Call to renewal

Daniel J. Pesut, APRN, BC, PhD, FAAN
Honor Society of Nursing’s 25th president
Dublin, Ireland
22—24 July 2004

Plan now to attend the Honor Society of Nursing, Sigma Theta Tau International’s 15th International Nursing Research Congress “Building Community Through Research”

For registration and other event information, visit www.nursingsociety.org or e-mail research@sti.iupui.edu

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

Evidence-Based Practice Preconference
Also plan on attending the preconference, “Evidence-Based Nursing: Strategies for Improving Practice” 21 July 2004

Promoting Adoption of Evidence-Based Practice: Beyond the Basics Workshop 19-20 July
Presented by faculty from the University of Iowa College of Nursing and University of Iowa Hospitals and Clinics
For more information log on to www.nursingsociety.org/research
Dublin, Ireland
22—24 July 2004

Plan now to attend the Honor Society of Nursing, Sigma Theta Tau International's 15th International Nursing Research Congress "Building Community Through Research"

For registration and other event information, visit www.nursingsociety.org or e-mail research@sti.iupui.edu

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

Promoting Adoption of Evidence-Based Practice: Beyond the Basics Workshop
19-20 July
Presented by faculty from the University of Iowa College of Nursing and University of Iowa Hospitals and Clinics
For more information log on to www.nursingsociety.org/research

证据-基于实践研讨会
也计划参加研讨会，
"证据-基于实践：
改进实践策略"
21-2004

促进采用证据
...基于实践
超越基础工作坊
19-20 July
由爱荷华大学护理学院和
爱荷华大学医院和诊所

可获得更多信息，请访问www.nursingsociety.org/research
Bloom where you are planted

THERE IS A JOKE in our household that Mom was in a coma during the 1980s. This was discovered at a family gathering when discussion about events, music and renowned people of the decade revealed I had evidently not been centered on mainstream happenings. Instead, I was clearly focused on “getting” ... getting children to school, getting to work, getting to child- and community-related activities, getting laundry done, getting dinner on the table. There was little time for little else other than getting through each day with my loved ones safe, healthy and happy. I enjoyed that season in my life; those days were renewing, energizing and fulfilling.

What drove this sense of satisfaction was a saying, a philosophy, that a dear friend, colleague and mentor had given me at least 10 years before. I was struggling with decisions about my future, and she wisely told me that—whatever path I chose, wherever life took me—to achieve inner peace, I needed to bloom where I was planted. Such a simple phrase, yet within it are the tenets of self-discovery and renewal.

Continual self-discovery and renewal occur in different ways through our personal and professional lives. Personal forms may be our hobbies, the people in our lives or places that provide serenity or excitement. Professionally, renewal may stem from intellectual stimulation, the completion of tasks or interacting with colleagues. The form of discovery and renewal will vary from one life period to another. But professional, personal and places that provide serenity or excitement.

Path of optimal self-expression are not always apparent or even optional. Life is cyclical, with some periods more productive than others. In true renewal, self-discovery continues throughout all of life’s cycles. No matter how painful, happy or confusing, each experience contributes to the evolution and growth of the individual. These cycles provide opportunity to transform oneself and, with conscious path finding, promote self-definition and authoring.

Discovery and renewal through deliberate knowing and conscientious path finding dictate courageous action. To self-define, self-change and self-motivate are difficult yet essential. Courage is required to confront and deal with our inadequacies, to find voice and expression for our personal values and demonstrating a willingness to transform oneself and, with conscientious path finding, promote self-definition and authoring.

To self-define, self-change and self-motivate are difficult yet essential. Courage is required to confront and deal with our inadequacies, to find voice and expression for our personal values and demonstrating a willingness to transform oneself and, with conscientious path finding, promote self-definition and authoring.
Bloom where you are planted

There is a joke in our household that Mom was in a coma during the 1980s. This was discovered at a family gathering when discussion about events, music and renowned people of the decade revealed I had evidently not been centered on mainstream happenings. Instead, I was clearly focused on “getting”... getting children to school, getting to work, getting to child- and community-related activities, getting laundry done, getting dinner on the table. There was time for little else other than getting through each day with my loved ones safe, healthy and happy. I enjoyed that season in my life; those days were renewing, energizing and fulfilling.

What drove this sense of satisfaction was a saying, a philosophy, that a dear friend, colleague and mentor had given me at least 10 years before. I was struggling with decisions about my future, and she wisely told me that—whatever path I chose, wherever life took me—to achieve inner peace, I needed to bloom where I was planted. Such a simple phrase, yet within it are the tenets of self-discovery and renewal.

Continual self-discovery and renewal occur in different ways between our personal and professional lives. Personal forms may be our hobbies, the people in our lives or places that provide serenity or excitement. Professionally, renewal may stem from intellectual stimulation, the completion of tasks or interacting with colleagues. The form of discovery and renewal will vary from one life period to another. But central to knowing ourselves and being renewed are three core principles that foster blooming where planted: deliberate knowing, conscious pathways and courageous action.

Self-discovery occurs when intentional, conscious thought is employed in learning about yourself. Examining our being means discovering and defining what makes us unique. To self-define, self-change and self-motivate are difficult yet essential. Courage is required to confront and deal with our inadequacies, to find voice and expression for our strengths, and to make our values visible through action. It is difficult, while growing and evolving, to maintain a balance between gaining comfort and confidence in our individual values and demonstrating a willingness to transform oneself and, with conscious pathways, finding voice and expression for our inadequacies, to find voice and expression for our values.

Paths of optimal self-expression are not always apparent or even obvious. Life is cyclical, with some periods more productive than others. In true renewal, self-discovery continues throughout all of life's cycles. No matter how painful, happy or confusing, each experience contributes to the growth and evolution of the individual. These cycles provide opportunities to transform oneself and, with conscious pathways, find purpose and meaning.

To self-define, self-change and self-motivate are difficult yet essential. Courage is required to confront and deal with our inadequacies, to find voice and expression for our strengths, and to make our values visible through action. It is difficult, while growing and evolving, to maintain a balance between gaining comfort and confidence in our individual values and demonstrating a willingness to transform oneself and, with conscious pathways, find purpose and meaning.

Bloom where you are planted

Nancy Dickenson-Hazard, RN, MSN, FAAN
**CareeRxel™**

High Performance. High Fulfillment.

Order now for $59.95

CareeRxel™ is a new, innovative online learning experience that will help improve nursing morale, retention, job satisfaction and teamwork. From November 1, 2003 through June 2004, nurses can purchase CareeRxel for a 40% savings!

- Six-session online learning experience
- Easy to use and personal
- High impact and motivating
- Helps nurses bridge their personal talents and skills to tasks in the workplace
- Drafts an individualized plan for nurses' career development

Visit our Web site to learn more and order:
www.nursingsociety.org/careerxel

**HONOR SOCIETY OF NURSING REGIONAL AWARDS**

**CALL FOR ENTRIES**

**2004 Pinnacle Awards**

Honoring chapters and individuals for professional excellence.

Entries must be received by April 15, 2004

- **Chapter Award categories**
- **Mentoring**
- **Research**
- **Media**
- **Technology**

Individuals, chapters and groups may submit projects. The winning projects will be automatically entered in the honor society's 2005 international awards program. All Pinnacle Award winners will be invited to a special ceremony at the 2004 Chapter Leader Academy in Indianapolis, Indiana.

Visit www.nursingsociety.org/programs for entry forms and more details.

Visit our Web site to learn more and order:
www.nursingsociety.org/careerxel

**RESEARCH GRANT DEADLINES APPROACHING**

Deadlines for the following Honor Society of Nursing, Sigma Theta Tau International co-sponsored research grant applications are approaching. For grant descriptions and submission guidelines, visit www.nursingsociety.org/research

- Sigma Theta Tau International/Association of Nurses in AIDS Care (ANAC) Grant
  Deadline: April 1, 2004

- Sigma Theta Tau International/American Nurses Foundation Grant
  Deadline: May 1, 2004

- Sigma Theta Tau International/Association of periOperative Registered Nurses Grant
  Deadline: April 1, 2004

- Sigma Theta Tau International/Hospice and Palliative Nurses Foundation End of Life Nursing Care Research Grant
  Deadline: April 1, 2004

- Sigma Theta Tau International/Midwest Nursing Research Society Grant
  Deadline: April 1, 2004

Visit our Web site to learn more and order:
www.nursingsociety.org/careerxel

**features**

- **Reflections on Nursing Leadership**
  - First Quarter 2004 • Volume 50, Number 1

- **Honor Society of Nursing**

  - **NURSE, CARE FOR THYSELF!**

  - **8 Transcultural nursing: Pathway to peace?**
    Nursing, says the author, should be part of the peace process. She introduces two Israeli nurses who write "Hospitals are not political battlegrounds."

  - **12 Worlds apart**
    To truly experience another culture, you need to be there.

  - **16 Daniel J. Pesut: Gentle man, creative leader**
    Profile of the honor society's new president

  - **24 Create the future through renewal**
    President Pesut's call to action

  - **28 Holistic self-care for nurses: An intrapersonal perspective**
    A nurse suffering with ALS shares how she cares for herself emotionally.

  - **34 My own vision**
    The path to empowerment starts with a clear vision of where you want to go.

  - **36 Lost your smile?**
    The author of Stop Living Life Like an Emergency tells you where to find it.

  - **39 Walking wounded or wounded healer?**
    The author of The Nurse as Wounded Healer offers the Q.U.E.S.T. model for transcending trauma.

  - **40 Missing something in your career?**
    To find what you're searching for, you have to look in the right place.

  - **44 Holding each other up**
    Like giant redwoods with intertwined root systems, we need each other to stay strong.

  - **47 Homage to Anne**
    The author pays tribute to the late Anne Zimmerman.

**departments**

- **50 Noteworthy**
- **55 Announcements**
- **56 References**

**columns**

- **4 Notes from the chief executive officer**
- **8 Transcultural nursing: Pathway to peace?**
- **12 Worlds apart**
- **16 Daniel J. Pesut: Gentle man, creative leader**
- **24 Create the future through renewal**
- **28 Holistic self-care for nurses: An intrapersonal perspective**
- **34 My own vision**
- **36 Lost your smile?**
- **39 Walking wounded or wounded healer?**
- **40 Missing something in your career?**
- **44 Holding each other up**
- **47 Homage to Anne**
- **50 Noteworthy**
- **55 Announcements**
- **56 References**

**inside the society**

- **57 From the president**
- **60 Nursing Knowledge International**
- **61 Professional Development Center**
- **62 Publications**
- **64 Constituent Center**
- **65 Foundation for Nursing**
- **67 Coverage of 37th Biennial Convention**
**CareerRxel™**
High Performance. High Fulfillment.
Order now for $59.95

CareerRxel™ is a new, innovative online learning experience that will help improve nursing morale, retention, job satisfaction and teamwork. From November 1, 2003 through June 2004, nurses can purchase CareerRxel for a 40% savings!

- Six-session online learning experience
- Easy to use and personal
- High impact and motivating
- Helps nurses bridge their personal talents and skills to tasks in the workplace
- Drafts an individualized plan for nurses' career development

Visit our Web site to learn more and order:
www.nursingsociety.org/careerxel

---

**HONOR SOCIETY OF NURSING REGIONAL AWARDS**

**CALL FOR ENTRIES**

2004 Pinnacle Awards

Honoring chapters and individuals for professional excellence.

Entries must be received by April 15, 2004

- Award categories
  - Chapter
  - Mentoring
  - Research
  - Media
  - Technology

Individuals, chapters and groups may submit projects. The winning projects will be automatically entered in the honor society's 2005 international awards program. All Pinnacle Award winners will be invited to a special ceremony at the 2006 Chapter Leader Academy in Indianapolis, Indiana.

Visit www.nursingsociety.org/programs for entry forms and more details.

---

**RESEARCH GRANT DEADLINES APPROACHING**

Deadlines for the following Honor Society of Nursing, Sigma Theta Tau International co-sponsored research grant applications are approaching. For grant descriptions and submission guidelines, visit www.nursingsociety.org/research

Sigma Theta Tau International/Association of Nurses in AIDS Care (ANAC) Grant
**Deadline:** April 1, 2004

Sigma Theta Tau International/American Nurses Foundation Grant
**Deadline:** May 1, 2004

Sigma Theta Tau International/Association of periOperative Registered Nurses Grant
**Deadline:** April 1, 2004

Sigma Theta Tau International/Hospice and Palliative Nurses Foundation End of Life Nursing Care Research Grant
**Deadline:** April 1, 2004

Sigma Theta Tau International/Midwest Nursing Research Society Grant
**Deadline:** April 1, 2004

Visit our Web site to learn more and order:
www.nursingsociety.org/careerxel

---

**features**

8 Transcultural nursing: Pathway to peace?
Nursing, says the author, should be part of the peace process. She introduces two Israeli nurses who write "Hospitals are not political battlegrounds."

12 Worlds apart
To truly experience another culture, you need to be there.

16 Daniel J. Pesut: Gentle man, creative leader
Profile of the honor society's new president

24 Create the future through renewal
President Pesut's call to action

26 Self-care begets holistic care
Caring for one's self, write the authors, is the antidote to burnout.

28 Holistic self-care for nurses: An intrapersonal perspective
A nurse suffering with ALS shares how she cares for herself emotionally.

34 My own vision
The path to empowerment starts with a clear vision of where you want to go.

36 Lost your smile?
The author of Stop Living Life Like an Emergency tells you where to find it.

39 Walking wounded or wounded healer?
The author of The Nurse as Wounded Healer offers the Q.U.E.S.T. model for transcending trauma.

40 Missing something in your career?
To find what you're searching for, you have to look in the right place.

44 Holding each other up
Like giant redwoods with intertwined root systems, we need each other to stay strong.

47 Homage to Anne
The author pays tribute to the late Anne Zimmerman.

50 Noteworthy

55 Announcements

56 References

78 Reflecting back

---

**departments**

50 Noteworthy

55 Announcements

56 References

---

**inside the society**

57 From the president

60 Nursing Knowledge International

61 Professional Development Center

62 Publications

64 Constituent Center

65 Foundation for Nursing

67 Coverage of 37th Biennial Convention
Transcultural nursing: Pathway to peace?

by Jacklynn Price

WHEN WE TAKE the Nightingale Pledge as nurses, we understand that treatment is to be given to all in need, and we define this as beneficence. Today, nursing recognizes the need for culturally appropriate care that incorporates an individual's cultural values, beliefs and practices (Leininger, 1991). These theories include the ethics of care (Ray, 1994) and the common morality theory (Beauchamp & Childress, 1994).

How do these theories relate to a world waging war against terrorism? In a world beyond an orderly pluralistic society, where violence between neighbors calls for care for all, can nursing remain apolitical?

Our traditions have kept us from entering the politics of peace negotiation and have kept us a silent partner in the process. I ask that we reconsider that position. Nursing, in its neutrality, possesses strong elements for bringing about conflict resolution. Further research into human values can make us an integral and vocal part in the powerful politics of peace.

In the aftermath of 9/11, I traveled to Hadassah Hospital in Jerusalem, Israel, to obtain information for establishing a comprehensive disaster plan for my hospital in New York City. At Hadassah Hospital, I was introduced to research nurse Julie Benbenishty, RN, BA. Benbenishty was generous in her guidance but expressed sadness that events had caused Hadassah Hospital to become well-known for disaster planning. She wanted me to understand that all patients, even terrorists, receive everything they need. "I have written about this," she remarked. What she and colleague Nava Klein, RN, BA, wrote, follows:

Refereences, page 56.

Hospitals are not political battlegrounds

by Julie Benbenishty and Nava Klein

Our mission is to neutralize and achieve optimal health outcomes, no matter who the patient is. The moment a person comes through those hospital doors, be it electively or in an emergency, he must be seen and respected for who he is — the patient. It's not unlike the sanctuary found in churches by anyone seeking it. A professional medical and nursing staff will diagnose and treat, making no judgments, political or otherwise.

Doesn't that sound perfect? Is that reality today?

For those living in the Middle East, in Israel, the political situation is passionately felt and emotionally discussed by Jews and Arabs alike, hatred often dictates actions. Everyone has an opinion, but no solution. Staying neutral is not easy to achieve.

When the terrorist who just bombed a bus is brought into the ER by the Israeli Defense Forces, suffering from multiple sharp, deep wounds to the extremities and abdomen, no one has time to discuss political beliefs. As another terrorist arrives, this one with a gunshot wound to the head, it's clear that this is not the place to deal with our conflicts.

What about the man found in an East Jerusalem hotel after accidentally blowing away his extremities and burning out his eyes while preparing a bomb for mass murder in a shopping center? Can he still be perceived as simply the patient? As intensive care nurses in the volatile state of Israel, we are challenged with these ethical and moral dilemmas almost every day.

Don't think for a minute that Arab Palestinian patients are all stereotyped, that we do not do. Our staff of nurses, doctors, technicians, therapists, and social workers is comprised of people with Israeli, Palestinian, Moslem, Jewish and Christian backgrounds. In Jerusalem, most Jews and Arabs live side by side peacefully, with no major problems. Arab and Jewish patients are treated equally in the hospital, lying side by side in the same rooms, treated by a culturally mixed staff. Political views are neither expressed nor discussed by staff or patients. Families are treated with respect, and a patient is a patient.

The situation changes drastically when a terrorist is brought in. Because of hatred and fanaticism, the terrorist has purposely and intentionally wrought destruction and harm to the innocent. The action is well-planned; the outcome is usually foreseen. By a simple matter of fate, you were not standing next to the terrorist when he decided to detonate the bomb.

In the next explosion, you or your children might not be so lucky. These terrorists expect to die for their cause, taking with them as many innocent victims as they can. To be alive, severely wounded and in an Israeli hospital was not part of their plan.

At this point, as nurses expected to treat a confused and known terrorist, our professional skills are taxed to the limit. Both Arab and Israeli medical staff work together as a team, and everyone is horrified at the damage.

When the patient suffers from pain, morphine is administered; if hemorrhagic shock occurs, countless blood factors are given. The terrorist receives optimal care, the same treatment as any other patient in the hospital. Professional care is it. We go no further. We do not allow emotions to interfere. This is not as difficult as it sounds. Terrorists are admitted, surrounded by army personnel and guards, all storming through the ICU with submachine guns. The families of these patients are nowhere around. They are hiding, terrified to be found and connected to the terrorist. They rarely call the unit to ask about the medical condition of their family member.

The families usually want no further involvement with the authorities. Their political beliefs may be totally different from those of the terrorist. They are often horrified and disbelieving that a member of their family could perform such a horrid act. Therefore, the time and support we normally give to the families of our patients is not asked of us in those circumstances.

To give proper, professional care to these patients, we switch to automatic mode, performing the necessary tasks and treatments we normally provide our patients. The terrorist's name is rarely used. We rarely ask about the details; the army can take care of that. If we know too much, some negative emotion could develop, and that would get in the way of the unit functioning properly. We take care of the damaged body parts, with little or no social interactions. We do our best, as we do with all our patients.

As intensive care nurses in the volatile state of Israel, we are challenged with ethical and moral dilemmas almost every day.

Often our colleagues who help us care for the patient are Arab. Thus, we are constantly aware that our personal political beliefs have to be kept out of the workplace.

Though the patient is a prisoner, handcuffs are foregone. His injuries are a simple matter of fate, you were not standing next to the terrorist when he decided to detonate the bomb. As intensive care nurses in the volatile state of Israel, we are challenged with ethical and moral dilemmas almost every day.
Transcultural nursing: Pathway to peace?
by Jacklynn Price

WHEN WE TAKE the Nightingale Pledge as nurses, we understand that treatment is to be given to all in need, and we define this as beneficence. Today, nursing recognizes the need for culturally appropriate care that incorporates an individual's cultural values, beliefs and practices (Leininger, 1991). Theories include the ethics of care (Ray, 1994) and the common morality theory (Beauchamp & Childress, 1994).

How do these theories relate to a world waging war against terrorism? In a world beyond an orderly pluralistic society, where violence between neighbors calls for care for all, can nursing remain apolitical?

Our traditions have kept us from entering the politics of peace negotiation and have kept us a silent partner in the process. I ask that we reconsider that position. Nursing, in its neutrality, possesses strong elements for bringing about conflict resolution. Further research into human values can make us an integral and vocal path to peace.

In the aftermath of 9/11, I traveled to Hadassah Hospital in Jerusalem, Israel, to obtain information for establishing a comprehensive disaster plan for my hospital in New York City. At Hadassah Hospital, I was introduced to research nurse Julie Benbenisty, RN, BA. Benbenisty was generous in sharing her guidance but expressed sadness that events had caused Hadassah Hospital to become well-known for disaster planning.

What she and colleague Nava Klein have written about this, "I have written about this," she remarked. What she and colleague Nava Klein, RN, BA, wrote, follows:

Hospitals are not political battlegrounds
by Julie Benbenisty and Nava Klein

ONE MUST stay neutral to achieve optimal health outcomes, no matter who the patient is. The moment a person comes through those hospital doors, be it electively or in an emergency, he must be seen and respected for who he is—the patient. It's not unlike the sanctuary found in churches by anyone seeking it. A professional medical and nursing staff will diagnose and treat, making no judgments, political or otherwise.

Doesn't that sound perfect? Is that reality today?

For those living in the Middle East, in Israel, where the political situation is passionately felt and emotionally discussed by Jews and Arabs alike, hatred often dictates actions. Everyone has an opinion, but no solution. Staying neutral is not easy to achieve.

When the terrorist who just bombed a bus is brought into the ER by the Israeli Defense Forces, suffering from multiple shrapnel wounds to the extremities and abdomen, no one has time to discuss political beliefs. As another terrorist arrives, this one with a gunshot wound to the head, it's clear that this is not the place to deal with our conflicts.

What about the man found in an Israeli hospital after accidentally blowing away his extremities and burning out his eyes while preparing a bomb for mass murder in a shopping center? Can he still be perceived as simply the patient? As intensive care nurses in the volatile state of Israel, we are challenged with these ethical and moral dilemmas almost every day.

Don't think for a minute that Arab Palestinian patients are all stereotyped; that we do not do. Our staff of nurses, doctors, technicians, messengers and social workers is comprised of people with Israeli, Palestinian, Moslem, Jewish and Christian backgrounds.

In Jerusalem, most Jews and Arabs live side by side peacefully, with no major problems. Arab and Jewish patients are treated equally in the hospital, lying side by side in the same rooms, treated by a culturally mixed staff. Political views are neither expressed nor discussed by staff or patients. Families are treated with respect, and a patient is a patient.

The situation changes drastically when a terrorist is brought in. Because of hatred and fanaticism, the terrorist has purposely and intentionally wrought destruction and harm to the innocent. This act is not planned; the outcome is usually foreseen. By a simple matter of fate, you were not standing next to the terrorist when he decided to detonate the bomb.

In the next explosion, you or your children might not be so lucky. These terrorists expect to die for their cause, taking with them as many innocent victims as they can. To be alive, seriously wounded and in an Israeli hospital is not easy to achieve.

At this point, as nurses expected to treat a confessed and known terrorist, the professional skills are taxed to the limit. Both Arab and Israeli medical staff work together as a team, and everyone is horrified at the damage.

When the patient suffers from pain, the morphine is administered, if hemorrhagic shock occurs, countless blood factors are given. The terrorist receives optimal care, the same treatment as any other patient in the hospital. Professional care it is. We go no further.

The families usually want no further involvement with the authorities. Their political beliefs may be totally different from those of the terrorist. They are often horrified and disbelieving that a member of their family could perform such a horrendous act. Therefore, the time and support we normally give to the families of our patients is not asked of us in these circumstances.

To give proper, professional care to these patients, we switch to automatic mode, performing the necessary tasks and treatments we normally provide our patients. The terrorist's name is rarely used. We rarely think about the details, the army can take care of that. If we know too much, some negative emotion could develop, and that would get in the way of the unit functioning properly. It is our job to take care of the damaged bodies part, with little or no social interactions. We do our best, as we do with all our patients.

As intensive care nurses in the volatile state of Israel, we are challenged with ethical and moral dilemmas almost every day.

Often our colleagues who help us care for the patient are Arabic. Thus, we are constantly aware that our personal political beliefs have to be kept out of our workplace.

Though the patient is a prisoner, handcuffs are foregone. His injuries are serious but not fatal. He is a patient, not a terrorist. His presence in the unit certainly changes the atmosphere for the staff, our colleagues who help us.

Though the patient is a prisoner, handcuffs are foregone. His injuries are serious but not fatal. He is a patient, not a terrorist. His presence in the unit certainly changes the atmosphere for the staff, our colleagues who help us.

Their presence in the unit certainly changes the atmosphere for the staff, other patients and families. We don't need the constant reminder of who the
To the editor:

Letters to the editor should be submitted via fax or e-mail to Jeanne Mattson, Editor Reflections on Nursing Leadership, Fax: 713-923-2146. Email: jmat@wic.edu. Please allow 4-6 weeks for review. We reserve the right to edit submissions. Reflections on Nursing Leadership always addresses current and thought-provoking issues for me. I especially related to the piece by Norman Olson in regard to the "shortage of nurse educators" (April 2003). Even though I'm retired," once a teacher, always a teacher." Joanne Evans, RN, EdD, CRNP, Marblehead, Mass.

In response to "Hog-housed!" (April 2003):

While I can understand the author's sense of betrayal with the recent charge in the North Dakota laws governing nursing education and practice, I offer some counterpoints.

I have spent my entire nursing career listening to the debate about the appropriate level of education to be a registered nurse. My career has spanned 40 years to date. At what point will we stop saying, "You just don't understand what nursing is supposed to be" and really listen to the legitimate concerns of consumers, employers and legislators? Repeating the same belief does not make that belief more correct.

I agree that "nursing practice is not only the handing off of sweaty hands but also the integration and application of scientific knowledge." However, the appropriate and therapeutic laying on of soapy hands demonstrates as much integration and application of scientific knowledge as does organizational and advocacy skills and, from an uncomfortable client's perspective, perhaps has greater value.

I wonder how Dr. Mooney responds to prospective nursing students in North Dakota who are unable to commit to a four-year baccalaureate program, but who still wish to practice registered nursing. I am unaware of research reports that client outcomes in North Dakota are significantly better than in Maryland, where associate degree nurses also practice registered nursing. Despite Dr. Aiken's recent claims that baccalaureate-educated nurses have better client outcomes, I remain convinced that more registered nurses equal better client outcomes, but unconvinced that those registered nurses must all be baccalaureate-prepared. Perhaps we should focus on well-educated rather than highly educated nurses.

Elaine Bishop Kennedy, RN, EdD
Professor, Woo-Woo Community College, Salisbury, Md.

In response to "The ND: Preparing nurses for clinical and educational leadership" (April 2003):

Today, more than ever, nurses need to focus on standardizing entry level into practice and reduce the plethora of degrees that all say nurse. The various methods by which we prepare nurses for entry into the profession have certainly not encouraged men and women to become nurses. Rather, we are facing a critical shortage of well-educated professionals to care for patients in the hospital and community setting.

Is it possible that the confusing modes of entry that often reduce educational requirements to a trade school equivalent are part of the reason people aren't choosing nursing as a career? Nursing is a tough, demanding profession that gives its practitioners great rewards. However, while there are always exceptions to the rule, the knowledge and skills required for today's nurses are best obtained in a baccalaureate program. We need to advocate for our profession by advocating for single-entry BSN degree requirements for all nurses. Diverting our attention to an ND is just that, a diversion from the real problem facing our profession—how we get there in the first place.

Miriam Cohen, RN, MS
Hillsborough, N.J.

In response to "The Case for the Clinical Doctorate in Nursing" (1st Quarter 2003):

We were excited to read Joyce Fitzpatrick's essay. It's time that more of us openly acknowledge that, in fact, the emperor (aka (Continued on page 56)

Nursing education...pass it on...

In my classes, I emphasize teamwork, making certain strong students help those still learning. I emphasize collaborative values within my clinical groups by teaching my students to identify those who may need help. Then we pitch in as a group to get the job done right, because teamwork benefits everyone. It's gratifying to see my students evolve across a clinical course. The insight they develop assisting each other in caring for patients continually amazes me. My student's success is my celebration. Want to know more about making a difference through nursing education? Visit us at: www.nursesource.org

NURSES
for a Healthier Tomorrow
Nursing. It's Real. It's Life.
In knowledge as does organizational and advocacy skills and, from an has spanned hands demonstrates as much integration and application of scientific nursing. I am unaware of research reports that client outcomes in North Dakota are significantly better than in Maryland, where the appropriate level of education to be a registered nurse. My career recent change in the North Dakota laws governing nursing edu­cation and practice, I offer some counterpoints. We want to stress that these are our per­sonal opinions and in no way represent a hospital policy, guideline or protocol. We are not suggesting that our way is just don't understand what nursing is supposed to be. We are not suggesting that our way is the best way of coping with an almost impossible dilemma.

In response to “Hog-housed!” (4th Qtr. 2003): While I can understand the author’s sense of betrayal with the recent change in the North Dakota laws governing nursing edu­cation and practice, I offer some counterpoints. I have spent my entire nursing career listening to the debate about the appropriate level of education to be a registered nurse. My career has spanned 40 years to date. At what point will we stop saying, “You just don’t understand what nursing is supposed to be!” and really listen to the legitimate concerns of our customers, employers and legislators? Repeating the same belief does not make that belief more correct. I agree that “nursing practice is not only the laying on of soapy hands but also the integration and application of scientific knowl­edge.” However, the appropriate and therapeutic laying on of soapy hands demonstrates as much integration and application of scientific knowledge as does organizational and advocacy skills and, from an uncomfortable client’s perspective, perhaps has greater value.

I wonder how Dr. Mooney responds to prospective nursing stu­dents in North Dakota who are unable to commit to a four-year baccalaureate program, but who still wish to practice registered nursing. I am unaware of research reports that client outcomes in North Dakota are significantly better than in Maryland, where we remain completely neutral would not be the truth. We know very well what makes intensive care nurses special. It is their ability to care under tremendously stressful situations and to intimately know the patient and his or her fam­ily in a very short period of time. This is a difficult, if not impossible, task when nursing terrorists.

Nursing education...pass it on.

In my classes, I emphasize teamwork, making certain strong students help those still learning. I emphasize collaborative values within my clinical groups by teaching my students to identify those who may need help. Then we pitch in as a group to get the job done right, because teamwork benefits everyone. It’s gratifying to see my students evolve across a clinical course. The insight they develop assisting each other in caring for patients continually amazes me. My student’s success is my celebration. Want to know more about making a difference through nursing education? Visit us at: www.nursesource.org
Worlds apart

In seeking to see the world through another's eyes, can we ever "know the other"? asks the author. It seems unlikely, she responds, but we can come to accept another's worldview if we make the commitment in terms of "time and presence."

by Michele Upvall

In July 1998, I left the frontier-like environment of the Navajo Nation in the American Southwest, ready for a new cross-cultural experience at the Aga Khan University School of Nursing (AKUSON). For five years, I lived in Karachi, Pakistan, considered by many one of the most dangerous cities in the world, post 9/11.

Karachi is a port city of more than 14 million people, a bustling megalopolis vastly different from the peaceful, open spaces of northern Arizona. From the beginning, there were difficult choices for my family and me to make.

The "honeymoon" phase of our acculturation process ended abruptly with the embassy bombings in East Africa and subsequent bombing of Afghanistan. U.S. State Department advisories warned American citizens to leave Pakistan as soon as possible. School had just started for my daughter, and now her teachers were being evacuated.

We made the decision to stay on, as we came to call it after 9/11 and future incidents of violence, "waiting out the weekend after Friday prayers." Waiting included staying home, listening closely to the news, making sure a bag was packed with all important documents, and spending time on the phone with other expatriates speculating about what to do next and whether we should leave. After 9/11, American teachers were again evacuated and we also left, but only for two weeks.

I never realized how decisions made under such stressful circumstances affect family near and far. Although things remained relatively quiet in Karachi, except for demonstrations after Friday prayers, e-mails urged us to return to the United States. Dramatic media photos and a CNN commercial that described "streets seething with anger in Karachi" only exacerbated fears of family and friends. We who lived here saw life continuing on as usual. Yes, we were more aware of our surroundings and kept a watchful eye, but we did not live in fear.

Well before the terrorism of Sept. 11, 2001, transport strikes affected the city. I was faced with learning how to deal with students unable to leave campus during the day or not being able to come to class in the morning. Classes had to be rescheduled for the weekend, and students had to help in the hospital when nursing service buses could not operate.

Crisis management took on new meaning for me, as no degree program in the United States had ever prepared me for daily life in a developing country. I appreciate and encourage efforts to expose Western students to short-term international nursing opportunities, but realize that these offer only a glimpse of everyday life in another's world. Can we ever "know the other"? It seems unlikely, but perhaps we can get to know ourselves better when we experience the lives of others.

The ability to stay motivated during these difficult circumstances was pivotal to my decision to stay in Pakistan for another two years. We had much to celebrate, and activity in the school only increased. Research activities accelerated and, again, I had to learn to view typical faculty expectations from a new perspective.

For example, applied research that has a direct impact on the everyday life of the school and hospital is more relevant than research programs developed by individual faculty members. Applied research requires intensive mentoring, especially when staff members have varying degrees of research experience.

Taking those educational backgrounds into consideration, research groups have been formed based on faculty interests and the needs of the school.

University initiatives to upgrade the profession of nursing outside Pakistan offered the school of nursing a new opportunity for becoming a model of nursing education in the region. Inno-
In seeking to see the world through another's eyes, can we ever "know the other"? asks the author. It seems unlikely, she responds, but we can come to accept another's worldview if we make the commitment in terms of "time and presence."

by Michele Upvall

I N JULY 1998, I left the frontier-like environment of the Navajo Nation in the American Southwest, ready for a new cross-cultural experience at the Aga Khan University School of Nursing (AKUSON). For five years, I lived in Karachi, Pakistan, considered by many one of the most dangerous cities in the world, post 9/11. Karachi is a port city of more than 14 million people, a bustling megalopolis vastly different from the peaceful, open spaces of northern Arizona. From the beginning, there were difficult choices for my family and me to make.

The "honeymoon" phase of our acculturation process ended abruptly with the embassy bombings in East Africa and subsequent bombing of Afghanistan. U.S. State Department advisories warned American citizens to leave Pakistan as soon as possible. School had just started for my daughter, and now her teachers were being evacuated.

