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The currencies of philanthropy

Our children attended a small parochial grade school, and twice a week the school provided hot lunches for $1.50. As a working mom, I loved these Tuesday and Thursday lunches because they meant 10 or more minutes of sleep at least two times a week. Our son and daughter enjoyed it because, for those two days, they were freed of PBJ&J (peanut butter-and-jelly sandwiches), carrot sticks and boxed drinks. When our son was in fourth grade, I dutifully dropped him off at school on hot-lunch days with his $1.50. But when I picked him up in the afternoon, I noticed he was cranky and often complained of being hungry. Thinking his hunger was induced by a growth spurt, I started bringing after-school snacks with me for rapid consumption as soon as he entered the car. This tactic worked quite well, and then I noticed he wasn't having these hunger attacks on the days he took lunch, only days he was with his girlfriend.

I asked my 9-year-old what he was doing with the lunch money, and he sheepishly told me he was giving it away to needy families and March of Dimes. He said he didn't need lunch as much as those people needed it. He contributed to and asked for very little in personal return. People who invest in a cause they are passionate about want a return on their investment. They want to see that time, talent or money is well-used. Passionate people expect a high degree of responsiveness and results from the causes they contribute to and ask for very little in personal return. For themselves, they wish only for appreciation. They are content with recognition, a simple thank-you as their paycheck. The ultimate payoff for passionate people is the satisfaction of contributing and giving of self.

As individuals, our biggest challenge is not to find causes that we value, but rather to discover which currency of philanthropy to choose in expressing our generosity. For some people, time is a limited commodity, so investing extensive hours to a cause might not be realistic. Their currency might be small investments of time for a short-term task or project. Others might elect to make a monetary donation. For others, money is their limited resource, so they may choose to give their talent or money is well-used. As a result, they are motivated to become involved, to support the cause and to be generous with themselves in seeing the cause and their beliefs advanced.

People are passionate about a cause, they see a connection between themselves and the cause. They see their beliefs being lived out through activities engaged in by the organizations—that the activities are making a difference in realizing their beliefs. As a result, they are motivated to become involved, to support the cause and to be generous with themselves in seeing the cause and their beliefs advanced.

Sometimes, what starts out as giving time or talent leads to something behind closed curtains. They are pointed out to me by telling me what I already know but I am not aware of. Their disheveled appearance can be their barricade. It is a weak resistance that gives me the upper hand so much as they want to fight me off or scare me away. I win my lonely battle by telling them the one thing they didn't want to hear.
The currencies of philanthropy

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I asked my 9-year-old what he was doing with the lunch money, and he sheepishly told me he was giving it away to the various causes the school took collections for—causes that we valued, but rather to discover which currency of philanthropy suits them best. They see their beliefs being lived out through activities engaged in by the organizations—that the activities are making a difference in realizing their beliefs.

As a result, they are motivated to become involved, to support the cause and to be generous with themselves in seeing the cause and their beliefs advanced.

People who invest in a cause they are passionate about want a return on their investment. They want to see that time, talent or money is well-used. Passionate people expect a high degree of responsibility. They are willing to give a portion of their generosity because of the satisfaction of contributing and giving of self.

As individuals, our biggest challenge is not to find causes that we value, but rather to discover which currency of philanthropy best suits us—money, time, talent or money is well-used.

For themselves, they wish only for appreciation. They are content with recognition, a simple thank-you as their payment.

The ultimate reward for passionate people is seeing their beliefs being lived out—active service to the cause. They see their beliefs being lived out by others, that the activities are making a difference in realizing their beliefs.
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Leadership myths

by Barbara A. Trent

Leadership and management are equally important but, unlike management, leadership involves change. Since change is disruptive to an organization and can contribute to the organization's demise, it needs to be episodic rather than periodic.

Power resources

Another key Rost concept is that leadership is based on an “influence relationship” that involves the use of power resources. These resources, which include formal education, expertise, experience, assertiveness, communication skills, reputation and networking, are used by leaders and collaborators to influence people to join their efforts in bringing about desired change.

At different points in time throughout the leadership process, contingent upon an individual's power resources, leaders will serve as collaborators and collaborators will serve as leaders. In other words, leaders and collaborators interchangeably utilize their power resources to attract or entice others to join their group to bring about a change that reflects their mutual purposes.

Leadership and management require the use of power resources. If unethical power resources are used, then the leadership process is not considered ethical. Over the course of the process, the collaborative role must be entered into freely with no “strings” attached, anticipated or promised.

Conclusion

Leadership requires the use of power resources built upon expertise and knowledge. Because of their education and experience, all nurses have resources that can be refined and expanded upon to facilitate and effect change. These skills are within our capacity and are not limited to only a few. Nurses have a wealth of these resources and need to be aware of them to utilize the leadership process effectively.

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Barbara A. Trent, RN, EdD, is a member of the graduate nursing faculty at the University of Phoenix, San Diego, Calif.
Leadership myths
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Leadership myths are prevalent among some nurses that leadership is confined to a certain group of individuals who possess special characteristics or innate traits. Some of this confusion comes from a historical perception of leadership as: 1) the ability of a single leader to convince people to do what he or she wants them to do; 2) being a step above or better than management; and 3) some type of mystic manifestation exhibited only by those with charisma. Although scientific inquiry has proven these viewpoints to have neither a correlational nor causal connection to leadership, they continue to exist in mind-sets that are prevalent in society. The leadership process can be refined and expanded upon to facilitate successful change. Although leadership involves influencing others to support change, it must not be coercive in nature—either physically or psychologically. If unethical power resources are used, these tactics, such as the promise of remuneration or punishment, are employed. The morality of nursing practice is based on an influence relationship among leaders and collaborators who join their group based upon a leadership model developed by Joseph Rost (1993, 2001) that he calls "leadership for the 21st century." The basic tenets of this theoretical model is that leadership and management differ from one another in that the former pertains to change and the latter to maintaining the status quo. Leadership and management are equally important but, unlike management, leadership involves change. Since change is disruptive to an organization and can contribute to the organization's demise, it needs to be episodic rather than periodic.

Power resources

Another key Rost concept is that leadership is based on an "influence relationship" that involves the use of power resources. These resources, which include formal education, expertise, experience, assertiveness, communication skills, reputation and networking, are used by leaders and collaborators to influence people to join their efforts in bringing about desired change. At different points in time throughout the leadership process, contingent upon an individual's power resources, leaders will serve as collaborators and collaborators will serve as leaders. In other words, leaders and collaborators interchangeably utilize their power resources to attract or entice others to join their group to bring about a change that reflects their mutual purposes. For example, there may be members who have pertinent information valuable to the change project that can be retrieved through the use of power resources. During this phase of the process, these members become leaders. During another phase, some collaborative members, drawing upon their power resource of communication skills, may change places with the current leaders. This concept is analogous to the famous "V" formation that geese demonstrate during flight. By flying in this particular configuration and exchanging places as needed, the birds are able to use and maintain their primary power resource of energy. To achieve successful change, leaders and collaborators need to take into consideration the prevalent cultural values and mores of the time. It's important to keep in mind that change in nursing practice reflects the values of society and, therefore, as society values change, so do the ideals of nursing. For change to have a positive outcome, it needs to be made in accordance with the normative cultural values of the time in which it is proposed. If it is not congruent or in harmony with society's paradigm, it is more likely to be ignored and meet resistance, as it represents a threat rather than an opportunity for growth and self-actualization.

Conclusion

Leadership requires the use of power resources built upon expertise and knowledge. Because of their education and experience, all nurses have resources that can be refined and expanded upon to facilitate and effect change. These skills are within our capacity and not limited to only a few. Nurses have a wealth of these resources and need to be aware of them to utilize the leadership process effectively. References, page 36.

Barbara A. Trent, RN, EdD, is a member of the graduate nursing faculty at the University of Phoenix, San Diego, Calif.
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, president of the National Association of Hispanic Nurses in the United States, is out to change that.

by Jane Palmer

She came to the United States from Chile in 1976 with two children, two bags and $150 in her pocket. She also brought her bachelor's degree in nursing.

Nilda Peragallo's degree provided the foundation for her distinguished nursing career. She is the first Latina nurse to receive an ROl grant, a major research project award, from the National Institutes of Health, National Institute of Nursing Research; she serves as president of the National Association of Hispanic Nurses (NAHN); and she is founder and co-editor of Hispanic Health Care International, a new journal that focuses on issues related to Hispanic/Latino populations in the United States.

Peragallo, who goes by Nena, grew up in Villa del Mar, Chile. One of five children, she was the first in her family to graduate from college, earning her Bachelor of Science in Nursing in 1971 from the University of Chile in Valparaiso.

"Economically, we all could have gone to college," she said, "but nobody thought it was needed." Girls were expected to marry and raise a family, not pursue a career.

She and her family first settled in West Virginia, where Peragallo passed the nursing boards and began teaching at Fairmont State College. In 1979, she completed her master's degree in the family nurse clinician program at the University of West Virginia. She earned her Doctor of Public Health degree in 1984 from the University of Texas.

After receiving her doctorate, Peragallo held positions at the University of Central Florida, University of Pennsylvania (as a Robert Wood Johnson clinical nurse research scholar) and University of Illinois. Most recently, she was associate professor and director of the World Health Organization-Pan American Health Organization Collaborating Center for Mental Health Promotions at the University of Maryland at Baltimore. In April, she was appointed dean of the School of Nursing at the University of Miami, where she began work July 1.

"It is very exciting to work with someone as dynamic and visionary as President Shalala," Peragallo said. Donna Shalala, PhD, secretary of health and human services under President Clinton, has been president of the University of Miami since June 1, 2001. She lauds Peragallo as an internationally recognized scholar and administrator.

"Having faced my own barriers, I have tried in my career to advocate for minority students—Latinos, African-Americans and others."

Project SEPA

Peragallo's research studies have earned international recognition and acclamation. The NIH grant provided funding for Project SEPA, which stands for Salud, Educacion, Prevencion y AutoCuidado (Health, Education, Prevention and Self-Care). Sepa means "knowing" in Spanish. The goal of the study was "to evaluate the effectiveness of a theoretically

As president of the National Association of Hispanic Nurses, Peragallo is committed to recruiting and retaining Hispanic nurses.
HE CAME to the United States from Chile in 1976 with two children, two bags and $150 in her pocket. She also brought her bachelor's degree in nursing. Nilda Peragallo's degree provided the foundation for her distinguished nursing career. She is the first Latina nurse to receive an ROl grant, a major research project award, from the National Institutes of Health, National Institute of Nursing Research; she serves as president of the National Association of Hispanic Nurses (NAHN); and she is founder and co-editor of Hispanic Health Care International, a new journal that focuses on issues related to Hispanic/Latino populations in the United States.

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based HIV risk-reduction intervention led by Latinas and tailored to the specific needs of low-income Latinas.

Peragallo's interest in researching HIV and AIDS began in 1984, when she led her students into the darkened hospital room of an AIDS patient. Several food trays had accumulated. She opened the shades, held the patient's hand and listened as he explained that staff avoided coming into his room. Hospital employees, scared of catching this frightening disease—whose mode of transmission was not well-understood at that time—swathed themselves in protective garments before entering the room. "It really shocked me," she said. It was that encounter that prompted her to survey nurses about their attitudes toward and knowledge of HIV and AIDS. She monitored statistics from Spanish-language cultures. That situation must change, Peragallo said, but Hispanics and other minorities often face discrimination when applying to nursing school and when seeking to move abroad in the profession.

One implication from the study is that Latinas may say they understand health care providers' instructions when they actually do not. These women view the provider as someone they should agree with and therefore consider it socially unacceptable to ask questions.

Language is another barrier to providing quality health care for Hispanics. Federal law dictates that providers must supply appropriate translation for all patients who do not speak English. However, the law has not been uniformly implemented, Peragallo said. In some instances, children have been asked to translate discussions about sensitive issues for their parents, or even a Hispanic member of the cleaning staff has been called in. "If you don't know the language, you don't know what the translators are telling the patient. That can be dangerous," she said. "I have seen instances where it has been so, because people just don't know enough to take a history. It's a major issue and I think there is some movement in the right direction, but a lot more needs to be done." Also, health care providers may assume Latinas will take care of themselves, for example, by having a Pap smear. But these women often have other priorities, such as taking care of family members, and may put themselves last. "They're really the backbone of those families," Peragallo said. "Nurses really have to get to know the community they're serving to realize what kind of issues for their parents, or even a Hispanic member of the cleaning staff has been called in. "If you don't know the language, you don't know what the translators are telling the patient. That can be dangerous," she said. "I have seen instances where it has been so, because people just don't know enough to take a history. It's a major issue and I think there is some movement in the right direction, but a lot more needs to be done." Also, health care providers may assume Latinas will take care of themselves, for example, by having a Pap smear. But these women often have other priorities, such as taking care of family members, and may put themselves last. "They're really the backbone of those families," Peragallo said. "Nurses really have to get to know the community they're serving to realize what kind of issues

The small number of Hispanic nurses in leadership positions also hamper efforts to recruit more Hispanic students. The mission of NAHN is "Promoting Hispanic nurses to improve the health of our communities." Accordingly, Peragallo and other NAHN leaders sit on major decision-making committees to ensure that Latino concerns are addressed.

"We need to open the door so students can come into nursing," she said. "It's basically racism—that's the reality if we want to be honest about it. It's not only the Latino experience but also the African-American experience. So it's nothing new. But the more we speak about it and speak openly, it will have to get better, I hope. "Some institutions do well with their recruitment and retention, but we still need to do a lot more. We need to change the culture within organizations to be free of bias and misconceptions."

Providing and receiving support
Peragallo's term as a Robert Wood Johnson clinical nurse research scholar
based HIV risk-reduction intervention led by Latinas and tailored to the specific needs of low-income Latinas.

Peragallo's interest in researching HIV and AIDS began in 1984, when she led her students into the darkness of a hospital room of an AIDS patient. Several food trays had accumulated. She opened the shades, held the patient's hand and listened as he explained that staff avoided coming into his room. Hospital employees, scared of catching this frightening disease—whose mode of transmission was not well-understood at that time—washed themselves in protective garments before entering the room.

