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# EXCELLENCE

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## ■ Collaboration that expands nursing education. Nurse-led research that shapes public policy.

This issue of *Excellence in Nursing Education and Research* presents two separate features of immediate relevance to both educators and researchers.

### For educators:

A successful nursing education is an effective collaboration—between student and faculty, between faculty and administration, and between the school and its partner hospitals. This issue introduces you to a pair of promising collaborations that, at their core, share the same goal: Bring more nurses into schools and educate them better.

In Oregon, nurses are creating a statewide network of access and knowledge, shaped by a set of nursing competencies demanded by the changing health care environment. [Read the feature](#). In Sacramento, hospitals are aligned to educate nurses, tuition free. [Read the features](#).

### For researchers:

What turns nurse-led research from “just another paper” to significant findings that could change the face of health care? In this feature, read about one study that has created meaningful action among health care policymakers. According to the report’s author, the attention a study garners in the end can be designed into it from the beginning.

The study was carefully constructed to gain attention and shape policy, from early background work and research team recruitment, to project design and the language used to report the outcome. Now it’s won a

## ■ In This Issue

### In [Excellence in Clinical Practice](#)

Perioperative nursing is undergoing changes that outpace the rest of nursing. The reason of course is technology, especially minimally invasive, laparoscopic and robotic tools that are reshaping the entire surgical landscape. But the most pressing questions among nurses in these ORs are not about how to manage the tools, but how to manage the environment so that patients get the right care at the right time for a positive surgical outcome and successful recovery. In other words, perioperative nurses are being nurses even as technology is altering what surgery has become. [Read the feature](#).

### In [Excellence in Nursing Administration](#)

In this special report to *Excellence in Nursing Administration*, by Pamela Triolo, chief nursing executive at The Methodist Hospital in Houston, read about how a nursing leadership design team constructed a new performance-driven “clinical ladder” that rewards nursing excellence while keeping top nurses at the bedside. The model integrates and balances the key cultural cornerstones of organizational values, evidence-based practice, relationship-centered care, pay for performance, the American Nurses Credentialing Center (ANCC) magnet criteria and a commitment to differentiated practice. [Read the feature](#).



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Greg Perry  
Editor

**Also in Excellence**

**[An Important Message to Members: It's Up to Us. It's Up to You.](#)**

This biennium, members of the House of Delegates will be asked to vote on very important issues in the areas of governance, membership eligibility and finance that will directly affect the society's ability to continue providing high value to its members and operate more efficiently.

**[Nursing and Philanthropy: Marshalling time, talent and treasures for the public good](#)**

Nurses are often at points where professional practice gives way to volunteer action, potential donors are exposed to the acute need for funds, and hotly contested resource management issues spring up. Read about what nurses can say and do in those situations to help prompt philanthropic impulses and steer action toward the patient's best interests.

**[Nurses and lawyers: Working side-by-side to improve family health](#)**

In Boston, nurses and attorneys, along with physicians and social workers, are working together to improve the health and welfare of low-income families with children. The Family Advocacy Program (FAP) is a medical-legal collaborative affiliated with the Boston Medical Center (BMC) that provides free legal services for families. It integrates lawyers into the clinical setting to improve the efficacy of medical of treatment for children from low-income families.

**[Nurses helping to shape the national agenda for environmental health and older persons](#)**

The Environmental Protection Agency has launched an Aging Initiative to study the effects of environmental health hazards on older persons and examine the impact that a rapidly aging population will have on the environment. Sigma Theta Tau International is a partner with EPA on the initiative and is assisting the agency in developing specific programs and recommendations that will help position nurses as advocates of older persons with diseases that are worsened by environmental pollution.

**[Evaluating the Discover Nursing Campaign](#)**

In partnership with Sigma Theta Tau International, Johnson & Johnson has launched a \$20 million national campaign to increase the number of nurses in America. Johnson & Johnson also awarded a grant to help evaluate the success of the campaign.

**[Nurses and lawyers: Working side-by-side to improve family health](#)**

Lawyers know what to do and say to get someone's attention. Nurses know how to assess a child's health and identify concrete steps to improve it. In Boston, nurses and attorneys, along with physicians and social workers, are working together to improve the health and welfare of low-income families with children.

The [Family Advocacy Program](#) (FAP) is a medical-legal collaborative affiliated with the Boston Medical Center (BMC) that provides free legal services for families whose children are served by BMC and affiliated neighborhood health centers. FAP also consults with and trains health care providers in medical-legal issues (see accompanying sidebar). The program was initiated in 1993.

