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Fourth Quarter 2003

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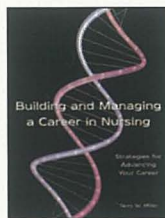
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# Education

## Future study or the Magic 8 Ball?

**M**ORE THAN a decade ago, a slumber party for third-graders cemented my interest in futures work. My 8-year-old daughter was having a birthday sleepover with eight other 8-year-olds. After the pizza, cake and ice cream, they finally settled down from their carbohydrate high to watch a movie. A sigh of relief from the parents was interrupted, however, by peals of laughter emanating from our family room. When I rounded the corner, fully intent on reprimand, I saw the source of their merriment—the Magic 8 Ball!

There they were, nine girls huddled around this toy asking important questions such as: Will I make an “A” on my social studies test? Does (a certain boy) like me? They waited breathlessly for each answer. And with every yes, no, maybe, ask me later came the laughter. When they spotted me, they excitedly informed me that the Magic 8 Ball was telling their futures. That prompted me to wonder, is it really that simple to see and understand the future?

The purpose of futures work is to study potential developments, using tools and certain attitudinal alignments, to effect change in a desired direction. A deliberated future may be personal, professional or organizational, but the process is the same: creating an image of a desired result to serve as a blueprint for action.

Let’s take one of those 8-year-olds as an example. She envisioned an “A” on her social studies test. That was her desired future. What she will do to get the “A” is her blueprint or outline of action. Facilitating her plan is such information as her enjoyment of social studies, resources (such as a study packet provided by the teacher), study habits and attitude. By combining these factors with actions such as review, parental quizzing, re-reading material, etc., she moves closer to the desired “A.”

This process—determining what we want to happen and identifying what may, could, or is likely to happen—creates a picture of what lies ahead. It allows us to avert, encourage or direct the course of events.

According to experts, thinking and acting futuristically requires reframed thinking. The mindset of futurists emphasizes macro versus micro thinking, people orientation rather than egocentricity, open-mindedness and possibilities thinking. They identify and create rather than protect and defend. They act collectively, collaboratively and cooperatively versus singly, internally and adversarially. Futurists give attention and energy to aligning inner and outer forces around them. Futuristic individuals are mindful of time and its influence. They recognize the

importance of timing and use this understanding to direct the course of events.

They spend time learning about the future and people’s reaction to it. This requires the ability to think long-term, about generations to come. It requires dealing with uncertainty, emotional responses and intuitive questioning. The purpose of learning about the future is not to predict it but to understand the elements that shape it and to envision desirable circumstances, so that progress can be made toward a preferred future rather than a catastrophic one.

Charting that course is facilitated by several tools. The first navigational tool needed to reach a desired future is active scanning and monitoring of the environment. Whether considering retirement, a career move or organizational change, anticipating and understanding shifts and trends provide fuel and clarity for future casting. Considering the logical consequences of these trends and how they affect the issue promotes action. It permits doing something now to affect the way things will be.

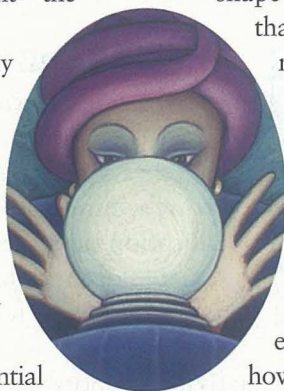
Other tools used by futurists are stories or scenarios about natural or expected events surrounding a desired future. Stories give context. They provide clues/indicators by which decisions are made. They stimulate, challenge and improve understanding. When balanced with emotional intelligence—the ability to use the power and acumen of emotion as a source of information and influence—scenarios become potent frameworks for action.

Lastly, futurists engage in conversations about desired futures. Sharing what they have learned—information, anticipated consequences and stories—with those who have a vested interest in those futures adds diverse perspective, validity and clarity to the process. Frequently, wisdom gained from conversations leads to a more focused scenario and course of action.

In many ways, seeing and understanding the future is simple. It is about having a receptive, possibilities attitude. It is about intelligent watchfulness and deliberate, focused action. Perhaps the joy and glee of exploring the unknown, the feeling of power experienced by 8-year-olds at a slumber party in discovering answers to what lies ahead, demonstrate that the future, though unknown, is predictable. Or is it? Perhaps we should ask the Magic 8 Ball. *RNL*



MICHAEL VAUGHN



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Amy Yasunaga writes: "While reflecting in my car in the parking lot of the jail after an exceptionally difficult day as an advanced practice nurse caring for women, instead of crying, I composed this poem. I had opportunity to examine a young woman who appeared to be much older than her chronological age. At first, I thought I had the wrong woman. As it turned out, her medical condition was not significant. What she needed was time out of her cell and someone to talk to about her children and her bleak 20-plus-years future."

## Shadow woman

by Amy E. Yasunaga

Razor wire arbor above my head,  
Drip with twinkling hanging raindrops  
Sprinkling the path into your shadow world.  
I dare not stray from weathered red dots  
The sentinel guides toward the destination.  
All across my way through locked watched  
steel doors  
Harsh floodlights cast uniform bars  
Sadly decorating stark walled ways.

Drug sweep victim, violated woman  
Young – yet older, made older by abuse.  
No joy, no smiles, just tired distant  
detained eyes.  
Sullen face with hurtful expression  
No dollars for bail,  
Strangers care for your frightened children.

Past vigilant watchful correctional male eyes  
You pass through my lighted nursing door  
Sometimes with health lies conjured  
Only to escape the dark and heavy  
guarded place  
If only for a snapshot of time away  
From places unimaginable.

Where do you go when you leave my nest?  
Unfurl your confined wings to do your daily  
futile escape.  
Force your mind into somewhere else  
If only for a split second of comfort  
Your unwilling body dragged back  
To twenty more years of shadow living.

Passing under razor wire arbor  
Cold but now gleaming from the light of day.  
I trudge back out into my freedom.  
Feeling no lift to my burden of caring  
has made me a ...

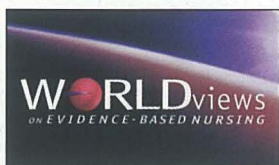
Shadow woman, too.

Amy E. Yasunaga, RN, MSN, an advanced practice nurse at Oahu Community Correctional Center in Honolulu, Hawaii, is completing her PhD at the University of Hawaii at Manoa School of Nursing and Dental Hygiene.

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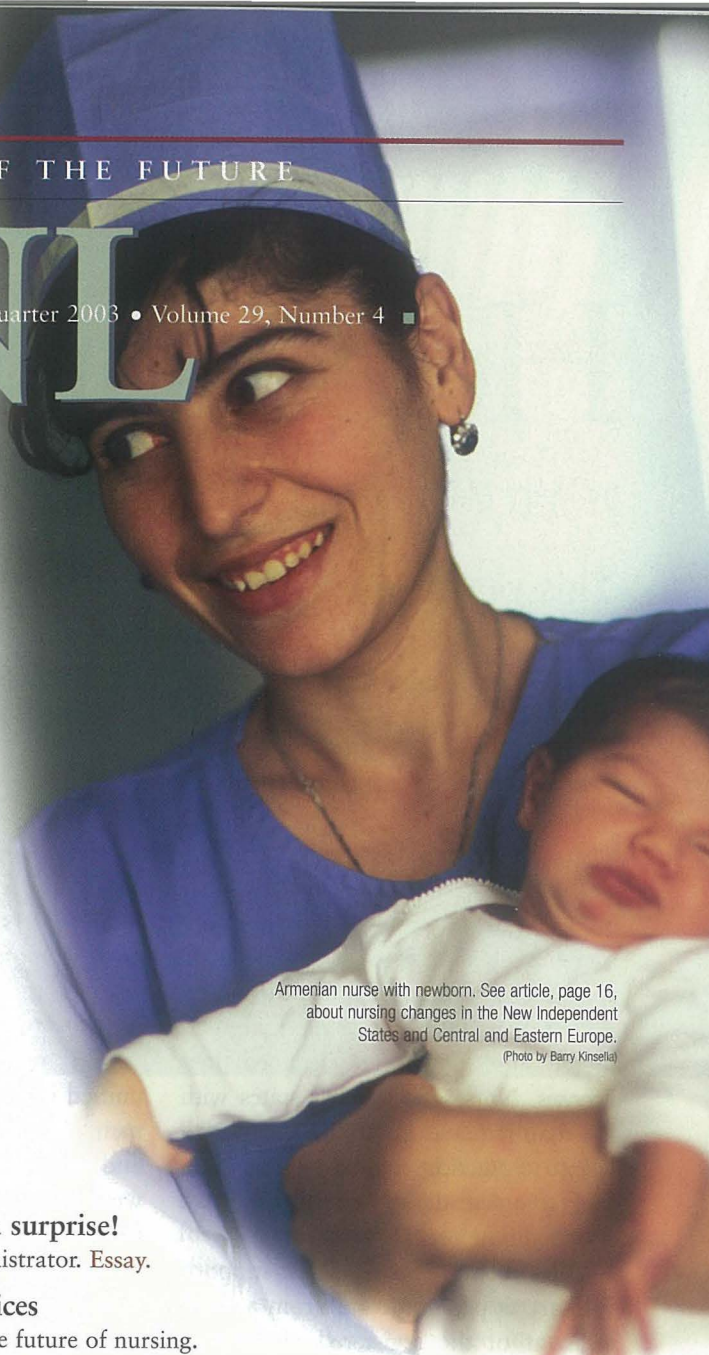


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# RNL

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Armenian nurse with newborn. See article, page 16,  
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(Photo by Barry Kinsett)

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Cover photo: Nurse with newborn in Moscow hospital

# Hog-housed!

by Mary Margaret Mooney

This year I learned a new word. If I could have avoided it, I would have cheerfully forgone this increase-your-word-power experience. The word was “hog-housed.” The experience was seeing my state’s educational standards for nursing dissolve in an acid bath of ignorance and political expediency.

ABOUT 15 YEARS AGO, North Dakota established the baccalaureate degree as the minimum educational requirement for registered nurse licensure and the associate degree as the minimum education for licensed practical (vocational) nurse licensure. (Nurses licensed in the state at the time retained their licenses. Nurses from other states with less-than-required education received a license to practice with the condition that they complete the required degree in a specified time period.)

The effort had broad public support. Primary opposition came from a small segment of the registered nurse pool and from two of the three diploma programs in the state. The two diploma programs mounted a legal challenge. The opinion of the court, which decided in favor of the state board, included the following statement: “It requires no leap of logic to equate high standards of nursing in the interest of public health with a requirement that those who train nurses be accredited pursuant to appropriate authority and that applicants for licensure in nursing receive an appropriate degree before being permitted to write an examination for licensure” (Trinity Medical Center v. North Dakota Board of Nursing, 1987). That didn’t convince the opposition, however.

In nearly every legislative session that followed, there were rumblings originating in small nursing homes near the state borders and in pockets of the populace from people who felt that nursing equals nice, and education had little to do with whether or not one was a “good” nurse. Nurses, however, were unified in their support of the requirement. Health care agencies, in general, and larger institutions, in particular, were happy with the quality of practitioners prepared at each level of the educational system. The rumblings died down each time they arose.

***The reality expressed  
by the legislative  
jargon “hog-housing”  
is an ever-present  
danger to the  
discipline of nursing.***

This year’s debacle started when a few nurses, no doubt with good intentions, had a legislator introduce a bill that would move the oversight of nursing education from board of nursing jurisdiction to the Board of Higher Education. The bill’s originators were distressed that the board of nursing was

vulnerable to outside pressures and that it lacked enthusiasm for the established educational standards. They reasoned that, since no one seemed inclined to mess around with educational standards for professions such as medicine, pharmacy and physical therapy, the lack of interference was because preparatory education for these occupations was not under the immediate jurisdiction of a state licensing agency.

Surprise! It appears the nurses preparing the legislation thought they had the support of the state nurses association when they did not. Supporters of the bill claimed they had communicated their intentions and heard no dissent. Most nurses, believing they had been blind-sided and not given opportunity to provide input, were not convinced it was wise to revoke the state board’s oversight of nursing education. Those who never had liked the idea that nurses would be educated beyond the level of their great-grandmothers who, after all, had been very good nurses, saw the bill as the wedge needed to revert to a lower educational requirement for nurses.

The bill seemed to change daily, depending on who got the ear of legislative committee members. A community college president testified that North Dakota should be like other states and





prepare registered nurses at the associate degree level. Administrators from major health care institutions testified that patient care was improved and delivery of care enhanced with better education. Representatives of long-term care testified that they needed the economic benefit that would result from having a lesser-educated nursing work force. Nurses testified for and against the various versions of the bill. Legislators who wanted to do what was best for the public and their nurse constituents were confused.

That is how I learned the word “hog-housed,” which essentially means to replace all of the words of a bill after the phrase, “A Bill to ...,” with words far removed from the original intent. Opponents to higher standards for nursing education used the dissent in the ranks of nurses to fuel their agenda and achieve their goals.

A bill originally designed to remove oversight of nursing education from the state board of nursing was passed and

signed into law with the following provisions: 1) The board of nursing is mandated to grant full licensure to those nurses granted transitional licensure when they did not meet educational requirements. 2) The board of nursing is mandated to approve programs of less than four academic years of study for registered nurse preparation and programs of less than two academic years of study for licensed practical nurse preparation. 3) The board of nursing is mandated to devise a system of mandatory continuing education for all levels of nursing.

Learning can be a painful experience. I was reminded that nothing should ever be taken for granted, that in politics perception is reality and that common sense is not common. Nursing in North Dakota now needs to salve its wounds and salvage what it can from the ruins of a brief but strong history of regulatory support for nursing education and quality health care. The reality expressed

by the legislative jargon “hog-housing” is an ever-present danger to the discipline of nursing. A variety of forces—economic, social and hierarchical—seeks to change nursing from its essence to something more compatible with singular vested interests.

Nursing practice is not only the laying on of soapy hands but also the integration and application of scientific knowledge. Organizational and advocacy skills are hallmarks of the profession. To avoid future hog-housing, we must strengthen the bonds of trust among ourselves, disagree without being disagreeable, discern which fights to keep in the family and which to advance to the public forum, and hone the political and negotiation skills of our future leaders. **RNL**

Reference, page 44.

*Mary Margaret Mooney, pbvm, RN, DNSc, CS, FAAN, is professor and chair of North Dakota State University Department of Nursing in Fargo, N.D.*

# Magnet hospitals powerful force for

The Magnet Recognition Program, sponsored by the American Nurses Credentialing Center, is transforming practice environments in the United States and abroad. by Kammie Monarch

**W**HAT BEGAN as a research study has emerged into a transformational process that is making a positive difference in a growing number of practice environments within and outside the United States.

In 1980, the American Academy of Nursing (AAN) embarked on a study to identify why some U.S. hospitals were more successful in recruiting and retaining nurses. Three years later, under the direction of AAN Fellows Margaret McClure, Muriel Poulin, Margaret Sovie and Mabel Wandelt, the study of more than 160 hospitals was completed.

Of 41 hospitals that were more closely examined, all had a number of distinguishing characteristics, dubbed the "Forces of Magnetism," that were key reasons nurses came to and continued to work at these hospitals. Initially published in a book no longer in print (American Academy of Nursing, 1983), these findings are now included in a newly released book titled *Magnet Hospitals Revisited* (McClure & Hinshaw, 2002).

The forces of magnetism identified by the study are:

**Quality of nursing leadership**—The chief nursing officer (CNO) as well as the leadership team were perceived to

have high standards for themselves and the nursing division. CNOs were viewed as visible and accessible, while the nursing leadership team was regarded as knowledgeable and strong.

**Organizational structure**—The structure was horizontal, rather than vertical. With less distance between direct care providers and the CNO, two-way, ongoing communication easily transpired. The nursing division was decentralized, providing an enhanced sense of practice autonomy.

**Management style**—Staff nurses consistently indicated that the CNO and nursing leadership team exhibited a participative management style—that they regularly sought input from direct caregivers and acted as though they were accountable to direct caregivers.

**Personnel policies and programs**—Personnel policies, programs and other employee initiatives originated with staff members and flowed upward through the organization rather than being imposed downward from the executive suite. Salaries and benefits were competitive.

**Professional models of care**—Hospitals that were unusually effective in recruiting and retaining staff nurses used a

# excellence



**ANCC MAGNET RECOGNITION**





*The Magnet Recognition Program is an example of what the nursing profession can create and accomplish in the midst of crisis.*

— Kammie Monarch

defined professional model of care that drove daily decision making at the unit and organizational levels. Regardless of the model, registered nurses were accountable for their practice, permitting them to be care coordinators and standard setters in the organization.

**Quality of care**—When asked to identify the most important aspect of their practice, staff nurses pointed to the delivery of quality care. They were engaged in data collection, data analysis and revising the practice environment in accordance with quality improvement outcomes.

**Quality improvement**—Staff nurses were involved in conducting quality improvement initiatives and implementing changes in the practice environment.

**Consultation and resources**—Staff nurses believed they had adequate access to consultation and other resources. Access to experts in the form of clinical nurse specialists and psychiatric liaison nurses was viewed as especially helpful when caring for complex, dual-diagnosis patients.

**Level of autonomy**—Staff nurses were not only permitted but expected to practice autonomously. Arbitrary obstacles that compromised the perceived autonomy of the staff nurse seemed nonexistent, and nursing staff members were employed in roles that required responsible decision making.

**Community and the hospital**—The hospital and community had a strong and positive relationship. The hospital was considered a corporate partner, con-

tributing in innovative and ongoing ways to the health of those in the community.

**Nurses as teachers**—The role of nurse as teacher was of paramount importance. Staff nurses indicated that teaching was the activity from which they derived a significant degree of professional satisfaction. This involved instructional opportunities with patients, families and significant others, new staff members, and students preparing to be health care professionals.

**Image of nursing**—The image of nursing was seen as vital to the organization in carrying out its mission. Staff nurses indicated that it was the provision of excellent care by the nursing division that set the practice setting apart from others. They regarded the delivery of quality nursing care services as the key ingredient to the organization's positive reputation.

**Nurse-physician relationships**—A significant and genuine collegial bond was evident between the nursing and physician staffs. This relationship was one of mutual respect. The nursing staff viewed physician staff members as important, knowledgeable colleagues, and physicians viewed the nursing staff in the same way.

**Professional development**—An uncompromising commitment to professional development was evident in activities such as comprehensive organizational, nursing and unit-based orientation programs; in-service and continuing education programs; and rewards for pursuing and obtaining formal education, certification and other hallmarks of clinical excellence.

IN 1990, the board of directors at the American Nurses Association (ANA) approved an initial proposal for the creation of a program that would formally recognize excellence-focused hospitals possessing the 14 forces of magnetism. The following year, ANA issued new standards for nurse administrators. These standards provided the framework for a program that would eventually become operational through the American Nurses Credentialing Center (ANCC), a separately incorporated and governed entity within the ANA.

In 1993, the infrastructure for the Magnet Nursing Services Recognition Program began to be built within ANCC, and a pilot study was conducted. Out of that study, one organization, the University of Washington Medical Center in Seattle, Wash., was awarded Magnet status. Redesignated twice as a Magnet organization since that time, the hospital continues to be first on the growing list of Magnet-designated health care organizations. (Because Magnet status is granted to deserving applicants for a four-year period, organizations must reapply to maintain Magnet status.)

The program became fully operational in 1997, and interest has grown annually. That same year, the program was expanded to include long-term care settings. Three years later, it was expanded again to include recognition of excellent health care settings outside the United States.

Since 2001, applicants seeking Magnet designation are required to participate in the quality indicator study coordinated by the National Center for Nursing Quality at the University of Kansas. It continues to be the only national study that collects unit-based, nursing-sensitive quality indicator data. The findings, it is hoped, will one day be used to identify and disseminate best practice information.

By the end of 2002, the program name was changed to the Magnet Recognition Program, the nursing administrator standards were in the

midst of revision, 260 applications had been received and the number of organizations seeking Magnet status was higher than in any other previous year.

**A**S OF Aug. 1, 2003, the ANCC Commission on Magnet Recognition had bestowed Magnet status on 17 additional organizations, and two have been redesignated as Magnet facilities. Hospitals in both rural and urban settings have achieved Magnet designation, as have academic medical centers, community hospitals and non-U.S. health care organizations.

The 82 health care facilities that now enjoy Magnet status shared the following characteristics at the time they were awarded that honor:

- ◆ One hundred percent of the CNOs hold at least one graduate degree.
- ◆ Ninety-eight percent are affiliated with schools of nursing, 92 percent with allied health programs and 86 percent with schools of medicine.
- ◆ In states where continuing education for nurses is not mandatory, 91 percent of the nursing staff attends at least one continuing education offering each year.
- ◆ Eighty-eight percent of all RNs are direct care providers.
- ◆ RNs comprise 69.7 percent of the nursing staff.
- ◆ Fifty-two percent of the RN leaders have at least one graduate degree.
- ◆ Thirty-six percent of RN leaders are recognized as advanced practice RNs.

- ◆ The average number of licensed beds is 529, with a range of 99-1,951.
- ◆ Of all direct care RNs, 26.4 percent are certified in at least one specialty.
- ◆ The average length of employment among RNs is 8.5 years. They obtain certification in at least one specialty area at uncommon rates, and their rate of absenteeism is low, an average of 2.13 percent.
- ◆ Across the entire nursing division, the average hours per patient day is 10.3.
- ◆ Annual turnover rate is 12.83 percent.

In a 2001 study by Kramer and Schmalenberg, staff nurses were asked what enabled them to provide quality patient care. They identified: 1) practicing in an environment in which concern for the patient is paramount; 2) adequate numbers and mix of clinically competent colleagues; 3) positive nurse-physician relationships; 4) practicing in nurse-controlled environments in which autonomy and accountability prevail; 5) having supportive nurse leaders in management and supervisory roles; and 6) access to ongoing career development opportunities (McClure & Hinshaw, 2002).

