing a comparable situation or similar emotions. Do you find that you can easily access some acts or words of support or comfort for this person close to you? Now try turning those words of comfort on yourself. Many people find it easier to be compassionate towards others yet struggle to do so with themselves. If that sounds like you, practicing self-compassion with this exercise may be helpful.

Find people and space where you can process. Working in healthcare is not easy. It is hard. It is demanding. It is exhausting. Having a space where you can process the emotional impact your work is having on you may help promote resilience and compassion satisfaction. It could be a manager, a colleague, through a UC San Diego Health HEAR meeting, or a mental health provider. We have been holding regular HEAR meetings within Cancer Services and many have expressed positive feedback regarding the validation and support they received through these meetings. I encourage everyone to prioritize finding a safe space to process.

Reconnect with your values and center around your “why.” On a particularly exhausting, distressing or challenging day, you may find yourself asking “why am I doing this?” Allow yourself to explore that a bit. Why did you get into healthcare? Where does this questioning lead? Does it help, even in the slightest of ways, to find meaning in the work you are doing? What positive benefits are you getting

out of the work you are doing? Reconnecting with your values and living accordingly may help promote well-being.

These are only a few strategies to consider when experiencing moral distress, compassion fatigue, burnout, or anything that feels too heavy to carry. UC San Diego Health offers an extensive listing of resources to support healthcare workers who may be experiencing distress (links below). While I discussed a few strategies that may help cultivate resilience and compassion satisfaction on an individual level, it is necessary to highlight the importance of a supportive work environment that equally values employee well-being. I encourage you all to find the strategies that work for you, to familiarize yourself with the resources, and to find and help sustain the supportive work environments around you.

...I took a deep breath before listening to the voicemails. The patient was all over the place with their thoughts, ultimately sharing that they had chosen hospice, feeling there was “no other option.” I allowed myself some time to pause and process the information. This is often something I lean into when faced with a distressing or challenging patient situation (or life situation in general)—I practice the pause, allowing myself time and space to calm before moving into an action. After another deep breath, I called the patient back. We talked for nearly an hour. They spent time recounting their life during the call—their hopes, their dreams, their fears. Some that had become reality; others that had not come to fruition. We talked about what was most important to the patient at this time and what they wanted to do with whatever time they had left. The patient cried, laughed, and thanked me for the compassion shown to them throughout their care. They said goodbye, and I said goodbye, knowing it would be the last time we ever spoke. I hung up the phone, and I allowed myself to cry—for the patient, for all that they had battled, and all the systemic issues that landed them here in the first place. I sat there for a moment, reflecting on the ways, albeit small, that I impacted this patient’s life in a positive way, restoring my moral courage.

Resources:

Professional Quality of Life measure and resources available here: ProQOL Measure | ProQOL

Resources available through UC San Diego Health:

- AbleTo - Free, 24/7 confidential support to reduce worry and stress and improve mood. Accessible through liveandworkwell.com. Create a confidential account or browse as a guest with company code: UCSDMC. Look for “ableto” to begin.
- Behavioral Health Benefits: Includes helpful resources and contacts for accessing mental health and substance abuse services.
- Center for Mindfulness: Includes classes on mindfulness and resiliency in addition to free meditation sessions.
- Emergency Resources from UC Benefits Plans: If you need extra assistance due to a natural disaster, look here for medical, emotional and financial support options.
- Employee Assistance Program (EAP): Confidential and free service designed to help employees and their family members resolve concerns that may be affecting personal well-being.
- HEAR Program: Complete the encrypted mental health screening questionnaire online to be connected with relevant resources.
- Sanford Institute for Empathy and Compassion: Focused on medical education, physician burnout and research, the Institute is focused on providing resources and data to foster well-being through a lens of empathy and compassion.
- UC San Diego Center for Integrated Medicine: Offer services to support whole-person health and lifestyle modification. Includes massages and other benefits.

Stay up-to-date with the latest UC San Diego offerings here:

- Mental health: Mental Health Resources (ucsd.edu)
- General well-being: UCSD Health Team Member Well-Being & Engagement

Crisis resources:

- 988 Suicide and Crisis Lifeline: This hotline is available for people experiencing a mental health crisis. The 988 Suicide & Crisis Lifeline is designed to be a memorable and quick number that connects people who are suicidal or in any other mental health crisis to a trained mental health professional. Simply call or text the numbers 9-8-8.
- Crisis Text Line – Text Home to 741741: This chat is staffed by trained volunteer crisis counselors.

• **911: Importantly, if you or someone you know is experiencing a mental health crisis and immediate support and action is required, please call 911 or present to the nearest emergency department.**

REFERENCES:

1. Harrison, R. A., & Barlow, J. H. (2019). Compassion fatigue in healthcare providers: A systematic review and meta-analysis. *Journal of Health Psychology*, 24(1), 52-64. <https://pubmed.ncbi.nlm.nih.gov/31829113/>
2. Figley, C. R. (2002). *Treating compassion fatigue*. Brunner-Routledge.
3. American Society of Clinical Oncology. (2021). Moral distress among oncology social workers. <https://ascopubs.org/doi/10.1200/OP.21.00276>
4. Currier, J. M., Holland, J. M., & Maloney, E. (2015). Identifying moral injury in healthcare professionals: The Moral Injury Symptom Scale-HP. *Journal of Religion and Health*, 54(2), 679-694. <https://doi.org/10.1007/s10943-014-9905-8>
5. Figley, C. R. (2002). *Treating compassion fatigue*. Brunner-Routledge.
6. Guan, T., Nelson, K., Otis-Green, S., Rayton, M., Schapmire, T., Wiener, L., & Zebrack, B. (2021). Moral distress among oncology social workers. *JCO Oncology Practice*, 17(4), e521-e529. <https://doi.org/10.1200/OP.20.00689>
7. Mealer, M., & Jones, D. (2018). Mindfulness and resilience in healthcare: A guide for practitioners. *Journal of Healthcare Management*, 63(2), 117-129. <https://doi.org/10.1097/JHM-D-17-00144>
8. Professional Quality of Life: ProQOL. (n.d.). Retrieved from <https://proqol.org/>
9. Rakesh, G., Pier, K., Costales, T. (2017). A Call for Action: Cultivating Resilience in Healthcare Providers. *American Journal of Psychiatry Residents' Journal*, 14(4). <https://doi.org/10.1176/appi.ajp-rj.2017.120402>
10. Rushton, C. H. (Ed.). (2018). *Moral resilience: Transforming moral suffering in healthcare*. Oxford University Press.
11. Shanafelt, T. D., & Noseworthy, J. H. (2016). Burnout in healthcare: A review of the literature. *Annals of Internal Medicine*, 165(3), 223-224. <https://doi.org/10.7326/M16-1412>
12. Zeller, K. J., & Levin, M. (2020). The importance of self-care for healthcare professionals. *Mayo Clinic Proceedings*, 95(10), 2248-2256. <https://doi.org/10.1016/j.mayocp.2020.05.018>

Schwartz Rounds

Schwartz Rounds are multidisciplinary forums where healthcare professionals come together to discuss the emotional and social impacts of their work. These sessions foster open dialogue and reflection, enhancing empathy and compassion among caregivers. By providing a safe space for sharing, Schwartz Rounds help reduce burnout, improve teamwork, and ultimately lead to better patient care. They remind healthcare workers of the human side of medicine, reinforcing their commitment to compassionate care. If you’d like to learn more about our UCSD Schwartz Rounds program, please contact Rachael Accardi, LMFT at raccardi@health.ucsd.edu. For all things Schwartz Rounds visit www.theschwartzcenter.org.

UC San Diego Health Team Member Well-being Overview

Author: Brenna Joyce, M.A.

Are you looking to improve your personal well-being? Perhaps you would like to be more connected in the workplace? The UC San Diego Health Team Member Well-being Program is dedicated to fostering a holistic approach to wellness for our team members. Team members and departments have access to a variety of resources and tools in all areas of well-being including mental health, fitness, stress reduction, nutrition, and more.

What We Provide

We provide programming and resources to individual team members, departments and the organization at large. Much of our emphasis is to teach simple methods within our control to improve mental, physical, and emotional health on a daily basis.

- **In-person events:** In 2024, we offered Road Runner Sports custom shoe insole fittings and Sunshine Breaks – outdoor gatherings to bring team members together. Additional events featured our community partner, Farm Fresh to You, and build-your-own Stress First Aid Kit highlighted the importance of “on demand” stress-relieving tools. Events like these are designed to offer an element of fun, education and joyful moments with colleagues outside of the workspace. We aim to offer simple events with an element of welcome surprise and respite during a busy workday.
- **Customized workshops and presentations at the local level:** Departments have the opportunity to request workshops from a menu of topics including Stress Reduction Away

from Work, Mindfulness in the Workplace and Food & Mood. Our most popular workshop, the myofascial release demonstration, is interactive and participants leave with their own myofascial release ball to continue to aid in relieving muscle tension. To request a workshop, it is as simple as completing a *Well-being Program Interest Form*.

- **Virtual learning labs, Challenges and Optum Webinars:** Because each team member has a unique schedule, we provide online programming. Many of our sessions are recorded for those who may not be able to attend live. Highlights of the last year include an eight-week Healthy Holiday Challenge which included encompassed eight ways to incorporate elements of well-being in a friendly competition. A four-week Sleep and Recovery learning lab provided information about sleep, how to incorporate simple daily habits to improve sleep, and practice methods of recovery – in the form of movement to nutrition to stress reduction techniques – to help the body increase resiliency and operate at an optimal level. The Joy



Brenna Joyce, M.A. has led Team Member Well-being at UC San Diego Health since 2014. She holds a Master’s in Kinesiology with a background in personal training of over 20 years and extensive education in holistic nutrition. Her passion for educating team members in all areas of well-being has proven results to drive positive small changes in their lives. Brenna is a recreational athlete and enjoys running, road cycling, swimming and weight training...with a side of yearly world travel adventures.