We made the decision to stay on, as we came to call it after 9/11 and future incidents of violence, "waiting out the weekend after Friday prayers." Waiting included staying home, listening closely to the news, making sure a bag was packed with all important documents, and spending time on the phone with other expatriates speculating about what to do next and whether we should leave. After 9/11, American teachers were again evacuated and we also left, but only for two weeks.

I never realized how decisions made under such stressful circumstances affect family near and far. Although things remained relatively quiet in Karachi, except for demonstrations after Friday prayers, e-mails urged us to return to the United States. Dramatic media photos and a CNN commercial that described "streets seething with anger in Karachi" only exacerbated fears of family and friends. We who lived here saw life continuing on as usual. Yes, we were more aware of our surroundings and kept a watchful eye, but we did not live in fear.

Well before the terrorism of Sept. 11, 2001, transport strikes affected the city. I was faced with learning how to deal with students unable to leave campus during the day or not being able to come to class in the morning. Classes had to be rescheduled for the weekend, and students had to help in the hospital when nursing service buses could not operate.

Crisis management took on new meaning for me, as no degree program in the United States had ever prepared me for daily life in a developing country. I appreciate and encourage efforts to expose Western students to short-term international nursing opportunities, but realize that these offer only a glimpse of everyday life in another's world. Can we ever "know the other"? It seems unlikely, but perhaps we can get to know ourselves better when we experience the lives of others.

The ability to stay motivated during these difficult circumstances was pivotal to my decision to stay in Pakistan for another two years. We had much to celebrate, and activity in the school only increased. Research activities accelerated and, again, I had to learn to view typical faculty expectations from a new perspective.

For example, applied research that has a direct impact on the everyday life of the school and hospital is more relevant than research programs developed by individual faculty members. Applied research requires intensive mentoring, especially when staff members have varying degrees of research experience. Taking those educational backgrounds into consideration, research groups have been formed based both on faculty interests and the needs of the school.

University initiatives to upgrade the profession of nursing outside Pakistan offered the school of nursing a new opportunity for becoming a model of nursing education in the region. Inno-
Traditional Kalish woman in Rumbur Valley of north-western Pakistan

Nursing program in Pakistan with an emphasis on advanced practice nursing. The number of students in the program has increased each year, as has the number of faculty leaving Pakistan for North America to obtain doctoral degrees. As these people return, they will become role models and leaders of graduate education in Pakistan.

Reconciling East and West

Accounts of nurses coming to North America from less developed countries and of minority nurses acculturating to an alien, sometimes unwelcoming, society promised me to share my experience as a nurse from the United States working in a developing nation.

The two perspectives have similarities, yet differences remain. Fundamental to any successful crossing-cultural experience is eagerness to be part of a new culture, strong motivation to learn and willingness to be flexible. Trepidation, combined with feelings of isolation and loneliness, is common. Resilience, therefore, is a major requirement for coping. Role expectations may be dramatically different for the international nurse and, upon re-entry into Western society, professional credibility may be viewed with suspicion.

Resilience implies flexibility—the ability to accept another’s worldview and to incorporate those perceptions into one’s own way of thinking. This is a prerequisite for any successful cross-cultural experience and, by extension, promotes reconciliation of worldviews.

The process of reconciliation in international nursing is facilitated by attentiveness to the context in which incidents, large or small, occur. For example, I began to understand the importance of hierarchy and delineation of roles when I went to a classroom where a tutorial was being held for both private and government-sponsored students. I didn’t notice students’ facial expressions when I was leaving the room that my behavior was the focus of that discussion.

The government students, in particular, were shocked that I would pick up a projector and take it to a meeting by myself, opening the door and closing it behind me as I went. This was not to be done by a director! I took the opportunity to discover how I saw my role and how to “get the work done”—perceptions vastly different from their views. As we shared our perspectives, I became aware of how embedded the concept of hierarchy is in Pakistan and why it is important.

Recognizing the significance of hierarchy has since helped me become resilient and flexible when plans do not proceed at the pace I am accustomed to. I continued to discuss an important role that hierarchy plays when trying to implement faculty practice. A research team explored the process of implementing a faculty practice model with government and private faculty, staff and students. Hierarchy was evident once again as reluctance to provide direct patient care by those viewed as higher up was discussed by all participants.

In Pakistan, interpersonal relationships are greatly influenced by hierarchy. Expatriates with advanced degrees may be perceived as having a wider sphere of influence and knowledge than what is typically expected in the West. Through intensive listening, balance between helping faculty members understand the limitations of newly arrived expatriates and recognizing experience that can be offered or adapted to the local context can be achieved.

Staff members may seek advice about personal situations as well as professional issues. Most of the time, they have already thought about possible solutions. I have found it best to help them identify alternatives rather than to impose administration ideas upon them. Most importantly, administrators need to support faculty-generated ideas and solutions, expressing tolerance for solutions that have been tried but do not work and facilitating new solutions without causing loss of face.

Returning to nursing in the West may be another exercise in resilience. Colleagues may not understand the desire to experience another way of life or may be unceptive to changes in your thinking. Professional credibility may be further compromised if they feel you have been “gone too long.” Advances in health care are more rapid in the West, and there will be a period of readjustment and learning. Again, just as in adapting to a new culture, listening and respectful questioning can facilitate the reacclimation period.

Reconciliation and development of resilience are necessary in all successful cross-cultural encounters. However, the practice of international nursing has its own challenges and expectations. Too little attention has been given to the process of international nursing, yet many schools of nursing in the West encourage faculty and student visits to developing countries.

Globalization is often discussed in the literature, and new organizations are being formed to promote globalization through the Internet and short-term exchanges. Although use of technology is one way to begin crossing borders, it is not sufficient. To experience “the other,” nurses must make a commitment in terms of time and presence within the local culture, adopting an attitude of reconciliation and resilience. Without this commitment, globalization of nursing can evolve into an academic exercise, with “armchair” international nurses developing standards of practice that may not be appropriate to the cultural milieu.

During her time in Pakistan, Michele Upshall, RN, PhD, FNP, served as professor and director, Master of Science in Nursing program, Aga Khan University School of Nursing, Now in the United States, she is professor and chair of Car­lo’s College’s Division of Nursing in Pittsburgh, Pa.
Nursing program in Pakistan with an emphasis on advanced practice nursing. The number of students in the program has increased each year, as has the number of faculty leaving Pakistan for North America to obtain doctoral degrees. As these people return, they will become role models and leaders of graduate education in Pakistan.

Reconciling East and West

Accounts of nurses coming to North America from less developed countries and of minority nurses acculturating to an alien, sometimes unwelcoming, society prompted me to share my experience as a nurse from the United States working in a developing nation.

The two perspectives have similarities, yet differences remain. Fundamental to any successful cross-cultural experience is eagerness to be part of a new culture, strong motivation to learn and willingness to be flexible. Trepidation, combined with feelings of isolation and loneliness, is common. Resilience, therefore, is a major requirement for coping. Role expectations may be dramatically different for the international nurse and, upon re-entry into Western society, professional credibility may be viewed with suspicion.

Resilience implies flexibility—the ability to accept another's worldview and to incorporate those perceptions into one's own way of thinking. This is a prerequisite for any successful cross-cultural experience and, by extension, promotes reconciliation of worldviews.

The process of reconciliation in international nursing is facilitated by attentiveness to the context in which incidents occur. For example, I began to understand the importance of hierarchy and delineation of roles when I went to a classroom where a tutorial was being held for both private and government-sponsored students. I didn't notice students' facial expressions when I asked to borrow the overhead projector for a meeting and then proceeded to carry it out of the classroom. When I returned an hour later, the students were busily engaged in discussion. Faculty members informed me as I was leaving the room that my behavior was the focus of that discussion.

The government students, in particular, were shocked that I would pick up a projector and take it to a meeting by myself, opening the door and closing it behind me as I went. This was not to be done by a director! I took the opportunity to discuss how I saw my role and how to "get the work done"—perceptions vastly different from their views. As we shared our perspectives, I became aware of how embedded the concept of hierarchy is in Pakistan and why it is important.

Recognizing the significance of hierarchy has since helped me become resilient and flexible when plans do not proceed at the pace I am accustomed to. I continued to discuss the important role that hierarchy plays when trying to implement faculty practice. A research team explored the process of implementing a faculty practice model with government and private faculty, staff and students. Hierarchy was evident once again as reluctance to provide direct patient care by those viewed as higher up was discussed by all participants.

In Pakistan, interpersonal relationships are greatly influenced by hierarchy. Expatriates with advanced degrees may be perceived as having a wider sphere of influence and knowledge than what is typically expected in the West. Through intensive listening, balance between helping faculty members understand the limitations of newly arrived expatriates and recognizing experience that can be offered or adapted to the local context can be achieved.

Staff members may seek advice about personal situations as well as professional issues. Most of the time, they have already thought about possible solutions. I have found it best to help them identify alternatives rather than to impose administrative ideas upon them. Most importantly, administrators need to support faculty-generated ideas and solutions, expressing tolerance for solutions that have been tried but do not work and facilitating new solutions without causing loss of face.

Returning to nursing in the West may be another exercise in resilience. Colleagues may not understand the desire to experience another way of life or may be unceptive to changes in your thinking. Professional credibility may be further compromised if they feel you have been "gone too long." Advances in health care are more rapid in the West, and there will be a period of readjustment and learning. Again, just as in adapting to a new culture, listening and respectful questioning can facilitate the reacclimatization period.

Reconciliation and development of resilience are necessary in all successful cross-cultural encounters. However, the practice of international nursing has its own challenges and expectations.

Too little attention has been given to the process of international nursing, yet many schools of nursing in the West encourage faculty and student visits to developing countries.

Globalization is often discussed in the literature, and new organizations are being formed to promote globalization through the Internet and short-term exchanges. Although use of technology is one way to begin crossing borders, it is not sufficient. To experience "the other," nurses...
As chairperson of the largest department at Indiana University School of Nursing, the largest nursing school in the United States, Dan Pesut, APRN, BC, PhD, FAAN, frequently presides over retirement celebrations. One of his favorite ways of personalizing those marker events is to ask colleagues beforehand what words best describe the person to be honored. He then uses those words to eulogize the person. In writing this piece, I decided to do the same.

My canvassing came up with the following descriptors: creative, futuristic, strategic, thoughtful, values-driven, sensitive, fun and gentle. In the statement he wrote when running for president of Sigma Theta Tau International, he said, “I realize, if elected, I will be the first gentleman president of the organization.” And he is that, a gentle man, particularly when it comes to nurturing the spirit of colleagues and nudging them to achieve aspirational goals. As the first male to preside over the Honor Society of Nursing, the second largest nursing organization in the world, President Pesut is a historic figure. He is also a creative leader for our times.
Daniel J. Pesut
Gentleman, creative leader

by Angela Barron McBride

As chairperson of the largest department at Indiana University School of Nursing, the largest nursing school in the United States, Dan Pesut, APRN, BC, PhD, FAAN, frequently presides over retirement celebrations. One of his favorite ways of personalizing those marker events is to ask colleagues beforehand what words best describe the person to be honored. He then uses those words to eulogize the person. In writing this piece, I decided to do the same.

My canvassing came up with the following descriptors: creative, futuristic, strategic, thoughtful, values-driven, sensitive, fun and gentle. In the statement he wrote when running for president of Sigma Theta Tau International, he said, “I realize, if elected, I will be the first gentleman president of the organization.” And he is that, a gentle man, particularly when it comes to nurturing the spirit of colleagues and nudging them to achieve aspirational goals. As the first male to preside over the Honor Society of Nursing, the second largest nursing organization in the world, President Pesut is a historic figure. He is also a creative leader for our times.
N 1997, I was successful in recruiting Pesut and his nurse-lawyer wife, Susan Ziel, to Indiana. I cannot remember when I first started noticing his work, but I really paid attention to him in 1993 when he received the Edith Moore Copeland Founders Award for Excellence in Creativity. That is the Founders Award I have personally valued the most.

There are many awards for leadership, research, service and teaching, but that award is the only one I know of in nursing given specifically for creativity, a quality the public does not necessarily associate with our profession. It was while listening to his gracious acceptance of the award that I determined to turn him into a Hoosier, and I consider his recruitment to be one of the best moves of my deanship.

At that time, I did not know much about his background. Since then, I have come to marvel at how his background combines so many rich experiences, from years in the seminary to years in the military, from leadership in service to leadership in academia, from writing regular columns for Nursing Outlook (1997-2002) and the Journal of Professional Nursing (2000-2002) to speaking authoritatively all over the country on subjects central to his interests.

It is this range of interests and experiences that makes Pesut effective and fuels his creativity. In many respects, he personifies the wide spectrum of Sigma Theta Tau International's membership—a quality, I think, that will make his one of the dominant faces of nursing in the 21st century.

Let me tell you more about him.

Born in DeKalb, Ill., Pesut grew up in a religious family. His father was a truck driver. His mother, who worked for a significant period of time as a nurses aide, had a sister who became a nun. Attracted to monastic life, he spent his high school years at St. Mary's Preparatory Seminary in Crystal Lake, Ill., and he worked several summers at a nursing home.

After graduation, he went on to St. John Vianney Seminary in the Minneapolis-St. Paul area, affiliated with the coeducational College of St. Thomas. After two years as a psychology major at the latter school, he wondered if the priesthood was for him: "Am I being true to myself? Is this a lifetime commitment?" He was convinced that psychology, defined more often than not as a series of rat experiments, wasn't meaningful enough to engage him over time.

In the summer of 1972, at the height of the Vietnam War, Pesut returned home, not sure what to do. Once again, he worked as an orderly, but this time he got to know Frank and Judy McIlmail, both Army RNs who had seen duty in Japan. Because he admired them, enjoyed direct patient care and found the prospect of travel appealing, he took their advice and joined the Army Student Nurse Program as a means of obtaining his bachelor's degree in nursing at Northern Illinois University.

Those undergraduate years were also when he got his start as an author. A paper he prepared for Dr. Beverly McElmurry's research class was submitted at her suggestion to the journal Nursing Research. The acceptance note he received from then-editor Dr. M. Elizabeth Carnegie is one of his most treasured possessions.

Pesut's Army years were similarly successful. He spent them largely at the U.S. Army Institute of Surgical Research and the Brooke Army Medical Center, working on the burn unit. Noticing that his patients' psychological well-being and pain were insufficiently addressed, he took advantage of being in San Antonio to obtain a master's degree in psychiatric nursing from the University of Texas Health Science Center.

A 1977 performance appraisal of then-Captain Pesut described him as "a highly skilled, motivated nurse who uses his basic nursing skills to provide comprehensive nursing care. His communication skills are superior and a definite asset as he provides a variety of interventions planned to allay anxiety and promote patient motivation."

Not only was Pesut pioneering the role of psychiatric liaison nurse, but those years of clinical leadership were
In 1997, I was successful in recruiting Pesut and his nurse-lawyer wife, Susan Ziel, to Indiana. I cannot remember when I first started noticing his work, but I really paid attention to him in 1993 when he received the Edith Moore Copeland Founders Award for Excellence in Creativity. That is the Founders Award I have personally valued the most.

There are many awards for leadership, research, service and teaching, but that award is the only one I know of in nursing given specifically for creativity, a quality the public does not necessarily associate with our profession. It was while listening to his gracious acceptance of the award that I determined to turn him into a Hoosier, and I consider his recruitment to be one of the best moves of my deanship.

At that time, I did not know much about his background. Since then, I have come to marvel at how his background combines so many rich experiences, from years in the seminary to years in the military, from leadership in service to leadership in academia, from writing regular columns for Nursing Outlook (1997-2002) and the Journal of Professional Nursing (2000-2002) to speaking authoritatively all over the country on subjects central to his interests.

It is this range of interests and experiences that makes Pesut effective and fuels his creativity. In many respects, he personifies the wide spectrum of Sigma Theta Tau International’s membership—a quality, I think, that will make his one of the dominant faces of nursing in the 21st century.

Let me tell you more about him. Born in DeKalb, Ill., Pesut grew up in a religious family. His father was a truck driver. His mother, who worked for a significant period of time as a nurses aide, had a sister who became a nun. Attracted to monastic life, he spent his high school years at St. Mary’s Preparatory Seminary in Crystal Lake, Ill., and he worked several summers at a nursing home.

After graduation, he went on to St. John Vianney Seminary in the Minneapolis-St. Paul area, affiliated with the coeducational College of St. Thomas. After two years as a psychology major at the latter school, he wondered if the priesthood was for him: “Am I being true to myself? Is this a lifetime commitment?” He was convinced that psychology, defined more often than not as a series of rat experiments, wasn’t meaningful enough to engage him over time.

In the summer of 1972, at the height of the Vietnam War, Pesut returned home, not sure what to do. Once again, he worked as an orderly, but this time he got to know Frank and Judy McIlmail, both Army RNs who had seen duty in Japan. Because he admired them, enjoyed direct patient care and found the prospect of travel appealing, he took their advice and joined the Army Student Nurse Program as a means of obtaining his bachelor’s degree in nursing at Northern Illinois University.

Those undergraduate years were also when he got his start as an author. A paper he prepared for Dr. Beverly Thomas, psychology major at St. Thomas University (2000-2002), was noticed by a nun. Attracted to monastic life, he spent his high school years at St. Mary’s Preparatory Seminary in Crystal Lake, Ill., and he worked several summers at a nursing home.

After graduation, he went on to St. John Vianney Seminary in the Minneapolis-St. Paul area, affiliated with the coeducational College of St. Thomas. After two years as a psychology major at the latter school, he wondere...
It was during those Ann Arbor years that he met and married (1981) Susan Ziel. Her academic journey had been as interesting as his. She majored first in jazz composition, then switched to a diploma program in nursing. She worked as a head nurse while completing her BSN, then obtained a master's in public health while becoming increasingly interested in health care policy.

In addition to her tall beauty, Pesut was attracted to her many interests—art, music, photography, travel—and her high energy. Perhaps one of the best indicators of the special character of their partnership is the joint paper they presented at a national conference after one year of marriage: “Creativity: A Model for Expanding Our Networks.”

Ready to relocate, Dan and Susan looked up the best places to live in the United States. Columbia, S.C., was rated highly, and there was an ad in the *American Nurse* for a faculty position at the University of South Carolina. Columbia became their home for about 14 years. Son Elliott was born there in 1985; daughter Erin arrived three years later. Susan combined motherhood with obtaining a law degree and was so successful in her subsequent practice that she was named South Carolina Young Lawyer of the Year.

During this period, Pesut served as director of nursing at William S. Hall Psychiatric Institute with an appointment to the University of South Carolina School of Medicine. He also worked as associate dean for administrative affairs at the College of Nursing. He helped found a very successful leadership program and developed with Dr. Jean Wood as his mentor, he extended research pursued creative thinking as a self-regulatory metacognitive process of elderly people. His dissertation focused on research funded studies of patients’ self-management of recovery, a line of inquiry he wished to pursue in doctoral studies. Though the Army had noted in his 1977 evaluation that he was “very active in research endeavors and has completed two papers, both submitted for a national meeting,” his superiors were not interested in his moving in that direction. They wanted him to move to Tacoma, Wash., instead and teach in an LPN program.

Deciding once again that he had to be true to himself, he left the Army and returned to the Midwest to teach psychiatric-mental health nursing and to work on his PhD at the University of Michigan in Ann Arbor. With Dr. Jean Wood as his mentor, he extended his interest in psychosomatic self-regulation through funded studies of recovery from surgery and experiences of elderly people. His dissertation focused on research pursued creative thinking as a self-regulatory metacognitive process and analyzed self-regulation of creative thought in nursing.

To date, he has served six years on the honor society’s board of directors. In addition, he has served as a member of the building corporation board and on countless committees and task forces, including the Leadership Institute Ad- visory Committee, International Public Relations Committee, Executive Leadership Committee, Program Committee, Publications Committee, Bylaws Commit- tee, Governance Restructuring Task Force and Strategic Planning Task Force.

This intense involvement provided him with a rich opportunity to refine his thinking about issues to which he is deeply committed—leadership develop- ment, mentoring the next generations of nurses, building a learning community, strategic planning and the dimensions of reflective practice.

I can testify personally to the way Pesut used those experiences and opportunities to prepare for his presidency. He always looked at the task at hand in terms of its ramifications for future development. As he contem- plated running for the presidency, he analyzed his own strengths to better articulate how he might contribute to our honor society.

In case you are wondering what The Gallup Organization’s “Strengths Finder” uncovered about Pesut, his five greatest strengths are: 1) strategic perspective, 2) connectedness (he’s a bridge builder), 3) love of learning, 4) fascination with ideas and 5) commit- ment to achievement. All of these are important strengths for the president of the Honor Society of Nursing, an organization committed to facilitating nurses as knowledge workers.

The theme of Pesut’s presidential charge when he took office at the end of the 2003 convention was “Create the future through renewal.” By this he means everything from shifting the discourse in nursing away from “ain’t it awful” thinking to championing reflective practice and paying atten-
Also the beginning of his longstanding interest in self-regulation, particularly patients’ self-management of recovery, a line of inquiry he wished to pursue in doctoral studies. Though the Army had noted in his 1977 evaluation that he was “very active in research endeavors and has completed two papers, both submitted for a national meeting,” his superiors were not interested in his moving in that direction. They wanted him to move to Tacoma, Wash., instead and teach in an LPN program.

Deciding once again that he had to be true to himself, he left the Army and returned to the Midwest to teach psychiatric-mental health nursing and to work on his PhD at the University of Michigan in Ann Arbor. With Dr. Jean Wood as his mentor, he extended his interest in psychosomatic self-regulation through funded studies of recovery from surgery and experiences of elderly people. His dissertation research pursued creative thinking as a self-regulatory metacognitive process and analyzed self-regulation of creative thought in nursing.

It was during those Ann Arbor years that he met and married (1981) Susan Ziel. Her academic journey had been as interesting as his. She majored first in jazz composition, then switched to a diploma program in nursing. She worked as a head nurse while completing her BSN, then obtained a master’s in public health while becoming increasingly interested in health care policy.

In addition to her tall beauty, Peust was attracted to her many interests—art, music, photography, travel—and her high energy. Perhaps one of the best indicators of the special character of their partnership is the joint paper they presented at a national conference after one year of marriage: “Creativity: A Model for Expanding Our Networks.”

Ready to relocate, Dan and Susan looked up the best places to live in the United States. Columbia, S.C., was rated highly, and there was an ad in American Nurse for a faculty position at the University of South Carolina. Columbia became their home for about 14 years. Son Elliott was born there in 1985; daughter Erin arrived three years later. Susan combined motherhood with obtaining a law degree and was so successful in her subsequent practice that she was named South Carolina Young Lawyer of the Year.

During this period, Peust served as director of nursing at William S. Hall Psychiatric Institute with an appointment to the University of South Carolina School of Medicine. He also worked as associate dean for administrative affairs at the College of Nursing. He helped found a very successful leadership program and developed with Dr. Jean Massey the Carolina Self-Regulation Inventory, which was incorporated into the Carolina Adolescent Health Care Project. In addition, he forged a partnership with Dr. JoAnne Herman, with whom he published the highly regarded book Clinical Reasoning: The Art and Science of Critical and Creative Thinking (1999). In recognition of his body of work, he was elected to fellowship in the American Academy of Nursing (1995).

Since relocating to Indianapolis in 1997, Dan and Susan have continued to build on their expertise. She joined a prestigious law firm specializing in health-related matters and has become an expert in regulations related to the Health Insurance Portability and Accountability Act (HIPAA) and the special concerns of nurse-managed clinics. In the fall of 2003, she became president-elect of the American Association of Nurse Attorneys.

Peust has seen his reputation grow nationally and internationally. Having been named Outstanding Undergraduate Teacher of the Year at the University of South Carolina College of Nursing (1997) and having received the Excellence in Mentoring Award of Alpha Chapter, Sigma Theta Tau International (1999), his nurturing abilities are in demand by many institutions.

Clarian Health Partners, the largest hospital network in Indiana and one of the largest in the United States, selected him as a consultant for their Healing Sanctuary Project, which sought to empower nurses to change their work environments.

Frequently invited to be a keynote speaker, he has accepted, among others, invitations from Chulalongkorn University in Bangkok, Thailand; Illinois State Nurses Association; Annual Nurse Educators Conference at the University of South Carolina; the American Nurses Association; and the American Assembly for Men in Nursing. In 2002, Peust received the latter organization’s highest honor, the Luther Christian Award.

Working on the same campus where Sigma Theta Tau International is headquartered made it easier for Peust to become more involved with that association at the national and international levels, and involved he became.

To date, he has served six years on the honor society’s board of directors. In addition, he has served as a member of the building corporation board and on countless committees and task forces, including the Leadership Institute Ad- visory Committee, International Public Relations Committee, Executive Leadership Committee, Program Committee, Publications Committee, Bylaws Committee, Governance Restructuring Task Force and Strategic Planning Task Force.

This intense involvement provided him with a rich opportunity to refine his thinking about issues to which he is deeply committed—leadership development, mentoring the next generations of nurses, building a learning community, strategic planning and the dimensions of reflective practice.

I can testify personally to the way Peust used these experiences and opportunities to prepare for his presidency. He always looked at the task at hand in terms of its ramifications for future development. As he contemplated running for the presidency, he analyzed his own strengths to better articulate how he might contribute to our honor society.

In case you are wondering what The Gallup Organization’s “Strengths Finder” uncovered about Peust, his five greatest strengths are: 1) strategic perspective, 2) connectedness (he’s a bridge builder), 3) love of learning, 4) fascination with ideas and 5) commitment to achievement. All of these are important strengths for the president of the Honor Society of Nursing, an organization committed to facilitating nurses as knowledge workers.

The theme of Peust’s presidential charge when he took office at the end of the 2003 convention was “Create the future through renewal.” By this he means everything from shifting the discourse in nursing away from “ain’t it awful” thinking to championing reflective practice and paying atten-
tion to the scholarly underpinnings necessary to support such practice. To assist members in achieving renewal, he has worked with staff and colleagues to develop complementary services that will support individuals and chapters as they seek to move in this direction. One such initiative is a new honor society subsidiary called Nursing Knowledge International, or NKI.

Pesut believes strongly in the importance of renewal. He agrees with former President Jimmy Carter who, at the dedication of the Lillian Carter Center for International Nursing at Emory University, described nursing as a transcendent profession. For the profession to be transcendent, Pesut recognizes that nurses must not flounder in their own neediness, but relish the keystone role they play in providing quality care and forestalling negligence. By remembering the neediness of patients and society for nursing services, nurses can achieve empowerment.

In a similar vein, nurses have long regretted that what they do as the “glue” of the health care system is too often invisible, and that they have been excluded from those leadership activities and functions that can change health care for the better. It seems to me that Pesut’s call to be transcendent, which includes the notion of reflective practice, can serve the purpose of moving the focus away from gendered behavior to what it means to be vital and fully professional. To “maintain” patients and their families, nurses have to be futuristic, because caregiving is a dynamic process, always mindful of changing circumstances and scientific advances.

I’m not saying anything as trite as that nursing needs either Pesut or male leadership to be saved. I am saying that Pesut’s presidency offers an opportunity to have, in a new way, what nurses have been thinking and saying all along taken seriously.

As a person who has struggled to combine work and family in his own life, as a complex individual who enjoys connecting to people but whose personality also has a monastic streak, and as a professional who has juggled an assortment of service and educational responsibilities, Daniel J. Pesut understands nursing. He can speak on our behalf without his message being confounded by the discourse of regret. Unlike many nurses who limited their career choices to what was available to women, Pesut, as a male, was not thus limited. He deliberately chose to become a nurse, because it offered him what he wanted.

When Pesut urges renewal, I think he is asking all of us to make a similar affirmation of nursing. He believes that nursing is a transcendent profession, and he can follow up those words with all sorts of examples. As a young person, he asked, “Am I being true to myself? Is this a lifetime commitment?” He now urges us to answer those questions personally and institutionally.

Angela Barron McBride, RN, PhD, FAAN, past president, Sigma Theta Tau International (1987-89), and distinguished professor and dean emerita, Indiana University School of Nursing, is presently AAN-ANF-IOM scholar-in-residence at the Institute of Medicine (2003-04), National Academies.
tation to the scholarly underpinnings necessary to support such practice. To assist members in achieving renewal, he has worked with staff and colleagues to develop complementary services that will support individuals and chapters as they seek to move in this direction. One such initiative is a new honor society subsidiary called Nursing Knowledge International, or NKI.

Pesut believes strongly in the importance of renewal. He agrees with former President Jimmy Carter who, at the dedication of the Lillian Carter Center for International Nursing at Emory University, described nursing as a transcendent profession. For the profession to be transcendent, Pesut recognizes that nurses must not flounder in their own neediness, but relish the keystone role they play in providing quality care and forestalling negligence. By remembering the neediness of patients and society for nursing services, nurses can achieve empowerment. What is most interesting to me about Pesut is the pivotal role he can play in carrying the message that caring and caregiving know no gender. Simone de Beauvoir wrote critically in her landmark book, *The Second Sex*, about the two principles of immu-
nence (maintenance of society) and transcendence (preparing for the future of society). The former, she wrote, is historically linked to roles played by women, the latter to roles traditionally played by men.

In a similar vein, nurses have long regretted that what they do as the "glue" of the health care system is too often invisible, and that they have been excluded from those leadership activities and functions that can change health care for the better. It seems to me that Pesut's call to be transcendent, which includes the notion of reflective practice, can serve the purpose of moving the focus away from gendered behavior to what it means to be vital and fully professional. To "maintain" patients and their families, nurses have to be futuristic, because caregiving is a dynamic process, always mindful of changing circumstances and scientific advances.

I'm not saying anything as trite as that nursing needs either Pesut or male leadership to be saved. I am saying that Pesut's presidency offers an opportunity to have, in a new way, what nurses have been thinking and saying all along taken seriously.

As a person who has struggled to combine work and family in his own life, as a complex individual who enjoys connecting to people but whose personality also has a monastic streak, and as a professional who has juggled an assortment of service and educational responsibilities, Daniel J. Pesut understands nursing. He can speak on our behalf without his message being confounded by the discourse of regret. Unlike many nurses who limited their career choices to what was available to women, Pesut, as a male, was not thus limited. He deliberately chose to become a nurse, because it offered him what he wanted.

When Pesut urges renewal, I think he is asking all of us to make a similar affirmation of nursing. He believes that nursing is a transcendent profession, and he can follow up those words with all sorts of examples. As a young person, he asked, "Am I being true to myself? Is this a lifetime commitment?" He now urges us to answer those questions personally and institutionally.

Angela Barron McBride, RN, PhD, FAAN, past president, Sigma Theta Tau International (1987-89), and distinguished professor and dean emerita, Indiana University School of Nursing, is presently AAN-ANI-IOM scholar-in-residence at the Institute of Medicine (2003-04), National Academies.
Create the future through renewal

President Daniel J. Pesut calls members of the Honor Society of Nursing, Sigma Theta Tau International to a biennium of renewal, beckoning them toward a future marked by conversations of hope and inspiration rather than discontent and regret.

Complete text of speech available at www.nursingsociety.org

OVER THE PAST few years, I have witnessed a decrease in hope and confidence and an increase in career discontent among nurses. Some nurses in education, practice, research and community settings are disillusioned and depressed about the current state of nursing, rather than inspired and hopeful about the future. I sense that, in break rooms and cafeterias, conversations of regret outnumber conversations of hope.

Some conversations are about exiting rather than advancing a career in nursing. Sometimes, career discontent and regret find their way into people's homes and family life. We need to turn practice, research and community settings about the current state of nursing, rather than the past way of being, as one prepares to assume a new way of being. Renewal through attention to self

To create the future through renewal, each of us must be emotion-ally and intellectually accountable and responsible for doing the inner psychological work that resolves our own issues and aids in the evolution of our individual consciousness. Renewal with attention to self requires courage and a personal growth agenda. Each of us must confront our own shadows, heal old wounds and become self-authoring and self-transforming. Inner work supports personal growth that is manifested in outer service.

One of the most exciting things of this biennium is the introduction, implementation and evaluation of the Volunteer Interest Profile, or the VIP. While there is great interest groups, service and product development, and the building of community at chapter, regional, national and international levels. Linking the social and intellectual capital of our members is yet another way to discover excellence, reach through to people's genius and create the future through renewal.

By the end of this biennium, I hope every member of the honor society will complete the CareRedX™ program. This engaging and inspirational program is a way for you to discover those things that energize, support and sustain your passion and purpose. By completing this program, you will craft a personal statement that makes explicit your professional values, talents and gifts. Such exercises enable you to be intentional about your impact and influence in the world.

Renewal through attention to service

Community service and civic engagement are sources and opportunities for renewal. Membership in Sigma Theta Tau International implies a commitment to service and provides you a means for realizing the fulfillment of giving. Service can be found at the bedside, through chapter involvement and community projects, and through manuscript review, article authorship, mentoring and advising. Service is a means to renewal, because one often finds meaning by connecting with something outside of and greater than one's self.

Renewal through attention to the scholarship of reflective practice

Creating the future through attention to scholarly practice requires a renewal commitment to reflective practice. Clarify in your own mind what your values and beliefs are about reflective practice. Learn about the scholarly works of experts on reflective practice. Consider how clinical experiences across regions. What is the preferred future of nursing.

One of the most valuable lessons I learned from Dr. May Wykle's presidential call to "Build-Diverse Relationships" is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series.

Arista3 spanned 2001-2003 and included five regional meetings: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, Southern Europe and the Mediterranean. These meetings considered the preferred future of nursing.

Renewal through attention to society

One of the most exciting things of this biennium is the introduction, implementation and evaluation of the Volunteer Interest Profile, or the VIP. While there is great interest groups, service and product development, and the building of community at chapter, regional, national and international levels. Linking the social and intellectual capital of our members is yet another way to discover excellence, reach through to people's genius and create the future through renewal.

As knowledge develops, roles will transform. It is important for us to keep our focus on knowledge development, dissemination, translation and use for basic, applied and practical science in nursing. You can create the future by reacting and responding to inquiries from the Research Advisory Council and by using the evidence-based-nursing resource tools of the honor society. Supporting and contributing to our research endowment fund is another way you can influence the future through attention to science.

Renewal through attention to spirit

One of the most valuable lessons I learned from Dr. May Wykle's presidential call to "Build-Diverse Relationships" is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity.