These findings confirm that the forces of magnetism found in excellence-focused organizations make a significant difference for nurses in those organizations. In addition, because of extensive research efforts by Dr. Linda Aiken, a growing body of research indicates that outcomes are enhanced not only for

nurses, but also for patients and employers (McClure & Hinshaw, 2002).

The ANCC Magnet Recognition Program is an example of what the nursing profession can create and accomplish in the midst of crisis. It is a nursing solution, borne out of the nursing shortage of the 1980s, that effectively addresses issues that have plagued practice environments for decades.

In the midst of our current staffing crisis, a growing number of pioneering organizations have opted to forego the traditional, short-term enticements that have yielded little to no long-term benefit and have used the principles of the Magnet Recognition Program to transform the practice environment.

For many, the transformation is long and, at times, may seem elusive. However, for those dynamic, innovative organizations that stay focused on excellence, this investment yields positive outcomes for patients and health care professionals, as well as the Magnet organization itself. In a nutshell, it is a transformational process with a rich and proud history and with more compelling outcomes yet to be discovered and celebrated. *RNL*

References, page 44.

*Kammie Monarch, RN, MS, JD, was director, accreditation, legal affairs and Magnet Programs at American Nurses Credentialing Center in Washington, D.C., until her recent appointment as chief operating officer of the Honor Society of Nursing, Sigma Theta Tau International.*

### Magnet-designated health care facilities as of Aug. 1, 2003 For current list of Magnet facilities, visit <http://nursingworld.org/anc/magnet/facilities.html>.

**UNITED STATES** (in alphabetical order by state): The University of Alabama Hospital—**Birmingham, Ala.**; Alaska Native Medical Center—**Anchorage, Alaska**; University Medical Center—**Tucson, Ariz.**; Cedars-Sinai Medical Center—**Los Angeles, Calif.**; University of California, Irvine Medical Center—**Orange, Calif.**; University of California, Davis, Medical Center—**Sacramento, Calif.**; University of Colorado Hospital—**Denver, Colo.**; Poudre Valley Health System—Poudre Valley Hospital—**Fort Collins, Colo.**; Middlesex Hospital—**Middletown, Conn.**; West Boca Medical Center—**Boca Raton, Fla.**; Morton Plant Mease Health Care—**Dunedin, Fla.**; Holmes Regional Medical Center—**Melbourne, Fla.**; Baptist Hospital—**Miami, Fla.**; Miami Children's Hospital—**Miami, Fla.**; Mount Sinai Medical Center—**Miami Beach, Fla.**; Palm Bay Community Hospital—**Palm Bay, Fla.**; Bayfront Medical Center—**St. Petersburg, Fla.**; Sarasota Memorial Hospital—**Sarasota, Fla.**; James A. Haley Veterans' Hospital—**Tampa, Fla.**; St. Joseph's Hospital of Atlanta—**Atlanta, Ga.**; St. Joseph's/Candler—**Savannah, Ga.**; St. Luke's Regional Medical Center—**Boise, Idaho**; Children's Memorial Medical Center—**Chicago, Ill.**; Rush-Presbyterian-St. Luke's Medical Center—**Chicago, Ill.**; Columbus Regional Hospital—**Columbus, Ind.**; University of Kentucky Hospital—**Lexington, Ky.**; Jewish Hospital—**Louisville, Ky.**; Lafayette General Medical Center—**Lafayette, La.**; East Jefferson General Hospital—**Metairie, La.**; Acadia Hospital—**Bangor, Maine**; Mayo-Rochester Hospitals—**Rochester, Minn.**; Children's Mercy Hospitals and Clinics—**Kansas City, Mo.**; Medical Center of Ocean County—**Brick, N.J.**; Englewood Hospital & Medical Center—**Englewood, N.J.**; Hackensack University Medical Center—**Hackensack, N.J.**; Kimball Medical Center—**Lakewood, N.J.**; Morristown Memorial Hospital—**Morristown, N.J.**; Jersey Shore Medical Center—**Neptune, N.J.**; Robert Wood Johnson University Hospital—**New Brunswick, N.J.**; St. Peter's University Hospital—**New Brunswick, N.J.**; St. Joseph's Regional Medical Center—**Paterson, N.J.**; Riverview Medical Center—**Red Bank, N.J.**; Community Medical Center—**Toms River, N.J.**; Capital Health System—**Trenton, N.J.**; St. Francis Medical Center—**Trenton, N.J.**; North Shore University Hospital—**Manhasset, N.Y.**; Long Island Jewish Medical Center—**New Hyde Park, N.Y.** (includes Long Island Jewish Hospital, Schneider Children's Hospital and Hillside Hospital); Hospital for Special Surgery—**New York, N.Y.**; St. Joseph's Hospital Health Center—**Syracuse, N.Y.**; NorthEast Medical Center—**Concord, N.C.**; Catawba Valley Medical Center—**Hickory, N.C.**; High Point Regional Health System—**High Point, N.C.**; New Hanover Regional Medical Center (NHHN)—**Wilmington, N.C.**; North Carolina Baptist Hospital of Wake Forest University Baptist Medical Center—**Winston-Salem, N.C.**; The Cleveland Clinic Foundation—**Cleveland, Ohio**; St. Joseph Health Center of Humility of Mary Health Partners—**Warren, Ohio**; St. Elizabeth Health Center of Humility of Mary Health Partners—**Youngstown, Ohio**; Providence St. Vincent Medical Center—**Portland, Ore.**; Abington Memorial Hospital—**Abington, Pa.**; Lehigh Valley Hospital and Health Network—**Allentown, Pa.**; Lancaster General Hospital—**Lancaster, Pa.**; Fox Chase Cancer Center—**Philadelphia, Pa.**; The Miriam Hospital—**Providence, R.I.**; Avera McKennan Hospital & University Health Center—**Sioux Falls, S.D.**; Brackenridge Hospital of the SETON Healthcare Network—**Austin, Texas**; Children's Hospital of Austin, SETON Healthcare Network—**Austin, Texas**; Seton Medical Center of the SETON Healthcare Network—**Austin, Texas**; Seton Northwest Hospital of the SETON Healthcare Network—**Austin, Texas**; The Methodist Hospital—**Houston, Texas**; St. Luke's Episcopal Hospital—**Houston, Texas**; TEXAS Children's Hospital—**Houston, Texas**; The University of Texas M.D. Anderson Cancer Center—**Houston, Texas**; Southwestern Vermont Medical Center—**Bennington, Vt.**; Inova Fairfax Hospital—**Falls Church, Va.**; University of Washington Medical Center—**Seattle, Wash.**; St. Mary's Hospital Medical Center—**Madison, Wis.**; Aurora Health Care—Metro Region—**West Allis, Wis.** (includes Hartford Memorial Hospital, St. Luke's Medical Center, St. Luke's South Shore, Sinai Samaritan Medical Center and West Allis Memorial Hospital); **UNITED KINGDOM**: Pennine Acute Services NHS Trust: Rochdale Infirmary and Birch Hill Hospital—**Rochdale, Lancashire, England**

# March to Magnet ...

One hospital's experience in achieving Magnet status

by Patricia R. Messmer and Jacqueline L. Gonzalez

**T**HE "MARCH TO MAGNET" for Miami Children's Hospital (MCH) began in April 2001, when Vice President/Chief Nursing Officer Jacqueline L. "Jackie" Gonzalez attended the American Organization of Nurse Executives conference.

At the conference, Gonzalez discussed the Magnet program with Kammie Monarch, program director, and Nancy Dickenson-Hazard, chief executive officer of the Honor Society of Nursing. They talked about the uniqueness of children's hospitals in that National Data Quality Indicator (NDQI) measures were less sensitive to the pediatric population. Both Monarch and Dickenson-Hazard were encouraging children's hospitals to participate.

Following the conference, Gonzalez invited an expert on the Magnet Recognition Program to help Miami Children's Hospital determine its Magnet readiness. Later, she held a nursing leadership retreat to discuss the expert's findings and to engage the nursing leadership team in the journey.

The team immediately began to strategize. Gonzalez worked with the senior leadership team and hospital board of directors to build Magnet designation into the strategic plans for nursing as well as the entire hospital. At all levels, "Marching Toward Magnet" was incorporated into organizational goals.

Challenges included increasing the focus on nursing research, increasing the number of national certifications among leadership and staff, and improving committee attendance and participation. Maria Elena Soto was chosen as director of the project and Maria "Bing" Wood as co-director. A team leader for each standard was identified for initial data gathering, writing and document submission. An editing task force was designated to read and interpret the Magnet standards.

In May, Charlene Welker, RN, MSN, CCRN, vice president and chief nursing officer of Mount Sinai Medical Center and Miami Heart Institute, and Patricia R. Messmer, then nurse researcher at Mount Sinai, were invited to speak with the Miami Children's Hospital leadership team. They encouraged the MCH nursing leaders by sharing their experience in achieving Magnet status.



One of the points Messmer emphasized was the need for involvement in professional organizations, especially Sigma Theta Tau International. MCH's nursing leadership and staff nurses could identify with the Honor Society of Nursing's emphasis on clinical scholarship and evidence-based practice. From the perspective of the credentialing agency, involvement in clinical scholarship activities would serve as evidence for Magnet Standard XIII, Research.

Following this dialogue, the nursing leadership team at Miami Children's Hospital developed action plans and started the process with "Early Marching Steps." Time lines were established. Educational programs were provided at all levels, including the nursing staff, medical staff, senior administrative team and hospital board of directors.

To educate and involve the staff, several strategies were instituted, including development of a questionnaire that solicited input from staff nurses; a strategic nursing retreat for nursing leadership; and a hospital-wide "Magnet Fair," designed by the nursing staff of the Magnet Committee, for all MCH staff. Stations were set up by MCH nurses to present each of the Magnet program's 14 standards. Posters, drawings and prizes were raffled. The hospital's president/CEO also attended the Magnet Fair and listened to every station.

Final documents were submitted to the assigned Magnet appraisers in early December 2002. (Approximately 73 percent of hospitals that apply for Magnet status are selected for on-site appraisal.) The task of the two site

appraisers was to determine if the forces of magnetism were evident.

In preparing for the site visit, enthusiasm and camaraderie were apparent, and staff nurses soon realized this was their opportunity to boast about achieving excellent-quality patient care. Letters were personally delivered to inform the medical staff, employees and families about what the Magnet site visit was all about.

Magnet ambassadors—staff nurses from various areas of the hospital—served as escorts for each appraiser. The vice president/chief nursing officer and the rest of the leadership team had to take a back seat to the process to allow maximum interaction between the appraisers and staff nurses. One of the most rewarding events was the community representative session, which included testimonials from schools of nursing, local agencies, medical staff, board members and families of children being served by MCH.

After the site visit, the nurses expressed their excitement about the Magnet process and were pleased that the appraisers acknowledged the excellent nursing care being given by

MCH nurses. Also noted were the teamwork, respect and collegiality between the nursing staff and all other hospital personnel.

In July 2003, Miami Children's Hospital was awarded Magnet status, the eighth hospital in the state of Florida and the first children's hospital in that state to be thus recognized. Not only that, the nursing staff of MCH realized the goal initially established by VP/CNO Gonzalez of being among the first five children's hospitals nationwide to receive Magnet status. Although it was challenging, the nursing leadership team and staff at MCH enjoyed the Magnet process. It was a tremendous accomplishment and promoted awareness, professionalism and pride. *RNL*

*The MCH nursing staff acknowledges Joan K. Stout, RN, FAAN, manager of the Hugoton Foundation, for partially funding MCH's Magnet application process. Dr. Stout is a member of Sigma Theta Tau International and a Virginia Henderson Fellow.*

*Patricia R. Messmer, RN, BC, PhD, FAAN, is nurse researcher for Miami Children's Hospital in Miami, Fla. Jacqueline L. Gonzalez, RN, ARNP, MSN, CNAA, is vice president/chief nursing officer for Miami Children's Hospital.*

LEFT: A giant sculptured-ice obelisk incorporating the Magnet Recognition Program logo served as a centerpiece for the celebration commemorating designation of Miami Children's Hospital as a Magnet facility. RIGHT: Kammie Monarch, then director of the Magnet program, flanked by authors Patricia Messmer (left) and Jackie Gonzalez (right) of Miami Children's Hospital.



## Nursing in the NIS/CEE region

# its changing face

**A decade after the launch of the American International Health Alliance, the role of nurses in countries that comprised the former Soviet bloc is changing dramatically.** by Sharon M. Weinstein and Ann Marie T. Brooks

**N**URSES in the New Independent States (NIS) and Central and Eastern Europe (CEE) face many challenges. Unlike the United States and Western Europe, the role of nurses in these regions is viewed as an extension of the physician's role, rather than as an independent profession.

This reality was evident when the American International Health Alliance (AIHA) launched its programs in 1992. Lack of professional standards, absence of nurses in positions of power and influence, low status, insufficient pay, high turnover, and low morale all presented opportunity for significant change. We became involved in the partnership model, creating the first nursing initiative in 1992.

The program's impact over the past decade is impressive. Accomplishments are a direct result of countless voluntary hours contributed by NIS/CEE nurses and their American colleagues, who represent a variety of organizations including the U.S. Department of Health and Human Services (DHHS), hospitals and primary care facilities, professional nursing societies, and leadership organizations.

### **Nursing emerges as a force**

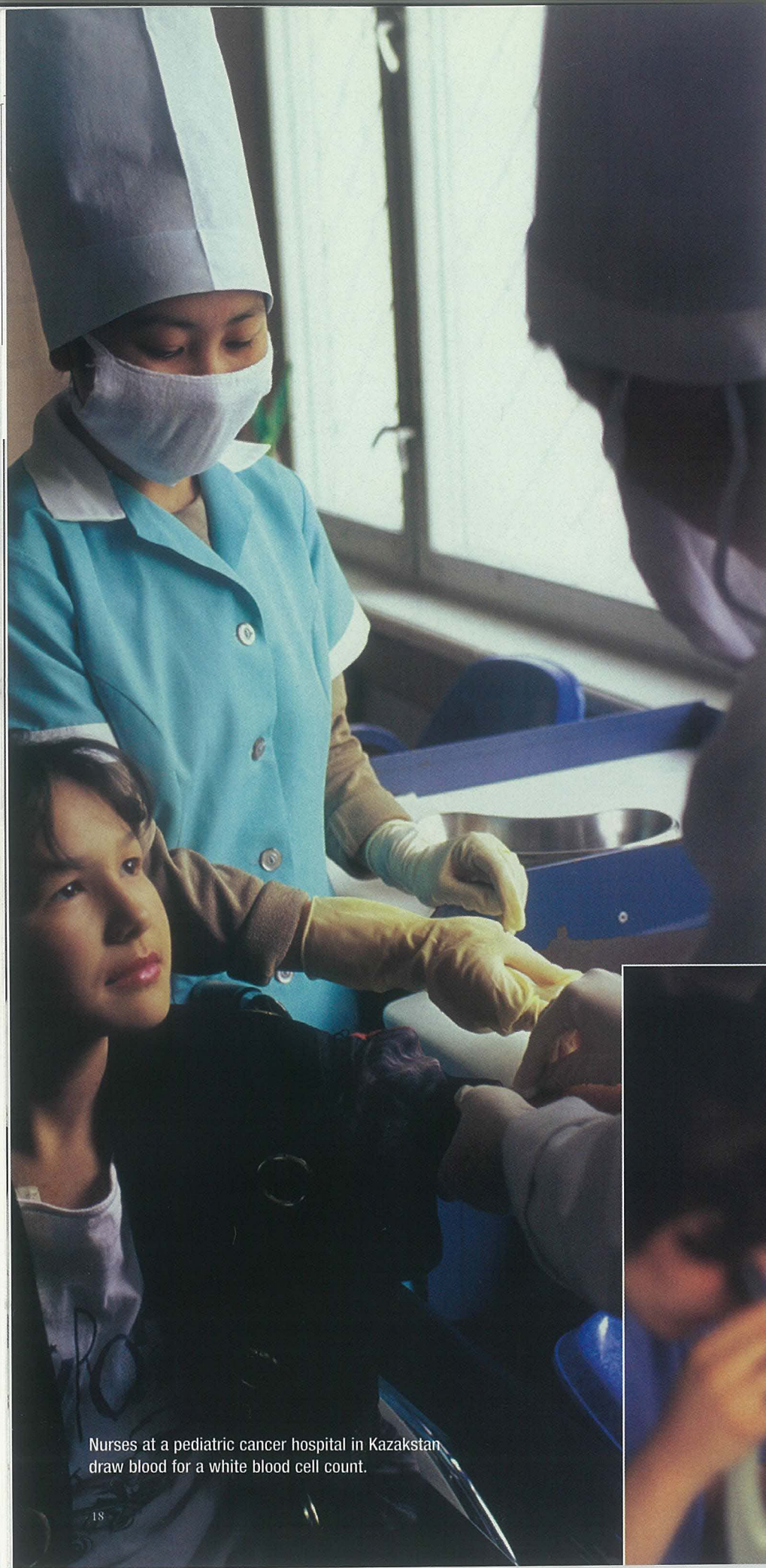
Early in 1992, professional development of nursing emerged as a key issue that cut across programs and regions throughout the NIS and CEE countries. Recognizing the importance of nursing advancement to its overall success and the value of addressing issues collectively, AIHA and its partners assembled nursing task forces to meet the challenges faced by nurses at an institutional level and to provide a forum for the exchange of ideas and lessons learned. These task forces served as the vehicles for driving AIHA's agenda in nursing during the program's early years, focusing on education, practice and leadership.

To help nurses evolve into their new roles, AIHA established a network of Nursing Resource Centers (NRCs), facilities to provide nursing faculty, students and practitioners with alternative forms of learning. Each site is equipped with computers, textbooks, videotapes, anatomical models and posters that address clinical, managerial and psychosocial aspects of health care. The centers encourage independent learning and enhance traditional teaching methodologies. Nurses attest to the





Nurse examines patient in Azerbaijan.



positive impact of the nursing initiative and NRCs on their profession.

Academic nursing education was also a priority. Basic nursing education in the NIS/CEE region has traditionally been viewed as vocational rather than university-based. The great majority of nurse educators are physicians, and their curriculum is a less extensive version of a physician's medical education.

Baccalaureate-level and advanced practice nursing are not available in all countries. Now, nursing education has expanded from a two-year program to advanced clinical and management training. Four-year baccalaureate nursing programs have emerged throughout the region. Continuing education for nurses has become a key component of professional development and includes skill laboratories, post-graduate training and extensive use of the NRCs.

International nursing conferences are an extension of the learning process. A Leadership Skills Workbook provides guidelines on basic nursing practice, nursing education, continuous quality improvement, research, professional organizations, human resource structure, budgets and hospital operations, ethics, leadership skills, and mentoring.



Nurses at a pediatric cancer hospital in Kazakstan draw blood for a white blood cell count.

Nowhere have changes been more evident than in the skills with which NIS/CEE nurses practice. Clinical practice guidelines and nursing standards, policies and procedures, and clinical skills-building workshops introduced practice patterns that have transformed nursing's role, image and future.

Several new nursing positions have been created. In Bishkek, the role of clinical manager was developed. In Moscow, the role of clinical nurse educator evolved. Clinicians throughout the region are recognized for their role as key members of the health care team. From the neonatal intensive care unit to the emergency department, nurses and nursing have changed dramatically.

Association development is critical to nursing development. In many countries, nursing associations play a vital role in creating favorable political and legal environments that enable nurses to play a more prominent role in improving health care. Although nursing associations attracted the attention of policy-makers in some NIS/CEE countries, most of their members lacked the experience and advocacy skills necessary to enter into policy dialogue with officials.

Training in organizational development and strategy formulation to influence policy change supportive of the nursing profession has contributed to reform. Existing associations were strengthened and new associations formed. U.S. nurses participated in meetings of the All-Russian Nursing Association and became charter members of associations in Armenia, Kazakhstan and Kyrgyzstan. In 1997, the All-Bosnia and Herzegovina Nursing Association brought together nurse leaders from all three major ethnic groups for the first time since the end of the war.

#### **Sustaining leadership and scholarship: 1999-2001**

Efforts to promote leadership development in the NIS/CEE region coalesced in the creation of the International Nursing Leadership Institute (INLI), a unique yearlong learning experience. Faculty used adult learning methods to create an integrated curriculum, graduating learners into an ongoing community of colleagues and peers. To date, more than 50 NIS/CEE nurses have participated in this intensive program. Faculty members work closely with participants to monitor the design, implementation and evaluation of a project that will enhance work experience.

A wide range of global nurse leaders and organizations contributed to the programs, including the Honor Society of Nursing, Sigma Theta Tau International; the American Organization of Nurse Executives (AONE); the World Health Organization; and the International Council of Nurses. The Honor Society of Nursing opened new doors for NIS/CEE nurses by recognizing them as community leaders.

Armed with the talent and tools needed to advance in their nursing careers, the first class graduated in June 2000. Four graduates were selected to serve as faculty for the next round of workshops. Several English-speaking graduates have been granted interna-

*(Continued on page 44)*

## **NIS hospitals seek ANCC Magnet status**

WORLDWIDE interest in the Magnet Recognition Program developed by the American Nurses Credentialing Center (ANCC) continues to proliferate, stemming in part from the current nursing shortage and efforts to retain nurses. Hospitals in the New Independent States (NIS) sought partners from a cadre of U.S. Magnet-designated hospitals to develop sister-hospital relationships. Four hospitals in the Russian Federation and the Republic of Armenia participated in an international evaluation to determine the applicability of ANCC Magnet standards to the improvement of quality hospital care in a developing world context.