& Positivity series unpacked simple and sustainable methods, which result in continual infusions of happiness on a daily basis, demonstrating that there are actions within our control that can improve our moods. We also partnered with the Healer Education Assessment & Referral Program (HEAR) and nursing to provide Suicide Prevention workshops and we worked with our Employee Assistance Program (EAP) partner, Optum, to offer webinars in areas including Money and Mental Health and Motivation at Work.

- **Discounts and Perks:** We partner with other businesses to bring you well-being discounts including 24 Hour Fitness, the YMCA, Road Runner Sports and Columbia Sportswear. These and other offers are listed on our Pulse site.

The Well-being Ambassador Program

To aid in creating an atmosphere of well-being within departments and to

raise awareness of opportunities from Team Member Well-being, we have a group of Well-being Ambassadors. These appreciated team members dedicate time communicating to and encouraging their colleagues to find time to make personal wellness a priority and take advantage of all that is offered through their workplace. If you have interest in spreading the word about UC San Diego Health Team Member Well-being, please contact us to express your interest in becoming an Ambassador.

Successes

Our success lies in feedback from participants. Here are a few words of feedback we have received:

- The Healthy Holiday Challenge (HHC): “I liked having the extra encouragement from UCSD to keep healthy over the busy holiday season!”
- HHC: “[I liked] to see other people

experiences through this and be inspired by it all.”

- The Joy & Positivity Series, “[I liked] discussion of little things that can be done every day to bring joy into one’s life.”
- The Joy & Positivity Series, “I looked forward to the series meetings every Thursday! They were such a great way to keep me going during the week with a positive mindset and things to think over during the weekend...This was a great series.”
- The Suicide Prevention Workshop: “Thank you, very informative and important topic. Glad to see this being offered and I hope more will follow.”

Where to Find Us

Visit our Pulse page for a calendar of events, program registration, tools and resources and email us directly at teamwellbeing@health.ucsd.edu.



The Myofascial Release Ball Demo with PACU



Warm-Up to Work Classes



Ten Mendoza, DNP, PMH-RNBC has worked at UCSDH 7-East Senior Behavioral Health unit since 1998. She has many hobbies including dancing, drawing, playing the piano and writing. Two of her latest favorite books are Born a Crime by Trevor Noah and the Next Conversation by Jefferson Fisher. She loves learning, languages, long walks and tango music. She believes that everyone is lonely nowadays and the world can be less lonely if we make it our goal to connect with one another in however way we can.

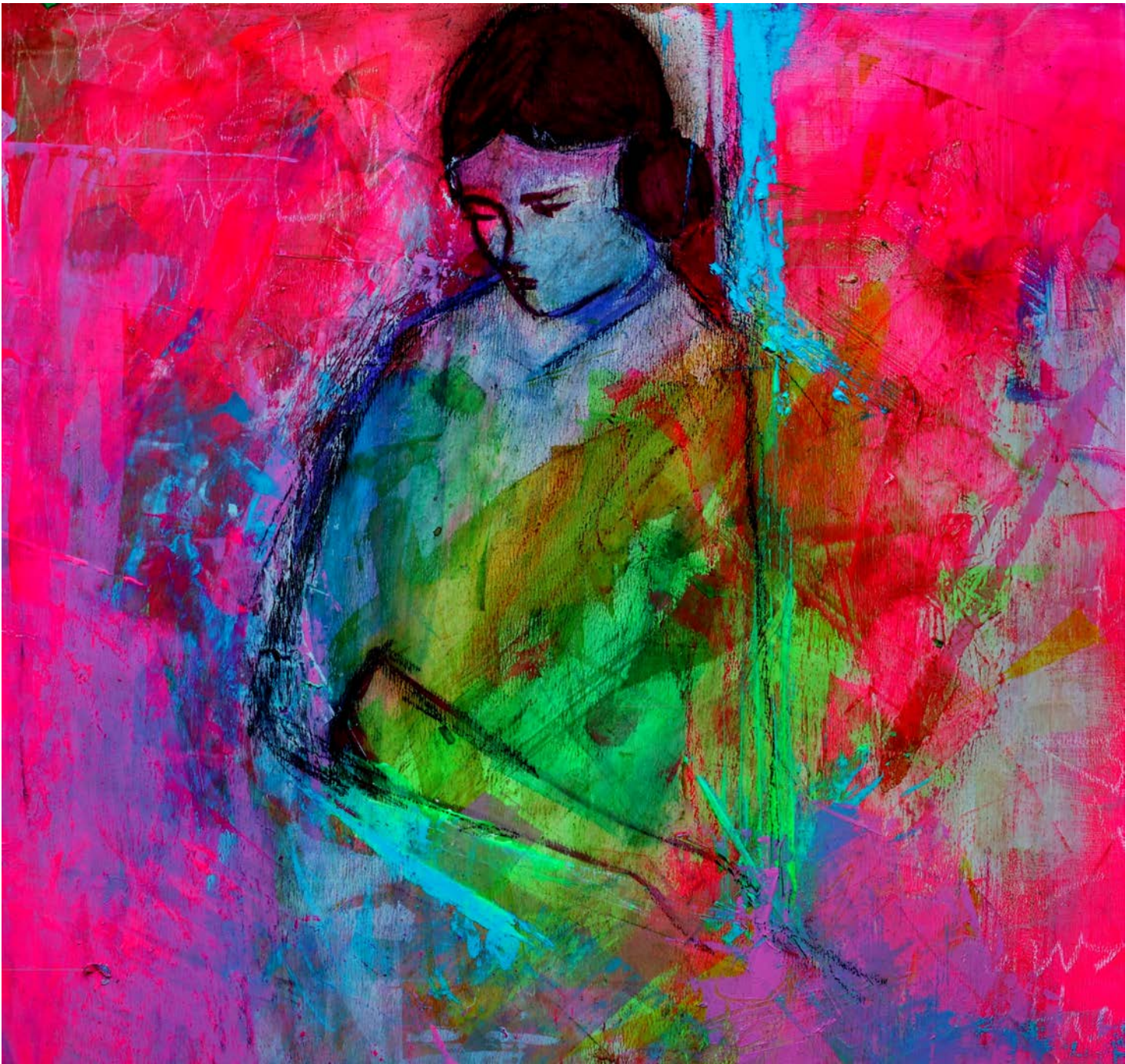
Nursing the Nurse

*Your influence is boundless, its clear
You lead out of love, you calm the fear
your power, as you should know
Is not just in what you give or show
your power is in the strength
You still could summon
Even after you have given your all.*

*You give with grace, in every shift
Even though, in your heart, there is a rift
Tell me nurse
Who nurses you?
When you are all alone
After all you’ve shown all the love you’ve ever known?*

*Tell me nurse
who nurses you?
who tends to you
when your battle is uphill
Who soothes your heart
When tears are near
Who wipes your brow
When doubts appear
Who mends your wounds
Where do you seek shelter during typhoons?*

*Your influence is great
You carry the weight
With every kind word uttered
You help other’s fate
But please don’t forget
That you too deserve the calm
You create.*



“Unmatched” : Contemplations on how I decide to show up as a nurse.
Artist: Ten Mendoza

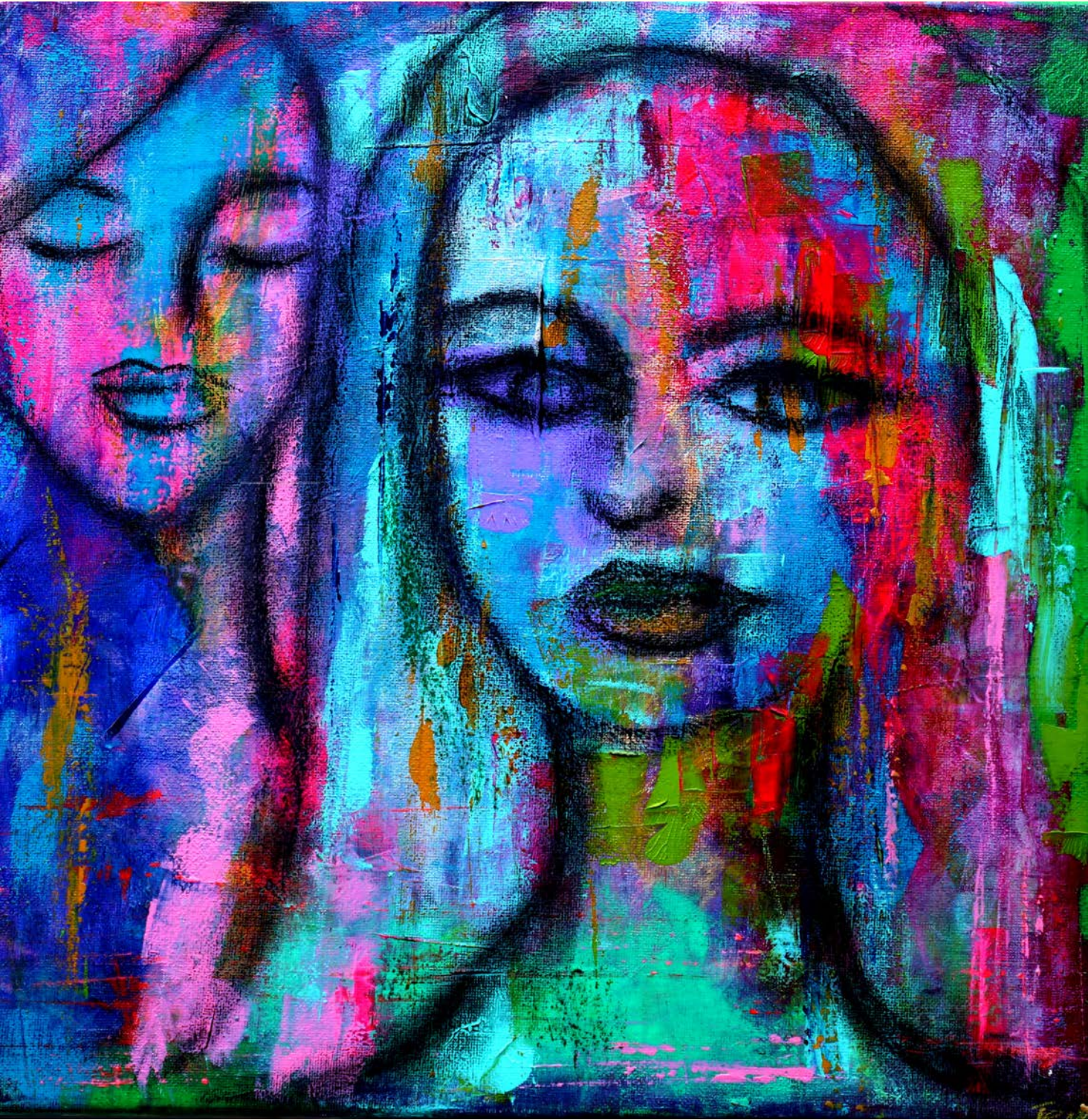


“Chasing Endless Summer” - Shot taken at Dog Beach, Ocean Beach. Wanted to capture that joy of surfing that is enjoyed year-round. Was reminded of the iconic surfing documentary Endless Summer.
Photographer: Ashley Elwell

