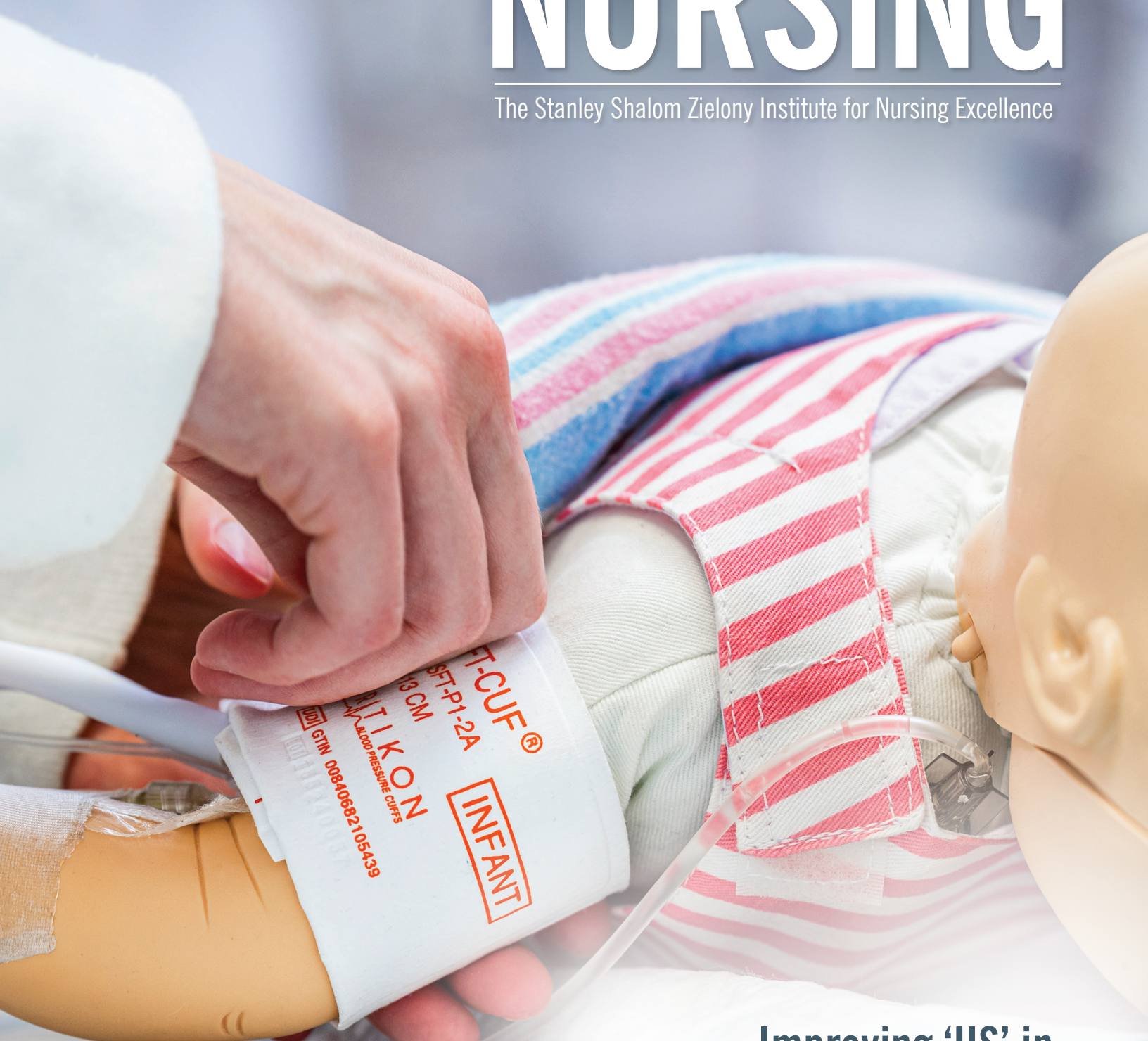


# NURSING

The Stanley Shalom Zielony Institute for Nursing Excellence



**Improving 'US' in  
Pediatric ResUScitations**

p. 3



Dear Friends,

Those of us who work in healthcare know that learning does not end with a degree or certification. It evolves alongside the science, technology and human needs that shape the care we provide every day. For nurses, in particular, ongoing education is essential — not only to maintain clinical excellence, but also to cultivate leadership, critical thinking and ethical insights that today's complex care environments demand.

When nurses have opportunities to deepen their knowledge and expand their skills, the benefits extend far beyond the individual learner. They strengthen teams, enhance patient safety and elevate the quality of care across the entire organization.

This issue of *Notable Nursing* highlights programs and projects that reflect Cleveland Clinic's commitment to lifelong learning. I invite you to explore our new ICU fellowship in London, which helps nurses build advanced critical care expertise (p. 13), and our Nurse Leader Academy, which prepares emerging leaders for the challenges ahead (p. 7).

The following pages also showcase a PCNA to LPN program designed to encourage career growth and longevity (p. 11) and the results of a caregiver education grant provided to improve pediatric resuscitations (p. 3). We also illustrate the importance of nurse-led research by featuring new studies on ethics education (p. 16) and the challenges and benefits of night-shift nursing (p. 17).

I am incredibly proud that Cleveland Clinic continues to invest in these indispensable opportunities. By supporting our nurses as learners, leaders and innovators, we reaffirm our belief that education is one of the most powerful ways to advance both our profession and the care we provide to every patient and family we serve.

With gratitude,

*Meredith Foxx*

**MEREDITH FOXX, MSN, MBA, APRN, NEA-BC, PCNS-BC, PPCNP-BC, CPON**  
Senior Vice President, Chief Nursing Officer, Cleveland Clinic

Connect with me at Meredith Foxx.

Visit [consultqd.clevelandclinic.org/nursing](http://consultqd.clevelandclinic.org/nursing) for more information.