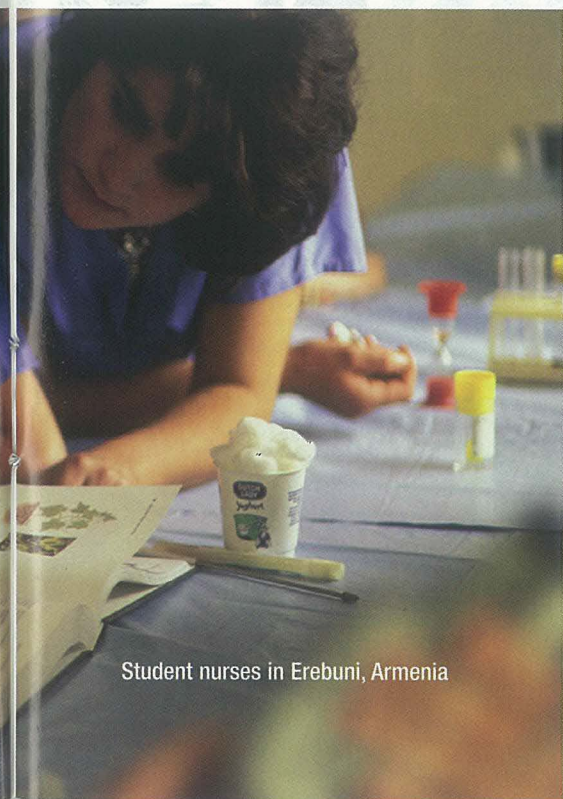
In 2001, seed funding for a pilot initiative to test the applicability of Magnet standards to hospitals in the NIS was obtained. Prior to this initiative, hospital reform in the former Soviet Union had focused primarily on reducing excess capacity. Interest now shifted to strategies that could improve quality of hospital care, which was considerably lower than that found in the West. The demonstration project recognizes nursing as a building block for improving that quality. Accreditation is non-existent in the NIS, and the Magnet pilot program represents one of the first efforts to introduce that concept.

Two Russian and two Armenian hospitals were selected to implement the evidence-based standards of the ANCC Magnet Recognition Program, beginning with 21 selected pilot Magnet units. The study, launched one year after the demonstration project began, compared survey responses of nurses and patients in pilot Magnet units with nurses and patients in multiple matched comparison units, yielding data on 81 units in the four hospitals.

Nurses completed the Nursing Work Index-Revised and the Maslach Burnout Inventory and assessed items measuring quality of care, job satisfaction and frequency of adverse patient outcomes. Patients completed the LaMonica-Oberst Patient Satisfaction Scale. Nurses from Moscow's Central Clinical Hospital presented their findings at the recent Magnet Conference in Houston, Texas.

The hospitals in the NIS pilot study replicated elements of professional nursing practice associated with good nurse and patient outcomes in U.S. hospitals. It is already evident that strengthening professional nursing practice results in improved hospital quality of care.

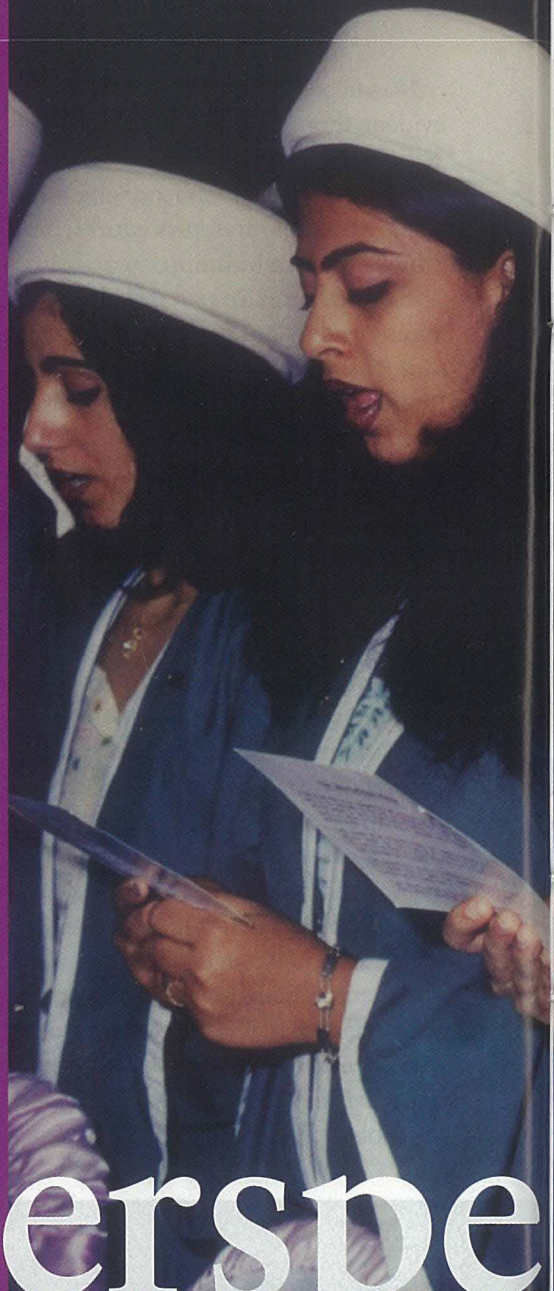
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Student nurses in Erebuni, Armenia

AROUND THE WORLD, the nursing shortage is growing. One strategy for addressing the shortage is to expand enrollments in nursing education. The Honor Society of Nursing, Sigma Theta Tau International invited nursing leaders from a number of countries to participate in a symposium on nursing education at the society's 36th Biennial Convention, held in November 2001. The symposium was cancelled when travel to the United States became problematic after Sept. 11, 2001, but the work done in preparation has been updated and is presented here.

— Jane Marie Kirschling, moderator



## Nursing education:

# Global perspective

### Australia

Recently, nursing education and the profession of nursing in Australia were the focus of two separate federal government inquiries (Heath, 2002; Senate Community Affairs Committee, 2002). The inquiries were triggered by a crisis in nursing recruitment and retention; a national shortage of registered nurses; concerns about the adequacy of coursework in university preregistration degree programs, particularly the clinical edu-



John Daly

cation component; the image of nursing as a career and profession; and falling enrollments at some schools of nursing.

Recommendations were made for improving undergraduate and postgraduate nursing education, the image of nursing, capacity building in nursing leadership and research, and the quality of work life for nurses. One of the most positive results was a clear endorsement of the three-year preregistration university degree as the most



Esther Chang

appropriate way to prepare registered nurses in Australia. Major changes in the nursing undergraduate curriculum are also anticipated, including a policy of collaborative approaches to clinical education and an emphasis on preparing graduates for evidence-based practice.

### Brazil

There is a movement to reform Brazil's health care system and change the education of health care professionals. Objectives include assuring universal, equal and high-quality



# ctives

Nursing graduates, Aga Khan University, Karachi, Pakistan

health care; promoting health and preventing disease; and making sure that the education of health professionals includes socially relevant and useful knowledge to support the implementation of the Single Health System (SUS).



Maria José Clapis

Nursing has advocated intensively for reform, supporting primary care and coordinating programs for infectious disease control. As Brazil continues to implement the SUS, nurses must partici-

pate actively on planning teams and play a major role in establishing health policy.

Nurses increasingly are providing care in the community and working actively to prevent workplace injuries while maintaining a significant presence in specialized hospitals. In schools, nurses are providing primary care and intervening in problems such as adolescent pregnancy, sexually transmitted diseases and AIDS, violence, substance abuse, and suicide. Nursing educators in Brazil are also working to establish family health

programs that will prepare graduates to provide primary care as part of a multidisciplinary team (physician, nurse, nurse's aide and community health agent).

Because childbirth in Brazil occurs largely outside the health care system, nursing education programs need to expand curricula to include maternal nursing, including principles of human delivery and birth. To meet the demands of the SUS, undergraduate nursing curricula will need to emphasize critical thinking skills and help

students learn to work as part of a team within Brazil's complex sociocultural, political and economic context.

## Canada

In Canada, nursing needs to recruit and educate sufficient numbers of highly qualified students to meet an expected increase in the demand for registered nurses. Resources are a top challenge for educational programs (Canadian Association of Schools of Nursing, 2002; Dick & Cragg, 2003). Renewing and expanding faculty, attracting qualified students, improving infrastructure, supporting clinical education and improving technology for program delivery are essential for program expansion.



Wanda Chernomas

Canada needs nurse educators with graduate-level preparation for faculty positions, improved funding for competitive salaries that will attract faculty, and qualified students interested in pursuing a nursing career. The high costs of clinical education are increasingly consuming budgets and need to be addressed through alternative models or other means. To attract people with previous university education to undergraduate nursing programs, summer study is being implemented in some jurisdictions.

Collaboration between university programs and diploma or college programs offers entry-level education options that are facilitating movement to the baccalaureate degree as the standard for the beginning registered nurse. Increased collaboration between the government and provincial and national nursing organizations must occur to promote nursing as a rewarding career, to develop programs that support students entering nursing and to foster development of nurse educators. Without such collaborative efforts, Canada will find it increasingly difficult to meet the growing demand for RNs.

## Hong Kong

Nursing education is at a crossroads in Hong Kong. Three universities offer a four-year baccalaureate degree and admit approximately 450 students annually, the number set by the government. Because Hong Kong needs at least 600 graduates each year, one of the universities runs a three-year higher diploma program for 160 students. Graduates can obtain their baccalaureate degree with an additional year of study not funded by the government.



Thomas Wong

The conversion program for enrolled nurses is changing. Previously, enrolled nurses studied at hospital-based schools to become registered nurses. In 2001, the decision was made to close schools of nursing that were hospital-based. Although one of them reopened to 120 students after the outbreak of Severe Acute Respiratory Syndrome, it will close again in 2004.

Presently, the Hong Kong Open University is offering a conversion program in general nursing and mental health nursing. If the majority of enrolled nurses complete their studies in the next 10 years, as anticipated, all nurses will be registered. Master's and doctoral-level education for nurses became available in the mid-1990s. Hong Kong's three universities offer graduate programs based on the United Kingdom model: Students spend a majority of their time conducting mentored research and only a small percentage on coursework.

The authority that governs all public hospitals in Hong Kong is the largest provider of postregistration training in clinical specialties. Nurses who complete its programs receive a certificate qualifying them to work in their specialty. A nursing academy is planned that will be responsible for regulating the practice of nurse specialists.

## Pakistan

When Pakistan was established in 1947, it had no operational schools of nursing and only a reported handful of qualified nurses. Although the first school of nursing opened in 1948, there is still a severe shortage of professional nurses. The situation is made worse by lack of social prestige and public recognition for nurses, especially female nurses, and by low compensation. Nursing is viewed as a support service rather than as a health profession.

Yet, much progress has occurred. Pakistan now has 95 schools and colleges of nursing that offer degrees in general nursing and midwifery, as well as advanced diplomas in clinical specialization, teaching and management. Several international agencies, the government of Pakistan and Aga Khan University have played crucial roles in developing the profession.



Yasmin Amarsi

Nurses no longer have to go abroad for advanced study. Aga Khan University School of Nursing offers a two-year, post-RN Bachelor of Science in Nursing; a four-year Bachelor of Science in Nursing, and a two-year Master of Science in Nursing, degrees that are internationally recognized.

Education has begun to make a difference in practice, but student nurses are still being used as service providers, nursing leaders still lack higher education, and nursing still has insufficient influence on policy to improve patient care and working conditions for nurses. Improving the health status of the population through preparing and retaining competent nurses remains a major challenge.

It is against this backdrop that nursing leaders are working hard to make the Bachelor of Science in Nursing the entry qualification for practice by 2020. By raising the standard and standing of the profession, the profile of nursing within the health care system can be changed so that nurses are

fully recognized as professionals and accorded the prestige they deserve.

## South Korea

Nursing education in South Korea faces two major challenges: alternative venues for completing a nursing degree, and the lack of comparability of RN-BSN programs. Since 1992, it has been legal for nursing students who have graduated from a three-year junior college to earn a baccalaureate degree through independent self-study, a track resulting in a low success rate (4.2 percent) on the licensing exam over the last decade.

A distance education system established through Korea National Open University allows students to take online and offline classes for two years and requires in-class attendance only for third-year students. Preparing students for nursing is difficult within these parameters.

Of the 50 baccalaureate-level colleges of nursing, 24 offer RN-BSN programs. Between 1997 and 2002, 2,735 nurses who had graduated from three-year junior colleges obtained their degrees through this track. However, several problems exist.

The RN-BSN degree requires three years at the junior college level plus a minimum of two additional years of education. Tuition for the last two years is high, totaling 15 million won (nearly \$10,000 U.S.). Unit requirements for the RN-BSN programs are not standardized and exceed those for baccalaureate programs. Curriculum regulations are lacking for these institutions, and the quality of RN-BSN education does not appear to be keeping pace with the numerical growth.

The most recent threat to the quality of nursing education is the intensive major courses program instituted in nursing junior colleges in 2003. Offering retraining and educa-

tion to registered nurses who have had at least one year of clinical practice, this program does not qualify as a degree program under the higher education laws of South Korea. However, some schools are attempting to grant baccalaureate degrees through this track, which is worrisome.

## Taiwan

The nursing work force is changing. In 2003, there were only 4,000 available positions for 12,000 new graduates. Although there is an oversupply of entry-level nurses, there is an unmet need for nurses with advanced practice education in both hospital and community settings, owing to an increase in the elder population, advances in medical and information technologies, and changes in health insurance.

The spectrum of acute, chronic and long-term care is changing. Hospital lengths of stay are shortening while the acuity of hospitalized patients is rising, and patients are requiring more specialized care after discharge. Ideally, nursing care for elders living in the community would be provided by nurse practitioners; however, nurse practitioner education and practice are still being developed. In the next decade, master's programs in nursing will need to evolve to meet these demands.

Academic productivity will be another challenge for nursing education in Taiwan as the number of doctorally prepared nurses increases. The National Science Council has established a research productivity index, with nursing researchers and professors expected to publish in journals ranked in the Science Citation Index or Social Science Citation Index. This requirement will help researchers contribute knowledge to the international nursing community, but doctoral programs will have to assure that graduates are prepared to assume this role.



Sing-Ling Tsai



Susie Kim

## Netherlands

Current and anticipated challenges confronting nursing education in the Netherlands are influenced by recent work-force shortages, long waiting lists resulting from too few facilities, reorganization of health care system financing, and the changing face of the client. These factors have made it necessary to reconsider educational programs and job characteristics.

There is a growing need for nurses who can develop innovations in care, especially for elders and the chronically ill. Within this context, the nurse practitioner function was introduced with a master's program in 1998. Three master's programs currently exist for advanced nursing practice, with more planned.

Clinical nurse specialist programs also exist but not at the master's level, so institutions must determine which programs to offer and at what level. Specialization diplomas issued by hospitals for registered nurses continue to be offered. Although these diploma programs do not give academic credit, they enable hospitals to attract and retain nurses by allowing them to combine work and study.

Until recently, bachelor's programs, professionally focused master's programs and science-focused master's programs in nursing have been provided by two different kinds of educational institutions: polytechnics and universities. Departments as well as institutions are slowly merging. The departments of nursing and physiotherapy have merged in Utrecht, for example. The expectation is that, in 10 years, polytechnics and universities will form single organizations that offer a coherent, highly professional



Anneke de Jong

Joke Mintjes de Groot

Claudia Gamel

set of nursing programs. Nursing education must prepare nurses not only to deliver expert care but also to think creatively, be solution-oriented, and negotiate in a multiprofessional and political arena.

## United States

Nursing education in the United States has experienced a number of successes in recent years. At the undergraduate level, considerable attention has been given to seamless articulation among licensed practical nursing, associate degree and baccalaureate programs. Baccalaureate programs are actively engaged in curriculum reform that includes expansion of community-based nursing. Students who already hold a non-nursing baccalaureate degree are increasingly being admitted into accelerated baccalaureate or master's-level entry nursing programs.

At the graduate level, advanced practice degree programs are increasingly available to prepare nurse practitioners and clinical nurse specialists. New advanced practice specialties, such as palliative care nursing, are evolving.

Major challenges include recruiting qualified nursing students, having sufficient resources to expand programs as enrollments increase and assuring sufficient qualified faculty. Existing faculty are experiencing considerable pressure for curriculum reform in response to the rapidly changing health care environment. Over the next decade, curriculum reform will continue as nursing educators feel increased pressure from hospitals to reconfigure acute care clinical experiences to reflect the reality of sicker patients with shorter hospital stays.

New roles for baccalaureate-level nurses will emerge as the aging "baby boom" generation retires and the nursing shortage deepens. It is likely that formal residency programs will be more widely available to help new graduates make the transition into

practice, and master's program options for teaching preparation and clinical nurse specialists will expand. Although more schools of nursing are offering doctoral programs, resources for supporting doctoral education will remain limited, and the number of graduates from these programs will not meet the growing demand for doctorally prepared nursing faculty.

**T**HE PROFESSION of nursing faces a variety of opportunities and challenges in the next decade. Nursing education around the globe has a key role to play in assuring that the new generation of nurses will have the necessary knowledge and skills.

In individual countries, the nursing profession is at different evolutionary stages within their particular health care systems. In all countries, nursing collectively, and nursing education specifically, must continue working to enhance the image of nursing as a career choice and assure that, as a discipline, nursing is recognized for its key role in improving the health and well-being of the global community. *nm*

References, page 44.

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Jane Marie Kirschling



*Ordinary People, Extraordinary Lives: Stories of Nurses*

Edited by Carolyn Hope Smeltzer and Frances R. Vlasses

Grayce M. Sills and Rita Turley, reviewers

USING the voices of many storytellers, *Ordinary People, Extraordinary Lives: Stories of Nurses* portrays the richness and incredible diversity of nurses and nursing. Many of the essays offer fascinating historical glimpses into nursing in early America. Such reminders enrich understanding of the challenges faced by the nursing profession today. Read in this context, the book gives the reader insight into the core values of nursing and an appreciation for how the past and present blend to provide direction for the future.

When describing patient experiences, the essays illuminate the essence of nursing in a pattern similar to what Gibran referred to in his treatise on friendship: "For in the dew of little things the heart finds its morning and is refreshed." These essays are filled with the "little things" that transform the ordinary into the extraordinary—the touch, the look, the moments that move the nurse-patient experience to another level and provide a matrix for growth of the human spirit.

Many essays in this collection tell why individuals choose nursing. What comes through in these vignettes is the concept of nursing as a calling, as a vocation that transcends the artificial boundaries of the workplace and pervades the complete landscape of one's life.

Nursing is indebted to Smeltzer and Vlasses for this collection of stories about nurses and by nurses. Each, in some way, adds to our comprehension of the often-hidden experiences of nurses and shines light on those regions where the essence is found—what nurses bring to patients, families and communities, indeed, the world. This exposition should inspire readers to become storytellers and let the world share their extraordinary experiences. I offer the words of Abraham Kaplan, "Much good may it do you and much good may you do it."  
— Grayce M. Sills

I INVITE you to read this beautiful, heartwarming book about some wonderful and amazing people—nurses. I am a nurse and proud to be one, but reading these nurses' stories gave me a profound appreciation for the tremendous impact nurses have on patients, families, communities and the world. So often, the real beauty of nursing goes unnoticed, but the book *Ordinary People, Extraordinary Lives: Stories of Nurses* shares real-life stories of nurses practicing and living their profession.



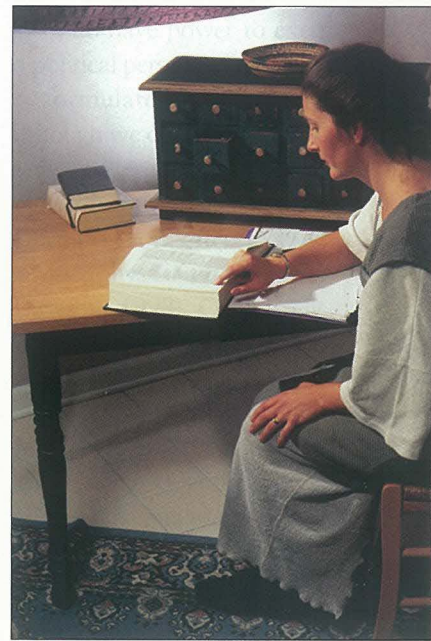
The book is filled with rich experiences of nurses throughout the 20th century. Some stories are told by nurses, others by family members or those who have witnessed the dedication of these very special people. All reveal threads of compassion, creativity, strength, passion and a deep commitment to patients. These threads weave a beautiful, delicate tapestry of the living spirit of nursing. Supported by illuminating photos, these stories help the reader see and experience the lives of these extraordinary people as they work and practice their art.

The book is about nurses—women, men, mothers, fathers, wives, husbands, sisters, brothers—all ordinary people living lives in communities just like ours. They serve their patients in hospitals, skilled facilities, communities, prisons, wars and disasters. No matter the setting, the personal care and service demonstrated by these nurses are truly tributes to our profession.