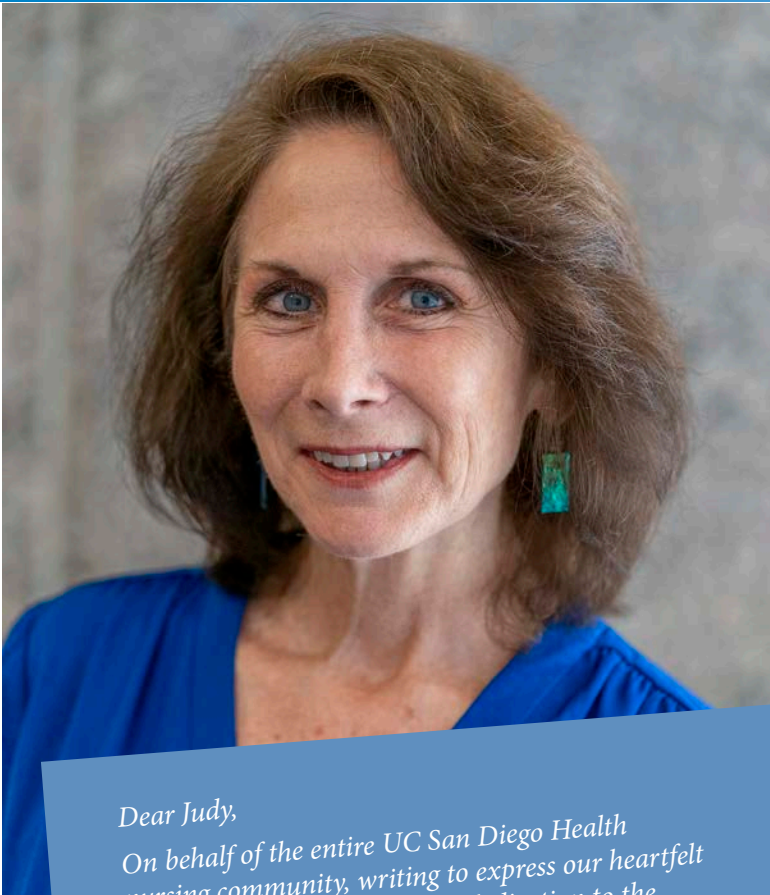
Ashley Elwell, BSN, RN, grew up playing competitive soccer, and going to Art camps. Her love for art endured, and health evolved from sports medicine to nursing. She has a classical background in ceramics, drawing, and painting. She began her nature photography as a travel nurse, capturing the beauty of our amazing country. It has become a therapeutic outlet for her outside of bedside nursing.



“Chasing peace” - Taken in Ocean Beach near Sunset Cliffs. Brings that feeling of being perfectly present in nature.
Photographer: Ashley Elwell



“Two of me”: Contemplations on experiencing each moment for its two sides.
Artist: Ten Mendoza



Dear Judy,
On behalf of the entire UC San Diego Health nursing community, writing to express our heartfelt appreciation for your years of dedication to the nursing profession, tireless energy for advocacy, ability to patiently educate, and collaborative nature. Your research, clinical work and leadership have been the connectors for building bridges amongst healthcare professionals and the foundation for a future that fosters wellness, creates harmony, and crafts meaningful, sustainable programs for licensed and non-licensed team members.

For many nurses including myself, you have been a positive force encouraging us to accomplish more, publish more, present more, and generally have the strength to focus on the future of the nursing profession by gathering knowledge, analyzing, discussing, and making well thought out conclusions to inform vital next steps. Your ability for big picture strategizing highlights your caring advocacy. Your ability to delve into the details and comfort getting into the weeds with your colleagues encourages all of us to take action and keep on course.

Best wishes as you venture forth on your next course!
UCSDH Nurses

Judy has been an integral part of growing the EBP and research mindset of not only our UC San Diego Health nurses but members of the UCSD community including bachelor students, pharmacists, providers, and our HEAR counselors. She has a way of finding the right combination of individuals to put together to work on a research project and has successfully mentored numerous teams to complete research projects and publish their findings. Judy has been an especially important mentor and role model for me over the years. She inspired me to delve into suicide prevention research and provided me with the courage to step up and create an evidence-based suicide prevention workshop that has been shared throughout our organization and California. Her dedication and passion for elevating our profession is felt by so many in the healthcare community. We will miss her bright, positive, regular presence in our professional lives. Although she will be missed in the professional capacity, I know many of us look forward to carrying her torch to advocate for more interdisciplinary research, suicide prevention, and wellness for our healthcare team members. Thank you, Judy, for seeing the potential in so many of us and for all that you have done for our community! This is not goodbye, this is see you in nature!

Kristina James, DNP, RN, CNL, PCCN
Assistant Nurse Manager
Thornton 2 West

Judy's legacy as UCSD's Nurse Scientist has been nothing short of transformative! Her unwavering advocacy for professional nursing, creative problem solving in a complex system, and relentless pursuit of what she believes in have propelled UCSD to the pinnacle of nursing excellence. Under her leadership, UCSD has seen some of the most robust nursing dissemination efforts to date. Moreover, Judy's groundbreaking research on nurse and provider suicide has raised global awareness of this critical issue. Judy's extraordinary contributions, both at UCSD and worldwide, have left an indelible impact, and her absence will be profoundly felt. We wish Judy a joyful, fulfilling, and well-deserved retirement. She has truly earned it!

Heather Warlan, PhD, RN, CPHQ
Assistant Director of Nursing Quality, Education, Development & Research
Magnet Program Director
Director of the Nurse Residency Program

Dear Judy,
As you retire after a remarkable and distinguished career, I am filled with immense gratitude for all you've done. Your mentorship has shaped so many nurses, guiding us through the daunting first steps into research and encouraging us to explore topics close to our hearts. You were always willing to embrace any research idea, no matter how unconventional, and your dedication to fostering curiosity and growth in others was unmatched. Above all, your fierce advocacy for the nursing profession and your unwavering devotion to elevating the field will leave a legacy that will continue to inspire for years to come. Wishing you all the best in retirement. You will be missed.
Laura Chechel

You were with me through my entire DNP journey from the days I was making a decision about a program. I had no idea how I was going to do this and work, but you made the entire process seamless. Your reassurance allowed me to make the jump. Your reassurance fueled my success throughout my rigorous program. You opened doors for me so many times, encouraged me to go beyond my own expectations and served as my role model. Words will never be able to express the extent of my gratitude for all you have done for me, others and society. Thank You.

Cecily Arenas, DNP, MPH, MSN, RN, NE, FNP-BC
She/Her/Hers
Family Nurse Practitioner: UC San Diego Health Cardiovascular Institute - Bankers Hill
Co-Editor in Chief: UC San Diego Health Journal of Nursing

Judy, you have been an incredible and inspiring mentor throughout the years. Your curiosity, positivity, and dedication have continually motivated me to strive for excellence and advance the care we provide. It has been an honor to witness your leadership at UCSD, driving research, implementing best practices, and empowering our team to achieve success. Your impact has not only elevated patient care but also strengthened our professional growth. I deeply appreciate the way you've held me accountable with kindness, patience, and encouragement. From you, I have learned that true success is not just about the work itself but also about the well-being of the individuals behind it.

Chris Clapp BSN, RN, NE-BC
Pronouns: he/him/his
Director of Clinical Effectiveness
Quality and Patient Safety
UC San Diego Health



We Proudly Recognize

"Family Day" - This detailed shot was part of a nurse friend's family photoshoot. Their toddler was learning to play the ukelele with her father and they wanted to capture that moment in time at their favorite outdoor spot. Fresh air, nature, family, and music all made for such an inspiring photo session.

Photographer: Sheila Rivera

1. Mehta LS, Churchwell K, Coleman D, **Davidson J**, Furie K, Ijioma NN, Katz JN, Moutier C, Rove JY, Summers R, Vela A, Shanafelt T; on behalf of the American Heart Association Leadership Committee of the Council on Clinical Cardiology; Council on Basic Cardiovascular Sciences; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Cardiovascular and Stroke Nursing; Council on Lifestyle and Cardiometabolic Health; Council on Peripheral Vascular Disease; and Council on Quality of Care and Outcomes Research. Fostering psychological safety and supporting mental health among cardiovascular health care workers: a science advisory from the American Heart Association. *Circulation*. 2024;149:e•••–e•••. doi: 10.1161/CIR.0000000000001259

<https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000001259>

2. Makhija H, **Davidson JE**, Lee KC, Barnes A, Choflet A, Zisook S. National Incidence of Physician Suicide and Associated Features. *JAMA psychiatry*. 2025.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2830401>

3. Zisook S, Doran N, Downs N, Shapiro D, Haddad A, Lee D, Newton I, Kawasaki J, Nestsiarovich A, **Davidson J**. The Association of Psychotherapy With Burnout, Depression, and Measures of Well-Being in Residents and Fellows: A Pilot Study. *Academic Medicine*. 2024 Nov 27;10–97. DOI: 10.1097/ACM.0000000000005750

https://journals.lww.com/academicmedicine/_layouts/15/oaks.journals/PageNotFound.aspx

4. Melnyk BM, **Davidson JE**, Mayfield C, Zisook S, Tucker S, Hsieh AP, Cooper A, Gray-Bauer R, Hoying J, Cuccia AF, Tan A. A study protocol for the modified interactive screening program plus MINDBODYSTRONG© RCT: A mental health resiliency intervention for nurses. *PLoS one*. 2024 Jun 6;19(6):e0303425.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0303425>

5. **Davidson J.E.**, Makhija, H., Lee K., Barnes A., Groner-Richardson, M., Choflet A., Ali T., Zisook S. National Incidence of Nurse Suicide and Associated Features. *Journal of Nursing Administration*. 2024: epub DOI: 10.1097/NNA.0000000000001508.