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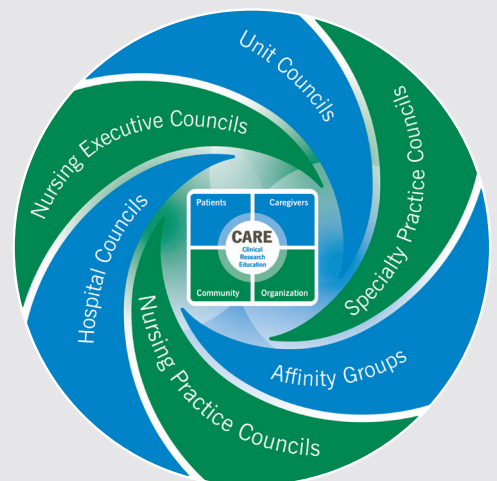
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- 20** Awards and Honors

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*Cover: Multidisciplinary simulation training teaches caregivers to work confidently during pediatric resuscitations.*

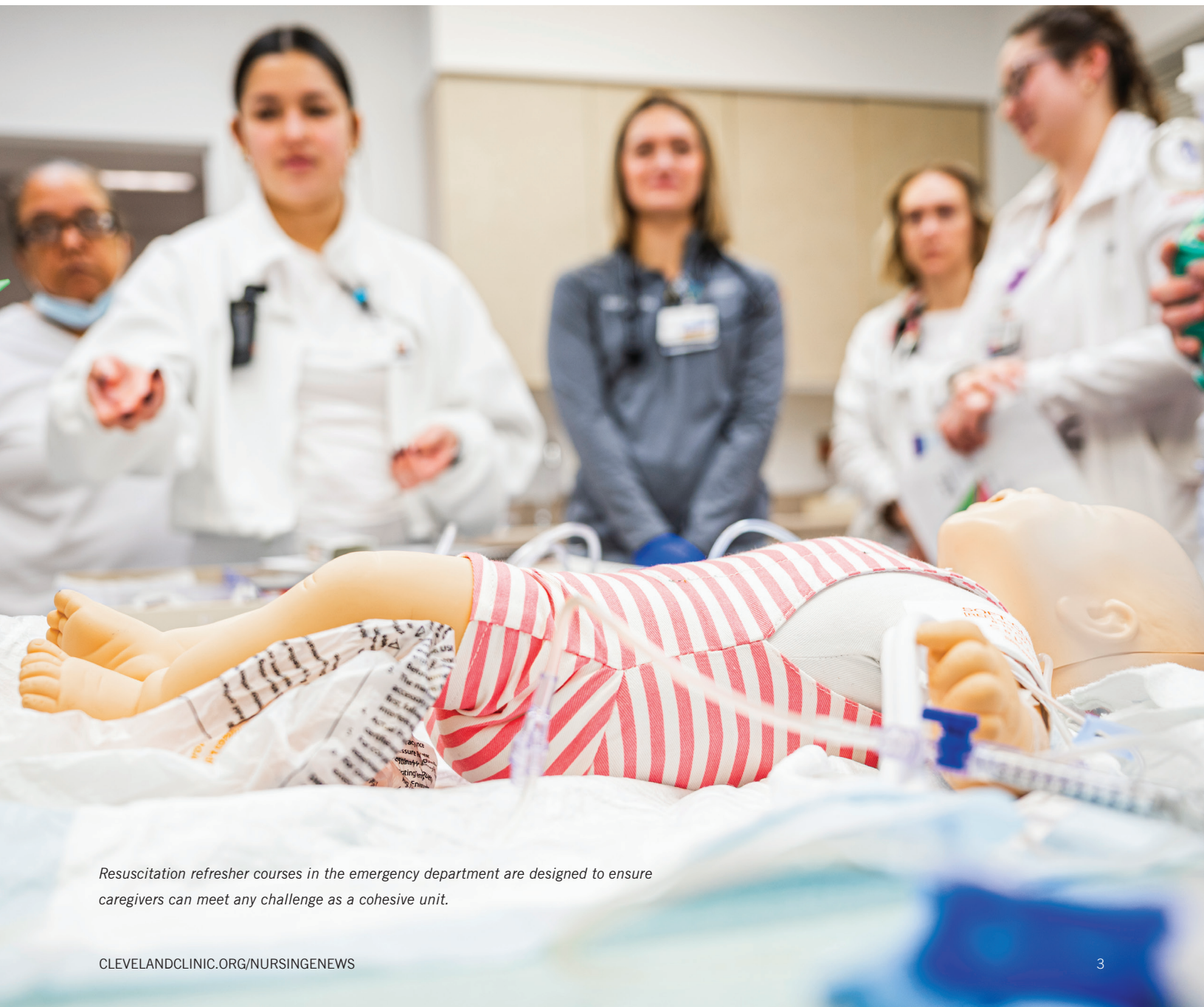
As a part of Cleveland Clinic's shared governance, each hospital establishes a structure that provides a voice to the clinical nurse and allows for bidirectional communication and shared decision-making as it relates to nursing professional practice.



# Improving ‘US’ in Pediatric Resuscitations

MULTIDISCIPLINARY SIMULATIONS PROVIDE REALISTIC EMERGENCY TRAINING TO HELP ACHIEVE OPTIMAL PATIENT OUTCOMES

*Each year, children account for approximately 30 million emergency department (ED) visits in the United States, with more than 80% treated in general EDs.<sup>1</sup> Although Cleveland Clinic operates dedicated pediatric EDs at two of its regional hospitals in Northeast Ohio — Fairview and Hillcrest — the enterprise understands the need to provide quality care for children who visit all of its EDs.*



*Resuscitation refresher courses in the emergency department are designed to ensure caregivers can meet any challenge as a cohesive unit.*



Emergency

Jeremy  
Edmiston  
DO

Call Mary  
Lora  
Laszlo  
RN, MSN

Briana  
RN, BSN

Amanda  
A.  
RN, BSN

*Ongoing training helps prepare caregivers to manage the unique needs of children during high-stress resuscitation events.*



Cindy Willis

“An ED nurse has to know how to take care of the tiniest baby to the oldest adult,” says Cindy Willis, DNP, MSN, MBA, RN, CMSRN, Senior Director of Nursing Education at Cleveland Clinic. “Pediatric visits make up approximately 20% of ED visits, so it’s important to train our caregivers specifically for this population.”



Lora Laszlo

In 2017, Cleveland Clinic’s Emergency Services Institute adopted the Handtevy System for pediatric resuscitation to help standardize the process and improve outcomes. Last year, Lora Laszlo, MSN, APRN, FNP-C, CEN, Nursing Professional Development Specialist, spearheaded multidisciplinary simulation training using the Handtevy method at EDs across the enterprise.

### STANDARDIZING CARE

Designed to eliminate the need for complex calculations, the Handtevy System assigns specific roles to ED team members during a resuscitation, including a lead physician, documentation nurse, medication nurse, and an airway/respiratory and procedure nurse/medic. The team uses color-coded, age-based resources, including a set of medication and equipment manuals for pediatric resuscitations, and scripting that promotes accuracy and closed-loop communication.