Read stories by courageous military nurses who share their experiences of the ravages and destruction of war. Read about nurses who served during America's most tragic day, 9-11. This book describes the emotions these nurses felt, emotions with which you may identify because you remember the Julia you cared for or Steve, a once strong, athletic man now devastated by cancer. As you read this book and enjoy the photography, appreciate and celebrate yourself, if you are a nurse, or think about those you know who are nurses. These wonderful people have committed their lives to provide care and human dignity to those in need. Nursing is a great profession, one with many unsung heroes. We will all need a nurse someday. May there be one just like the ones in *Ordinary People, Extraordinary Lives* to care for us and our loved ones.  
— Rita Turley

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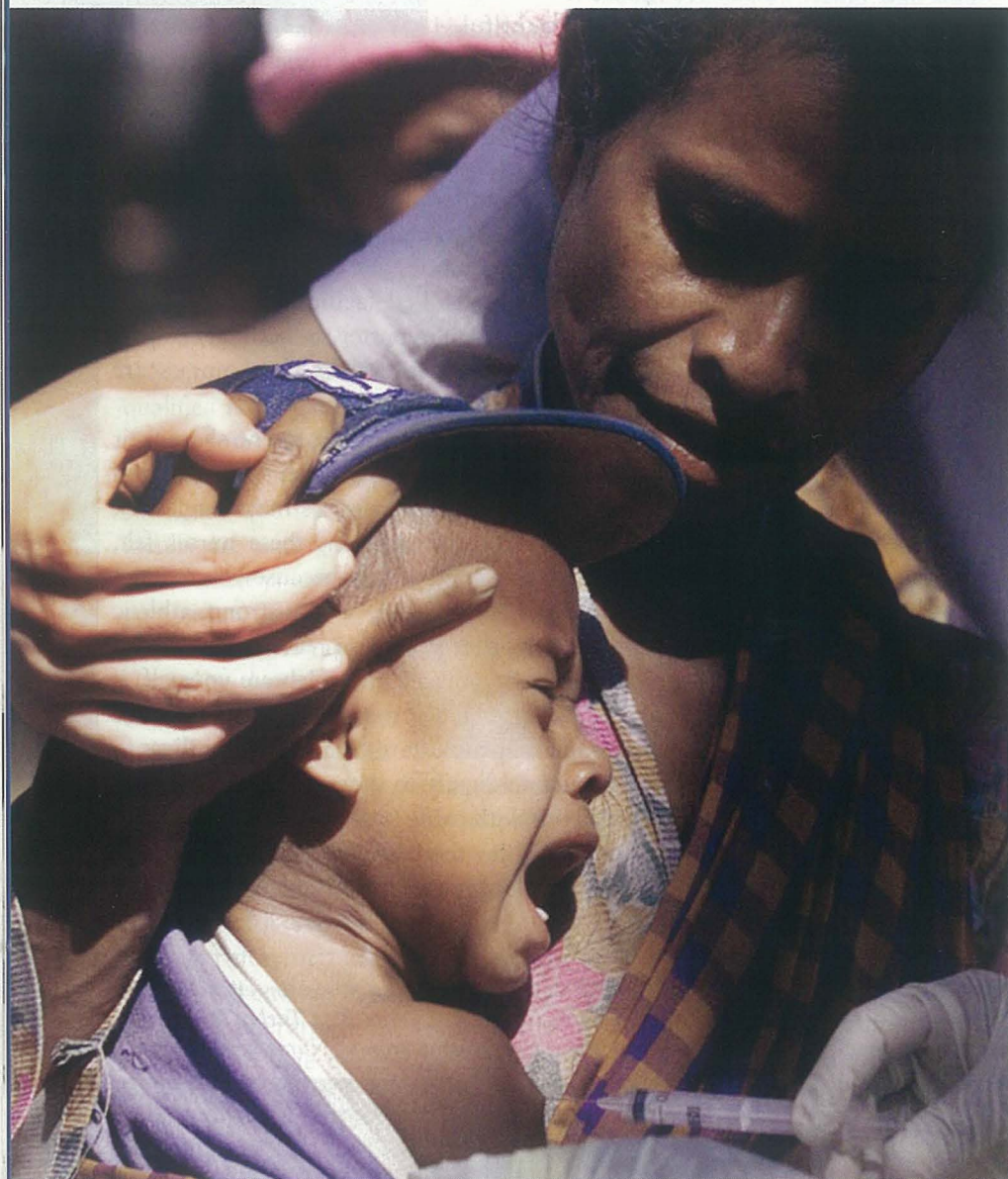
# Global challenge: What if...?

by Lynn Basford

**N**URSING is not practiced in isolation of political and social events that affect the demands and changes associated with global health care. Indeed, it is argued that every nurse should consciously engage with the business of global health care because health care is nursing business (Basford, 2003).

It is clear that infectious diseases have no geographical boundaries, as exemplified by the recent Severe Acute Respiratory Syndrome (SARS) outbreak. SARS was transmitted around the globe with a ferocious velocity that left health care professionals and organizations ill-prepared to respond effectively. Health care commands global solutions. People of all political persuasions must seek ways to prevent epidemics or, at the very least, address them in a coordinated and collaborative manner.

Such a task should not be left to the politicians alone. Health professionals, including nurses, have a duty to influence movement toward global health care from both a preventive and restorative perspective if the health and well-being of the world's citizens are to be maintained and improved. This perspective is not revolutionary. Nurse leaders of the past have postulated simi-



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lar sentiments. In 1893, Isabel Hampton wrote, "The social problems of human misery and suffering, and how best to relieve them, have wonderfully worked out since the days when Charles Dickens first began to exert the power of his genius upon the mind of the public in order to bring it into an active sense of its responsibility in such matters and perhaps in no branch was change so marked as in the care of the sick of all classes in all countries" (Wilson, 1979).

Quite clearly, Hampton was extolling the virtue of perceiving health from a global perspective. Indeed, what a benefit to global health it would have been if nurses had positively responded. It would have significantly reduced human suffering and misery. More than a century later, the challenge to address health from a global perspective remains of pivotal importance, and the call to the nursing profession is, "Are you able and willing to do something about it?" The question challenges the modern profession of nursing to proactively respond. We must raise the collective consciousness of nursing to channel debate and direct a coordinated and collective framework toward achieving global health care.

### Living in a global community

We live in an era of constant change influenced by shifting demographics, epidemics, technological developments, revolution, war, famine, environmental and natural disasters, and social injustice. Albrow (1997) and Howson, Fineberg, and Bloom (1998) contend that instantaneous news coverage of human suffering caused by these events so bombards our senses that we no longer see the horrors of the story. Instead of sustained social action, there is individual and community paralysis.

Jonas and Herr (trans.) (1979) assert that social action requires ethical considerations based on solidarity of interests and true collective responsibility that recognizes our global interconnectedness and interdependency upon each other.

With fresh humility and renewed social conscience, such a response would indeed address the health needs of all (Basford & Dann, 2002).

There is growing recognition that we live in a political and social framework of globalization borne out of the need for free market enterprises, technological revolution, work-force availability and mobility, and political and economic dependency. All of these can be detrimental to the health and well-being of disadvantaged citizens around the globe, dividing people into "haves" and "have nots."

The social injustice, social exclusion and health deprivation of disadvantaged peoples are not debated sufficiently by the nursing profession, even though nurses ascribe to the notion of health as a universal norm. Health, as nursing codes dictate, is a human right, and all people of all nations should be afforded the same access to life chances and life choices (Bauman, 1998). If this is true, should not all nurses be awakened to the consciousness of global health issues and collectively challenge abuse of power by free market enterprises that keep people in situations where health is secondary to their survival?

Moral, ethical and practical questions need to be asked if global health connectivity and care are to materialize in any significant way. Nurses can find, if they desire, the political strength and voice to raise questions about the need to sustain health as a core value at individual, national and global levels (Basford & Dann, 2002).

### The nursing challenge

A review of nursing literature, codes of conduct and mission statements reveals universal support for the philosophical ideal of health for all. Modern nursing curricula embrace this concept, and students are tutored to internalize this in everyday practice. Unfortunately, at the individual level, it is a challenge to impose that ideal within a local framework of operation.

At the collective and political level, however, nurses do have power to exert pressure and political persuasion to effect change and formulate global health strategies. Although we often think modern nursing is concerned with broad aspects of public health, evidence indicates that nursing is more often focused on individualistic, physician-dominated, local care (Dawson, 1998). Collectively, nursing has lost its social conscience.

What would happen if we treated people in poverty as if they were drowning? Would there be a collective response? Addressing poverty, social exclusion and social inequalities with the urgency shown individuals requiring acute care would create a framework for sustained action through which global health could be improved (Basford & Dann, 2002). Such a response is, of course, challenging and risky, but is the modern profession of nursing so weak that our voice cannot be heard?

Did Florence Nightingale and other nurse leaders take this line of least resistance, or did they put the plight of all people on the political agenda? As Margaret Sanger stated so poetically more than 60 years ago, "Though many disputed barricades have been leaped, you can never sit back smugly content, believing that victory is forever yours; there is always the threat of it being snatched away from you. All freedom must be safeguarded and held. Jubilation is unwarranted while the world is in turmoil" (Sanger, 1938).

The health divide is glaringly obvious. Communities and countries around the world are in turmoil. It is the duty of all nurses to take action, recognizing that our connectedness as a global health community is an intrinsic feature of the postmodern world. To take no action is morally unacceptable and could bring about the demise of nursing as a profession. *RNL*

References, page 44.

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## Space nursing:

# Expanding the

by Scott Rhoades

**M**Y WIFE bounded into the bedroom, gasping for air, eyes widened with phone in hand. "Scott, the shuttle just exploded!"

Dazed, I raised my head from the warmth of my pillow and peered over the quilt that had been keeping me so comfortable on that cool February morning in western Pennsylvania. I tried to make sense of what she had said. "Exploded," I thought to myself. "No, must be a mistake." The Columbia was in orbit, completing an exciting science mission, and was to return to Florida that morning. No orbiter was scheduled for launch.

Normally during a launch or landing, you would find me in front of the computer watching NASA video-feed, but after a long work week, I was taking a few more moments of much-needed rest. Jumping out of bed, my heart racing, I went into the living room, picked up the remote and began watching television, shocked at what had just occurred.

As I listened to the breaking news reports, my thoughts drifted back nearly 16 years. I was a high school student basking in the glory of a no-school "snow day," common for students in west-central Pennsylvania. I was in my room, fumbling with a shortwave radio, when I heard the news: Challenger had exploded during launch. I was devastated. My interest in the space program ran deep.

I identify with Homer Hickam and the "rocket boys" made famous in the film "October Sky." I grew up in a coal- and steel-producing area where most people were employed in those industries. Like Hickam, who went on to become a NASA engineer, I had other goals in mind. A teacher, Carolyn Rzeszut, reinforced my interest in space by giving me NASA's mailing address. I became a regular, weekly fan, writing for information and photographs of spacecraft, launches and astronauts.

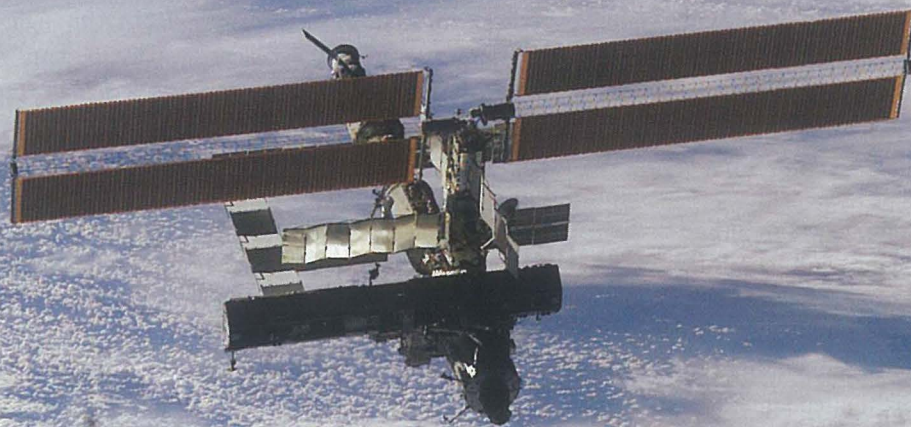
I thought about the call I had received from a physician-friend two years earlier. "Scott, it doesn't look good," he said, as he reported on the condition of astronaut Patricia Hilliard Robertson.

I first met Patricia, a native of nearby Homer City, Pa., at a local airport event. On that cold October afternoon, we joked about the tendency of aviation enthusiasts to become "airport bums" and seriously discussed "reaching the stars."

We compared our shared interests and experiences. We loved flying and the "French Connection" aerobatic team. We wanted to make a difference in the lives of the people around us. Patty pursued a career as a physician and pilot. I pursued a career as a nurse, eventually becoming a flight nurse. (I'm working toward my pilot's license.) Our dream of reaching the stars was real.

Patty was flying with another pilot in an experimental aircraft when they

# horizons



ABOVE: The International Space Station (ISS), photographed by a crew member of the space shuttle Atlantis after the two spacecraft undocked Oct. 16, 2002.

LEFT: Scott Rhoades, secretary of the Space Nursing Society, is researching airway management in space.

NASA PHOTO

made a hard landing into the Texas landscape. She was taken to a local hospital where she died days later. Through this tragedy, I met her ASCAN (astronaut candidate) classmates at a memorial service, some of whom were on the Columbia crew. What an impact they have made on my life and my dreams.

As I travel the country as secretary of the Space Nursing Society (SNS), educating people about the role of nurses in the space program, I am cognizant of the lack of knowledge among my peers about the important role that nursing has had and will have in space exploration.

The Space Nursing Society began in 1991. Historically, the foundation for space nursing began in the 1930s, when Ellen Church, a civilian nurse with a passion for aviation, approached an airline about passenger health and comfort. Church became the first flight attendant and set the standards for others who would follow. At that time, you had to be a nurse to be a flight attendant.

occupational health section of the program, the flight medicine clinic at the Johnson Space Center, family support, and astronaut training on medical procedures and contingencies. Nurses also serve on therapeutics committees and bring a nursing perspective to space life science and biomedical issues.

I have been asked, "Why nursing in space?" Consider the bed-rest patient in an intensive care unit. There is much similarity. Muscle atrophy, cardiac deconditioning, bone demineralization and sleep pattern disturbances are just some examples of changes that astronauts experience in orbit. In fact, many clinical environments serve as excellent analogs to space health care applications.

Likewise, lessons learned in space and technology resulting from space exploration can be applied to health care here on earth. Did you know that the technology of a tympanic thermometer was made possible by the gold coating used on astronaut face visors to protect them from radiation during moonwalks?

Nurses ask about job opportunities. While the number of positions within the space program and its vast community of subcontractors is limited, nurses have much to contribute. For example, investigating how your area of clinical expertise or interest is affected by a space environment can lead to additional research and a place for nursing.

Space-related nursing research is lacking, and we need to develop a strong base for practice. It's there. We simply have to do it and document it.

The SNS is working toward development of curriculum and textbooks devoted to space nursing standards, principles and practice. Nurses from a variety of backgrounds can contribute. For example, my background is in emergency medicine, EMS/pre-hospital nursing and flight nursing. I am currently researching airway management in space and was able to present some of that work to NASA

and the space life science subcontractor last year.

Has a nurse flown into space? The answer is no, the reason undetermined. Perhaps it's because NASA doesn't recognize nursing as a "hard science" when it comes to nurses being part of the astronaut program. Nursing is listed in NASA documentation as a nonqualifying field for astronaut preparation (National Aeronautics and Space Administration, 2002).

Theories suggest that nursing lacks credibility because of the various educational levels accepted for licensure as an RN. Although women have flown in space, perhaps the perception of nursing as a female profession has limited its acceptance by male decision makers. Whatever the reason, nursing needs to step forward and prove that its practice is based on research and hard science.

Gaining recognition for the profession is a challenge, but one that we can overcome. It isn't a matter of if, but when. The nurse astronaut will be well-credentialed. Competent in theory and procedural skills, occupational health, infection control, and emergency/critical care, he or she will know engineering and aeronautical language and procedures, as well as have some aviation background. He or she will also pass physical and psychological tests.

The Space Nursing Society is challenged with moving nursing into this new frontier and expanding its horizons. What an exciting time to be a nurse! **RNL**

Reference, page 44.

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*To request additional information about space nursing and/or membership in the SNS, go to [www.spacenursingsociety.com](http://www.spacenursingsociety.com), e-mail [lpushsn@ix.netcom.com](mailto:lpushsn@ix.netcom.com) or call 616.949.6780. To schedule a presentation, e-mail [Scott.Rhoades@rhoades7@mail.microserve.net](mailto:Scott.Rhoades@rhoades7@mail.microserve.net) or call 724.357.8628.*



Scott Rhoades and Patricia Hilliard Robertson

Space nursing also looks to Dee O'Hara, a military nurse who was assigned to work with the original seven Mercury astronauts and who was at NASA until the mid 1970s. While O'Hara never flew into space, she has been deemed "America's first space nurse."

Since those early days, nurses have made important contributions to the

# Shortage of nurse educators? It shouldn't come as a surprise!

by Norman C. Olsen

**T**HE NURSING SHORTAGE has affected nursing education. This shortage is occurring at a time when we most need dynamic, visionary nurse educators who are graduate-prepared. It is happening when entry-level nursing students are older and more diverse, resulting in more varied and creative learning environments. Moreover, it is taking place when we are in desperate need of dramatically increasing student enrollment in nursing programs. There are reasons for the shortage, including lack of respect, overwork and poor salaries.

I taught nursing for a number of years as an adjunct faculty member in a small associate-degree program before becoming a full-time faculty member upon receiving a graduate degree in nursing education. I cannot tell you the number of times I've heard nurses in the local hospital comment about nursing instructors teaching because they can't nurse. It reflects a belief system that, to be a good teacher, all you need to be is a good nurse, and all you need to know is the subject matter.

Many believe there are few good nursing instructors because few instructors are good nurses. Add to this an environment of hostility from nursing staff who resent having nursing students around, and it is not surprising that many nursing instructors do not feel respected by their own profession.

It is time to recognize that teaching nursing *is* nursing. Nursing education is advanced practice nursing and is a specialty in its own right. It is not true that all you need to do to be a good teacher is to be a good nurse.

As the shortage worsens, nurses who have not been involved in clinical practice for years are becoming clinical instructors. I find that situation preferable to clinical nurses who teach when they have no understanding of adult learning or how to facilitate learning! So what if they are current clinically, if no learning occurs and the students never grasp how to solve problems, do critical thinking, utilize the nursing process or conceptualize the bigger picture. Understanding adult-learning principles is a critical factor that separates nurse educators from other graduate-prepared nurses.

Lack of respect for educators is manifested in academic settings by the supposition that doctorate-level educators

have plenty of time to carry on active research and regularly publish. Something has to suffer. Research and education are both very time-consuming and not always complementary activities.

Many nurse educators feel overworked. Lack of secretarial or clerical support unfairly increases the workload. Low pay may necessitate working a second job, and unrealistic expectations from academic administrators and department leaders about research and publication add to the overwork.

Planning diverse learning activities and doing the necessary reading and other requisite preparation take time. Stimulating and developing affective domain learning can be emotionally exhausting. For educators, staying student-focused is more time-consuming

than being subject-focused, especially if we provide appropriate feedback to learners and help them develop individual learning strategies that will serve them a lifetime.

Then there are the poor salaries. I can no longer afford to teach nursing. That is the simple and honest truth and why I am now working as a nursing administrator. Associate-degree staff nurses make more money than many graduate-prepared nurse educators. Our profession is encouraging nurse educators to get PhDs and is establishing a graduate degree as the minimum criterion for educators. We should. This is timely and necessary, but how do we expect nurse educators to pay for these degrees and recoup the cost at current salaries?

It is shameful what educators are paid. It reflects how little they are valued. I often hear nursing educators say what other nurses have been saying for years and what administrators and institutions have been taking advantage of for years: "I do it because I love it, not because of the pay." Why not both?

Someday, I will return to doing what I love most—teaching nursing. However, if salaries do not improve, I won't be teaching again until I retire. At least I can afford to take post-master's courses in nursing. I just can't afford to teach. **RNL**

*Norman C. Olsen, RN, MS, is director of nursing at HealthSouth Rehabilitation Hospital in Sarasota, Fla.*



# Coming of age in health care: Changes, challenges, choices

by Gail Wolf

**T**HE TRANSFORMATION facing health care is unlike any we have seen previously. Major changes are confronting us that will result in unique challenges for nursing. The choices we make will determine our future role. We are at a critical juncture. To play a meaningful role in the future of health care, we need to see this transformation as an opportunity, rather than a threat, and take appropriate action. Following are five major changes confronting health care, some challenges they create and three choices we need to make in the immediate future.

## Changes in our patients

A baby boomer turns 50 every seven seconds. As a result, the number of seniors over age 65 will grow substantially by 2020. Since most people increase consumption of health care as they age, demands on the health care system will be enormous. These seniors will be entirely different from past consumers. They will expect more and tolerate less. They will be more demanding in terms of quality and service, and expect to be partners in decision making about their care. They will be extremely knowledgeable about their health—often more knowledgeable than their care providers—because of their education and access to the Internet.

## Changes in providers

Coupled with the increase in demand is a decrease in the supply of providers, especially in nursing. By 2010, the RN demand is projected to increase by 18

percent overall—30 percent in nursing homes and 36 percent in community health settings (U.S. Department of Health and Human Services, 2002). The recent increase in nursing school enrollment will not be adequate to meet the demand.

On the other hand, an oversupply of physicians, especially specialists, is predicted (Institute for the Future, 2000). The physician role will expand. For example, hospitalists (inpatient physicians) are predicted to care for many nonsurgical patients by 2005, thus decreasing demand for advanced practice nurses.