<https://pubmed.ncbi.nlm.nih.gov/39499221/>

6. Zisook S., Downs N., Moutier C., Doran N., Shapiro D., Accardi R., Sanchez C., **Davidson J**. Supporting Healthcare Workers Well-Being and Suicide Prevention: The HEAR Program May 2009 - April 2023, *Journal of Medical Regulation*. (2024) 110 (3): 18–32. <https://doi.org/10.30770/2572-1852-110.3.18>

<https://meridian.allenpress.com/jmr/article/110/3/18/503777>

7. Huang JS, Ballard C, Zisook S, **Davidson JE**, Lee KC. Qualitative analysis of mental health stressors among pharmacy and medical students between 2009–2020. *American Journal of Pharmaceutical Education*. 2024 Sep 26:101296.

<https://www.sciencedirect.com/science/article/pii/S0002945924110157?dgcid=coauthor>

8. **Davidson, JE, Kalinowski, A.**, Makhija, H., Schneid, SD, and Mandel, J. Using Performance Improvement Methods to Evaluate Processes for Writing Multiple-Choice Test Questions in the Postlicensure Clinical Environment: A Case Stud. *The Journal of Continuing Education in Nursing*, 2024;0(0):1–8.<https://journals.healio.com/eprint/QIPCVTXSN-WQGVIWIAVX/full>

9. Downs, Nancy; **Davidson, Judy**; Haddad, Angela; and Zisook, Sidney (2024) Learning from Health Care Counselors’ Perspectives on Health Care Worker Distress: A Qualitative Analysis. *HCA Healthcare Journal of Medicine*: Vol. 5: Iss. 3, Article 12. DOI: 10.36518/2689-0216.1613

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11249175/>

10. **Martin, Laura Ann BSN, RN, CCRN; Bojorquez, Genesis R. PhD, RN, NE-BC, PCCN; Yi, Cassia MSN, RN, CNS**; Ignatyev, Alex BS; Pollema, Travis DO; **Davidson, Judy E. DNP, MCCM, RN**; Odish, Mazen MD. Clinician Prediction of Survival vs Calculated Prediction Scores in Patients Requiring Extracorporeal Membrane Oxygenation. *Dimensions of Critical Care Nursing* 43(4):p 194–201, 7/8 2024. | DOI: 10.1097/DCC.0000000000000643

https://journals.lww.com/dccjournal/fulltext/2024/07000/clinician_prediction_of_survival_vs_calculated.4.aspx?context=latestarticles&casa_token=leh1cceuABUAAAAA:L-dAMrMcqmQYvuBULrJ4E4iYzSvH-d3azh97oc-FQwITrus5b2E7HoEaHeESH-QdJq_Q7TwtYqyQOWv3qxv8Zhg-JyU&casa_token=U8XHX_UN4LoAAAAA:ql-2rQbjwmvXg8YdQ3mVZHLNOVn-GaA8tEmKHnDceRLHAJm_IFPe36RVw-giwMTPBylcXYIX3rBOWD31DsgJmmsmik

11. **Traver J, Yeaman S, Arenas CA, Daugherty J, Davidson JE**. Organizational Climate for Inclusion Among Nurses: A Mixed-Methods Analysis. *JONA: The Journal of Nursing Administration*. 2024 May 1;54(5):292–8.

https://journals.lww.com/jonajournal/fulltext/2024/05000/organizational_climate_for_inclusion_among_nurses_.8.aspx?casa_token=MHpp3X-QqYvcAAAAA:WwTR-rzFqy8JV7iM-WIQ2YvSVAMaDxN1qYZn5WvI2aScBy-hOJ7QcgmXDCaEwmadhsPYEMIQxvIaY-ERY6TteXjfAw

12. Makhija H, Schneid SD, **Kalinowski A**, Mandel J, **Davidson JE**. Evaluating the quality of multiple-choice test questions in the postlicensure environment. *The Journal of Continuing Education in Nursing*. 2024 Oct 1;55(10):487–92.

<https://journals.healio.com/doi/abs/10.3928/00220124-20240718-03>

13. Zisook, Sidney MD1; Doran, Neal PhD2; Downs, Nancy MD3; Shapiro, Desiree MD4; Haddad, Angela5; Lee, Daniel MD6; Newton, Isabel MD, PhD7; Kawasaki, Julie LCSW8; Nestsiarovich, Anastasiya MD, PhD9; **Davidson, Judy DNP, RN10**. The Association of Psychotherapy With Burnout, Depression, and Measures of Well-Being in Residents and Fellows: A Pilot Study. *Academic Medicine* ():10.1097/ACM.0000000000005750, May 1, 2024. | DOI: 10.1097/ACM.0000000000005750.

https://journals.lww.com/academicmedicine/_layouts/15/oaks.journals/PageNotFound.aspx

14. **Cadiz E., Buxman K., Angel M., Resseguie C., Wilder C., Chan L., Bejar J., Russe J., Davidson J**. Exploring the benefits of nursing humor in the workplace: A thematic analysis. *American Journal of Nursing*. 2024: Sep 1;124(9):18–26. DOI: 10.1097/O1.NAJ.0001028312.41339.c1.

https://journals.lww.com/ajnonline/fulltext/2024/09000/original_research_exploring_nurses__use_of_humor.16.aspx?context=featuredarticles&collectionid=1&casa_token=vZDhIdS2d-dkAAAAA:xQHbOFyODfEkeqbxRfTs-v6t7uyDh6fVkcS7XjjOUQYOVCAXpk-8tZYSgXKauet92W_zh9u_KUPAS_OS2IXInInc

15. **Parrett M, Yi C, Weaver B, Jones M, Almachar MB, Davidson J**, Odish M, Pollema T. CE: Nursing Roles in Extracorporeal Membrane Oxygenation. *AJN The American Journal of Nursing*. 2024 Oct 28:10–97.

https://journals.lww.com/ajnonline/fulltext/9900/ce__nursing_roles_in_extracorporeal_membrane.51.aspx

16. **Holt L, Newsom C, Daugherty J**. Decreasing Postsurgical Length of Stay in the Postanesthesia Care Unit for Obstructive Sleep Apnea and Obese Patients Using Exspiron Minute Ventilation Monitoring. *Journal of PeriAnesthesia Nursing*. 2024 Aug 7.

<https://www.sciencedirect.com/science/article/pii/S1089947224001990>

17. Brazel, Marcus; Harris, Jennifer; Carroll, Dawn; Davidson, Judy; Levchak, Philip J; Malhotra, Atul; LaBuzetta, Jamie Nicole. Reporting on Neurological Decline as Identified by Hourly Neuroassessments. *Journal of Neuroscience Nursing* 56(4):p 118–122, August 2024. | DOI: 10.1097/JNN.0000000000000765

<http://bit.ly/3Y11G13>

18. Sharpe C, Yang DZ, Haas RH, **Reiner GE**, Lee L, Capparelli EV; NEOLEV2 Investigators. *Arch Dis Child*. 2024 Jun 20:archdischild-2022-324952. doi: 10.1136/archdischild-2022-324952. Online ahead of print.PMID: 38902005

<https://pubmed.ncbi.nlm.nih.gov/38902005/>

19. William Frederick, III, MD, PhD, CHCQM-PHYADV; Robin Smith, MSPT, OCS; Sarah McSpadden, MSN, MHA, RN; Diana Childers, MD, CHCQM-PHYADV, FHM; Bryan Huang, MD, CHCQM-PHYADV, FHM; Maryann T. Ailly, MD, MPH, CHCQM-PHYADV, FHM; Melody Akhondzadeh, MSN, RN, LSSBB; **Analyn Dolopo-Simon, MPH, LSSBB, RN**, ACM, CCD; Brian Clay, MD, SFHM .How Do You Ethically Integrate a GIP Hospice Service into the Hospital?. *The Hospitalist*. 2024. January. ISSN 1553-085X.

<https://www.the-hospitalist.org/hospitalist/article/36297/uncategorized/how-do-you-ethically-integrate-a-gip-hospice-service-into-the-hospital/>

20. **Banister S, Resseguie CE**. A Novel Approach to Supporting Ambulatory Nursing Professional Development. *The Journal of Continuing Education in Nursing*. 2024 Jul 1:1–7.

<https://journals.healio.com/doi/abs/10.3928/00220124-20240718-02>

21. Oliveira CV, Freire S, Bordignon SS, **Chechel L**, Springer P, Palombo CN. Associations between neighborhood characteristics, mental health, and parenting among mothers with young children in Brazil: A cross-sectional study of women living in communities of social disadvantage and ethnic diversity. *PLOS Mental Health*. 2024 Sep 20;1(4):e0000075. doi.org/10.1371/journal.pmen.0000075

<https://journals.plos.org/mentalhealth/article?id=10.1371/journal.pmen.0000075>

22. Sharpe C, Yang DZ, Haas RH, **Reiner GE**, Lee L, Capparelli EV; NEOLEV2 Investigators. *Arch Dis Child*. 2024 Jun 20:archdischild-2022-324952. doi: 10.1136/archdischild-2022-324952. Online ahead of print.PMID: 38902005

<https://pubmed.ncbi.nlm.nih.gov/38902005/>

23. Boussina A, Shashikumar SP, Malhotra A, Owens RL, El-Kareh R, Longhurst CA, **Quintero K**, Donahue A, Chan TC, Nemati S, Wardi G. Impact of a deep learning sepsis prediction model on quality of care and survival. *npj Digital Medicine*. 2024 Jan 23;7(1):14.