One of the most exciting things of this biennium is the introduction, implementation and evaluation of the Volunteer Interest Profile, or the VIP. While there is great interest groups, service and product development, and the building of community at chapter, regional, national and international levels. Linking the social and intellectual capital of our members is yet another way to discover excellence, reach through to people's genius and create the future through renewal.

Renewal through attention to the scholarship of reflective practice

Creating the future through attention to scholarly practice requires a renewal commitment to reflective practice. Clarify in your own mind what your values and beliefs are about reflective practice. Learn about the scholarly works of experts on reflective practice. Consider how clinical experiences across regions. What is the preferred future of nursing.

One of the most valuable lessons I learned from Dr. May Wykle's presidential call to "Build-Diverse Relationships" is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series.

Arista3 spanned 2001-2003 and included five regional meetings: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, Southern Europe and the Mediterranean. These meetings considered the preferred future of nursing.

Renewal through attention to society

One of the most valuable lessons I learned from Dr. May Wykle's presidential call to "Build-Diverse Relationships" is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series.

Arista3 spanned 2001-2003 and included five regional meetings: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, Southern Europe and the Mediterranean. These meetings considered the preferred future of nursing.

Renewal through attention to science

To create the future through renewal, it is necessary to move away from discussions about nursing role and image and commit to the value of knowledge for service. The knowledge base for nursing practice includes nursing science, philosophy and ethics, as well as the physical, economic, biomedical, behavioral and social sciences. To expand and use this knowledge is a continual source of professional renewal. Creating the future through renewal requires that we distinguish between performance expectations based on knowledge-service and image-role.

As knowledge develops, roles will transform. It is important for us to keep our focus on knowledge development, dissemination, translation and use for basic, applied and practical science in nursing. You can create the future by reacting and responding to inquiries from the Research Advisory Council and by using the evidence-based-nursing resource tools of the honor society. Supporting and contributing to our research endowment fund is another way you can influence the future through attention to science.

Renewal through attention to spirit

One of the most valuable lessons I learned from Dr. May Wykle's presidential call to "Build-Diverse Relationships" is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series.

Arista3 spanned 2001-2003 and included five regional meetings: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, Southern Europe and the Mediterranean. These meetings considered the preferred future of nursing.

Renewal through attention to society

One of the most valuable lessons I learned from Dr. May Wykle's presidential call to "Build-Diverse Relationships" is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series.

Arista3 spanned 2001-2003 and included five regional meetings: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, Southern Europe and the Mediterranean. These meetings considered the preferred future of nursing.

Renewal through attention to science

To create the future through renewal, it is necessary to move away from discussions about nursing role and image and commit to the value of knowledge for service. The knowledge base for nursing practice includes nursing science, philosophy and ethics, as well as the physical, economic, biomedical, behavioral and social sciences. To expand and use this knowledge is a continual source of professional renewal. Creating the future through renewal requires that we distinguish between performance expectations based on knowledge-service and image-role.

As knowledge develops, roles will transform. It is important for us to keep our focus on knowledge development, dissemination, translation and use for basic, applied and practical science in nursing. You can create the future by reacting and responding to inquiries from the Research Advisory Council and by using the evidence-based-nursing resource tools of the honor society. Supporting and contributing to our research endowment fund is another way you can influence the future through attention to science.

Renewal through attention to spirit

One of the most valuable lessons I learned from Dr. May Wykle's presidential call to "Build-Diverse Relationships" is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series.
M O N T H L Y  C A L L  T O  A C T I O N

President Daniel J. Pesut calls members of the Honor Society of Nursing, Theta Tau International to a biennium of renewal, beckoning them toward a future marked by conversations of hope and inspiration rather than discontent and regret.

Complete text of speech available at www.nursingsociety.org

O VER THE PAST few years, I have witnessed a decrease in hope and confidence and an increase in career discontent among nurses. Some nurses in education, practice, research and community settings are disillusioned and depressed about the current state of nursing, rather than inspired and hopeful about the future. I sense that, in break rooms and cafeterias, conversations of regret find their way into people’s homes and family life. We need to turn conversations of hope.

Some conversations are about exiting rather than advancing a career in nursing. Sometimes, career discontent and regret find their way into people’s homes and family life. We need to turn these dispirited conversations around and shift the discourse to one that is more creative, thoughtful and inspiring. Our honor society was created to maintain the spirit of nursing through the revitalizing social effects of shared knowledge, learning and the joyfulness of service. I believe it is time to rekindle that sense of professional renewal and joy and to use our creative talents to confirm the inspirational aspects of our nursing heritage.

Here are some specific initiatives I want you to take advantage of in each area over the next two years.

Renewal through attention to self
To create the future through renewal, each of us must be emotion­ally and intellectually accountable and responsible for doing the inner psychological work that resolves our own issues and aids in the evolution of our individual consciousness. Renewal with attention to self requires courage and a personal growth agenda. Each of us must confront our own shadows, heal old wounds and become self-authoring and self-transforming. Inner work supports personal growth that is manifested in outer service.

One of the most exciting things of this biennium is the introduction, implementation and evaluation of the Volunteer Interest Profile, or the VIP. While there is great interest in groups, service and product development, and the building of community at chapter, regional, national and international levels, linking the social and intellectual capital of our members is yet another way to discover excellence, reach through to people’s genius and create the future through renewal.

By the end of this biennium, I hope every member of the honor society will complete the CareReel™ program. This engaging and inspirational program is a way for you to discover those things that energize, support and sustain your passion and purpose. By completing this program, you will craft a personal statement that makes explicit your professional values, talents and gifts. Such exercises enable you to be intentional about your impact and influence in the world.

Renewal through attention to service
Community service and civic engagement are sources and opportunities for renewal. Membership in Sigma Theta Tau International implies a commitment to service and provides you a means for realizing your “good life.” Service can be found at the bedside, through chapter involvement and community projects; and through manuscript review, article authorship, mentoring and advising. Service is a means to renewal, because one often finds meaning by connecting with something outside of and greater than one’s self.

Renewal through attention to the scholarship of reflective practice
Creating the future through attention to scholarly practice requires a renewed commitment to reflective practice. Clarify in your own mind what your values and beliefs are about reflective practice. Learn about the scholarly works of experts on reflective practice. Consider how clinical practice, evidence-based nursing and reflective practice are connected and interrelated.

Renewal through attention to science
To create the future through renewal, it is necessary to move away from discussions about nursing role and image and commit to the value of knowledge for service. The knowledge base for nursing practice includes nursing science, philosophy and ethics, as well as the physical, economic, biomedical, behavioral and social sciences. To expand and use this knowledge is a continual source of professional renewal. Creating the future through renewal requires that we distinguish between performance expectations based on knowledge-service and image-role.

As knowledge develops, roles will transform. It is important for us to keep our focus on knowledge development, dissemination, translation and use for basic, applied and practical science in nursing. You can create the future by reacting and responding to inquiries from the Research Advisory Council and by using the evidence-based-nursing resource tools of the honor society. Supporting and contributing to our research endowment fund is another way you can influence the future through attention to science.

Renewal through attention to society
One of the most valuable lessons I learned from Dr. May Wykle’s presidential call to “Build Diverse Relationships” is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series.

Arista3 spanned 2001-2003 and included five regional meetings: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, Southern Europe and the Mediterranean. These meetings considered the preferred future of nursing. Expert panels were invited to dialogue and recommend actions and initiatives that would move nursing toward that future. Arista3 demonstrated the need for knowledge for practice, knowledge for professional development, knowledge for leadership, and creation of research and policy agendas that emphasize the value of nursing knowledge. Our newly created subsidiary, Nursing Knowledge International (NKI), will be a vehicle for us to lead and influence the development of nursing worldwide.

Renewal through attention to spirit
Harrison Owen writes, “If renewal is to occur in an organization, raising spirit is a must” (Owen, 2000, p. 64). He also offers a piece of advice that I would like to share with you: “Creating the future through spiritual renewal involves letting go of one’s grief.”

Renewal through attention to spirit is the importance of valuing diversity while at the same time maintaining unity. We will continue to monitor and evaluate our diversity initiatives. As we craft a global growth agenda that values diversity, it is essential that we maintain unity. The diversity and unity of global nursing are made clear in knowledge gained from the Arista3 conference series. Arista3 spanned 2001-2003 and included five regional meetings: the Americas, Southeast Asia and the Pacific Rim, Europe, Africa and the Near East, Southern Europe and the Mediterranean. These meetings considered the preferred future of nursing. Expert panels were invited to dialogue and recommend actions and initiatives that would move nursing toward that future. Arista3 demonstrated the need for knowledge for practice, knowledge for professional development, knowledge for leadership, and creation of research and policy agendas that emphasize the value of nursing knowledge. Our newly created subsidiary, Nursing Knowledge International (NKI), will be a vehicle for us to lead and influence the development of nursing worldwide.
Self-care begets holistic care

From our interviews with nurses across the country, we believe most nurses possess an innate capacity to care. However, stress and ongoing changes in today's health care arena often diminish this capacity and cause compassion fatigue. The antidote to burnout involves engaging in some key strategies for self-caring.

by Jim and Linda Henry

Lisa Wayman's transition from burnout to self-care and professional renewal was triggered by the news of her son's serious illness. After graduating from nursing school, Wayman, a member of the Honor Society of Nursing, immediately went into critical care nursing because, she says, "I loved tinkering with the high-tech equipment and using my head all of the time. I could play with ventilators, IV pumps and all the other paraphernalia." However, like many people in the helping professions, she was a wounded healer, and it limited her ability to provide much nonclinical care. Not surprisingly, after a year she began to dread going to work.

"I had isolated myself from the emotional trauma of people critically ill and dying," she remembers. "I thought about leaving nursing, so in desperation I visited my nursing professor, Lea, for some advice, who reminded me again that nursing embraces caring as well as clinical work."

Wayman then began engaging in some self-care activities—exercising, meditating and visiting a counselor—but her nursing professor, Lea, for some advice, who reminded me again that nursing embraces caring as well as clinical work.

During her ordeal with Joe's illness, Wayman came to appreciate and participate in a caring community with family, friends and health care colleagues. From our research, we believe connecting to community ranks foremost in the hierarchy of effective self-care strategies.

A good place to begin reaffirming your calling is to identify key passionate, transferable skills. They are transferable because they can be used in a variety of settings—on the job and otherwise—as opposed to technical or clinical skills. Because they serve as the focus for one's enjoyment and enthusiasm, they are by nature self-caring. You never become bored or burned out utilizing them. Along with your deeply enjoyable clinical competencies, these skills may be useful in developing a statement of career calling.

For example, we interviewed several nurses who identified "drive/tenacity" as a key passionate skill—persistently working toward a goal, pushing oneself to achieve the best possible outcome, steadfastly overcoming barriers, going the extra mile. "This nurse got things done," said one nurse. "I could always count on her to be there—she was a workhorse."

Several resources are available to help identify your passion, transferable skills. One no-cost method is to use a search engine such as www.google.com and type in the words "transferable skills" or "functional skills." You will be led to a number of sites and free inventories, several of which are associated with college career centers. We also recommend Richard Bolles' classic book, What Color Is Your Parachute? (Bolles, 2003). Updated yearly, it includes an epi-\title{How to Find Your Mission in Life.}

Another way to find key strengths is to complete the Myers-Briggs Type Indicator or a free version of it at www.humanmetrics.com titled the Jung Typology Test (not really a test). Once you identify your four-letter code such as "ENFJ," read a chapter about your strengths in a superb book titled Do What You Are (Tietje & Barron-Tieges, 2001).

Create a self-care plan

Beyond the basics mentioned above, a wide array of strategies for self-care may be found, depending upon individual situations and needs. Each year, Katherine "Kay" Lanier, clinical and operations director at the MultiCare Regional Cancer Center in Tacoma, Wash., requests that staff members submit a plan for self-care. Each employee receives a list of questions in seven categories to use as a guide for developing his or her plan. The categories and sample questions are shown below.

Healing environment
How can you improve your contribution to the healing environment? What gifts do you bring?

Integrative therapy
What complementary-integrative therapies—meditation, massage, aromatherapy, music, therapeutic touch, etc.—do you use? What effect do they have?

Physical balance
What are the areas of stress? What areas need improvement?

Mental balance
How does your positive or negative energy influence the healing environment? What areas of growth do you want to pursue?

Emotional balance
What qualities are assets to your being with others? What emotions impede your being fully present to yourself and others?

Spiritual balance
What practices help you stay connected to your understanding of God? How could you improve your spiritual development?

Healing environment
How can you improve your contribution to the healing environment? What gifts do you bring?

Integrative therapy
What complementary-integrative therapies—meditation, massage, aromatherapy, music, therapeutic touch, etc.—do you use? What effect do they have?

Physical balance
What are the areas of stress? What areas need improvement?

Mental balance
How does your positive or negative energy influence the healing environment? What areas of growth do you want to pursue?

Emotional balance
What qualities are assets to your being with others? What emotions impede your being fully present to yourself and others?

Spiritual balance
What practices help you stay connected to your understanding of God? How could you improve your spiritual development?

Endowment funds cover costs associated with implementing these self-development plans. This serves as one example of how Lanier and her managerial staff put into practice the philosophy, "Caring for nurses results in more holistically caring nurses." As one might expect, caring for staff favorably impacts the unit's bottom line. The center's RN vacancy rate is about 4.5 percent compared to 20 percent overall for Tacoma's Pierce County, and patient satisfaction ratings consistently score in the 90th percentile.

We would also like to see nurse education and practice policies that value and support nurses' self-care. One example of how we might approach this is to develop a "self-care inventory sheet" listing the steps nurses can take to replenish their personal resources. In this way, nurses can be encouraged to practice their own self-care, which in turn will enable them to provide better care to their patients.
Self-care begets holistic care

From our interviews with nurses across the country, we believe most nurses possess an innate capacity to care. However, stress and ongoing changes in today's health care arena often diminish this capacity and cause compassion fatigue. The antidote to burnout involves engaging in some key strategies for self-caring.

by Jim and Linda Henry

LISA WAYMAN's transition from burnout to self-care and professional renewal was triggered by the news of her son's serious illness. After graduating from nursing school, Wayman, a member of the Honor Society of Nursing, immediately went into critical care nursing because, she says, "I loved tinkering with the high-tech equipment and using my head all of the time. I could play with ventilators, IV pumps and all the other paraphernalia." However, like many people in the helping professions, she was a wounded healer, and it limited her ability to provide much nonclinical care. Not surprisingly, after a year she began to dread going to work.

"I had isolated myself from the emotional trauma of people critically ill and dying," she remembers. "I thought about leaving nursing, so in desperation I visited my nursing professor, Lea, for some advice, who reminded me again that nursing embraces caring as well as clinical work.

Wayman then began engaging in some self-care activities—exercising, meditating and visiting a counselor—but she reports these as baby steps. Then the roof caved in when her son, Joe, was diagnosed with a brain stem tumor and began unpleasant cancer treatments. Within 18 months, he passed away.

Although it was an extremely difficult period, Joe's life and death helped Wayman make a transformation from being cold and clinical to being a person of compassionate caring. "I learned to live in the present," she underscores, "to empathize with my patients and to let go of trying to be in charge and control outcomes. Also, I learned to laugh and not to take myself so seriously."

Lightening up and letting go also allowed Wayman to recover her artistic skills as she began working with oils to express her emotions. One of her paintings is a picture of a butterfly that represents Joe's release from his ailing body and symbolizes her own freedom from having to control everything. Today, Wayman, who has just completed coursework for a master's degree in holistic nursing, enjoys conducting workshops with other artistically oriented nurses and shares her story as she teaches a class for student nurses.

During her ordeal with Joe's illness, Wayman came to appreciate and participate in a caring community with family, friends and health care colleagues. From our research, we believe connecting to community ranks foremost in the hierarchy of effective self-care strategies.

You can piggyback activities in your personal self-care plan. For example, cardiac nurse Diane Newman loves nature and links it with her need for community by hiking with friends. In any case, the key to getting started is to have fun and to pick an activity that you enjoy.

Reaffirm your calling

Another important self-care strategy is to reaffirm your calling to the profession, to find again the motivation that causes you to say, "This is why I became a nurse."

In his book, Callings: Finding and Following an Authentic Life, Greg Levoy states, "The purpose of calling is to summon adherents away from their daily grinds to a new level of awareness, into a sacred frame of mind, in communion with that which is bigger than themselves." (Levoy, 1997).

A good place to begin reaffirming your calling is to identify key passionate, transferable skills. They are transferrable because they can be used in a variety of settings—on the job and otherwise—as opposed to technical or clinical skills. Because they serve as the focus for one's enjoyment and enthusiasm, they are by nature self-careing. You never become bored or burned out utilizing them. Along with your deeply enjoyable clinical competencies, these skills may be useful in developing a statement of career calling.

For example, we interviewed several nurses who identified "drive/tenacity" as a key passionate skill—persistently working toward a goal, pushing oneself to achieve the best possible outcome, steadfastly overcoming barriers, going the distance with another person.

Home care nurse Dee Horn's mantra is, "I can do that!" As a supervisor and caregiver, she works as an enterprising, up-front organizer who makes sure her patients receive the best of care. Tenacious optimism is one of Navy nurse Steve Brandt's strong abilities. He refuses to say no to patients in need of his expertise. He {

Several resources are available to help identify your passionate, transferable skills. One no-cost method is to use a search engine such as www.google.com and type in the words "transferable skills" or "functional skills." You will be led to a number of sites and free inventories, several of which are associated with college career centers. We also recommend Richard Bolles' classic book, What Color is Your Parachute? (Bolles, 2003). Updated yearly, it includes an epi-

You can find your calling in the job market or in another environment. "How to Find Your Mission in Life." Another way to identify key strengths is to complete the Myers-Briggs Type Indicator or a free version of it at www.humanmetrics.com titled the Jung Typology Test (not really a test). Once you identify your four-letter code such as "ENFP," read a chapter about your strengths in a superb book titled Do What You Are (TIEGER & BARRON-TIEGES, 2001).

Create a self-care plan

Beyond the basics mentioned above, a wide array of strategies for self-care may be found, depending upon individual situations and needs. Each year, Katherine "Kay" Lanier, clinical and operations director at the MultiCare Regional Cancer Center in Tacoma, Wash., requests that staff members submit a plan for self-care. Each employee receives a list of questions in seven categories to use as a guide for developing his or her plan. The categories and sample questions are shown below.

Healing environment

How can you improve your contribution to the healing environment? What gifts do you bring?

Integrative therapy

What complementary/integrative therapies—meditation, massage, aromatherapy, music, therapeutic touch, etc.—do you use? What effect do they have?

Meaning and purpose

What meaning and value does your work on our unit have in your life? What do you enjoy the most? The least?

Physical balance

What are the areas of strength? What areas need improvement?

Mental balance

How does your positive or negative energy influence the healing environment? What areas of growth do you want to pursue?

Emotional balance

What qualities are assets to your being with others? What emotions impede your being fully present to yourself and to others?

Spiritual balance

What practices help you stay connected to your understanding of God? How could you improve your spiritual development?

An endowment fund covers costs associated with implementing these self-development plans. This serves as one example of how Lanier and her managerial staff put into practice the philosophy, "Caring for nurses results in more holistically caring nurses." As one might expect, caring for staff favorably impacts the unit's bottom line. The center's RN vacancy rate is about 4.5 percent compared to 20 percent overall for Tacoma's Pierce County, and patient satisfaction ratings consistently score in the 90th percentile. For more information, see "Doll of the Decades," article by Lisa Wayman—"I painted this," says Wayman, "when it appeared that my son would die from his cancer. It is a painting that represents my coming release from his ailing body. It has also come to represent my own freedom. I was able to let go of all and let go of my own wish to be in control. If I could let him go, then I could also work on letting go of other things in my life that keep me from being free. I can't say that I have totally realized this, but I am trying."

Holistic self-care for nurses
an intrapersonal perspective

Nurses are well-known for their holistic approach to patient care, but we don’t always have this perspective when it comes to our own well-being. Ours is a giving profession and we often neglect ourselves. by Sandra L. Stuban

THE CONCEPT of holistic care generally considers body, mind and spirit or, more far reaching, the whole person. Based on my experiences, I believe the critical component of intrapersonal considerations is missing in discussions about holistic care. The intrapersonal component must be healthy and well-balanced before the body, mind and spirit elements can be effectively addressed.

What is this intrapersonal component? It simply consists of such concepts as motivation, aspirations, risk-taking, attitude and the will to live or die, concepts that do not fit neatly into the categories of body, mind and spirit.

A unique perspective
My perspective was formed by experiences associated with being diagnosed with a fatal, untreatable disease. I have ALS—amyotrophic lateral sclerosis—also known as Lou Gehrig’s disease. It is a progressive neurodegenerative disorder that leads to total paralysis. Death occurs in most cases because of respiratory failure. Fifty percent of victims die within two years, 80 percent within five years. Only 10 percent live past 10 years.

When I was diagnosed in 1995, I was a strong lieutenant colonel in the U.S. Army Nurse Corps. My son was 5 months old. Imagine the shock. I was good at my profession. I had plans. I wanted to be there for my son. Now what?

I’ve had ALS for eight years now and am a ventilator-dependent quadriplegic. I have nothing to live for, right? Wrong! I have a lot to live for, and being healthy intrapersonally is responsible for my outlook on life. As I recount my experiences, I hope you will use the pertinent tenets to assess your own self-care efforts.
Holistic self-care for nurses

an intrapersonal perspective

Nurses are well-known for their holistic approach to patient care, but we don't always have this perspective when it comes to our own well-being. Ours is a giving profession and we often neglect ourselves. by Sandra L. Stuban

The concept of holistic care generally considers body, mind and spirit or, more far reaching, the whole person. Based on my experiences, I believe the critical component of intrapersonal considerations is missing in discussions about holistic care. The intrapersonal component must be healthy and well-balanced before the body, mind and spirit elements can be effectively addressed.

What is this intrapersonal component? It simply consists of such concepts as motivation, aspirations, risk-taking, attitude and the will to live or die, concepts that do not fit neatly into the categories of body, mind and spirit.

A unique perspective

My perspective was formed by experiences associated with being diagnosed with a fatal, untreatable disease. I have ALS—amyotrophic lateral sclerosis—also known as Lou Gehrig's disease. It is a progressive neurodegenerative disorder that leads to total paralysis. Death occurs in most cases because of respiratory failure. Fifty percent of victims die within two years, 80 percent within five years. Only 10 percent live past 10 years.

When I was diagnosed in 1995, I was a strong lieutenant colonel in the U.S. Army Nurse Corps. My son was 5 months old. Imagine the shock. I was good at my profession. I had plans. I wanted to be there for my son. Now what?

I've had ALS for eight years now and am a ventilator-dependent quadriplegic. I have nothing to live for, right? Wrong! I have a lot to live for, and being healthy intrapersonally is responsible for my outlook on life. As I recount my experiences, I hope you will use the pertinent tenets to assess your own self-care efforts.
Find your source of motivation

I have always been an opportunist. If an opportunity presented itself, I jumped at it despite the extra work involved. That is how I completed three master's degrees while serving in the Army. My fellow Army Nurse Corps officers know I am a person who can make things happen. I am never satisfied with the status quo, I always look for the challenge to improve. This is what makes me happy. This is my motivation.

For several years after my diagnosis, I struggled with making an acceptable transition from being fiercely independent to being 100 percent dependent. ALS consumed me physically and mentally. I merely existed and was not happy. What was missing was the challenge to improve, my motivation. When I realized how important this was to me personally, I became proactive in regaining my source of motivation and thus my happiness.

In October 2003, the annual Walk to Defeat ALS was held in Washington, D.C., to raise money for research. This year, instead of passively watching others respond to the call, I registered a team, raised money and "walked" with my family and friends. What a difference it made to actively accept the challenge.

Know your aspirations

As my ALS progressed, I watched all my dreams and plans for the future dissolve, both professionally and personally. What could I possibly look forward to? I really needed to think "outside the box." When I did, I found that many of my long-term aspirations still could be realized but with a different spin. For example, I always had wanted to be actively involved with a nursing organization, I was always interested in writing, and I wanted to be able to read more. Before ALS, I could not achieve these goals because my job was all-consuming. Now I could.

When I was asked to serve as the chair of membership involvement for Kappa Chapter at Catholic University of America in Washington, D.C., my first reaction was, how can I possibly do this? I can't walk, I can't move, I can't talk. I didn't want to accept this position unless I could do it while meeting my highest expectations. The more I thought about it, the more convinced and determined I became that I could do it. I feel honored to be given the opportunity to serve.

When I submitted my first manuscript about ALS for publication, I felt very uncertain. When it was accepted, I knew I would continue writing. I was achieving another aspiration despite advanced ALS.

Many of my capabilities are possible because of my computer. I use a software program that allows me to perform computer functions through an infrared motion-sensor switch activated by movement of my cheek. I can do everything from word processing to reading more. Before ALS, I could not do everything from word processing to reading more.

Determine your level of risk-taking

Every person has a degree of risk-taking with which they are comfortable. Personally, I believe risk-taking is necessary to be successful. A balance must be established between the amount of risk taken and the expected outcome. With out this balance, you can feel frustrated and discontented.

About two years after my diagnosis, I enrolled in a double-blind, placebo-controlled clinical trial at a local ALS clinic to test a new oral drug. I understood the risks involved with taking an unproven therapy and the possibility of receiving placebo, but I accepted that, considering the possible positive outcome. After more than two years and extensive analysis, the researchers reported no significant effect of the therapy on ALS. I was later informed that I had received the drug—not placebo.

Prior to needing a trach and ventilator, I had already decided I wanted this option. I knew that only 5 percent of people with ALS choose a ventilator, and I wondered if there was a risk I had failed to consider. Having been an ICU nurse with CCRN certification, I was very familiar with ventilators professionally. I weighed the pros and cons, the benefits and disadvantages, as my nurse. I weighed the pros and cons, the benefits and disadvantages, as my nurse.

When I submitted my first manuscript about ALS for publication, I felt very uncertain. When it was accepted, I knew I would continue writing. I was achieving another aspiration despite advanced ALS.

Many of my capabilities are possible because of my computer. I use a software program that allows me to perform computer functions through an infrared motion-sensor switch activated by movement of my cheek. I can do everything from word processing to reading more. Before ALS, I could not do everything from word processing to reading more.

Determine your level of risk-taking

Every person has a degree of risk-taking with which they are comfortable. Personally, I believe risk-taking is necessary to be successful. A balance must be established between the amount of risk taken and the expected outcome. With this balance, you can feel frustrated and discontented.

About two years after my diagnosis, I enrolled in a double-blind, placebo-controlled clinical trial at a local ALS clinic to test a new oral drug. I understood the risks involved with taking an unproven therapy and the possibility of receiving placebo, but I accepted that, considering the possible positive outcome. After more than two years and extensive analysis, the researchers reported no significant effect of the therapy on ALS. I was later informed that I had received the drug—not placebo.

Prior to needing a trach and ventilator, I had already decided I wanted this option. I knew that only 5 percent of people with ALS choose a ventilator, and I wondered if there was a risk I had failed to consider. Having been an ICU nurse with CCRN certification, I was very familiar with ventilators professionally. I weighed the pros and cons, the benefits and disadvantages, as my nurse. I weighed the pros and cons, the benefits and disadvantages, as my nurse.

When I submitted my first manuscript about ALS for publication, I felt very uncertain. When it was accepted, I knew I would continue writing. I was achieving another aspiration despite advanced ALS.

Many of my capabilities are possible because of my computer. I use a software program that allows me to perform computer functions through an infrared motion-sensor switch activated by movement of my cheek. I can do everything from word processing to reading more. Before ALS, I could not do everything from word processing to reading more.

Determine your level of risk-taking

Every person has a degree of risk-taking with which they are comfortable. Personally, I believe risk-taking is necessary to be successful. A balance must be established between the amount of risk taken and the expected outcome. With this balance, you can feel frustrated and discontented.

About two years after my diagnosis, I enrolled in a double-blind, placebo-controlled clinical trial at a local ALS clinic to test a new oral drug. I understood the risks involved with taking an unproven therapy and the possibility of receiving placebo, but I accepted that, considering the possible positive outcome. After more than two years and extensive analysis, the researchers reported no significant effect of the therapy on ALS. I was later informed that I had received the drug—not placebo.

Prior to needing a trach and ventilator, I had already decided I wanted this option. I knew that only 5 percent of people with ALS choose a ventilator, and I wondered if there was a risk I had failed to consider. Having been an ICU nurse with CCRN certification, I was very familiar with ventilators professionally. I weighed the pros and cons, the benefits and disadvantages, as my nurse. I weighed the pros and cons, the benefits and disadvantages, as my nurse.

When I submitted my first manuscript about ALS for publication, I felt very uncertain. When it was accepted, I knew I would continue writing. I was achieving another aspiration despite advanced ALS.

Many of my capabilities are possible because of my computer. I use a software program that allows me to perform computer functions through an infrared motion-sensor switch activated by movement of my cheek. I can do everything from word processing to reading more. Before ALS, I could not do everything from word processing to reading more.

Determine your level of risk-taking

Every person has a degree of risk-taking with which they are comfortable. Personally, I believe risk-taking is necessary to be successful. A balance must be established between the amount of risk taken and the expected outcome. With this balance, you can feel frustrated and discontented.

About two years after my diagnosis, I enrolled in a double-blind, placebo-controlled clinical trial at a local ALS clinic to test a new oral drug. I understood the risks involved with taking an unproven therapy and the possibility of receiving placebo, but I accepted that, considering the possible positive outcome. After more than two years and extensive analysis, the researchers reported no significant effect of the therapy on ALS. I was later informed that I had received the drug—not placebo.

Prior to needing a trach and ventilator, I had already decided I wanted this option. I knew that only 5 percent of people with ALS choose a ventilator, and I wondered if there was a risk I had failed to consider. Having been an ICU nurse with CCRN certification, I was very familiar with ventilators professionally. I weighed the pros and cons, the benefits and disadvantages, as my nurse. I weighed the pros and cons, the benefits and disadvantages, as my nurse.

When I submitted my first manuscript about ALS for publication, I felt very uncertain. When it was accepted, I knew I would continue writing. I was achieving another aspiration despite advanced ALS.

Many of my capabilities are possible because of my computer. I use a software program that allows me to perform computer functions through an infrared motion-sensor switch activated by movement of my cheek. I can do everything from word processing to reading more. Before ALS, I could not do everything from word processing to reading more.

Determine your level of risk-taking

Every person has a degree of risk-taking with which they are comfortable. Personally, I believe risk-taking is necessary to be successful. A balance must be established between the amount of risk taken and the expected outcome. With this balance, you can feel frustrated and discontented.

About two years after my diagnosis, I enrolled in a double-blind, placebo-controlled clinical trial at a local ALS clinic to test a new oral drug. I understood the risks involved with taking an unproven therapy and the possibility of receiving placebo, but I accepted that, considering the possible positive outcome. After more than two years and extensive analysis, the researchers reported no significant effect of the therapy on ALS. I was later informed that I had received the drug—not placebo.

Prior to needing a trach and ventilator, I had already decided I wanted this option. I knew that only 5 percent of people with ALS choose a ventilator, and I wondered if there was a risk I had failed to consider. Having been an ICU nurse with CCRN certification, I was very familiar with ventilators professionally. I weighed the pros and cons, the benefits and disadvantages, as my nurse. I weighed the pros and cons, the benefits and disadvantages, as my nurse.

When I submitted my first manuscript about ALS for publication, I felt very uncertain. When it was accepted, I knew I would continue writing. I was achieving another aspiration despite advanced ALS.

Many of my capabilities are possible because of my computer. I use a software program that allows me to perform computer functions through an infrared motion-sensor switch activated by movement of my cheek. I can do everything from word processing to reading more. Before ALS, I could not do everything from word processing to reading more.
Find your source of motivation
I have always been an opportunist. If an opportunity presented itself, I jumped at it despite the extra work involved. That is how I completed three master's degrees while serving in the Army. My fellow Army Nurse Corps officers know I am a person who can make things happen. I am never satisfied with the status quo, I always look for the challenge to improve. This is what makes me happy. This is my motivation.

For several years after my diagnosis, I struggled with making an acceptable transition from being fiercely independent to being 100 percent dependent. ALS consumed me physically and mentally. I merely existed and was not happy. What was missing was the challenge to improve, my motivation. When I realized how important this was to me intrapersonally, I became proactive in regaining my source of motivation and thus my happiness.

In October 2003, the annual Walk to Defeat ALS was held in Washington, D.C., to raise money for research. This year, instead of passively watching others respond to the call, I registered a team, raised money and "walked" with my family and friends. What a difference it made to actively accept the challenge.

Know your aspirations
As my ALS progressed, I watched all my dreams and plans for the future dissolve, both professionally and personally. What could I possibly look forward to? I really needed to think "outside the box." When I did, I found that many of my long-term aspirations still could be realized but with a different spin. For example, I always had wanted to be actively involved with a nursing organization, I was always interested in writing, and I wanted to be able to read more. Before ALS, I could not achieve these goals because my job was all-consuming. Now I could.

When I was asked to serve as the chair of membership involvement for Kappa Chapter at Catholic University of America in Washington, D.C., my first reaction was, how can I possibly do this? I can't walk, I can't move, I can't talk. I didn't want to accept this position unless I could do it while meeting my highest expectations. The more I thought about it, the more convinced and determined I became that I could do it. I feel honored to be given the opportunity to serve.

When I submitted my first manuscript about ALS for publication, I felt very uncertain. When it was accepted, I knew I would continue writing. I was achieving another aspiration despite advanced ALS.

Many of my capabilities are possible because of my computer. I use a software program that allows me to perform computer functions through an infrared motion-sensor switch activated by movement of my cheek. I can do everything from word processing to using the Internet to communicating via e-mail and instant messages.

I am an enthusiastic reader and prefer to read as independently as possible. I use a page-turning machine that I operate with a sip-and-puff switch. I also enjoy discussing books, and the book club I formed is now in its second year.

Determine your level of risk-taking
Every person has a degree of risk-taking with which they are comfortable. Personally, I believe risk-taking is necessary to be successful. A balance must be established between the amount of risk taken and the expected outcome. With
and live each and every day like it may be my last.

Several years ago I was telling my father that, to continue living, I would at some point need to get a feeding tube and a ventilator. His response was profound and practical: “Do whatever you need to do. Your son needs you as long as he can have you.” That really summed it up. My son, now 8, is my greatest motivator. He keeps my fighting flame alive.