**Using the law as a clinical tool**

The Family Advocacy Program integrates lawyers into the clinical setting to improve the efficacy of medical treatment for children from low-income families.

**The medical-legal collaboration: Evolving strategies for improving child health**

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And in the case of [Kathleen Kearney](#), RN, the program is integrating both nursing expertise and legal insight from a single person. Kearney is a pediatric nurse and a law student at Suffolk University. She is a legal intern with the Family Advocacy Program and beginning the second year of her law education.

"Patient advocacy has always been at the center of my nursing practice, and I've always worked to look outside the immediate clinical setting and see issues in a more holistic context," she told Excellence in a recent interview. She says she considered pursuing a master's in social work but saw the law as a broader-based education that also provided more avenues for practice.

As a part of the legal team at FAP, she is working with her legal and medical associates to ensure families' basic needs-adequate housing and nutrition, income supports, safety, access to health care and appropriate educational services.

## Tools and resources for clinicians

### Needs Assessment Survey

A critical tool for determining advocacy needs among the patient population.

### How-To Manual

A 200-page hands-on guide to establishing and running a medical-legal collaborative based on the Family Advocacy Program model.

### Advocacy Code Card

The Advocacy Code Card gives health care providers ready access to a wealth of advocacy tips, strategies and resources in a compact, concise format. It's designed to be adaptable for any community.

### Housing Code Card

With the Housing Code Card, providers have screening questions, a list of housing resources and options, and a sample letter to landlords at their fingertips.

### Clinical Practice Guidelines

For years, primary care physicians have used clinical practice guidelines (CPGs) as an essential aid in identifying decision points and appropriate treatment options for specific circumstances. Working in collaboration with pediatricians, FAP attorneys have applied the clinical algorithm model to advocacy, creating a library of diagrammatic CPGs to guide front-line practitioners as they address poverty-based barriers to the health of their patients.

### Tipsheets

FAP Tipsheets offer basic advocacy information and easy action steps on a variety of problems encountered by low-income families. For use by patients' families, health care providers and advocacy workers.

## Dear May:

### Contribute your tribute to May L. Wykle

A special book of letters is being created to provide an opportunity for friends and colleagues of May L. Wykle, RN, PhD, FAAN, to acknowledge her contributions as the society's president during 2001-2003.

If you would like to write a letter acknowledging President Wykle for her service to Sigma Theta Tau International, you may send your letter to [headquarters](#) c/o Margie Wilson. The due date is October 1, 2003. Letters will be collected and presented to President Wykle during the 37th Biennial Convention.

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## ■ Clearing the air:

### Nurses helping to shape the national agenda for environmental health and older persons

In October 2002, the Environmental Protection Agency (EPA) launched an Aging Initiative to study the effects of environmental health hazards on older persons. The initiative will also identify model programs that will provide opportunities for older persons to volunteer in their communities to reduce environmental hazards and protect the environment for future generations.

According to Sigma Theta Tau International president, May L. Wykle, RN, PhD, FAAN, it's an issue that goes beyond the air quality in a given community. She says, "Older adults reside in different environments of care in addition to living independently in the community. These various environments may pose hidden health hazards that impact quality of life for elders. Continuous assessment of all environmental safety factors is essential for the well-being of elders." Dr. Wykle is chairing an Aging Advisory Group to work with the EPA on the initiative.

Sigma Theta Tau International is a partner with EPA on the initiative and is assisting the agency in developing specific programs and recommendations that will help position nurses as advocates of older persons with diseases that are worsened by environmental pollution.

"Nurses are often at the center of treatment teams when it comes to chronic bronchitis, emphysema, asthma and even COPD," says Kathy Sykes, senior advisor to the Aging Initiative. "By bringing nurses into a fuller awareness of how environmental factors contribute and then inviting them to help develop real-world solutions for their communities, we think we are moving in the right direction."

The EPA has developed a National Research and Action Agenda that will:

1. Determine research gaps on the impact of environmental health hazards to older persons.
2. Determine tools that can address the impact an aging society will have on our environment.
3. Identify model programs that will provide volunteer opportunities to reduce environmental hazards in local communities.

### Add your voice

The EPA is seeking public comment on the agenda until **September 30, 2003** to assure that the final agenda includes input from the broadest base of expertise including federal, state, local and tribal governments; public and private organizations; professional health, aging and environmental associations; academia; business and volunteer organizations; and other stakeholders, including older Americans and their families.