<https://www.nature.com/articles/s41746-023-00986-6>

24. **Stephanie H Yoakum, RN**, MSN, ACNP-BC; Travis Pollema, DO; Andrew Y Lin, MD; Niki Aramburo, AA; Ulrika Birgersdotter-Green, MD, FHRS. A Team Approach to Lead Extraction. *EP LAB DIGEST*. 2024;24(12):16–18.

<https://www.hmpgloballearningnetwork.com/site/eplab/team-approach-lead-extraction-ucsd-experience>

25. Dellon EP, Allada G, Allgood SJ, Georgiopoulos AM, **Goggins JL**, Hadjiladis D, Lowman JD, Madge S, Mid-dour-Oxler B, Muirhead C, Noel M. Addressing pain in people living with cystic fibrosis: Cystic fibrosis foundation evidence-informed guidelines. *Journal of Cystic Fibrosis*. 2024 Dec 6.

<https://www.sciencedirect.com/science/article/pii/S1569199324018472>

26. **Abraham HL**, Liuson O, Kelley C, Holman EA. Racism and the well-being of nurses of color: A scoping review. *Nursing Outlook*. 2025 Mar 1;73(2):102351.

<https://www.sciencedirect.com/science/article/pii/S0029655425000041>

We are incredibly proud of our certified nurses! Achieving certification is a testament to their strong commitment to the nursing profession and the patients and families they serve. It reflects a deep mastery of their specialty and a commitment to excellence and lifelong learning. That’s why Magnet accredited organizations place such importance on supporting nurses in their journey to pursue and attain certification. Thank you for your commitment to your profession, pursuit of knowledge, and to the exceptional care for those who rely on you!

- Heather Warlan

Adult-Gerontology
Clinical Nurse Specialist
- ACCNS-AG

Adamson, Tracie
Attanasio, Maren
Pollack, Daniel

Neonatal Clinical Nurse
Specialist - ACCNS-N

Field, Lindsay
Tanag, Sharlene

Advance Certified
Hospice and Palliative
Nurse - ACHPN

Kim, Jennifer

Accredited Case
Manager - ACM

Factora, Sophia
Patel, Krupal

Adult Clinical Nurse
Specialist - ACNS-BC

Fojas, Heather
Meehan, Melissa

Adult-Gerontology
Acute Care Nurse
Practitioner - AGACNP

Ashman, Ellen
Bacani, Grace
Del Vecchio, Megan
Falwell, Lakeisha
Harris, Jennifer
Joliat Smith, Jennifer
Jose, Christina
Mendenhall, Maggie
Towns, Arta
Whalen, Alexandria
Yeaman, Sarah

Ambulatory Care
Nursing - AMB-BC

Cano, Brenda
Frisch, Bridgett
Limon, Jonathan
Slobodien, Janet
Strong, Breanna

Adult Nurse Practitioner
- ANP

Salotti, Joanie

Adult Nurse Practitioner
(ANCC) - ANP-BC

Gross, Kimberly
Thurman, Amanda

Advanced Oncology
Certified Nurse
Practitioner - AOCNP

Lawry, Dallas

Advanced Oncology
Certified Clinical Nurse
Specialist - AOCNS

Tavakoli, Aran

Board Certified-
Advanced Diabetes
Management - BC-ADM

Serences, Brittany

Bone Marrow Transplant
Certified Nurse - BMTCN

Almanza, Whitney
Bailey, Susannah
Barrett, Jordan
Fiore, Cassie
Guieb, Allyson
Lawrence, Jennifer
Moore, Christopher
Pieslor, Breanna
Sullivan, Brittny
Talcott, Nicole
Towers, Melissa
West, Lisa
Wood, Genevieve

Certified Ambulatory
Perianesthesia Nurse
- CAPA

Bonavina, Antonio
Cruzada, Gail
Paez, Adriana
Viray, Lucena
Youngblood, Amy

Certified Breast Care
Nurse - CBCN

Johanson, Pamela
Williamson, Janeen

Certified Continence
Care Nurse - CCCN

Erskine, Sara

Certified Case Manager
- CCM

Adam-McCaskill, Kadhra
Beifus, Donna
Coronel, Farrah
Garcia, Karen
Garcia-Balogh, Charles
Gilbert, Nicole
Kamara, Anthionette
Ladringan, Cindy
Legaz, Evelyn
Lewis, Marissa
Macare, Tanya
Martin, Pamela
Martin, Sarah
Martin-Sklar, Mary
Mcdonald, Joann
Mullen, Amy
Nguyen, Thao
Pande, Kamini
Pande, Rajiv
Pierce, Lindsey
Renshaw, Nancy
Scott, Shannon
Thompson, Dusty
Verzosa, Glendalyn
Woodworth, Nick

Acute/Critical Care
Nursing - CCRN (Adult)

Abram, Hannah
Ahn, Angela Marie
Albeik, Emanuel
Alcaraz, John
Ames, Kristen
Andres, Janice
Arco, Recaredo Glenn
Arriola, Federico
Asciutto, Marianna
Augustine, Taylor
Austin, Valerie
Austria, Brandi
Avilez, Bryan
Ayson, Greicen
Baffer, Alyssa
Baluca, Arnel
Bandfield, Bryce
Barao, Elizabeth