Holistic care works well not only for our patients but also for us. There is a fourth dimension in the body-mind-spirit connection. I hope you have done self-assessment as I have expanded on each component of holistic care by drawing from my experiences with amyotrophic lateral sclerosis. I conclude with a short, thought-provoking story I read recently on an online ALS message board.

Two frogs were hopping along when they happened to jump into a large container of whipped cream. They jumped, kicked, and struggled, but they kept sinking in the whipped cream. It was like quicksand. Finally, one frog said, “If I am going to die anyway, I am just going to stop struggling now.” He stopped his efforts and quickly perished. The other frog said, “If I am going to die, I want to die fighting.” So he kicked and kicked. Slowly, the whipped cream changed to butter and the frog jumped to safety ( paraphrased, author unknown).

I know which frog I am. What about you? Questions and comments can be sent to me at StuhanRN@aol.com.

Sandra L. Stuhan, RN, EdM, MSN, MNHA, retired as a lieutenant colonel from the Army Nurse Corps in 1997.

Nursing shortage slowed, but not over.

Buerhaus, RN, PhD, FAAN, and colleagues have released new data about significant changes in the nationwide hospital nursing shortage in an article published in the November-December issue of Health Affairs. Buerhaus is Valerie Potter professor of nursing and senior associate dean for research at Vanderbilt University School of Nursing.

The data indicate that in 2002, hospital registered nurse employment in earnings rose as dramatically, as more than 104,000 nurses entered the work force. Older, married RNs over the age of 50 and foreign-born nurses accounted for nearly all of the increase in employment.

This influx of registered nurses has temporarily slowed the growth of the shortage. But, Buerhaus warned, it doesn’t mean the nursing shortage has ended. Over the past 20 years, the federal government estimates that the demand for RNs will increase 40 percent, with the majority of this employment growth in hospitals. Meanwhile, the number of older RNs is expected to peak in 2010 and decline thereafter as large numbers of nurses start to retire.

“We will need dramatic efforts to increase the production of new nurses into the workforce if we are to replace the large numbers soon to be retiring,” Buerhaus said. “In the absence of a corresponding increase in the supply of RNs, further shortages and upward pressure on RN wages are likely in the future.”

Article on eating disorders wins award

An article about adolescent eating disorders by Linda C. Andrzejewski, RN, PhD, WHNP, has been named Practice Paper of the Year by MCN, The American Journal of Maternal/Child Nursing. Andrzejewski is associate professor at MGH Institute of Health Professions, an academic affiliate of Massachusetts General Hospital.

“Media Images, Body Dissatisfaction, and Disordered Eating in Adolescent Women” was published in the March/April 2003 issue of MCN. The article reviews the current academic literature in pediatrics and adolescent health, which finds that children as young as 5 years old are already anxious about their bodies and want to be thinner.

While the impact of being bombarded by media images of perfect bodies and living in a society obsessed with dieting has long been recognized, Andrzejewski noted that the cultural ideals of thinness have become more extreme. The average fashion model is now 5’11” and weighs 117 pounds, while the average American woman is 5’4” and weighs 140 pounds.

Perhaps most disturbing are the thriving pro-anorexia and pro-bulimia Web sites, which offer “participants” to young people and provide bulletin boards where young women can interact with each other to continue their obsession. One such site reported 143,000 hits between September 2001 and August 2002.

Heart disease risk factors found in children

More than one in eight rural North Carolina schoolchildren tested had three or more risk factors for metabolic syndrome, a heart disease precursor, according to research at the University of North Carolina at Chapel Hill.

“The risk was about 1.6 times higher for girls than for boys,” said lead investigator Joanne S. Harrell, RN, PhD, FAAN, professor of nursing and director of the university’s Center for Research on Chronic Illness.

“I want to alert people to the potential dangers and motivate them to help our children increase physical activity and avoid obesity.”

Children were evaluated for body mass index, blood pressure, two types of fats in their blood and two indicators of how well they process glucose. Results reported were based on initial testing of students, who will be followed for three to four years.

More than half the participants, 58.3 percent, had at least one of the six risk factors; 27.4 percent had two or more; and 13.5 percent had three or more. The most common risk factor, found in 42.2 percent, was a low HDL level.

“Follow-up tests of the children may help physicians determine who needs to be screened for various risk factors and at what age, Harrell said. The data reinforce the need for primary prevention of heart disease in youth. “Greater physical activity can help improve most metabolic syndrome factors, including HDL levels, obesity, high blood pressure and insulin resistance,” Harrell said. “Preventing obesity also helps avoid other risk factors.”

Depression may hinder blood pressure control

Depression may sabotage efforts to control high blood pressure in urban African-American men, according to a study led by Myong Kim, RN, PhD, associate professor at Johns Hopkins University School of Nursing. Researchers found no direct link between depression and high blood pressure, but the depressed men were more likely to abuse alcohol, leading to behaviors that counteract efforts to control blood pressure.

Published in the July issue of Annals of Behavioral Medicine, the study found that more than one-fourth of 190 hypertensive black men from inner-city Baltimore were at high risk for depression. The level of depression correlated significantly with poor adherence to high blood pressure treatment.

“People who are depressed are more likely to use alcohol or drugs and less likely to take their medication or follow a low-salt diet,” Kim said. “Better screening for depression among hypertensive patients will lead to better treatment of both conditions, as well as an improved quality of life for the patient.”

The study revealed a rate of depression among the men that was three times that of the general population. Low income was found to be the most significant factor predicting depression; more than two-thirds of the participants reported an annual income of less than $10,000.

“Many of the urban black men in this study face a harsh environment and challenges in accessing health care, and it’s important to acknowledge that substance abuse may be a way of self-medicating for the depressed,” Kim said. “The results of our study warrant further investigation in order to construct effective means of caring for this group, but clearly the first step in treating hypertension is to uncover any underlying depression early on.”
Two frogs were hopping along when they happened to jump into a large container of whipped cream. They jumped, kicked and struggled, but they kept sinking in the whipped cream. It was like quicksand. Finally, one frog said, “If I am going to die anyway, I am just going to stop struggling now.” He stopped his efforts and quickly perished. The other frog said, “If I am going to die, I want to die fighting.” So he kicked and kicked. Slowly, the whipped cream changed to butter and the frog jumped to safety (paraphrased, author unknown).

I know which frog I am. What about you? Questions and comments can be sent to me at SusanRN4AO.com.

Susan likes to read and communicates with the world outside her home through extensive use of the Internet and e-mail.

Nursing shortage slowed, but not over

Buerhaus, RN, PhD, FAAN, and colleagues have released new data about significant changes in the nationwide hospital nursing shortage in an article published in the November/December issue of Health Affairs. Buerhaus is Valeer Pot­ter professor of nursing and senior associate dean for research at Vanderbilt University School of Nursing.

The data indicate that in 2002, hospital registered nurse employment and earnings rose dramatically, as more than 104,000 nurses entered the work force. Older, married RNs over the age of 50 and foreign-born nurses accounted for nearly all of the increase in employment.

This influx of registered nurses has temporarily slowed the growth of the shortage. But, Buerhaus warned, it doesn’t mean the nursing shortage has ended. Over the next 20 years, the federal govern­ment estimates that the demand for RNs will increase 40 percent, with the majority of this employment growth in hospitals. Meanwhile, the number of older RNs is expected to peak in 2010 and decline thereafter as large num­bers of nurses start to retire.

“We will need dramatic efforts to increase the produc­tion of new nurses into the work force if we are to replace the large numbers soon to be retiring,” Buerhaus said. “In the absence of a correspon­ding increase in the supply of RNs, further shortages and upward pressure on RN wages are likely in the future.”

Article on eating disorders wins award

An article about adolescent eating disorders by Linda C. Andrits, RNC, PhD, WHNP, has been named Practice Paper of the Year by MCN. The American Journal of Mater­nal/Child Nursing. Andrits is associate professor of Nursing at the University of Illinois, an academic affiliate of Mass­achusetts General Hospital, an Institute of Health Professions, an academic affiliate of Mass­achusetts General Hospital, and a ventilator. His response was pro­

and live each and every day like it may be my last.

Several years ago I was telling my father that, to continue living, I would at some point need to get a feeding tube and a ventilator. His response was pro­found and practical: “Do what you need to do. Your son needs you as long as he can have you.” That really summered it up. My son, now 8, is my most greativator. He keeps my fight­

ing flame alive.

Holistic care works well not only for our patients but also for us. There is a fourth dimension in the body-mind-spirit holistic framework, the intrapersonal assessment as I have expanded on each thought-provoking story I read recently on an online ALS message board.
My own vision

He waved his hands, and his face became more animated as he spoke. Standing there nodding with a smile on my face, I became aware he had not heard me. “It isn’t that I don’t understand what you are saying,” a voice in my head screamed. “I merely disagree!”

by Shawna Beece-Bjurstrom

I WAS TRAPPED in the illusion of a discussion veiled as a mutual exchange of ideas, but intended to teach me a lesson—that I needed to be more like him, them. He was the doctor; I was the nurse. The underlying assumption was that he possessed truth, I didn’t. What puts a knot in my stomach is, back then I agreed.

“This is not just the doctors, but also those nurses who rose above and became one of the elite. Senior nurses endowed with the wisdom and intuition that only experience provided were, at times, harsher than others in their judgment. They made painfully obvious that I had years to go and many dues to pay before I would be allowed the respect only they deserved.

The message I received was, if a nurse learns enough and networks enough, he/she might someday transcend the status of mere nurse and become a super nurse, or almost-doctor. I took it all in, tried to grow into their idea of what I should be, but eventually failed. I failed because I didn’t go to school to become an almost-doctor. My call was to become a nurse.

Not trying to fit into someone else’s plan or definition of what a nurse is was freeing. It gave me permission to assess what was important to me. I became responsible for my own destiny and career. I wrote a vision statement for my nursing practice that began with the simple words “Showing commitment to patients and community by being an enthusiastic advocate of the nursing profession.”

That statement grew into a philosophy that was to guide my practice, one that emphasized the importance of what I considered to be professional expectations. They included: 1) striving for excellence in practice, 2) advocating for an improved image of nursing through publication and promotion of the profession, 3) reaching out to the community through presentations or volunteer work, and 4) participating in anyone who might someday transcend the status of mere nurse and become a super nurse, or almost-doctor. I took it all in, tried to grow into their idea of what I should be, but eventually failed. I failed because I didn’t go to school to become an almost-doctor. My call was to become a nurse.

I felt I was not being taken seriously. My role as defined by others and my role as I perceived it were in conflict. I became jaded. Not only did the doctors give the impression that nursing was less than a “real profession,” it also appeared that many nurses I encountered agreed! Gaining approval, it seemed, came at a price. To earn the acceptance and value that I, and many others, desired, I tried to make myself like “them”—not just the doctors, but also those nurses who rose above and became one of the elite.

Senior nurses endowed with the wisdom and intuition that only experience provided were, at times, harsher than others in their judgment. They made painfully obvious that I had years to go and many dues to pay before I would be allowed the respect only they deserved.

Not trying to fit into someone else’s plan or definition of what a nurse is was freeing. It gave me permission to assess what was important to me. I became responsible for my own destiny and career. I wrote a vision statement for my nursing practice that began with the simple words “Showing commitment to patients and community by being an enthusiastic advocate of the nursing profession.”

That statement grew into a philosophy that was to guide my practice, one that emphasized the importance of what I considered to be professional expectations. They included: 1) striving for excellence in practice, 2) advocating for an improved image of nursing through publication and promotion of the profession, 3) reaching out to the community through presentations or volunteer work, and 4) participating in anyone who might someday transcend the status of mere nurse and become a super nurse, or almost-doctor. I took it all in, tried to grow into their idea of what I should be, but eventually failed. I failed because I didn’t go to school to become an almost-doctor. My call was to become a nurse.

I felt I was not being taken seriously. My role as defined by others and my role as I perceived it were in conflict. I became jaded. Not only did the doctors give the impression that nursing was less than a “real profession,” it also appeared that many nurses I encountered agreed! Gaining approval, it seemed, came at a price. To earn the acceptance and value that I, and many others, desired, I tried to make myself like “them”—not just the doctors, but also those nurses who rose above and became one of the elite.

Senior nurses endowed with the wisdom and intuition that only experience provided were, at times, harsher than others in their judgment. They made painfully obvious that I had years to go and many dues to pay before I would be allowed the respect only they deserved.

The message I received was, if a nurse learns enough and networks enough, he/she might someday transcend the status of mere nurse and become a super nurse, or almost-doctor. I took it all in, tried to grow into their idea of what I should be, but eventually failed. I failed because I didn’t go to school to become an almost-doctor. My call was to become a nurse.

Not trying to fit into someone else’s plan or definition of what a nurse is was freeing. It gave me permission to assess what was important to me. I became responsible for my own destiny and career. I wrote a vision statement for my nursing practice that began with the simple words “Showing commitment to patients and community by being an enthusiastic advocate of the nursing profession.”

That statement grew into a philosophy that was to guide my practice, one that emphasized the importance of what I considered to be professional expectations. They included: 1) striving for excellence in practice, 2) advocating for an improved image of nursing through publication and promotion of the profession, 3) reaching out to the community through presentations or volunteer work, and 4) participating in anyone who might someday transcend the status of mere nurse and become a super nurse, or almost-doctor. I took it all in, tried to grow into their idea of what I should be, but eventually failed. I failed because I didn’t go to school to become an almost-doctor. My call was to become a nurse.

The issues that originally saddened me about nursing are still there, but I no longer view them as insurmountable. After acknowledging and trying to understand them, I move on toward transformation. Ultimately, I can only control myself.

The path from oppression to empowerment is not always smooth and cannot be negotiated without the support and leadership of those who’ve gone before. At first, it is not comfortable to shape and claim ownership to a personal or a collective vision. It is sometimes difficult to gauge one’s progress and not look to others to measure success. However, it must be done, and every day with nursing it is being done.

Inducted into the Honor Society of Nursing in 2003, Shawna Beece-Bjurstrom, RN, BSN, C, CCRN, is employed as an assistant nurse manager in the cardiac intensive care unit at Sacred Heart Medical Center in Spokane, Wash.
He waved his hands, and his face became more animated as he spoke. Standing there nodding with a smile on my face, I became aware he had not heard me. "It isn't that I don't understand what you are saying," a voice in my head screamed. "I merely disagree!"

by Shawna Beese-Bjurstrom

I was trapped in the illusion of a discussion veiled as a mutual exchange of ideas, but intended to teach me a lesson—that I needed to be more like him, them. He was the doctor; I was the nurse. The underlying assumption was that he possessed truth, I didn't. What puts a knot in my stomach is, back then I agreed. If asked a few years ago, I might have admitted that I felt overwhelmed and defeated by the traditional medical model. Through my eyes as a newly trained nurse, the theories taught in school and the realities of nursing in practice could not have appeared more opposite. To me, nursing in the real world often played a dependent role and was marked by underachievement.

My own vision

I felt I was not being taken seriously. My role as defined by others and my role as I perceived it were in conflict. I became jaded. Not only did the doctors give the impression that nursing was less than a "real profession," it also appeared that many nurses I encountered agreed! Gaining approval, it seemed, came at a price. To earn the acceptance and value that I, and many others, desired, I tried to make myself like "them"—not just the doctors, but also those nurses who rose above and became one of the elite.

Senior nurses endowed with the wisdom and intuition that only experience provided were, at times, harsher than others in their judgment. They made painfully obvious that I had years to go and many dues to pay before I would be allowed the respect only they deserved.

The message I received was, if a nurse learns enough and networks enough, he/she might someday transcend the status of mere nurse and become a super nurse, or almost-doctor. I took it all in, tried to grow into their idea of what I should be, but eventually failed. I failed because I didn't go to school to become an almost-doctor. My call was to become a nurse.

Not trying to fit into someone else's plan or definition of what a nurse is was freeing. It gave me permission to assess what was important to me. I became responsible for my own destiny and career. I wrote a vision statement for my nursing practice that began with the simple words "showing commitment to patients and community by being an enthusiastic advocate of the nursing profession."

That statement grew into a philosophy that was to guide my practice, one that emphasized the importance of what I considered to be professional expectations. They included: 1) striving for excellence in practice, 2) advocating for an improved image of nursing through publication and promotion of the profession, 3) reaching out to the community and defeating by the traditional medical model. Through my eyes as a newly trained nurse, the theories taught in school and the realities of nursing in practice could not have appeared more opposite. To me, nursing in the real world often played a dependent role and was marked by underachievement. How, I wondered, could a group that claimed to desire full professional status be so divided in action?

I was Inducted into the Honor Society of Nursing in 2003, Shawna Beese-Bjurstrom, RN, BSN, G, CCRN, is employed as an assistant nurse manager in the cardiac intensive care unit at Sacred Heart Medical Center in Spokane, Wash.
Lost your smile?

We can only rekindle our spirit for nursing when we focus on our own healing and self-care, says the author of *Stop Living Life Like an Emergency!*

by Diane Sieg

Nursing is a noble profession. We see people in their most devastating and difficult circumstances and share in their greatest joys and triumphs. Our work requires a strong and courageous spirit.

The spirit of nursing is the core of everything we do. It’s the reassuring touch we give to anxious parents waiting for their child to come out of surgery. It’s the gentle explanation we give to the elderly woman who is totally confused by her new diagnosis. It’s the gut feeling we have that prompts us to give immediate attention to the 52-year-old man complaining of abdominal pain.

Nursing takes a huge toll on us. With all the physical, emotional and spiritual challenges we face daily, we cannot thrive in this profession without taking care of ourselves.

This is not an easy task, as we have become accustomed to putting our own needs last. We work all day to take care of our patients, our staff and our administrators and then go home and take care of our families. After all that, we rarely have time or energy for ourselves.

But we have to remember that when we take care of ourselves, we have more to give to our families, our co-workers and our patients. We have to rest physically to stay in peak condition for all the lifting, restraining and supporting we do. We have to renew emotionally to replenish ourselves after all the disappointments, sadness and anger we face. We have to reconnect spiritually to regain the faith that helps us make sense of it all. We have to do all of this to rekindle our spirit.

A few years ago, I facilitated a mountain retreat for a group of operating room nurses. They were going through a major transition with an inexperienced manager, a new open-heart program and an overbearing surgeon.

They were tired, discouraged and frustrated with every aspect of their jobs. There was one nurse I’ll never forget. Her name was Alice, an old-timer who was quite vocal with her self-limiting opinions and negative attitudes.

The retreat offered the nurses a much-needed break and an opportunity to take care of themselves by spending time together in a non-threatening environment, talking about their issues and resting, both physically and emotionally. At the end of the weekend, a visibly transformed Alice came up to me and said, “Thank you. I found my smile.”

Have you lost your smile? Our ability to smile on the inside and the outside has a powerful effect, not only...
Lost your smile?

We can only rekindle our spirit for nursing when we focus on our own healing and self-care, says the author of *Stop Living Life Like an Emergency!* by Diane Sieg

**Nursing** is a noble profession. We see people in their most devastating and difficult circumstances and share in their greatest joys and triumphs. Our work requires a strong and courageous spirit.

The spirit of nursing is the core of everything we do. It's the reassuring touch we give to anxious parents waiting for their child to come out of surgery. It's the gentle explanation we give to the elderly woman who is totally confused by her new diagnosis. It's the gut feeling we have that prompts us to give immediate attention to the 52-year-old man complaining of abdominal pain.

Nursing takes a huge toll on us. With all the physical, emotional and spiritual challenges we face daily, we cannot thrive in this profession without taking care of ourselves. This is not an easy task, as we have become accustomed to putting our own needs last. We work all day to take care of our patients, our staff and our administrators and then go home and take care of our families. After all that, we rarely have time or energy for ourselves.

But we have to remember that when we take care of ourselves, we have more to give to our families, our co-workers and our patients. We have to rest physically to stay in peak condition for all the lifting, restraining and supporting we do. We have to renew emotionally to replenish ourselves after all the disappointments, sadness and anger we face. We have to reconnect spiritually to regain the faith that helps us make sense of it all. We have to do all of this to rekindle our spirit.

A few years ago, I facilitated a mountain retreat for a group of operating room nurses. They were going through a major transition with an inexperienced manager, a new open-heart program and an overbearing surgeon. They were tired, discouraged and frustrated with every aspect of their jobs. There was one nurse I'll never forget. Her name was Alice, an old-timer who was quite vocal with her self-limiting opinions and negative attitudes.

The retreat offered the nurses a much-needed break and an opportunity to take care of themselves by spending time together in a non-threatening environment, talking about their issues and resting, both physically and emotionally. At the end of the weekend, a visibly transformed Alice came up to me and said, "Thank you. I found my smile."

Have you lost your smile? Our ability to smile on the inside and the outside has a powerful effect, not only
on us, but on everyone with whom we come in contact. As a leader, you model behavior every moment—at work and at home—by what you say, how you act, how you listen or don’t listen. It isn’t just your kids and patients you affect; it’s every nurse you come in contact with, from the gradu­

te nurse to seasoned nurses such as Alice.

When we agree to double-back assignments, to work our days off and never take lunch, we are modeling destructive behavior! Soon, it becomes standard practice. We unconsciously turn into martyrs when we let someone know we’re too tired we’ve been since we had a vacation or how far behind we are in our paperwork.

Of course, the patient always comes first; no one is argu­
ing that point. But how can we take care of ourselves so that we have more to give with a rekindled spirit?

We can start by taking a break. Weekend retreats are optimal, but not always realistic. So let’s just start with lunch. We all deserve 30 minutes to get away from our environment, gather our thoughts and fuel our bodies! And everyone else we work with deserves the same.

When many of us smoked, we all made sure we took smoking breaks. Now that most of us have quit smoking, we rarely go outside and escape our work environment.

Well, you can still take your “smoking break.” Get away for five minutes and do your deep breathing exercises. Just don’t inhale! Sidney Harris, the cartoonist, says, “The time to relax is when you don’t have time for it.”

The more stressed, busy and frustrated you are, the more you need a break. It’s amazing what even a few minutes of “getting away” can do for your perspective.

Nurses are great at following the rules. We wouldn’t think of working without the universal precautions of gloving, gowning and sometimes even goggling to protect ourselves. It’s standard to treat every body fluid as if it were a potential threat.

rarely has it been like this since we had a vacation or how far behind we are in our paperwork.

Of course, the patient always comes first; no one is arguing that point. But how can we take care of ourselves so that we have more to give with a rekindled spirit?

We can start by taking a break. Weekend retreats are optimal, but not always realistic. So let’s just start with lunch. We all deserve 30 minutes to get away from our environment, gather our thoughts and fuel our bodies! And everyone else we work with deserves the same.

When many of us smoked, we all made sure we took smoking breaks. Now that most of us have quit smoking, we rarely go outside and escape our work environment. Well, you can still take your “smoking break.” Get away for five minutes and do your deep breathing exercises. Just don’t inhale! Sidney Harris, the cartoonist, says, “The time to relax is when you don’t have time for it.”

The more stressed, busy and frustrated you are, the more you need a break. It’s amazing what even a few minutes of “getting away” can do for your perspective.

Nurses are great at following the rules. We wouldn’t think of working without the universal precautions of gloving, gowning and sometimes even goggling to protect ourselves. It’s standard to treat every body fluid as if it were a potential threat.

But what if we used universal precautions in our every­
day lives to take care of ourselves? What if we treated every request, every meeting, every event as if it was a threat to our time and energy? Because it is.

Most of us are in a personal energy crisis these days with too much to do and never enough time to do it. Your first universal precaution is get gloved.

In other words, see through your excuses for not taking care of yourself. The number one reason people say they can’t exercise is lack of time. Get gloved. Recognize that “I don’t have time” really means “I won’t make time.”

Here’s one I hear a lot: “It’s not that important.” It’s not that important to me that I not eat a healthy lunch. It’s not important I go to the gym. Get gloved! It’s “not that important” really means “I’m not that important.”

Do you ever say, “I’ll do it tomorrow?” It’s only tomorrow if you do it at the holidays? I’ll do it when things slow down.

Get gloved. “I’ll do it tomorrow” really means “I won’t do it.”

What is the one universal precaution you can use in your life right now, people who are your spouse, who are your self? What do you need to say no to, ask for help with or quit making excuses about?

Nurse, care for thyself! Our lives and our livelihoods depend on it.

Diane Sieg, RN, CCLC, an emergency room nurse for more than 20 years, is a certified lifestyle counselor, speaker and author of Liv­

ing Like an Emergency: Rescue Strategies for the Overworked and Overwhelmed. She can be reached at www.dianesieg.com.

Walking wounded or wounded healer?

Marion Conti-O’Hare, RN, PhD, APRN, BC, founder of Personal Wellness Consultation, recognizes that healing others can only happen by healing the self through reflec­
tion, transformation and transcendence. In her book The Nurse as Wounded Healer: From Trauma to Transcendence, Conti-O’Hare offers the QUEST model for transcending trauma.

The goal of the QUEST model is to assist nurses and other health professionals in healing themselves and their profession and, at the same time, to avoid vicarious retraumatization in the workplace. The steps in the QUEST model include:

Question: Preparing for change leading to transformation requires that individuals perform a self-assessment as the first step in facing potentially painful revelations that may surface. Otherwise, unhealed trauma contributes to present and future illnesses within the body-mind and counteracts a healing environment.

Uncover: Uncovering trauma patterns is perhaps the step most resisted because of the difficulty in remembering, as well as the concern about potential ramifications. In some situations, nurses tend to hurt one another because they feel violated in the work environment. The process of uncovering requires courage as well as support because of the potential pain that may arise. In some cases, a qualified therapist can help obtain the desired result.

Experience: This step can be difficult to achieve, because work problems are so interwoven that we may not be able to accept what has happened to them and usually repress certain occurrences. Awareness of an event and experiencing it on an emotional level cannot be perceived as being identical. The answer does not lie in repressing the traumatic episode from memory, but rather to acquire a fresh perspective on it.

Search for meaning: Searching for and understanding the meaning behind the suffering becomes a necessary aim toward attaining a higher level of consciousness and transc­

scendence. This step can be viewed as the most painful, since it seeks to acquire a perspective that will promote healing. It is desirable to remember that severe wounding changes the perception of the victim, who afterward sees the world through the veil of the injury. Art and literary works that reach into our unconscious feelings.

Transform and transcend: In the final step, the individual develops the capability for examining past events with renewed awareness. A major factor in the process of transform­

ing is to forgive one’s self as well as others, which should lead to such outcomes as alleviating shame and guilt and carding the traumatic worldview. When caregivers cannot face their own shame or accept the vulnerabilities of others, they continue to be wounded.

The following self-assessment guide will help you determine how and if trauma has affected your life and whether you fit the character­

istics of “wounded healer” or “walking wounded.” Please note that this exercise aims to help you identify some of the characteristics of underlying wounding and is neither inclusive nor a substitute for consulting a professional therapist.

Study your responses carefully and with expert assistance as needed. Respond to each question on the scale of 1 to 5, as indicated below. Then total your score and analyze it according to the criteria.

QUEST model self-assessment guide (score 1 for never, 2 for sometimes and 3 for always)

1. I need to read Help Me Live: Healing the Heart of the Helper by Marion Conti-O’Hare, published by Jones and Bartlett Publishers, Sudbury, MA. Copyright 2002. Used with permission.
Walking wounded or wounded healer?

Marion Conti-O’Hare, RN, PhD, APRN, BC, founder of Personal Wellness Consultation, recognizes that healing others can only happen by healing the self through reflection, transformation and transcendence. In her book The Nurse as Wounded Healer: From Trauma to Transcendence, Conti-O’Hare offers the Q.U.E.S.T. model for transcending trauma.

The goal of the Q.U.E.S.T. model is to assist nurses and other health professionals in healing themselves and their profession and, at the same time, to avoid vicarious retraumatization in the workplace. The steps in the Q.U.E.S.T. model include:

**Question:** Preparing for change leading to transformation requires that individuals perform a self-assessment as the first step in facing potentially painful revelations that may surface. Otherwise, unhealed trauma contributes to present and future illnesses within the body-mind and counteracts a healthy environment.

**Uncover:** Uncovering trauma patterns is perhaps the step most resisted because of the difficulty in remembering, as well as the concern about potential ramifications. In some situations, nurses tend to hurt one another because they feel violated in the work environment. The process of uncovering requires courage as well as support because of the potential pain that may arise. In some cases, a qualified therapist can help obtain the desired result.

**Experience:** This step can be difficult to achieve, because work and personal lives are so interwoven that one cannot be able to accept what has happened to them and usually repress certain occurrences. Awareness of an event and experiencing it on an emotional level cannot be perceived as being identical. The answer does not lie in attempting to integrate the traumatic experience from memory, but rather to acquire a fresh perspective on it.

**Search for meaning:** Searching for and understanding the meaning behind the suffering become a necessary aim toward attaining a higher level of consciousness and transcendence. This step can be viewed as the most critical, as it requires that individuals perform a self-assessment. The Q.U.E.S.T. model seeks to acquire a perspective that will promote healing. It is desirable to remember that severe wounding changes the perception of the victim, who afterward sees the world through the veil of the injury. Art and literary expressions can be considered as a way to help nurses cope with the stress and trauma associated with their profession.

**Transform and transcend:** In the final step, the individual develops the capability for examining past events with renewed awareness. A major factor in the process of transformation is to forgive one’s self as well as others, which should lead to such outcomes as alleviating shame and burdening the caregiving traumatic worldview. When caregivers cannot face their own shame or accept the vulnerabilities of others, they continue to be wounded.

The following self-assessment guide will help you determine how and if trauma has affected your life and whether you fit the characteristics of "wounded healer" or "walking wounded." Please note that this exercise aims to promote self-awareness of the characteristics of underlying wounding and is neither inclusive nor a substitute for consulting a professional therapist. Study your responses carefully and with expert assistance as needed. Respond to each question on the scale of 1 to 5, as indicated below. Then total your score and analyze it according to the criteria.
Missing something in your career?

by Eric Klein

A STORY FROM the Sufi tradition of the wise fool Mullah Nasrudin has something to offer nurses who want to renew or recharge their careers.

The mullah was discovered late one evening on his hands and knees searching intently in the road beneath a street lamp. His friend, coming upon him in this position, asked, “Mullah, what are you looking for?”

Nasrudin replied, “I am searching for my keys.”

“Where did you lose them?” the friend inquired.

“Across the street,” was the ready reply.

“Then why,” asked the confused friend, “are you searching so intently over here?”

“Oh,” explained Nasrudin, looking up, “the light here is much better.”

Many nurses are like Nasrudin. They have lost something important in their careers, and they are searching to:

• Deepen their sense of meaning and passion at work,
• Express their true gifts and talents,
• Align with a compelling career purpose, and
• Develop relationships that support them in learning and growing.

But, as the story tells us, not all searching will reveal the missing key. We have to know what we are looking for. Is it job security? A pay raise? A different schedule? While these can be important, nurses who are dissatisfied in their careers often look for the key to change in these external factors and never cross over to the “other side of the street,” where the key to enduring career fulfillment lies.

Of course, there is no one secret or single answer to what makes a fulfilling career. However, most of the unsuccessful career development efforts that we have studied close-up reveal a common pattern: Crucial aspects are ignored. Usually, the more obvious and easy-to-address aspects of career development are tackled. The more hidden, inner aspects of the process are often left out of the equation or given only cursory attention. However, for any career development process to be successful—whether personal or organizational—we must consider the four quadrants outlined below (Wilber, 2000).

Quadrant 1 is the individual–internal aspect of career development. Here we attend to the inner, subjective reality of our career. We attend to issues of value, meaning and personal purpose. This is the quadrant where we see our career in the context of psychological and spiritual development. If we are leading others, in this quadrant we attend to their inner development, recognizing that no substantive change is possible without a prior change in consciousness.

Quadrant 2 has to do with individual–external aspects of change. This is the domain of technical and interpersonal skills. Here we focus on defining and developing competencies. As leaders, this is where we pay attention to strengthening people’s competencies and supporting the learning and practice that lead to high performance.

Quadrant 3 deals with collective–internal aspects of change. This is the domain of culture and shared values. It is the inte-
Missing something in your career?

by Eric Klein

A STORY FROM the Sufi tradition of the wise fool Mullah Nasruddin has something to offer nurses who want to renew or recharge their careers.

The mullah was discovered late one evening on his hands and knees searching intently in the road beneath a street lamp. His friend, coming upon him in this position, asked, "Mullah, what are you looking for?"

Nasruddin replied, "I am searching for my keys."

"Where did you lose them?" the friend inquired.

"Across the street," was the ready reply.

"Then why," asked the confused friend, "are you searching so intently over here?"

"Oh," explained Nasruddin, looking up, "the light here is much better."

Many nurses are like Nasruddin. They have lost something important in their careers, and they are searching to:

• Deepen their sense of meaning and passion at work,
• Express their true gifts and talents,
• Align with a compelling career purpose, and
• Develop relationships that support them in learning and growing.

But, as the story tells us, not all searching will reveal the missing key. We have to know what we are looking for. Is it job security? A pay raise? A different schedule? While these can be important, nurses who are dissatisfied in their careers often look for the key to change in these external factors and never cross over to the "other side of the street," where the key to enduring career fulfillment lies.

Of course, there is no one secret or single answer to what makes a fulfilling career. However, most of the unsuccessful career development efforts that we have studied close-up reveal a common pattern: Crucial aspects are ignored. Usually, the more obvious and easy-to-address aspects of career development are tackled. The more hidden, inner aspects of the process are often left out of the equation or given only cursory attention. However, for any career development process to be successful—whether personal or organizational—we must consider the four quadrants outlined below (Wilber, 2000).

Quadrant 1 is the individual-internal aspect of career development. Here we attend to the inner, subjective reality of our career. We attend to issues of value, meaning and personal purpose. This is the quadrant where we see our career in the context of psychological and spiritual development. If we are leading others, in this quadrant we attend to their inner development, recognizing that no substantive change is possible without a prior change in consciousness.

Quadrant 2 has to do with individual-external aspects of change. This is the domain of technical and interpersonal skills. Here we focus on defining and developing competencies. As leaders, this is where we pay attention to strengthening people's competencies and supporting the learning and practice that lead to high performance.

Quadrant 3 deals with collective-internal aspects of change. This is the domain of culture and shared values. It is the inte-
If we want career development for ourselves or for those in our organization, policies and procedures. This quadrant reminds us that, like the other three quadrants, our careers are too important to not give them the benefit of all four quadrants. They are one of the ways we offer our unique contributions to life. Our task in life is to move toward an ever more complete expression of that purpose. Career development is fundamentally about realizing our higher purpose and taking actions to make that purpose real in our organizations and our lives.