“Pediatric resuscitation is a high-stress, low-frequency event that demands seamless coordination and high competency from an interprofessional team,” Laszlo says. “Implementation of standardized resources like the Handtevy method ensures uniformity in the pediatric resuscitation process, allowing caregivers to work confidently and cohesively during emergencies. Further, practice in a realistic, team-based environment will translate more effectively into real-life scenarios.”

Cleveland Clinic caregivers initially received training on the Handtevy System starting in 2017. To reinforce learning, the instruction was followed by in-situ simulations in the ED. Then the COVID-19 pandemic hit, and EDs experienced high staff turnover. Post-COVID, when new caregivers joined the ED and patient volumes increased, it became more challenging for nurses to attend classes.



*The Handtevy System is designed to eliminate the need for complex calculations during pediatric resuscitations.*

“We identified the lack of unified training among physicians and nursing staff as a significant challenge,” Laszlo says. In 2024, she applied for and received an Education Caregiver Grant from Cleveland Clinic’s Education Institute to offer multidisciplinary simulation training. The nearly \$17,000 award funded the Improving US in Pediatric Res“US”itations program in 2025.

### SIMULATION TRAINING

The program aims to:

- Ensure uniform implementation of Handtevy resources, scripting and code cart equipment across all Cleveland Clinic EDs, reinforcing high-reliability practices.
- Conduct realistic interprofessional simulations in each ED, providing caregivers with hands-on experience using actual resources and equipment.

- Build caregiver competence and confidence through repeated practice, fostering a cohesive team dynamic during pediatric resuscitations.
- Promote the presence of family members during resuscitation by ensuring caregivers are calm, confident and self-assured.

“The last aim is such a key part of training for caregivers, but it also helps the patient’s family,” Laszlo explains. “When a family walks into the room, they are trusting us — complete strangers — with the person they love the most. If we are not confident, then we don’t inspire hope in the family.”

Laszlo and emergency medicine physician Matthew Oliverio, DO, conducted Handtevy simulation training at 15 EDs, including at Cleveland Clinic’s Main Campus, regional hospitals and free-standing facilities. Participants in the 30-minute sessions included physicians, nurses, respiratory therapists, paramedics, clinical technicians, patient care nursing assistants and health unit coordinators.

“The more disciplines we had involved in the simulations, the more effective they were,” Laszlo says. “Teams were able to work through a scenario in their own environment, so they could see what it would be like to resuscitate an infant or child in a specific room.”

The simulation scenario selected for the training involved an infant presenting to the ED with supraventricular tachycardia. During the mock emergency, the patient is initially stable, so the team is instructed to perform vagal maneuvers and administer two rounds of adenosine. The infant, who soon becomes unstable

and undergoes synchronized cardioversion, eventually goes into cardiopulmonary arrest, requiring the team to initiate CPR and defibrillation. Ultimately, spontaneous circulation returns.

## TRAINING THAT TIES TO CARE PRIORITIES

Nearly 160 ED caregivers participated in the simulation training last year. Since then, Laszlo has collaborated with the ED Education team to design a two-day class for emergency nurse residents and experienced nurses on the basics of pediatric care.

The class includes information on the Handtevy process and simulated pediatric resuscitations. It also covers pediatric growth and development, therapeutic communication, comfort positioning, pain mitigation, medication administration, and information on common childhood

illnesses and injuries. The first session is scheduled for this spring.

Laszlo says that the Improving US in Pediatric Res”US” citations program — and continued education, such as the upcoming two-day classes — aligns with Cleveland Clinic’s four care priorities:

- **Patients:** “We owe it to our pediatric patients and their families to provide them with competent, confident and compassionate care in their most critical moments,” she says.
- **Caregivers:** “We have amazing ED caregivers who embrace ongoing education to ensure they can perform at their very best during pediatric resuscitations,” she says. “The training also instills skills and confidence to help caregivers avoid becoming second victims in the event of a poor outcome. In the end, they know they followed best practices and provided the highest level of care possible.”
- **Community:** “The communities we serve depend on us to provide exceptional care,” says Laszlo.
- **Organization:** “We want to uphold Cleveland Clinic’s reputation of service excellence and its commitment to deliver on the promise of world-class care,” she says.

1. Pershad J, Ha J, Chamberlain J, McKinley K. Pediatric emergency care before and during the late pandemic period: a national perspective. *Hosp Pediatr.* 2025;15(4):e160–e162.