Bardaro, Tommaso

Barnes, Kaeley

Barton, Joanna

Bastoni, Sierra

Beckwith, Emily

Benitez, Rosario

Berger, Lindsey

Bernards, Courtney

Besler, Teresa

Bills, Jonathan

Biltz, Marijane

Blose, Kylie

Boggs, Jennifer

Botros, Issabela

Bowen, Houston

Brady, Jessica

Breaker, Sav

Brne, Diane

Brooks, Ryan

Brown, Marc

Brown, Sirada

Brunet, Chad

Brunetti, Lisa

Buendia, Horacio Don

Buensuceso Brual,

Miriam

Burnell, Heidi

Cabahug, Carmina

Calingay, JoAnn

Camagay, Veronica

Cantrell, Amanda

Carin , Steven

Carney, Meghan

Carpenter, Alexandra

Casey, Lauren

Chan, Jonathan

Chatham, Elena

Chau, Tran

Chechel, Laura

Chen, Isabelle

Chen, Nicole

Cho, Alexander

Chong, Khrizna

Christensen, Kristina

Chu-Pascual, Rubye

Co, Elmira

Coad, Hannah

Compton, Blake

Cooper Norris, Felicity

Cordell, Jenn

Cornelia, Renneth

Costella, Meg

Cotton, Shannon

Covalesky, Miranda

Cranston, Erica

Crisostomo, Joseph

Crisostomo, Joseph

Crisostomo, Lucila

Crutcher, Larry

Curran, Karla

Currie, Anna

Dalugdugan, Mark

Damanhoury,

Mohammad

Dancel, Ma Cristina

Dang, Nam

Daoud, Wafa

Deeb, Rashed

DeFauw, Marlena

Dela Cruz, Melissa

Devera, Jonathan

Dolhancryk, Lauren

Dompier, Hannah

Dressel, Haley

Edwards, Andrea

Elasmar, Lina

Elston, Laura

Eluri, Seren

Fayson-Miles, Shirley

Ferranti, Kelsey

Ferrer, Rachel

Ferrin, Daniel

Ferris, Morgan

Finley, Ashley

First, Ellie

Fischer, Jeffrey

Fisher, Lisa

Fletcher, Aileen

Flores, Agustin

Flores, Gabriela

Flores, Rhea

Flynn, Karen

Frishkorn, Carly

Gabion, Sarah

Gale, Kaitlin

Gallagher, Brittany

Gamby, Katherine

Garcia, Alejandra

Garcia, Juliana

Garcia, Kathleen

Garcia, Melben

Garcia, Michael

Garrett, Lindsey

Garza, Oscar

Gatan, Vicente

Gayapa, Annie

Geolina, Beau

Godoy, Monica

Goldberger, David

Gomez, Dalia

Gooch, David

Goodrich, Kari

Griffin, Michael

Groves, Elise

Gumataotao, Tony

Handleman, Georgia

Hanna, Mariella

Hargrove, Kendle

Hayes, Peyton

Hays, Cameron

Hermann, Kali

Hetzner, Amy

Holcomb, Laura

Hucul, Judy

Hughes, Eric

Humphrey, Rocio

Hutchison, Megan

Huynh, Dorris

Ignacio, Marisela

Ignatyeva, Yelena

Jackson, Elle

James, Cherise

Jayne, Hopi

Jimenez, Kevin Alexis

Jones, Ashley

Jones, Juliano

Jongerius, Benjamin

Joseph, Jisha

Karunakaran, Miriam

Kaselouskas, Kaitlyn

Katmarian, Michelle

Keller, Ann

Kelley, Rachel

Kerrigan, Shannon

King, Bethany

King, Cameron

Knight, Hilda

Knudson, Marie

Koo, Lauren

Krug, Madison

La Salle, Ariella

Lacsa, Lindsey

Lander, Lisa

Landeros, Sarah

Lane, Christie

Lang, Dorothy

Lantacon, Bernadette

Lantacon, Rachel

Laraway, Tammy

Lau, Kitty

Law, Melissa

Le, Ha

Leal Estrella, Salvador

Leas, Kimberly

Lee, Collin

Lee, Collin

Lekas, Lucas

Lilly, Rosemary

Lippus, Lisa

Lorenzo, Alyssa

Luboff, Brandon

Luedke, Jenna

Lugenbill, Matthew

Luksic, Aileen

Lumahan, Zoren

Lumanauw-Ford, Cindy

Lumpkins, Kelsey

Lung, Joanna

Luong, Louella

Luu, Hoa

Maclaren, Rachel

Magallanes, Monica

Magpali, Mildred

Magtangob, Elena

Magtanong, Ada

Malecek, Madison

Manuel, Jessica

Marquez Quiroz, Cynthia

Marshall, Mary

Martin, Laura

Mathers, Jessica

Mattson, Jaclyn

Mauer, Sonovia

Mccourt, Jacita

Mcelduff, Kelly

McMasters, Chelsea

Mculty, Wayne

Meyer, John

Misha, Mousimy

Molina, Anne

Mondala, Rich

Monteverde, Amanda

Morgan, Alec

Morris, Shirley

Moss, Katie

Muilenburg, Daniel

Munoz, Dianne

Newman, Nancy

Nguyen, Julie

Nguyen, Lisa

Nguyen, Tina

Nguyen, Vu

Njagi-Brown, Jacqueline

Noose, Kelli

Norton, Tamara

Nucom, Hideen

Nunez Del Prado, Luz

Oakley, Egis

Oconnor, Brooke

Ogata, Amy

Oliveros, Andrelli

Olson, Jody

Pambid, Vera

Panarelli, Lindsi

Paraoan, Allen

Park, Kwanghwi

Parrett, Michelle

Patel, Sabrina

Patterson, Amanda

Paustian, Katy

Penny, Meghan

Pentecost, William

Perla, Jeanet

Petalver, Cristen

Petrizzo, Farrah

Pierstorff, Nicole	Speicher, Gladys Pearl	Webb, Pamela	Ta, Stephanie	Chang, Hsin Yee	Wood, Preston	Doctolero, Annabelle	James, Kristina	Borja, Elise	Quinteros, Haroldo	
Pinchbeck, Jeanine	Spohrer, Corinne	Westeren, Yoko	Ventura, Loren	Chen, Katie	Yekiazarian, Karineh	Fitzwater, Paige	Jones, Bailey	Boyd, Ronald	Ramirez, Nino Angelo	
Pinegar, Hayley	Stapleton, Catherine	White, Kaylee	Waldhaus, Rebecca	Coffelt, Geoffrey	Certified Flight Registered Nurse – CFRN	Fluty, Rachel	Kasperick, Cecilia	Calimlim, Joanna Marie	Ran, Elise	
Pingol, Michelle	Stephens, Bona Dhea	Wicklund Phillips, Kaya	Webb, Megan	Cohn, Jared	Certified Gastrointestinal Registered Nurse – CGRN	Garcia, Sammie	Kunert, Kimberly	Campbell, Trevor	Rana, Nina	
Pitassi, Ashley	Moana	Winchester, Taylor	Certified Diabetes Care and Education Specialist – CDCES	Daley, Kevin		Goetschel, Briana	Leibert, Alexandra	Caturay, Marie	Reyes, Dennis Albert	
Plenert, Katherine	Storch Bandle, Jennifer	Wolfe, Graham	Ali, Rabia	Dugan, Frances		Gonzales, Rachelle	Nguyen, Julie	Chicano, Elise	Roberts, Melissa	
Pontual, Trang	Strizver, Nicholas	Woodland, Mary	Gray, Tina	Esguerra, Hazel		Gudoy, Carmelita	Segundo, Dante	Constantino, Juvy Anna	Romo, Shelley	
Popich, Jennifer	Suarez, Dahlia	Woodman, Laura	Miller, Sarah	Fader, Sara	Certified Hospice and Palliative Nurse – CHPN	Hajjar, Corinne	Vento, Laura	Cottrill, Christine	Sayaman, Omelyn	
Powell, Kelsey	Sullivan, Meaghan	Worthington, Tracy	O'balle, Pamela	Faltado, Michelle		Hall, Wendy	Weingart, Veronica	Cristobal, Ivette	Sinaguinan, Brian	
Preciado, Brooke	Sun, Lorena	Yared, Lorette	Pante, Shella	Ferguson, Rebecca		Haya, Laurence Hill	Zarp, Sonora	Dampac, Sharon	Trotter, Jason	
Pugsinratana, Amy	Syme, Hannah	Yarvitz, Halley	Stanfield, Evelyn	Finley, Matthew		Kwan-Ching, Domenica	Certified Nurse Midwife – CNM	Dizon, Kristoffer	Twombly, Alison	
Punzalan, Leonor	Tanori, Daniah	Yegsigian, Katie	Walzer, Christina	Fong, Athena	Certified Professional in Healthcare Quality – CHPQ	Lizarraga, Karenne	Reed, Stephanie	Fernandez, Joanna	Uy, Vincent	
Putrus, Monica	Tayag, Dahlia	Zamores, William	Certified Diabetes Educator – CDE	Garcia, Rebekah		Maina, Mary Ann	Ricotta, April	Fernandez, Julie	Waddle, Kelly	
Quitain, Randolph	Taylor, Andrae	Zavala, Adriana	Gellman, Melissa	Guldner, Paige		Medina, Pamela	Certified Nephrology Nurse – CNN	Garcia, Cristina	Clinical Nurse Specialist – CNS	
Rae, Chandler	Te, April Dream	Zech, Megan	Giannella, Anna	Hadler, Joyce		Miller, Tania	Barcelona, Aida	Gardea, Lynn	Claveria, Maria Aurora	
Ralls, Courtney	Thompson-Serdy, Kelly	Ziegler, Grant	Certified Dialysis Nurse – CDN	Hoover, Ann	Certified in Infection Control – CIC	Norwood, Natasha	Gorospe, Teresita	Goss, Pamela	Faye	
Reboton, Lloyd	Toledo, Tiffany	Zynkian, Megan	Apsay, Hasmine	Jabri, Marbi		Olorvida, Roderic	Biasura, Loise	Gutierrez, Rosalind	Cosino, Anjelica Therese	
Reyes, Erwin	Tolli, Amy	Acute/Critical Care Nursing – CCRN (Pediatric)	Bautista, Ruelem Grace	Jackson, Michael		Otoo, Christiana	Castillo, Jay	Head, Melissa	Culp, Edna	
Reyes, Jaclyn	Torres, Annie	Critical Care Nurse Cardiac Surgery Certification – CCRN-CSC	Crisostomo, Maria Anna	LaFoy, Brandon		Pade, Tara	Corbilla, Vivian	Hodson, Scott	Manzano, Renato	
Reynolds, Kourtney	Torres, Julianna	Higby, Ashley	Lissa	Laughlin, April	Case Management - CM	Palos, Christine	Crisostomo, Hermogenes	Hostetler, Susana	Mcperson, Gwendolyn	
Rice, Bryan	Tremblay-Leal, Stephanie	Certified Cardiac Rehabilitation Professional - CCRP	Ruaya, Diana	LeClair, Kelli		Perez, Maribel	Cuenca, Christine	Dabou, Hannah	Jackson, Janet	Siripanyo, Phimphone
Rodelo, Anthony	Tsang, Carmen	Certified Clinical Transplant Coordinator – CCTC	Certified Electronic Fetal Monitoring - C-EFM	Mahoney, Brendan		Prado, Kyrie	Dabu, Janice	Leano, Alexis Aileen	Jarboe, Maria	Wiskus, Diane
Rodriguez, Joann	Turgeon, Lori		Hannell, Kimberly	Manalansan, Maria		Questin, Joel	Gerona, Hannah	Lim, Emerson	Johnson, Paula	Wong, Kira
Rofrano, Alyson	Utt, Whitney		Lentz, Tiffany	Marriott, Nicole	Certified Medical-Surgical Registered Nurse – CMSRN	Ramirez, Clarissa	Macalinao, Justine	Keaveney, Katherine	Yi, Cassia	
Roman, Gian	Valdez, Elisabeth		Martin, Avery	Matthews, Wesley		Ruiz, Catherine	Leano, Alexis Aileen	Gutierrez, Rosalind		Certified Ophthalmic Assistant – COA
Romero, Alexander	Valdez, Katlyn		Perlman, Nina	Montilla, Charisse		Ruiz, Maria	Lim, Emerson	Head, Melissa		
Rouysaen, Jiraporn	Vance, Alma		Reid, Caroline	Najem, Mary		Sicat, Vilma	Linco, Charito	Hodson, Scott		
Rusko, Carolyn	Vargas, Amanda		Staufner, Hillary	Nazareno, Inigo	Certified Nurse Educator – CNE	Sobel, Julia	Magsino, Celso	Kemp, Susan	Blythe, Kimberly	
Ryskamp, Lauren	Vaughn, Tacie		Martin, Avery	Nelson, Katharine		Soto, Elizabeth	Macalinao, Justine	Head, Melissa		
Sanchez, Crystal	Vazquez, Diana		Perlman, Nina	Olsovsky, Jillian		Steinbrecher, Ryan	Magsino, Celso	Hodson, Scott		
Santiago, Dexter	Velin, Gabriel		Reid, Caroline	Orlowski, Stephan		Tamondong, Leah	Oabel, Noel	Hostetler, Susana		
Santos, Ana Mikhaela	Veltri, Skylar		Staufner, Hillary	Pattin, Shawn	Torralla, Jocelyn	Padilla, Novie Joy	Jackson, Janet			
Santucci, Crista	Virata, Maria		Stiles, Leniel	Polvani, Amy	Verdadero, Yasmin	Patiag, Daniel	Jarboe, Maria			
Sarmiento, Chrison	Vizzarri, Gina	Certified Clinical Transplant Coordinator – CCTC	Torres, Jennifer	Poynter, Samana	Yamada Miu, Julie	Puruganan, Desiree	Johnson, Paula			
Sasser, Ray	Vo, Annie		Young, Shannon	Proff, Rosemary	Certified Nurse Educator – CNE	Quinto, Margie	Jones, Melissa			
Schabarum, Nicole	Vo, Lien		Certified Emergency Nurse – CEN	Randles, Jennifer	Clinical Nurse Leader – CNL	Somera Gavina, Kimberly	Keaveney, Katherine			
Schauer, Eric	Von Forell, Kirsten		Arandus, Shayla	Resseguie, Carin		Smith, Holly	Tran, Minh	Kemp, Susan		
Schoonard, Jenn	Vu, Calvina		Archibeque, Victor	Schiavo, William		Banag, Ashley	Vitug, Maureen Czarina	Kent, Corey		
Scorsone, Marcella	Vu, Harvey		Baziak, Ross	Schrier, Sarah		Banag, Ashley	Waters, Yvette	Lackner, George		
Scott, Maury	Walsh, Patricia		Beltran, Jennifer	Selby, Dominique	Benavente, Juanita	Certified Nurse Operating Room – CNOR	Larkins, Teresa			
Sena, Queena	Wang, Jiahui		Bina, Keely	Shatz, Justin	Bolinder, Kylee	Alan-Lee, Tamara	Leach, Angela			
Sinsuan, Ramon	Wang, Minlei		Carroway, Pamela	Storer, Daniel	Boquiren, Donnalynne	Alexiev, Maria	Lewis, Julie			
Smith, Alexa	Watkins, Kathleen		Casey, Samuel	Valenzuela, Mayra	Casanova, Marvin	Banashek, Kristina	Looser, Sarah			
Smith, Kristen	Wayne, Allison		Castelo, Richard	Wabrowetz, Keri	Cielos, Natividad	Banzon, Joseph	Luna, Rick			
Smith, Shelly	Weatherford, Marc			Williams, Brittney	Crosbie, Amy	Banzon, Joseph	Mchale, Kelly			
Sofie, Jason	Weaver, Brooke			Wilson, Nicole	Dela Rosa, Daniel	Daugherty, JoAnn	Miclat, Michel			
				Wood, Deborah	Difiore, Danielle	Hazin, Roxana	Mojica, Michelle			
							Murphy, Stacie			
							Navarro, Francisco			
							Navarro, Iris			
							Pakingking, Rose			
							Piekarz, Meghan			
							Porcadas, Elvira			
							Portugal, Estelle			
							Pulido, Maria			
							Beharrell, Anne			