Each quadrant is powerful. Ignoring any quadrant in our attempts at career development can lead to haphazard results. Thus, an all-quadrants or integral approach to change and career development is needed.

Work in all quadrants

When we ask people where they and their organization focus career development attention, they tell us it is in quadrants 2 (skills development) and 4 (career paths). Most tell us, "It is easier to work in quadrants 2 and 4. It’s tangible. We’ve done it before. It’s familiar. We know how.”

This is like Naasiruddin spending all his time looking under the lamppost just because there is better light.

These same people acknowledge that focusing on systems and skills is not enough. They tell us that, without personal clarity regarding purpose and meaning (quadrant 1) and without a strong culture of mentoring, learning and support (quadrant 3), nothing really takes off.

The missing key to career development lies in the internal, subjective quadrants. These are the places of inner work that we often ignore. In our fast-paced world, that is easy to do, but there is too much at stake to ignore the inner work. If we are serious about career development—personally and organizationally—we need to take the time to look within.

This means crossing the street into the darker, untilted areas and examining the connection between our daily work tasks and our sense of life purpose. It means exploring our values and finding or strengthening relationships that provide us with the support and guidance needed to turn our inner realizations into tangible action.

Within us is a template or blueprint for our true nature—our core values, unique gifts and chosen legacy. There is a part of us that remembers who we are, what we are here to learn, what wounds need healing and how we want to fully deploy our uniqueness.

This part of us knows the contribution we most want to make through our work. We do not invent this knowing—we open to it and let it find us. When we align our careers with this purpose, we become fully alive. We become ourselves. We become capable of the kind of leadership that is transformational.

Our careers are too important to not give them the benefit of all four quadrants. They are one of the ways we offer our unique contributions to life. Our task in life is to move toward an ever more complete expression of that purpose. Career development is fundamentally about realizing our higher purpose and taking actions to make that purpose real in our organizations and our lives.

Reflections on Nursing Leadership

Building and Managing a Career in Nursing:
Strategies for Advancing Your Career

By Terry W. Miller, RN, PhD, with 13 contributors

Finally a book that covers the entire lifespan of a nursing career! This joint publication with NurseWeek Publishing, examines new approaches to career planning and management, including discovering a career in nursing, changing career tracks, developing a career path and reclaiming a career. Members receive 10% discount and free shipping!

**CareeRxel for Nurses™**

CareeRxel for Nurses™ is an innovative, online learning experience designed to help nurses achieve the highest level of job fulfillment and job performance. It’s a tool to identify personal and professional strengths, values and goals and form those goals into a career action plan to achieve success. The result: improved morale, retention, job satisfaction, teamwork, and ultimately, patient care. Accredited by the American Nurses Credentialing Center, CareeRxel for Nurses offers six hours of continuing education.

Visit our Web site at www.careerxel.com or write to careerxel@stti.iupui.edu to learn more.

Career Map

This newly revamped online destination is your source for nursing career information. Find insightful and helpful information no matter where you are in your nursing career—from considering a nursing career to placement and employment to building and managing your career to achieve success. Information on site includes: articles on nursing career, scholarship information, career advice, employment opportunities, educational program options and links to additional resources. Log on to http://www.nursingsociety.org/career/cmap.html to start navigating your career.

Ordinary People, Extraordinary Lives: The Stories of Nurses

Carolyn Hope Smelzer, RN, EdD, FAAN, and Frances R. Vlasses, RN, PhD, editors

Stories about nurses are scarce, but stories about nurses who have accomplished extraordinary feats are almost non-existent. This book breaks that trend. It is a beautifully produced, hardcover book in full color about nurses who, in their daily lives, make outstanding contributions in extraordinary ways as caregivers in their communities. Read 109 stories guaranteed to make you laugh, cry and applaud as you learn of these nurses’ accomplishments. Members receive 10% discount and free shipping!
I

If we want career development for ourselves or for those in our paths, performance management, databases and career development issues such as career development attention, they tell us it is in quadrants 2 (career paths) and 3 (technical, organizational system). It is the culture of leadership, policies and procedures. This quadrant reminds us that, if we want career development for ourselves or for those in our organization, we must design for it. This is the domain of career development.

For example:

- Individual values affect competencies, and vice versa.
- Culture stimulates or retards individual development, and vice versa.
- Organizational structure shapes culture—and vice versa—thereby defining the opportunities people have and/or take for learning, self-discovery and growth.
- Our beliefs shape and guide the design of our organizational systems, and vice versa.

Each quadrant is related to all the others, with development of one quadrant inextricably bound up with the rest. For example:

- Individual values affect competencies, and vice versa.
- Culture stimulates or retards individual development, and vice versa.
- Organizational structure shapes culture—and vice versa—thereby defining the opportunities people have and/or take for learning, self-discovery and growth.
- Our beliefs shape and guide the design of our organizational systems, and vice versa.

Each quadrant is powerful. Ignoring any quadrant in our attempts at career development can lead to haphazard results. Thus, an all-quadrants or integral approach to change and career development is needed.

Work in all quadrants

When we ask people where they and their organization focus on career development attention, they tell us it is in quadrants 2 (skills development) and 4 (career paths).

Most tell us, "It is easier to work in quadrants 2 and 4. It’s tangible. We’ve done it before. It’s familiar. We know how."

This is like Nasrudin spending all his time looking under the lampost just because there is better light.

These same people acknowledge that focusing on systems and skills is not enough. They tell us that, without personal clarity regarding purpose and meaning (quadrant 1) and without a strong culture of mentoring, learning and support (quadrant 3), nothing really takes off.

The missing key to career development lies in the internal, subjective quadrants. These are the places of inner work that we often ignore. In our fast-paced world, that is easy to do, but there is too much at stake to ignore the inner work. If we are serious about career development—personally and organizationally—we need to take the time to look within.

This means crossing the street into the darker, untilt areas and examining the connection between our daily work tasks and our sense of life purpose. It means exploring our values and finding or strengthening relationships that provide us with the support and guidance needed to turn our inner realizations into tangible action.

Within us is a template or blueprint for our true nature—our core values, unique gifts and chosen legacy. There is a part of us that remembers who we are, what we are here to learn, what wounds need healing and how we want to fully deploy our uniqueness.

This part of us knows the contribution we most want to make through our lives. We do not invent this knowing—we open to it and let it find us. When we align our careers with this purpose, we become fully alive. We become ourselves. We become capable of the kind of leadership that is transformational.

Our careers are too important not to give them the benefit of all four quadrants. They are one of the ways we offer our unique contributions to life. Our task in life is to move toward an ever more complete expression of that purpose. Career development is fundamentally about realizing our higher purpose and taking actions to make that purpose real in our organizations and our lives.

References, page 56.

Eric Klein of La Jolla, Calif., is an international expert on leadership as well as personal and organizational renewal. He is the developer of CareerRxel, a new, Internet-based continuing education program for nurses and nursing students offered by the Honor Society of Nursing.

CareerRxel™

CareerRxel for Nurses™ is an innovative, online learning experience designed to help nurses achieve the highest level of job fulfillment and job performance. It’s a tool to identify personal and professional strengths, values and goals and form those goals into a career action plan to achieve success. The result: improved morale, retention, job satisfaction, teamwork, and ultimately, patient care. Accredited by the American Nurses Credentialing Center, CareerRxel for Nurses offers six hours of continuing education.

Visit our Web site at www.careerxel.com or write to careerxel@stti.iupui.edu to learn more.

Career Map

This newly revamped online destination is your source for nursing career information. Find insightful and helpful information no matter where you are in your nursing career—from considering a nursing career to placement and employment to building and managing your career to active retirement. Information on site includes articles on nursing career, scholarship information, career advice, employment opportunities, educational program options and links to additional resources. Log on to http://www.nursingsociety.org/careermap.html to start navigating your career.

Building and Managing a Career in Nursing: Strategies for Advancing Your Career

By Terry W. Miller, RN, PhD, with 13 contributors

Finally a book that covers the entire lifespan of a nursing career! This joint publication with NurseWeek Publishing, examines new approaches to career planning and management, including discovering a career in nursing, changing career tracks, developing a career path and reclaiming a career. Members receive 10% discount and free shipping!

Ordinary People, Extraordinary Lives: The Stories of Nurses

Carolyn Hope Smeltzer, RN, EdD, FAAN, and Frances R. Vlasses, RN, PhD, editors

Stories about nurses are scarce, but stories about nurses who have accomplished extraordinary feats are almost non-existent. This book breaks that trend. It is a beautifully produced, hardcover book in full color about nurses who, in their daily lives, make outstanding contributions in extraordinary ways as caregivers in their communities. Read 109 stories guaranteed to make you laugh, cry and applaud as you learn of these nurses’ accomplishments. Members receive 10% discount and free shipping!

www.nursingsociety.org
The ancient redwood trees, huge as they are, have a very shallow root system. Yet, they cannot be blown over by the strongest wind. The secret of their stability is the interweaving of each tree’s roots with those that stand by it. Thus, a vast network of support is formed just beneath the surface. In the wildest of storms, these trees hold each other up.

— Dawna Markova  
(Used with permission.)

Koloroutis: It was at the end of a particularly hectic—no, crazy—week that I came across this quote by Dawna Markova. Everyone in the organization was talking about this “white water period” in health care where change is constant, redesign is the name of the game and doing more with less is the way to get through. People were frazzled and wondering whether they wanted to “do this anymore.”

The caregivers were feeling fatigued and distanced from themselves, from each other, and from the patients and their families. Each of us felt alone in our distress, and all of us were trying to figure out, on our own, how to make it through each day. At that point, it became clear to me that our number-one enemy was isolation and that this enemy was being fed by some unhealthy beliefs, including:

- If we were competent, we would “figure it out.”
- We don’t have time to figure it out; we just have to keep working.
- We don’t have the power to work any other way; there are no choices.
- We are alone in this.
- The “they”—administration and management—are completely disconnected from our work world; they don’t get it and they don’t care.

Felgen: I have witnessed episodes of isolation and seeming hopelessness similar to the one you describe. At a recent seminar, I was amazed by the tenaciousness of participants unwilling to let go of their litany of what’s wrong in the system. A kind of “feeding frenzy” occurred in which one patient-and-family story was followed by another, and then another, each upstaging its predecessor in describing a lack of feeling and caring in our patient-care arena.

Despite repeated attempts to redirect the discussion and to identify examples of compassionate care, most clung relentlessly to “how awful” the situation was and the callous behavior of some of their peers. At a reflection point later in the day, I wondered aloud, “What purpose is served by holding the belief that I alone care?”

Among the many revelations that emerged during the dialogue that followed, one is particularly memorable. “Shame on me!” said one RN. “How dare I think for a minute that I’m the only one who cares. I know some of my colleagues do. I think my manager cares. And, my VP of nursing must care or we wouldn’t be gathered here today! What was I thinking?”

Koloroutis: The insight I had about isolation and its malignant effects was momentous. Markova’s metaphor of the redwoods opened something in me. I wondered what it would take for us to hold each other up and create a vast network of support, as the ancient and beautiful redwood trees do. How can we strengthen the ways we count on each other and work together? How can we support each other in staying focused on what matters most? How can we help each other change destructive beliefs and develop greater skills and knowledge to care for ourselves and each other so that we are in the very best condition to provide humane and compassionate care for patients and their families?

Felgen: This must be the singular defining role of nurse leaders at all levels within the system—from the point of care to...
Holding each other up

The ancient redwood trees, huge as they are, have a very shallow root system. Yet, they cannot be blown over by the strongest wind. The secret of their stability is the interweaving of each tree's roots with those that stand by it. Thus, a vast network of support is formed just beneath the surface in the wildest of storms these trees hold each other up.

— Dawna Markova (Used with permission.)

Koloroutis: It was at the end of a particularly hectic—no, crazy—week that I came across this quote by Dawna Markova. Everyone in the organization was talking about this “white water period” in health care where change is constant, redesign is the name of the game and doing more with less is the way to get through. People were frazzled and wondering whether they wanted to “do this anymore.”

The caregivers were feeling fatigued and distanced from themselves, each other, and from the patients and their families. Each of us felt alone in our distress, and all of us were trying to figure out, on our own, how to make it through each day. At that point, it became clear to me that our number-one enemy was isolation and that this enemy was being fed by some unhealthy beliefs, including:

• If we were competent, we would “figure it out.”
• We don’t have time to figure it out; we just have to keep working.
• We don’t have the power to work any other way; there are no choices.
• We are alone in this.
• The “they’s”—administration and management—are completely disconnected from our work world; they don’t get it and they don’t care.

Felgen: I have witnessed episodes of isolation and seeming hopelessness similar to the one you describe. At a recent seminar, I was amazed by the tenaciousness of participants unwilling to let go of their litany of what’s wrong in the system. A kind of “feeding frenzy” occurred in which one patient-and-family story was followed by another, and then another, each upstaging its predecessor in describing a lack of feeling and caring in our patient-care arena. Despite repeated attempts to redirect the discussion and to identify examples of compassionate care, most clung relentlessly to “how awful” the situation was and the callous behavior of some of their peers.

At a reflection point later in the day, I wondered aloud, “What purpose is served by holding the belief that I alone care?” Among the many revelations that emerged during the dialogue that followed, one is particularly memorable. “Shame on me!” said one RN. “How dare I think for a minute that I’m the only one who cares. I know some of my colleagues do. I think my manager cares. And, my VP of nursing must care or we wouldn’t be gathered here today! What was I thinking?”

Koloroutis: The insight I had about isolation and its malignant effects was momentous. Markova’s metaphor of the redwoods opened something in me. I wondered what it would take for us to hold each other up and create a vast network of support, as the ancient and beautiful redwood trees do. How can we strengthen the ways we count on each other and work together? How can we support each other in staying focused on what matters most? How can we help each other change destructive beliefs and develop greater skills and knowledge to care for ourselves and each other so that we are in the very best condition to provide humane and compassionate care for patients and their families?

Felgen: This must be the singular defining role of nurse leaders at all levels within the system—from the point of care to...
I can be distorted in ways that may lead to disease, despair, and words to name the impotence I feel refusal to acknowledge defeat or self-

The drive for measurable outcomes and tangible results in health care makes this whole area uncomfortable. Because it healing and affirming, and the seminar participants are made more conscious of the importance of their work and the difference it makes in the lives of people. People often ask me what the “magic” is in this seminar. It is very simple. By reflecting on what matters most in their lives and in their work, by becoming vulnerable and supporting each other, the participants experience the power of community and connection. They no longer feel alone and isolated. They feel part of something important.

(Continued on page 56)
policy-makers—to align the systems of care with the values of caring, compassion, connection and community. Staff and managers yearn for the sense of "family" that still exists within caregiver groups, but which is increasingly difficult to sustain in an environment where patients and families rapidly move in and out of the system while being cared for by staff whose schedules, more often than not, result in fragmented relationships—with each other and with patients.

Attention to relationships should include an expectation that team members must own their relationships, personally and professionally. Managing relationships is a competency equivalent to clinical/technical and critical thinking. When these principles of healthy behavior are alive and visible within an organization, patients and their families are more likely to experience the fullness of a rich connected and part of a greater whole.

Koloroutis: What we do have control over is ourselves, so a beginning point might be to recognize that, like the redwoods, we are essential to each other to survive, to thrive, to attain health. No one can do this alone. We need a solid and unrelenting foundation of support so that we feel connected and part of a greater whole. It is only then that we are able to take care of ourselves.

It is simply a fact. If we don’t take care of ourselves and each other, we will not give good care to patients and their families. I have been particularly taken by the work of Dean Ornish, M.D. He is most known for his focus on diet but, in 1998, he wrote a book titled Love and Survival: The Scientific Basis for the Healing Power of Intimacy, in which he notes that there is an epidemic of loneliness and isolation in our culture, creating an emotional and spiritual crisis.

When people feel an absence of community, Ornish says: "They will often find in ways that are dark and destructive. The powerful human need for intimacy, connection and community can be harnessed for healing . . . but also be distorted in ways that may lead to disease, despair, and darkness" (Ornish, 1998, p. 19).

Most of us have experienced the toxicity or darkness prevalent in work environments where connection and compassion are absent. This has serious and pervasive implications for health care organizations and clinicians. The drive for measurable outcomes and tangible results in health care makes this whole area uncomfortable. Because it sounds "soft" and "touchy feelies" and is difficult to quantify, it may be dismissed or marginalized.

The research outlined in Ornish’s work is compelling. People who take time off—whenever valued, supported—and are loved, feel connected, seen and supported, where they know they can count on each other and are in this together. Leaders need to lift up the value and significance of relationships—to self, to co-workers, to patients and families.

Felgen: Getting back to the question you asked earlier—What will it take to create the kind of support we see exemplified by redwood trees? We need all of the following:

- Leaders. I am not talking about positional leaders. I mean anyone who wants to help, anyone who has the vision, desire and commitment.
- Self-love. We all need to know how important we are.
- Vision. Caring, compassion, connection and community are essential elements for survival, healing and health.
- Resources. We need to recognize that, in any organization, human beings are the most critical and valuable resource.
- Action. We have to commit ourselves to living out these principles day to day until they become integrated into the fabric of the organization.

Koloroutis: It takes something dramatic to stop the cycle, to "freeze the frame" and allow people to step back and consider another way of being and working. One way we have found to accomplish this is by taking nurses out of the workplace for a period of time to reflect on their practice and its meaning in their lives. In our seminar, that's exactly what happens. Nurses come together with other hospital staff, physicians and administrators/managers for three days, away from the chaos and pressure of the clinical environment.

People need time away from the demands and chaos to open up and be able to consider different perspectives and possibilities. I think it works best when this takes place in a setting where people have access to nature. It helps quiet the mind and heart and open people to reflection and dialogue.

During the three days, the participants share stories about the power of caring—for self and others—and tap into each other’s minds and hearts through dialogue. For some of those days, patients and families join the participants to talk about how the nurses’ care and service have contributed to the patients’ healing and recovery. This day is powerful for all involved. The patients and families find it healing and affirming, and the seminar participants are made more conscious of the importance of their work and the difference it makes in the lives of people.

People often ask me what the "magic" is in this seminar. It is very simple. By reflecting on what matters most in their lives and in their work, by becoming vulnerable and supporting each other, the participants experience the power of community and connection. They no longer feel alone and isolated. They feel part of something important.

(Continued on page 56)
graduate school and embroiled in an ultimately futile struggle to preserve the autonomy of our VNA, the sole remaining Visiting Nurse Association in the metropolitan Chicago area. I leaned against Marianne’s office door, chronicling my tale of woe like a contemporary Ancient Mariner. Out of inspiration or exasperation, she offered me a Post-it with Anne’s name on it. "If you knew of Anne’s reputation, you’d have come to her," Marianne said, “but Anne Zimmerman has devoted her life to supporting nurses.”

I was still a novice and unacquainted with the larger nursing world, her name did not ring a bell. Had I known of Anne’s reputation, I would have been paralyzed by intimidation. But, in this case, ignorance provided entree into Anne’s world. When I called, barraging her with details of our fledgling VNA crusade and asking if I might send her my own writing on the subject, Anne not only asked me to come forward eagerly, anxious to hear, to recognize our good fortune to be so connected to greatness. While we must speak our piece and assume our values to determine health care. From the first moment of our connection, I sensed that our efforts would be discerned and, while the outcomes may be inherently palpable, our efforts at preserving the current state of the profession. "I am so glad," she said, "I had nursing in the ‘80s before managed care took over." Across the country, heads nodded in sympathetic acknowledgement. We all had our golden eras and mourn our losses. And yet, across the Illinois border, Anne sat in her apartment, a refuge to so many through the years. Yes, she accrued deserved accolades—president of the American Nurses Association and Illinois Nurses Association, endowed chair of Loyola University’s N ihof School of Nursing, ANA Living Legend, and on and on. Along the way, she befriended so many individuals, invited us into her shelter of her experience and wisdom, and shared unstintingly of her magnanimity. While we must speak our piece and assume our stands against that which makes us sputter, we need to pause in our battles to pay homage to our heroes. She greeted me as she always does—"Why, Gerry, how are you?"—as if she had just been thinking of me, as if I were not one of a multitude who seek her out through telephone, letter and e-mail.

"I told her about the radio show and she promised to listen. Toward the end of the hour, a nurse from the Northwest smiled in her name and number. "I don’t know if she can help," Marianne said, “but Anne Zimmerman has devoted her life to supporting nurses.”

While we must speak our piece and assume our stands against that which makes us sputter, we need to pause in our battles to pay homage to our heroes.
While we must speak our peace and assume our stands against that which makes us sputter, we need to pause in our battles to pay homage to our heroes.

She greeted me as she always does—“Why, Gerry, how are you?”—as if she had just been thinking of me, as if I were not one of a multitude who seek her out through telephone, letter and e-mail.

I told her about the radio show and she promised to listen. Toward the end of the hour, a nurse from the Northwest called in because, she said, she just wanted to feel “connected” with other nurses. Like so many who spoke before her, she expressed her frustration, her disappointment with the current state of the profession. “I am so glad,” she said, “I had nursing in the ’80s before managed care took over.” Across the country, heads nodded in sympathetic acknowledgement. We all had our golden eras and mourn our losses.

And yet, across the Illinois border, Anne sat in her apartment, a refuge to so many through the years. Yes, she accrued deserved accolades—president of the American Nurses Association and Illinois Nurses Association, endowed chair of Loyola University’s Niehoff School of Nursing, ANA Living Legend, and on and on. Along the way, she befriended so many individuals, invited us into her shelter of experience and wisdom, and shared uncounted tales of her magnanimity. While we may speak our peace and assume our stands against that which makes us sputter, we need to pause in our battles to pay homage to our heroes. Let us recognize our good fortune to be so connected to greatness.

“Heroes appear like a friend,” folk singer Ann Reed sings, “to clear a path or light the flame while time goes by, you find you depend on your heroes to show you the way.” As one of so many whose paths you have illuminated, thank you, Anne, for the unquenchable light.

Geraldine Gorman, RN, PhD, is assistant professor, Department of Public Health, Mental Health and Administrative Nursing at the University of Illinois at Chicago.
**CLINICAL**

Patricia Baxt™, staff nurse in the Respiratory/PCU/Trauma Unit at Hartford Hospital in Connecticut, has received the Clinical Practice Award from the Academy of Medical-Surgical Nurses.

Chris Fox has been appointed clinical director for the Fort Worth, Texas, office of American Nursing Services, Inc.

David Machinrty has been appointed clinical director for the Rochester, N.Y., office of American Nursing Services Inc.

**EDUCATION**

Carin Andrews, graduate research assistant at the University of Maryland School of Nursing in Baltimore, has received an Oncology Nursing Society Foundation Doctoral Scholarship. Marc Hill has been named a graduate assistant at the University of Maryland School of Nursing.

Kathleen A. Kowalewski, a registered nurse at St. Mary's Hospital in Indiana, has been awarded the Oncology Nursing Society's National Student Research Grant.

Kristi Greenman, a U.S. Navy commander who is chief of population health for the TRICARE Northeast Region at Walter Reed Army Medical Center, has received an Excellence in Education award from the Association of Women's Health, Obstetric and Neonatal Nurses. She is working toward a master's degree in midwifery at the University of Maryland.

Susan Bruce, a master's student at Duke University School of Nursing, has received an Oncology Nursing Society Master's Scholarship.

Ami C. Hong has been named director of graduate distance learning programs for the School of Public Health and Health Sciences and the School of Nursing at the University of Massachusetts-Amherst.

Anita Collins, director of nursing for the Henry Ford Health System in Detroit, has been named a fellow of the Duke Center for the Study of Religion, Spirituality, and Health.

Betty Ferrera, professor of nursing education at City of Hope Cancer Center, is principal investigator for a $1,357,100 grant from the National Cancer Institute for the educational initiative "Oncology Nursing Education in End-of-Life Care."

Paityl Halé, professor of nursing at Lynchburg College in Virginia, is one of four national winners of U.S. Professor of the Year awards from the Council for Advancement and Support of Education and the Carnegie Foundation for the Advancement of Teaching. Halé, who received the award for Outstanding Master's University and College Professor, is the first nursing professor in the 25-year history of the award program to earn the honor. She will nursing students to join her in providing a variety of health services to the community.

Felissa R. Lashey, dean and professor, and Wendy Nelligan, associate dean for academic affairs, will oversee a new program recently approved at Rutgers, The State University of New Jersey, College of Nursing. The DABS-PhD (high school to PhD) is an early-admission nursing doctoral program designed for academically talented students interested in advanced nursing studies.

Tracy Lawrence, pediatric nurse practitioner at East Tennessee State University, and Karen Trembly, school nurse at East Tennessee State University in Kingsport, Tennessee, received the silver award in the 2003 Go With the Grain contest, presented by the Duke Clinical Research Office.

Linda Normas, senior associate dean for academics at Vanderbilt University School of Nursing, has been named a visiting professor at Bournemouth University in England. She spoke to Bournemouth nursing students on "The Future of the Global Nursing Workforce: A U.S. Perspective."

Mary Anne Patterson, educational coordinator at East Alabama Medical Center in Opelika, Ala., has been granted board certification in Nursing Professional Development through the American Nurses Credentialing Center.

Christine Y. Redd, assistant professor at Boston College School of Nursing, was inducted as a fellow of the American Nurses Association.

Robert C. Pereira, a master's student at Duke University School of Nursing, has received an American Cancer Society Master's Degree Scholarship in Cancer Nursing.

Catherine Y. Redd, assistant professor at Boston College School of Nursing, has been promoted to associate professor.

Nancy Sharts-Hopkin, professor of nursing at Villanova University, is a director of a recently approved doctoral program in nursing designed to prepare nurses as teacher-scholars for academic careers in higher education.

Marguerite Schlegl is assistant dean for graduate education, and M. Louise Patrickson is Connolly endowed dean and professor of nursing at Villanova.

Suzanne C. Smolzak* and Nancy Sharts-Hopkin, professors at Villanova University, have been named 2003 Certified Pediatric Oncology Nurses of the Year by the Oncology Nursing Certification Corporation.

Mary E. Brown*, who chairs and associate professor at the Department of Nursing at Thomas Jefferson University in Philadelphia, has been named to the Pennsylvania State Board of Nursing.

Suzanne C. Smolzak* and Nancy Sharts-Hopkin, professors at Villanova University, have been named to the Pennsylvania State Board of Nursing.

**Engineer's career path leads to nursing**

He married his high school sweetheart, fathered two boys, earned two engineering degrees and found a $45,000-a-year job in government where his main goal was to clean up contaminated areas. Now he is a professor of nursing.

Then, at age 35, Scott Matthew quit to study nursing at Creighton University in Omaha, Neb. "I just felt like I'd hit a wall. Maybe it was my midlife crisis," he said. "I didn't feel like I was making a difference anymore."

Matthew enrolled in Creighton's accelerated nursing program, one of the first such programs in the United States. After graduation, he returned to Sturgis, a town of 6,442 in western South Dakota.

Matthew is one of many men who are changing careers in favor of nursing. The average accelerated nursing class is over one-third male. The men are coming to nursing from various fields—engineering, biology, teaching, accounting, exercise science. Many admit that they had always wanted to pursue a career in health care, but high school counselors steered them into a more masculine profession. And most of the male students regret the delay. Less than 5 percent of traditional nursing classes are men. Most are prepared to deal with gender stereotypes about nursing.

“There are still a lot of stigmas,” Matthew said. “You can’t imagine how many times I’m asked by patients if I’m a doctor. I’m certain it’s because I’m a man. I’ve got a stethoscope hanging around my neck and I’ve got a little bit of gray in my beard.”

Adapted from "Nursing a New Career," by Joyce Bongers, in Creighton School of Nursing: Progress Report, Fall 2003.

**Donna Dorsay**, executive director of the Maryland Board of Nursing and president of the National Council of State Boards of Nursing, has been named a fellow of the American Academy of Nursing.

Karen Giuliano, doctoral student at Boston College of William F. Connolly School of Nursing, has been named a fellow of the American Academy of Nursing. Andrea Gregus has been elected to the Florida Nurses Association's Association Board of Directors. She is an associate professor at the University of Florida and director of the College of Nursing's Jacksonville campus.
Betty Andrews, graduate research assistant at the David Macintyre has been appointed Chris Fox has been appointed to the Rochester, N.Y., office of American Atlantis Castle, assistant professor of nursing at Sonoma State University, has been appointed to the American Academy of Nursing. The creator of a program for the humane care of sowing newwoks, she serves as president of the Nursing Advocacy Group of the American Society of bathing and Humane, and on the Medical Advisory Board of the International Society of North America. Mary Chaffee, "nurse in the Campus, U.S. Navy, has been awarded a honorary Doctor of Science degree by the University of Massachusetts Amherst for her service to the profession of nursing and to national security. She is the director of the Navy Medicine Office of Homeland Security in Washington, D.C., and serves on the board of the NationalSTEM for CongressIONAL NURSING Coalition on Mass Casualty Education. Kathy Clark has been named president of Continuum Solutions Consulting in Indianapolis, Ind. She was previously chief operating officer at Community Hospitals Indianapolis. Elizabeth C. Clopp, assistant professor of nursing and professor in medicine at Duke University, is director of the Hartford Interdisciplinary Cancer Research Center at a Duke NIH/NCI Cancer Center, the Office of Aging and Care (TRAC) Center, funded by the National Institute of Nursing Research. Janet Collins, assistant professor and chair of the Department of Health Epidemiology and Biostatistics at the Eastern Kentucky University College of Sciences in Richmond, Ky., is serving as president of the Kentucky Association for Gerontology. Barbara G. Covington has been appointed associate dean for information and learning technologies and associate director of the Division for Organizational Systems/Adult Health at the University of Maryland School of Nursing. She was previously associate dean for information technology and curriculum resources and assistant professor at the School of Nursing, University of Texas Health Science Center at San Antonio. Kay Cresci, assistant professor at Johns Hopkins University School of Nursing, has been named a fellow of the American Academy of Nursing. Donna Dorse, executive director of the Maryland Board of Nursing and president of the National Association of Directors of Nursing, has been named a fellow of the American Academy of Nursing. Karen Guellich, doctoral student at Boston College's William F. Connell School of Nursing, has been named a fellow of the American Academy of Nursing. Margaret Grohe has been elected to the Florida Nurses Association's board of directors. She is an associate professor at the University of Florida and director of the College of Nursing's Jacksonville campus.}

**Lowell Carberry, staff nurse in the Respiratory/Pay CIU at Hampden Hospital in Pennsylvania, has received the Clinical Practice Award from the Academy of Medical-Surgical Nurses. Chris Fox has been appointed clinical director for the Fort Worth, Texas, office of American Nursing Services Inc.**

---

**LEADERSHIP**

Patricia Abbott, assistant professor at Johns Hopkins University School of Nursing, has been elected into the American College of Medical Informatics. Linda Anken, the Claire M. Fagan leadership professor in nursing at the University of Pennsylvania School of Nursing, has received the Ernst C. Ackerman Award from the Joint Commission on Accreditation of Healthcare Organizations. Her accomplishments include developing and testing measures and research methods to document nurses' contributions to hospital quality of care and patient outcomes. Aiken is director of the University's Center for Health Outcomes and Policy Research. Todd Ambrose, associate professor; Catherine Salem, clinical instructor; and Thomaseine Guberman, assistant professor, of Nursing Research.

The average accelerated nursing class is over one-third male. The men are coming to nursing from various fields—farming, biology, teaching, accounting, exercise science. Many admit that they had always wanted to pursue a career in health care, but high school counselors steered them into a more masculine profession. And most of the male students regret the delay. Less than 5 percent of traditional nursing classes are men. Most are prepared to deal with gender stereotypes about nursing.

“There are still a lot of stigmas,” Matthew said. “You can’t imagine how many times I’m asked by patients if I’m a doctor. I’m certain it’s because I’m a man, I’ve got that stereotype. There’s a certain ‘fem’ thing about it.”

Matthew enrolled in Creighton’s accelerated nursing program, one of the first such programs in the United States. After graduation, he returned to Sturgis, a town of 6,442 in western South Dakota.

Matthew is one of many men who are changing careers in favor of nursing. The average accelerated nursing class is over one-third male. The men are coming to nursing from various fields—farming, biology, teaching, accounting, exercise science. Many admit that they had always wanted to pursue a career in health care, but high school counselors steered them into a more masculine profession. And most of the male students regret the delay. Less than 5 percent of traditional nursing classes are men. Most are prepared to deal with gender stereotypes about nursing.
MacArthur Foundation honors nurse with no-strings-attached ‘genius award’

"Incredibly grateful and humbled" are the words Kanagan used to describe her feelings upon learning she had won a MacArthur Foundation fellowship, often referred to as the "genius award." An associate professor and the Dores R. Schwartz termite and environmental health gynecologist at the University of Pennsylvania, Kagan will receive $500,000 in support over the next five years, with no restrictions on how the stipend is used. She is the second nurse to receive a MacArthur grant.

Ataf I. Melies, RN, PhD, FAAN, dean of the School of Nursing, said Kagan "truly represents the highest humanitarian levels of nursing care to produce evidence-based practices, providing expert care to vulnerable patients."

In the weeks following the Oct. 5 announcement, Kagan has become aware of the pressure that’s been brought to her work. She values the opportunity to speak with those who otherwise might not have been interested in older adults, cancer and nursing. In addition, the fellowship marked a turning point in how she understands and uses her voice as a nurse in society.

Talking with people in several nations and across the life span about positive nurse-patient relationships has been rewarding. "The relief that I find in speaking about these matters rather than the ubiquitous issues of the nursing shortage and health care errors is refreshing my perspective and renewing my confidence in nursing," she said. "I have never thought of myself implementing projects or ideas with a high price tag. My qualitative research, for example, is very neat and small. I think I will know the answer when the right idea comes to me."

Sarah Kagan, RN, PhD

Editor Peggy E. Oei, MS, MSN, and Kim Kuebler of Atlanta, Ga., named special recognition in the American Medical Writers’ Association’s 2003 Composition and Competition for Public Service Practices from A to Z for the Bedside Publisher, published by Oncology Nursing Society. Kuebler, a certified diabetes educator and author as chief nursing officer at Johns Hopkins Hospital in Baltimore, Md., has been inspired to write a new book, "Board Certified by the American Board of Nursing's Certified Nurse Anesthetist."