The agency encourages comments from nurses and all those interested in addressing environmental health hazards that affect the health of older persons. Comments can be logged at the [Aging Initiative Web site](#), by e-mail to [aging.info@epa.gov](mailto:aging.info@epa.gov) or by fax at 202.564.2723.

## ■ The Discover Nursing Campaign

### Measures of success now underway

In partnership with Sigma Theta Tau International, Johnson & Johnson has launched a \$20 million national campaign to increase the number of nurses in America. The campaign was launched in 2002 and included television commercials about the nursing profession during the 2002 Winter Olympics and the Super Bowl in January of 2003. Brochures were sent to every high school in the U.S., and the Web site [www.discovernursing.com](http://www.discovernursing.com) was created to educate prospective students.

**The appropriate question now is, how's it working?**

## ■ An Important Message to Our Members

As you know, the Honor Society of Nursing, Sigma Theta Tau International is at the forefront of nursing research, scholarship and leadership. To stay on the cutting edge, we monitor association trends, listen to our members and chapters, and conduct research. Through these practices, we have discovered new opportunities to deliver on our vision: *to create a global community of nurses.*

This biennium, members of the

We're about to find out. Johnson & Johnson has given Peter Buerhaus, RN, PhD, Valere Potter Professor of Nursing, senior associate dean for research at the Vanderbilt School of Nursing, a grant to help evaluate the success of its campaign. Buerhaus is also a member of the board of directors for Sigma Theta Tau International.

Buerhaus has been involved in helping J&J design its campaign by organizing a survey of American public opinion on the nursing profession and the shortage. Buerhaus says findings from the survey indicate the American public doesn't really know what today's nurse is capable of. "Americans respect, admire and trust nurses, but they are mostly unaware of all that they do. We need to educate people and talk about the variety of specialties nursing has to offer," Buerhaus said.

In the research, Buerhaus and his team of researchers will be asking new nursing students why they chose to study nursing, what else they might have been considering, and whether or not they have seen commercials about the campaign or heard about it. "This will help us get a sense of the next generation of nursing students," Buerhaus said, "and find out whether and how the campaign has influenced these new nurses."

In the fall, Buerhaus and his research team plan to survey teachers and guidance counselors in high schools across the country as part of the grant, to find out if they are using tools provided by the campaign. And another survey is on the horizon, to check in with two to three hundred of the nation's key leaders in high-level positions in government and business, who influence popular culture in the U.S.

Buerhaus says the recent Nurse Reinvestment Act passed by Congress and signed by President Bush is a start, with its provisions to create public service announcements about nursing, offer loan repayment and scholarship programs. But says the 20-million dollars Congress put behind the bill won't even make a dent in the nursing shortage. "The amount is appreciated, but wholly inadequate to address the seriousness of the problem." Buerhaus says it will take continued investment by the private sector, like the campaign from Johnson & Johnson, as well as a newly designed commitment from Congress to assure that enough RNs are available to meet current and future demands.

Nancy Lewin, executive director of Corporate Equity and the Nursing Campaign and New Ventures for Johnson & Johnson, says her company is committed to the cause. "Our credo encompasses commitment to the community in which we live and work, and to respond first to the doctors, nurses, patients and all who use our services," said Lewin. She says the Johnson & Johnson campaign will continue to focus on three key areas: improving the image of the nursing profession, recruiting new nurses of all ethnic backgrounds and retaining them.

House of Delegates will be asked to vote on very important issues in the areas of governance, membership eligibility and finance that will directly affect the society's ability to continue providing high value to its members and operate more efficiently.

The proposed enhancements to the bylaws facilitate the society's adjustment to the fast-paced, high-tech, on-demand world, while maintaining our vision of creating a global community of nurses. Because each of these issues affects you, the member, we recognize that you may have questions or concerns. Please visit the society's Web site, [www.nursingsociety.org](http://www.nursingsociety.org), to keep up on these issues. Discuss them with your chapter's members and ensure that your chapter's delegates come to convention educated, informed and ready to make a positive impact on the future of the society and members like you.

**[It's up to us. It's up to you.](#)**



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## **In the current issue:**

### **Reflections on Nursing Leadership**



More than 12 percent of the U.S. population is Hispanic, yet only 2 percent of nurses are from Spanish-language cultures. Dr. Nena Peragallo, dean of the University of Miami School of Nursing and president of the National Association of Hispanic Nurses in the United States, is out to change that. Learn more about Peragallo, who emigrated to the United States from Chile, in the 3rd Qtr. 2003 issue of *Reflections on Nursing Leadership*.