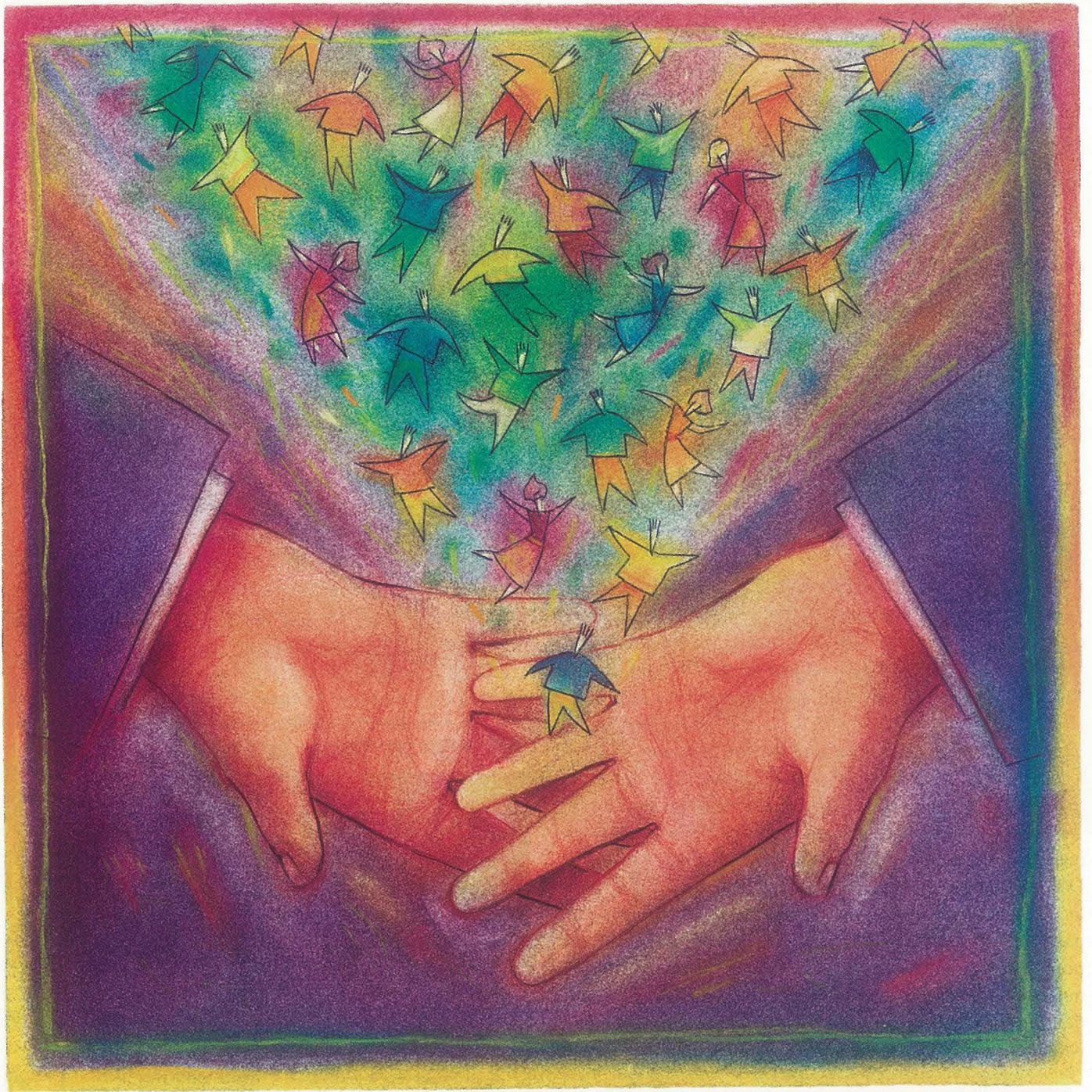
## Changes in economics

The United States leads the world in health care costs but ranks 21st in life expectancy and 27th in infant mortality. Drug costs are the highest in the world. Many hospitals are experiencing negative margins and are struggling to keep their doors open. We have enormous variances in costs of procedures across the country, with no differences in survival rate, progress of disease or patient satisfaction. While many people cry for increased reimbursement, there is little likelihood it will happen.

## Changes in medical technology

On the horizon are profound changes in medical technology (Institute for the Future, 2000). Computers will help design drugs that target a particular receptor. New imaging technologies will enable observation of organ form and function, once examined only in surgery. Minimally invasive surgery will replace





many traditional surgical procedures. Genetic mapping, testing and therapy will revolutionize treatment. Vaccines will bolster immune systems, target tumors and immunize against viruses. Artificial blood will be readily available. Transplantation of tissues and organs from animals to humans will become a reality.

#### Changes in information technology

The information and communications revolution that has hit other

industries will turn its attention to health care over the next several years, driving new clinical care processes. Electronic records will eliminate duplication and provide immediate information, enabling extensive data mining related to patient and provider outcomes. Business processes will become automated. Telehealth will change the way we provide care.

The changes we face create numerous challenges. Three are critical.

#### Challenge: Take the lead in providing quality health care

Many good people are trying to do the right thing in systems that are broken. Nearly 100,000 Americans die each year from medical error (Kohn, Corrigan, & Donaldson, 2000). This is more than the number who die from AIDS, breast cancer and highway accidents. One of every 100 hospitalized patients will get the wrong medicine. Couple that with the fact that one is 10,000 times

more likely to be killed in a hospital from an avoidable human error than in an airplane. Consider that one of every 16 patients leaves the hospital with an infection they didn't have when admitted.

Figuring out the cause of these problems isn't rocket science; we have simply lost sight of the basics. We tolerate clinicians who don't wash their hands. We accept as status quo systems that are outdated and inefficient. No one understands this better than nurses.

#### Challenge: Ensure a future work force

History has shown that patients will always be cared for. If there aren't enough nurses, substitutes will be found. We cannot wring our hands and bemoan a nursing shortage; it is our responsibility as a profession to fix it. We know that 41 percent of nurses in this country are dissatisfied with their jobs, four times the national average (Aiken et al., 2001). Thirty percent of nurses younger than age 30 plan to leave the profession in the next year. Only a third of nurses believe their facilities have enough staff to meet patient demands.

It doesn't have to be this way, as illustrated by Magnet-designated hospitals. Now that we finally have generated interest in the profession, schools of nursing are limiting enrollment because they don't have enough faculty. We cannot solve the problems of the future with the thinking of the past!

#### Challenge: Redesign clinical and faculty practice

The answer to redesigning practice is not more money or more staff. Neither is available. We must change the way we work. Staff nurses spend almost 30 percent of their time nursing the system rather than the patient (Whitman, Sereika, & Dachille, 1990), and we accept that as "the way it is." Many faculty members have lost touch with the reality of caring for patients. We continue to separate clinical and academic practice, even though there are experienced advanced practice nurses who love to teach and faculty who enjoy clinical practice. We need fresh eyes, fresh ideas and new models. We're left with choices that are much easier to identify than to make.

#### Choice: Part of the solution or part of the pollution?

Right now, I think we're part of the pollution. We are very good at identifying things that are wrong, but then we expect someone else to solve the problems because "we don't have enough staff ... faculty ... time ... influence ... power ... or ...." Problems won't be solved from the silos within which we currently operate. Solutions will require collective effort and immediate action.

#### Choice: Lead or follow?

I don't see us leading, despite the fact that many of these issues are nursing-related and we have such good ammunition to lead the charge. For instance, we have Magnet-hospital

research that tells us how to build a good work environment. We have data that demonstrate the impact of too-few nurses on quality of care. We have nurses who know what needs to be done but get caught in the muck of their day-to-day job demands. We have more than 2.5 million nurses in the United States. What we lack are focus, unity and action.

#### Choice: Where to begin?

I don't presume to have all the answers, but I also think we can ill afford to spend the next five years trying to figure them out. I've come up with "Gail's Top 10" practical things we can begin to work on today.

They won't solve all the problems, but there is a job here for every professional nurse: 1) Reduce opportunity for infection in our hospitals; 2) improve patient handoffs between caregivers; 3) improve medication administration processes; 4) eliminate redundant and unnecessary documentation; 5) develop true patient partnerships; 6) reduce the time nurses spend nursing the system; 7) fill the pipeline; 8) integrate nursing education and practice—medicine does a much better job than we do; 9) create Magnet environments; 10) develop future leaders.

Let's make sure we see nursing's footprints on the future. **RNL**

References, page 44.

*Gail Wolf, RN, DNS, is senior vice president and chief nursing officer of the University of Pittsburgh Medical Center Health System and a Magnet recognition commissioner, American Nurses Credentialing Center.*



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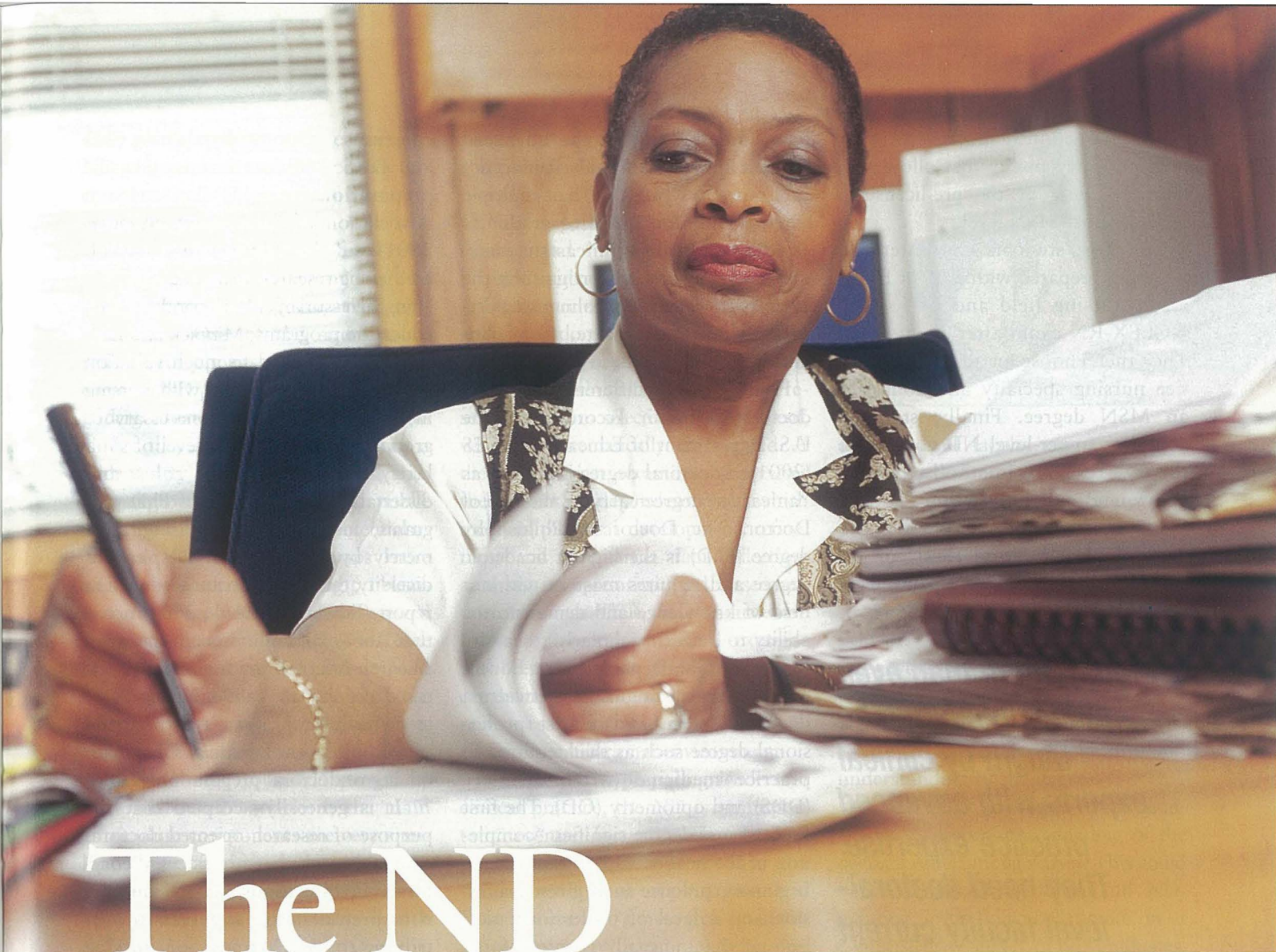
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STT 1003



# The ND

## Preparing nurses for clinical and educational leadership

by Theresa S. Standing and Frances M. Kramer

**N**URSING has long viewed the professional doctorate, in contrast to the academic doctorate, as preparation for educational and clinical leadership roles (Downs, 1989; Henry, 1997). However, a number of models of professional or clinical nursing doctorates have evolved since the 1960s, resulting in confusion.

Minnick and Halstead (2002) describe the confusion resulting from the variety of doctoral titles. Nurses today can earn academic or profes-

sional doctoral degrees in the form of a PhD, EdD, DNSc, DNS, DSN, ND or DNP. Some of this confusion stems not only from diversity in titles but also from the goals of the educational programs associated with those titles.

In their article "Nursing Doctoral Education in the Americas," Ketefian, Neves and Gutierrez (2001) indicate that about 80 percent of doctoral degrees held by nurses are the Doctor of Philosophy (PhD). The remaining degrees are professional degrees, primarily either Doctor of

Nursing Science (DNS/DSN/DNSc) or Doctor of Education (EdD). However, nearly 700 nurses hold another degree, the Doctor of Nursing (ND), a clinical doctorate not recognized in the above review.

The ND degree was first instituted at the Frances Payne Bolton School of Nursing, Case Western Reserve University (CWRU), in 1979. It was originally conceived as a first professional degree in nursing, preparing nurses for entry into practice. Since 1990, the ND degree at CWRU is a

post-MSN clinical doctorate with multiple entry points that allow students to enter at the pre-licensure, MSN or post-MSN level.

Currently, students can enter the program prepared with a BS or BA in a non-nursing field and sit for the NCLEX-RN exam after 16 months. They then choose an advanced practice nursing specialty and complete an MSN degree. Finally, students complete upper-level ND courses in theory, research methods, health policy, and either education or management, culminating with the defense of a doctoral thesis or research project based on a clinical or educational problem.

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students need to be  
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They need doctoral-  
level faculty current  
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Currently, four U.S. universities offer the ND degree: the University of Colorado Health Sciences Center School of Nursing, Denver, Colo.; Rush University College of Nursing, Chicago, Ill.; Case Western Reserve University Frances Payne Bolton School of Nursing, Cleveland, Ohio; and the University of South Carolina College of Nursing, Columbia, S.C.

The programs offer a variety of entry options. Rush University's program, like that of CWRU, is a post-MSN clinical doctorate that

builds on the role of the advanced practice nurse (APN). The University of Colorado's program has multiple entry points and prepares graduates as APNs specializing in case management. The newest ND program at the University of South Carolina is a post-MSN clinical doctorate, also with multiple entry points.

How is the ND different from other doctoral degrees? According to the U.S. Department of Education, NCES (2001), a doctoral degree is defined as "an earned degree carrying the title of Doctor. The Doctor of Philosophy degree (PhD) is the highest academic degree and requires mastery within a field of knowledge and demonstrated ability to perform scholarly research" (para 39). The Department of Education further distinguishes between a doctoral degree and a first professional degree such as that required to practice medicine (MD), dentistry (DDS) and optometry (OD). The first professional degree signifies "completion of the academic requirements for beginning practice in a given profession and a level of professional skill beyond that normally required for a bachelor's degree" (para 56).

In nursing, as in other disciplines, the PhD is conceptualized as a research doctorate, since the emphasis is on application of scientific principles to create new knowledge. The Doctor of Nursing Science (DNS/DSN/DNSc), on the other hand, was originally construed "to be the practice-oriented, clinical or applied degree" (Downs, 1989, p. 233) and is classified as a clinical doctorate (McEwen & Bechtel, 2000).

Generally, the terms clinical doctorate and professional doctorate are used interchangeably. Today, however, there is little difference between the PhD and the DNS/DSN/DNSc degrees. In fact, there is significant

consensus within nursing that the PhD and DNS programs both emphasize preparation for research (American Association of Colleges of Nursing, 2001) and thus are generally considered to be research-oriented.

In their survey of doctoral nursing education programs, Minnick and Halstead (2002) found so much variation among degree programs with nursing in the title that it was necessary to group programs by their level of similarity to the research roles and dissertation requirements of PhD programs, instead of categorizing them merely by degree name. Despite this diversity, the AACN doctoral education report (Edwardson et al., 2000) noted that the major differences between research-oriented and clinically oriented degrees are subtle, having more to do with the program's purpose and career objectives of graduates than with quality of doctoral preparation.

It is generally accepted that the purpose of research-oriented doctoral education, which emphasizes theory-driven investigations and scholarship, is to prepare nurse scientists to contribute to development of nursing knowledge. Graduates are expected to become leaders in health care, education and research.

Clinically oriented doctoral education, on the other hand, emphasizes the use, application and evaluation of theory for practice and prepares advanced practice nurse specialists for a variety of clinical and educational environments. Graduates are expected to be leaders in evidence-based practice, clinical outcomes research and research utilization, health care policy, and management or education.

All doctoral education builds on previous undergraduate and/or master's level education. Many doctoral degrees in academic and professional fields require an earned master's degree as a prerequisite (U.S. Department of Education, 2001). Because of the variety of



**To the editor:** Letters to the editor should be submitted via fax or e-mail to James E. Mattson, Editor, Reflections on Nursing Leadership. Fax: 715.925.2146. E-mail: [jmm@stti.upui.edu](mailto:jmm@stti.upui.edu). Strive for brevity. We reserve the right to edit submissions.

entry points, students can often enter an ND program with an MSN, or they can complete an MSN as part of an integrated program.

Three of the current programs offer multiple entry points, providing an option for entry into nursing at the graduate level. One of the strengths of multiple entry points is that students may enter an ND program with non-nursing undergraduate degrees. Another strength is that they appeal to students from a wide variety of disciplines. A nurse with a background in engineering, public administration or art has the potential to envision different—and perhaps more effective—solutions to nursing problems than those of us who have always viewed the world through nursing lenses. Three of the programs are designed to build upon the master's education of the advanced practice nursing role, culminating in an earned doctorate.

Although the four ND programs have individual variations, the main curriculum components are very similar. Their foci include advanced practice nursing, leadership, research application and utilization, health policy issues, and health management.

ND programs prepare nurses for clinical and educational leadership on multiple levels. The foundation of clinical doctoral education consists of core nursing values in clinical care/case management. Building from this foundation, excellence in advanced practice nursing is acquired by emphasizing and developing evidence-based practices and clinical innovation to improve health care quality.

The doctoral-level courses then prepare the graduate for clinical leadership in a complex and dynamic environment. The ND is designed to provide the skills necessary to affect quality of care, access, fiscal issues, health policy, and the attitudes and values needed to take initiative in the face of change and uncertainty.

Nursing research, especially clinical outcomes research, is an integral com-

ponent of clinical leadership. This component does not have the same focus as a PhD or DNS program. Clinical expertise is promoted by critiquing and integrating research to provide evidence for best practices.

The research component of the Bolton and Colorado programs culminates in a doctoral thesis or research project that is based on a clinical or educational research problem selected by the student, which is systematically investigated. A thesis or project committee supervises the student's independent study, which includes proposal development, refinement and acceptance; data collection; analysis; interpretation; and dissemination of findings. Thus, these graduates are prepared to combine clinical expertise with research skills and management capabilities to provide the integrated viewpoint needed for leadership in today's clinical or educational environment.

In addition to preparing leaders in clinical practice, the ND is an important avenue for preparing leaders in nursing education. Today, the demands of grant applications and management at a research-intensive university may preclude achieving excellence in an APN role. Fitzpatrick (2002, 2003) notes that the difficulty in being both an expert clinician and expert researcher is due to the different perspectives and skills required. She further argues that clinical expertise and teaching skills are the faculty qualifications needed at the pre-licensure and MSN levels. Given that the ND degree is based on this clinical expertise, it is ideally suited to this need.

In contrast, some PhD programs do not require an MSN. Other PhD programs are designed to prepare nurse scientists and require no specialization in nursing. Clearly, doctorally prepared educators with a clinical focus, such as a nurse with an ND, can play a critical role in the future of nursing education. Today, more than ever, students need to be taught by clinical experts with advanced practice expertise. They need



doctoral-level faculty current in evidence-based clinical practice.

While the ND degree creates the potential for leadership in clinical practice and nursing education, problems remain. We offer several suggestions to strengthen the degree and its acceptance.

First, academic administrators must work toward consistency in ND programs. Agreement upon the ND degree as a post-MSN clinical doctorate would strengthen recognition and understanding of the degree.

Second, ND graduates could contribute to deeper understanding of the degree's value among nurses. This could be accomplished by having all ND-granting institutions collaborate in a comprehensive survey of ND graduates. The results would help in articulating the unique contributions of the ND-prepared nurse and further differentiate the ND from the DNS/DNSc/DNSc.

Finally, we agree with Minnick and Halstead (2002) in their call for a moratorium on new doctoral degree titles until a consensus has been reached.

The ND degree is needed to prepare clinical and educational leaders who are "active instead of reactive, shaping ideas instead of responding to them" (Zaleznik, 1981, p. 81). This, indeed, is what we need in nursing. *RNL*

References, page 44.

*Theresa S. Standing, RN, PhD, is assistant professor, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, Ohio. Frances M. Kramer, RN, MSN, CRNA, ND, is associate director of the graduate anesthesia program at The University of Akron College of Nursing, Akron, Ohio.*

# Stateworthy

\* indicates picture

## CLINICAL

**Gail Petersen**,\* program director for Breaking the Cycle Community Health Care academic nursing center at Arizona State University, has received the 2003 Johnson & Johnson Community Healthcare Improvement Project award. The nursing center provides free or low-cost family planning services and serves as a clinical site for undergraduate and graduate Arizona State University student nurses.

## EDUCATION

**Patricia Bleyнат** and **Diane Byrum** are recipients of the Belinda E. Puetz Award for Excellence in Nursing Staff Development from the National Nursing Staff Development Organization. Bleyнат and Byrum are co-owners of Innovative Solutions, based in Charlotte, N.C., which produces and sells educational materials.

**Vanessa Fahie**, assistant professor at the University of Maryland School of Nursing, has received a one-year, \$50,000 grant from the Maryland Higher Education Commission to assist with academic achievement of a group of 10th-grade students who will participate in projects that promote nursing as a career option.