Nazareno, Catherine	Certified Radiology Nurse - CRN	Lux, Paulyne	Nisperos, Allen	Carannante, Alia	Myovich, Celina	Cabanes, Maricar	Brady, Cynthia	Francia, Dianne	Mardoian, Melissa
Norton, Laura		Matthess, Janette	Panganiban, Kathrina Joy	Choe, Beth	Nelson, Courtney	De La Cruz, SherryL	Brady, Kristina	Furness, Hannah	Marroquin, Sara
O’Neal, Dawn		Misel, Tina		Coelho, Alexandra	Nimmo, Miyuki	Fong, Rommel	Brewer, Matthew	Gaines, Jessy	Matthews, Kylie
Parra, Mayra		Okere, Maureen	Nurse Executive, Advanced - NEA-BC	Conway, Megan	Nobiensky, Polly	Gerrits, Dennis	Bruget, Lea	Gatjens, Nicole	Mccarthy, Melissa
Reene, Samantha		Panov, Stefan		Cousin, Alike	Otsubo, Shoko	Golden, Darren	Burnell, Stephanie	Geldert, Sara	Mecate, Karen
Rocha, Emily	Certified Registered Nurse Anesthetist - CRNA	Serrato, Anthony	Garza, Ala	Dawkins, Beverly	Palmiter, Celine	Gordon, Heather	Caagbay, Jann	Gerwer, Jacqueline	Medina, Francisco
Rosete, Marianne		Tilley, Michelle	Harrison, Paige	De Guzman, Huong	Parker, April	Hiloma, Marjorie	Cabalic, Melissa	Goldstoff, Kelsey	Mendoza, Danielle
Seitz, Ann		Vera, Abigail	Kane, James	De Koker, Kathleen	Pascua, Ronnah	Huynh, Anh-Thu	Cabiling, Kristine	Gomez, Rebecca	Meza, Kimberly Ann
Tang, Jennifer			Nurse Executive - NE-BC	Delgado, Christopher	Patel, Priya	Limon, Patricia	Caffrey, Maura	Gonsalves, Charlotte	Moeller, Courtney
Ting, Cherrylyn				Dewey, Stephanie	Paule, Ann	Moraleda, Kamille	Calingay, Toni	Gonzalaez, Ma Patricia	Nanat, Desiree Camille
Tran, Johnson	Cardiac Vascular Nursing - CV-BC			Dillender, Lynne	Pengson, lalaine	Olarte, Dennis	Caronongan, Cecilia	Greenwald, Jennifer	Nasi, Grace
		Flight Paramedic - Certified - FP-C	Bacon, Krystal	Dotson, Casaundra	Pennington, Abby	Piamonte, Darleen	Casey, Caitlin	Greliak, Patricia	Negado, Kristine
Certified Pediatric Emergency Nurse - CPEN		Kurtz, Christanne	Carroll, Dawn	Dubbs, Anita	Peterson, Zachary	Punsalang, Odette	Catolos, Jeneth	Guevarra, Nikki	Nicdao, Marcon
Banh-Hasenstein, Micheal		Gerontological Nursing - GERO-BC	Clapp, Christopher	Eclarino, Galeleo	Rambone, Megan	Reilly, Greg	Celeste, Mary Anne	Gulkarov, Bella	Nidea, Bradley
Ogden, Lauren			Dibsie, Laura	Edwards, Nikki	Renfroe, Nicole	Reyes, Nelissa	Chacko, Sophiya	Harrity, Helena	Nielsen, Kari
	Certified Pediatric Hematology Oncology Nurse - CPHON	Holistic Baccalaureate Nurse, Board Certified - HNB-BC	Flores, Wilmar	Evans, Natalie	Ruelas, Linda	Ruiz, Norma	Chau, Le	Herrera, Jamie	Nobiensky, Jason
			Gunter, Heather	Ewin, Aileen	Sacco, Amy	Sabularse, Debbie	Chho, Robert	Hidalgo, Josephine	Nuanes, Beverly
Certified Pediatric Nurse - CPHQ			Krafft, Melissa	Garcia, Olivia	Santos-Moss, Monette	Tran, Hanh	Chmielewski, Stephanie	Hill, Brittany	Nystrom, Sherry
Ledesma, Kristen			Lizarraga, Cabiria	Gimbel, Susan	Scanlan, Jennifer	Wenger, Karen	Cicourel, Courtney	Horcasitas, Vernon	O’meara, Devon
Floresca, Sheena Marie			Peters, Teresa	Glaser, Stephanie	Schaffer, Ashley	Yordanova, Radinka	Clarete, Cristy	Hoshimiya, Natalie	Owens, David
	Certified Professional in Healthcare Quality - CPHQ	International Board Certified Lactation Consultant - IBCLC	Traver, Jodi	Goddard, Beverly	Shepard, Regan	Progressive Care Nursing - PCCN	Corder, Breanna	Inchoco, Bedendina	Pais, Cynthia
			Nursing Professional Development Certification - NPDP-BC	Good, Teal	Sherwood, Connie		Cornish, Lindsey	Isidro, Jazelle	Palafox, Marisah Ayishah
				Gotfredson, Katelyn	Sherwood, Kirsten	Agoh, Patience	Crane, Courtney	Jainal, Leila	Paragili, Cristina
				Hagelstrom, Nicole	Shrestha, Shama	Agpaoa, Justin	Cruz, Alyssa	Javier, Renz	Park, Jamie
				Hayes, Kristine	Simon, Jolly	Ambriz, Tomas	Cruz, Lauren	Jimenez, Julieta	Peralta, Abigail
	Certified Professional in Patient Safety - CPPS	Oncology Certified Nurse - OCN	Kalinowski, Amy	Hayes, Shannon	Slater, Kristen	Andersen, Misty	Curiel, Maria	Jittu, Kajal	Peralta, Abigail
				Heisel, Zinah	Smith, Pamela	Aragon, Sharon	Davalos, Diana	Jo, Jamie	Pham, Madonna
				Henderson, Nicolette	Springhetti, Lindsey	Armenion, Roy Lester	Davis, Heather	Jongerius, Rachael	Phommachanh, Aenoi
				Hudson, Beverly	Stalter, Susan	Awolola, Isaac	De Guzman, Catherine	Juram, Maria	Pichardo, Rodolfo
				Hurley, Michael	Stellpflug, Carrie	Azabo, Emma	De Mateo, Valerie	Karmes, Shawna	Plett, Heidi
	Certified Procurement Transplant Coordinator - CPTC			Jacobs, Julia	Sterk, Jennifer	Bandfield, Megan	De Mesa, Ma Kristel	Kiragu, Christopher	Quach, Thien Tam
				Jellen, Sandy	Stride, Darby	Bandfield, Megan	Del Rosario, Saleen	Konzman, Rachel	Raj, Rakhi
				Jerman, Kayley	Sugarman, Cathleen	Barghi, Nasim	Delavin, Cynthia	Kuntz, Nicole	Ramos, Kristabel
				Jones, Libby	Sullivan, Meghan	Barrion, Jess	Depuno, Angelyn	Lazarte, Rachel	Ramos, Mariah
				Jones, Rebecca	Tarzia, Amanda	Bartholme, Steffanie	Dias, Socorrina	Leblanc, Kera	Retonel, Susan
	Certified Surgical Nurse - CSRN			Josue-Everett, Ruzanne	Tyler, Elaine	Barzola, Claudia	Dill, Esther	Ligeralde, Reginald	Reyes, Fe
				Kinney, Laura	Valentine, Kaileigh	Batin, Loren	Dinh, Kim	Lim, Gino Rod	Ritchason, Melissa
				Kirkconnell, Gary	Vinzon, Carmela	Bejar, Jessica	Dolojan, Nenita	Lima, Teresa	Rivera, Faye
				Krawiecki, Patty	Vu, Victoria	Blomquist, Lynnette	Dominguez, Maria Charina	Lobo, Helen	Rivera, Sheila
				Lacatus, Gabriela	Wessner, Nicole	Blumena, Danielle	Eckart, Valerie	Luangkhot, Katrina	Roach, Kara
	Certified Wound, Ostomy, Continence Nurse - CWOCN			Leivas, Holly	Wible, Lealyn	Bogale, Atsede	Erece, Oliver	Ludira, Erika	Russell, Erick
				Leupold, Maria Rosario	Williams, Jill	Booc, Aubrix	Espinoza, Glenit	Lytle, Patrice	Salinas, Maricel
				Lufkin, Tiffany	Wydrzynski, Jessica	Bosch, Alexandra	Ewell, Jaimie	Macavinta, Dorothy	Salta, Jade
				Magnino, Joseph	Yun, Hye	Boyd, Elizabeth	Feher, Catherine	Madigan, Angelica	Salta, Jade
				Martin, Jennifer	Orthopedic Nurse Certified - ONC	Bracewell, Cristina	Fernandes, Maria	Mangin, Rachel	Salumbides, Kimberly
	Medical Surgical Nursing - MEDSURG-BC			Medina, Kara		Bradley, Christine	Finch, Kelly	Maravilla, Liberty (transferred)	Santos, Alexis
				Myers, Sam		Bradshaw, Danielle			Santos, Rogie Luz