"It really shocked me," she said. It was that encounter that prompted her to survey nurses about their attitudes toward and knowledge of HIV and AIDS. She monitored statistics showing as a career is one of Peragallo's major goals as president of NAHN. More than 12 percent of the U.S. population is Hispanic, yet only 2 percent of nurses are from Spanish-language cultures. That situation must change, Peragallo said, but Hispanics and other minorities often face discrimination when applying to nursing school and when seeking to move ahead in the profession.

"In most cases it takes a little more work to get them to understand that you're serving to realize what kind of help the applicant will need extra help if the applicant is of our outcomes were changed, we were impressed," Peragallo said. The implication from the study is that Latinas will take care of themselves, for example, by having a Pap smear. But these women often have other priorities, such as taking care of family members, and may put themselves last. They're really the backbone of those families," Peragallo said. "Nurses really have to get to know the community they're serving to realize what kind of security and confidence you need to do a lot more. We need to change the culture within organizations to be free of bias and misconceptions."

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One employed as nurses, Latinos may face career advancement difficult. "If you are Latino," said Peragallo, "the assumption is you don't need to go further—you stay at this level and that's enough for you. It's basically racism—that's the reality if we want to be honest about it. It's not only the Latino experience but also the African-American experience. So it's nothing new. But the more we speak about it and speak openly, it will have to get better, I hope. "Some institutions do well with their recruitment and retention, but we still need to do a lot more. We need to change the culture within organizations to be free of bias and misconceptions."
at the University of Pennsylvania from 1989 to 1991 helped launch her career. "Dr. Barbara Lowery, who was head of the fellows, was a great mentor to all of us. That really had an influence in what I wanted to do with my future," she said.

NAHN leaders also have provided support for each other. Antonia M. Villarruel, RN, PhD, FAAN, associate professor and director of the Center for Health Promotion at the University of Michigan School of Nursing, is a colleague and friend of Peragallo's. "I see Nena as somebody who is relentless," said Villarruel, a past president of NAHN. "She sets a goal and moves forward with it. She's committed to making sure that communities are served and Hispanic nurses have access to opportunities."

In her advocacy role, Peragallo doesn't mince words, Villarruel said. "She's direct and she outlines the problem. This is what it is, and this is what needs to be done. Period."

The two nurses discovered they shared research interests. Villarruel commends Peragallo's success in obtaining research grants, but notes that any of us who have played the funding game know that you have to be relentless in pursuing funding and committed to your cause because of all the setbacks and roadblocks.\footnote{Third Quarter 2003 Reflections on Nursing LEADERSHIP}

Peragallo welcomes the challenge the strategies she used when applying for the R01 NIH grant. Villarruel became the second Latina nurse to receive that funding. In areas where Villarruel had achieved success first, Peragallo was "It's been a very nice collegiality between us, both because of our interest in Hispanic nurses and our research interest in HIV," she said.

Looking to the future

Peragallo's career shows no signs of slowing down. In addition to her NAHN leadership, research and academic responsibilities, she and Sara Torres, dean of the School of Nursing at the University of Medicine and Dentistry of New Jersey, are co-editors of Hispanic Health Care International, an interdisciplinary, peer-reviewed journal the NAHN started last year. Abstracts are published in both Spanish and English.

The journal has gotten off to a good start, Peragallo said. With her added responsibilities as dean, finding time for the journal won't be easy, but she and Torres plan to continue as co-editors.

Volunteering time and resources is vital to the future of the profession, she said, pointing out that NAHN is an all-volunteer organization.

"I think volunteering is a critical part of who we are and what we do as nurses," Peragallo said. "I think it should be part of the curriculum—students should learn that concept early on. It's a commitment to the profession, and it's critical for us to share what expertise we have."

Peragallo's deanship at the University of Miami promises to further enhance her standing as a nursing leader. The university broke ground in April for the $19 million M. Christine Schwartz Center for Nursing Education, expected to open in late 2004. Peragallo looks forward to leading a diverse group of students into nursing, a career she has never regretted choosing.

She was successful in recruiting her own daughter into nursing. Lorena B. Kaehler is a nurse midwife in Illinois.

Her advice to someone considering nursing as a career?

"If you are a person who likes people, nursing is for you, because you have a lot of people around you in nursing, so that's what it is."

"You will be surprised by how diverse the profession is, both because of the profession and because of the career opportunities that exist."
Looking to the future

"People and science are the only roads to competency," said Peragallo. "The journal won't be easy, but she and Torres plan to continue as co-editors. Volunteering time and resources is vital to the future of the profession, she said, pointing out that NAHN is an all-volunteer organization.

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She was successful in recruiting her only daughter into nursing. Lorena B. Kaesler is a nurse midwife in Illinois. Her advice to someone considering nursing as a career? "If you are a person who likes people, nursing is for you, because enhance is about people. We have so many areas within nursing—you can be in the acute setting, in the ambulatory setting, labor and delivery, psychiatry. You are no longer professionally. You don't have a ceiling unless you decide that you have one.

For a relentless nurse such as Peragallo, there are no limits to what can be accomplished.

Jane Palmer is assistant editor of Reflections on Nursing Leadership.

Reducing the nursing shortage: A progress report

After years of declining enrollment rates, 84 percent of nursing schools have recently experienced an increase in applications and enrollments, according to the American Journal of Nursing’s 2003 issue. The report was commissioned by Johnson & Johnson in conjunction with the first anniversary of The Campaign for Nursing’s Future, indicates that young adults and second-career seekers are rediscovering nursing as a rewarding career.

The report contains survey findings showing that 60 percent of teens aged 16 to 18 have personally considered a career in nursing or know someone who has. Sixty-seven percent of nurses would view very positively the news that a family member or friend was considering a career in nursing. Three-quarters of nurses agree with this view.

Other indicators also show increased interest in the nursing profession. According to the American Association of Colleges of Nursing, baccalaureate nursing school enrollments increased by more than 10 percent between 2001 and 2002. At the same time, the latest Post-Secondary Enrollment Survey published by the National Center for Education and University Admissions found that high school sophomores and juniors rank nursing as one of their top career choices. Nursing placed fourth out of 68 potential options, just behind a career in education and health professions. Although progress in increasing Hispanic representation has been frustratingly slow, opportunities are still there, she said. "There is little to be done in the first or the only if you haven’t brought someone along or made it easier for those who follow," she said.

Past scientific research has shown that to stimulate bone formation, exercise must be used in combination with exercise—therefore, the exercisers were weighed weekly while performing cardiovascular exercise. Because the study was small, Jones plans to look for participants on a larger scale in implementing the next phase.

Improving bone density without hormone therapy

As the debate over safety of hormone replacement therapy continues, University of Florida nurse researchers have shown in a small but promising study that a combination of vitamin D and calcium supplements, exercise, and weight training may provide postmenopausal women an alternative way to improve bone health and prevent osteoporosis. Results from the preliminary study are described in Volume 4 of Biological Research for Nursing.

A growing body of evidence supports the benefits of exercise for the prevention of bone loss that commonly occurs with aging, but the findings of this study are among the first to show that exercise which includes resistance training can actually build bone—a result hormones have not achieved.

"Vitamin D and calcium supplements can help slow down the loss of bone, and most hormone treatments can only stop future bone loss," said James Jessep, RN, PhD, the study’s principal investigator and a clinical associate professor at the University of Florida College of Nursing. "There is no drug on the market that can cause the kind of improvement in bone density that exercise displayed in the study." People who exercise have received physical and emotional health status.

"People who exercise write about receiving a postmenopausal condition," saiddle. "Researchers studied 20 healthy women ages 60 to 75 who lived in a community retirement facility. Half were randomly assigned to a group that exercised routinely and half to a control group that did not.

Exercising in combination with professional care is functional capacity," Wallston said. "Almost all nurses working in obstetric nurseries and nurses were pronounced as the next wave of men in that role. Results of the study were published in May. The results of the study were published in May in a joint issue of MCN, the American Journal of Maternal/Child Nursing and published in the May/June 2004 issue of AWHONN, The American Journal of Maternal/Child Nursing and published in the May/June 2004 issue of AWHONN.

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**Inspirational Linda**

by Marty Lanus

She remembers the occasion as if it were yesterday. It was August of 1991. Linda Reaby, RN, OAM, CRNA, GradDipEd, Med, PhD, was in John James Hospital in Canberra, New South Wales, Australia. She awakened from bilateral breast reconstruction following two mastectomies, looked up groggily at her plastic surgeon and asked plaintively, “Do you want to do some research with me?” Even back then, she was concerned about the self-image of women after breast removal.

As it turned out, Reaby’s surgeon, Dr. John Vandavord, did want to do research with her, and the rest is Australian health care history. It was one of the first times a nurse in Australia received federal monies for research and one of the first times a nurse in that country served as a principal investigator in collaboration with a medical doctor and clinical psychologist.

Far more importantly, the study was pivotal in changing scientific thinking about breast cancer. It found that women who had a breast removed actually had better body image perception than women in a control group who were cancer-free. Moreover, there was no appreciable difference between the heightened body image of women having breast reconstruction and women wearing external prostheses.

The milestone marked both a beginning and an end for the 45-year-old Reaby. Because of her family history—her mother, grandmother and aunt had all been stricken with breast cancer—she had zealously undergone mammograms every two years since the age of 40. Waiting for the inevitable was emotionally debilitating for Reaby. When the disease finally appeared, its onset caused her, as it has for thousands of breast cancer survivors, to blossom. Turning her professional energies to research, writing and speaking, she began working toward a PhD in education. She also took up adventure sports such as paragliding, parasailing and white-water rafting.

Eventually, her passion for educating women about breast cancer resulted in her being named Australian Achiever of the Year, Woman of the Year, Eminent Scientist of the Year and a member of the exclusive Order of Australia. She was the first nurse researcher invited to join the Scientific Advisory Committee of the Australia New Zealand Breast Cancer Trials Group.

More than the accolades, her accomplishments are daunting. As a result of her indefatigable lobbying, Australians now have:

- Breast Cancer Awareness Day, celebrated the last Monday of October;
- the National Breast Cancer Centre, which has developed nationwide protocols for the treatment of breast cancer and promotes community outreach education;
- the National Breast Cancer Foundation, which offers competitive grants for research; and

A breast cancer awareness stamp, issued by the Australia Post in 1997. Hers had been a long journey from an academically unmotivated childhood in the United States, in Kansas City, Mo. At the age of 16, Linda and her identical twin sister, Lesley, wrecked their father’s red Oldsmobile convertible. Immediately remorseful and determined to repay the $1,000 damage, they took

Below: In 1996, Reaby received the Order of Australia medal from Sir William Deane, the previous Governor General of Australia, who represented Queen Elizabeth of England.
SHE REMEMBERS the occasion as if it were yesterday. It was August of 1991. Linda Reaby, RN, OAM, CRNA, GradDipEd, Med, PhD, was in John James Hospital in Canberra, New South Wales, Australia. She awakened from bilateral breast reconstruction following two mastectomies, looked up groggily at her plastic surgeon and asked plaintively, "Do you want to do some research with me?" Even back then, she was concerned about the self-image of women after breast removal.

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jobs after school at the now-defunct Saint Mary's Hospital. Almost immediately, they knew they wanted to become nurses.

"I just loved it" says Reaby. "There was the sense of fulfillment. I found it so exciting! As a teenager, I never knew what nursing entailed. I learned something new each day."

The girls' decision stunned the nuns at Loretto High School. Undaunted, the twins enrolled at nearby Avila College, where they were accepted on the condition that they would work hard to maintain good grades. They did and, four years later, the two graduated at the top of their class. Linda would later receive a master's degree in education from the University of Canberra, where she is now an associate professor.

She met and married Brian Reaby after her sister Lesley volunteered Linda's services to squire the attractive Australian election official around Kansas City. She promised him he would never be bored and warned him she would probably be stricken with breast cancer during the course of their marriage. A decade later, an ominous area showed up on her biennial mammogram. A localization biopsy with a wire rod revealed three tumors, each only a few millimeters in length.

"Am I going to see my son grow up?" she asked herself. Given her family history, Reaby reluctantly opted for mastectomy and bilateral reconstruction.

Her son is now an adult, and the two older children of her blended family have made her a grandmother. Their son is now an adult, and the two older children of her blended family have made her a grandmother. Thus far, periodic scans reveal the disease has not reappeared, and Reaby now thinks of her legacy in terms that transcend physical survival. Her bequest will be a wealth of intellectual riches given to the women of Australia and throughout the world who are nervous about the prospect of breast cancer.

Reaby has helped attract more than two million research and grant dollars, with which she and her colleagues have studied the breast cancer and mastectomy experience, beginning with methods of detection and diagnosis and ending with alternatives for post-mastectomy restoration. She has found that women reprioritize what is important in their lives following breast cancer. She has also found that they tend to leave decisions about cancer treatment and breast restoration to their physicians.

Her endless trove of advice is comforting to women facing the disease. "We cannot leave the treatment of breast cancer up to the medical profession," she cautions. "Women facing a diagnosis of breast cancer must understand that, even in the case of a small tumor, they have been living with cancer for several years. They have enough time to make an informed choice in their treatment and not leave the decision up to their surgeon."

"And," she adds, "they need to understand that, in the case of small tumors, survival rates between a simple lumpectomy and a radical mastectomy are no different."

With one in 11 women developing breast cancer, it is no wonder that Australia's popular press refers to Reaby as "Inspirational Linda." She routinely consults with top national and international health care officials about the disease. As one of those entrusted with carrying the torch to the 2000 Olympic Games in Sydney, she knows she is only giving back what she has received from the generous land "down under."

"What I've done doesn't have a monetary value to it. It's a feeling that I have made a difference. And I really, really prize that!"

Marty Lanus is public relations manager for the Honor Society of Nursing.

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Reaby, center, with Paul Keating, former prime minister of Australia, and her twin sister, Lesley Weave, nurse anesthetist, after receiving the 1996 Australian Achiever of the Year Award from the Australia Day Council.