Eugenia M. Barreto, PhD, RN, assistant professor, and Lois A. Haggdfors, MSN, RN, PhD, are the first nurse practitioners to receive a MacArthur fellowship. Barreto, a specialist in mental health and addictions, and Haggdorfs, a specialist in geriatric mental health, are both nurse practitioners at the University of California, San Francisco. Barreto, a specialist in mental health and addictions, and Haggdorfs, a specialist in geriatric mental health, are both nurse practitioners at the University of California, San Francisco. Barreto, a specialist in mental health and addictions, and Haggdorfs, a specialist in geriatric mental health, are both nurse practitioners at the University of California, San Francisco. Barreto, a specialist in mental health and addictions, and Haggdorfs, a specialist in geriatric mental health, are both nurse practitioners at the University of California, San Francisco. Barreto, a specialist in mental health and addictions, and Haggdorfs, a specialist in geriatric mental health, are both nurse practitioners at the University of California, San Francisco.
Laura J. Hinkley has been appointed the president of the Oregon Health & Science University in Portland, Ore.

Lornetta Swet Jermom, has been appointed dean of the Creighton University Medical Center School of Nursing in Omaha, Neb.

Donna M. Herrin,* senior vice president and chief education officer of the American Nurses Foundation and executive vice president of the American Nurses Association, has been named a fellow of the American Academy of Nursing.

J. Krouse,* professor and assistant dean at the University of Wisconsin-Madison School of Nursing, has received a Distinguished Alumni Award from The University of Wisconsin-Madison School of Nursing.

Jen Kajian* has assumed the presidency of the American Nurses Association.

Barbara M. Jones has received the Distinguished Scholar Award from the American Nurses Association for her work in American Education.

Anne E. Norris,* professor of Boston College's William F. Connell School of Nursing, has been named a fellow of the Gerontological Society of America.

Debra J. Robson, RN, PhD, certified nurse practitioner and the Doris R. Schwartz term professor in Oncology Nursing at the University of Pennsylvania, has been named a fellow of the American Academy of Nursing.

Sarah Kagan, RN, PhD,

MacArthur Foundation honors nurse with no-strings-attached ‘genius award’

"Incredibly grateful and humbled" are the words Karla Kagan used to describe her feelings upon learning that she had won a MacArthur Foundation fellowship, often referred to as the "genius award." An associate professor and the Doris R. Schwartz term professor in Gastroenterology nursing at the University of Pennsylvania, Kagan will receive $500,000 in support over the next five years, with no restrictions on how the stipend is used. She is the second nurse to receive a MacArthur grant.

Ataf I. Meleis, RN, PhD, FAAN, dean of the School of Nursing, said Kagan "brend true scholarship with the highest humanitarian levels of nursing care to produce evidence-based practice, providing expert care to vulnerable patients."

In the weeks following the Oct. 5 announcement, Kagan has become aware of the amount of work she has brought to her work. She values the opportunity to speak with those who otherwise might not have been interested in others, cancer and nursing. In addition, the fellowship marked a turning point in how she understands and uses her voice as a nurse in society.

Talking with people in several nations and across the life span about positive nurse-patient relationships has been rewarding. "The relief that I find in speaking about these matters rather than the ubiquitous issues of the nursing shortage and health care errors is refreshing my perspective and renewing my confidence in nursing," she said. "I have never thought of myself implementing projects or ideas with a high price tag. My qualitative research, for example, is quite small-scale. I think I will know the answer when the right idea comes to me."
Join the American Organization of Nurse Executives and the nation's nurse leaders at the premier nursing leadership event of the year!

Come and hear the latest on:
- Patient care innovations
- Nurse recruitment and retention
- Designing positive and healthy work environments
- Patient safety at the bedside
- AND MORE!

Inspiring speakers, practical educational sessions, networking opportunities, galas, and the latest products and services in patient care and patient care delivery all this and more in the world class scenery and amenities of the Southwest!

Register by March 19 and save $225!
Request a brochure by calling (312) 422 2800 or visit www.aone.org for the latest Annual Meeting Information.
JOIN THE AMERICAN ORGANIZATION OF NURSE EXECUTIVES AND THE NATION’S NURSE LEADERS AT THE PIONEERING NURSING LEADERSHIP EVENT OF THE YEAR!

Come and hear the latest on:
- Patient care innovation
- Nurse recruitment and retention
- Designing positive and healthy work environments
- Patient safety at the bedside
- AND MORE!

Inspiring speakers, practical panel sessions, networking opportunities galore, and the latest products and services in nursing and patient care delivery all this and more in the world class scenery and amenities of the Southwest!

Register by March 19 and save $225!
Request a brochure by calling (312) 422 2800 or visit www.aone.org for the latest Annual Meeting information.

ANNOUNCEMENTS

2004 INTERNATIONAL CONFERENCE
April 15-17; Deerfield, Florida
"Managing Pain in the Workplace: A Global Perspective." Second International Art in Health Conference. Sponsors: Florida Atlantic University College of Nursing, The University of Miami, University of Miami Miller School of Medicine, University of Texas at Austin, and the University of Texas Health Science Center at Houston. Call: 940.952.4150; Web: www.healtharts.org

April 20-30: May 4-9; Atlanta, Alberta, Canada
10th Qualitative Health Research Conference. Sponsors: International Association of Qualitative Inquiry. Call: 416.284.4240; Web: www.iaqi.org

Tendering Roe Summer Institute on Evidence-Based Practice. Sponsors: Academic Center for Evidence-Based Nursing, University of Texas at Austin. Call: 512.471.6184; Web: www.aster.org/fitn

CALL FOR ABSTRACTS
Deadline: March 1, 2004

Deadline: June 3, 2004

SCHOLARSHIP OPPORTUNITIES

Tylenol Health Care Scholarship Program
Grants totaling $250,000, including $5,000 awards to 50 students pursuing health-related careers. Applications are due February 23, 2004. Further information must be postmarked by April 5, 2004. Contact: Michelle Consumer & Specialty Pharmaceuticals, Web: www.tylenol.com

LISTEN TO THE NEWS... Environmental Protection Agency Aging Initiative letters will share information about protecting the health of older adults from environmental hazards. To sign up, visit www.epa.gov/aging

As a special permission, announcements are posted for the benefit of nonprofit groups. Send information on activities and meetings to the Nurse Leader, 500 West North St., Indianapolis, IN 46204, USA, or e-mail to jwilson@stti.iupui.edu.

Please let us know if you change your mailing address, phone number, fax number or e-mail address. This information should be submitted by notifying us in writing, or by notifying us online at www.nursing.org, by calling 1-888-634-7575 (U.S. and Canada) toll free, or by notifying us by e-mail at membership@stti.iupui.edu.
Holding each other up (Continued from page 46)
They have expressed what is important to them, they have been listened to, and their experience and reality have been validated. Ornish puts it succinctly: “Anything that promotes a sense of love and intimacy, connection and community, is healing” (p. 14).”

Felgen: Absolutely! And the most powerful of these experiences have been those in which the participants represent varied groups within the system. Learning firsthand that novice and senior RNs, support staff and managers in our department and others, along with nursing faculty and executives, all share the same core values around patients has unleashed a great deal of enthusiasm and optimism that the system can/must change. While the task is formidable, it is doable—from the inside out.

Koloroutis: We do know that the daily work environment in health care runs counter to every notion we hold about health and healing. It is delivered by large organizations with all of their inherent political and interpersonal complexities. It is fast-paced and emotionally intense. Human and financial resources are challenged. Nurses constantly encounter resource constraints, staffing shortages, confusing technology, and unlimited demands and expectations. It is no small accomplishment to provide humane and compassionate care within such an environment. In the end, we know that relationships are everything.

I have enjoyed our conversation. Let’s keep talking about how to create conditions for healing.

Felgen: Yes. Let’s keep the dialogue going and invite our colleagues to join us.

Jayne Felgen, RN, MPA, is president of Creative Health Care Management, a consulting firm specializing in design and implementation of patient-centered, evidence-based patient care delivery systems. Mary Koloroutis, RN, MS, is president of Creative Health Care Management, and a consultant for the Task Force on Education and Regulation for Professional Nursing Practice #2. The paper evidenced much thought and integration, and seemed promising at first, but it left us puzzled as to how this “CNL” plan—apparently limited to the undergrad­uate level—could substantively enhance the preparation, professional autonomy and prestige of practicing nurses.

Despite innovative titles, baccalaureate-level education still can only prepare care providers who spend far too much of their time enacting physician, not nursing, orders. At this stage, with all this work and effort, we must question if the profession is not truly ready to move forward.

Additional resources:

To the editor (Continued from page 10)
*professional nurse*) has no clothes on! The undercurrent of anti-intellectualism in nursing, coupled with the intense focus on resolving the nursing shortage, may finally derail the nursing shortage, may finally derail

Dear Colleagues,

To realize the vision, mission and goals of the honor society, we have passed a new set of bylaws, created new forms of governance, and launched new initiatives to support members and chapters and to positively influence people’s health around the world. The organization is dedicated to your renewal through its services, products, strategic alliances and opportunities for engagement. As we move into the 2003-2005 biennium, I invite those of you who are passionate, responsible and invested in creating the future through renewal to join me in starting conversations that matter on the topics of self-renewal, and in making renewed commitments to service and the scholarship of reflective practice. As we continue conversations about knowledge work through science and research, we are able to advance the value of nursing care with evidence. During the course of my presidency, I challenge each of you to engage in strategic conversations about your own personal and professional renewal. As self is renewed, commitments to service come forward more easily. Renewed commitments to service require attention to mindfulness and reflective practice. Mindful reflective practice begets questions that support inquiry. Such inquiry guides knowledge work and evidence-based caregiving. Caregiving supports society as knowledge and service intersect. Knowledgeable nurses provide care that society needs. Creating a caring society is the spiritual work of nursing.

Visit the honor society’s home page on the Web, Read the 2003-2005 presidential call to action. Explore some of the renewal resources described. Think about the ones you might add. We will soon establish a task force to review your suggestions and update the resources about renewal. Meanwhile, one of the most important things you can do right away is complete the online Volunteer Interest Profile, or VIP. This Web-based tool is the way we can connect our social and intellectual capital in ways that are immediately useful. As we populate this tool with your interests, talents and aspirations, it becomes a ready resource that enables chapter leaders, regional coordinators and headquarters staff to link you with activities related to creating the future.

Discover the opportunity matrix linked to the presidential call. This matrix details more than 150 ways that you or your chapter can participate in this biennium’s call to action. The matrix lists six areas of renewal and is cross-referenced with the honor society’s seven strategic goals. In each cell of this matrix are activities and actions that you or your chapter can take on to support the honor society. Spend some time in this bie­ni um focusing attention on what you believe and value in regard to renewal of self, service, the scholarship of reflective practice, science, society and spirit in your sphere of influence. Act on what is meaningful and doable for your self and your chapter. Together we can explore each other and “Create the Future Through Renewal.”

Daniel J. Psut, APRN, BC, PhD, FAAN

Ready to create the future through renewal? Here are some ideas ...

- Complete a VIP Profile.
- Complete a CareRxel™ program.
- Offer expertise to the global community.
- Submit an abstract to present at research programs.
- Volunteer translation services for honor society documents.
- Start a book club using honor society publications.
- Learn about the scholarly work of experts on reflective practice.
- Nominate chapter members for international award recognition. ... These are just eight of the more than 150 ways you or your chapter can respond to President Daniel Psut’s 2003-2005 call to action. Find more idea stimulators by visiting www.nursingsociety.org.
Holding each other up (Continued from page 46)

They have expressed what is important to them, they have been listened to, and their experience and reality have been validated. Ornish puts it succinctly: "Anything that promotes a sense of love and intimacy, connection and community, is healing (p. 14)."

Felgen: Absolutely! And the most powerful of these experiences have been those in which the participants represent varied groups within the system. Learning firsthand that novice and senior RNs, support staff and managers in our department and others, along with nursing faculty and administrators, all share the same core values around patients has unleashed a great deal of enthusiasm and optimism that the system can/must change. While the task is formidable, it is doable—from the inside out.

Koloroutis: We do know that the daily work environment in health care runs counter to every notion we hold about health and healing. It is delivered by large organizations with all of their inherent political and interpersonal complexities. It is fast-paced and emotionally intense. Human and financial resources are challenged. Nurses constantly encounter resource constraints, staffing shortages, confounding technology, and unlimited demands and expectations. It is no small accomplishment to provide humane and compassionate care within such an environment. In the end, we know that relationships are everything.

I have enjoyed our conversation. Let’s keep talking about how to create conditions for healing.

Felgen: Yes. Let’s keep the dialogue going and invite our colleagues to join us.

REFERENCES

PATHWAYS TO PEACE

TO THE EDITOR

CREATE THE FUTURE THROUGH RENEWAL

SELF-CARE BEGINS HOLISTIC CARE

MISSING SOMETHING IN YOUR CAREER?

HOLDING EACH OTHER UP
Additional resources:
The voice of Sigma Theta Tau

by Jane Palmer

IF YOU CALL the Honor Society of Nursing during business hours, you’ll likely be greeted by the gracious, cultured voice of receptionist Pat Rini, rather than an automated menu of options.

It’s a welcome sound for busy members such as Constance A. Morrison, an advanced practice nurse, businesswoman and attorney who recently made several calls to headquarters. “Having a live, efficient, friendly voice on the other end of a distant line is worth much more than the dues we pay,” Morrison said. “Pat was there not only to answer, but to give service and to direct me to other departments.”

Rini has answered the phone and greeted visitors in the lobby for the past eight years. Callers often comment on her accent and ask where she’s from. Born in Thornaby-on-Tees, England, she moved to New York four decades ago to work as a nanny. Later, as a Navy wife, Rini lived in several regions of the United States. One of those stops was Indianapolis, where the family decided to live after military service. She has two children: Trish, 26, and Robert, 22.

Working as a receptionist can be hectic, especially when several calls and visitors come in at once, but Rini takes it all in stride. Helping members is the part of her job that she deems most satisfying. “When I speak to members, even though I haven’t met them, it’s almost like talking to a friend,” Rini said.

Occasionally, callers assume they are speaking to a machine and are pleasantly surprised to discover it’s a person. “They sometimes say how wonderful it is to get a person on the other end of the line,” Rini said. “No one has ever said they would rather talk to a machine!”

Tom Popcheff, director of administration, said the honor society has no plans to switch to the impersonal, frustrating menus of an automated system. “We’re totally committed to providing a receptionist to respond personally to chapter and member needs,” he said. “Pat is so welcoming to incoming callers and visitors. She treats them with respect and dignity. Say hello to Pat Rini the next time you call headquarters and hear, “Thank you for calling the Honor Society of Nursing, Sigma Theta Tau. How may I direct your call?”

Jane Palmer is assistant editor of Reflections on Nursing Leadership.

Recognizing the best in nursing

Pinnacle Award entries now being accepted

THE PRESTIGIOUS 2004 Honor Society of Nursing Pinnacle Awards recognize exceptional individual and chapter accomplishments in each of the society’s 15 regions.

For more information about the Pinnacle Awards, including specific award categories and criteria, visit the Web site at www.nursingsociety.org and click on “Programs.”
The voice of Sigma Theta Tau

by Jane Palmer

IF YOU CALL the Honor Society of Nursing during business hours, you'll likely be greeted by the gracious, cultured voice of receptionist Pat Rini, rather than an automated menu of options.

It's a welcome sound for busy members such as Constance A. Morrison, an advanced practice nurse, businesswoman and attorney who recently made several calls to headquarters. "Having a live, efficient, friendly voice on the other end of a distant line is worth much more than the dues we pay," Morrison said. "Pat was there not only to answer, but to give service and to direct me to other departments."

Rini has answered the phone and greeted visitors in the lobby for the past eight years. Callers often comment on her accent and ask where she's from. Born in Thornaby-on-Tees, England, she moved to New York four decades ago to work as a nanny. Later, as a Navy wife, Rini lived in several regions of the United States. One of those stops was Indianapolis, where the family decided to live after military service. She has two children: Trish, 26, and Robert, 22.

Working as a receptionist can be hectic, especially when several calls and visitors come in at once, but Rini takes it all in stride. Helping members is the part of her job that she deems most satisfying. "When I speak to members, even though I haven't met them, it's almost like talking to a friend," Rini said.

Occasionally, callers assume they are speaking to a machine and are pleasantly surprised to discover it's a person. "They sometimes say how wonderful it is to get a person on the other end of the line," Rini said. "No one has ever said they would rather talk to a machine!"

Tom Popcheff, director of administration, said the honor society has no plans to switch to the impersonal, frustrating menus of an automated system. "We're totally committed to providing a receptionist to respond personally to chapter and member needs," he said. "Pat is so welcoming to incoming callers and visitors. She treats them with respect and dignity."

"Say hello to Pat Rini the next time you call headquarters and hear, "Thank you for calling the Honor Society of Nursing, Sigma Theta Tau. How may I direct your call?""

Rini has answered the phone and greeted visitors in the lobby for the past eight years. Callers often comment on her accent and ask where she's from. Born in Thornaby-on-Tees, England, she moved to New York four decades ago to work as a nanny. Later, as a Navy wife, Rini lived in several regions of the United States. One of those stops was Indianapolis, where the family decided to live after military service. She has two children: Trish, 26, and Robert, 22.

Working as a receptionist can be hectic, especially when several calls and visitors come in at once, but Rini takes it all in stride. Helping members is the part of her job that she deems most satisfying. "When I speak to members, even though I haven't met them, it's almost like talking to a friend," Rini said.

Occasionally, callers assume they are speaking to a machine and are pleasantly surprised to discover it's a person. "They sometimes say how wonderful it is to get a person on the other end of the line," Rini said. "No one has ever said they would rather talk to a machine!"

Tom Popcheff, director of administration, said the honor society has no plans to switch to the impersonal, frustrating menus of an automated system. "We're totally committed to providing a receptionist to respond personally to chapter and member needs," he said. "Pat is so welcoming to incoming callers and visitors. She treats them with respect and dignity."

"Say hello to Pat Rini the next time you call headquarters and hear, "Thank you for calling the Honor Society of Nursing, Sigma Theta Tau. How may I direct your call?""

Recognizing the best in nursing

Pinnacle Award entries now being accepted

THE PRESTIGIOUS 2004 Honor Society of Nursing Pinnacle Awards recognize exceptional individual and chapter accomplishments in each of the society's 15 regions.

"Formerly known as the regional awards, the Pinnacle Awards are open to all nurses—members and non-members. This includes honor society chapters," says Barbara Robinet, RN, MSN, director of the Constituent Center. "The program gives nurses the opportunity to be acknowledged for their excellence in mentoring, research, media and technology. Exceptional chapters are also recognized with Pinnacle Awards."

To be eligible, entries must be received by April 15, 2004, and meet all the criteria for the award category. Individuals, groups and chapters are all encouraged to apply. Winners will be notified in May 2004.

All Pinnacle Award recipients will be invited to a special presentation at the Chapter Leader Academy, Nov. 4-6, 2004, in Indianapolis, Ind., at the Omni Severin Hotel. Pinnacle Award winners' projects will be automatically entered in the honor society's international awards program, which will recognize nursing excellence during the November 2005 Biennial Convention, also in Indianapolis.

For more information about the Pinnacle Awards, including specific award categories and criteria, visit the Web site at www.nursingociety.org and click on "Programs."

While in London to present the Lifetime Achievement Award to Her Royal Highness The Princess Royal (see story on page 70), President Mary L. Wykes and Chief Executive Officer Nancy Dickenson-Hazard met with leaders of the European Honour Society of Nursing International. Seated, from left: Wykes; Dickenson-Hazard; Daryl Evans, principal lecturer, health promotion, Middlesex University. Standing: Tony Latta, senior research fellow, North East London Mental Health Trust and South Bank University; Sally Glenn, dean, City University; Carol Cox, professor advanced clinical practice, City University.
CareeRxel: Powerful prescription for career development and renewal

by Marty Lanus

"CareeRxel focuses on achieving true fulfillment versus just being effective in my job."

"CareeRxel made me realize I'm in a transforming phase in my career, and it helped me realize what I needed to let go to grow."

"I could see CareeRxel as part of our proactive professional development program. It helps people draw to a conclusion and helps people who want to move forward."

These are samples of responses to recent testing of the Honor Society of Nursing's new online continuing education course, CareeRxel. The six-session, Web-based learning tool is personalized, easy to use, engaging, active and inspirational. The course was developed by the honor society along with renowned author and organizational/leadership expert Eric Klein, whose bestselling books and collaboration with Fortune 500 companies are credited with bringing both increased productivity to corporations and job satisfaction to employees.

"Nurses understand both an intellectual and visceral level why they became nurses," observes Linda Finke, RN, PhD, director of the honor society's Professional Development Center. "However, motivation can become obscured with the daily demands of rigorous patient loads, burgeoning responsibilities and workplace stress."

Finke believes the program will not only help nurses go beyond a day-to-day, outer-directed job orientation, but also get into a more attainment-driven career orientation, increasing both fulfillment for the nurse and performance for the organization.

CareeRxel will be distributed by a wholly owned subsidiary of Sigma Theta Tau International, Nursing Knowledge International. Its mission is to provide products and services to serve the global community of nurses to help them in improving the health and education of their patients and communities. While its Web site will be officially launched during the first quarter of the year, a preview of the site is available online at www.nursingknowledge.org. CareeRxel is the first in a family of professional development tools distributed by Nursing Knowledge International that range from online continuing education to programs that help nurses analyze and present data in evidence-based nursing research.

Sigma Theta Tau International President Dan Poset, APRN, BC, PhD, FAAN, whose biennial theme is renewal, lauds the organization's most recent product as well as its expansion into more educational products and services. He observes: "Creating the future requires attention to current nursing developments. I applaud far-sighted health care organizations that see the need for—and support nurses in their quest for—renewal in their workplace."

CareeRxel became available in January. Health care providers and nurses can preview or purchase a copy of CareeRxel at www.nursingknowledge.org/careerxml.

Marty Lanus is public relations consultant in the Department of Corporate Communications, Honor Society of Nursing.

Mentoring participants named

by Jane A. Root

Twelve Sigma Theta Tau International members have been selected for the 2004 Chiron Mentoring Program. Mentees and their mentors gathered in Indianapolis in January for the Chiron Institute, which inaugurated the 2004 program. The Chiron Mentoring Program offers members of Sigma Theta Tau International a valuable resource for mentoring and individualized leadership development. Named for Chiron, the centaur in classical western mythology who was a mentor to Asclepius, Achilles and Hercules, the program gives individuals the opportunity to participate in one of two ways: as a mentee or as a mentor.

Mentees develop leadership skills through implementation of an individual leadership project centered on practice, scholarship or health policy. They are paired with nurses who are identified leaders in clinical, academic or administrative settings and who can assist mentees in achieving their leadership goals during this one-year program. Mentors provide guidance and networking to the mentee. The 2004 Chiron program is underwritten in part by Johnson & Johnson. Chiron is open to all honor society members.

Mentees and mentors selected for 2004 are: Priscana Lee Abston, RN, MA, Alpha Zeta, and mentor C. Alicia Georges, RN, EdD, FAAN, Upsilon; Joy M. Barnes, RN, BSN, Alpha, and mentor Patricia K. Pierce, RN, BSN, Alpha; Judith Anderson Barr, RNC, MSN, Ribo, and mentor Meridean L. Maas, RN, PhD, FAAN, Gamma; Carolyn Spice Cagle, RNC, PhD, Beta Alpha, and mentor Susan Mattson, RNC, CTN, PhD, Beta Upsalum; Tommye Cashaw, RN, MSN, Zeta Pi, and mentor Theresa L. Carroll, RN, PhD, Eta and Zeta Pi; Evelyn Groonke Duffy, RN, MS, APRN, BC, Alpha Mu, and mentor Laurie Kennedy-Malone, APRN, BC, PhD, Gamma Zeta; Cynthia Smith Greenberg, RN, DNP, CPNP, Eta Eta, and mentor Virginia Maikler, RN, PhD, Gamma Phi; June Carol Hanke, RN, MSN, MPH, Zeta Pi, and mentor Marilyn Stringer, PhD, CRNP, RDM, Xi; Phyllis J. Lewis, RN, BSN, MSN, Alpha, and mentor Judith B. Igoe, RN, MS, FAAN, Alpha Kappa-at-Large; Kathleen Riley-Lawless, RN, PhD, APN-BC, Beta Xi and Xi, and mentor Jane Barnstein, RN, PhD, FAAN, Xi; Kathryn Rudd, RNC, MSN, LNC, Omicron Delta, and mentor Nancy Striegh, RN, BSN, MS, Alpha Xi and Rho Chi, and mentor Norine Watson, RN, MSN, Beta Xi, and mentor Elizabeth Wykspisz, RN, MS, MBA, C, CNA, Alpha Tau.

The honor society has also launched the Omada Board Leadership Program with the selection of seven Sigma Theta Tau members (to be announced in the next issue). Named for the Greek word for "team," this program prepares nurses to serve on national and international boards. Mentees are paired with a national or international board; a member of the board serves as a mentor during this two-year program.

According to Beth Vaughan-Wrobel, RN, EdD, FAAN, past president of Sigma Theta Tau and chair of the selection work groups for both Chiron and Omada: "One of the hallmarks of the honor society's history and purpose is leadership and leadership development. Like all organizations and all professions, we need leaders for the present and also for the future. The Chiron and Omada programs were created in response to members' feedback. The honor society strives to develop leadership among its members and, in addition, we are fortunate to have as members many nursing leaders who generously give of their time for these programs."

Applications for 2005 are available on the Web for both programs and are due Aug. 31. For more information, go to www.nursingsociety.org/programs.

Jane A. Root, PhD, is senior manager, leadership and career development, at the Honor Society of Nursing.
CareeRxel: Powerful prescription for career development and renewal

by Marty Lanus

"CareeRxel focuses on achieving true fulfillment versus just being effective in my job."

"CareeRxel made me realize I'm in a transforming phase in my career, and it helped me realize what I needed to let go of to grow."

"I could see CareeRxel as part of our proactive professional development program. It helps people drive to a conclusion and helps people who want to move forward."

Theses are samples of responses to recent testing of the Honor Society of Nursing's new online continuing education course, CareeRxel. The six-session, Web-based learning tool is personalized, easy to use, engaging, interactive and inspirational. The course was developed by the honor society along with renowned author and organizational/mentoring expert Eric Klein, whose bestselling books and collaboration with Fortune 500 companies are credited with bringing both increased productivity to corporations and job satisfaction to employees.

"Nurses understand on both an intellectual and visceral level why they became nurses," observes Linda Finke, RN, PhD, director of the honor society's Professional Development Center. "However, motivation can become obscured with the daily demands of rigorous patient loads, burning responsibilities and workplace stress."

Finke believes the program will not only help nurses go beyond a day-to-day, outer-directed job orientation, but also get into a more attainment-driven career orientation, increasing both fulfillment for the nurse and performance for the organization.

CareeRxel will be distributed by a wholly owned subsidiary of Sigma Theta Tau International, Nursing Knowledge International. Its mission is to provide products and services to serve the global community of nurses to help them in improving the health and education of their patients and communities. While its Web site will be officially launched during the first quarter of the year, a preview of the site is available online at www.nursingknowledge.org. CareeRxel is the first in a family of professional development tools distributed by Nursing Knowledge International that range from online continuing education to programs that help nurses analyze and present growing responsibilities and workplace changes. CareeRxel also gets nurses into a more attainment-driven career orientation, beyond a day-to-day, outer-directed job orientation, but also provides nurses with professional development tools distributed by Nursing Knowledge International that range from online continuing education to programs that help nurses analyze and present growing responsibilities and workplace changes.

Sigmas Theta Tau International President Dan Pesut, APRN, BC, PhD, FAAN, whose biennial theme is renewal, lauds the organization's most recent product as well as its expansion into more educational products and services. He observes: "Creating the future requires attention to current nursing developments. I applaud far-sighted health care organizations that see the need for—and support nurses in their quest for—renewal in their workplace."

CareeRxel became available in January. Health care providers and nurses can preview or purchase a copy of CareeRxel at www.nursingknowledge.org/careerxel. Marty Lanus is public relations consultant in the Department of Corporate Communications, Honor Society of Nursing.

Mentoring participants named by Jane A. Root

Twelve Sigma Theta Tau International members have been selected for the 2004 Chiron Mentoring Program. Mentees and their mentors gathered in Indianapolis in January for the Chiron Institute, which inaugurated the 2004 program.

The Chiron Mentoring Program offers members of Sigma Theta Tau International a valuable resource for mentoring and individualized leadership development. Named for Chiron, the centaur in classical western mythology who was a mentor to Asclepius, Achilles and Hercules, the program gives individuals the opportunity to participate in one of two ways: as a mentee or as a mentor.

Mentees develop leadership skills through implementation of an individual leadership project centered on practice, scholarship or health policy. They are paired with nurses who are identified leaders in clinical, academic or administrative settings and who can assist mentees in achieving their leadership goals during this one-year program. Mentors provide guidance and networking to the mentee. The 2004 Chiron program is underwritten in part by Johnson & Johnson. Chiron is open to all honor society members.

Mentees and mentors selected for 2004 are: Prissana Lee Alston, RN, MA, Alpha Zeta, and mentor C. Alicia Georges, RN, EdD, FAAN, Upstate; Joy M. Barnes, RN, RN, Alpha, and mentor Patricia K. Pierce, RN, DNS, CNS, Alpha, Judith Anderson Barrz, RN, MSN, Ribo, and mentor Meridean L. Maas, RN, PhD, FAAN, Gamma; Carolyn Spence Cagle, RNC, PhD, Beta Alpha, and mentor Susan Mattson, RNC, CTN, PhD, Beta Upsalum; Tommye Cashaw, RN, MSN, Zeta Pi, and mentor Theresa L. Carroll, RN, PhD, Eta and Zeta Pi; Evelyn Groonke Duffy, RN, MS, APRN, BC, Alpha Mu, and mentor Laurie Kennedy-Malone, APRN, BC, PhD, Gamma Zeta; Cynthia Smith Greenberg, RN, DNSc, CPNP, Iota Eta, and mentor Virginia Maikler, RN, PhD, Gamma Pi; Jane Carol Hanke, RN, MSN, MPH, Zeta Pi, and mentor Marilyn Stringer, PhD, GRNP, RDMS, X; Phyllis J. Lewis, RN, BSN, MSN, Alpha, and mentor Judith B. Igou, RN, MS, FAAN, Alpha Kappa-at-Large; Kathleen Riley-Lawless, RN, PhD, APN-BC, Beta Xi and Xi, and mentor Jane Barnstein, RN, PhD, FAAN, Xi; Kathryn Rudd, RNCG, MSN, LNC, Omicron Delta, and mentor Nancy Steinhed, RN, BSN, MS, Alpha Xi and Rho Chi; and Norine Watson, RN, MSN, Beta Xi, and mentor Elizabeth Wykspisz, RN, MS, MBA, C, CNA, Alpha Tau.
Extraordinary lives, extraordinary book signing

by Carla Hall

If it was an unusual book-signing event. The milling crowd, lined up and waiting well before the appointed hour, might have brought to mind a highly anticipated art-house movie's opening night crowd or the refined-yet-off-the-soo-layo audience of, say, Harry Connick Jr. But this passionate crowd of people wasn't here for movies or music, they were here to share stories of, by, and about nurses.

With a crisp, clear, downtown-Chicago evening sky as backdrop, 600-plus people converged Nov. 20 on the beautiful 10th-floor study room of the C. E. Pearson building on Loyola University Chicago's Water Tower campus. The event was a catered reception hosted by Dean Sheila Haas from Loyola's Niehoff School of Nursing to launch the just-published Ordinary People, Extraordinary Lives: The Stories of Nurses, published by Sigma Theta Tau International, Indianapolis, Ind., and edited by Carolyn Hope Smeltzer, RN, EdD, FACHE, FAAN, and Frances R. Vlasses, RN, PhD. (Vlasses teaches at the Niehoff School of Nursing.)

Of the many authors and contributors to Ordinary People, Extraordinary Lives, 63 came that night. Someone was there from Japan. Here in the United States, people came from Oregon, Massachusetts and New York; they came from South Carolina, Florida, Virginia, and any and all parts in between. They came to celebrate this book that they felt had finally given voice to the stories that nurses have to tell.

"This is just incredible," said Sarah Johnson, RN, MSN, one of the authors from South Carolina, who later followed up with the thought that it was "wonderful to see so many people there ... to have so many people sharing their stories."

The lines to purchase books stretched out far, but people didn't complain; instead, they stood in line and shared stories with those around them. They again stood in long lines to get their books signed—time and again, as this wasn't any ordinary book-signing reception. After all, there were 63 people to sign each book. There were subjects of stories who signed books and family members of subjects, living and deceased, who signed books. Who was who? The only way to really be sure was by going the color-coded gaverae of, with red for author, yellow for subject and pink for distinguished guests and supporters.

A catered buffet was perpetually replenished and the bartender kept busy (but not too busy), while a harpist filled the room, summarized most people's perspectives on the evening. "There are so many people—so many people! And all of them with a story to tell," said a woman with a yellow daisy. Maybe Vlasses summed it up best when she said of the evening, "My head is full of stories."

Carla Hall is development editor, Professional Development Center, Honor Society of Nursing.

PUBLICATIONS

Extraordinary lives, extraordinary book signing

UNIVERSITY OF HAWAII AT MANOA
SCHOOL OF NURSING AND DENTAL HYGIENE

The Department of Nursing, University of Hawaii at Manoa is recruiting qualified applicants for tenure-track position as either the full professor or associate professor level for the 2004-2005 academic year. This senior level position is a 11-month appointment, subject to position clearance and availability of funds.

This position is partially funded by the Queen's Medical Center in Honolulu, HI. The faculty will hold the title of the Queen's Enaume Nurse Researcher at the Queen's Medical Center and have joint responsibilities with the Nursing School, School of Nursing and Dental Hygiene and the Queen's Medical Center. Duties include: mentors RN staff and present clinical research projects. Conducts own research. Obtains funding to support research at the local and national level. Conducts data analysis and prepares findings. Supports evidenced-based practices with all levels of RN staff. Demonstrates strong leadership skills in developing the nursing research component for the Queen's Medical Center. Effectively represents nursing within the organization and the community. Teaches courses in the BS, MS or PhD nursing program. Provides service to the University (Department, School or University) and profession and the Queen's Medical Center.