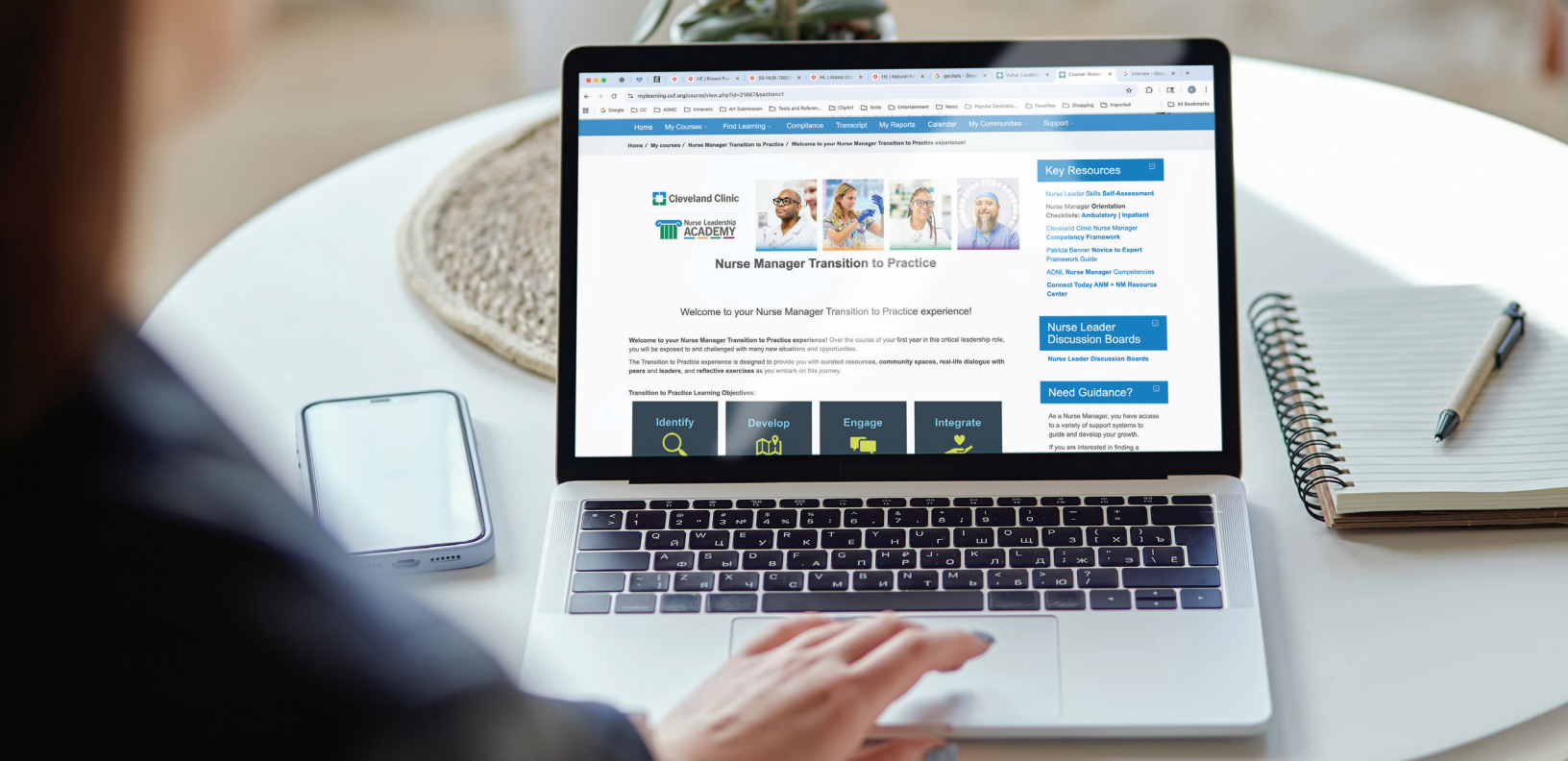
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“Pediatric resuscitation is a high-stress, low-frequency event that demands seamless coordination and high competency from an interprofessional team.”

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— Lora Laszlo





# Building an Infrastructure That Bolsters Nurse Leaders

## SYSTEMWIDE PROGRAM HARNESSES COMPETENCY-BASED DESIGN TO DEVELOP STRONG NURSE MANAGERS

*More than 75 new nurse managers at Cleveland Clinic will gather this spring for a specialized four-hour course aimed at identifying, implementing and achieving results. The event, made possible through the institution's Nurse Manager Transition to Practice Program, will teach participants how to interpret and connect key nursing performance metrics to actionable decisions; develop a data-informed action plan for a unit, location or team improvement opportunity; and prioritize and delegate initiatives to balance personal and team workloads and promote a culture of shared governance.*



Lisa Baszynski

“We believe all nurses are leaders in healthcare, from the time they transition to practice all the way to taking on executive leadership roles,” says Lisa Baszynski, DNP, RN, NE-BC, Executive Director and Associate Chief Nursing Officer (ACNO) for Nursing Education and Professional Development. “The strategic intent of our efforts is to provide the tools, resources, competencies and support to prepare nurse leaders for today and tomorrow.”

Colleen Carroll, MBA, MS, CPTD, Senior Director of Leadership and Learning in the Jack, Joseph and Morton Mandel Global Leadership & Learning Institute (GLLI), agrees.

“Our goal is to provide a comprehensive leadership infrastructure designed to prepare nurses to influence innovation, digital transformation, policy and the future of care delivery,” she says.

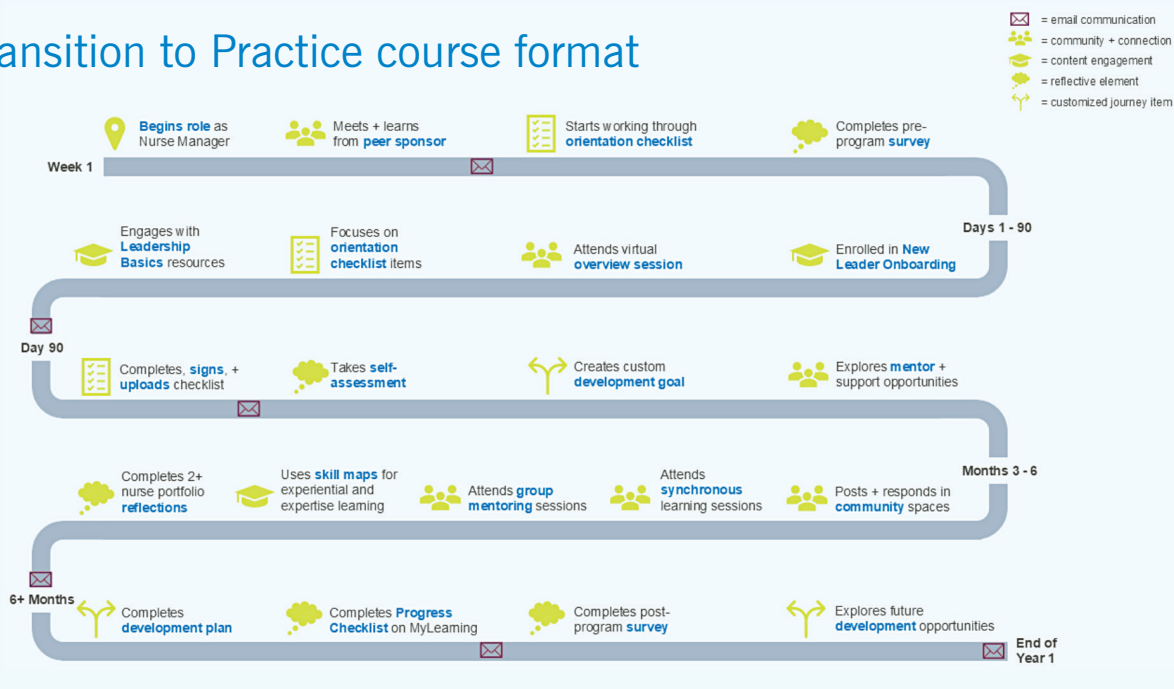


Colleen Carroll

### THE CRITICAL FIRST YEAR

Designed for all nurse managers at Cleveland Clinic with less than one year's experience in their role, Transition to Practice provides a curated curriculum focused on each caregiver's individual needs. Participants, who complete the 6-to-12-month hybrid course at their

# Transition to Practice course format



The one-year Transition to Practice course takes participants through a series of virtual and in-person learning experiences.

own pace, engage in both synchronous and asynchronous virtual learning sessions and in-person events. The program also provides interactive online community spaces for peer engagement.