LEFT: Reaby with her family upon receiving her PhD: l-r: Jason, Lisa, Thomas and husband Brian. BELOW: Seventy-three people were invited to meet President and Mrs. Clinton during a trip to Australia in November 1996. Mrs. Clinton greets Thomas Reaby as his mother looks on.
Journey into the unknown

by Pamela Klauer Triolo

WHEN I TOUCHED my left breast during routine self-examination in the shower on Saturday, June 15, 2002, I felt a lump about the size of a pecan. My heart began pounding and kept into my throat as I thought, "How could this be? I had a negative mammogram in January. It has only been a couple of months since I last did a self-exam."

The spring had been busy. There was the JCAHO* survey and then our long-awaited Magnet site visit. We were still recovering at The Methodist Hospital from tropical storm Allison, which had devastated our physical plant and caused $350 million in damage. Preoccupied with work, I had put off the self-examination routine that had been ingrained in me since becoming a certified nurse midwife many years before.

I quickly finished my shower and went to my husband, Peter, who was working at the computer in our study. I loudly asked him if he felt anything. "Can you feel this?"

Sure enough, he could. We looked at one another with fear and worry, and time stood still for a moment as the gravity of what we might be facing sunk in. Thus began my journey into the unknown as the nurse turned me back, brings a smile to my face, comforting others are accountable for theirs. I cannot carry the burden of the world or cure the world of all ills.

People will take their cues from you. You will set the tone for how people respond. I made the decision to go public with my illness, choosing to spend my energy healing my illness instead of hiding it. Facing your own mortality does not mean you are dying.

The sense of loss I still feel and the feeling of "it's over" are not that of impending death, but of my growing awareness that we are all fragile human beings. Life can be taken in an instant. Our bodies are but temporary hosts. Facing this fear means finding meaning in every day. I have been given the opportunity to live life more deliberately.

It's OK to interrupt your life tapes.

The oldest-child syndrome of feeling accountable for others must be interrupted. I am accountable for my actions, feelings and responses, but others are accountable for theirs. I cannot carry the burden of the world or cure the world of all ills.

Connecting with my "nature child" is healing.

I need to spend time outdoors and among trees, and I need to satisfy my craving for water places.

Being "selfish" can be good.

It was important to conserve my energy and let others help me. To do so was OK. I learned the meaning of extreme self-care. I don't have to do everything perfectly right now. Perfectionism is out; procrastination is in. Does it matter if it is done today?

*Joint Commission for Accreditation of Healthcare Organizations

BREAST CANCER COLLEGE: WHAT I LEARNED ALONG THE WAY

--Marcia Brill, Editor

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Sure enough, he could. We looked at one another with fear and worry, and time stood still for a moment as the gravity of what we might be facing sunk in. Thus began my journey into the unknown as the nurse turned back, brings a smile to my face, comforted in ways I cannot explain. Many times, I felt as if I were surrounded by a support group of family, colleagues, friends and neighbors who, I am sure, were the spiritual essence of God. Through their love, I was comforted in ways I cannot explain. Many times, I felt as if I were on a jet stream of calm and peaceful air leading me who knows where, but I was being led.

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Emotions block hearing.

The cerebral cortex shuts down when a wave of emotion hits. It comes from nowhere. Complete phrases and sentences go unheard when a silent wave rushes through my brain. Friends and family need to remember that.

I need to surround myself with positive energy. Stay away from toxic people. I am vulnerable. It’s OK to say no.

I need to let people help me.

People want to do something. Make them feel a part of your journey. My sister, Karmy, former nurse and mother of three, wanted to come during surgery. It was wonderful to have her there. She case-managed me from Des Moines, Iowa, coordinating family visits from around the country throughout my treatments.

A colleague at work offered to give me a start from her aloe plant to use for my breast care during radiation therapy. Neighbors cooked the Fourth of July with red, white and blue table decorations. The nurses, technicians and doctors at Methodist who cared for me are forever in my debt and prayers.

Expect ups and downs.

Life is a roller-coaster ride of emotions and energy. Relish the up times and dig deep into the down times. Take time to do the emotional work. There is physical recovery and emotional recovery. Emotional recovery takes quiet time and reflection. Take the time to heal emotionally. Poetry became my vehicle for moving through stages of recovery.

People will do strange things and respond in unique ways. Let it pass. When you are originally diagnosed, people don’t know what to do or say. Help them to know what to do for you.

You may not have control, but you do have choices.

During chemotherapy, what we called “curing therapy,” there was no way I could control my body’s response, from hair loss to constipation. But I did have choices. I could choose how to respond to what I could not control.

During this journey along the path I would have never chosen, I have experienced miracles of nature, spiritual awakenings and the wonder of friendship. I will never forget the hundreds of times I walked down the halls of the hospital, sometimes concentrating on every step, but under my wig, and I would hear from a distance a member of our medical staff shout out, “You look beautiful, Pam!” My cheering squad was composed of people from all walks of life and all types of staff in the hospital. We gave one another hope and encouragement. While I never would have chosen breast cancer, I see it as a gift. It is the opportunity to discover the deepest meaning in life. I am optimistic that I will be victorious, and I joyously accept this gift as my destiny.

Pamela Klauer Triolo, RN, PhD, FAAN, is chief nursing executive, senior vice president of The Methodist Hospital in Houston, Texas.

The Locker

Fall of gold clothes, makeup and hairspray.

Hadn’t been opened since her diagnosis.

It held a glimpse into the life of the woman before.

The woman I no longer am.

A glimpse of her naiveté, how sheltered her life.

Before the name of the game became cancer.

A deadly disease.

Before, life was a series of rushing movements.

From calendar date to calendar date.

Racing to pass and reflect.

Invisible.

Never thinking that she

Might have breast cancer.

As I look in the locker, and see the hairspray that I have not needed

For nearly a year

My heart is hollow, and that she, the innocent,

Is no longer here, that she is gone.

But yet, at the same time, I am glad.

The road my feet are now on has been paved

With wondrous moments of beauty and friendship, comfort and love.

Miracles of nature, and closeness to God.

I have seen this diagnosis bring out the best in people, the best in me.

So, though I mourn her loss, the site that was me,

I would not go back.

For I have been given a gift:

The gift of awareness, living life to the fullest, and living deliberately.

Because facing your own mortality does not mean you are dying:

It is a gift.

Pamela Klauer Triolo, May 2003

Nursing & Philanthropy: An Energizing Metaphor for the 21st Century

Compiled by Angela Barron McBride, RN, PhD, FAAN

F. Duke Haddad, reviewer

The BOOK Nursing & Philanthropy: An Energizing Metaphor for the 21st Century was created as a result of a national invitational conference held in December 1997. It was sponsored by the Indiana Center on Philanthropy and Indiana University School of Nursing, in association with Sigma Theta Tau International and the Association for Research on Nonprofit Organizations and Voluntary Action. The publication, consisting of a variety of outstanding papers, is timely as Dean Angela Barron McBride announces her retirement from the administrative phase of her outstanding career promoting the nursing profession to resume teaching [see page 41].

Through the eyes of leaders in nursing education, this book denotes that the relationship between philanthropy and health care is very complex. The need for philanthropy is ever-increasing as operating revenues decline, investment income becomes unpredictable and capital needs increase. Nurses, who represent the largest health care employee segment, are likely to play changing roles as new models emerge.

Nursing & Philanthropy emphasizes that philanthropy, defined as voluntary service, association and giving for the public good, is already vitally important to enhance the nursing profession, which needs funding support for innovative, creative projects. There should also be better understanding and strategic plans of their institutions while increasing their importance to the health care enterprise they serve.

Nursing & Philanthropy makes you think about ways nursing and philanthropy share values. Each needs the other and each can learn a great deal from the other. In many ways, they already have but haven’t realized their true potential by promoting their partnership.

One thing is made very clear. From Florence Nightingale until the present day, nursing as a profession and tradition of service is vitally important to society and to the well-being of mankind.

Dr. F. Duke Haddad is vice president of development, St. Vincent Hospitals and Health Services, and executive director, St. Vincent Foundation.

To order books published by the Honor Society of Nursing, Sigma Theta Tau International, call 888.634.7575 (free in Canada and the United States) or 410.384.7575 (international), or log on to www.nursingsociety.org/catalog

Third Quarter 2003 Reflections on Nursing LEADERSHIP
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During chemotherapy, what we called “curing therapy,” there was no way I could control my body's response, from hair loss to constipation. But I did have choices. I could choose how to respond to what I could not control.

During this journey along the path I would have never chosen, I have experienced miracles of nature, spiritual awakenings and the wonder of friendship. I will never forget the hundreds of times I walked down the halls of the hospital, sometimes concentrating on every step, but under my wig, and I would hear from a distance a member of our medical staff shout out, “You look beautiful, Pam!”

My cheering squad was composed of people from all walks of life and all types of staff in the hospital. We gave each other hope and encouragement. While I never would have chosen breast cancer, I see it as a gift. It is the opportunity to discover the deepest meaning in life. I am optimistic that I will be victorious, and I joyfully accept this gift as my destiny.

Pamela Klauer Triolo, RN, PhD, FAAN, is chief nursing executive, senior vice president of The Methodist Hospital in Houston, Texas.

Nursing & Philanthropy: An Energizing Metaphor for the 21st Century

Compiled by Angela Barron McBride, RN, PhD, FAAN

F. Duke Haddad, reviewer

The BOOK Nursing & Philanthropy: An Energizing Metaphor for the 21st Century was created as a result of a national invitational conference held in December 1997. It was sponsored by the Indiana Center on Philanthropy and Indiana University School of Nursing, in association with Sigma Theta Tau International and the Association for Research on Nonprofit Organizations and Voluntary Action. The publication, consisting of a variety of outstanding papers, is timely as Dean Angela Barron McBride announces her retirement from the administrative phase of her outstanding career promoting the nursing profession to resume teaching [see page 41].

Through the eyes of leaders in nursing education, this book denotes that the relationship between philanthropy and health care is very complex. The need for philanthropy is ever-increasing as operating revenues decline, investment income becomes undependable and capital needs increase. Nurses, who represent the largest health-care employee segment, are likely to play changing roles as new models emerge.

Nursing & Philanthropy emphasizes that philanthropy, defined as voluntary service, association and giving for the public good, is already vitally important to enhance the health care enterprise they serve. Nursing & Philanthropy makes you think about ways nursing and philanthropy share values. Each needs the other and each can learn a great deal from the other. In many ways, they already have but haven't realized their true potential by promoting their partnership.

One thing is made very clear. From Florence Nightingale until the present day, nursing as a profession and tradition of service is vitally important to society and to the well-being of mankind.

Dr. F. Duke Haddad is vice president of development, St. Vincent Hospitals and Health Services, and executive director, St. Vincent Foundation.
mission to Kathmandu

My mission was to prepare Nepali nurses for health care leadership by facilitating nursing education and the advancement of professional nursing. by Mary B. Maxwell

The sign said, "We need nurses with advanced degrees." I saw it while visiting the Health Services Department of the headquarters of the United Mission to Nepal in Kathmandu in early 1998.

I was there as a tourist with a church-related group from the Pacific Northwest, visiting mission project sites and getting acquainted with Nepal. A couple of days later, I had the distinct call that I was to respond to the need expressed by the sign and to return to Nepal to work.

Nine months later, my husband and I were back in Kathmandu and ready to begin cross-cultural orientation and Nepali language training. We had been appointed by our church's national mission board, Common Global Ministries, a joint effort of the United Church of Christ and the Christian Church (Disciples of Christ). Two weeks before we left, I retired from my 22-year position as a nurse practitioner/specialist in oncology at the Portland Veterans Affairs Medical Center in Portland, Ore.

I am not unique. Nurses around the world are caring people and often respond to human need by volunteering to help. They may serve during times of great challenge, such as national disasters, or they may meet community needs by helping with immunization programs or working with various nonprofit groups. They may volunteer to work overseas with such organizations as Northwest Medical Teams and the Peace Corps, or they may offer their services to faith-based groups serving the homeless or elderly in their hometowns.

I had lived overseas before. In the early 1970s, my husband was a Peace Corps director in the Mariana Islands and a YMCA director in Quito, Ecuador. In both countries, I had done volunteer work part-time, as our children were young. It was clear to us that we could adjust now to a very different life in a Hindu country.

I was to be on the faculty at Lalitpur Nursing Campus (LNC), the second oldest and second largest nursing school in Nepal. The LNC was founded by the United Mission to Nepal (UMN) in 1959 to educate professional nurses for the new, modern hospitals that were being established. In 1974, all health education was nationalized, and Lalitpur...
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With the massive Himalaya Mountains to the north bordering on Tibet (now the state board of nursing), Nursing Campus for three days a week and, for the remaining two days, to Sweden. I was assigned to Lalitpur. Expatriate nurses filled in while they were gone. During my time, I worked with nurses from Australia, Germany, and India. The king wanted development in areas of health care, education and rural development. The first two Nepali professional nurses were sent in 1952 by the king. They had been educated by tutors at home. These two nurses returned to Nepal four years later and were instrumental in the development of modern nursing. I worked with one of them, Uma D. Das, RN, PhD, president of the Nepal Nursing Council. She had received her master’s and PhD degrees in the United States. Das and other members of the Nursing Council implemented a registration process for all nurses, developed procedures for the accreditation of nursing schools and formulated a 10-year strategic plan for nursing in Nepal. As the “consultant” at Lalitpur Nursing Campus, I had my way to work in the area of greatest need. That meant primarily administration rather than classroom teaching or clinical instruction. There was a push to modernize the internal management of the campus to make it more democratic and participatory. With the guidance of a steering committee composed of UMN and LNC leaders, a new organizational structure was drawn up, the number of committees was expanded, job descriptions were created and an internal policy book was prepared. I also worked with Nepali faculty and staff to increase the library holdings (including new computers with Internet access), to develop and expand the scholarship program, and to increase fund raising and public relations activities. I prepared a large grant for the renovation of the old building that houses the main part of the campus. It has been funded by USAID for $300,000 through the American Schools and Hospitals Abroad (ASHA) program. In 1952, Nepal had a population of eight million. It was a small, poor country with multiple problems. After 50 years of intense development efforts and massive amounts of foreign aid, it is still one of the poorest countries in the world. The population has now reached almost 26 million, putting a tremendous strain on all the country’s resources. A Maoist insurgency has created turmoil and reduced the flow of tourists, formerly the mainstay of Nepal’s economy. A constitutional monarchy allowing greater democratic participation began in 1990 when the king gave up some of his powers, but it has been difficult to implement. The major health problems in Nepal are common to those of other developing countries: infant and maternal mortality, malnutrition, tuberculosis, and now AIDS. Doctors and nurses are reluctant to work outside the urban areas for lack of security and a variety of other reasons. Despite the hard work of nursing leaders over the years, health care is still below international standards in most parts of the country. We all have different missions in life and different gifts to share. I had always imagined missionary nurses overseas as running clinics under trees in isolated rural communities, while preaching and teaching. The reality of my work in Nepal’s capital city was very different. My mission was to prepare Nepali nurses for health care leadership by facilitating nursing education and the advancement of professional nursing. My work was my witness. Every day was an adventure. What I thought would be a transition into retirement turned out to be the highlight of my life. In late 2002, Mary Maxwell, RN, PhD, returned to her home in Vancouver, Wash., to retire. Her e-mail address is mary.maxwell@kammondnet.com. To learn more about United Mission to Nepal, see the organization’s Web site at www.umn.org.np.
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The first two Nepali professional nurses were sent in 1952 by the king to study at a Presbyterian mission hospital in India. They spoke neither Hindi nor English. Because girls were generally not sent to school in those days, they had been educated by tutors at home. These two nurses returned to Nepal four years later and were instrumental in the development of modern nursing.