The theme for this issue is "Nurses and philanthropy." Other highlights include:

"Inspirational Linda" ... Dr. Linda Reaby grew up in Kansas City, Mo., but has improved the lives of thousands of Australian women suffering from breast cancer.

"Mission to Kathmandu" ... A nurse from Portland contemplating retirement finds new focus and fulfillment in Nepal.

"I pledge" ... Dr. Joanne Olson, a contributing editor of *Reflections on Nursing Leadership*, tells how the 4-H pledge she recited in childhood continues to influence her perspective on philanthropy.

## **From the Eyes of Peers to the Lives of the Public:**

### **Designing Research to Prompt Real-World Action**

What turns a report from "just another paper" to significant findings that could change the face of health care? According to [Linda Aiken](#), RN, PhD, FAAN, director of the Center for Health Outcomes and Policy Research at the University of Pennsylvania, the attention a study garners in the end can, to a large degree, be designed into it from the beginning.

From early background work and research team recruitment, to project design and the language used to report the outcome, Aiken and her colleagues have found ways to help assure that their studies provide meaningful, and actionable, findings to health care policymakers.

Aiken's team won the spotlight recently when Academy Health (formerly Academy for Health Services Research and Health Policy) presented its Article of the Year Award to her, along with Sean P. Clarke, RN, PhD; Douglas M. Stone, PhD; Julie Sochalski, RN, PhD; and Jeffrey H. Silber, MD, PhD, for "Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction," which appeared in the *Journal of the American Medical Association*, October 23/30, 2002.

The award is considered one of the most prestigious accolades in health services research. "We are all extremely pleased and proud, as this is the first major recognition of research done by nurses, and about nursing...in health services research," said Aiken.

Maybe you've already read the staffing study—it's a report that has been circulated widely within nursing. Out-performing previous efforts on the same topic, the study conducted by Aiken and colleagues successfully defined the association between the patient-to-nurse ratio and patient mortality, failure-to-rescue (deaths following complications) among

## **Resources**

[Academy Health](#) is the professional home for health services researchers, policy analysts and practitioners, and a leading, nonpartisan resource for health research and policy. They convene national scientific and health policy conferences, work with public and private policymakers to transform findings into workable programs, and disseminate vital information through research syntheses, special reports and periodicals.

The [Center for Health Outcomes and Policy Research](#) at the University of Pennsylvania. This unique collaboration within the School of Nursing draws together faculty from nursing, sociology, demography, medicine, management, economics and other disciplines to conduct studies that focus on the outcomes of health care policy, especially workforce and professional practice issues.

surgical patients, and factors related to nurse retention. Researchers gathered data from 10,184 staff nurses surveyed; 232,342 general, orthopedic and vascular surgery hospital patients discharged between April 1, 1998, and November 30, 1999; and administrative data from 168 nonfederal, adult general hospitals in Pennsylvania. After adjusting the risk for patient and hospital characteristics, the study concluded that, in hospitals with high patient-to-nurse ratios, surgical patients experience higher 30-day mortality and failure-to-rescue rates, and nurses are more likely to experience burnout and job dissatisfaction.

### Designing the research that gets noticed

Equally significant is the widespread coverage the study has enjoyed, in mass media as well as the health care related journals. Upon publication, the nurse staffing study elicited an immediate response from the press, winning nationwide television, newspaper and radio coverage. Four political cartoons generated additional awareness, and the Wall Street Journal announced the findings on its front page. Dr. Aiken spoke to Excellence about the factors that helped generate such broad-based attention for the study.

"It begins with design analysis," says Aiken. "Don't wait until you have the outcomes." In this case, devising a simple way to express the results meant first subjecting them to rigorous mathematics.

Aiken and her colleagues designed multi-layered, cross-sectional analyses of linked data from the nurse respondents, patient records, and hospital history and characteristics. Risk adjustment, for instance, was accomplished using 133 variables.

### Helping nurse-led research cross over into public policy

Aiken is a veteran in health services research and policymaking. One of her top guidelines for making research more relevant to outsiders is to translate the findings into real-world terms and action points. "Orient the findings within the context of better care," she advises. In the "comment" section of their award-winning article, the authors go so far as to spell out the correlation between patient death rates and various nurse staffing ratios: "Our results imply that had the patient-to-nurse ratio across all Pennsylvania hospitals been 4:1, possibly 4,000 of these patients may have died, and had it been 8:1, more than 5,000 of them may have died." Translating mountains of data into such direct terms—patients saved versus patients lost—is powerful stuff indeed.