Saxer, Jaymee
Scott, Jennifer
Sebastian, April
Serrano, Cecille
Sierra Torres, Jazmin
Sifontes, Olga
Sioson, Cherry Chita
Smith, Allison
Sobejana, Danilo
Steele, Leah
Stelten, Christine
Thompson, Anne
Tirado, Edvir
Tolentino, Victoria
Tran, Kathy
Tran, Lisa
Tronco, Nicole
Utila, Jacqueline
Wagner, Susan
Yousefian, Laila
Zaraspe, Ritchie
Zimmer, Imelda
Zummay, Melissa

Psychiatric Mental
Health Nursing – PMH-
BC

Beckley, Sandra
Butterfield, Sandra
Eberhardt, Luann

Specialty Nursing
Certification - RN-BC

Rodriguez, Marilia
Davidson, Kristin
Lobbestael, Linda
Nies, Michael
London, Brook
Viray, Noel
Dakissaga, Jalil
Dizon, Myrna
Hardy, Melissa
Yadao, Elsa
Amurao, Allan Jay
Guzman, John
Lee, Shulami
Linden, Ella
Mariano, Ma Dulce
Corazon

Mendoza, Ten
Scibilia, William
Hall, Peter
Ingua, Courtney
Vail, Emma
Dominguez, Marisela

Low Risk Neonatal
Nursing - RNC-LRN

Patnaude, Lindsay

Maternal Newborn
Nursing – RNC-MNN

Cheramanthuruthy,
Jwala
Haro, Patricia
Laserna, Arianne
Oliver, Cerina
Smith, Paen

Neonatal Intensive Care
Nursing – RNC-NIC

Adams Kotz, Jeanine
Ahfook, Lenore
Anderson, Kylie
Babbitt, Nyla
Barrios, Lauren
Bell, Donna
Brunn, Jenni
Chauvin, Jessica
Connors, Taylor
Curry, Jenna

Dalmaceda, Precious
Damstra, Janet
Dexheimer, Lauren
Djifroudi, Marjan
Dominguez, Nicole
Dutton, Jennifer
Ekno, Mary
Finnerty, Kerry
Fulbright, Mandee
Gabriel, Megan
Garces, Rina
Graver, Emily
Gregory, Stacy
Harrison, Kristin
Harter, Margaret
Hatch, Cassandra
Herrig, Eunice
Holub, Peggy

Hunerjager, Dana
Iseri, Jacqueline
Jellison, Angela
Kelley, Gabrielle
Korte, Julie
Kost, Stephanie
Lahr, Rita
Langley, Anique
Latimer, Isabella
Lee, Soya
Majchrowski, Sandra
Moore, Jaynie
Orbegoso, Rebecca
O’sullivan, Cristina
Porter, Kimberly
Reyno, Maria
Russ, Katelynn
Schramm, Elizabeth
Sherman, Jillian
Slago, Marisa
Smith, Crystal
Smith, Mallory
Steel, Nancy
Stens, Boris
Uliano, Kathy
Zahurak, Julie

Inpatient Obstetric
Nursing – RNC-OB/INPT

Abeel, Emily
Angel, Jocelyn
Bauer, Rebecca
Baumbach, Kristen
Bozoki, Stephanie
Bringas, Cassidy
Cain, Jessica
Calzia, Samantha
Carey, Carli
Castillo, Erin
Chee, Lisa
Clark, Gena
Cronin, Berkeley
Daniels, Brittney
Deaton, Dara
Dianna, Alexa
Diaz, Karla
Ellsworth, Kari
Fernandez Rodriguez,

Dahyana
Fullicks, Laurrena
Gay, Sara
Glisson, Melissa
Hilton, Katie
Holder, Jessica
Hughes, Elizabeth
Inzano, Cara
Kinkel, Sutthiluck
Lancaster, Jackie
Larson, Chelsea
Leyva-Padilla, Martha
Marchant, Kassandra
Mccarthy, Mieka
Middleton, Lauren
Noar, Nicole
Pacio, Evelyn
Pierce, Courtney
Pizano, Carrie
Prugalidad, Marigress
Quintana, Nicole
Robledo-Delvalle, Nadia
Romero, Jacquelin
Rubin-Naftali, Izolda
Russell, Brenda
Sanchez, Brooke
Sattler, Rachael
Spanoudakis, Mariko
Stevens, Amy
Stewart, Elise
Sybrandt, Molly
Torres, Julieta
Trevino, Marguerite
Turingan, Elisabeth
Vallier, Alixandra
Van Emmerik, Kelly
Wang, Julie
Ware, Genevieve
Welsh, Megan
Witwer, Chelsea
Yambao, Marilyn
Younes, Luann
Zolghadri, Sierra

Vascular Access-Board
Certified – VA-BC

Cathy, Timothy
Devera-Adams, Michelle
Fernando, Gino
Gomez, Salvador
Long, Amber
Manning, Jeremy
Wallace, David

Stroke Certified
Registered Nurse –
SCRN

Alicea Rivera, Lisette

Calilong, Ma Rowena
Douglass, Mia
Fitzpatrick, Teresa
Nguyen, An
Nguyen, Megan
Pagal, Jansen
Soliven, Anthony
Spivey, Tania
Tsiantoulas, Anastasia

Trauma Certified
Registered Nurse –
TCRN

Herman, Lori
Jimenez, Mae
Concepcion
Kilty, Angela
Lee, Jason
Macias, David
Pavel, Jennifer
Salazar, Melissa
Taylor, Sara
Telfer, Rafael
Tibia, Maria Cristina



Overall Inpatient
Nurse of the Year
Mark Cunanan, BSN
5 West Trauma PCU



Overall Ambulatory
Nurse of the Year
Yun Yang, RN, QIA
Apheresis Program,
KOP



Overall Nurse
Consultant of the Year
Dr. Judy Davidson, DNP, RN,
MCCM, FAAN
Nurse Scientist, EDR



Overall Nurse
Leader of the Year
Karen L. Armenion, MSN, RN,
CMSRN, NE-BC
JMC 5FG Med Onc PCU



Marguerite Jackson Award
Stephanie Chmielewski MSN,
MSCJ, RN, PCCN, HNB-BC
5 West Trauma PCU
4 East Trauma Recovery Unit

Transformational
Leadership



Inpatient Clinician
Jansen Pagal, BSN, CCRN,
SCRN
JMC 3F Neuro ICU



Ambulatory Clinician
Jamie Sample, BSN
La Jolla ED



Nurse Consultant
Dr. Judy Davidson, DNP, RN,
MCCM, FAAN
Nurse Scientist, EDR



Nurse Leader
Jessica Mathers, MSN,
CNL, CCRN
Nurse Manager
Thornton 2 East



Inpatient Clinician
Mark Cunanan, BSN
5 West Trauma PCU



Nurse Consultant
Megan Londerholm, MSN,
PHN Nursing Professional
Development Specialist, EDR



Nurse Leader
Karen L. Armenion, MSN,
RN, CMSRN, NE-BC
Nurse Manager
JMC 5FG Med Onc PCU

Structural Empowerment



Inpatient Clinician
Stefan Panov, DNP,
APRN, FNP-C
JMC 5H Neuro PCU



Ambulatory Clinician
Diana Teopaco, Sr. LVN
Moore's Cancer Center
Multi-Specialty Clinic



Nurse Consultant
Tiffany Lentz, DNP,
CNL, RNC-OB,
C-EFM, C-ONQS
Women & Infant
Services, EDR



Nurse Leader
Jeni Diaz BSN,
RN, Associate
Director
of Urology



Inpatient Clinician
Cristal Vieyra-
Poston, BSN
5 West Trauma PCU



Ambulatory Clinician
Yun Yang, RN, QIA
Apheresis Program,
KOP



Nurse Consultant
Marian Cabandong,
BSN, QIA
Apheresis Program,
KOP



Nurse Leader
Gabrielle Kelley,
MSN, RNC-NIC
Nurse Manager
Hillcrest NICU

Inpatient Team of the Year
JMC 5FG Hospital Elder
Life Program



Team Members:
Emma Hilbourn, MSN, RN, PCCN, Paula Aragon, MSN, RN, CNL, OCN, PCCN,
CHPN, Karen L. Armenion, MSN, RN, CMSRN, NE-BC, Noel Viray, MSN, RN-BC,
CHPN, Oliver Erece, MSN, APRN, AGNS-BC, PCCN, Daniel Pollack, MSN,
APRN, ACCNC-AG, CCRN, Jeremy Hirst, MD, Anjoulie Puiji, MD, DO, James
Kane, MN, RN, CNS, NEA-BC, Elizabeth DeFries, MBA, Beth Reichhart, MS,
CCC-SLP, Jillian McGarry, MS, OTR/L, HELP Volunteers, All Staff on JMC 5FG

Ambulatory Team of the Year
Abdominal Transplant
Living Donor Transplant



Team Members:
Michael G. Chua, MSN, RN
Julia Purdy, BSN, RN
Olivia Stoddart, BSN, RN, CCTC

Exemplary Professional Practice

Specialized Team of the Year
Wound Ostomy Nurse Team
Nursing EDR



Team Members:
Heather McCain RN, BSN, CWON, Sang Park RN, BSN,
CWOCN, Denise Piotroski RN, BSN, PHN, CWON, Syeeda
Shaikh RN, MSN, CWOCN, Yvette Stoker RN, BSN, CWON,
Demosthenes T. "JR" Urbina Jr. RN, BSN, Christine Vetere RN,
BSN, WOCN, Linda Vela RN, BSN, CCRN alumnus, CWON



Embrace the vision. Join UC San Diego Health.

UC San Diego Health

For more information about nursing at UC San Diego Health visit
<https://health.ucsd.edu/for-health-care-professionals/nursing>