**Harriet R. Feldman**, dean and professor at the Lienhard School of Nursing at Pace University, has been appointed to the board of the Commission on Collegiate Nursing Education. Feldman's book, *The Nursing Shortage: Strategies for Recruitment and Retention in Clinical Practice and Education*, was published by Springer in 2003.

**Beth Galik**, doctoral student at the University of Maryland School of Nursing, has received a two-year, \$100,000 John A. Hartford pre-doctoral scholarship for her project, "Building Academic Geriatric Nursing Capacity."

**Mary Jo Gilmer**, assistant professor at Vanderbilt University School of Nursing, was one of 100 pediatric nurses from the United States to participate in the End of Life Nursing Education Consortium in Pediatric Palliative Care, funded by a grant from The Robert Wood Johnson Foundation.

**John McDonough**,\* professor and director of nursing anesthesia at Florida International University, has received \$8,451 from the Division of Nursing, Health Resources and Services Administration, to help support graduate students in anesthesiology nursing.

**Jacqueline McGrath**,\* assistant professor at Arizona State University College of Nursing, has received a \$1.48 million grant from the Health Resources and Services Administration to add online distance education to the university's graduate-level neonatal and pediatric nurse practitioner programs. The grant is designed to help meet the increasing need for neonatal and pediatric nurse practitioners.

**Eun-Shim Nahm**, assistant professor at the University of Maryland School of Nursing, has received a 2003 Henry C. Welcome Fellowship in the amount of \$20,000 to help her prepare for a tenured professorship.

**Kelly Revels**\* and **Elaine Smith**\* have received the 2003-04 North Carolina Center for Nursing Recruitment and Retention Grant from the North Carolina Nurses Association. The grant promotes continued education and certification of professional nurses in geriatric nursing. Revels is magnet project and nursing retention coordinator, and Smith is director of nursing practice, education and research at the University of North Carolina Hospitals in Chapel Hill.

**Jennifer Templeton** of the Nashville Metro Public Health Department led an effort to teach 120 first-year nursing students at Vanderbilt University School of Nursing to perform smallpox vaccinations. **Linda Norman**, senior associate dean for academics at Vanderbilt, plans to reincorporate smallpox vaccination training into the curriculum.

## LEADERSHIP

**Lea Acord**\* has been named dean of Marquette University College of Nursing. She formerly was dean and professor at Montana State University College of Nursing.

**Susan Bennett**, professor at Indiana University School of Nursing, has been named a fellow of the American Academy of Nursing.

The American Academy of Nurse Practitioners has named the following nurses as fellows for 2003: **Judith A. Berg**, **Christine A. Boodley**,\* **Eileen T. Breslin**, **Karen L. Dick**, **Deanna Gray-Miceli**, **Ruth M. Kleinpell**, **Anne Moore**, **Linda R. Rounds**\* and **Diane C. Viens**.

**Joyceen S. Boyle**\* has been named professor and associate dean for academic affairs at the University of Arizona College of Nursing. She formerly was associate dean for faculty practice and community programs at Medical College of Georgia in Augusta.

**Margaret Brady** has assumed the office of president of the National Association of Pediatric Nurse Practitioners for 2003-04.

**Dorothy Brooten**\* has been named associate director of the graduate program at Florida International University School of Nursing. She has received recognition from the National Institute of Nursing Research for her series of studies on "Advanced Nursing Practice: Patient Outcomes." Her model uses advanced practice nurses to deliver complex, competent care with vulnerable populations.

**Virginia Burggraf**,\* nursing professor at Radford University in Virginia, has been named a fellow of the American Academy of Nursing. She is the Marcella J. Griggs endowed chair in gerontological nursing.

**Sally D. Chester**, director of education at Hanley-Hazelden in West Palm Beach, Fla., has been appointed to the 2003 board of examiners for the Malcom Baldrige National Quality Award.

Nurses House Inc. has named 13 nursing leaders as ambassadors: **Colleen Conway-Welch**, **Gary D. Crotty**, **Christine M. Kinavey**, **Diana J. Mason**, **Adele D.S. Mitchell**, **Cecilia F. Mulvey**, **Robert V. Piemonte**, **Dorothy E. Riley**, **Franklin A. Shaffer**, **Norma J. Stordahl**, **George D. Velianoff**, **Colleen Wise** and **Patricia S. Yoder Wise**.

**Donna Dorsey**, president of the National Council of State Boards of Nursing board of directors, has been named a fellow of the American Academy of Nursing. She is executive director of the Maryland Board of Nursing.

**Joanne H. Evans**,\* professor emeritus of Salem State College School of Nursing in Massachusetts, has received the Distinguished Alumni Award from the Lankenau Hospital School of Nursing in Philadelphia, Pa. She also coordinated a summer study program at Salem State College for nursing students and faculty from the Japanese Red Cross Hiroshima College of Nursing.

**Sharon Farley**\* has been named interim university dean of the Indiana University School of Nursing. She replaces **Angela B. McBride**, who served as university dean for more than 12 years. **Marion E. Broome**, associate dean for research in nursing at the University of Alabama at Birmingham, will join the school as dean in July 2004.

**Roger A. Green**,\* a nurse practitioner in Tampa, Fla., has received the Florida State Nurse Practitioner Award from the American Academy of Nurse Practitioners. A doctoral student at Rush University, Green is president of the Florida Nurse Practitioner Network.

**Sally B. Hardin**\* has been named dean of the Hahn School of Nursing and Health Science at the University of San Diego. She formerly directed the PhD nursing program at the University of Missouri in St. Louis.



Acord

Boodley

Boyle

Brooten

Burggraf

Evans

Farley

Froman

Green

Hardin

**Janis Hootman** has assumed the office of president of the National Association of School Nurses.

**Carole Jennings**, assistant professor at the University of Maryland School of Nursing, has been named a fellow of the American Academy of Nursing.

**Sandra Garcia Jones**,\* assistant professor at Florida International University School of Nursing in Miami, has been named a fellow of the American Academy of Nursing. She also was a recipient of the university's Internal Research Award for her study "Evaluation of a Parent Education Program for HIV Youth Prevention."

**Marcelle Kaplan**,\* breast oncology clinical nurse specialist at New York-Presbyterian Hospital, has received the Group Health Insurance Mets Magic Award for her work with women with breast cancer and the American Cancer Society's Reach to Recovery program. She also is chair of the Oncology Nursing Society Nominating Committee.

**Beverly Koerner**, professor at the University of Connecticut School of Nursing, has been appointed faculty chairperson and coordinator of the doctoral program for academic year 2003-04.

**Janice K. Kvale**,\* assistant professor at the School of Nursing, University of Texas Medical Branch in Galveston, has been named a fellow of the American College of Nurse Midwives. She recently received a Fulbright Fellowship for study in India.

**Caterina Lasome**, doctoral candidate at the University of Maryland School of Nursing, has been promoted to the rank of lieutenant colonel in the U.S. Army. She also assumed the role of deputy chief information officer at Tripler Army Medical Center in Hawaii, where she is responsible for defining and implementing the clinical informatics and telemedicine strategies for Tripler and the Pacific Regional Medical Command.

**Madeleine Leininger** has received the Lifetime Achievement Award from the International Institute for Qualitative Methodology for her efforts in bringing qualitative inquiry into the mainstream of research. She also was honored at the 29th Annual Transcultural Nursing Conference for her leadership in establishing the discipline of transcultural nursing. A professor emeritus at Wayne State University in Detroit, Mich., Leininger is author of *Transcultural Nursing*, third edition, McGraw-Hill Publishing, 2002, which has been chosen for the *American Journal of Nursing* book of the year award.

**Jean D'Meza Leuner**\* has been named professor and director of the University of Central Florida School of Nursing. She formerly was associate dean of the College of Nursing at Medical University of South Carolina in Charleston.

**Sandy Lobar**, associate professor at Florida International University School of Nursing, served as principal investigator for a \$250,000 grant the

## Improving health care in Central Asia

**Mary Skarie**, RN, MPH, manages a program for the U.S. Agency for International Development (USAID) that is helping to strengthen primary health care and restructure health care systems in Central Asia. Most countries in the region are poor, with high child mortality rates.

USAID's Keeping Children Healthy Campaign, launched last year in Serdar, Turkmenistan, created a competition among local clinic nurses to educate families to recognize and get treatment for acute respiratory infection. Nurses with the best overall results (families reached, quality of materials) were publicly recognized and awarded prizes such as videocassette players or televisions to use for public education.

In its first year, the campaign touched the lives of 8,000 people, including 5,000 pregnant women and mothers of young children and 2,000 children. Families in Ser-



Mary Skarie (second row, fourth from left) with primary health clinic staff in Khatlon Oblast, Tajikistan.

dar now know that, armed with health information, they can help prevent illness among their children. The program's success is remarkable in light of the political situation in Turkmenistan, where people are forbidden to organize in any way, even around a health issue.

"USAID has been able to fill a niche in an environment that is acceptable to the country's authoritarian government and makes a real difference in the lives of the children and families there," said Skarie, a native of Fergus Falls, Minn. "We teach people to take new approaches to health care and provide the training and expertise that enable them to do things for themselves."

"I absolutely love my work here," Skarie said. "As a public health nurse, I can think of nothing I would rather be doing. Education works. Prevention works. It's so wonderful to see it have an impact."

school received from the Health Resources and Services Administration to establish a Center for Leadership in Pediatric and Family Nursing.

**JoAnne Youngblut**,\* professor and coordinator of research, and **Dorothy Brooten**,\* associate director of the graduate program, are key faculty involved in the center's establishment.

**Rozzano C. Locsin**,\* professor of nursing at Florida Atlantic University, has received the Julita V. Sotejo Medallion of Honor Award for 2003 in recognition of his achievements in national and international nursing education, research and practice.

**Kathleen Ann Long**, dean of the University of Florida College of Nursing, has been named one of



Heliker Ingram S. Jones Kaplan Kuhns Kvale Leuner Locsin Lyons McDonough

# Noteworthy

the United States' 100 most powerful leaders and policy-makers in health care by *Modern Healthcare Magazine*. Long is also president of the American Association of Colleges of Nursing.

**Mary (Chris) Lyons\*** has been named director of Arizona State University's Community Health Services Clinic.

**Rose Mays**, associate professor and associate dean for community affairs at Indiana University School of Nursing, has been named a fellow of the American Academy of Nursing.

**E. Jane McCarthy**, captain, U.S. Public Health Service, has been appointed visiting professor at the University of Maryland School of Nursing, where she will help develop and implement a master's degree program for nurse anesthesia.

**Cynthia Mikos\***, a nurse attorney in Tampa, Fla., has received the Florida Nurse Practitioner Advocate Award from the American Academy of Nurse Practitioners. Mikos practices health care law and recently was admitted to the Supreme Court Bar in Washington, D.C.

**Barbara Krainovich Miller\*** has been elected the first woman mayor of Garden City, N.Y. She is a professor at New York University's Steinhardt School of Education, Division of Nursing, where she is coordinator of the Teaching of Nursing master's program. She also has a private nurse psychotherapy practice in Garden City.

**Doris Milton** has been appointed dean of the College of Health Sciences and Nursing, University of Phoenix.

**Kathryn Montgomery**, assistant professor at the University of Maryland School of Nursing, has been appointed associate dean for organizational partnerships and outreach.

**Diann Neal**, director of women and infant services for Carondelet St. Joseph's Hospital in Tucson, Ariz., has received the 2003 NurseWeek Mountain West Regional Award for Excellence in Mentoring.

**Mary A. Nies\*** professor at Wayne State University College of Nursing, has received the 2003 Distinguished Alumna: Leadership Award from the University of Wisconsin-Madison School of Nursing Alumni Organization. Nies also has received the 2003 Midwest Nursing Research Society Public Health/Community Health Research Section honor for research excellence as an experienced investigator.

**Julie Cowan Novak** has been named head of the Purdue University School of Nursing and associate dean of the Schools of Pharmacy, Nursing and Health Sciences. She formerly was associate head of Graduate Studies, Practice and Community Collaboration at Purdue.

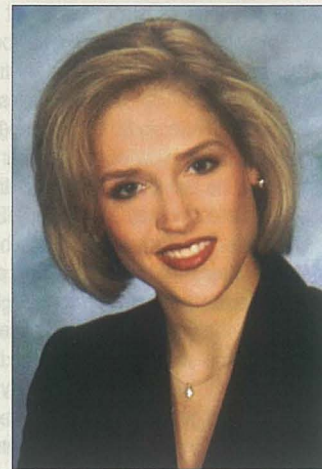
**Marie O'Toole\*** has been named associate dean for administration at Rutgers College of Nursing in New Jersey and has been selected to participate in the Robert Wood Johnson Executive Nurse Fellows Program.

## Miss North Dakota spotlights nursing shortage

Sara Schelkoph, a summa cum laude nursing graduate of the University of North Dakota, has been crowned Miss North Dakota. Her platform, "Nurses for our Nation," highlights the nursing shortage. She is devoting her year of public service to improving the image of nursing; informing students about career possibilities for nurses; and working with legislators to gain funding for nursing scholarships, loan repayment programs, and recruitment and retention efforts.

Contestants in the Miss America pageant were asked, "What have you learned about yourself in serving others?" Schelkoph responded: "As a nurse, my job entails serving others every day. I have learned that serving others is not always easy. There are many days I come home physically drained and exhausted. But what keeps me going is when I receive a note or a big hug from a patient saying that my care made all the difference in their life and that of their families. These are the moments I live for."

Schelkoph presented her senior honors thesis, "Breastfeeding: Teenagers' Attitudes and Beliefs," at Sigma Theta Tau International's 2001 convention. Currently on a leave of absence, she is a labor and delivery nurse in the Family Birthing Center at Altru Health System in Grand Forks, N.D. Schelkoph's career goal is to be a professor of nursing.



**Pamela Pieper**, clinical associate professor, and **Alice Poe**, assistant professor, both of the University of Florida Health Science Center's Jacksonville campus, were among those recognized as the 2003 Great 100 Nurses of Northeast Florida.

**Julie A. Ponto** of the Mayo Clinic Women's Cancer Program in Rochester, Minn., has been elected president of the Oncology Nursing Certification Corporation board of directors.

**Suzanne S. Prevost**, professor and the National Health-Care Chair of Excellence in Nursing at Middle Tennessee State University, is chair of the American Association of Critical-Care Nurses Certification Corporation board of directors, succeeding **Margaret M. Ecklund**.

**Susan A. Randolph\***, clinical instructor in the occupational health nursing program at the University of North Carolina at Chapel Hill, has been elected to a two-year term as president of the American Association of Occupational Health Nurses.

**Nancy S. Redeker** has been appointed professor and associate dean for research at the University of Medicine and Dentistry of New Jersey School of Nursing. She formerly was a professor at the College of Nursing of Rutgers, The State University of New Jersey.

**Fran Roberts**, vice president of professional services at Arizona Hospital and Healthcare Association, has begun a loaned executive appointment with the Arizona Board of Regents. During her 10-month tenure, Roberts will help design and implement plans to address the shortage of nurses.

**Rosemarie DiMauro Satyshur** has been named executive director of the Social Services Administration for the State of Maryland. She is the first nurse to hold this position. Satyshur formerly was assistant professor and specialty coordinator in the Department of Child, Women's and Family Health at the University of Maryland School of Nursing, Baltimore.

**Nancy L. Sens\*** has been elected president of the North American Transplant Coordinators Organization board of directors. Sens is special projects manager at LifeSource, the organ procurement organization for the upper Midwest, located in Minneapolis/St. Paul, Minn.

**Nelma Shearer\*** assistant professor at Arizona State University College of Nursing, has been elected to the Society of Rogerian Scholars board of directors for the 2003-05 term.

**Susan Sheehy**, associate director of clinical research at Beth Israel Deaconess Medical Center, delivered



McGrath      McLennon      Mikos      Miller      Nehring      Nies      O'Toole      Owen      Petersen      Porter



the commencement address at Boston University's Sargent College of Health and Rehabilitation Services. A doctoral student at the Boston College William F. Connell School of Nursing, she also is chair of the New England Spinal Cord Initiative, which is dedicated to establishing a clinical center for children and adolescents with spinal cord injuries.

**Gloria R. Smith** has received the International Distinguished Leadership Award from the Commission on Graduates of Foreign Nursing Schools. Before retiring in 2002, Smith was vice president for programs in health at W.K. Kellogg Foundation in Battle Creek, Mich.

**Joan K. Stout**, president of the Hugoton Foundation, has received the Spirit of the City Award from Kateri Residence Skilled Nursing and Rehabilitation Center in New York.

**Peggy Ingram Veese**r, director of University Health Services at The University of Tennessee Health Science Center, has been named a fellow of the American College Health Association.

**Barbara J. Warren**, associate professor of clinical nursing at The Ohio State University College of Nursing, has been appointed executive nurse for the Ohio Department of Mental Health.

**Pamela G. Watson**,\* dean, professor and Rebecca Sealy distinguished centennial chair at the School of Nursing, University of Texas Medical Branch in Galveston, has been appointed a member of the International Nursing Coalition for Mass Casualty Education.

**Sharon M. Weisenbeck**, executive director of the Kentucky Board of Nursing, has received the R. Louise McManus Award from the National Council of State Boards of Nursing.

The **Thelma J. Wells** Annual Lectureship has been established by the Wound, Ostomy and Continence Nurses Society to honor Wells for her contributions to gerontological nursing in the field of urinary incontinence. She is the Helen Denne Schulte professor of nursing at the University of Wisconsin-Madison.

**May L. Wykle**,\* dean and Florence Cellar professor of nursing at Case Western Reserve University's Frances Payne Bolton School of Nursing, has received the National Black Nurses Association's Life Time Achievement Award. She also has been named to the Ohio Commission on Minority Health. Wykle is president of the Honor Society of Nursing, Sigma Theta Tau International.

**JoAnne Youngblut**,\* professor and coordinator of research at Florida International University School of Nursing, has received the Distinguished Alumni Award from Indiana University of Pennsylvania and has been elected to the governing board of the Southern Nursing Research Society. She also is the



LEFT: Fu-Jin Shih and Thomas Wong; RIGHT: Taiwan nurses played a leading role in the fight against SARS.

## Nurses respond heroically to SARS

As stated in the masthead on page 5, *Reflections on Nursing Leadership* communicates nurses' contributions and relevance to the health of people worldwide. Nurses certainly performed a key role in responding to the recent Severe Acute Respiratory Syndrome (SARS) crisis.

One of those nurses is Fu-Jin Shih, RN, DNSc, professor at Taipei Medical University College of Nursing in Taiwan and director of the university's Global Liaison Center. On May 15, she received a message of appreciation from Chung Y. Hsu, principal of Taipei Medical University, for her "unrelenting attitude to push for the safest facilities and protocols possible to protect patients, nurses and medical staff from SARS exposure." Shih praised nurses for their "incredible courage, love and wisdom" as they "worked day and night ... to carry SARS-related victims and their families over the heavy shadows of their lives."

Nurses in Hong Kong also performed heroically. During the epidemic, Professor Thomas Wong, RN, PhD, of The Hong Kong Polytechnic University praised nurses' professionalism: "Our nursing colleagues have been very brave and ready to stand by the patients to provide all necessary care," he wrote in a May 20 e-mail. "During this period, not only nurses who worked in hospitals and the community joined together to fight the battle, but also nursing students and faculty. The former took care of the ill in hospitals, while the latter tried to close the gate to stop the flood."

only nurse appointed to the review subcommittee for the Minority Biomedical Research Support Program.

**Polly Gerber Zimmermann**\* has been promoted to associate editor of the *Journal of Emergency Nursing* and to assistant professor at Harry S Truman College in Chicago. She also has been elected director-at-large for the Emergency Nurses Association's national board.

### PUBLICATIONS

**Cira J. Fraser**, assistant professor at the Marjorie K. Unterberg School of Nursing at Monmouth University, is co-author of the monograph *Advanced Practice Nursing in Multiple Sclerosis: Advanced Skills, Advancing Responsibilities*, BioScience Communications, 2003. A multiple sclerosis certified nurse,



Randolph



Revels



Rounds



Sens



Shearer



E. Smith



Watson



Wykle



Youngblut



Zimmermann

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Fraser also is a clinical research coordinator at Maimonides M.S. Care Center in Brooklyn, N.Y.

**Margaret Comerford Freda**, professor at Albert Einstein College of Medicine, and her daughter, **Carrie F. Semelsberger**, staff nurse at Winthrop University Hospital in Mineola, N.Y., have published a book for the general public, *Miscarriage After Infertility: A Woman's Guide to Coping*, Fairview Press, 2003.

**Robin D. Froman**,\* professor and director for nursing research and scholarship at the School of Nursing, University of Texas Medical Branch in Galveston, has been named associate editor for *Research in Nursing & Health*.

**Marilyn Tuls Halstead**, assistant professor at Towson University Department of Nursing, has received the Oncology Nursing Society Publishing Division's Quality of Life Award for her article "Restoring the Spirit at the End of Life: Music as an Intervention for Oncology Nurses," published in the *Clinical Journal of Oncology Nursing*.

*The American Journal of Nursing* has been honored with the American Society of Healthcare Publication Editors' Gold Award in the Editorial Category of Feature Series for its bimonthly series on palliative care. **Diana Mason** is editor-in-chief of the journal.

**Steven V. Owen**,\* professor and senior biostatistician at the School of Nursing, University of Texas Medical Branch in Galveston, has been selected as a reviewer for *Alternative Therapies in Health and Medicine*.

**Pamela Reed**, professor, and **Nelma Shearer**, assistant professor, both of the University of Arizona College of Nursing, are editors of the fourth edition of *Perspectives on Nursing Theory*, 2003, Lippincott Williams & Wilkins. **Leslie Nicoll** was editor of the first edition, which has been updated to include classic and contemporary readings on nursing theory and philosophy.