Aiken tells nurse researchers to take the initiative in moving their studies out of academia's ivory towers. It helps to demonstrate to readers that you recognize a realistic context of overlapping influences and issues. "Acknowledge that many issues are interrelated. That's how to connect with policymakers," she says. "Nursing science is not just about nursing, there's always a larger context." Thus, in their article, Aiken and her colleagues made this observation, clearly connecting optimal staffing to a hospital's need to control costs: "If recently published estimates of the costs of replacing a hospital medical and surgical general unit and a specialty nurse of \$42,000 and \$64,000, respectively, are correct, improving staffing may not only save patient lives and decrease nursing turnover, but also reduce hospital costs."

The ultimate goal is to conduct and document research that is not only recognized and discussed, but also utilized in real-world applications as an effective rationale for health care improvements. Aiken's study has been widely applied by legislators. It is cited in the Nurse Reinvestment Act and incorporated in state legislation on nurse staffing ratios. It was also used by an AHA (American Hospital Association) commission on staffing ratios.

In order to make research more meaningful to policymakers, says Aiken, nurses are wise to anticipate, and design out, any criteria that could make a study seem less than even-handed. "Don't give them reasons to call you irrelevant," Aiken states. In the study, for example, the sample was purposefully limited to patients undergoing common surgical procedures—ignoring vascular surgeries in which patients are often gravely ill, and might produce higher-than-average mortality and complication rates. "By limiting the scope of the study to patients with whom a quick recovery was expected, we eliminated the possibility that results could appear skewed," Aiken



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journal from Sigma Theta Tau International linking evidence to practice, education and policy. [Click here!](#)

explained.

### **Actionable research is accessible research**

It was part of her team's strategy to distribute their findings to the general public as well as to fellow professionals. Such goals can necessitate different publication tactics and schedules once the study is complete, she says. The Center for Health Outcomes held on to the findings for a full year before releasing them. During that time, Aiken and her colleagues worked to make the data more understandable to a general reader. A professional public relations team helped create story lines that appealed to interests of various disciplines. Clearly, the widespread public attention the study received was no accident.

Finally, the Center for Health Outcomes and Policy Research at the University of Pennsylvania teaches researchers to continually refine and expand their findings for even greater efficacy. Similar studies are currently underway in Canada, Germany, the United Kingdom and New Zealand, where initial analysis suggests similar relationships among staffing, mortality rates and nurse retention.

### **■ Educating the New Nurse: Promoting Competencies and Enduring Controversy**

Nursing educators are involved in a nationwide conversation on nursing competencies. The dialogue's beginning can be traced to 1991, when the Pew Health Professions Commission released the report *Healthy America: Practitioners for 2005*, which set the tone with the blunt opening statement that "the education and training of health professionals is out of step with the evolving health needs of the American people." With that report, the commission set forth to explore the attitudes and skills that health practitioners ought to possess to be most responsive to the health needs of the public, then to offer a prescription for change to meet these needs.

*Healthy America: Practitioners for 2005* listed 17 "competencies"- attitudes or skills that will enable practitioners to best respond to the public's health needs. In subsequent reports from the commission, and through a growing literature, the original thinking and the specific competencies have been sharpened and tested.

The commission's goal was to recommend change--and also to create a cadre of, in its own words, "like-minded transformers" who will assume positions of influence and attack problems with zeal.

#### **Zeal in Oregon for competencies and connection**

A voluntary partnership has formed consisting of eight Oregon community colleges and the state's public school of nursing ([Oregon Health Sciences University](#)) and several private baccalaureate schools of nursing. The partnership, called the Oregon Consortium for Nursing Education (OCNE), proposes a shared curriculum that is directed toward standard competencies.

OCNE's recommendations and plan integrate the Pew competencies, as well as conclusions developed in a strategic plan by the Oregon Nursing Leadership Council, a forward-looking think tank for nursing issues whose members represent the state's major nursing groups. In that plan, which was itself the product of a close collaboration with nursing educators, providers and other nursing organizations, 16 core competencies of the "new nurse" were put forth.

The plan reflects a basic agreement in nursing leadership and in educational programs to move toward new competencies that are derived from current understanding and anticipated health care needs of the community, as well as the expected demands for nurses and other health care providers.

In defining the demands, a report titled "Oregon's Nursing Shortage: A Public Health Crisis in the Making," published by the [Northwest Health Foundation](#) and written by [Christine A. Tanner](#), RN, PhD, FAAN, associate dean for statewide undergraduate programs at Oregon Health & Science University (OHSU) School of Nursing, projected a 20 percent to 25 percent shortfall in nurses necessary to care for Oregon's population by 2010.