Full Professor

Minimum qualifications: Doctorate in Nursing or related field. Four (4) years prior full-time teaching experience at the rank of associate professor or equivalent. National and international recognized record of scholarship; recent refereed publications in refereed journals; and current, ongoing externally funded research program relevant to the acute care setting. Demonstrated ability to mentor others to develop, implement and present research projects. Ability to effectively represent nursing in all settings. Demonstrated leadership, university and profession.

Desirable qualifications: Doctorate in Nursing. Previous experience in a joint research appointment with a clinical agency. Funded clinical research program. Previous experience as chair of a nursing department, university committee and/or committee of an international organization. Course work in curriculum development and evaluation. Letters of support to affirm the candidate's ability to work effectively with students, faculty and clinical agencies.

Associate Professor:

Minimum qualifications: Doctorate in Nursing or related field. Four (4) years prior full-time teaching experience at the rank of assistant professor or equivalent. Nationally recognized record of scholarship; recent refereed publications in refereed journals; and current, ongoing externally funded research program relevant to the acute care setting. Demonstrated ability to mentor others to develop, implement and present research projects. Ability to effectively represent nursing in all settings. Demonstrated leadership in department, university and profession.

Desirable qualifications: Doctorate in Nursing. Previous experience in a joint research appointment with a clinical agency. Funded clinical research program. Previous experience as chair of a nursing department or university committee. Course work in curriculum development and evaluation. Letters of support to affirm the candidate's ability to work effectively with students, faculty and clinical agencies.

Pay Range: Salaries are negotiable within specified range depending upon experience and qualifications.

Requirements for employment: Current Hawaii RN license, documented immunoization to mumps and rubella, documented immunization to mumps and rubella, BCLS certification within 10 years, current CPR certification, and PPD test.

To apply: Submit letter of interest, curriculum vitae, name and contact information (phone numbers and email addresses) of three professional and/or institutional references to Baccalaureate, masters and doctoral degrees. Application deadline: University of Hawaii at Manoa, School of Nursing and Dental Hygiene, Administrative Services Office, 2525 McCarthy Blvd, Webster 420, Honolulu, HI 96822. Inquiries: Dr. Joanne Ianno, Department Chair, (808) 956-6932, ianno@hawaii.edu.

DEADLINE: CONTINUOUS RECUIRING UNTIL NEEDS ARE MET FIRST REVIEW DATE: 1 MARCH 2004

An Equal Opportunity/Affirmative Action Institution

Indiana University—Purdue University Fort Wayne

The Department of Nursing at IPFW invites nominations and applications for Graduate Director of Nursing. The department is also seeking a tenure track faculty assistant or associate professor with met teaching responsibilities in the undergraduate nursing programs.

Director of the Graduate Program is responsible for administrative and leadership of the Graduate Program. IPFW offers a Master of Science with a program major in Nursing Administration and is planning a program major in Nursing Education. The Graduate Director is a 12-month appointment.

Qualifications: PhD in nursing or related field, graduate teaching experience; teaching scholarship, evidence of a program of research or publishing, evidence of the task of assessment of student learning.

Tenure Track Assistant or Associate Professor: The successful candidate should have expertise in two of the following areas: Adult Health or Psychiatric Mental Health.

Qualifications: PhD in nursing or related field required, candidate must complete Doctoral core courses.

Please send vita and telephone numbers of three professional references to: Carla Stemberger, PhD, RN

Chair, Department of Nursing

IPFW

210 East Coliseum Blvd.

Fort Wayne, IN 46805

stemberg@ipfw.edu • (260) 481-5788

Salary and faculty rank will be commensurate with qualifications, experience, and record of scholarship. Applications will be accepted until positions are filled.

Notification of membership dues increase Effective January 1, 2004

Beginning January 1, 2004, the international portion of membership dues will increase to $80.00.* This is the first dues increase since 1996.

During the 2003 Biennial Convention, the House of Delegates approved a change to the honor society's bylaws which grants the Board of Directors fiscal authority over fees. This means that in addition to other fiscal responsibilities, the board now has the ability to make incremental restricted dues adjustments, based on the rate of inflation. This enables the board to fully manage the society's resources—allowing them to respond to economic conditions, inflation and the increased costs of doing business—all while strengthening member services.

This necessary adjustment to dues will allow the board to fully ensure that the society continues to meet its mission to provide leadership and scholarship in practice, education and research to enhance the health of all people.

For more information regarding membership fees or the bylaws amendments, please contact the Constituent Call Center.

*The chapter portion of membership dues in a separate fee determined by each chapter's board of directors.

888.634.7755 (U.S./Canada toll free) • 800.634.7755 (International toll free)
members@stti.lup.edu

Sigma Theta Tau International

Honor Society of Nursing

First Quarter 2004 Reflecting on Nursing LEADERSHIP 43
Extraneous lives, extraordinary book signing

by Carla Hall

I

It was an unusual book-signing event. The milling crowd, lined up and waiting well before the appointed hour, might have brought to mind a highly anticipated art-house movie's opening night crowd or the refined-yet-oh-so-loyal audience of, say, Harry Connick Jr. But this passionate crowd of people wasn't here for movies or music; they were here to share stories of, by and about nurses.

With a crisp, clear, downtown-Chicago evening sky as backdrop, 600-plus people converged Nov. 20 on the beautiful 10th-floor study room of the 25 E. Pearson building on Loyola University Chicago's Water Tower campus. The event was a catered reception hosted by Dean Sheila Haas from Loyola's Niehoff School of Nursing to launch the just-published Ordinary People, Extraordinary Lives: The Stories of Nurses, published by Sigma Theta Tau International, Indianapolis, Ind., and edited by Carolyn Hope Smeltzer, RN, EdD, FACHE, FAAN, and Frances R. Vlasses, RN, PhD. (Vlasses teaches at the Niehoff School of Nursing.)

Of the many authors and contributors to Ordinary People, Extraordinary Lives, 63 came that night. Someone was there from Japan. Here in the United States, people came from Oregon, Massachusetts and New York; they came from South Carolina, Florida, Virginia, and any and all parts in between. They came to celebrate this book that they felt had finally given voice to the stories that nurses have to tell.

"This is just incredible," said Sarah Johnson, RN, MSN, one of the authors from South Carolina who later followed up with the thought that it was "wonderful to see so many people there ... to have so many people sharing their stories."

The lines to purchase books stretched out far, but people didn't complain; instead, they stood in line and shared stories with those around them. They again stood in long lines to get their books signed—time and again, as this wasn't any ordinary book-signing reception. After all, there were 63 people to sign each book. There were subjects of stories who signed books and family members of subjects, living and deceased, who signed books. Who was who? The only way to really be sure was by the color-coded gerbera daisies, red with for author, yellow for subject and pink for distinguished guests and supporters.

A catered buffet was perpetually replenished and the bartender kept busy (but not too busy), while a harpist supplied a calming ambiance to the room. Recitations at the microphone—stories, poems and songs—all with the common thread of "nurse" running through them, punctuated the excited buzz that filled the air from start to finish.

"This is incredible," a phrase overheard everywhere around the room, summarized most people's perspectives on the evening. "There are so many people—so many people! And all of them with a story to tell," said a woman with a yellow daisy.

Maybe Vlasses summed it up best when she said of the evening, "My head is full of stories."
I heard you'd like to get involved...

by Deborah M. Snyder

I FEADESPOP WELL. I sheepishly admit it. My proficiency developed when I was a child, and as an adult I have fine-tuned and honed my craft. Although not highly regarded, "listening well"—as I prefer to call it—does have its advantages in the constituent service industry.

After overhearing many of your telephone calls to the Constituent Center, I note the common threads and know that you, the members, want more contact from your chapters. You, the members, want to become more involved with your chapters.

Statistics back up my informal research. Data reveal that 76 percent of Sigma Theta Tau International members deem themselves rarely or never involved in the chapter level. Juxtapose that fact with general volunteerism reports that inform us more than 70 percent of people asked to volunteer will do so.

Volunteers are the backbone of Sigma Theta Tau. So, how do we close the gap between the need and the reality? In the Constituent Center, we are striving to educate members about volunteerism and opportunities within the honor society. If you would like to become more involved or learn more about chapter leadership, I invite you to begin planning now to attend Chapter Leader Academy, Nov. 4-6, 2004, in Indianapolis, Ind.

Chapter Leader Academy is an exhilarating conference, complete with a basic track for new or future leaders and an advanced track for seasoned volunteers who wish to renew their leadership. Wide-ranging session topics include basic leadership skills, managing volunteer programs, building presence in a clinical setting, strengthening global awareness, bridging the generation gap and more.

If you are interested in becoming a volunteer leader, this conference will prepare you for a role at the chapter level. An unexpected benefit that many Sigma Theta Tau volunteers receive is valuable leadership knowledge that transfers to enhanced quality of work and life. For current and seasoned volunteers, the conference offers advanced information on specific new topics and gives leaders a sounding board to present ideas to peers.

Chapter Leader Academy provides an opportunity to network with many highly esteemed nursing professional and top leaders in the honor society. Aplee occasions for networking abound at a lovely headquarters reception, regional meetings and an award presentation.

Consider speaking to your chapter president now about attending this exciting conference. Chapters are often willing to invest in enthusiastic leaders and prefer to budget well in advance.

I encourage you to continue calling the Constituent Center with your ideas, questions and concerns. Programs such as Chapter Leader Academy are conceived from your thoughts and suggestions. And rest assured your comments do make a difference. Remember, whether you call it eavesdropping or paying close attention, we are listening.

To register for Chapter Leader Academy, visit www.sigmathatau.org or call toll-free 888.634.7575 (U.S./Canada), +800.634.7575.1 (international).

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

Helping nurses heal, lead and learn

by Laura Klaum

C O M M I T T E D TO funding opportunities for nursing scholarship and leadership as well as strengthening the honor society's future, the foundation launched its new $3.5 million fund-raising endeavor during the recent biennial convention. By focusing on these key areas, the foundation will be better able to offer to the honor society resources that will help its members to heal, lead and learn.

Annual gifts
First, the foundation will continue its efforts to sustain the honor society's operations through its annual giving campaign. Initiated in 2002, the campaign generated tremendous response and phenomenal support from members! The building corporation, foundation and Sigma Theta Tau International boards of trustees celebrated 100 percent participation in this annual drive. Individuals who contributed $80 or more to this effort were acknowledged in the Third Quarter 2003 issue of Reflections on Nursing Leadership, and gifts given during the fiscal year ending in 2004 will be recognized at the following levels:

- Founders' Circle, $1,000
- President's Circle, $500
- Leadership Circle, $250
- Friends' Circle, $100

In 2003, prior to the honor society's biennial convention in Indianapolis, Ind., the foundation will install brick pavers outside Sigma Theta Tau International's headquarters. For gifts of $500 or $1,000, a donor may purchase a paver in his or her name. Or, an individual or group of people may honor or pay tribute to a special person by purchasing a paver "in loving memory of," "in honor of" or "in celebration of" someone dear to them. Gifts may be unrestricted, so they can be applied to the honor society's greatest needs, or they may be designated to support scholarship or leadership initiatives. Already, chapters and leadership groups have purchased pavers, and the foundation will install engraved pavers according to the order in which they are bought.

Annual gifts are used to support the honor society's social services. For example, in the most recent fiscal year, the annual gifts transfers to enhanced quality of work and life. For current and seasoned volunteers, the conference offers advanced information on specific new topics and gives leaders a sounding board to present ideas to peers.

The Heritage Society
The Heritage Society includes Billye Brown, Sigma Theta Tau and Virginia Henderson fellows. To become a Billye Brown Fellow, a donor requires a planned gift valued at $50,000 or more. Sigma Theta Tau Fellows are honored for their cash gifts of $20,000, and Virginia Henderson Fellows contribute $10,000. These gifts usually benefit the foundation's future endowment, helping Sigma Theta Tau International to maintain its nominal membership fees by subsidizing operations and funding programs and services through investment income. Gifts also may be restricted to scholarship or leadership, according to donor interest.

Sigma Theta Tau and Virginia Henderson Fellows generally share their gifts with the foundation in a lump sum or installment amounts for periods between five and 10 years. The foundation strives to be flexible and works with donors to maximize gifts and make pledges affordable and meaningful to individuals.

Convention kick-off success
To promote these opportunities, the foundation staff and volunteers staged and staffed a booth during the 37th Bienn...
I heard you'd like to get involved ...

by Deborah M. Snyder

I EAVESDROP WELL. I sheepishly admit it. My proficiency developed when I was a child, and as an adult I have fine-tuned and honed my craft. Although not highly regarded, "listening well"—as I prefer to call it—does have its advantages in the constituent service industry.

After overhearing many of your telephone calls to the Constituent Center, I note the common threads and know that you, the members, want more contact from your volunteer will do so.

How do we close the gap between the need and the reality? I think the answer is that members consider themselves rarely or never involved at the chapter level. Juxtapose that fact with general volunteerism reports by Deborah M. Snyder, MA, is manager, Constituent Communication and Training, at the Honor Society of Nursing.

76 percent of Sigma Theta Tau International members deem themselves rarely or never involved at the chapter level. Juxtapose that fact with general volunteerism reports of people asked to participate, and we have a population which desires involvement but does not perceive anyone asking them to be involved. Consider speaking to your chapter president now about inviting you to begin planning now to attend Chapter Leader Academy, Nov. 4-6, in Indianapolis, Ind.

Chapter Leader Academy is an exhilarating conference, complete with a basic track for new or future leaders and an advanced track for seasoned volunteers who wish to renew their leadership. Wide-ranging session topics include basic leadership skills, managing volunteer programs, building presence in a clinical setting, strengthening global awareness, bridging the generation gap and more.

If you are interested in becoming a volunteer leader, this conference will prepare you for a role at the chapter level. An unexpected benefit that many Sigma Theta Tau volunteers receive is valuable leadership knowledge that transfers to enhanced quality of work and life. For current and seasoned volunteers, the conference offers advanced information on specific new topics and gives leaders a sounding board to present ideas to peers.

Chapter Leader Academy provides an opportunity to network with many highly esteemed nursing professionals and top leaders in the honor society. Ample occasions for networking abound at a lovely headquarters reception, regional meetings and an award presentation.

Helping nurses heal, lead and learn

by Laura Klaum

COMMITTED TO funding opportunities for nursing scholarship and leadership as well as strengthening the honor society's future, the foundation launched its new $3.5 million fund-raising endeavor during the recent biennial convention. By focusing on these key areas, the foundation will be better able to offer to the honor society resources that will help its members to heal, lead and learn.

Annual gifts

First, the foundation will continue its efforts to sustain the honor society's operations through its annual giving campaign. Initiated in 2002, the campaign generated tremendous response and phenomenal support from members! The building corporation, foundation and Sigma Theta Tau International boards of trustees celebrated 100 percent participation in this annual drive. Individuals who contributed $80 or more to this effort were acknowledged in the Third Quarter 2003 issue of Reflections on Nursing Leadership, and gifts given during the fiscal year ending in 2004 will be recognized at the following levels:

- Founders' Circle, $1,000
- President's Circle, $500
- Leadership Circle, $250
- Friends' Circle, $100

In 2003, prior to the honor society's biennial convention in Indianapolis, Ind., the foundation will install brick pavers outside Sigma Theta Tau International's headquarters. For gifts of $500 or $1,000, a donor may purchase a paver in his or her name. Or, an individual or group of people may honor or pay tribute to a special person by purchasing a paver "in loving memory of," "in honor of" or "in celebration of" someone dear to them. Gifts may be unrestricted, so they can be applied to the honor society's greatest needs, or they may be designated to support scholarship or leadership initiatives.

Already, chapters and leadership groups have purchased pavers, and the foundation will install engraved pavers according to the order in which they are bought.

The Heritage Society

Thanks to the vision and commitment of members of the foundation's fellowship programs, the foundation created and continues to grow its endowment. The steadfast and faithful support of individuals who contribute to the endowment strengthens the foundation's abilities to offer scholarship and leadership opportunities to our members. Planned gifts from these donors through wills, trusts, life insurance and annuities continue to benefit tomorrow's nurses and ensure the organization's purpose and future.

The Heritage Society includes Billye Brown, Sigma Theta Tau and Virginia Henderson fellows. To become a Billye Brown Fellow, a donor registers a planned gift valued at $50,000 or more. Sigma Theta Tau Fellows are honored for their cash gifts of $20,000, and Virginia Henderson Fellows contribute $10,000. These gifts usually benefit the foundation's future endowment, helping Sigma Theta Tau International to maintain its nominal membership fees by subsidizing operations and funding programs and services through investment income. Gifts also may be restricted to scholarship or leadership, according to donor interest.

Sigma Theta Tau and Virginia Henderson Fellows generally share their gifts with the foundation in a lump sum or installment amounts for periods between five and 10 years. The foundation strives to be flexible and works with donors to maximize gifts and make pledges affordable and meaningful to individuals.

Convention kickoff success

To promote these opportunities, the foundation staff and volunteers staged and staffed a booth during the 37th Bien-
nial Convention. Booth costs were graciously underwritten by ExactTarget, an e-mail marketing software firm.

A first-ever jewelry raffle was conducted in the booth, and 12 lucky attendees returned home with bracelets, earrings, rings, necklaces and watches. Thanks to generous donations of jewelry from board members and past presidents, 100 percent of raffle ticket sales, a total of $6,163, benefited the honor society's research endowment! Virginia Henderson Fellow Bonnie Wesorick donated CDs for sale at the booth, garnering $280 for nursing scholarship.

Replacing the former Walk/Run for Research was Fitness for Research 2003. Sponsored by Lambda Pi-at-Large Chapter, Coca-Cola Canada and Bayshore Healthcare, this event's potential to raise funds for research was bolstered by the collection of pledges. Instructor/nursing student David Strand donated his services and energized participants during this event, which raised $7,835!

Top pledge collectors for the event were Amy Johnson, Beta Xi, $591; Fran Vlasses, Alpha Beta, $585; and Cecilia Wendler, Delta Phi and Kappa Phi, $230. The chapter with the most registered participants, 10, was Iota Mu, Texas Tech University. The two chapters raising the most significant pledges were Beta Xi, University of Delaware, $706, and Alpha Beta, Loyola University-Chicago, $585.

The foundation also conducted fund-raisers during convention events to help inaugurate its new fund-raising plan. Heritage Society Dinner attendees gave $2,275 in response to an appeal for the 21st century future endowment, and guests present during the Founders Awards Banquet contributed $2,161 to leadership initiatives. Lastly, a few charitable members dropped by the booth just to give a gift. Their philanthropic spirit raised $1,500 for scholarship initiatives.

You can help!
If you would like to receive a copy of the Sigma Theta Tau International Foundation's new materials, including a summary of fund balances, please call foundation staff at 888.634.7575 (U.S./Canada) or +800.634.7575 (International), or e-mail us at foundation@stti.iupui.edu. Thanks to all of you for your consideration and remarkable support. Your gifts truly make a difference in helping nurses heal, lead and learn.

Laura Klaum is assistant director, Sigma Theta Tau International Foundation for Nursing.

New members of Heritage Society
The Sigma Theta Tau International Foundation for Nursing is pleased to recognize and thank the following individuals who have become members of the Heritage Society since July 2003:

Billye Brown Fellows
Margaret Mum Arklie, Rho Rho
Elizabeth Grossman, Alpha
Nancy Dickenson-Hazard, Alpha, Beta Kappa
Nancy Langston, Gamma Omega
Cecilia Wendler, Delta Phi, Kappa Phi

Sigma Theta Tau Fellows
Billye Brown, Epsilon Theta
Melodie Daniels, Gamma Gamma
Paula Ellis, Eta Kappa-at-Large
Rhoberta Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Jennifer Hobbs, Xi, Gamma Gamma
Marlene Race, Gamma Gamma

Virginia Henderson Fellows
Jane Allen, Beta-beta-Dallas/Denton
Donielle Barnes, Epsilon Theta
Karen Carbon, Gamma Sigma
Robert Cavendish, Epsilon Mu, Mu Epilon
Karen Cen, Lambda Phi
Kathy Dwight, Eta Gamma
Christina Graff, Alpha Zeta
Rhoberta Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Mary Jane Hamilton, Eta Omicron
Karen Gorton, Eta Nu, Rho Sigma
Linda Haynes, Eta Gamma
Adam Kremer, Foundation Staff
Laura Klaum, Foundation Staff
Melinda Linn, Mu Nu
Jann Luniewski, Delta Pi
Mary Miehl, Rho Beta
Amanda Nibert, Eta Phi, Beta Beta-Houston
Mary Jo Perley, Delta Theta
Phoebe Potter, Theta Kappa
Nancy Rodinour, Xi Pi
Rebecca Ruiz-Ladouceur, daughter of Marlene Ruiz, Gamma Gamma
Nancie Sharr-Hopko, Alpha Nu
Bonnie Wesorick, Kappa Epilon-at-Large
Catherine Whitehurst, Eta Nu.
nial Convention. Booth costs were graciously underwritten by ExactTarget, an e-mail marketing software firm. A first-ever jewelry raffle was conducted in the booth, and 12 lucky attendees returned home with bracelets, earrings, rings, necklaces and watches. Thanks to generous donations of jewelry from board members and past presidents, 100 percent of raffle ticket sales, a total of $6,163, benefited the honor society's research endowment! Virginia Henderson Fellow Bonnie Wesorick donated CDs for sale at the booth, garnering $280 for nursing scholarship. Replacing the former Walk/Run for Research was Fitness for Research 2003. Sponsored by Lambda Pi-at-Large Chapter, Coca-Cola Canada and Bayshore Healthcare, this event's potential to raise funds for research was bolstered by the collection of pledges. Instructor/nursing student David Strand donated his services and energized participants during this event, which raised $7,835!

New members of Heritage Society

The Sigma Theta Tau International Foundation for Nursing is pleased to recognize and thank the following individuals who have become members of the Heritage Society since July 2003:

Billy Brown Fellows
Margaret Muir Arl<lie, Rho Rho
Elizabeth Groisman, Alpha
Nancy Dickinson-Hazard, Alpha, Beta Kappa
Nancy Langston, Gamma Omega
Cecilia Wendler, Delta Phi, Kappa Phi

Sigma Theta Tau Fellows
Billy Brown, Epsilon Theta
Melodie Daniels, Gamma Gamma
Paula Ellis, Eta Kappa-at-Large
Rhonda Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Jennifer Hobbs, Xi, Gamma Gamma
Marlene Race, Gamma Gamma

Virginia Henderson Fellows
Jane Allen, Beta Beta-Dallas/Denton
Donelle Barnes, Epsilon Theta
Karen Carbon, Gamma Sigma
Roberta Cavenish, Epsilon Mu, Mu Epimen
Karen Cox, Lambda Phi
Kathy Dwight, Eta Gamma
Christina Geisich, Alpha Zeta
Rhonda Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Mary Jane Hamilton, Eta Omicron
Karen Gorton, Eta Nu, Rho Sigma
Linda Haynes, Eta Gamma
Adam Knepper, Foundation Staff
Laura Klaum, Foundation Staff
Melissa Lanza, Mu Upsilon
Jan Kusimski, Delta Phi
Mary Moll, Beta Beta
Audra Nibert, Eta Phi, Beta Beta-Houston
Mary Jo Furey, Delta Theta
Phoebe Potter, Theta Kappa
Nancy Rideout, Xi Pi
Rebecca Runia-Dow, daughter of Markine Runia, Gamma Omega
Nancy Sharts, Delta Theta
Bonnie Wesorick, Kappa Epsilon-at-Large
Catherine Whiteford, Eta Nu.

You can help!
If you would like to receive a copy of the Sigma Theta Tau International Foundation's new materials, including a summary of fund balances, please call foundation staff at 888.634.7575 (U.S./Canada) or +800.634.7575 (International), or e-mail us at foundation@sttifoundation.org. Thanks to all of you for your consideration and remarkable support. Your gifts truly make a difference in helping nurses heal, lead and learn.  

Laura Klaum is assistant director, Sigma Theta Tau International Foundation for Nursing.

You can help!
If you would like to receive a copy of the Sigma Theta Tau International Foundation's new materials, including a summary of fund balances, please call foundation staff at 888.634.7575 (U.S./Canada) or +800.634.7575 (International), or e-mail us at foundation@sttifoundation.org. Thanks to all of you for your consideration and remarkable support. Your gifts truly make a difference in helping nurses heal, lead and learn.  

Laura Klaum is assistant director, Sigma Theta Tau International Foundation for Nursing.

New members of Heritage Society

The Sigma Theta Tau International Foundation for Nursing is pleased to recognize and thank the following individuals who have become members of the Heritage Society since July 2003:

Billy Brown Fellows
Margaret Muir Arl<lie, Rho Rho
Elizabeth Groisman, Alpha
Nancy Dickinson-Hazard, Alpha, Beta Kappa
Nancy Langston, Gamma Omega
Cecilia Wendler, Delta Phi, Kappa Phi

Sigma Theta Tau Fellows
Billy Brown, Epsilon Theta
Melodie Daniels, Gamma Gamma
Paula Ellis, Eta Kappa-at-Large
Rhonda Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Jennifer Hobbs, Xi, Gamma Gamma
Marlene Race, Gamma Gamma

Virginia Henderson Fellows
Jane Allen, Beta Beta-Dallas/Denton
Donelle Barnes, Epsilon Theta
Karen Carbon, Gamma Sigma
Roberta Cavenish, Epsilon Mu, Mu Epimen
Karen Cox, Lambda Phi
Kathy Dwight, Eta Gamma
Christina Geisich, Alpha Zeta
Rhonda Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Mary Jane Hamilton, Eta Omicron
Karen Gorton, Eta Nu, Rho Sigma
Linda Haynes, Eta Gamma
Adam Knepper, Foundation Staff
Laura Klaum, Foundation Staff
Melissa Lanza, Mu Upsilon
Jan Kusimski, Delta Phi
Mary Moll, Beta Beta
Audra Nibert, Eta Phi, Beta Beta-Houston
Mary Jo Furey, Delta Theta
Phoebe Potter, Theta Kappa
Nancy Rideout, Xi Pi
Rebecca Runia-Dow, daughter of Markine Runia, Gamma Omega
Nancy Sharts, Delta Theta
Bonnie Wesorick, Kappa Epsilon-at-Large
Catherine Whiteford, Eta Nu.

You can help!
If you would like to receive a copy of the Sigma Theta Tau International Foundation's new materials, including a summary of fund balances, please call foundation staff at 888.634.7575 (U.S./Canada) or +800.634.7575 (International), or e-mail us at foundation@sttifoundation.org. Thanks to all of you for your consideration and remarkable support. Your gifts truly make a difference in helping nurses heal, lead and learn.  

Laura Klaum is assistant director, Sigma Theta Tau International Foundation for Nursing.

New members of Heritage Society

The Sigma Theta Tau International Foundation for Nursing is pleased to recognize and thank the following individuals who have become members of the Heritage Society since July 2003:

Billy Brown Fellows
Margaret Muir Arl<lie, Rho Rho
Elizabeth Groisman, Alpha
Nancy Dickinson-Hazard, Alpha, Beta Kappa
Nancy Langston, Gamma Omega
Cecilia Wendler, Delta Phi, Kappa Phi

Sigma Theta Tau Fellows
Billy Brown, Epsilon Theta
Melodie Daniels, Gamma Gamma
Paula Ellis, Eta Kappa-at-Large
Rhonda Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Jennifer Hobbs, Xi, Gamma Gamma
Marlene Race, Gamma Gamma

Virginia Henderson Fellows
Jane Allen, Beta Beta-Dallas/Denton
Donelle Barnes, Epsilon Theta
Karen Carbon, Gamma Sigma
Roberta Cavenish, Epsilon Mu, Mu Epimen
Karen Cox, Lambda Phi
Kathy Dwight, Eta Gamma
Christina Geisich, Alpha Zeta
Rhonda Jones Haley, Gamma Gamma, Zeta Mu-at-Large
Mary Jane Hamilton, Eta Omicron
Karen Gorton, Eta Nu, Rho Sigma
Linda Haynes, Eta Gamma
Adam Knepper, Foundation Staff
Laura Klaum, Foundation Staff
Melissa Lanza, Mu Upsilon
Jan Kusimski, Delta Phi
Mary Moll, Beta Beta
Audra Nibert, Eta Phi, Beta Beta-Houston
Mary Jo Furey, Delta Theta
Phoebe Potter, Theta Kappa
Nancy Rideout, Xi Pi
Rebecca Runia-Dow, daughter of Markine Runia, Gamma Omega
Nancy Sharts, Delta Theta
Bonnie Wesorick, Kappa Epsilon-at-Large
Catherine Whiteford, Eta Nu.
More than 2,100 nurses gather in Toronto

A RECORD NUMBER of more than 2,100 nurses experienced one of the most rewarding conventions to date. During the 37th Biennial Convention held in Toronto, Canada, attendees had the opportunity to network with top nursing leaders from around the world; to learn from a record number of peer-reviewed, quality educational sessions; and to enjoy a variety of other activities in an exciting, vibrant city.

During the opening, keynote speaker Margaret Carson, RN, PhD, captivated the near-capacity crowd with her riveting stories of Vietnam nurses as part of her address, "There to Care: A Lesson From Nursing History." Mary O’Neil Mundinger, DrPH, gave the Leadership Sessions plenary presentation, titled "Leading in the Diverse Clinical Marketplace."

With nearly 800 oral and poster presentations, ranging from implementing evidence-based nursing to issues in nursing research and innovations in nursing leadership, attendees were assured of finding educational sessions that suited their learning needs. The Creative and Expressive Arts in Nursing: The Heart of Nursing poster presentations touched attendees as they admired more than 60 displays of poetry, quilts, paintings, stories and other creative projects by nurses.

Seventy-three exhibitors offered convention goers opportunities to sample and learn about nursing products and services as they wandered through the capacity-filled exhibit hall.

A break in the schedule allowed convention goers the chance to explore the exciting, vibrant city of Toronto and its surrounding area, including a night tour to Niagara Falls.

The House of Delegates ended the 4 1/2-day convention with the election of the 2003-2005 board, voting on bylaws amendments, departure and installation ceremonies, and the new president’s call to action.

Missed Toronto? Plan now to attend the 38th Biennial Convention in Indianapolis, Ind., Nov. 12-16, 2005!
More than 2,100 nurses gather in Toronto

A RECORD NUMBER of more than 2,100 nurses experienced one of the most rewarding conventions to date. During the 37th Biennial Convention held in Toronto, Canada, attendees had the opportunity to network with top nursing leaders from around the world; to learn from a record number of peer-reviewed, quality educational sessions; and to enjoy a variety of other activities in an exciting, vibrant city.

During the opening, keynote speaker Margaret Carson, RN, PhD, captivated the near-capacity crowd with her riveting stories of Vietnam nurses as part of her address, "There to Care: A Lesson From Nursing History." Mary O’Neil Mundinger, DrPH, gave the Leadership Sessions plenary presentation, titled "Leading in the Diverse Clinical Marketplace."

With nearly 800 oral and poster presentations, ranging from implementing evidence-based nursing to issues in nursing research and innovations in nursing leadership, attendees were assured of finding educational sessions that suited their learning needs. The Creative and Expressive Arts in Nursing: The HEART of Nursing poster presentations touched attendees as they admired more than 60 displays of poetry, quilts, paintings, stories and other creative projects by nurses.

Seventy-three exhibitors offered convention goers opportunities to sample and learn about nursing products and services as they wandered through the capacity-filled exhibit hall.

A break in the schedule allowed convention goers the chance to explore the exciting, vibrant city of Toronto and its surrounding area, including a night tour to Niagara Falls.

The House of Delegates ended the 4 1/2-day convention with the election of the 2003-2005 board, voting on bylaws amendments, departure and installation ceremonies, and the new president’s call to action.

Missed Toronto? Plan now to attend the 38th Biennial Convention in Indianapolis, Ind., Nov. 12-16, 2005!
Princess Anne given Lifetime Achievement Award
by May L. Wykle

H er ROYAL Highness, The Princess Royal is the second child and only daughter of Queen Elizabeth and her husband, Prince Phillip. I not only remember when she was born, but also her mother’s coronation. Like many events British, it happened in the middle of the night in the United States and, like many girls of my generation, I watched the ceremony via the niche technology of television.

It would be difficult to find a more worthy recipient of our Lifetime Achievement Award than Princess Anne. The Princess Royal heads approximately 222 organizations, among them the First Aid Nursing Yeomanry and Saint John Ambulance. She has worked to create such charities as The Princess Royal Trust for Carers, Transaid and Riders for Health, which she amusingly likes to remind people has nothing to do with horses, but rather motorcycle transportation to health care in Africa.

Presentation of the award to the princess was later shown via video at our biennial convention in Toronto, our first convention held outside the continental United States. The venue for this showing seemed an obvious choice, as Canadians in Toronto are known for their fondness of the hardworking royal. Several of my colleagues recall her excellent speech at the International Council of Nurses Centennial Conference held in 1999. They were very impressed with the breadth of her knowledge about nursing.

Dr. Beverly Malone, a member of Sigma Theta Tau International and general secretary of the Royal College of Nursing, facilitated the time-consuming process, and U.S. Ambassador William Farish and his gracious wife offered their special welcome. Perception I will never forget. Not only did The Princess Royal speak with each of our guests, she also spoke graciously and determinedly without notes about the role of nursing, a feat impressive even to a lifelong educator. This is one of the fondest memories of my term in office. I can play the entire evening back in slow motion. Whether talking animatedly about her maternal grandmother, the late Queen Mother, and her penchant for high heels—the princess obviously gets her height from her father—or talking passionately about the need for carers (caregivers) to receive care themselves, she was the consummate Princess Royal. Princess Anne is indeed a marvelous spokesperson for nursing and is too be admired for her numerous contributions to improving health care worldwide.

Mary L. Wykle, RN, PhD, FAAN, is dean and Florence Cellar professor of nursing at the Frances Payne Bolton School of Nursing at Case Western Reserve University and the immediate past president of Sigma Theta Tau International.

Founders Awards

The Founders Awards are presented each biennium to six outstanding nurses and one chapter in recognition of the honor society’s founders—six nursing students and their director of nursing at Indiana University. The awards recognize excellence in nursing practice, professional standards, leadership, creativity, research, education and chapter programming.