**Sandra P. Thomas**, professor and director of the PhD program in nursing at the University of Tennessee, Knoxville, and co-author **Howard R. Pollio** have received two awards for *Listening to Patients: A Phenomenological Approach to Nursing Research and Practice*. The book received the *American Journal of Nursing* Book of the Year Award for nursing research and the Choice Magazine Award as an Outstanding Academic Title.

**Beth Ulrich** has been named vice president and senior editor of *NurseWeek*. She also is editor of *Nephrology Nursing Journal*.

A series of articles on research conducted within the Need-Driven Dementia Compromised Behavior Model will be published in a future issue of *Aging and Mental Health*. Co-authors are **Ann Whall**, professor of nursing at the University of Michigan; **Ann Kolanowski**, associate professor of nursing at Penn State University; **Donna Algase**, professor of nursing at the University of Michigan; **Cornelia Beck**, professor of geriatrics and psychiatry at the University of Arkansas; **Elizabeth Beattie**, assistant research scientist at the University of Michigan; **Kathy Colling**, assistant research scientist at the University of Michigan; **Kathy Richards**, associate professor of nursing at the University of Arkansas; **Sheila Cox Sullivan**, assistant professor of nursing at Harding University; and **Diana Lynn Woods**, assistant professor of nursing at the University of Arkansas.

## RESEARCH

New National Institute for Nursing Research program directors have been appointed for the following portfolios of research and research training: **Alexis Bakos**, end of life; **Karen Huss**, cardiopulmonary health and critical care; and **Kathy Mann Koepke**, neurofunction and sensory conditions.

**Jeanne Besner** and **Diane Doran** have been awarded a Canadian Health Services Research Foundation operating grant for their proposal, "A systematic approach to maximizing nursing scopes of practice."

**Judy A. Criner**, doctoral candidate at the University of Texas at Austin School of Nursing, has received the TriService Nursing Research Program Graduate Award for her study, "Coping Strategies by Military Women With Stress Urinary Incontinence." She will conduct her research in Germany.

**Arthur J. Engler**, assistant professor at the University of Connecticut School of Nursing, has received a \$22,000 grant from the University Research Foundation to complete the study "Kangaroo Care, Wallaby Care, and Maternal Stress in the Neonatal Intensive Care Unit: Psychological and Physiological Effects." He also received a scholarship from the National Organization of Nurse Practitioner Faculties to attend the University of Pennsylvania's Summer Nursing Research Institute and served as a volunteer nurse at a camp in Ashford, Conn., during sessions for children with sickle cell disease and with HIV/AIDS.

**Linda McGillis Hall** and co-investigators **D. Doran**, **G. Pink**, **D. Pringle** and **D. Streiner** have received a two-and-a-half year operating grant from Canadian Institutes of Health Research for their project, "Nurse staffing models, resident outcomes and system cost outcomes in long-term care."

**Diane M. Heliker**,\* associate professor at the School of Nursing, University of Texas Medical Branch in Galveston, is principal investigator for the three-year study "Story-Sharing: Enriching Nurse-Aide Resident Relations," which received a \$730,000 grant from the National Institute for Nursing Research.

**Carolyn Ingram**,\* assistant professor at McMaster University School of Nursing in Hamilton, Ontario, has received the Canadian Association of Nurses in Oncology/Pharmacology 2002 Annual Research Excellence Award. She was also the recipient of a 2002-04 Breast Cancer Research Nurse Award funded by the Department of Defense Breast Cancer Research Program.

**James Jessup**, associate professor at the University of Florida College of Nursing, is principal investigator for a study on aging. Findings suggest that people over 40 can benefit from regular moderate exercise and vitamin E to protect against the destructive properties of free radicals.

**Elaine G. Jones**, professor at the University of Arizona College of Nursing, has received funding from the National Institute of Nursing Research for her study "Pilot Testing the Deaf Heart Health Intervention," which involves health classes custom-designed for deaf adults and taught entirely in sign language.

**Carole Kuhns**,\* director of research and evaluation at Virginia Tech's Institute for Public Policy Research, has received a \$95,000 grant from the Virginia Depart-

ment of Health to evaluate the state's Women, Infant and Children Program. Kuhns was also co-principal investigator for an evaluation of Virginia's welfare reform program, funded by a \$2.4 million grant from the Virginia Department of Social Services and the U.S. Department of Health and Human Services.

**A. Laporte** and **R. Deber**, with co-investigators **A. Baumann** and **Linda O'Brien-Pallas**, have received a two-year operating grant from Canadian Institutes of Health Research for their project, "Where do nurses work? Work setting and work choice."

**Sun-Mi Lee**, doctoral student at the University of Maryland School of Nursing, has received a one-year, \$32,153 grant from the Agency for Healthcare Research and Quality to develop Bayesian network models predicting limited use of health services by using the HIV Cost and Services Utilization Study dataset.

**Susan M. McLennon**,\* doctoral student at the University of Florida College of Nursing, took top honors at the college's first research day for her study of the relationship between chronic pain and negative physical and psychological consequences in late life. Her faculty mentor was **Ann Horgas**, associate professor.

**Nancy Menzel**, assistant professor at the University of Florida College of Nursing, is examining whether stress and pain management techniques can prevent work-related back injuries and improve the overall health of nurses, potentially avoiding a worsening of the nation's nursing shortage.

**Wendy M. Nehring**\* has been appointed associate dean for academic affairs at the College of Nursing of Rutgers, The State University of New Jersey. She was the only nursing researcher to participate in the "Pollution, Toxic Chemicals and Mental Retardation: A National Summit" conference in Racine, Wis.

**Linda O'Brien-Pallas**, **Judith Shamian** and **Gail Tomblin Murphy** have received a Canadian Health Services Research Foundation operating grant for their proposal, "Understanding the costs and outcomes of nurses' turnover in Canadian hospitals."

**Luz Porter**,\* professor of nursing at Florida International University, has received an \$800,000 grant from the Health Resources and Services Administration (HRSA) for the study "Drug-Abusing Mothers: Infant Massage-Parenting Enhancement." She also has secured \$90,151 in nurse traineeship funding from HRSA to help support graduate nursing students at the university.

**Barbara Smith** has been appointed associate dean for research at the University of Maryland School of Nursing. She formerly was professor and Marie L. O'Koren endowed chair at the University of Alabama at Birmingham School of Nursing.

**Sue Thomas**, assistant dean for graduate studies and professor at the University of Maryland School of Nursing, has received a four-year, \$1,238,678 grant from the National Institute of Nursing Research to study the psychological responses of post-myocardial infarct patients and their families after receiving training to respond to sudden cardiac arrest.

Send "Noteworthy" items to **Jane Palmer**, assistant editor, Reflections on Nursing Leadership, 550 West North St., Indianapolis, IN 46202, USA; or e-mail to [jpalmers@stti.iupui.edu](mailto:jpalmers@stti.iupui.edu).

## ANNOUNCEMENTS

### 2004 INTERNATIONAL CONFERENCES

#### Jan. 10-12: Hong Kong Special Administrative Region, China

"Towards Healthy Adolescence: Intersectoral Collaboration," First Asia-Pacific Regional Adolescent Health Congress. Sponsors: Hong Kong College of Pediatricians, The Hong Kong Polytechnic School of Nursing, Hong Kong Pediatric Nurses Association. Contact: Esther Lau, The Hong Kong Polytechnic University School of Nursing, Hung Hom, Kowloon, Hong Kong SAR, China. Phone: 852.2766.6404; Fax: 852.2364.9663 E-mail: hsahc@inet.polyu.edu.hk; www.polyu.edu.hk/nhs/ahc.

#### June 17-19: Spokane, Washington

"Learners and Resources: The Power of Partnerships," 10th Biennial North American Learning Resources Center Conference. Sponsor: Intercollegiate College of Nursing, Washington State University. Contact: Carol Johns. Phone: 509.324.7354; E-mail: cjohns@wsu.edu Web: www.nursing.wsu.edu

#### Aug. 8-12: Sydney, Australia

"Cancer Nursing—Celebrating Diversity," 13th International Conference on Cancer Nursing. Sponsors: International Society of Nurses in Cancer Care, Cancer Nurses Society of Australia. Contact: International Society of Nurses in Cancer Care. E-mail: conference@isncc.org; Web: www.isncc.org

### 2003 REGIONAL CONFERENCE

#### Nov. 13-16: New Orleans, Louisiana

"Career Conference," National Student Nurses' Association 21st Annual MidYear Conference. Sponsor: NSNA. Contact: NSNA, 45 Main St., Suite 606, Brooklyn, NY 11201. Phone: 718.210.0705; E-mail: nsna@nsna.org Web: www.nsna.org

### 2004 REGIONAL CONFERENCE

#### April 15-18: Washington, D.C.

American Nephrology Nurses' Association 35th National Symposium. Sponsor: ANNA. Contact: ANNA National Office, East Holly Ave., Box 56, Pitman, NJ 08071-0056. Phone: 856.256.2320; Fax: 856.589.7463; E-mail: anna@ajj.com Web: www.annanurse.org

### CALL FOR ABSTRACTS

#### Deadline: Dec. 20, 2003

PAPER, POSTER: "The Science of Self-Care and its Implication for Nursing Research, Practice, Management and Education," Eighth World Congress on Self-Care Deficit Nursing Theory, Sept. 30-Oct. 2, 2004, Ulm, Germany. Sponsors: International Orem Society for Nursing Science and Scholarship, German Network of SCDNT. Contact: Gerd Bekel. E-mail: gerd.bekel@gbconcept.de Web: www.worldcongress-scdnt.com

### RESEARCH GRANTS/FELLOWSHIPS

#### Sigma Theta Tau International Rosemary Berkel Crisp

One grant of up to \$5,000 is given annually to support nursing research in women's health, oncology and infant/child care. Some preference is given to applicants residing in Illinois, Missouri, Arkansas, Kentucky and Tennessee. Submission deadline is Dec. 1, 2003; funding date is June 2004. For application information, visit [www.nursingsociety.org](http://www.nursingsociety.org). Contact: Tara Bateman, Sigma Theta Tau International, 550 W. North St., Indianapolis, IN 46202. Fax: 317.634.8188; E-mail: [research@stti.iupui.edu](mailto:research@stti.iupui.edu)

#### Sigma Theta Tau International Small Grants

Approximately 10-15 small grants of up to \$5,000 each are given annually. Research with multidisciplinary, histor-

ical and international themes is encouraged. Submission deadline is Dec. 1, 2003; funding date is June 1, 2004. For application information, visit [www.nursingsociety.org](http://www.nursingsociety.org). Contact: Tara Bateman, Sigma Theta Tau International, 550 W. North St., Indianapolis, IN 46202. Fax: 317.634.8188; E-mail: [research@stti.iupui.edu](mailto:research@stti.iupui.edu)

#### Sigma Theta Tau International/ Western Institute of Nursing Research

One grant of up to \$2,500 is given annually. Proposals for pilot and/or developmental research may be submitted. Submission deadline is December 1, 2003; funding date is April 1, 2004. For application information, visit [www.nursingsociety.org](http://www.nursingsociety.org). Contact: Tara Bateman, Sigma Theta Tau International, 550 W. North St., Indianapolis, IN 46202. Fax: 317.634.8188; E-mail: [research@stti.iupui.edu](mailto:research@stti.iupui.edu)

#### John Dystel Nursing Fellowship/ National Multiple Sclerosis Society

Fellowships are offered annually for six-month training opportunities in specialized multiple sclerosis nursing care. Stipend of \$40,000 is payable to the institution. Submission deadline is Feb. 2, 2004; funding date is June 1, 2004. For application information, visit [www.nationalmssociety.org](http://www.nationalmssociety.org), click "For Professionals" and "Fellowships and Training." Contact: Debra Entin. Phone: 212.476.0415 E-mail: [Debra.Entin@nmss.org](mailto:Debra.Entin@nmss.org)

*As space permits, announcements are posted free of charge for nonprofit groups. Send information six months in advance to Jane Palmer, Reflections on Nursing Leadership, 550 West North St., Indianapolis, IN 46202, USA; or e-mail to [jpalmers@stti.iupui.edu](mailto:jpalmers@stti.iupui.edu).*

## DECEASED

Doris Bloch, RN, DrPH, FAAN, 74, died Aug. 10, 2003. A resident of Silver Spring, Md., she was a pioneer in nursing research and served as a mentor to nurse researchers. She worked for 22 years in federal programs to improve



Doris Bloch

the academic and professional education of nurses. In 1994, Bloch retired as special assistant to the director of the National Institute for Nursing Research. She later was president of Window on Nursing, a company that produces products celebrating the art of nursing.

A native of Berlin, Dr. Bloch went into hiding in the Netherlands to escape Nazi persecution. In 1949, she immigrated to the United States. She

received degrees from Mount Holyoke College and Yale University before earning a master's degree and a doctorate, both in public health, from the University of California at Berkeley.

In the 1950s, Dr. Bloch was a nurse in Tanzanian refugee camps and later served as a public health nurse in California. She worked for the World Health Organization in the Philippines before joining the Department of Health, Education and Welfare as a nursing research consultant in 1971.

Irene R. Mortenson Burnside, RN, PhD, FAAN, 79, died April 12, 2003. A pioneer in gerontological nursing, she was known for her creative approach to nursing practice, using stories, pictures and dramatic presentations to teach gerontology students or help confused, disoriented or withdrawn elderly patients.

A prolific writer, Dr. Burnside authored seven books and many journal articles. She received numerous honors, including the 1991 Edith Moore Copeland Award for Excellence in Creativity from Sigma Theta Tau International. Burnside was selected to give the commemorative address at the 50th anniversary of the Cadet Nurse Corps as its most distinguished graduate. Memorial gifts may be sent to the Mary Carpenter Memorial Garden, Foothills United Methodist Church, 4031 Avocado Blvd., La Mesa, CA 91941.



Irene Mortenson Burnside

## Nursing in the NIS/CEE region *(Continued from page 19)*

tional membership in AONE. The classes of 2001 and 2002 have also achieved great success.

During AIHA's annual meeting, nursing leaders shared the mission and vision of the nursing initiative, and the Honor Society of Nursing conducted a teleconferenced induction of Moscow nurses. So moved was the Russian Minister of Health by the program that he created the position of chief nurse within the Ministry of Health.

### Envisioning the future

AIHA and nurse volunteer leaders continue to serve as the primary vehicle for the development of sustained nursing leadership. As a result of the partner-to-partner program, former staff nurses and nurse managers have achieved recognition as presidents of local and national nursing associations, faculty members in colleges and schools of nursing, and chief nurses in government ministries.

The partnership model has empowered these leaders to be more resourceful and independent; think critically; plan for nursing's future; educate colleagues, patients and the community; manage departments, nursing units and organizations; represent their organization and profession to the public; speak with one voice; mentor and teach young nurses; and work with the community to address priority health issues.

Through the exceptional leadership of nursing executives, educators and clinicians throughout the NIS/CEE region, the discipline and practice of nursing have advanced in a multitude of ways that serve people region-wide. The impact of this work will reach into the next century and will serve as a foundation upon which even greater advancements will be built. Nurses, nursing and society at large will benefit. *RNL*

*Sharon M. Weinstein, RN, MS, CRNI, FAAN, is founder and president of Core Consulting Group, LLC, located in Lake Forest, Ill. Ann Marie T. Brooks, RN, DNSc, MBA, FAAN, FACHE, is dean of the school of nursing at The Catholic University of America in Washington, D.C.*

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# INSIDE THE SOCIETY

Honor Society of Nursing, Sigma Theta Tau International

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## FROM THE PRESIDENT

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Dear Colleagues:

When we began the biennium two years ago, 2003 was the future. We focused our attention on building diverse relationships. Using the tools of futurists, we have accomplished much and are poised to create a fluid, responsive, globally inclusive society.

The board of directors has taken many actions in recent months to move the society forward. The evaluation process of Strategic Plan 2005 has been initiated. Every active member for whom we have a current e-mail address will be contacted for feedback on the effectiveness of the society in meeting its strategic goals. Your thoughts and ideas are needed to inform the board in its oversight work, so taking 10 minutes of your time to complete the survey will be greatly appreciated. The board of directors also met with the Foundation and Building Corporation boards to assess biennial actions in regard to the organization's strategic goals and drafted recommendations for the 2003-2005 boards to ensure continuity of focus.

Twelve honor societies from Canada, Mexico, South Africa and the United States petitioned to become chapters and were approved by the board for presentation and vote at the House of Delegates. The addition of these societies to the chapter network expands our global linkages and contributes significantly to our knowledge community. Additionally, the board established 12 joint research-grant partnerships and a formal relationship with the International Academic Nursing Alliance.

Policy development has also been a priority of the 2001-2003 board. To that end, the board adopted position statements on policy development, diversity and evidence-based nursing. Guidelines have been established for collaborative international research, exceptions to membership criteria, organizational affiliation, and partnership criteria and evaluation. In addition, a white paper on diversity is in development, and working definitions for global diversity have been established.


Lastly, the board awarded honorary memberships to Nancy Lewin of Johnson & Johnson, Dr. Sandra Bertman of Boston College and Dr. Marion Ball of Healthlink Inc. The board also selected recipients for the following awards: Archon, Audrey Hepburn, Public Service, Clinical Scholarship and Lifetime Achievement in Nursing.



President May L. Wykle

The Distinguished Lifetime Achievement Award, which recognizes individuals whose good works have enhanced the human condition globally, was presented to Her Royal Highness The Princess Royal for her work to enhance the health and quality of life of the world's people through her longtime association with the Save the Children Fund. It was my honor to pay tribute to Princess Anne and to give this award to her on Sept. 30, 2003, at the residence of U.S. Ambassador William Farish in London, England. This event was well-attended by nursing's global leaders, as well as many influential people in health care from around the world.

As this biennium comes to a close, I wish to express my sincere appreciation to all of you who have supported the society and me. It has taken many committed individuals working in unison to achieve our goals and my call to action. Organization-wide, that means that more than 2,500 dedicated members have contributed their talents, expertise and time to make this biennium a success. I am most grateful and most honored to have served alongside you and to attest to the excellence of Sigma Theta Tau International.

  
May L. Wykle, RN, PhD, FAAN

# Society to launch new journal on evidence-based nursing

by Jeff Burnham

**I**N MARCH 2004, Sigma Theta Tau International will launch a new peer-reviewed, quarterly journal, *Worldviews on Evidence-Based Nursing*, with a new publishing partner, Blackwell Publishing Inc. In their November 2001 meeting, the society's board of directors committed the society to the development of a "highly valued, highly used evidence-based product" and called for the establishment of "an evidence-based nursing (EBN) advisory group to set the vision for the new product."

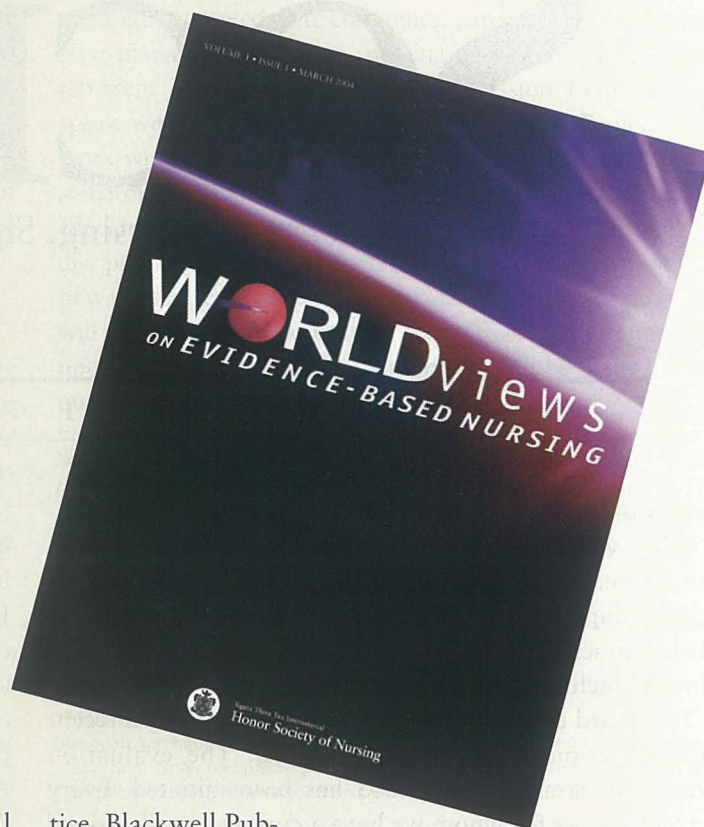
As a result of the ensuing activities, a position statement on EBN was developed and then approved by the board of directors in June 2002. Society staff members worked with the EBN advisory group and consultant to plan the development and launch of the new journal. *Worldviews* will be the society's lead product in evidence-based nursing. In concert with other online and print publications, courses, conferences, and partnerships, the new journal will position the society as a leader in evidence-based nursing.

*Worldviews* will be developed by an editorial team comprised of global leaders in evidence-based nursing. As editor, Jo Rycroft-Malone, RN, PhD, will provide overall editorial leadership, with support from two associate editors, Tracey Bucknall, RN, PhD, and Bernadette Mazurek Melnyk, RN, PhD, CPNP, NPP, FAAN. An international editorial board will ensure that the content of *Worldviews* is of the highest quality and meets the needs of nurses around the world for information on evidence-based prac-

tice. Blackwell Publishing was identified as the company best suited to partner with the society in global development, publication, marketing and promotion of the new journal.

Subscribers to *Worldviews* will receive quarterly issues in print and will also have access to current and past issues online through Blackwell in a full-text, searchable format. Articles and features published in *Worldviews* will include applications and recommendations for nursing practice, education, administration, research and public health policy. Each issue will feature several systematic reviews; articles focusing on knowledge generation, translation, utilization and impact; reviews of EBN resources and tools; reports on EBN conferences and events; a readers' forum; and links to key EBN organizations and Web sites around the world. With the launch of *Worldviews*, the integrative reviews and articles that have been published in *The Online Journal of Knowledge Synthesis for Nursing* (OJKSN) will become an archive within *Worldviews*, accessible to *Worldviews* subscribers.