In 1952, King Tribhuvan overthrew the ruling prime minister, whose family had controlled the country for more than 100 years and kept it in a medieval state. The king wanted development work to begin so that his country could catch up with the rest of the world. He particularly wanted modern health care to be introduced. He invited Christian missionaries into the country on two conditions: that they not attempt to convert Nepali people from the Hindu faith and that all foreign mission groups work together.

Clinics were begun for women and children in the Kathmandu Valley by a handful of doctors and nurses who came from India. In 1954, the United Mission to Nepal was formed with eight different mission bodies represented on the board.

Now there are 36 mission bodies from 15 countries and four continents working cooperatively with the people of Nepal. Professionals with needed skills and expertise are sent from their home countries to work with Nepali counterparts all over the county in areas of health care, education and rural development.

In the early days, most of the faculty live in the hostel, an aging historical structure. In the early days, most of the faculty were nurses from other countries, but now the faculty of 25 consists of bachelor-prepared Nepali nurses. To teach at the bachelor's level, a master's degree is required.

When I arrived, the Nepali teachers were being sent by turn to India or other countries for their master's preparation. Expatriate nurses filled in while they were gone. During my time, I worked with nurses from Australia, Germany and Sweden. I was assigned to Lalitpur Nursing Campus for three days a week and, for the remaining two days, to the Nepal Nursing Council (similar to a state board of nursing).

Professional nursing and development in general began late in Nepal. With the massive Himalaya Mountains to the north bordering on Tibet (now part of China) and a malaria and tiger-infested area along the southern border with India, Nepal remained isolated and closed to the outside world until 50 years ago. There was almost no infrastructure and no roads outside the main city, only footpaths connecting one part of the country with another.

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Resources, page 16.

In late 2002, Mary Maxwell, RN, PhD, returned to her home in Vancouver, Wash., to retire. Her e-mail address is mary.maxwell@hammondnet.com. To learn more about United Mission to Nepal, see the organization’s Web site at www.umn.org.np.

Some of the faculty of the Lalitpur Nursing Campus. Mary Maxwell is in the back row, third from left.

Nursing student and instructor examine young Nepali child in hospital pediatric ward.

Graduating LNC bachelor of nursing students with campus chief.
Loyal to our heritage...

We appreciate the thoughtfulness
and foresight of our Billye Brown Fellows, those exceptional colleagues who have chosen to pay tribute to the society and/or their chapter with a future gift.

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Educator, mentor, advocate

Nurse named Wisconsin Professor of the Year

by Janice Wisner

Most college graduates can recall a professor who stood out as a great teacher. For nursing students at the University of Wisconsin-Eau Claire, CeCelia Zorn, RN, PhD, is that professor—a remarkable teacher who believes in students and is devoted to their success.

In recognition of her exceptional achievements in nursing education, Zorn, a professor in the department of nursing systems in the UW-Eau Claire School of Nursing, has been named the 2002 Carnegie Foundation for the Advancement of Teaching Wisconsin Professor of the Year.

The award is given annually by the Council for Advancement and Support of Education (CASE) to recognize the importance of undergraduate instruction at all types of higher education institutions. CASE began the Professors of the Year program in 1981. For 2002, there were winners in 46 states, selected from 422 entries.

Both colleagues and students describe Zorn as a true master teacher, one who advocates for students, creatively teaches using a variety of methods, and firmly grounds her teaching in the most recent research and theory.

"When I think of CeCelia, I think of the words of Emerson, 'Our chief want in life is somebody who shall make us do what we can,'" said colleague Mary Ellen Stolder. "For a generation of nursing students, CeCelia is that somebody." Zorn began her teaching career at UW-Eau Claire in 1980. In 1996, she received the UW-Eau Claire Excellence in Teaching Award, one of the highest awards presented to faculty and determined by a university Alumni vote. In the School of Nursing, she also received awards for excellence in clinical instruction and for faculty creativity and scholarship.

"To observe Dr. Zorn in the classroom is as if one is watching a room is as if one is watching a
The International Honor Society of Nursing Foundation supports the Honor Thanks to your generous response to our annual giving campaign, we are well and conscientious stewardship. Call 888.634.7575 and ask for the foundation on our way toward the Constance Clemens Tiffany Buda Denise L. Garee Ann Burns Karen Ruth Patricia Kay Michael Betty Marjorie Keefe Mollyn Mary Mary Barbara M. Bilek Suzanne K. Randel-Bowell Francis M. Benson Ingrid Bergstrom-Bogen Linda A. Bernhardt Sylvia Berthom Steve Bierman Libby Jenel M. Bingle Linda Blair Jenisse Blake Mary Bloom Molly V. Bohren Carole Borens Mary L. Boller Martha Boudreaux Ann T. Brooks Terry Brooks Carole Burch Kathleen C. Bushwell Tilikay Bulks Martha S. Buhler Barbara Bukowski C. Ann Burden Yvonna Burgess Ann Burns Gary Gadenheid Elizabeth Carmigniani Betty W. Carlson Michael A. Cenner Catherine Cline-Faclin Del Ohler Luther Chritsan Patricia Key Christopher Roble L. Crochery Denise Clark Helene M. Clark Heather F. Clark Constance Cleamons Carol A. Cifolet Ruth Contis

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well-choreographed ballet,” said Mary Zwegart-Stauffaches, RN, PhD, FAAN, chair of the nursing systems department. “The discovery, the encouragement and the challenge to students to expand their thinking are all done with great ease, compulsion and refinement.”

Zorn said she believes continued student and teacher scholarship is the goal of teaching and learning. To that end, she developed a course with an English professor to help undergraduate nursing students improve their thinking and writing skills.

"Although writing-to-learn is not a new idea, linking it so closely to a professional discipline, carefully shaping the approach to individuals and small groups of students, and developing trusting and enduring student-teacher relationships pushed the idea to new levels," Provost Zorn said.

Provost Ronald Satz, who nominated Zorn for the award, cites her recent sabbatical as an example of her continuous search for new and better teaching methods. One of the results of that sabbatical, which focused on using the humanities to help students learn nursing, is a manuscript titled “All the Voices in the Room.” It is co-authored by Zorn, five graduate students and Zorn’s sabbatical mentor, an internationally recognized professor who uses drama as a teaching approach in higher education in Sweden.

The project, to be submitted for presentation at this summer’s national professional nursing education meeting, describes an assignment in which nursing education students and Zorn each selected a piece of art and described how it reflected their theory of education. A display of the art pieces in class became the catalyst for in-depth reflection and discussion about educational theory.

“Early on in my career I wouldn’t have been sure but it was OK to try this approach to teaching,” Zorn said. “Now I trust the students’ ability to learn in any situation as long as we focus on the educational goal, always reflecting on personal and professional growth and learning.”

Zorn keeps her clinical skills sharp by working several shifts each month in the medical/neuroscience unit at a local hospital.

“Patient contact strengthens my teaching and helps me stay grounded,” she said. “I learn firsthand what nurses are facing and can better prepare students for practice.”

“Dr. Zorn is one of the most amazing professors I have had the pleasure of learning from,” wrote Melissa Heinis, a nontraditional nursing student. “She is a mentor and a counselor, an educator and an inspiration. She is one of those people who come into your life and leave a piece of themselves with you forever, and you feel truly blessed.”

Janice Wisner is a writer for The View, a quarterly publication for alumni and friends of the University of Wisconsin-Vau Claire. Published in the Spring 2004 edition, the above article is reprinted with permission.

Sigma Theta Tau International offers two mentoring programs to prepare members for unique leadership opportunities.

Chiron Mentor-Fellow Program

• Prepares nurses to serve on national and international boards of directors
• Mentees are paired with nurses who currently serve on a national or international board
• Mentees must have community college-level board experience
• One-year program
• Online content and listserv
• Mentees attend 3-day institute in January 2004

Omada Board Mentoring Program

• Prepares nurses to serve on national and international boards of directors
• Mentees are paired with nurses who currently serve on a national or international board
• Mentees must have community college-level board experience
• One-year program
• Online content and listserv
• Mentees attend 3-day institute in October 2004

Applications for Chiron and Omada are due August 30, 2003. For more information or an application, visit www.nursingsociety.org/programs or call 888.634.7575.
Mary McKeown views philanthropy—the giving of time, talent and/or treasure—as a natural response to the needs of people.

by Darlene Sredl

MARY McKEOWN'S involvement as a community leader started long before she became involved with HOPE (Helping Other Parents Envision Life Beyond the NICU). But it was McKeown's work with HOPE, a support group of parents who have experienced the birth of a premature or sick full-term infant at St. Louis Children's Hospital, St. Louis, Mo., that allowed her philanthropic nature to blossom.

Ten years ago, Drs. Shawn Pohlman and Jenny Broeder initiated a focus group among neonatal intensive care unit (NICU) parents to identify if a need existed for a parent support group. The need was clearly established, and Mary McKeown, RNC, BSN, IBCLC, committed her time and talents to create a format to fulfill that need.

When McKeown gets to work on a project, things happen! She transformed family workshops that had met sporadically into workshops that met more frequently and were consistent with HOPE's objectives. She initiated monthly graduate parent meetings to train parents as co-facilitators in the workshops.

She asked a physician to relinquish his phone line so the group's number could be easily remembered, 314-454-HOPE. She advocated for comfortable meeting space, envisioning that a parent support group would be a public relations benefit to the hospital.

McKeown's educational credentials suit her role as nurse coordinator and facilitator of the workshops. After earning her BSN from the University of Wisconsin-Madison, McKeown obtained certification in neonatal intensive care and newborn individualized developmental care and assessment. She is also certified as a lactation consultant by the International Board of Lactation Consultants.

Getting started

McKeown and the original NICU mother-members of HOPE brainstormed the question: How many avenues can we utilize to provide support for parents?

Knowing that some people prefer to read, they established a unit-accessible library of premature-infant care books. Some people prefer to talk; the phone line was staffed. Some people prefer group meetings; family workshops were organized. Some people prefer computers; an informational Web page (www.stlchildrens.org; keyword HOPE) was developed.

To call attention to future meetings, attractive notices are taped to each infant's bed, along with candy favors and HOPE's card as a vigilant reminder of the support group's continuing presence in the unit.

The number of family workshops held in a given month depends upon the climate of personalities, level of acuity and observed stress indicators of those involved in caring for these compromised infants. Meetings can be held every week, if needed. In addition to her staff nurse responsibilities,
Mary McKeown views philanthropy—the giving of time, talent and/or treasure—as a natural response to the needs of people.

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When McKeown gets to work on a project, things happen! She transformed family workshops that had met sporadically into workshops that met more frequently and were consistent with HOPE's objectives. She initiated monthly graduate parent meetings to train parents as co-facilitators in the workshops.

She asked a physician to relinquish his phone line so the group's number could be easily remembered, 314-454-HOPE. She advocated for comfortable meeting space, envisioning that a parent support group would be a public relations benefit to the hospital.

McKeown's educational credentials suit her role as nurse coordinator and facilitator of the workshops. After earning her BSN from the University of Wisconsin-Madison, McKeown obtained certification in neonatal intensive care and newborn individualized developmental care and assessment. She is also certified as a lactation consultant by the International Board of Lactation Consultants.

Getting started
McKeown and the original NICU mother-members of HOPE brainstormed the question: How many avenues can we utilize to provide support for parents?

Knowing that some people prefer to read, they established a unit-accessible library of premature-infant care books. Some people prefer to talk; the phone line was staffed. Some people prefer group meetings; family workshops were organized. Some people prefer computers; an informational Web page (www.stlchildrens.org; key- word HOPE) was developed.

To call attention to future meetings, attractive notices are taped to each infant's bed, along with candy favors and HOPE's card as a vigilant reminder of the support group's continuing presence in the unit.

The number of family workshops held in a given month depends upon the climate of personalities, level of acuity and observed stress indicators of those involved in caring for these compromised infants. Meetings can be held every week, if needed. In addition to her staff nurse responsibilities,
McKeown, in her volunteer role as HOPE's nurse coordinator, facilitates meeting discussions, bakes refreshments and often takes the graduate NICU parent team to co-facilitated an evening's meeting out to dinner—all at her own expense.

McKeown says, "Parents come in all shapes and sizes, and they all cope in different ways. I serve brownies. The bottom line goal is that each parent feels better about having his or her baby in the NICU." Parents see reasons to celebrate and allow appropriate personnel to attend by placing a question on the web site, idea, originated by one of the NICU mothers, that has generated international information sharing. A nurse in Thailand recently contacted HOPE by placing a question on the web site's message board. The message board, unlike a chat room, exists for the purpose of receiving questions and allowing appropriate personnel to respond. The Thailand nurse was very concerned about parental stress in the NICU and asked what St. Louis Children's Hospital does to help parents.