According to Tanner, "To reach the appropriate competencies, nursing schools must teach to them, which means altering curricula and licensing requirements. It's a controversial



statement to some Oregon community colleges, but we believe many of today's students aren't prepared to practice independently when they graduate from a two-year nursing program, and even the baccalaureate graduates fall short of what is really necessary." Toward that, the plan proposed by OCNE encourages schools to offer extensive preceptor-type experience toward the end of the program. Giving increased attention to clinical experience in the final year of a four-year RN program speeds student readiness for the workplace.

The actual competencies in question extend beyond core clinical skills and critical thinking to include planning abilities and the ability to implement and evaluate care programs. According to Tanner, the necessary competencies of this "new nurse" also include responsibility to lead, teach, delegate and supervise other members of the health care team, such as family members, technical nurses and nursing assistive personnel.

### **Voices of objection. Voices of support.**

In editorials published in Oregon's newspapers, the plan has drawn sharp criticism from community college leadership and their advocates. In one editorial published in *The Portland Tribune*, Maurice McKinnon, PhD, the division dean of health and family studies at Portland Community College, wrote that "nursing educators need to bring more nurses into the workforce, not set up a system that restricts their entry."

The editorial staff of the *Register-Guard* asked several pointed questions, among them: "Currently, nursing is a well-paid profession that is open to many who can't afford a four-year education-including including, particularly, women and minorities. Would a four-year requirement effectively block minorities or others from becoming nurses? And what effect would that have on alleviating the nursing shortage?"

Judith Tatman, RN, MSN, regional director of clinical support and chief nurse executive at Sacred Heart Medical Center in Eugene, and president of the Oregon Nursing Leadership Council, defended the recommended changes in educational requirements in a *Portland Tribune* editorial, writing: "There was a time when a two-year nursing degree was sufficient, but today's complex health care problems demand more of nurses. That community college degree now requires at least three years because of a full and necessary year of prerequisites." She concludes, "Oregon's nursing leaders have worked for two years on this plan, suspending academic traditions and setting aside personal agendas to offer a creative solution to the crisis. Maintaining the status quo won't solve the shortage, and unless we take bold action today, the consequences will be tragic. Nurses, with a solid plan, offer the promise for solving this crisis."

### **Something everyone can agree on: Wider access to nursing knowledge**

The least controversial aspects of the OCNE plan call for a doubling of nursing school enrollment by 2005. It's a daunting task made more difficult by the shortage of nursing faculty and clinical practice sites, but the plan includes ideas that leverage faculty, laboratories and classroom facilities.

One such idea is the creation of regional simulation labs-interactive theatres of distance learning that boost teaching capacity by blending universities' and community colleges' resources via the Internet or an interactive television platform. One lab is functioning now at OHSU, and funding campaigns are underway to develop the labs at other sites.

OCNE also has proposed a centralized resource for curricula development, including competency testing tools, specialized class units and case studies-essentially creating a statewide campus with universally available resources.

### **Literature, evidence and pilot programs**

The OCNE model has presented in the *Journal of Nursing Education* [Gubrud-Howe, P. (2003). A challenge to meet the future: Nursing education in Oregon, 2010. *Journal of Nursing Education*, 42(4)]. A pilot program involving Mt. Hood Community College's nursing program and OHSU is underway, with the first students admitted and on track to complete non-nursing core studies in 2004. Nurses and nurse educators throughout Oregon are watching the pilot very closely, and evaluations are planned to measure its efficacy.

"We're reinventing nursing education in Oregon-no small task," says Christine Tanner. "But the rich collaboration and broad support we've experienced tell us that we are moving in the right direction. It's been the highlight of my career."

## ■ 130 New Nurses. \$0 Tuition.

### **Sacramento Hospitals Get Serious About the Shortage**

The four nonprofit health care systems that serve Greater Sacramento are collaborating to fund a tuition-free nursing education program for current health care employees who want to become nurses.

This collaborative effort comprised of Catholic Healthcare West/Mercy, Kaiser Permanente, Sutter Health and U.C. Davis Health System is operating as the Healthy Community Forum. Each of the health systems within the forum has committed to spending approximately \$750,000 over the next three years to educate up to 130 nurses through an expansion of the Los Rios Community College District's American River College Associate Degree Nursing Program.

According to [Barbara R. Norrish](#), RN, PhD, director of clinical education for Kaiser Permanente, "From the beginning, a spirit of collaboration and shared goals displaced any competitive feelings. We all need more nurses now, and while each system had different HR practices and policies, the people in the work groups were deeply committed to finding common ground and building on that."