Society members are eligible for a reduced subscription rate. For more information about *Worldviews* and a special prelaunch subscription offer, visit the society Web site at [www.nursingsociety.org/new](http://www.nursingsociety.org/new). **RNL**



*Jeff Burnham is publisher at the Honor Society of Nursing, Sigma Theta Tau International.*

# Research grants awarded

**S**IGMA THETA TAU INTERNATIONAL is committed to improving the health of people worldwide by increasing the scientific base of nursing practice. In support of this mission, the society advances nursing leadership and scholarship and furthers the utilization of nursing research in health care delivery, as well as public policy.

Funding research is a historical imperative of Sigma Theta Tau International and a major tenet of the society's current long-range plan to advance nursing through research. In 1934, the society established the first fund for nursing research in the United States, now known as the Research Fund. From a modest initial award of \$600 in 1936, the program has matured into a sophisticated and integral part of the organization's scholarly activities. The Honor Society of Nursing is pleased to announce the following 2002 Sigma Theta Tau International Small Grant and Rosemary Berkel Crisp Research Award recipients.

## Recipients of Sigma Theta Tau International Small Grants

**Prangtip Chayaput**, RN, MSN, will be researching "Psychometric Development and Evaluation of the Thai Version of the Cognitive Adaptation Processing Scale." The purposes of this study are to develop the Thai version of the Cognitive Adaptation Processing Scale (TCAPS) using back-translation methods and to evaluate the psychometric properties of the TCAPS to enhance nursing knowledge and to benefit patients and nursing care in Thailand.

**Wen-Wen Li**, RN, MS, will be researching "Exploration of Cultural Factors Related to Hypertension and Its Treatments in Chinese Immigrants." The purposes of this study are to characterize Chinese immigrants with hypertension (HPT) who are taking prescribed HPT medications; to develop and pilot-test cultural measures of health perceptions/behaviors and social support; to describe Chinese immigrants' health perceptions of HPT and its treatments, health behaviors and social support; to examine the extent to which perceptions/behaviors and social support are correlated with medication compliance.

**Tom Olson**, RN, PhD, APRN, BC, will be studying "Voices of Diversity, Courage and Care: Oral Histories of Hawaii

Nurses." The aims of this study are to expand understanding of nursing history in Hawaii by completing oral histories of individuals whose careers exemplified nursing within this region and to explore the concept of human courage in nursing, a fundamental, yet under-appreciated nursing value.

**F. Patrick Robinson**, RN, PhD, ACRN; **Lauretta Quinn**, RN, PhD; and **James H. Rimmer**, PhD, are conducting "A Pilot Study of the Effects of Endurance and Resistance Exercise Training on the Anthropomorphic and Metabolic Abnormalities of HIV Lipodystrophy Syndrome." The purpose of this pilot intervention trial is to determine the feasibility of a protocol that examines the effects of a structured 16-week exercise intervention on anthropomorphic and metabolic abnormalities associated with LDS and obtain preliminary data for a randomized controlled trial.

**Susan J. Sanner**, RN, MS, CS, will be investigating "The Experiences of Students With English as a Second Language in a Baccalaureate Nursing Program" for the purpose of improving retention.

**Mi-Kyung Song**, RN, MS, will be studying "Patient-Centered Advance Care Planning [PC-ACP] in Open-Heart Surgical Patients and Surrogates: Impact on Shared Decision-Making and Psychological Distress."

**Stephanie Stockard Spelic**, RN, MSN, ARNP, will be researching "Family Adaptation to Hereditary Cancer Risk." This qualitative study, using the constant comparative method, is designed to explore the adaptation, communication and decision processes of five hereditary cancer families.

## Recipient of Rosemary Berkel Crisp Research Award

**Sujitra Tiansawad**, RN, DSN, will be studying "Exploration of Safe Sex Practices for HIV Prevention Among Rural Women in Northern Thailand: Comparison of 1993 and 2003." The purpose of this study is to provide a foundation for formulating interventions to help reduce northern rural Thai women's risk of HIV infection.

For complete information, current deadlines and applications regarding research grants offered by Sigma Theta Tau International, visit [www.nursingsociety.org](http://www.nursingsociety.org). *RNL*



Chayaput



Li



Olson



Robinson



Sanner



Song



Spelic



Tiansawad

## Coming in November

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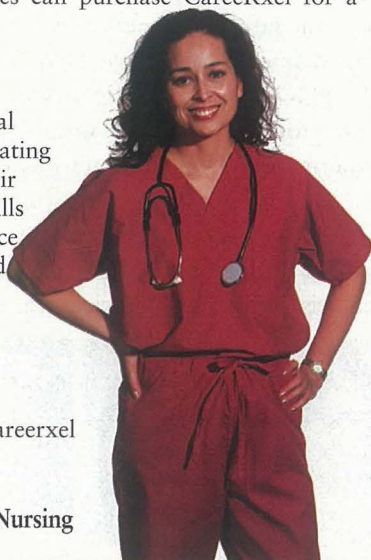
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*Lambda Beta-at-Large Chapter, Taiwan*

# The power of leadership

by Elizabeth Percival and Teresa Ransdell

AS WE WORK with chapter leaders in various countries, it becomes obvious that strong leadership is critical to chapter development. The Lambda Beta-at-Large Chapter in Taiwan is an excellent example of strong leadership.

At the turn of the new millennium, the chapter, with only 15 active members, faced real challenges. To recruit and retain members, the chapter first had to educate the nursing community about honor societies—a concept virtually unheard of in the Taiwanese culture—and, specifically, Sigma Theta Tau International.

Although Lambda Beta-at-Large received the same support as other society chapters, its leaders frequently could not participate in regional conference calls. They had to communicate almost exclusively via e-mail because of time differences. Moreover, they could not afford to send representatives to regional meetings and chapter leader academies.

Chapter leaders have gone to extraordinary lengths to overcome these and other challenges. Just three years later, Lambda Beta-at-Large is a viable chapter, contributing to the international organization. It is led by President Teresa Jeo-chen Yin; Secretary General Sing-Ling Tsai; Treasurer Ue-Lin Ching; Membership Involvement Chair Lian-Hua Huang; Newsletter Chair Shu-Jen Shiau; and Program Chair Tsorng-Yeh Lee.

These and former Lambda Beta-at-Large leaders have employed strategies that include: 1) sending a notice to every institution of higher education that is part of the chapter, asking the dean or chair of the nursing department to recruit new graduates and/or faculty members into the Honor Society of Nursing; 2) mailing a copy of the chapter's latest newsletter to both active and inactive members with a letter from President Yin urging inactive members, particularly, to renew their memberships; 3) asking chapter leaders to visit each of the schools of nursing to recruit new members and to collect the annual membership fee from existing members; 4) encouraging first-year members to renew their memberships; and 5) hiring an administrative assistant to perform some of the chapter's work.

They are beginning to see reward for all their effort. The chapter has inducted an average of 58 members during each of the past three years. The average induction class for North American chapters is 36 members per year. The Lambda Beta-at-Large Chapter currently has 343 active members,

comparable to many North American chapters of the same age and a significant increase over the number of active members the chapter had in 2000.

Since the chartering of the Taiwan chapter in 1989, one of the society's first chapters outside North America, its leaders have undertaken responsibilities above and beyond the usual administrative tasks to service their members.

Until recently, *Reflections on Nursing Leadership* and the *Journal of Nursing Scholarship* were bulk-mailed to the chapter. The leaders, in turn, distributed individual copies to active members, either in person or by mail. Headquarters now sends these publications directly to members, but the workload has dropped only a little for chapter leaders; they now focus on resolving delivery problems associated with international mail.

The chapter has also made arrangements for members to pay both their chapter and international renewal membership fees in Taiwan New Dollars. The chapter sends one payment to headquarters in U.S. dollars, along with a list of those whose membership should be renewed. This is a great service to members living in Taiwan who would otherwise have to pay extra to obtain and directly submit U.S. dollars to headquarters.

In 2000, the Lambda Beta-at-Large Chapter was instrumental in encouraging Sigma Theta Tau International to register the *Journal of Nursing Scholarship* in the Social Science Citation Index. Today, the Institute for Scientific Information ranks that publication as the seventh most frequently cited nursing journal in the index.

The chapter's efforts continue. Headquarters is working with leaders to arrange a mini-Chapter Leader Academy to be held in Taipei during the 2005 quadrennial convention of the International Council of Nurses. The chapter is also compiling a list of senior nurses who should receive promotional information about the Honor Society of Nursing and the Taiwan chapter.

For its effort, Lambda Beta-at-Large Chapter will receive a special presidential commendation for demonstrated excellence in chapter administration at the 37th Biennial Convention in Toronto in November. **RNL**

*Elizabeth Percival, AM, RN, MScPHC, FRCNA, a resident of Adelaide, South Australia, Australia, is an international nursing consultant and international development consultant for Sigma Theta Tau International. Teresa Ransdell, BA, CAE, is global development manager at the Honor Society of Nursing.*

# After induction, what next?

by Deborah M. Snyder

**M**Y YOUNGER SISTER recalls waiting anxiously by the mailbox in the spring of 1997 for the invitation to become a member of Sigma Theta Tau International. I remember attending her induction ceremony into the Delta Omicron Chapter, Purdue University, that autumn. Delighted that her achievements had warranted admission into the society, she beamed throughout the ceremony and reception as she mingled with peers and professors.

My sister's experience is not unique. Other society members express similar sentiments. Sixty-eight percent of newer members state that they joined Sigma Theta Tau International for honor and prestige. This is clearly a compelling reason to become a part of the association. The society recognizes and rewards the accomplishments of superior students and dedicated nurse leaders. Our membership consists of remarkable individuals who add strength and vibrancy to the nursing profession.

Still an active member of Sigma Theta Tau International and a postpartum specialty nurse at Clarian Health in Indianapolis, Ind., my sister continues to feel honor and pride to be part of such a prestigious society. But years after her induction ceremony, I am concerned that she is not realizing the full value of her membership. Many of her professional needs—transition to management training, postpartum evidence-based research and discussion groups—can be met by the Honor Society of Nursing. The society provides a multitude of benefits and services that gives members vital reasons to remain involved and active long after their special induction day.

Be sure to take advantage of your membership in one of the largest nursing associations in the world. Many members lose contact with their chapters over the years. Your chapter can be a valuable resource in providing community contacts and networking opportunities. If you have moved away from the locale where you were inducted, consider transferring membership to a school nearby or become a dual member. Constituent Call Center representatives at headquarters can provide several options and assist you in making the best choice.

Your chapter offers social contact and volunteering opportunities to supplement your professional experience. Involvement in your local chapter develops leadership skills that enable future career growth. As a busy individual, you may want to consider volunteering on a short-term basis.

Helping to plan a fund-raiser or community service project, or taking part in an induction ceremony or meeting are all ways to become involved.

If you are interested in longer-term opportunities and more visibility at the chapter level, investigate leadership opportunities as a committee member or chapter officer.

Your experience and enthusiasm are often desperately needed. Chapters sometimes struggle to maintain Web sites, send out newsletters and perform other vital tasks. Your help and expertise could be utilized in many diverse capacities.

Services, benefits and opportunities also abound at the international level. One way to ensure you are receiving full benefit from your membership is to explore the Web site, [www.nursingsociety.org](http://www.nursingsociety.org). Many are astonished at the variety and depth of services offered.

From online continuing education classes to expert career advice and counseling, Sigma Theta Tau International continues to enhance benefits for members every day. The online Member Community is a fantastic way to remain connected to former colleagues and friends, and online bulletin boards give nursing professionals the opportunity to start discussions and bounce ideas off each other. Grant opportunities, conferences and award-winning publications are offered with member needs in mind.

Many nurses are surprised to find that the Web site supplies access to scholarship prospects, research articles, state boards of nursing, specialty nursing organizations and colleges of nursing. Those wanting to supplement career knowledge can review abstracts and literature pertaining to their field of interest. Top-notch mentoring programs and opportunities to serve as a volunteer or elected official at the international level enable nurses to hone leadership and management skills.

Undoubtedly, honor and prestige were a sizable part of my sibling's reason for becoming a member of the Honor Society of Nursing. After a heart-to-heart with big sis, I hope her reasons for remaining a member will continue to expand. **RNL**



*Deborah M. Snyder, MA, is manager, Constituent Communications and Training, at the Honor Society of Nursing.*

Available from the Honor Society of Nursing:

# Powerful career development resources

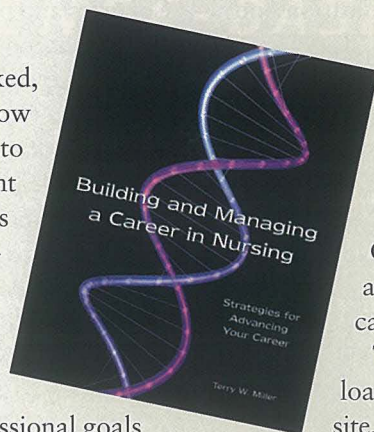
by Jane A. Root

HOW OFTEN have you been asked, "What do you do for a living?" How interesting that we use the word "living" to refer to our work lives. And yet, we want our work to reflect our deeply held values and beliefs. Sigma Theta Tau International is committed to supporting the professional development of nurses. Two new knowledge resources from the Honor Society of Nursing are designed to help nurses identify personal and professional goals that support their ongoing career development.

CareeRxel™ is a new, Internet-based continuing education program for nurses and nursing students that provides self-paced activities to aid in identifying the deep motivators that stimulate high performance and high fulfillment in the workplace. It was developed by Eric Klein, keynote speaker at the society's 1999 biennial convention. Klein is a respected visionary and international expert on personal and organizational renewal, corporate culture, and leadership. The six-session, interactive program can be used by individuals to guide career planning, by groups as a team-building resource to stimulate open discussion, and in nursing education classes that focus on career development.

"There's a difference between being effective and making a dramatic impact," notes Klein, co-author of *Awakening Corporate Soul*. The program recognizes the importance of individual nurse goals and values when they are aligned with the purpose of an organization. The result is better teamwork, less cynicism and reduced disengagement.

*Building and Managing a Career in Nursing: Strategies for Advancing Your Career*, published in June 2003, is an exciting new resource for nurses who want to energize their careers and for people considering nursing as a career. The book's editor, Terry Miller, and a group of 13 expert contributors explore nursing careers from a wide range of perspectives. In addition to the usual career advancement and self-assessment tools and advice that one would expect, the book explores important aspects of a career in nursing that have not previously been addressed in one place—topics such as discovering a career in nursing, changing career tracks within or outside



of nursing, reclaiming an impaired career, and developing networks and mentoring relationships. This book, published jointly by Sigma Theta Tau International and *Nurse-Week*, can be used in conjunction with CareeRxel and will be a valuable resource for any nurse interested in advancing his or her career in positive and meaningful directions.

To learn more about CareeRxel and to download a demo of the program, visit the society's Web site, [www.nursingsociety.org](http://www.nursingsociety.org), or inquire by e-mail to [careerxel@stti.iupui.edu](mailto:careerxel@stti.iupui.edu). Additional information about *Building and Managing a Career in Nursing* and other publications from Sigma Theta Tau International is available at [www.nursingsociety.org/publications](http://www.nursingsociety.org/publications). **RNL**

Jane A. Root, PhD, is senior manager, leadership and career development, at the Honor Society of Nursing.

## Members of the Honor Society of Nursing, and proud of it

Identifying which faculty members at the **Rush University College of Nursing** in Chicago, Ill. are members of Sigma Theta Tau International is not difficult; the society's crest is prominently displayed on their office door nameplates.



The idea is that of Kathleen G. Andreoli, RN, DSN, FAAN, the recipient of this biennium's Melanie C. Dreher Outstanding Dean Award. Dean Andreoli does not hesitate when asked when and how she came up with her brainchild.

"It's because of our culture," she says. "We are always putting things up or displaying things that deserve recognition."

Displaying the crest is but one manifestation of why Dean Andreoli received the outstanding dean award. She dedicated an office to the local chapter and its historic holdings, established regular meetings with the chapter president to keep abreast of chapter activities, and formed a strategic plan for the chapter that focused not only on scholarship but fiscal responsibility.

Established in 1999, the Melanie C. Dreher Outstanding Dean Award recognizes nursing program administrators who develop and strengthen support for chapters and work at the regional and international levels. The award was named after Dreher, dean of the University of Iowa College of Nursing and former president of Sigma Theta Tau International.

Dean Andreoli's office is a study in society memorabilia. The Gamma Phi Chapter's Chapter Key Award hangs prominently by the entrance, and more than half of her faculty office doors boast the crest of Sigma Theta Tau International.

## Conference review and preview

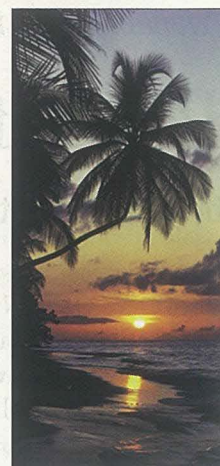
**S**T. THOMAS in the U.S. Virgin Islands provided a paradise setting for the 14th International Nursing Research Congress, held July 10-12, 2003. The theme was "Celebrating Global Diversity in Research, Education and Practice." The Association of Nurses in AIDS Care (ANAC) sponsored two special sessions on AIDS and HIV prevention during the congress. Additionally, attendees explored opportunities for international collaboration in nursing research. Guidelines for International Collaborative Research, developed by the Sigma Theta Tau International Research Committee, are available from the society's Web site, [www.nursingsociety.org](http://www.nursingsociety.org).

As a prelude to the congress, an International Evidence-Based Practice Preconference was held July 9. The theme was "Evidence-Based Practice: Strategies and Success in Clinical Implementation." More than 100 people attended. They examined projects and studies being done in countries

around the world that test strategies for promoting the adoption of evidence-based practice.

Congress and preconference participants attended oral, poster and symposia presentations that provided opportunity to network with colleagues. In addition, focus discussion groups enabled participants to discuss evidence-based practice theories and ideas in small-group settings.

Mark your calendar now for the 15th International Nursing Research Congress and International Evidence-Based Nursing Preconference to be held July 21-24, 2004, in Dublin, Ireland. Information on submitting abstracts is also available at [www.nursingsociety.org](http://www.nursingsociety.org) under "Research." Submission deadline is Dec. 15, 2003.



### *Excellence in Clinical Practice*

#### **Kids at school; nurses at work**

A group of nurses practice in a setting where the delivery of care intersects with many of the most intriguing questions in pediatrics, and in society at large. School nurses are at the center of issues that range from treatment of attention-deficit disorder to distribution of condoms. This issue of *Excellence* explores how school nurses—including advanced practice nurses—are responding to the challenges of keeping children safe and healthy.

### *Excellence in Nursing Administration*

#### **Evidence-based retention strategies**

A series of evidence-based retention strategies used at Children's Hospital of Philadelphia has reduced the rate of turnover among nurses from 23 to 11 percent. Nursing leaders in the hospital developed a comprehensive survey of nurses that established baseline data in the areas of job stress, worksite cohesion, professional satisfaction, physician relationships and more. Read about interventions introduced at institutional and unit levels that continue to result in lower turnover and higher job satisfaction.

### *Excellence in Nursing Education & Research*

#### **Academic-business partnership advances clinical informatics**

The University of Kansas (KU) School of Nursing and Cerner have created a first-of-its-kind program to educate future nurses by using clinical information systems. KU nursing students can now track and trend patient information electronically in a state-of-the-art laboratory through a simulated electronic medical record. The new program is called Simulated E-health Delivery System (SEEDS). Read about the curriculum implications, the implementation challenges and the future of this innovative system.

*Explore these features and more at [www.nursingsociety.org](http://www.nursingsociety.org).*

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## Online opportunities for continuing education

**“WE COMMIT ...** to collaborate within the nursing profession and beyond in an effort to ensure the quality of care rendered to individuals, families and communities.” This statement was endorsed in September 2000 by nursing organizations participating in the Nursing Leadership Academy for End-of-Life Care. As a member of the academy, Sigma Theta Tau International is producing online continuing education opportunities for the society's Web site, [www.nursingsociety.org](http://www.nursingsociety.org), and is hosting the academy's public Web portal.

Pain management, palliative care and end-of-life issues are featured by the society in its online CE series. Articles and case studies focusing on pain assessment and control, issues surrounding advanced care directives, family presence during resuscitation, and end-of-life clinical management are available for professional development. These evidence-based, peer-reviewed educational opportunities are offered at discounts of up to 20 percent until Dec. 31, 2003.

The society hosts the public palliative care Web portal in collaboration with the Institute for Johns Hopkins Nursing. By entering this portal, nurses and caregivers can access: 1) Web sites that offer guidelines for evidence-based nursing care; 2) resources from organizations that provide support, fellowships, scholarships and research grants; and 3) conference announcements, books and articles.

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### Journal of Nursing Scholarship

Published quarterly, *Journal of Nursing Scholarship (JNS)* contains peer-reviewed manuscripts and thought-provoking articles representing research by some of the world's leading nurse researchers. Established in 1967, *JNS* is one of the most widely read and respected health care journals.

### Small Research Grants

In its mission to provide leadership and scholarship in practice, education and research, the Honor Society of Nursing provides a number of research grant opportunities. Grants, ranging in amounts from \$2,500 to \$10,000, are offered both exclusively from the society and through partnerships. A new online grant submission system makes the application process easier than ever. For descriptions, guidelines and submission procedures, visit [www.nursingsociety.org/research](http://www.nursingsociety.org/research).

[www.nursingsociety.org](http://www.nursingsociety.org)



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