After several communications, she requested additional help for her research on NICU parental stress. Dr. F. Sessions Cole, director of newborn medicine, responded directly to this question. Because of HOPE's perspective, an international professional dialogue was established.

When asked why she spends so much of her time, money and energy on HOPE's family workshops, library, Web site, phone line, brochures and gift favors, McKeown says simply, "I saw a need." 

Darlene Sredni, RN, MA, MSN, a colleague of McKeown in the St. Louis Children's Hospital NICU, is a PhD candidate in nursing research at the University of Missouri-St. Louis.

MARY McKEOWN soon will be inducted into the Honor Society of Nursing, Sigma Theta Tau International, as a nurse leader. Candidates for membership as a nurse leader must be legally recognized to practice in their country, have earned a minimum of a baccalaureate degree or the equivalent in any field, and have demonstrated achievement in nursing. Visit www.nursingsociety.org/nurseleader/ for more information, or phone the Constituent Call Center at 800.634.7575 (U.S. and Canada) or 400.634.7575 (International).

Parents fall in love and bond with their babies through small victories and happy times in the NICU. They give their baby the strength and courage to recover. I believe that HOPE helps parents see reasons to celebrate the immediate and long-term benefits of their baby's care. McKeown tells the parents, "We have taken care of hundreds of babies that are sick and small, but we have never taken care of your baby. We take all the things that we have learned from taking care of other babies and, together with your help, come up with a plan of care for your baby." HOPE's brochures provide professional publicity for the sponsoring hospital. Brochures are disseminated at professional meetings attended by managers and staff nurses. A brochure is also enclosed within the medical record of every transferred baby.

International appeal

Anna Price, mother of twin NICU graduate babies, is the president of HOPE. Working within the structure of hospital parameters and guidelines, she was instrumental in implementing a Web site idea, originated by one of the NICU mothers, that has generated international information sharing. A nurse in Thailand recently contacted HOPE by placing a question on the web site's message board. The message board, unlike a chat room, exists for the purpose of receiving questions and allowing appropriate personnel to respond. The Thailand nurse was very concerned about parental stress in the NICU and asked what St. Louis Children's Hospital does to help parents.

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McKeown says, "Parents come in all shapes and sizes, and they all cope in different ways. I serve brownies. The bottom line goal is that each parent feels better about having his or her baby in the NICU. I empower parents [by letting them know] that they are important and critical members of the team.

"I tell them," McKeown continues, "that there is very important medical equipment at their baby's bedside, but there is no piece of medical equipment that is more important than them. They give their baby the strength and courage to recover. I believe that parents see reasons to celebrate their premature infants, even with all the immediate concerns and/or emotional turmoil that family members demonstrate. Once, a distraught father initiated discussion by confusing how helpless he felt at the delayed delivery of one of his twins. Stoically, he said, "I stood at the head of my wife's bed while my son died inside her.'

McKeown and her co-facilitators try to help family members create solutions to their concerns and seek to instill trust through individualization of their baby's care. McKeown tells the parents, "We have taken care of hundreds of babies that are sick and small, but we have never taken care of your baby. We take all the things that we have learned from taking care of other babies and, together with your help, come up with a plan of care for your baby.'

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Mary McKeown, center front, with graduates of HOPE's parent support group.

A foundation perspective

by Gloria R. Smith

NURSES ARE the most numerous health professionals in the United States and the world. They are central to achieving the global objective of Health for All declared in the 1978 Alma Ata Declaration of the World Health Organization (WHO, 1978). One might expect, then, those foundations that have an interest in bettering health, health care and quality of life to be longterm and heavy investors in developing the nursing profession and fully realizing its capacity to meet the needs of people. But this is not the case.

Research conducted in 1997 illustrates the point. It examined the Foundation Center's index of grants made by United States foundations. Within that index, the profession of "nursing as an entity, in and of itself" was found to be "nearly invisible" (Grace & Smith, 1997, p. 1). By contrast, medicine was clearly a recognized entity, and nursing was sometimes subsumed under it. The conclusion was that "in the foundation world, nursing is not widely recognized as an entity for the flow of philanthropic dollars" (Grace & Smith, 1997, p. 1). While nursing has come to receive more attention from foundations since 1997, the level of philanthropic support remains markedly out of proportion to the profession's significance in delivering care and solving cost, quality and access problems.

The Kellogg Foundation's 73-year history of support for nursing sharply contrasts with the philanthropic community's general lack of recognition of the profession "as an identifiable entity in its own right" (Grace & Smith, 1997, p. 1). Historical research has found that "it has had the longest sustained relationship to the nursing profession of any source of funding, public or private, and the funding that has gone to nursing consistently exceeds that of all other foundations combined" (Grace & Smith, 1997, p. 3).

The foundation's mission helps explain this face. Will Keith Kellogg gave the philanthropy he founded in 1930 the mission of helping people help themselves. From 1930 to the present, his foundation has truly relied on nurses and the profession and discipline of nursing to help achieve its mission.

Kellogg was inspired by the new concept of a child's right to health in the Children's Charter put forth by his friend President Herbert Hoover. He also embraced a public health reform agenda. These interests converged in his new foundation's first work, the Michigan Community Health Project (MCHP, 1931-1951) in seven rural southern-Michigan counties. When putting the concepts into action, the foundation knew that nurses must play central, crucial roles. Beginning as an operating foundation, Kellogg directly employed a cadre of nurses.

In 1936, the MCHP director of health education—the first nurse the foundation employed—established the "Flying Squadrons," a corps of public health nurses who traveled throughout the counties educating children and teachers about prevention, hygiene and nutrition. As the MCHP developed, establishing a maternity nursing service became a priority. The foundation funded postgraduate training to prepare MCHP nurses for this service (Lyneagh, 1995).

From the start, the foundation showed a consistent pattern of attention to both the services of nurses and the development of their profession. The need was to have the right human resources to enable local health systems to protect public health and assure access to the services that secure a child's right to health.

Over the decades, the foundation responded to the immediate needs of the time and looked ahead to envision the...
"I pledge my Head to clearer thinking, my Heart to greater loyalty, my Hands to larger service and my Health to better living; for my Club, my Community, my Country, and my World."

WITH THIS 4-H pledge, I began a philanthropic life. Where did your life of philanthropy begin and how have these early threads carried through into shaping you as an adult philanthropist?

Growing up in a rural Minnesota community, I could hardly wait to be old enough to join the local 4-H club. It was the camaraderie with like-minded local youth that appealed to me. Little did I know that my involvement in local, county and state 4-H activities would put me on a path of lifelong philanthropy, involvement in organizational leadership and commitment to becoming a global citizen.

It was in a one-room, rural Minnesota town hall that I learned my first leadership skills: how to speak in public, how to organize and conduct meetings, and how to fulfill elected positions. It was in this context that I also learned from committed adult leaders what it means to be philanthropic—to give of one's time, talents and treasures to the causes in which one believes.

In this case, the adults believed in fostering education and development of rural youth. Many gave up hours of their precious time to ensure that the youth of the community learned important life lessons and citizenship skills.

While philanthropy often conjures up images of wealthy people giving their fortunes to special causes, it is multifaceted and includes the giving of time and talents as well as treasures to causes that will enhance the lives of people one may never know. The dictionary defines philanthropy as a love of mankind, especially as manifested in deeds of practical beneficence (The American College Dictionary, 1964). A computer synonym check for "philanthropy" results in words such as charity, compassion, patronage, humanity, generosity and benevolence.

We hear the most about philanthropists who give away their monetary fortunes to social, scientific and cultural institutions. In Canada, for example, 14 women have contributed close to $1 billion to causes as wide-ranging as a breast cancer clinic, a piano competition, university scholarships, homes for the homeless, museums and family violence research (Nowell, 1996).

Money talks. The way we use what we have speaks volumes about our passions. Money is a tool used for accomplishing the goals we value. There is no shortage of opportunities to give monetary gifts to causes that connect with values we hold. Many members of Sigma Theta Tau International have contributed funds to the future of the honor society by becoming Virginia Henderson Fellows. Some are making regular contributions now while others are making contributions through their wills.

When large gifts are not possible, smaller yet meaningful contributions have been made for specific reasons. A friend turned 50 and threw her own birthday celebration. Instead of gifts, she requested that donations be made to her favorite organization.

Sometimes a special request for funds seems to strike a most personal chord. My husband recently "adopted a bell" in the church bell choir in honor of his deceased grandparents whose names happened to be Mr. and Mrs. Bell. Many of us were personally moved by the tragedy at the University of Arizona in October 2002. Contributions flowed in to remember the lives of our three fellow society members slain while doing their work as nurse educators.

No matter what we are able to contribute to the causes we believe in, we all have the ability to be philanthropists in some way. Surprisingly, rather than feeling depleted when giving to causes that are personally meaningful, there is a tremendous feeling of personal fulfillment and connectedness to others in the world.

Contributing time and talents is an equally important type of philanthropy. This type of philanthropy is an especially spiritual practice. It involves first determining our unique gifts and talents and then joyfully using them as a response of thankfulness for what we have been given.

How can we spend what we have been given to express who we are and what we hold important? Making decisions about where to spend one's time and talent resources involves answering important personal questions.

What am I passionate about? What values do I hold? What legacy do I want to leave when I can no longer be personally involved? Where can I find others who hold similar values? Living a life of philanthropy is a shared experience. We express who we are using the gifts and talents we have been given.
"I pledge my Head to clearer thinking, my Heart to greater loyalty, my Hands to larger service and my Health to better living; for my Club, my Community, my Country, and my World."

WITH THIS 4-H pledge, I began a philanthropic life. Where did your life of philanthropy begin and how have these early threads carried through into shaping you as an adult philanthropist? Growing up in a rural Minnesota community, I could hardly wait to be old enough to join the local 4-H club. It was the camaraderie with like-minded local youth that appealed to me. Little did I know that my involvement in local, county and state 4-H activities would put me on a path of lifelong philanthropy, involvement in organizational leadership and commitment to becoming a global citizen.

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It was in a one-room, rural Minnesota town hall that I learned my first leadership skills: how to speak in public, how to organize and conduct meetings, and how to fulfill elected positions.

Somewhere in their lives, these philanthropists have learned that living a life of philanthropy involves Head, Heart, Hands and Health. Their lives involve giving thought to their gifts, talents and purpose in life (Head); great loyalty to their passions (Heart); rewarding service to others (Hands); and a focus on retaining one's own health (Health). As a result, they live complete, satisfying lives and will leave a better world for future generations.

References

Joanne K. Olson, RN, PhD, professor and assistant dean, graduate services, Faculty of Nursing, University of Alberta, in Edmonton, Alberta, Canada, is a contributing editor to Reflections on Nursing Leadership.

LEADERSHIP MYTHS

MISSION TO KATHMANDU
Maxwell, M., & Rai, R. New directions for Lalitpur Nursing Campus. The Organization, 4(2), 12-16.

A FOUNDATION PERSPECTIVE

I PLEDGE

Pioneer for nursing: Frances Payne Bolton

by May L. Wykle and Debbie Joseph

This year marks the 60th anniversary of the Cadet Nurse Corps and the Bolton Act. Frances Payne Bolton was a congresswoman, philanthropist and international humanitarian. She spearheaded the transformation of nursing from an occupation to a profession. She fought for equal civil rights between the races and the genders and was one of the first leaders in providing humanitarian aid to the developing countries of Africa. But most importantly, Bolton never lost track of her goal to touch people's lives on an individual basis, no matter how expansive her ideas became.

She first became interested in helping others when she worked as a volunteer with the Visiting Nurse Association of Cleveland. At the young age of 18, she accompanied the nurses on their rounds in the poor and understaffed neighborhoods. This experience helped her to develop her life's philosophy: "You must give something to someone to be happy, especially when that gift is your own time and strength."

In 1939, Frances Payne Bolton's husband, Chester C. Bolton, died while serving as the congressman in the 22nd district of Ohio. Mrs. Bolton served out his term and, in a special election in 1940, won the seat for herself. This accomplishment was the beginning of quite a number of "firsts" in her life.

She was the first congresswoman to be elected from Ohio and the seventh woman to be a member of the House of Representatives. She was the first woman from Congress to represent the United States in the United Nations General Assembly. And finally, she was the first woman in Congress to visit a war battlefield, the first woman to head a congressional mission abroad and the first woman to sit in the same house of the same Congress with her son.

Her activism in the nursing field continued throughout her lifetime. During World War II, Bolton was instrumental in persuading the secretary of war to set up an Army School of Nursing, rather than relying on uninsured volunteers to care for our nation's soldiers. While in Congress, she sponsored and promoted the Bolton Act. This created the U.S. Cadet Nurse Corps to address the critical shortage of nurses during World War II.

The Bolton Act also opened the door for much of the modern nursing legislation. In 2002, the federal government passed the Nurse Reinvestment Act, which makes nursing education more affordable, increases nurse retention and improves nurses' working conditions.

Bolton believed very strongly that nurses should receive a college education as well as nursing training. Therefore, she established an endowment for the School of Nursing at Western Reserve University (the name of Case Western Reserve University prior to 1967). This substantial donation enabled the university to raise the School of Nursing from a department of the College of Medicine to one of the first university colleges of nursing in the country. In honor of her continued support and interests, this college was renamed the Frances Payne Bolton School of Nursing in 1935.

Bolton's commitment went beyond legislation and endowments. She actively participated with Bolton nursing students. Many recall the "tea" that she held for them on a regular basis.

The Case Western Reserve Frances Payne Bolton School of Nursing is celebrating its 60th year in existence thanks primarily to Bolton's generosity and foresight. The nursing community as a whole is extremely grateful to the dedication and vision of Frances Payne Bolton for, without her contributions, the nursing profession would most certainly not exist in its current form.

May L. Wykle, RN, PhD, FAAN, is dean and Florence Court professor of gerontological nursing at Frances Payne Bolton School of Nursing, Case Western Reserve University, in Cleveland, Ohio. Debbie Joseph, MBA, is director of marketing at the same school.