The program will be funded by the four hospital systems and a grant from the Governor's Nurse Workforce Initiative to the Sacramento Employment and Training Agency (SETA).

### **Familiar problems: The nursing shortage, and a lack of educational capacity**

Currently, there are more than 1,000 openings for registered nurses in hospitals in the Greater Sacramento area. In Sacramento County alone, the shortage is expected to grow to 4,070 by 2006.

Local nursing schools graduate just 259 RNs annually, and it often takes students up to five years to complete their degree at a community college as they are unable to obtain entry into needed classes due to space limits. In addition, with the current state budget crisis and the proposed cuts facing community colleges in California, fewer prerequisite classes will be available for these students, and community colleges will not be able to add nursing classes.

"The nursing shortage is a national issue, but it is worse in California," said Sarah Krevans, Sutter Health's regional executive officer and a member of Healthy Community Forum. "Nationally, California ranks 49th in the number of nurses per 100,000 population. While we currently have excellent nursing programs in the area, they simply cannot handle the necessary volume. Many qualified prospective students are turned away each year, while the community's needs go unmet. It is incumbent on the health care systems to support the community colleges and their efforts in training our future nursing workforce."

### **Employees educated as nurses. Staff nurses recruited as instructors.**

Over the next four years, the collaborative plans to educate up to 130 nurses through an expansion of the American River College Associate Degree Nursing Program.

The first class of 40 nursing students is formed, drawing

## ■ Teaching in the hospital:

### **Preserving academic standards while extending the campus**

Sutter Health in Sacramento has made an initial gift of \$3.6 million to Los Rios Community College District, which will enable Sacramento City College to expand its Associate Degree Nursing Program. Sutter will also assume costs for space for an extended campus for the Sacramento City College nursing program, to be known as the Sutter Center for Health Professions.

The center will support a program approved by the California State Board of Registered Nursing, leading to an associate degree in nursing. The Sutter gift will enable Sacramento City College to offer the program with no tuition or lab fees.

While Sutter Health will provide nurses from its staff to augment the clinical instruction, and is housing the classes, it doesn't own the curricula.

"The most important aspect for nursing education and hospital administrators to understand is this is not a return to the diploma programs of years past," says Sandy Kirschenmann, vice chancellor, Planning and Resource Development for the Los Rios Community College District. "We worked closely and respectfully with the accreditation boards to make sure we understood their processes and priorities. They have a critical role in making sure only qualified nurses are licensed to practice, and they don't want hospitals back in the business of training nurses. They also see the need for educational alternatives that bring more nurses into the profession. In the end, we found a way to make it work."

from established waiting lists at the community colleges. Qualified employees of the hospital systems will be given preference for the tuition-free program, which will enable them to continue working while they complete a nursing education.

But the health systems that make up the Healthy Community Forum are providing more than dollars and students. They're also providing staff to serve as adjunct faculty members and facilities for clinical instruction.

"Solutions to the shortage are going to have to come from the top of health care organizations, and they're going to have to be significant in size and scope," says [Sandy Kirschenmann](#), vice chancellor, Planning and Resource Development for the [Los Rios Community College](#) District. "The Healthy Community Forum was led by the CEOs of each of the systems involved. It's a bold, strategic-level approach. Anything less really isn't going to move the needle."

## **Nursing and Philanthropy:**

### **Marshalling time, talent and treasures for the public good**

Nurses are the public face of hospitals, schools and health care programs. They act as bridges between the institution and the public, at points where professional practice gives way to volunteer action, potential donors are exposed to the acute need for funds, and hotly contested resource management issues spring up. What the nurse says and does in those situations can help prompt philanthropic impulses and steer action toward the patient's best interests.

Do we have the skills to meet the challenge? These and other questions were addressed at a groundbreaking, Sigma Theta Tau-sponsored conference in December 1997. "[Nursing and Philanthropy: An Energizing Metaphor for the 21st Century](#)" was an assembly of invited leaders in nursing, philanthropy and education. The conference proceedings are collected in a book by the same name.

Angela Barron McBride, RN, PhD, FAAN; the recently retired dean of Indiana University School of Nursing; past president, Sigma Theta Tau International; and a conference organizer, edited the book and contributed a chapter titled "Voice versus Loyalty, the Dilemma of Nurses."