New nurse managers enter the program as they onboard at Cleveland Clinic. One of the first tools they receive is an inpatient checklist, which includes information about the many tasks associated with nurse management, from navigating the human resources system to communicating effectively with staff.

“The checklist is part of being a high-reliability organization,” Baszynski explains. “It creates structure around onboarding.”

With the support of a peer mentor, each participant is expected to complete a competency-based project that is relevant to their practice.

“Most leadership courses include a lot of theoretical classroom learning, but nurse managers must address the clinical leadership component of their roles right away,” Baszynski says. “They are responsible for so much — safety, quality, patient experience, team building. We try to incorporate all those areas.”

## A BIGGER PICTURE

The Nurse Manager Transition to Practice Program is more than a one-time professional development opportunity. The course is part of a larger initiative — the Cleveland Clinic Nurse Leadership

Academy (NLA) — launched in September 2025 by the GLLI. The NLA is designed to combine expertise in nursing education, leadership and learning to provide a holistic, research-informed program tailored specifically to the needs of nurse leaders.

“Our goal is to provide a comprehensive leadership infrastructure designed to prepare nurses to influence innovation, digital transformation, policy and the future of care delivery,” explains Carroll.

The academy’s three major components revolve around a competency-based framework designed to ensure leaders develop measurable skills:

- **Cleveland Clinic leader behaviors** – Lead change, drive results, inspire and coach, and connect teams.
- **American Organization for Nursing Leadership’s Nurse Leader Competencies Model** – The model features five core domains: business skills and principles; communication and relationship building; knowledge of the healthcare environment; professionalism; and leadership.
- **Patricia Benner’s “novice to expert” theory** – The theory outlines the stages of clinical competence and describes how nurses develop skills through education and experience.

“Our nurse leaders come to us with a wealth of professional and life experience,” Baszynski says. “We meet the learners where they are, so they know what areas they need to work on and what is relevant to them clinically and professionally.”

Academy elements include competency assessments as well as professional development opportunities, coaching and mentoring, experiential learning, peer connection and shadowing experiences, and talent and succession planning.

“Ultimately, the academy helps us ensure that every nurse leader has the clarity, support and tools to lead with confidence and impact,” Carroll adds.

### PIVOTAL PARTNERSHIP

Carroll emphasizes that collaboration between the Nursing Institute and GLLI is crucial to the success of the Nurse Leadership Academy.

“The Nursing Institute brings world-class nursing practice, education and professional development expertise,” she says. “Our GLLI team complements those elements with its ability to provide engaging learning experiences, build leadership pipelines and develop leaders at scale across a global enterprise. By joining forces, we’re able to intentionally blend nursing excellence with advanced leadership science — something neither entity could have achieved alone.”

Carroll says the team will continue to build on the program’s content and concepts to provide education and development for other levels of leadership.

Later this year, the academy plans to introduce its next program: a fellowship for nurse managers with more than one year in the role. The team is also in the process of finalizing an advisory council to further support the goals of the academy.

“We are looking at every layer of leadership as we continue to build the academy — directors, senior directors, ACNOs and executives,” Baszynski says.

Carroll adds, “This is how we strengthen the caregiver experience, elevate the practice of nursing and deliver the highest-quality care for our patients.”

## Participant Testimonials

### **Michelle Altshuler, MSN-Ed, RN, CNE, NPD-BC — Akron General**

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*I believe my perspective on the Nurse Manager Transition to Practice Program is somewhat unique.*

*In previous roles I’ve held at other institutions, I developed my leadership style on the go, primarily through my own independent discovery. This program has been transformative because it provides formal, high-level tools to solidify and scale the skills I’ve been using for years. It has allowed me to bridge the gap between my prior experience and the specific cultural excellence of Cleveland Clinic.*

### **Tanisha Robinson, BSN, RN — Mercy Hospital**

---

*The Nurse Manager Transition to Practice Program has been a positive, meaningful experience for me by providing a strong foundation that combines practical leadership concepts with real-world applications. As a new manager, having structured guidance around topics like communication, performance management and the navigation of different situations has helped me feel more confident and intentional in my decision-making. I especially appreciate how the program encourages reflection and discussions, allowing the participants to connect the material directly to what we are experiencing on our units.*

*The opportunity to learn from peers and experienced facilitators reinforced best practices while also reminding me that growth in leadership is an ongoing process. Conversations have helped me think more proactively about coaching, documentation and supporting staff in a fair and constructive way. Beyond the content itself, the program has helped me build connections with other nurse leaders, which has been incredibly reassuring.*

### **Jessica O’Connell, BSN, RN — South Pointe Hospital**

---

*The group mentoring session was wonderful! The self-paced program provided both flexibility and structure through its learning modules, educational sessions and intranet resources. It has also been incredibly beneficial to speak with other caregivers who are going through similar transitions. The experience gave me a sense of community.*



*Kenyada Clark, PCNA, dispenses medication during a training rotation.*

# Cleveland Clinic PCNA to LPN Program: Building a Sustainable Nursing Pipeline from Within

## INNOVATIVE WORKFORCE STRATEGY TRANSFORMS NURSING CAREERS THROUGH EDUCATION, FLEXIBILITY AND COMPREHENSIVE SUPPORT

*As health systems nationwide grapple with workforce shortages and rising patient acuity, many nurse leaders are looking inward for solutions. A new Cleveland Clinic program offers a compelling model for finding and developing sustainable talent — one that creates a direct, supportive pathway from patient care nursing assistant (PCNA) to licensed practical nurse (LPN).*



Linda Gardner

Launched in January 2025, the Pathway to Practical Nursing program allows Cleveland Clinic to cultivate its own future LPN workforce from high-performing nursing assistants already embedded in the organization's culture of safety and quality, explains Linda Gardner, DNP, MEd, RN, CNOR, Senior Director of Nursing Education and Professional Development.

“Pathway to Practical Nursing is more than a strategic initiative — it's an investment in our caregivers' future,” she says. “The program is focused on four pillars: engage the PCNA workforce, retain talented caregivers, grow the nursing pipeline and engage nurse leaders.”