To learn more about cadet nursing, read Cadet Nurse Corps: The Call for and Response of Women During World War II, by Thelma M. Reifsnider and Paule M. Dresser. Published by the Society of Neuropsychology, Sigma Theta Tau International, the book is available online at www.nursing.org/organizational. To order by phone, call 800-666-7777 (U.S. and Canada) or 804-684-7575 (International).
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There are thousands of nurse philanthropists in the Honor Society of Nursing who have in common? In spite of people are willing to make to causes in the world, through a project that links them with their humanitarians in the Honor Society of Latin America through a project in Italy. A new leadership role has put me in connection with believes and values.

There are thousands of nurse philanthropists in the Honor Society of Nursing. They give of their time, talents and treasures to serve their communities, improving the health of the world's people by making a difference locally, regionally and globally. A U.S. colleague is making a significant impact on graduate nursing education in Latin America through a project designed to enhance nursing research and to promote health by reducing drug abuse. Another is creating opportunities for Australian aboriginal people to access university nursing education.

Yet another colleague is striving to make evidence-based nursing practice an everyday occurrence in Italy. A fourth has worked tirelessly to develop the first doctoral nursing program in Mexico. A fifth has demonstrated outsourcing in developing an African nursing honor society ready for chapter status in Sigma Theta Tau International. What do all these nurse philanthropists have in common? In spite of living in a fast-paced, technologically enhanced world, they have not lost touch with their humanity and their purpose in life (Sharma, 1999). They know about the things that matter most and authentically live their passions. They have thought seriously about how they want to live their lives so that they impact future generations. They have learned that while we do not all possess equal amounts of money, we are all given, each day, an equal amount of time.

But time, too, is a limited resource, and they have selected wisely among the many ways they can spend their time. Above all, these nurses have determined their unique calling or purpose in life and have taken the opportunity to invest their uniqueness in the world, both through their paid work and in the activities that go beyond their paid work. They have learned how to bring more of themselves into their work and into the world as they focus on using their unique gifts and talents. They are consistent, congruent and they live with integrity. They practice self-care so that they enjoy maximum health. They know how to work toward an objective that will allow them to manifest their highest human potential while, at the same time, adding value to the lives around them (Sharma, 1999).

Somewhere in their lives, these philanthropists have learned that living a life of philanthropy involves Heart, Heart, Hands and Health. Their lives involve that they think about their gifts, talents and purpose in life (Heads); great loyalty to their passions (Hearts); rewarding service to others (Hands); and a focus on retaining one's own health (Health). As a result, they live complete, satisfying lives and will leave a better world for future generations. 

References

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Maxwell, M., & Singa, R. (n.d.) Nurses were needed at the top of the world: The first fifty years of nursing in Nepal, 1952-2002. Unpublished manuscript.

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Following receipt of her award, Amanda Hoffman poses with Mississippi University for Women administrators and U.S. Army health care recruiters. From left: Claudia A. Lambert, university president; Linda Cox, ISN program director; Hoffman; Sgt. 1st Class Dan Daniels; Sheila Adams, division of nursing head; and Sgt. 1st Class Lenora P. Fort.

MUW grad receives Spirit of Nursing award

Amanda Hoffman, a recent graduate of Mississippi University for Women, has received a national honor from the U.S. Army. The Spirit of Nursing Award, sponsored by the Army Nurse Corps in cooperation with the National Student Nurses’ Association, is based on academic achievement, excellence in nursing practice, leadership experience, and community and professional involvement. Dr. Linda Cox, director of the university’s baccalaureate nursing program, wrote a letter of recommendation for Hoffman. Her letter states, in part: “It is only rarely that a teacher has the privilege of working with a student who possesses both the art and the science of the profession. Amanda is that student. Her heart is in nursing; this is evident in all she does. She is a natural leader and demonstrates this daily in her interaction with her classmates and her patients. Kind, compassionate and soft-spoken, she has the ability to bring a group together and show them how to obtain a common goal.”

Hoffman was selected for the national honor from among more than 130 students from universities who won Spirit of Nursing awards at their colleges or universities.

Hoffman designed a Mississippi program to treat depression in elders and contributed to the state campaign “Enhancing the Nursing Profession Through Abstinence Promotion.” “Nursing Mississippi’s first Outstanding Student Nurse for 2002-03,” she also served as vice president and state president delegate for her university’s chapter of the Mississippi Association of Student Nurses.
Among University of Pennsylvania researchers, Brunt Buerhaus, a doctoral student under the University of Florida's direction, was selected to receive a $100,000 Building Academic Geriatric Nursing Capacity scholarship, funded by the John Hartford Foundation and administered by the American Academy of Nursing.

Among University of Tennessee nurses, Jeannie Johnson, a master's degree student at University of Tennessee, has been named project site coordinator for a three-year, continuing education project. The project is funded by a $375,000 grant from the Laurel Medical Corporation to the National League for Nursing.

Sandra Gracia Jones,* assistant professor at Florida International University, located in Miami, has received a $10,000 grant from the Astra Foundation to implement the Caribbean/West Indian Cultural Competency training program for nurses and nursing students in Florida.

Naiomi (Bai) Lamar, coordinator of the Western Maryland Nursing Students' National Science Foundation Research Experiences for Undergraduates Program, has appointed Bonnie Petrie, assistant professor of nursing at Vanderbert and director of the Disease Management Program for the University-Vanderbilt alliance, as program director and Bonnie Piton, senior associate dean for practice management, is principal investigator for the clinical implementation project.

**EDUCATION**

Joyce Brum,** nurse educator at Bay Dr. Concutie Community College in Escanaba, Mich., has received the college's Distinguished Faculty Award for 2003. Among University of Missouri-St. Louis School of Nursing faculty members selected to 2003-2004 Deans' Teaching Scholars are Kathleen Charles, "Development of Clinical Decision-Making Skills Using Information Technology/Information Management Tools"; Catherine Corbo, "Nursing Research and Administration and Action Plan to Increase RF of Health Policy Offering Within Student and Employer Demand"; and Gail E. Lannem, "Assessing Patnents' Perceptions of Student Nurse Provider Factors in Psychiatric Settings: A Pilot Study of a Potential Component of Quality Improvement for Psychiatric Nursing Education," and Carol O'Neill, "The Impact of Web Quizzes on Student Learning in Online Environments."

Lisa DiMenna* and Kevin Saltzman*, graduate students at Arizona State University College of Nursing, have received the Barbara Brown Corson Nursing Scholarship, named for a registered nurse who died in 1998 after a battle with cancer.

Amada Florez*, a doctoral student under the University of Florida's direction, has been selected to receive a $10,000 Building Academic Geriatric Nursing Capacity scholarship, funded by the John Hartford Foundation and administered by the American Academy of Nursing.

Pamela Jeffrey,* assistant professor at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has been named project director for a three-year, national study of the use of simulation in IN health education programs. The project is funded by a $375,000 grant from the Laurel Medical Corporation to the National League for Nursing.

Sarah Gracia Jones,* assistant professor at Florida International University School of Nursing in Miami, has received a $10,000 grant from the Astra Foundation to implement the Caribbean/West Indian Cultural Competency training program for nurses and nursing students in Florida.

Naiomi (Bai) Lamar, coordinator of the Western Maryland Nursing Students' National Science Foundation Research Experiences for Undergraduates Program, has appointed Bonnie Petrie, assistant professor of nursing at Vanderbert and director of the Disease Management Program for the University-Vanderbilt alliance, as program director and Bonnie Piton, senior associate dean for practice management, is principal investigator for the clinical implementation project.
Stephanie Joellen Barbara Goldberg-Chamberlain, assistant professor at the University of Kentucky College of Nursing, has received the 2003 Internationa l Achievement Award from the International Council of Nurses (ICN) for her work in the area of mental health. The award is given to a health care leader who enhances the image of nursing and promotes its contribution in public health, and for체 장 term strategies and partnerships within the community.

Stephanie L. Ferguson has been appointed consultant for nursing and health policy for the International Council of Nurses in Geneva, Switzerland. She also has received the Mary Johnston Board of Directors Award for the American Organization of Nurse Executives, the highest honor bestowed by the National Student Nurses' Association.

Helen M. French, staff operating room nurse, is coordinator of the University of Virginia Medical Equipment Recovery of Clean Inventory (MERCI) program. New medical supplies have been delivered to the hospital in an international mission trip and to the university's research labs. The Commonwealth of Virginia’s House Resolution 442 recommends that Virginia hospitals emulate the MERCI program. French recently presented the program to nurses of the secretariat and the program is being reviewed by the American Hospital Association, the Centers for Disease Control and Prevention.

Farnnie Gostjohn-Johnson, professor and director of international affairs at Johns Hopkins University School of Nursing, has received the Van Ameringen chair in psychiatric mental health nursing. Jemmott is an associate professor at the University of Pennsylvania and has received the Eunice Kennedy Shriver award in recognition of her contributions to nursing.


Jacqueline Kerfoot, also assistant professor at the hospital for Special Surgery in New York City, has been appointed to the Hunter College Hall of Fame.

Neural Lang,* the executive director of nursing at the University of Pennsylvania, has been named a member of the National Quality Forum, which is to improve American health care through endorsement of national standards for measurement and public reporting of health care data.

Zubair Masood,* assistant professor at Brick University in St. Catharines, Ontario, Canada, has received the Leadership Award in Nursing Education (Academic) from the Registered Nurses Association of Ontario. Susan Mattson,* has been named chair of the Division of Adult Health/Patient-Child Nursing at Arizona State University College of Nursing.

Kathleen Maines/Casey/ has been named to the 1942 Ewoudt Endowed Term Chair, a University of Pennsylvania chair that rotates among schools based on achievement. The chair is associated with a nursing research agenda and dean of undergraduate studies at the School of Nursing and president-elect of the American Association of Critical-Care Nurses. Laurie McKellick, an advanced home care manager, has been re-elected president of the Wound, Ostomy and Continence Nurses Society.

Marguerite Shafer, professor at the University of North Carolina at Chapel Hill School of Nursing, has received the Excellence in Undergraduate Teaching award from the University of Pittsburgh School of Nursing. Darla Nief, staff nurse at the Hospital for Sick Children in Toronto, Canada, is named president of the Canadian Nurses Association.

Diane Newman, associate professor at the Boston College Graduate School of Nursing, has received the J. George Hinchliffe Award from the University of Minnesota. Washington, D.C., sent the program to the aides of the secretary of defense.

W. Hawkins, professor at the Boston College Graduate School of Nursing, has received the Excellence in Undergraduate Teaching award from the University of Minnesota. Washington, D.C., sent the program to the aides of the secretary of defense.

The National Community Partnership Award from the Society for Community Health Nursing was awarded to the nursing program at the University of Michigan to the Obstetrics and Gynecology Department.

Virginia Tilley,* associate dean for research at Oregon Health & Science University School of Nursing in Portland, has been named chair of the National Board of Directors of the American Society for the Advancement of Nursing. She has received the Creative Health Care Management Award from the Northern Michigan University Alumni Association. She has received an honorary doctor of humane letters degree from the Southern Oregon Community College in Mitchell, Oregon. Virginia Tilley,* associate dean for research at Oregon Health & Science University School of Nursing in Portland, has been named chair of the National Board of Directors of the American Society for the Advancement of Nursing. She has received the Creative Health Care Management Award from the Northern Michigan University Alumni Association. She has received an honorary doctor of humane letters degree from the Southern Oregon Community College in Mitchell, Oregon. Virginia Tilley,* associate dean for research at Oregon Health & Science University School of Nursing in Portland, has been named chair of the National Board of Directors of the American Society for the Advancement of Nursing. She has received the Creative Health Care Management Award from the Northern Michigan University Alumni Association. She has received an honorary doctor of humane letters degree from the Southern Oregon Community College in Mitchell, Oregon.
Stephanie Fannie Gaston-Johansson,* professor and director of Nurses' Florence the International Trends and Equipment Recovery of Clean Inventory (MERCI) pro-

Resolution #42 recommends that Virginia emulate Maryland has been chosen as National League for Nursing con-

Achievement Award from International Council of Nursing in Baltimore, Md., has received the Community Partnership Award from the Health Council whose mission is to improve American health care through endorsement of national lenes for adolescents’ mental health

Jemmott, mental health has been adopted as the Northern Illinois University Alumni Association. Penn is elected president of the Honor Society of Nursing, Sigma Theta Tau, also a recognized therapeutic touch practitioner with the Therapeutic Touch Network in Ontario.

Karen Stanley, nursing consultant and item writer for the National Association of Pediatric Nurse Consultants and Practitioners. Virginia Tilley,* associate dean for research at Oregon Health & Science University School of Nursing in Portland, has been named dean of the University of Nebraska Medical Center College of Nursing in Omaha, succeeding Ada Unbehy, who retired after more than eight years at the university.

Claramon Weinert GC,* professor of nursing at Montana State University-Berene, has been named assistant dean of the Arrowhead Regional Medical Center School of Nursing at Indiana University-Purdue University Indianapolis. party has received an honorary doctorate of humane letters from Dalhousie University in Halifax, Nova Scotia, Canada. It also received the Southern Association of Colleges and Schools’ Distinguished Service Award for the Nursing School of the University of Nebraska Medical Center. On the University of Nebraska Medical Center campus in Omaha, the School of Nursing has received an honorary doctor of humane letters from Dalhousie University in Halifax, Nova Scotia, Canada.

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Joanne Docherthin and Dorothy A. Jones are co-editors of Unifying Nursing Language: The Harmonization of ANA's, NC, and NINC's, Nursing2003, 2003.


Call for Abstracts
15th International Nursing Research Congress

Dublin, Ireland
22-24 July 2004

You are invited to submit for Sigma Theta Tau International's 15th International Nursing Research Congress “Building Community Through Research”

For suggested topics and submission guidelines, visit www.nursingsociety.org or e-mail research@sttinuopie.edu

Submission deadline: 15 December 2003

Evidence-Based Practice Preconference
Call for Abstracts
“Evidence-Based Nursing: Strategies for Improving Practice”

Dublin, Ireland – 21 July 2004

Sigma Theta Tau International
Honor Society of Nursing
A Global Leader in Evidence-Based Nursing

Dear Colleagues:

As a volunteer organization, Sigma Theta Tau International has benefited greatly from the commitment, generosity and dedication of its members. Through volunteer opportunities at the local, regional and international levels, members have contributed their time, talent and resources to achieve the organization's goals.

