



PADONA /LTCN

Pennsylvania Association of
Directors of Nursing Administration

DEDICATED TO SERVICE
COMMITTED TO CARING

FEBRUARY 2018



PADONA ENews

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Dear PADONA Members:

Most of us are applauding Mother Nature for her kindness this winter. Of course, winter is not over but there is light at the end of the tunnel. Just keep thinking spring and PADONA's annual rite of spring, our convention, at the Hotel Hershey. I am looking forward to seeing so many of you once again, and what a pleasant venue to renew friendships.

We have been busy preparing for convention. Remember there is still time to register for convention where you can not only get 16.5 CE contact hours but also pamper yourself for a couple of days at the beautiful Hotel Hershey. If you are wanting to make hotel reservations, please call the Hotel Hershey directly at 717-533-2171 and be sure to tell the reservation personnel you will be attending the PADONA conference. Our off-property hotel will once again be the Lodge and we will be providing shuttle service between the lodge and the hotel throughout the convention for your convenience. In case you didn't notice, the ice cream social sponsored by Complete Healthcare Resources is Tuesday evening in the Fountain Lobby immediately following Candace McMullen and Chris Lucas's presentation on the role of physician extenders in the nursing home. What a fun way to end the day.

Last year the scholarship committee raised more than two thousand dollars at the convention with the raffle of those beautiful donated gift baskets from so many of you. Due to the overwhelming success, we will again have the gift basket raffle. If you are able and are interested in donating a basket, please contact me directly so we may plan on adequate display space. The winners will be selected and announced after the last session on Thursday afternoon.

Following the convention I will be emailing each of you how you may become more involved in PADONA by serving on a committee. The response to this request last year was tremendous so I look forward to hearing from you when we begin the re-organizational process.

I would like to congratulate the winners of our membership recruitment contest: Kathleen Grant and Lois Shelton. They both did a tremendous job and PADONA sincerely appreciates their efforts.

As always, remember PADONA is your professional organization. If there is anything we can do to assist you, please contact me either via phone (610-847-5396) or email (spiscator@padona.com). Have a good day and think spring!!

Chair, Board of Directors / Executive Director PADONA

Still Time: Sign Up Today for the PADONA 30th Annual Convention in Hershey April 4 - 6.

[Registration Form](#)

[Convention Schedule](#)

[PMDA Associate Membership Invitation](#)

[Convention Brochure](#)

[PMDA Pre-Convention Lecture Invitation](#)



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Honoring the Moral Concerns of Caregivers Afraid of Giving Morphine

Article Provided by



Off the Charts

blog of the American Journal of Nursing

Joan's breathing relaxes as the morphine starts working. Her son Travis, on the other hand, is clearly upset as we sit at her bedside where she is dying. Despite his mother's intense respiratory distress before he gave her the morphine, he's convinced that he's just made a big mistake. "I'm sorry, mama," he whispers.

He turns his head my way. "I wish you hospice folks had never brought that morphine out here," he says. "Now she's dead for sure and it's my fault."

A sometimes essential medication.

For caregivers with this level of fear about morphine, it's a painful dilemma. If you don't use the best, sometimes the only, medication we have for getting acute respiratory distress in terminally ill patients under control, both patient and caregiver suffer. But if giving morphine is freighted, as it is for Travis, with a belief that it causes death and/or signifies giving up on, even betraying, a loved one, it can intensify a caregiver's distress.

The hospice nurse had already given the standard education, assuring Travis that in patients near the end of life morphine is safe and effective when used as prescribed. We had given him written information debunking some of the common myths about morphine—"it kills you"; "makes you crazy"; "it's addictive"—when used appropriately with hospice patients who have active symptoms. We had promised to start with a low dose and only go up in small increments as needed. It had done no good.



The caregiver as protector.

For Travis, his resistance was not entirely rooted in a lack of knowledge or an emotional charge. Underlying his concerns was a strong sense of moral responsibility. He was his mother's protector. He was her voice. He had a duty to keep her safe and, as he saw it, morphine was a threat to her well-being. Not surprisingly, simply claiming our expertise as medical professionals, giving him education, and expecting compliance without addressing this deeper moral dimension had been insufficient.

There's just something about morphine that can raise anxiety in caregivers. Beyond its potential side effects and potency (especially when warnings about opioid medications seem to come daily), many associate its use in terminally ill patients with the last days of life. Though not necessarily true, it often is. This is because morphine is the perfect medication when a patient is near death and having respiratory distress and/or pain. It works quickly and effectively and can be easily administered to patients who cannot swallow.

But what people often see, or have heard, is that when morphine is given, patients die soon thereafter. This can create two potential barriers: a belief that morphine kills; or a belief that if one agrees to it, he or she is giving up on a loved one, surrendering hope or even displaying insufficient faith in God's ability to heal.



Moreover, for caregivers who are not used to giving medication and who are providing care at home, simply giving morphine with a dropper can be frightening. *What if I give the wrong dose? What if she has a bad reaction? What if she dies because of me? What if she goes to sleep and never wakes up again? What if this clouds her mind and I never get to talk with her again?*

Acknowledging caregivers' moral concerns.