### DESIGNED FOR IMPACT

Initially created at Main Campus and Euclid Hospital, the program allows participants to complete clinical rotations at their current Cleveland Clinic location

— a process that reinforces their familiarity with workflows, teams and patient populations. Upon completion, graduates commit to a one-year work agreement as an LPN.

Cheryl Causey, MSN, RN, Education Manager, Nursing Education and Professional Development, emphasizes that this consistent

approach empowers the enterprise and its caregivers to achieve significant, lasting advantages. By establishing a reliable and supportive pathway, the organization not only fosters professional growth but also strengthens workforce stability.

“Professionally developing our own nurses is one of the most powerful workforce strategies available to us,” Causey says. “This program gives them the education and support to practice at the next level. Our PCNAs already understand our patients, mission, vision and values.”

The program is based on a curriculum from the Northern Career Institute (NCI) — formerly the Willoughby Eastlake School of Practical Nursing — that spans two rigorous 18-week semesters. The program offers comprehensive support services designed to address the needs of adult learners juggling work, school and personal obligations. The partnership with NCI coupled with the program's flexible design facilitates academic achievement while fostering resilience and long-term retention among participants, Causey explains.

Gardner also emphasizes the importance of ongoing support from Cleveland Clinic's nurse leaders. “If we want bedside caregivers to advance, we must remove barriers — not create more,” she says. “Flexible work schedules and holistic support acknowledge that our caregivers have families, financial responsibilities and personal lives that extend beyond their work commitments.”

One distinguishing feature of the initiative is the comprehensive wraparound support it provides. Recognizing that social



PCNAs work to achieve LPN status through classroom learning, simulation sessions and clinical rotations.

determinants can influence educational success, the school provides integrated practical resources, including a food pantry with a variety of grab-and-go options, washer and dryer access, free bus transportation and an on-site social worker/student advisor.

These amenities reduce stressors that might otherwise derail academic progress, Gardner says, adding that this holistic approach may be as critical as the curriculum itself.

“Education alone isn’t enough,” she says. “When we nurture the whole caregiver academically, emotionally and practically, we dramatically improve completion rates and long-term retention.”

### STRATEGIC WORKFORCE OUTCOMES

Causey stresses that, for nurse executives and professional development leaders, the implications of Pathway to Practical Nursing extend beyond individual advancement.

“Our goal is to strengthen internal mobility, enhance engagement and promote retention,” she explains. “After all, caregivers are more likely to remain with an organization that actively encourages their growth.”

“Additionally, because the PCNAs who complete the program are already familiar with their hospital’s electronic health records, policies and patient population, their onboarding time as new LPNs may be reduced,” Gardner adds. “The transition from unlicensed assistive personnel to licensed nurse becomes a continuum rather than a disruptive leap.”

Gardner explains that cultivating internal candidates can also mitigate recruitment costs and reduce the institution’s reliance on external staffing agencies. Additionally, the model reinforces trust by providing caregivers with tangible pathways to advancement.

“As nurse leaders, we talk about professional growth,” she says. “This program makes it real by telling our PCNAs: ‘We see your potential — and we’re willing to invest in it.’ That message alone transforms morale.”

*continued on p. 18*

# Cleveland Clinic London Builds the Next Generation of Critical Care Nurses Through Fellowship Innovation

PROGRAM HELPS CAREGIVERS PREPARE FOR THE UNIQUE PRESSURES OF THE ICU THROUGH BLENDED LEARNING AND BEDSIDE MENTORSHIP

*As the demand for highly skilled critical care nurses continues to outpace supply, health systems across the UK are confronting a familiar challenge: how to prepare nurses for one of the most complex and high-stakes environments in healthcare. At Cleveland Clinic London, nurse leaders have taken a proactive approach by developing an immersive experience designed to bridge the gap between acute and intensive care practice.*



*Khaled Hussein monitors the virtual simulation training of an ICU fellow.*

As the third cohort begins the program, the hospital's Dr. Omar Al-Zawawi ICU fellowship program reflects a strategic investment not only in workforce development but also in the long-term sustainability of critical care nursing, explains Khaled Hussein, DNP, RN, Nursing Professional Development Specialist and fellowship lead.



*Khaled Hussein*

Hussein, who designed and oversees the six-month program from candidate selection through final assessment, says the initiative was born from a clear need.

"The shortage of ICU nurses isn't unique to the UK — it's a global issue," he says. "Critical care is an incredibly demanding clinical environment that requires highly skilled caregivers. Too often, nurses are expected to sink or swim when they start, but that model isn't sustainable for a hospital that wants to retain top talent."

## A GLOBAL SHORTAGE MEETS LOCAL ACTION

Tiina Thornton, MSc, BSc, RN, Chief Nursing Officer at Cleveland Clinic London, notes that undergraduate nursing curricula in the UK offer only limited exposure to critical care. Nurses often pursue specialty education later, sometimes after one to three years in practice. In the interim, many are expected to function in ICU settings without a strong theoretical foundation — a disconnect that can contribute to stress, burnout and attrition, she explains.



*Tiina Thornton*

Hussein says the Al-Zawawi fellowship was designed to change that trajectory by blending classroom learning, simulation, online modules and direct clinical experience with expert preceptors. Rather than compressing education into isolated study days, the curriculum is intentionally distributed to reinforce bedside care.

“We know that participants are happier when we space classroom weeks more evenly across the program to improve the learning experience,” he notes. “This approach helps ensure a seamless transition from theory to practice.”

The program cohorts are intentionally small — six fellows per intake — reflecting both the size of the ICU and the organization’s commitment to meaningful clinical exposure.

This measured approach has yielded strong outcomes. All six fellows in the 2024-2025 cohort successfully completed the program in June 2025. One graduate accepted a permanent ICU staff nurse role at Cleveland Clinic London, while the others secured ICU positions in hospitals across the UK.

For Hussein, the broader impact is intentional.

“Our goals extend beyond our own hospital,” he explains.

“Although we may not have vacancies for every graduating fellow, we know we’re contributing to the country’s critical care workforce. That’s part of our mission.”

#### FINDING COMMON GROUND

Cleveland Clinic London’s nursing staff comprises caregivers trained across healthcare systems worldwide. Although the wide variety of backgrounds enriches practice, it can also create challenges in preparation and expectations, Hussein says.