In an interview with Excellence, McBride stated that the relationship between nursing and philanthropy has grown more critical over the past five years. "Nurses in the not-for-profit world have even more limited resources now, which makes the development of service or educational programs even more difficult," says McBride. "Philanthropy is essential, and the nurse's role in promoting philanthropy, equally essential."



## **Call for Abstracts**

Submit your abstract now for the [15th International Nursing Research Congress](#), 22-24 July 2004 - Dublin, Ireland and the [Evidence-Based Practice Preconference](#) 21 July 2004.

## **NEW Funding Opportunities for Nurses:**

[American Cancer Society](#) - [funding opportunities](#) for nursing training, research and career development. [Grant Deadlines](#) October 15 and April 1.

## **Support for the society:**

### **Initial success in giving campaign**

By Adam Keener, Philanthropic Services Coordinator

"Loyal to our heritage...securing our future"

This straightforward phrase heralded the start of the International Honor Society of Nursing Foundation's first-ever annual giving campaign. And while the solicitation of unrestricted contributions is new to the organization, the need for it is not.

Throughout the society's history, a dedicated corps of benevolent individuals, comprised primarily of members, has shouldered much of the fundraising responsibility for the organization. Their support has enabled us to remain flexible in changing times, and to continue fulfilling our mission as an honor society best positioned to improve the image of nursing and advance the profession. While we have appreciated their steadfast

According to McBride, a nurse's philanthropic role has many facets. In an age of cost-cutting, managed care and profit-driven initiatives, the nurse's traditional role as patient advocate is constantly under siege. McBride and others challenge the profession to protect this vital obligation. Service, wellness and educational programs are the first to go in a tough economy. Nurses with interests in these programs must increasingly sharpen their communication and fund-raising skills to help keep them afloat.

Furthermore, as the population ages and geriatric patients place a greater strain on the health care system, entire communities must be called upon to share the burden of care. The role of mobilizing, motivating and training these crucial caregivers will fall upon the nursing profession.

As individuals and as a group, nurses must find new ways to engage volunteers and donors. "The inherent goodness of nursing is not enough," McBride states. "Successful mobilization and fund raising requires an articulated vision and mission"-one that resonates with the public.

In the book's chapter "Volunteer-Professional Partnerships," Sharon Farley, RN, PhD, discusses the value of generating a "strong sense of benefit" as well as a "strong sense of need" in attracting philanthropic partners. But McBride cautions nurses that resource development language is not the same as research and grant language. In resource development, the social and emotional appeal of care giving gains equal ground with the science of practice.

The book touches on numerous other ways in which nursing and philanthropy professionals must continue to blend their roles, adopting a strong and multi-layered, interdisciplinary approach on behalf of the public good.

"The conference and the book were a good initial effort," says McBride. "Since then, we're seeing a greater 'coming together' of nurses and philanthropy professionals. [Indiana University](#) now offers a dual degree program. Maybe in ten years this will be seen as the beginning of a body of literature on the subject."

Click [here](#) to purchase a copy of *Nursing and Philanthropy: An Energizing Metaphor for the 21st Century*.


The current issue of *Reflections on Nursing Leadership* explores the idea of nursing and philanthropy with a series of perspectives and profiles. Click [here](#) to read a [preview](#) of the issue.

support, we know that we must involve and engage more members, as well as other stakeholders, in our fundraising efforts.

It is from this realization that our first-ever annual giving campaign was born. Our goal for 2003 is to raise \$100,000 in unrestricted contributions while attracting the philanthropic support of at least two percent of our membership (approximately 2,300 individuals). We also are broadening our donor base by reaching out to external constituencies, such as vendors, and members of the public who understand and value the benefits of scholarship and leadership in nursing.

I am happy to report that we are well on our way to reaching our \$100,000 goal. Since April 1 of 2003, when the campaign began in earnest, we have received more than \$81,000 in unrestricted contributions from nearly 1,800 members. What's more promising is that nearly 55 percent of those contributions have come from first-time donors to the society.

We still have much to accomplish. Member dues currently meet only 61 percent of the society's annual revenue. Your unrestricted contribution to the annual giving campaign will help us meet our goal of maintaining the flexibility required to implement today's initiatives and program needs. We appreciate those gifts we have received thus far, and we ask that you consider a contribution of \$80 in honor of the anniversary, or what you can at this time. Click [here](#) to make a contribution to the annual giving campaign.



For more information about the 2003 Annual Giving Campaign, contact [Adam Keener](#), philanthropic services coordinator, via e-mail at [adam@stti.iupui.edu](mailto:adam@stti.iupui.edu) or via telephone at 317.917.4918.