Such moral concerns can activate powerful ideas of loyalty, responsibility, and protectiveness that override education and reassurances from health care professionals. If we see resistance to morphine as rooted solely in knowledge deficits, emotions, or misconceptions, we may dismiss caregivers as oppositional or irrational. We may miss these deeper moral imperatives. Instead, it can be useful to recognize them when they arise, acknowledge them, and affirm the positive intentions at their core despite the ways such resistance may run counter to effective symptom management.

Usually, if we take time to ask, this moral dimension reveals itself. Travis's head is down. He's rubbing his temples. I mention that his mother looks comfortable and that the morphine seems to have worked. He doesn't respond.

"Travis," I say softly, "we've talked about morphine. Where's this pressure you're feeling about it really coming from?"

"I told her I'd take care of her," he whispers. "She took care of me. Now it's my turn. I made her a promise. I don't want to do the wrong thing."

There it was, the moral substrate: loyalty, duty, reciprocity, keeping a promise, a code of personal responsibility, and, of course, the love which these embody. Trying to respond to his objections without understanding the deeper ground from which they were arising had gone nowhere.

Making these values explicit and acknowledging them deepens our understanding and empathy. Once we do this, we may find ways to enlist these very values in making a case for essential medications—protectiveness and keeping a promise, for example, may change their meanings and expressions as circumstances change.

Scott Janssen, MA, MSW, LCSW, is a hospice social worker. His book, [*Standing at Lemhi Pass: Archetypal Stories for the End of Life and Other Challenging Times*](#), explores the use of storytelling with hospice patients and families. See also "[Letting Patients and Families Interpret Deathbed Phenomena for Themselves](#)" (free) in the September 2015 issue of AJN, and a recent blog post, "[PTSD and Falls: For the Elderly, a Lost Sense of Safety and Control](#)."



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PADONA is Pleased to Announce the Winners of the Membership Contest:

- Lois Shelton, Nursing Administrator, Department of Military & Veterans Affairs won complimentary registration to our 2019 convention
- Kathleen Grant, Executive Director, Country Meadows SNF won a two-year complimentary PADONA Primary membership

PADONA seeks a Nursing Professional Development Specialist. This position may be part-time or full-time. The primary functions of this position include serving as an educator both internally and externally to the association; being a servant leader and mentor for the PADONA membership; working with and serving on the PADONA Board of Directors; and advancing the organization through educational programming that supports the nursing management and leadership positions in long term care, resource development and networking to meet the needs of members. Candidate must have knowledge and experience in adult learning and be able and willing to travel within the state.

**WE'RE
HIRING!**

Candidates applying for the position must have a minimum of five years' experience in a nursing management position in long term care, (Director of Nursing and/or NHA position) and possess a minimum of a bachelor's degree in nursing. A master's in nursing or education is preferred. This position is an independent contractor of the organization. Application deadline is February 15, 2018. Interested candidates should submit resume to:

Susan Piscator, Executive Director PADONA
660 Lonely Cottage Drive
Upper Black Eddy, PA 18972

email: spiscator@padona.com

ANNOUNCEMENT: Donate a Gift Basket at the PADONA Convention *Proceeds Go Towards the PADONA Scholarship Fundraiser*

Yearly at the PADONA Convention, we sell chances for baskets donated to PADONA. The funds from the chances go towards the PADONA Scholarship Fundraiser. If you would like to donate a basket to this year's Convention, please contact Susan Piscator at spiscator@padona.com





Welcome New Members

- Scott Christie - Lakeview Healthcare and Rehabilitation - Area I
- Bennett Daykon - Westmoreland Manor - Area I
- Jennifer Fittery - Pleasant Acres Nsg & Rehab Ctr - Area II
- Luanne Gramm - Sarah A. Todd Memorial Home - Area II
- Amy Guinard - Epworth Healthcare and Rehab Ctr - Area II
- Lisa Hollywood - St. Anne's Retirement Community - Area II
- Chesky Junger - Priority Healthcare Group - Area III
- Amy Kidd - Homeland Center - Area II
- Antegone Kourpas - Presbyterian Senior Living - Area II
- Julie Lipisko - Luther Acres - Area II
- Christine McCaulley - Epworth Healthcare & Rehab Ctr - Area II
- Kevin McLaughlin - PA Soldiers and Sailors Home - Area I
- Stefanie Melick - Penn State Health Rehab Hospital - Area II
- Jeanine Potts - Clarview Nursing & Rehab Ctr - Area I
- Brittany Raabe - Lakeview Healthcare and Rehabilitation - Area I
- Richard Schilling - Hollidaysburg Veterans Home - Area II
- Heather Smith - Sunbury Community Health & Rehab - Area II
- Susan Spirk - Complete HealthCare Resources - Area III
- Elana Staschak - Greensburg Care Center - Area I