“Nurses who were trained in ICUs overseas sometimes feel unprepared when they arrive in the UK, where technology, protocols and role expectations may be different,” he explains.

“The fellowship helps contextualize and standardize critical care by helping put everyone on the same page.”

By establishing a shared foundation in evidence-based practice, clinical reasoning and advanced technical skills, the fellowship strengthens both patient safety and team cohesion, Thornton says. She points to one recent graduate who noted that the protected learning time allowed for a deeper and more direct





application and understanding of evidence-based care. The fellow reported increased confidence, improved engagement with the multidisciplinary team and having made a measurable impact on patient safety and experience — outcomes that align closely with the program’s aims.

“Protected learning time isn’t a luxury; it’s an investment in patient outcomes,” Thornton says. “We’re seeing our fellows step into practice with stronger clinical judgment and a deeper commitment to critical care nursing.”

#### SUPPORTING RETENTION THROUGH INVESTMENT

The Dr. Omar Al-Zawawi ICU Fellowship is delivered in partnership with Cleveland Clinic Philanthropy UK — what Thornton describes as “a shining example of how philanthropy can empower the nursing profession by fostering long-term impact and benefiting patients and communities nationwide.”

Unlike many similar programs in the UK that are unpaid or require post-completion service contracts, critical care nurse fellows at Cleveland Clinic London receive financial support during their training period.

“We didn’t want financial barriers to prevent talented nurses from pursuing critical care,” Hussein explains. “Our goal is to prepare the next generation of ICU nurses for the UK.”

He adds that the fellowship offers a compelling model for professional nurses considering a transition to critical care, as well as for leaders seeking scalable workforce solutions.

“By combining structured education, clinical mentorship and philanthropic support, we hope to demonstrate that thoughtful preparation is one of the most effective strategies for strengthening both nurse retention and patient outcomes in the ICU,” he says. “In a specialty where excellence is nonnegotiable, training makes all the difference.”

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# Study Evaluates Nurses' Confidence in Navigating Ethical Issues

## SURVEY IDENTIFIES OPPORTUNITIES FOR FURTHER TRAINING AND ONGOING MORAL SUPPORT

Nurses navigate ethical decisions every day, from helping patients understand the risks and benefits of treatments to supporting families through end-of-life care decisions. Despite the ubiquity of moral dilemmas in nursing practice, few caregivers receive ongoing ethics training — a need that is frequently deprioritized in favor of more immediate clinical needs.



Maggie Procnier

Cleveland Clinic nurses sought to close gaps in ethics education by evaluating nurses' experiences, perceptions and confidence related to ethical decision-making in clinical practice.

"Nurses are the professionals closest to patients and families. Nurses routinely face moral dilemmas in which their ethical knowledge and competence directly affect patient and clinical colleagues' safety, trust and quality of care," says Maggie Procnier, MSN, MHA/Ed, HEC-C,

Nursing Quality and Professional Practice Program Manager at Cleveland Clinic Indian River Hospital in Vero Beach, Florida. "Because nurses are the one constant at the bedside, it's imperative that they understand how prepared they are to manage complex ethical issues."

### IDENTIFYING GAPS AND OPPORTUNITIES

Procnier, who led the study with a nurse ethicist and nurse scientist, received answers to research questions from 102 Indian River nurses. Using the Clinical Ethics Needs Assessment Survey, a validated tool that features more than 100 questions, Procnier evaluated respondents' awareness of ethics policies and resources and solicited information about their ethics-related experiences and educational priorities.

"We hoped a structured survey would reveal patterns, trends and areas of agreement or concern that might not otherwise emerge," she says.

"Going forward, we hope the results will help inform targeted educational programs and organizational strategies designed to support nurses in ethical practice."

The cohort of respondents, which included advanced practice nurses, clinical nurses and those in clinical leadership roles, generally felt

comfortable managing issues related to resource allocation, research ethics and prognostic uncertainty; however, they were less confident when faced with the rapidly evolving ethics of genetic testing and mental health treatment.

Importantly, Procnier says several key educational gaps were identified, including a general lack of awareness about the ethics support services that are already at the nurses' disposal. More than half of those surveyed were unaware that their hospital had a Center for Bioethics, and many were unfamiliar with some of the hospital's ethics policies and Florida statutes.

### PRIORITIZING EDUCATION

Although respondents showed interest in receiving more training on ethical conflict resolution, less than 50% of those surveyed believed that ethics education was "very important" to their ability to address moral distress or support patient care, Procnier adds.

"Pressing clinical tasks and heavy workloads may cause ethics to feel abstract or secondary for nurses who are focused on immediate patient demands," Procnier explains. "As a result, some may not recognize how gaps in ethical knowledge can contribute to moral distress, inconsistent decision-making and missed opportunities to advocate effectively for patients."

Notably, study participants with advanced training (e.g., nurse practitioners) were more likely to have a better understanding of ethics topics than their less-educated peers, and they also signaled increased confidence when faced with morally complex situations.

Procnier, who urges health systems to invest in ethics education, says that surveying nurses on their interests and concerns is a critical first step.

"When organization leaders understand the ethical challenges nurses face, they can provide appropriate resources that reduce moral distress and burnout," she explains. "By capturing nurses' voices and addressing their ethical education needs, healthcare leaders can improve staff retention and promote safer, more compassionate patient care."

# Minimizing Turnover by Understanding What Night-Shift Nurses Need to Thrive

## NEW STUDY OFFERS INSIGHTS FOR IMPROVING JOB SATISFACTION AND CAREER LONGEVITY

Hospitals rely on round-the-clock caregivers to seamlessly provide optimal patient care, yet the distinct challenges and pressures faced by night-shift nurses often remain in the shadows. A new qualitative study led by a Cleveland Clinic nurse highlights the unique demands of night-shift work and provides insight into how healthcare organizations can better support, engage and retain these essential caregivers.

Nurses who work the night shift face a range of pressures that can affect their health, performance and well-being, explains lead researcher



*Beth Gunselman*

Beth Ann Gunselman, MSN, CNP, RN, a nurse practitioner in the Department of Hospital Medicine at Cleveland Clinic Avon Hospital, a 126-bed community hospital.

The after-dark schedule can make it harder to maintain a healthy work-life balance and address family and personal responsibilities. A disrupted circadian rhythm puts night-shift nurses at risk of fatigue and sleep disorders.