This bimonthly has been focusing on building diverse relationships and, in October 2002, the board of directors approved a policy statement on diversity, identifying hallmarks of diversity for the organization. The board also adopted in February 2003 working definitions for the organization’s global agenda. These documents serve as vital benchmarks for achieving both cultural diversity and globalization of the society. (Visit our Web site, www.nursingsociety.org, for complete versions of these documents.)

To have impact, however, policy documents have to be interpreted into rules (bylaws) and strategies (guidelines) for the organization to use. The board of directors itself is diverse—both genders are represented, along with different countries, cultures and ethnic groups and experience in the professional domains of practice, research, academia and policy. Using the expertise of committees and task forces, the board set out to create bylaws amendments and guidelines that reflect the global diversity of our organization.

Fundamental enhancements in how the organization governs itself, how it selects its membership, how it affiliates with other organizations, and how it meets its corporate level accountability and oversight responsibilities will be forwarded in a few weeks as bylaws amendments for the membership’s review in preparation for the November 2003 House of Delegates. These enhancements are also on the society’s Web site. They would not have been created without volunteers. I encourage you to review them and give us your best thoughts and questions. The objective is that, together, we can enact change to enhance member involvement and satisfaction.

In addition to formulating policy, the board has also strategized with others to create ways to care for member and chapter needs, as well as increase opportunities for volunteerism to the society. Especially exciting are refocused initiatives in evidence-based nursing, career and leadership development, and academic nursing. Oversight and conservation of the society’s resources are responsibilities the board takes seriously and, with the advice and help of our volunteers and staff, we are able to provide quality services through cost-effective and cost-reduction measures.

But the need for volunteers—for you, the knowledgeable, committed, member-experts of the Honor Society of Nursing—will not end this bimonthly or with my tenure as your president. The need will be present for the life of the organization and will be even more critical as we debate and, I hope, implement the bylaws amendments. I encourage you to volunteer your time and talent to your chapter and to the society. Recruit a friend or colleague to volunteer with you. Take on a small task or a large one, but take on a part of the cause of Sigma Theta Tau International.

Some volunteers of the society have found significance in contributing monetarily to the organization. In the wake of 9-11, war and economic downturn, the society has experienced fewer gifts, as have many not-for-profit organizations. As the society ends its 80th year of service and excellence, it is a fitting time to consider a gift. Gifts of all sizes contribute to keeping the organization vibrant, healthy and responsive. Finally, as I think about my last months as president (and my continued involvement), I want to thank you, the members and chapters, for your volunteerism, for your philanthropy and for your belief in the values we share. It really does take all of us to make things happen for Sigma Theta Tau International.

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May L. Wykle, RN, PhD, FAAN

President May L. Wykle
In Memoriam

Georges Evers
1950-2003

Georges Christoffel Maria Evers, RN, MSN, PhD, professor, was a warm and kindly man whose gentle demeanor, passion for living and love of learning will be missed in the international nursing community. A member of the Honor Society of Nursing for the last 10 years, Evers brought perceptive insight and quiet wisdom to the board of directors of Sigma Theta Tau International.

He studied for a bachelor's degree in Greek, Latin and ancient philosophy, but moved instead to nursing and earned an MSN and PhD from the University of Maastricht in the Netherlands. During a career that spanned nearly 30 years, Evers practiced nursing, was a teacher, and was involved in development of health policy in Belgium, Germany and the Netherlands.

Evers' accomplishments were many. He founded the first scientific nursing journal in the Netherlands and was a principal developer of that country's first academic nursing program. He was a co-founder of the Association for Common European Nursing Diagnoses, Interventions and Outcomes; the European Academy of Nursing Science; the accreditation committee of the European Oncology Nursing Society; and the International Orem Society for Nursing Concepts and Theory.

He served on the board of governors of health policy organizations, health care institutions and research councils in several European countries. In addition to serving on the board of Sigma Theta Tau International, Evers served on its Global Diversity Task Force and was a member of the steering group for the International Academic Nursing Alliance. He served on numerous editorial boards and routinely published journal articles; in addition to two textbooks.

Evers' commitment to the discovery of scientific knowledge relevant to clinical practice distinguished him as a nurse scientist whose research made a difference in the everyday care of patients. His dissertation and books were on the topic of self-care and the development of nursing instruments for measurement. Later in life, he became interested in oncology care, believing the specialty both helped and cared for patients while dealing with the issues patients could not address. He balanced rigorous academic and administrative workloads with patient care, bringing his students a sense of fresh possibilities; his colleagues a vision of practicality and professionalism; and his patients an embodiment of compassion and caring.

As the result of a conversation with Evers after he knew he was terminally ill, his dissertation adviser, Marjorie Jienberg, RN, DNSc, FAAN, dean of the College of Nursing at the University of Arizona, has set up an endowed scholarship to support the work of PhD students in nursing. Those interested in contributing to the Prof. Dr. G.C.M. Evers Memorial Scholarship may do so by addressing their gifts to the UA Foundation/Evers Scholarship Fund and mailing them to: University of Arizona College of Nursing, PO Box 210203, Tucson, AZ 85721-0203. Sigma Theta Tau International will be contributing to the scholarship fund and is exploring publication of an English translation of his books.

Evers is survived by his wife, Josie; his daughters, Irene and Pauline; his mother; and two brothers. Interment took place June 14, 2003, in Eikenhof, De Sil in Valkenswaard, Netherlands. —Marty Lamus

Forging global linkages

by Elizabeth Percival

"To create a global community of nurses who lead by using scholarship, knowledge and technology to improve the health of the world's people."

This is the vision of Sigma Theta Tau International. In 2003, the society took further steps to strengthen the available resources to fulfill this vision. The board of directors has demonstrated its continued commitment to ensure the achievement of the third goal in the organization's strategic plan: "Advance global linkages at the organizational and member levels by supporting global activities."

I have been working as the international development consultant for Sigma Theta Tau International since mid-2000. I live in Canberra, Australia, and most of my Sigma Theta Tau International work has been involved with chapters in the Asia-Pacific Rim region. As the society's international profile has become stronger, nurse leaders in many countries outside the United States and Canada have indicated their interest in becoming part of the Sigma Theta Tau International family. Honor societies of nursing and Sigma Theta Tau International chapters have already been established in Canada, Europe, Australia, Korea, Taiwan, Hong Kong, Africa and South America. Nurses in other countries—including Russia, Iran, Ireland, Japan, Thailand and the Philippines—have expressed an interest in the organization.

The growing interest and the consequent necessity to respond to the needs of our nursing colleagues across the globe have required that additional resources be allocated for this purpose at our international headquarters. Teresa Randell, former chapter services manager, now holds the position of global development manager. Teresa and I work together to advance Sigma Theta Tau International's global agenda. Advances in technology have made the concept of a global community of nurses a realistic achievement, and it is through this technology that Teresa and I undertake our global work. Given the time difference, e-mails float across the "Pacific pond" from Indianapolis, Ind., in the United States to Canberra, New South Wales, Australia, every night and shape our working days.

I have become aware that society members in the United States are interested in hearing about what the organization is doing at an international level. They are also keen to support and work with international colleagues. For this reason, we have made the decision to allocate this column in Reflections on Nursing Leadership to inform members about international activities and highlights. We will endeavor to capture some of the leadership strengths shown by nurses in other countries and share their professional, academic and research interests with you. We hope that members will find the articles in forthcoming issues useful for forging new linkages and networks at a global level.

Elizabeth Percival, AM, RN, MScPHC, FRCNA, a resident of Canberra, New South Wales, Australia, is an international nursing consultant and international development consultant for Sigma Theta Tau International.
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Final Arista3 meeting

Arista3-Southern Europe/Mediterranean, the fifth and final interdisciplinary think tank meeting of the Arista3 series, was held March 13-15 in Sorrento, Italy. Twelve experts and 13 reactors gathered to discuss how nurses in that region can best contribute to the health of their communities in the new millennium. Countries represented at the meeting included Greece, Italy, Morocco, Portugal, Spain and Malta.

The international Arista series was designed to provide decision makers the opportunity to discuss specific concerns and to develop a plan to improve nursing in their diverse communities. Meetings in the series represented five different areas of the world: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, and Southern Europe and the Mediterranean.

During the meetings, expert panelists developed recommendations concerning the preferred future of nursing and health care in their regions. Thus far, outcomes from the Arista series have included collaborations with the Pan American Health Organization and the American International Health Alliance.

Summaries and recommendations from all five meetings are available at www.nursingsociety.org/programs. Some material is available in Russian and Spanish.

Momentum building for Biennial Convention

Sigma Theta Tau International's 37th Biennial Convention will take place Nov. 1-5, 2003, in Toronto, Ontario, Canada. Be sure to attend the awards programs at the convention to support fellow society members who have earned international awards. Awards will be presented at both banquet and plenary sessions. This year honorary members will be inducted during a ceremony on Friday, Oct. 31. Awards for international research and for communications and technology will be presented during the convention banquet and plenary sessions. Awards will be presented at both events.

Chapter awards will be presented at the Chapter Awards breakfast on Tuesday, Nov. 4. Chapter Key Awards will be presented at the Chapter Awards breakfast on Monday, Nov. 3. Honor award winners or distinguished chapter members by hosting a reception for them. Hosted receptions will take place Monday, Nov. 3, preceding the Founders Award Banquet and are scheduled on a first-come, first-served basis. To schedule a reception, e-mail Toronto-03@stti.iupui.edu.

Help make the convention a success by volunteering. During a four-hour shift, volunteers can welcome attendees, monitor session rooms or seat guests at special events. Convention volunteers have the opportunity to make a contribution to Sigma Theta Tau International while meeting and interacting with other nurse leaders. They will also receive a small gift as a token of appreciation.

Online registration is available at www.nursingsociety.org/biennial.convention. Sept. 22 is the deadline for early-bird registration. For more information on volunteering, awards and the convention, visit www.nursingsociety.org or e-mail Toronto-03@stti.iupui.edu.

Our top priority is the safety of our attendees, exhibitors and staff. Toronto has been removed from the World Health Organization's list of areas with recent local transmission of Severe Acute Respiratory Syndrome (SARS). For an update, visit www.nursingsociety.org.

Earn CE credits online

“IT WILL COME BACK to this Web site for more continuing education” is the most frequently noted comment from the 3,500 nurses who earned continuing education credits through Sigma Theta Tau International's online education programs. More than 80 percent of learners gave the society's offerings a rating of excellent or very good in the following categories: 1) met objectives; 2) is current, understandable and well-written; 3) is helpful to my practice; and 4) is an effective learning activity.

Nurses are taking advantage of a variety of offerings that address women's health issues, ranging from breast-feeding and cord-blood banking to osteoporosis, menopause and depression. Palliative care and end-of-life issues are covered in case studies on advance directives, family presence during resuscitation, and pain control approaches for a patient with end-stage ovarian cancer.

Nurses and health care workers from all over the world are taking the free disaster preparedness and response case study created in collaboration with the American Red Cross. Infectious disease questions and concerns are addressed in learning activities about hepatitis C, anthrax, the plague and Lyme disease. Very popular among pediatric and neonatal nurses are activities on acid-base imbalance in a low-birth-weight infant, neonatal pain management with oral sucrose, complications in chicken pox, and alteration in toddler respiratory function.

Case studies about delegation in clinical practice offer nurses techniques and approaches to enhance management skills essential in the clinical setting. A four-part article synthesizing research on Alzheimer's disease provides a wealth of findings and strategies that clinicians caring for those patients and their families can incorporate into practice.

Other categories include EKG interpretation, case management issues and strategies, ethics, and organ transplant issues. New courses, categories, articles and case studies are being added on a continual basis.

All of these self-study, interactive offerings are written and peer-reviewed by nurse experts and are linked to the Web for additional resources and research. Currently, two formats are available: 1) articles synthesizing evidence-based nursing and case studies. Both activities are accredited by the American Nurses Credentialing Center's Commission on Accreditation, and successful completion provides the learner from one to two continuing education contact hours.

Kathy Wodicka, RN, BSN, is distance and e-learning manager in the Professional Development Center of the Honor Society of Nursing.
Final Arista3 meeting

Arista3-Southern Europe/Mediterranean, the fifth and final interdisciplinary think tank meeting of the Arista3 series, was held March 13-15 in Sorrento, Italy. Twelve experts and 13 reactors gathered to discuss how nurses in that region can best contribute to the health of their communities in the new millennium. Countries represented at the meeting included Greece, Italy, Morocco, Portugal, Spain and Malta.

The international Arista series was designed to provide decision makers the opportunity to discuss specific concerns and to develop a plan to improve nursing in their diverse communities. Meetings in the series represented five different areas of the world: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, and Southern Europe and the Mediterranean.

During the meetings, expert panelists developed recommendations concerning the preferred future of nursing and health care in their regions. Thus far, outcomes from the final interdisciplinary think tank meeting of the Arista3 series have included collaborations with the Pan American Health Organization and the American International Health Alliance.

Momentum building for Biennial Convention

Sigma Theta Tau International's 37th Biennial Convention will take place Nov. 1-5, 2003, in Toronto, Ontario, Canada. Be sure to attend the awards programs at the convention to support fellow society members who have earned international awards. Awards will be presented at both luncheon and plenary sessions. This year, honorary members will be inducted during a ceremony on Friday, Oct. 31. Awards for international research and for communications and technology will be presented during the plenary session on Tuesday, Nov. 4, and the Episteme Laureate presentation will be during the plenary session on Monday, Nov. 3. The Archon and Founders Awards will be presented during the Founders Awards Banquet on Monday, Nov. 3.

Honor award winners or distinguished chapter members by hosting a reception for them. Hosted receptions will take place Monday, Nov. 3, preceding the Founders Award Banquet and are scheduled on a first-come, first-served basis. To schedule a reception, e-mail Toronto-03@stti.iupui.edu.

Help make the convention a success by volunteering. During a four-hour shift, volunteers can welcome attendees, monitor session rooms or seat guests at special events. Convention volunteers have the opportunity to make a contribution to Sigma Theta Tau International while meeting and interacting with other nurse leaders. They will also receive a small gift as a token of appreciation.