Marie Huppenkothen Lingaman Award for Excellence in Nursing Practice

Giuseppina M. Violanò, RN, MS, CCRN, clinical nurse educa
tion, and Christine Y. Denhup, MSN, APRN, CPNP, CPON, pediatric clinical nurse specialist, developed a model for cost con
tainment and enhanced patient care at Yale-New Haven Children’s Hospital in Connecticut. “Back to the Basics” includes a competency-based orientation program along with standards and accountability structures. Their work has increased nurse satisfaction, facilitated the development and mentoring of nurse leaders, improved patient satisfaction, and reduced staff turnover.

Dorothy Garergus Adams Award for Excellence in Posturing Professional Standards

Reithnig Hutchison, APRN, DNP, FASHA, initiated the development of the American Nurses Association (ANA) Stan
dards of Home Health Nursing Practice and the ANA Standards of Community Health Nursing Practice. A professor emeritus and director of the school nurse Certification Program at Seton Hall University in South Orange, N.J., Hutchison developed the curriculum of the graduate department’s School Nurse Certification Program and served as an advocate for college health nursing throughout her teaching career.

Mary Toile Wright Award for Excellence in Leadership

Marie E. Manthey, PhD, MNA, FRN, FAAN, developed primary

patient’s care to a single nurse for the duration of the hospital stay. Since first advocating this model in the late 1970s, she has designed and implemented it in hospitals throughout the United States. Manthey is president emeritus of Creative HealthCare Management, a full-service consultation company specializing in the organization and delivery of nursing services in acute and long-term care facilities.

Edith Moore Copeland Award for Excellence in Creativity

Rozzana C. Locsin, RN, BC, PhD, and Ruth G. McCaffrey, ND, AR, NP, BC, support the idea that creating a healing environment for patients is an essential focus for the professional nurse. With that framework in mind, the professors developed the Arts in Heal­ ing course at Florida Atlantic University in Boca Raton, Fla., to expand nursing knowledge and experience in the arts. Locsin and McCaffrey also created a biannual Arts in Healing Institute to embrace and build relationships within the global community of interdisciplinary healers.

Ethel Palmer Clarke Awards for Excellence in Chapter Programming

Located at the University of Massachusetts Dartmouth, Theta Kappa was recognized for its efforts in furthering the goals of Sigma Theta Tau International, along with its strong commit­ ment to international nursing. The chapter’s structure—the Quadrilateral Model for Chapter Excellence—has as its core the honor society’s vision, mission, goals and strategic plan. The four sectors around that core are leadership development, collabora­ tion, global linkages and financial strength.

Archon Awards

Each biennium, Archon Awards are presented to indi­ viduals who have shown exceptional leadership in advancing health and welfare throughout the world.

California Congresswoman Lois Capps, RN, played an integral role in getting the Nursing Reinvestment Act signed and funded. She is helping launch a new caucus to address nursing issues, including the nursing shortage. Capps supported Medicare legislation that has the potential to provide millions of senior citizens with affordable prescription drugs.

Barbara Dossey, RN, PhD, HNC, FAAN, and Larry Dossey, MD, focus on the impor­ tance of integrating science with mind. A leader in the holistic nursing movement, Barbara Dossey has authored or co-authored 19 books, including her current work on the impact of Florence Nightingale’s life and work. Larry Dossey, author of nine books, has lectured on the science of healing and the role of mind, meaning and spirit in health, ill­ ness and miraculous recoveries.

James T. Lenchin, president and vice chairman of Johnson & Johnson, works not only to raise and sustain awareness but also to improve the image of the profession. Through his work with Johnson & Johnson, Lenehan spearheaded the company’s “Campaign for Nursing’s Future.” The campaign includes distribution of recruitment materials to high schools and nursing schools, scholarship funds for students and nursing faculty, cre­ ation of a Web site about nursing, and a national ad campaign.

David Satcher, MD, PhD, FAAR, FACPM, FACP, Surgeon General of the United States from 1998 to 2002, helped break down the barriers of race and ethnicity in health care. His work addressed areas such as mental health, tobacco use, oral health, suicide prevention and childhood obesity. Satcher currently is director of the National Center for Primary Care at More­ house School of Medicine in Atlanta, Ga.
The accomplishments of Diana L. Morris, RN, PhD, FAAN, include helping to develop a graduate nursing program at the University of Zimbabwe; developing an innovative freshwater curriculum on aging, mental health, and culture and health at Pennsylvania State University; and facilitating cultural sensitivity among students, colleagues, and people receiving care. Morris is an associate professor at Case Western Reserve University's Frances Payne Bolton School of Nursing in Cleveland, Ohio.

Edith Palmer Clarke Award for Excellence in Chapter Programming
Located at the University of Massachusetts Dartmouth, Theta Kappa Kappa was recognized for its efforts in furthering the goals of Sigma Theta Tau International, along with its strong commitment to international nursing. The chapter's structure—the Quadrilateral Model for Chapter Excellence—has as its core the honor society's mission, goals and strategic plan. The four sectors around that core are leadership development, collaboration, global linkages and financial strength.

Archon Awards
Each bimonth, Archon Awards are presented to individuals who have shown exceptional leadership in advancing health and welfare throughout the world.

California Congresswoman Lois Capps, RN, played an integral role in getting the Nurse Retention Act signed and funded. She is helping launch a new caucus to address nursing issues, including the nursing shortage. Capps supported Medicare legislation that has the potential to provide millions of senior citizens with affordable prescription drugs.

Barbara Dosseney, RN, PhD, PNG, FAAN, and Larry Dosseney, MD, focus on the importance of integrating science with mind. A leader in the holistic nursing movement, Barbara Dosseney has authored or co-authored 19 books, including her current work on the impact of Florence Nightingale's life and work. Larry Dosseney, author of nine books, has lectured on the science of healing and the role of mind, meaning and spirit in health, illness and miraculous cures.

James T. Leshan, president and vice chairman of Johnson & Johnson, works not only to retain and reward America's nurses but also to further the image of the profession. Through his work with Johnson & Johnson, Leshan spearheaded the company's "Campaign for Nursing's Future." The campaign includes distribution of recruitment materials to high schools and nursing schools, scholarship funds for students and nursing faculty, creation of a Web site about nursing, and a national ad campaign.

David Satcher, MD, PhD, FAAA, FACPM, FACE, surgeon general of the United States from 1998 to 2002, helped break down the barriers of race and ethnicity in health care. His work addressed areas such as mental health, tobacco use, oral health, suicide prevention and childhood obesity. Satcher currently is director of the National Center for Primary Care at Morehouse School of Medicine in Atlanta, Ga.
Nell J. Watts Lifetime Achievement in Nursing Award

Martha N. Hill, RN, PhD, FAAN, dean of John Hopkins University School of Nursing, has dedicated her career to improving the care of children. She developed nurse-driven strategies to control and treat hypertension in African-American men, both in the Baltimore area and in South Africa. The first nurse elected president of the American Heart Association, Hill also chairs a co-chair of the Institute of Medicine committee that issued the report “Unequal Treatment: Confronting Ethnic and Racial Disparities in Health.”

Alyce L. Thomas, PhD, RN, FAAN, associate dean for research at the University of Rochester School of Nursing has dedicated her career to improving the care of children and young adults. She developed nurse-driven strategies to control and treat hypertension in African-American men, both in the Baltimore area and in South Africa. The first nurse elected president of the American Heart Association, Hill also chairs a co-chair of the Institute of Medicine committee that issued the report “Unequal Treatment: Confronting Ethnic and Racial Disparities in Health.”

Audrey Hepburn/ Sigma Theta Tau International Award

Bernadette Mazurek Melnyk, RN-CS, PhD, CPNP, FAAN, associate dean for research at the University of Rochester School of Nursing has dedicated her career to improving the care of children. She developed nurse-driven strategies to control and treat hypertension in African-American men, both in the Baltimore area and in South Africa. The first nurse elected president of the American Heart Association, Hill also chairs a co-chair of the Institute of Medicine committee that issued the report “Unequal Treatment: Confronting Ethnic and Racial Disparities in Health.”

DOROTHY FORD BUSCHMANN PRESIDENTIAL AWARDS
Mary Quinn Griffith, RN, PhD, Christine Hudak, RN, PhD, Rob Davis, RN, BSN—Amy Mo Chapter
Kimberly B. Arata-Tullo, RN, MS, FAAN
Diana L. Morris, RN, PhD, FAAN

LUCIE S. KELLY MENTOR AWARD
Gloria R. Smith, RN, PhD, FAAN
Joyce J. Fitzpatrick, RN, MBA, PhD, FAAN

PUBLIC SERVICE AWARD
Linda Lundstrom

CLINICAL SCHOLARSHIP AWARD
Center for Nursing Classification and Clinical Effectiveness, University of Vaas

INTERNATIONAL RESEARCH AWARDS
RESEARCH DISSEMINATION AWARD
Wendy Falls, RN, PhD

RESEARCH UTILIZATION AWARD
Nursing Outcomes Research Group, University of Pennsylvania Medical Center

RESEARCH DISSEMINATION TO THE PUBLIC AWARD
Missouri University School of Nursing—
Marlyn Rantz, RN, PhD, MHR, FAAN, Lori L. Popejoy, RN, MSN, CS, GCNS
Mary Zwygart-Stauffacher, RN, PhD, FAAN

INTERNATIONAL MEDIA AWARDS
PUBLIC PRINT
New York University Division of Nursing

NURSING PRINT
Laura J. Hildreth, RN, MS, Susan B. Baird, RN, MPH, MA, Judith Johnson, RN, MS, FAAN

PUBLIC ELECTRONIC
Johnson & Johnson

NURSING ELECTRONIC
Carol Burke

NURSING ART
Cathy J. Peters, RN, MS, NPS

PUBLIC CHRISTIANITY
Christina L. Nieves, RN, MS, FNP

BEST OF JOURNAL OF NURSING SCHOLARSHIP

CLINICAL SCHOLARSHIP
Jane A. Herremans, RN, PhD, CS, AFN, FAAN, Margaret Belt, RN, MS, MPH
JoAnn Trybisky, RN, MS, CS, Barbara Hazard Muren, RN, PhD, FAAN
Deborah Mosier, RN, MS, CS, Shelley A. Hartz, RN, MS, CS
Lisa McCordic, RN, MS, CS, Elyse Shirley Skedel, RN, MS, CS

HEALTH POLICY AND SYSTEMS
Dorothy Brustein, RN, PhD, FAAN, Mary D. Naylor, PhD, FAAN
Ruth York, PhD, FAAN, Linda P. Brown, RN, PhD
Barbara Hazard Muren, RN, PhD, FAAN, Andrea O. Hollingsworth, RN, PhD
Susan M. Cohen, RN, PhD, Steven Finkle, PhD, CRNP
Janet Steinbeck, RN, PhD, Joel I. M. Youngblut, PhD, FAAN

PROFESSION AND SOCIETY
Mary W. Byrne, MPH, PhD, CPNP, Maureen R. Keefe, RN, PhD, FAAN

BEST OF THE ONLINE JOURNAL OF KNOWLEDGE SYNTHESIS FOR NURSING AWARD
Fay L. Brower, RN, DNS, FAAN, Cindy S. McCullough, RN, MSN, Barbara L. Pitts, RN, MBA

BEST OF SIGMA THETA TAU INTERNATIONAL BOOKS AWARD
Sharon Hudakson, RN, EdD

INTERNATIONAL INFORMATION TECHNOLOGY AWARDS

KNOWLEDGE ADVANCEMENT
Judith R. Graves, RN, PhD, FAAN

CLINICAL NURSING APPLICATIONS
Jeneane A. Brian, RN, MBA

COMPUTER-BASED PUBLIC EDUCATION
Jean E. Rosenkr, RN, MSN, CPNP, CDE

COMPUTER-BASED PROFESSIONAL EDUCATION
Carol S. Sternberger, RN, PhD, Linda H. Meyer, RN, PhD, Pamela A. Jeffries, RN, DNS

CHAPTER KEY AWARDS
SEVENTH-TIME RECIPIENT
Beta Nu, East Carolina University; Delta Omega, The University of Akron

SIXTH-TIME RECIPIENTS
Delta, University of Kansas

FIFTH-TIME RECIPIENTS
Beta Mu, The University of Arizona

FOURTH-TIME RECIPIENTS
Gamma Phi, Rush University; Epsilon Eta, Southern Illinois University; Zeta Theta, Wright State University; Eta Kappa-at-Large, Washburn University; Zeta Kappa, University of Massachusetts; Xi Chi, Millikens University

THIRD-TIME RECIPIENTS
Alpha Delta, The University of Texas Medical Branch; Epsilon Tau, Saint Anselm College; Beta Beta-houston, Texas Woman’s University

SECOND-TIME RECIPIENTS
Mu, The University of Alabama; Beta Xi, University of Delaware; Gamma Gamma, San Diego State University; Mu Mu, California State University; Pi, Georgia Baptist College of Nursing of Mercer University; Pi PL, Blasing-Poynter College of Nursing

FIRST-TIME RECIPIENTS
Gamma, University of Iowa; Kappa, The Catholic University of America; Delta Delta-at-Large, University of Oklahoma/Southwestern Nazarene University; Omega Xi, Catholic University of America; Eta Kappa, University of Central Oklahoma; Xi Eta, University of British Columbia

50-YEAR ANNIVERSARY RECOGNITION
Theta-at-Large, Boston College; Sigma Gamma Xi Upsilon, Loyola College/Presbyterian College; Zeta, Vanderbilt University; Zeta-Theta, The University of Kentucky; Delta Alpha, Eastern Kentucky University; Nu, University of New Mexico; Xi Chi, University of Connecticut; Mu Xi, University of Kentucky; Xi Eta, University of South Carolina; Xi Omega, University of South Florida; Xi Nu, University of Southern California; Xi Rho, University of Texas at Austin; Xi Sigma, University of West Texas; Xi Tau, University of New Mexico; Xi Upsilon, University of Oklahoma; Xi Zeta, University of Missouri

25-YEAR ANNIVERSARY RECOGNITION
Gamma Eta, Florida State University; Gamma Xi, University of Hawaii at Hilo; Gamma Sigma, University of Idaho; Gamma Mu, University of Kentucky; Gamma Nu, University of Illinois; Gamma Pi, University of Minnesota; Gamma Pi, University of North Carolina; Gamma Rho, University of Texas; Gamma Sigma, University of Wisconsin; Gamma Upsilon, University of Georgia

10-YEAR ANNIVERSARY RECOGNITION
Gamma Psi, University of Northern Colorado; Gamma Upsilon, University of Notre Dame; Gamma Xi, University of Nebraska; Gamma Theta, University of Oklahoma; Gamma Upsilon, University of Pennsylvania; Gamma Xi, University of Southern California; Gamma Eta, University of Southern Illinois

5-YEAR ANNIVERSARY RECOGNITION
Gamma Chi, Pennsylvania State University; Gamma Delta, University of Arkansas; Gamma Epsilon, University of California, Berkeley; Gamma Zeta, University of Colorado; Gamma Delta, University of Georgia; Gamma Eta, University of Iowa; Gamma Mu, University of Kansas; Gamma Xi, University of Kentucky; Gamma Theta, University of Louisville; Gamma Eta, University of Nebraska; Gamma Zeta, University of Nevada, Las Vegas; Gamma Eta, University of Pennsylvania; Gamma Theta, University of Southern California; Gamma Phi, University of Texas; Gamma Xi, University of Virginia; Gamma Nu, University of Wisconsin; Gamma Xi, University of Wyoming; Gamma Theta, University of Washington; Gamma Zeta, University of West Virginia; Gamma Mu, University of Western Kentucky; Gamma Xi, University of Wisconsin; Gamma Eta, University of Wisconsin

PRESIDENTIAL COMMENDATION
Lambda Beta-at-Large, National Taiwan University/National Defense Medical Center

MELANIE C. DREHER OUTSTANDING DEAN AWARD
Alpha Chi, Idaho State University

FOR EXCELLENCE IN CHAPTER SUPPORT
Kathleen E. Andriole, RN, DSN, FAAN, Gamma Phi, The University of Arizona

CHAPTER NEWSLETTER AWARDS
OVERALL EXCELLENCE
Alpha Chi, Boston College

LAYOUT AND DESIGN EXCELLENCE
Nu Zeta, Fort Hays State University

EDITORIAL EXCELLENCE
Beta Mu, The University of Arizona

FEATURE ARTICLE EXCELLENCE
Alpha Chi, Boston College; Epsilon Chi, Drexel University

NURSING ELECTRIC AWARDS
Thela Kappa, University of Massachusetts at Dartmouth; Rho Delta, Aga Khan University

SPECIAL EDITION EXCELLENCE
Beta Mu, The University of Arizona

CHAPTER SPIRIT OF PHILOSOPHY AWARDS
Alpha, Indiana University; Beta Mu, The University of Arizona; Beta Xi, University of Delaware; Epsilon Tau, Saint Anselm College; Gamma Rho, University of Idaho; Gamma Xi, University of Arizona/For Medical Sciences; Omicron Epsilon, Clarkson College

MILDRED ADAMS CHAPTER HERITAGE AWARD
Gamma Omega, San Diego State University

CHAPTER WEB SITE AWARD
Beta Mu, The University of Arizona

CHAPTER RESEARCH ADVANCEMENT AWARD
Alpha Rho, West Virginia University

AWARDS AND RECOGNITIONS

INNOVATIONS IN CLINICAL EXCELLENCE CONTEST
Co-sponsored by Nursing Spectrum
Joseph Grenier, RN, MSN, and Jane A. Grenier, RN, BSN
Bonnie J. Schirger, RN, MS, CSN, and Lari Pizzone, RN, BSN
Alyce A. Schultz, RN, PA, and Paulette Gallant, RNC, BSN
Wendy Vass, RN, MSN, GCNS
Mary-Katherine Wilkins, RN, BA, MSN, and Marjory L. Moore, RN, BSN

HONORARY MEMBERS
Marion J. Bad, EdD, vice president of Clinical Informatics Strategies for Healthlink in
Sandra S. Doherty, PhD, professor of palliative care at Boston College
Nancy Lewis, DA, MBA, director of corporate equity and new ventures at
Johnston & Johnson and executive director of the company’s “Campaign for
Nursing’s Future”

LEFT: Susan Strohschein, RN, PhD, and Linda Olsen Keller, RN, MS, CH, receive the
Receives Award in Nursing Award at the Tribute Luncheon. RIGHT: Cathy J.
Peters accepts the Nursing Art Media Award for her "Heritage to New York" college.
Nell J. Watts Lifetime Achievement in Nursing Award

Martha N. Hill, RN, PhD, FAAN, dean of Johns Hopkins University School of Nursing, has dedicated her career to improving the care of children. She has developed nurse-driven strategies to control and treat hypertension in African-American men, both in the Baltimore area and in South Africa. The first nurse elected president of the American Heart Association, Hill also was co-chair of the Institute of Medicine committee that issued the report "Unequal Treatment: Confronting Ethnic and Racial Disparities in Health Care."

O T H E R  A W A R D S &  R E C O G N I T I O N S

Audrey Hepburn/ Sigma Theta Tau International Award

Bernadette Mazurek Melnyk, RN-CS, PhD, CPNP, FAAN, associate dean for research at the University of Rochester School of Nursing, has dedicated her career to improving the care of children. She has developed programs to improve the health of African-American men, both in the Baltimore area and in South Africa. Melnyk has developed programs to improve the health of African-American men, both in the Baltimore area and in South Africa. Melnyk is also associate editor of Sigma Theta Tau International's new journal, Worldview on Evidence-Based Nursing.

Robert Wallets, life companion of Hepburn, presented the prestigious Audrey Hepburn/Sigma Theta Tau International Award to Bernadette Melnyk.

INNOVATIONS IN CLINICAL EXCELLENCE CONTEST

Co-sponsored by Nursing Spectrum

Joseph Grenier, RN, MSN, and Jane A. Grenier, RN, BSN

Bonnie J. Schuster, RN, BSN, CCNS, and Lori Princi, RN, BSN

Alyce A. Schultz, RN, PhD, and Paulette Gallant, RNC, BSN

Wendy Vissi, RN, MSN, CCNS

Mary Katherine Wilkins, RN, BSN, RN, and Margaret L. Moore, RN, BSN

HONORARY MEMBERS

Morton J. Baille, Esq., vice president of Clinical Informatics Strategies for Healthlink Inc.

Sandra L. Deyo, PhD, research professor of public health at Boston College

Nancy Lewis, MBA, director of corporate equity and new ventures at Johnson & Johnson and executive director of the company's "Campaign for Nursing's Future"
Kathryn Barnard named 2003 Episteme Laureate

In 2003, The Baxter International Foundation demonstrated its commitment to nursing by funding the prestigious Episteme Award. Presented biennially by the foundation since 1989, the award acknowledges a substantial, single research venture in nursing knowledge development.

Dr. Kathryn Barnard is the 2003 “Episteme Laureate.” The award, accompanied by a $15,000 stipend, was conveyed to Barnard for her research in vulnerable infants, their families and their care. Marla Johnson, member of the Baxter International Foundation’s board of directors, and Pat Morgan, the foundation’s executive director, personally presented this award to Barnard during the biennial convention in Toronto.

The Baxter International Foundation is the philanthropic arm of Baxter International Inc., a global medical products and services company. Through its subsidiaries, Baxter assists health care professionals and their patients with treatment of complex medical conditions, including cancer, hemophilia, immune disorders, kidney disease and trauma. The company applies its expertise in medical devices, pharmaceuticals and biotechnology to make a meaningful difference in patients’ lives.

Like Baxter, its foundation supports the development of better, more accessible care, delivered as economically as possible. In 2002, Baxter’s foundation awarded 172 grants totaling $3.6 million to help increase access to health care in 25 countries on five continents.

House of Delegates passes all proposed bylaws

During the 37th Biennial Convention, delegates passed nine amendments to the Sigma Theta Tau International bylaws, holding implications for the organization as a whole, as well as individual members and chapters. These amendments were approved by the required three-fourths votes. (See full voting results on page 75.)

Three major areas of change focus on granting fiscal authority to the board of directors, revising global membership eligibility, and modifying the governance and committee structures.

The Sigma Theta Tau International board of directors and the boards of directors for individual chapters now have the authority to set dues and fees—within specified parameters and only once a biennium. This change empowers the respective boards to exercise total fiscal responsibility and will permit fluid and flexible organizational planning. As communicated to delegates prior to convention, after this amendment was passed, the board of directors approved a $10 U.S. membership fee increase effective Jan. 1, 2004. (Chapters retain the right to designate the chapter portion of the annual membership fee.)

The second major change relates to membership eligibility. No substantive change to the eligibility requirements was made, but the amendment allows for modification of the eligibility language to allow for cultural variation and inclusivity, while still maintaining high standards.

Delegates also voted to adopt a revised governance structure, which streamlines the international-level committees to three (Governance, Leadership Succession and Petitioning honor societies: House of Delegates). Regional Chapters Coordinating Committee) and chapter committees to two (Governance and Leadership Succession). While the number of formal committees is now fewer, this new structure opens the door for more opportunities for member involvement in chapter-, regional- and international-level activities through specially formed advisory councils and task forces.

Visit http://www.nursingsociety.org/about/int_bylaws.doc for a copy of the Sigma Theta Tau International bylaws.

Outcomes of Bylaws Amendments, House of Delegates 2003

Amendment 1 (Article XI, Section 11; Article VII, Section 4.g)
Subject: Fiscal authority of board of directors
Implications: International and chapter boards of directors will have authority to set dues and fees within limits once a biennium
Outcome: 95 percent yes (617), 17 percent no (127)

Amendment 2 (Article VIII, Section 2b-c; Section 3)
Subject: Global membership eligibility
Implications: No substantive change to eligibility. Allows for cultural relevance without compromising standards
Outcome: 99 percent yes (758), 1 percent no (7)

Amendment 3 (Article IV, Section 1; Section 2a, 3.3)
Subject: Organization of a chapter
Implications: Allows culturally relevant language. Allows for merging of two existing chapters within established guidelines.
Outcome: 99 percent yes (753), 1 percent no (9)

Amendment 4 (Article XIII)
Subject: Publications
Implications: Simplifies information and separates operational functions. Ensures an official journal exists.
Outcome: 99 percent yes (760), 1 percent no (11)

Amendment 5 (Article VIII, Section 4.r)
Subject: Affiliations with other organizations
Implications: Provides a mechanism to formally affiliate with other organizations.
Outcome: 99 percent yes (756), 1 percent no (9)

Amendment 6 (Article X, Sections 1, 2, 3, 4, 5 and 6)
Subject: Governance structure and committees
Implications: Consolidates international committee structure to three committees (Governance, Leadership Succession, Regional Coordinators). Advisory councils and task forces to fulfill remaining duties.
Outcome: 99 percent yes (757), 10 percent no (79)

Amendment 7 (Article IV, Section 6)
Subject: Chapter committees
Implications: Chapters have two required committees (Governance, Leadership Succession). Advisory councils and task forces will fulfill remaining duties.
Outcome: 99 percent yes (758), 7 percent no (52)

Amendment 8 (Article VIII, Section 1)
Subject: Acts chair of Regional Chapters Coordinating Committee (RCCC) to board of directors
Implications: Provides a direct link between chapters and the board of directors.
Outcome: 99 percent yes (747), 1 percent no (11)

Amendment 9 (Article VIII, Section 4.g; Article IX, Section 2; Article IX, Section 4.b-c; and Article XI, Section 7)
Subject: Consequential amendments based on other changes
Implications:—
Outcome: 99 percent yes (734), 1 percent no (11)
Kathryn Barnard named 2003 Episteme Laureate

In 2003, The Baxter International Foundation demonstrated its commitment to nursing by funding the prestigious Episteme Award. Presented biennially by the foundation since 1989, the award acknowledges a substantial single research venture in nursing knowledge development.

Dr. Kathryn Barnard is the 2003 “Episteme Laureate.” The award, accompanied by a $15,000 stipend, was conveyed to Barnard for her research in vulnerable infants, their families and their care. Marla Johnson, member of the Baxter International Foundation’s board of directors, and Pat Morgan, the foundation’s executive director, personally presented this award to Barnard during the biennial convention in Toronto.

The Baxter International Foundation is the philanthropic arm of Baxter International Inc., a global medical products and services company. Through its subsidiaries, Baxter assists health care professionals and their patients with treatment of complex medical conditions, including cancer, hemophilia, immune disorders, kidney disease and trauma. The company applies its expertise in medical devices, pharmaceuticals and biotechnology to make a meaningful difference in patients’ lives.

Like Baxter, its foundation supports the development of better, more accessible care, delivered as economically as possible. In 2002, Baxter’s foundation awarded 172 grants totaling $3.6 million to help increase access to health care in 25 countries on five continents.

Regional Chapters Coordinating Committee and chapter committees to two (Governance and Leadership Succession). While the number of formal committees is now fewer, this new structure opens the door for more opportunities for member involvement in chapter-, regional- and international-level activities through formally formed advisory councils and task forces.

Visit http://www.nursingsociety.org/about/lnt_bylaws.doc for a copy of the Sigma Theta Tau International bylaws.

Outcomes of Bylaws Amendments, House of Delegates 2003

Amendment 1 (Article XI, Section 11; Article VII, Section 4.a)
Subject: Fiscal authority of board of directors
Implications: The board of directors will have authority to set dues and fees within limits once a biennium
Outcome: 95 percent yes (717), 17 percent no (127)

Amendment 2 (Article XII, Section 2b-c; Section 3)
Subject: Global membership eligibility
Implications: No substantive change to eligibility. Allows for cultural relevance without compromising standards.
Outcome: 99 percent yes (758), 1 percent no (7)

Amendment 3 (Article IV, Section 1; Section 2a-b, 3)
Subject: Organization of a chapter
Implications: Adds culturally relevant language. Allows for merging of two existing chapters within established guidelines.
Outcome: 99 percent yes (753), 1 percent no (6)

Amendment 4 (Article XII)
Subject: Public relations
Implications: Simplifies information and separate operational function. Ensures an official journal exists.
Outcome: 99 percent yes (748), 1 percent no (11)

Amendment 5 (Article XII, Section 4.a
Subject: Affiliations with other organizations
Implications: Provides a mechanism to formally affiliate with other organizations.
Outcome: 99 percent yes (750), 1 percent no (8)

Amendment 6 (Article XII, Sections 1, 2, 3, 4, 5 and 6)
Subject: Governance structure and committees
Implications: Consolidates international committee structure to three committees (Governance, Leadership Succession, Regional Coordinators). Advisory councils and task forces to fulfill remaining duties.
Outcome: 99 percent yes (767), 1 percent no (7)

Amendment 7 (Article IV, Section 6)
Subject: Off-duty committees
Implications: Chapters have two required committees (Governance, Leadership Succession). Advisory councils and task forces will fulfill remaining duties.
Outcome: 99 percent yes (708), 7 percent no (25)

Amendment 8 (Article XII, Section 1)
Subject: Adds chair of Regional Chapters Coordinating Committee (RCCC) to board of directors.
Implications: Provides a direct link between chapters and the board of directors.
Outcome: 99 percent yes (749), 1 percent no (11)

Amendment 9 (Article XII, Section 4.a; Article IX, Section 4.b-c; and Article XI, Section 7)
Subject: Consequential amendments based on other changes
Implications: None.
Outcome: 99 percent yes (754), 1 percent no (11)

MORE CONVENTION NEWS

House of Delegates passes all proposed bylaws

During the 37th Biennial Convention, delegates passed nine amendments to the Sigma Theta Tau International bylaws, holding implications for its organization, as a whole, as well as individual members and chapters. These amendments were approved by the required three-fourths votes. (See full voting results on page 75.)

Three major areas of change focus on granting fiscal authority to the board of directors, revising global membership eligibility, and modifying the governance and committee structures.

The Sigma Theta Tau International board of directors and the boards of directors for individual chapters now have the authority to set dues and fees—within specified parameters and only once a biennium. This change empowers the respective boards to exercise total fiscal responsibility and will permit fluid and flexible organizational planning. As communicated to delegates prior to convention, after this amendment was passed, the board of directors approved a $10 (U.S.) membership fee increase effective Jan. 1, 2004. (Chapters retain the right to designate the chapter portion of the annual membership fee.)

The second major change relates to membership eligibility. No substantive change to the eligibility requirements was made, but the amendment allows for modification of the eligibility language to allow for cultural variation and inclusivity, while still maintaining high standards.

Delegates also voted to approve a revised governance structure, which streamlines the international-level committees to three (Governance, Leadership Succession and Accountability).
2003 Heritage Society Dinner

Foundation Board Secretary Pat Gorick welcomes guests.

Gilbert and Karen Elerson and Sharon Jacques

Pat Thompson, Roberta Cavendish, Juree Coms and Joanne Olson

Toronto from CN Tower

Laura Hopp and Susan Minors

Cynthia McCallough, Max Tinnum and Fay Towner

Rosa Lee Wittner and Bob Bower

Debbie Noquer and Rita Clifford

Melodie Daniels
Rhonda Haley
Jennifer Hobbs
Marcina Ruiz
2003 Heritage Society Dinner

Foundation Board Secretary Pat Geoka welcomes guests.

Gilbert and Karen Elberson and Sharon Jacques

Pat Thompson, Roberta Cavendish, June Combs and Joanna Olson

Toronto from CN Tower

Larry Pursell, Carolis Polsek, Stedla Cushing and Amy Johnson

Laura Hap and Susan Moxee

Rosa Lee Winton and Bob Bower

Debbie Naugorin and Rita Clifford

Melodic Daniels
Rhonda Haley
Jennifer Hobb
Marlene Ruiz
What goes around ... 

Remember the winter of 1968 and Hong Kong flu.
In Cleveland, Ohio, nurse Nadyne Weber of Grace Hospital posted the above message to notify everyone of the hospital's new visitation policy.

Honor someone special with a lasting gift . . .

You or a group of people are invited to purchase a brick paver in honor, memory or celebration of a special nurse, colleague, friend, or family member.

Your brick will become a permanent part of Sigma Theta Tau International's headquarters, complementing the building and grounds. At the same time, your gift will support nursing scholarship, leadership, and the organization's future.

A digital photo of your paver will be available after sidewalk installation in summer 2005. Contributors and honorees will be invited to attend a special dedication ceremony conducted during the 2005 Biennial Convention in Indianapolis, Indiana.

Gifts of $500 will be recognized with a 4" x 8" brick, and contributions of $1,000 will be commemorated by an 8" x 8" paver. Pavers will be set in purchase order.

To reserve a paver, contact the Sigma Theta Tau International Foundation for Nursing at 888.634.7575 or e-mail foundation@stti.iupui.edu.

Thank you for helping nurses heal, lead and learn through your gifts to the foundation.

Sigma Theta Tau International
Foundation for Nursing
What goes around ...  

Remember the winter of 1968 and Hong Kong flu?  
In Cleveland, Ohio, nurse Nadyne Weber of Grace Hospital posted the above message to notify everyone of the hospital’s new visitation policy.

Honor someone special with a lasting gift . . .

You or a group of people are invited to purchase a brick paver in honor, memory or celebration of a special nurse, colleague, friend, or family member.

Your brick will become a permanent part of Sigma Theta Tau International’s headquarters, complementing the building and grounds. At the same time, your gift will support nursing scholarship, leadership, and the organization’s future.

A digital photo of your paver will be available after sidewalk installation in summer 2005. Contributors and honorees will be invited to attend a special dedication ceremony conducted during the 2005 Biennial convention in Indianapolis, Indiana.

Gifts of $500 will be recognized with a 4” x 8” brick, and contributions of $1,000 will be commemorated by an 8” x 8” paver. Pavers will be set in purchase order.

To reserve a paver, contact the Sigma Theta Tau International Foundation for Nursing at 888.634.7575 or e-mail foundation@stti.iupui.edu.

Thank you for helping nurses heal, lead and learn through your gifts to the foundation.
Nurses come from a long tradition of making a difference in the lives of others on a daily basis. We care for persons who are experiencing life transitions, vulnerable, and in need of our support to regain and maintain their health.

Each of us has the rare opportunity to make a difference on a global level through our financial gifts to the Sigma Theta Tau International Foundation for Nursing. Combined with the difference that we collectively make on a daily basis, nurses can change the world we live in.”

Jane M. Kirschling, RN, DNS
Director
Sigma Theta Tau International Foundation for Nursing
Kappa Zeta Chapter-at-Large

Sigma Theta Tau International
Foundation for Nursing
helping nurses heal, lead and learn

550 West North Street, Indianapolis, Indiana 46202
foundation@stti.iupui.edu
www.nursingsociety.org