In addition, reduced staffing levels and limited

access to on-site resources during nighttime hours lead to changes in responsibilities and variations in the clinical workload. Nurses have voiced that responsibilities beyond patient care and the need to remain alert in a quieter, darker environment can create additional mental and physical strain.

### THE PATHWAY TO RESEARCH WITH NIGHT-SHIFT NURSES

“The simple fact is that staying up all night is hard on a person,” Gunselman says. “I wanted to take a deeper dive into understanding the pain points and incentives that shape night-shift nurse job satisfaction and longevity. My thought was that by understanding and acknowledging night-shift nurses’ perceptions, we can be proactive in providing meaningful support, thereby ensuring consistent, high-quality patient care around the clock.”

Inspired by the many years she spent working nights, Gunselman conducted in-person interviews with 14 night-shift nurses. Participants were asked to describe their experiences and provide their perceptions of working the night shift.

### NURSES WEIGH IN

The interviews revealed several positive and negative factors affecting nurses’ job satisfaction, including staff turnover, managerial support, lack of access to clinical resources and personal scheduling conflicts. Teamwork was among the positive themes that repeatedly emerged during the interviews.

“It was clear that mutual support, trust and teamwork help reduce isolation and ensure safe, effective patient care at night, when fewer resources and staff are available,” explains Gunselman, who presented her findings at Cleveland Clinic’s annual 2025 Nursing Research Symposia. “Several participants indicated that a benefit of working night shifts is the closeness that develops among nursing members and the help they provide one another when juggling patient care demands.”

Some participants said they valued the slower pace of the night shift, while others emphasized the hardships of working with a smaller overnight team. Logistical concerns, such as accessing meals, obtaining supplies and coordinating care with colleagues, were described as being more complicated when fewer providers and resources were immediately available, Gunselman says.

Importantly, night-shift nurses expressed a desire for more meaningful interactions with unit leaders; they perceived that their concerns and accomplishments often received less recognition than those of their day-shift peers. Participants voiced a desire for nursing managers/leaders to acknowledge and appreciate the dilemmas faced by night-shift staff.

Since nurse leaders may be less likely to interact with night-shift teams, study participants suggested that managers develop team-building activities and intentional engagement strategies.

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# Cleveland Clinic PCNA to LPN Program: Building a Sustainable Nursing Pipeline from Within

*(continued from p. 12)*

## INSPIRING OTHER ORGANIZATIONS

Causey urges other nurse leaders interested in developing similar programs to consider several key steps:

- Conduct a workforce needs assessment to determine LPN demand and nursing assistant interest.
- Collaborate with an accredited practical nursing program.
- Secure executive sponsorship and funding for tuition aid and wraparound services.
- Establish clear eligibility criteria tied to performance and organizational values.
- Develop a retention agreement to ensure workforce stability post-graduation.

Proactive communication is an equally important goal, Causey adds, noting that Cleveland Clinic's rollout included manager meetings and

FAQ distribution to ensure frontline leaders clearly understood candidate eligibility, expectations and timelines.

## SUSTAINABLE GROWTH

At a time when healthcare systems face unprecedented staffing challenges, Gardner says successful PCNA to LPN programs demonstrate how intentional workforce development can align a healthcare organization's mission, retention efforts and commitment to patient care.

"For professional nurses and nurse executives, the lesson is clear: The future of nursing may already be working within your walls," she says. "When we foster our caregivers' growth, we're not just filling positions — we're building careers, strengthening teams and securing the future of nursing."

# Minimizing Turnover by Understanding What Night-Shift Nurses Need to Thrive

*(continued from p. 17)*

"When leaders acknowledge the emotional and practical demands of working the night shift and create space for open communication, nurses feel valued, supported and respected," Gunselman says. "Recognizing and rewarding accomplishments — whether through formal awards, professional development opportunities or simple expressions of appreciation — can motivate staff and strengthen teamwork."

Gunselman also emphasizes the importance of the hiring process, noting the benefits of selecting nurses who are naturally suited to night-shift work.

"During the interview process, managers should spend time focusing on verbalizations that reflect characteristics conducive to night-shift work," she says. "It's important to identify and potentially rule out nurses who view night-shift work as merely a stepping stone."

## PLANNING FOR THE FUTURE

Although the "night owl" schedule can be arduous for some, Gunselman learned that many night-shift nurses actually prefer the overnight shift but would benefit from additional acknowledgement and support from leadership. She hopes the study's findings prompt healthcare leaders to be more visible in fully embracing the value of overnight caregivers.

"Consciously and proactively investing in night-shift nurses may contribute to preserving a stable and satisfied workforce," she adds.

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## Awards and Honors

### Cleveland Clinic Union Hospital

Union Hospital was bestowed [Journey to Pathway to Excellence®](#) status by the American Nurses Credentialing Center (ANCC), recognizing its commitment to creating work environments where nurses can excel in their practice. The status substantiates nurses' professional satisfaction and identifies the best places to work.

### Cleveland Clinic Indian River Hospital

Indian River Hospital has been bestowed [Pathway to Excellence Program®](#) status by the ANCC, demonstrating its positive practice environment in which nurses' needs are supported and high clinical standards are promoted.

### Cleveland Clinic Marymount Hospital

Marymount Hospital celebrated its [Magnet Recognition Program® redesignation](#) from the ANCC, reaffirming its dedication to an environment that empowers nurses, values their contributions and supports nursing leadership. This designation epitomizes excellence in nursing services, clinical outcomes and patient care delivery.

### Cleveland Clinic Tradition Hospital

The Tradition Hospital ICU received the [Bronze](#)

[Level Beacon Award for Excellence](#) from the American Association of Critical-Care Nurses, honoring its outstanding patient outcomes, positive work environment and commitment to continually improving the nursing workforce.

Tradition Hospital was also honored by Vizient as a [Top Performer in the Complex Care Medical Center cohort of the Bernard A. Birnbaum, MD, Quality Leadership Award](#), recognizing exceptional performance in the delivery of high-quality, patient-centered care.

### Cleveland Clinic Martin Health

Martin Health Surgical Services earned the [Center of Excellence in Surgical Safety – RSI](#) designation from the Association of periOperative Registered Nurses, acknowledging its exemplary practices in preventing retained surgical items and advancing surgical safety.

### Cleveland Clinic Tradition Hospital

Tradition Hospital achieved [Advanced Comprehensive Stroke Center](#) certification from The Joint Commission, recognizing its ability to provide the highest level of stroke care.

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