Online registration is available at www.nursingsociety.org. Sept. 22 is the deadline for early-bird registration. For more information on volunteering, awards and the convention, visit www.nursingsociety.org or e-mail Toronto-03@stti.iupui.edu.

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Kathy Wodicka, RN, BSN, is distance and e-learning manager in the Professional Development Center of the Honor Society of Nursing.
"But is there a future in nursing?"

by Myrna Petersen

M y question was an honest one. After five years of directing the annual fund and forming collaborative partnerships for The Benjamin Rose Institute in Cleveland, Ohio, I now had the opportunity to focus my attention on nursing and higher education. Fund-raising potential was the motivation for my question. My decision to accept the opportunity, however, was ultimately driven by passion— a desire to make a difference in the world. Because of my personal experience as a patient advocate and as a grateful patient, I chose to devote my energy to supporting the nursing profession.

I have been fortunate to work with nurse faculty and practitioners of immense talent—individuals driven by fearless determination and optimism, coupled with introspection and compassion. To my surprise and elation, the nursing challenge has been far more complex and comprehensive than I ever imagined. I now know that nursing is a vital and exciting profession that is critically important and ever-evolving. Yes, there is definitely a future in nursing!

As director of the International Honor Society of Nursing Foundation, I am responsible for visioning, strategic planning, donor cultivation and oversight of philanthropic services. Through active fund raising and conscientious stewardship, the foundation supports the Honor Society of Nursing’s mission to improve the health of people worldwide by supporting nursing scholarship, research and professional development. Oversight is provided by a six-member board appointed by the board of Sigma Theta Tau International, and invaluable guidance is provided by Chief Executive Officer Nancy Dickenson-Hazard. I am thankful to have two outstanding staff members: Laura Klaum, who is responsible for grants and major gift administration, and Adam Keener, who manages the annual giving campaign. My challenge is how to achieve the extraordinary when I am following the tenure of an extraordinary predecessor. While the foundation’s board of directors concentrates on sustainability issues and articulation of purpose, I have focused on stewardship so that the foundation becomes more transparent to its constituents. In addition to helping our members learn about philanthropy, it is critical that we provide donors with a clear picture of how their money is being used. I have already made systematic changes to ensure accurate monitoring of the cost and yield of each of our initiatives. Operating a cost-effective program is not an option, but a mandate, and I have the board’s support in taking steps to establish an affordable donor recognition program.

I am blessed to be at Sigma Theta Tau International at a time when many veterans among our revered leadership are positioned to give smaller gifts also play an important role. Collectively, they too can make a difference in sustainability and program support. Earlier this year, we introduced an annual giving program, which was greeted with an unusually high percentage of first-time donors—an indication that our membership includes many who wish to be engaged in philanthropy. In addition, our board is anxious to explore with the Constituent Center how the foundation can appropriately and effectively assist in strengthening chapters.

It is also important that we extend our focus beyond our membership, as the general public will respond favorably if we tell a compelling story. Even though nonnurses may not understand exactly what nurses do, they do fear the nursing shortage. We all ought to consider what will happen if there isn’t a knowledgeable nurse available to take care of us when we need it.

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But is there a future in nursing?

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Fund-raising potential was the motivation for my question. My decision to accept the opportunity, however, was ultimately driven by passion—a desire to make a difference in the world. Because of my personal experience as a patient advocate and as a grateful patient, I chose to devote my energy to supporting the nursing profession.

After I spent eight years at Case Western Reserve University's Frances Payne Bolton School of Nursing, with major gifts responsibility at local, national and international levels, my "nursing career" led to associate director positions at schools of nursing associated with the University of Maryland and Johns Hopkins University. My new role at Sigma Theta Tau International is a natural step in that progression.

I have been fortunate to work with nurse faculty and practitioners of immense talent—individuals driven by fearless determination and optimism, coupled with introspection and compassion. To my surprise and elation, the nursing challenge has been far more complex and comprehensive than I ever imagined. I now know that nursing is a vital and exciting profession that is critically important and ever-evolving. Yes, there is definitely a future in nursing!

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are still engaged in the activities of the society. One of these, Billy Brown, RN, EdD, FAAN, is someone I particularly enjoy because of a coincidence that occurred just a few months after I moved to Indianapolis. My leisure reading last winter was the best-selling book John Adams by David McCullough. He describes a famous English landscape gardener by the name of Lancelot Brown who is known to this day as “Capability Brown” because he had a habit of extolling to clients the “capabilities” of their property.

When I met Billy Brown in February, it became clear to me that the Honor Society of Nursing has its own Capability Brown. One of her strengths and capabilities is her penchant for helping others identify their own capabilities—in our case, the capability to “do good” and realize the larger vision of nursing through wise channeling of assets.

I invite you to call me about hosting a fund-raising event in your area as I team up with Billy Brown and Nancy Dickerson-Hazard to talk with small groups around the country about giving opportunities. It will be a pleasure to meet you, and I am grateful for the time we will have to work together.

Myrna Peterson is director of the International Honor Society of Nursing Foundation, Sigma Theta Tau International.

Smart generosity

If you have an appreciating asset, giving it now while its worth is smaller reduces the potential size of your estate.

by Rhoda Israelsen, CFP, CLU

Personal and charitable gifts may be made in a variety of ways—and for a variety of reasons. Knowing more about how each type of gift can affect your financial planning—everything from your estate plan to your tax return—can help you select the right timing and the right strategy for you. With everything literally blooming this early summer, the analogy of the tree and the fruit may double up and give you an idea about planning for a lifetime of giving.

The annual exclusion allows each of us, each tax year, to give up to $13,000 to any number of recipients to whom each donor may make gifts. Couples whose stock you've gifted to a youngster can be the start of something great. Even if your assets aren't large enough to provide an invitational conference bearing the same name; this publication addresses the critical relationship between philanthropy and health-care — nursing in particular. With the current changes in health-care delivery systems and funding sources, this relationship will gain even more significance in the future. Besides volunteer management issues, this book contains presentations on ethics, service-learning, private support, obtaining resources and more. Compiled by Angela Barron McBride.

smart generosity

The fruit and the tree

When it comes to charitable giving, think of your assets as trees, with the income (rental income on real estate, dividends on stocks, interest on bonds) being the fruit. You don't necessarily need to gift both to your favorite charity. Through special trusts and other legal arrangements, you can keep the "tree," giving the use of the "fruit" to charity for a period of years. Or, in a reverse strategy, you can give away the "tree," maintaining the use of the income or "fruit" for yourself and/or a spouse, or even for nursing scholarship. You can use the same concept in personal giving, by assigning the income from certain of your assets to someone other than yourself, or by actually giving away an asset while retaining a life interest in the "fruit" of that property.

Balloon gifts

Life insurance is an ideal example of a gift that you can buy at a "discount." Generally, the premiums paid will amount to less, often much less, than the proceeds your beneficiaries receive. Insurance death benefits paid to individual beneficiaries are generally income-tax free. To ensure that these proceeds are not taxable as part of your estate, you can use a special irrevocable trust or have someone else own the policy on your life. Roth IRAs can be "ballooning" gifts as well, since no income tax is owed by your beneficiaries on any of your contributions or on the growth in your account.

In considering gifts, either to relatives or to the charitable organizations of your choice, keep your own future needs and the needs of your dependents in mind. Second, consider what non-tax goals you want to accomplish with the gifts you make. Generally, the premiums paid will amount to less, often much less, than the proceeds your beneficiaries receive. Insurance death benefits paid to individual beneficiaries are generally income-tax free. To ensure that these proceeds are not taxable as part of your estate, you can use a special irrevocable trust or have someone else own the policy on your life. Roth IRAs can be "ballooning" gifts as well, since no income tax is owed by your beneficiaries on any of your contributions or on the growth in your account.

Sooner or later

In addition to helping children or other relatives now, when perhaps help is needed most and while you are here to savor the results of your gift, there are several advantages to lifetime giving as compared with spending your time and resources while you are alive. Then, too, you may be able to transfer the unrealized capital gain to someone in a lower tax bracket than yours.

Planting seeds

An investment or insurance gift can spark the interest of a young person in continuing the plan and learning more about it. Giving over statements, sending off for annual reports, and cutting out articles about the companies whose stock you've gifted to a youngster can be the start of something great. Even if your assets aren't large enough to start your own family foundation, consider a Donor Advised Fund and get your relatives involved in selecting the charities to receive grants.
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by Rhoda Israelov, CFP, CLU

PERSONAL AND CHARITABLE GIFTS may be made in a variety of ways—and for a variety of reasons. Knowing more about each type of gift can affect your financial planning—everything from your estate plan to the annual exclusion may make the difference between a truly lasting gift and/or legal adviser for such guidance. This article is reprinted with permission from The White House Group, Indianapolis, Ind.

The fruit and the tree

When it comes to charitable giving, think of your assets as trees, with the income (rental income on real estate, dividends on stocks, interest on bonds) being the fruit. You don’t necessarily need to gift both to your favorite charity. Through special trusts and other legal arrangements, you can keep the “tree,” giving the use of the “fruit” to charity for a period of years. Or, in a reverse strategy, you can give away the “tree,” maintaining the use of the income or “fruit” for yourself and/or a spouse, or even for a second generation. You can use the same concept in personal giving, by assigning the income from certain of your assets to someone other than yourself, or by actually giving away an asset while retaining a life interest in the “fruit” of that property.

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In considering gifts, either to relatives or to the charitable organizations of your choice, keep your own future needs and the needs of your dependents in mind. Second, consider what nontax goals you want to accomplish with each gift, not only what the tax ramifications might be. In both family and charitable giving, your time and involvement may make the difference between a truly lasting, meaningful contribution and a mere financial transaction.

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CONVENTION ALERT! Successful Strategies for Financial Survival

Rhoda Israelov, CFP, CLU, is a member of the board of directors of the International Honor Society of Nursing Foundation and first vice-president-investments, Smith Barney. Smith Barney does not provide legal or tax advice. Please consult your tax and/or legal adviser for such guidance. This article is reprinted with permission from The Columbian Magazine, published by The White House Group, Indianapolis, Ind.

Rhoda Israelov, U.S., and Rudi Cartter, MA, CFP, managing partner, Ashton Capital Management Ltd., Toronto, will discuss financial management strategy, financial planning concepts and basic “charitable partnering” techniques at the 37th Biennial Convention in Toronto on Tuesday, Nov. 4, from 8:15-9:15 a.m. and from 1:45-2:45 p.m.

Nursing and Philanthropy: An energizing metaphor for the 21st century

This book is a compilation of proceedings from the invitational conference bearing the same name; this publication addresses the critical relationship between philanthropy and health care—nursing in particular. With the current changes in health care delivery systems and funding sources, this relationship will gain even more significance in the future. Besides other topics, issues, this book contains presentations on ethics, service-learning, volunteer management, support, obtaining resources and more. Compiled by Angela Barron McBride.

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Excellence in Clinical Practice

Nurses in the new OR Technology has been reshaping surgical procedures and care since surgery was first developed—and nurses have always responded. Now, with the minimally invasive surgical devices and the introduction of robotic surgical tools, nurses are not only responding, they are taking leadership roles in surgical settings, education and research.

Excellence in Nursing Administration

A new model for career development. The Methodist Hospital in Houston has launched its Clinical Career Progression Model. A competency-based, differentiated practice model that uses a pay-for-performance compensation strategy. The model has been in development for more than a year and has been shaped by a dialogue that included nurses, physicians, human resources, administration and every other stakeholder in the system.

Excellence in Nursing Education & Research

Statewide alignment of educational opportunities. The nursing education system at Oregon is linking all the communities colleges and universities into a central system for nursing education. Curricula, key dates and other points of contact are aligned. Nursing students now have a statewide campus from entry to MSN at their fingertips, regardless of location. Providers in the state are collaborating with facilities, educators and funders.

Explore these features and more!
Enter www.nursingsociety.org in your Web browser and follow the links to Excellence.
From President-Elect Dan Pesut

The success of the Honor Society of Nursing, Sigma Theta Tau International depends on dedicated members who desire to serve the society in a variety of ways. As we continue to expand our mission globally, it's vital that we keep in close touch with our members and learn about their talents.

By your willingness to have your name placed in a pool of volunteers and by indicating your areas of interest and expertise, we get to know you — we are better able to match you with satisfying areas of service — AND we’re better able to develop NEW services tailored just for you.

Whether you consider yourself a novice or an expert, volunteering your time on a chapter, regional or international level for short-term projects or tasks helps you demonstrate your talents, hone new skills, network and grow in your profession.

We know you're really busy! That's why there are so many CHOICES. You will have the option to volunteer in any capacity, at times that fit your schedule, at the level at which you're comfortable, and for a length of service that doesn't disrupt your life. Indicate your interests, and we'll do everything we can to involve you in a rewarding position.

At the 37'h Biennial Convention, an exciting new program designed to recruit volunteers and match them to meaningful opportunities will be introduced. If you desire to be one of the first to utilize this program, we ask that you provide your name, constituent identification number, e-mail address and area of interest(s). We will contact you by e-mail with further information.

You may return this information via fax (317.634.8188) to Angela Miller or e-mail your name, constituent identification number, e-mail address and interest(s) to Angela, angela@stti.iupui.edu. Please don’t hesitate to contact her with any questions at 888.634.7575 (U.S. and Canada), +800.634.7575.1 (International).

Name

Constituent Identification Number

E-mail

Interest(s)
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Name _____________________________________________

Constituent Identification Number _____________________________ (displayed on mailing label)

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Interest(s) _____________________________________________
Nor can I imagine a future for nursing without a growing body of knowledge that promotes high-quality patient care. Research is at the heart of what nurses do and why and how we do it. Through fundraising and conscientious stewardship, your foundation supports the pursuit of knowledge that informs, and is informed by, clinical practice."

Barbara S. White, RN, DrPH, CS
Chair, Board of Directors
International Honor Society of Nursing Foundation

International Honor Society of Nursing Foundation
advancing the mission of Sigma Theta Tau International

550 West North Street, Indianapolis, Indiana 46202
Contact: Myrna Petersen, Director of Philanthropic Services
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