Clara Barton

Journey of Courage

Nurses in Disasters

Tribute to the late
Virginia Avenel Henderson
Acting courageously

By Nancy Dickinson-Hazard, RN, MSN, CPNP, FAAN, Executive Officer

"Courage is a inner resolution to go forward in spite of obstacles and frightening situations" — Martin Luther King, Jr.

This issue of Reflections focuses on the multidimensional value of courage, one of the three values upon which this organization was founded and a value which does not act singularly, but rather in union with others. In my mind, being courageous requires a love or a passion for that which bravery is shown. Courage also requires honor or a reverence and respect for that which is being defended. Seldom does one encounter courage without some degree of love and honor exhibited. Courage manifests itself in a multitude of situations. Most commonly we think of courage as something displayed in physically threatening or adversarial circumstances. While bravery is a component of the face of physical and even psychological harm is most laudable, courage in the face of serving the principle of being the common good is also noteworthy. It takes courage for nurses to be at the bedside, in the classroom, in the research lab or in the board or meeting room, just as surely as it takes courage to engage in combat or respond to the aftermath of disaster.

Courage and acting courageously is nothing new to nursing, however you view it. For centuries, nurses have been on the front lines of war, natural disaster, health care reform, health and societal epidemics, innovations, revolutions and industrial and technological advances. The profession has seen it all and has made significant and definitive contributions toward healthier communities. And we are not yet finished in our impact on health. Driven by our love of the profession and honored by the fact that the people have entrusted us as a profession to improve their health, we are obligated to muster the courage to find new ways to provide their care and to develop our knowledge base about how to best do this.

Sigma Theta Tau International takes seriously its mission to improve global health through increasing the scientific base of nursing practice. The worldwide network of nurse scholars, individually and collectively through the chapter, are the mainstay of the organization’s ability to most effectively lead the profession and its members courageously lead the profession and the populace to the knowledge required to assure global health. Their scholarship and inquiry provide the basis for the future and the answers for the present. For an organization with a membership and network as large and diverse as the Society's, a wealth of knowledge and expertise lies before us. We only need to use it. Daily we are all involved in knowledge creation and re-creation that will affect health care of the future. Daily we learn what does and does not work to keep people healthy. Daily we develop our scientific base of nursing practice. But do we tell anyone? Do we communicate what we know so that others may benefit? Do we act courageously to serve the common good?

Recently the Board of Directors of Sigma Theta Tau International reviewed summary data from the 1995 membership survey and biennial convention focus groups. These summaries revealed that members regard the honor, prestige, scholarly, research driven focus and the collegial networking opportunities among the major strengths of the organization. The recognized need and value in being a part of a worldwide link of nurse scholars is evident, is professionally and personally gratifying, and most importantly, contributes to healthier communities. The challenges, according to the members, are to increase the resource use, both human and otherwise, and to create opportunities for the expanded scope and use of nursing scholarship and its network of leaders. As strategies which are responsive to the members and chapters, as well as to the future of the organization, are explored and developed at all levels of the Society, networking, communicating and learning from each other is paramount. Assuming control and power for knowledge use as demonstrated by a willingness to affect change and to traverse uncharted boundaries will be essential and will require courage.

As members of the world’s only international honor society of nursing, offering our knowledge to those around us, bringing new scholars into our midst and availing ourselves of every possible resource of the organization will serve to strengthen the scientific base and the profession.

References:


COURAGE: THE Bike to the Stairs of the Imagination of the late Virginia Henderson at Age 22 in Washington, D.C.
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Courage manifests itself in a multitude of situations. Most commonly we think of courage as something displayed in physically threatening or adversarial circumstances. While bravery in the face of physical and even psychological harm is most laudable, courage in the face of serving the principle of bettering the common good is also noteworthy. It takes courage for nurses to be at the bedside, in the classroom, in the research lab or in the board or meeting room, just as surely as it takes courage to engage in combat or respond to the aftermath of disaster.

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As members of the world's only international honor society of nursing, offering our knowledge to those around us, bringing new scholars into and availing ourselves of every possible resource of the organization will only serve to strengthen the scientific base and the profession. Doing so will require "an inner resolution to go forward in spite of obstacles and frightening situations." 8

References:
S everal years ago I was given a book—a wonderful book—written by a visionary from Greece, Dr. Vassiliki Lanara. The book is entitled *Heroism As a Nursing Value*. In it, she asks whether heroism, which has inspired myriads of nurses throughout the past 50 centuries, is being lost in this age of scientific enlightenment. She questions whether the heroic spirit is necessary or even useful in contemporary nursing, practiced in a society that is so enamored with technology. Garrow, Dr. Vassiliki argues, science and technology have broadened the knowledge base of nursing and equipped us for new practice roles. But is our profession spiritually equipped with the values that hearten and humanize patient care? The history of nursing is replete with examples of intellect and courage. We have grown up with the legacy Florence Nightingale, a nurse not only of extraordinary intelligence but also of extraordinary compassion. Her heroic work in the Crimean saved lives, comforted the dying and transformed public opinion about nursing. Of course, *Ms. Nightingale was just one of the many nurses—official and unofficial—that constitute a history rich in examples of bravery and valor. Indeed, for many of us, the very thing that inspired us to become nurses was exposure to those few who were witnesses in war. Perhaps...* 

*I suspect most nurses can cite several incidents of this nature in which they stepped into a crisis and were there for people when they most needed us. Sometimes we saved lives and sometimes we comforted loved ones for their losses, but we were heroes nonetheless. Even in the midst of crises we were permitted to exhibit the heroic feelings of doing your duty, doing your best, without which no institution is resilient.*

_Acknowledging that heroism is embedded in the very essence of nursing, Florence Nightingale asked of aspiring nurses, “will you be a hero in your daily work?...it is you who must furnish the heroic feelings of doing your daily work, doing your best, without which no institution is safe.” All of us are called into acts of heroism simply by the fact that we are nurses._

_The emotionally wrenching yet heartwarming acts of heroism presented in this issue of *Reflections* are a tribute to nurses who performed them, but they also are a tribute to all nurses who, each day, care for the victims of AIDS, Alzheimer’s, drug abuse, homelessness, and all the patients and families in crisis that are seeking the strongest, most competent and most caring person to be used for the good of the patients.*

_Florence Nightingale nurses tend to the wounded at Scutari during the Crimean War._

*They define their lives’ work not in terms of paychecks, working conditions and employment benefits, but in terms of the number of lives saved, families in crisis who were counseled, and patients comforted.*

*we do. As “every day heroes,” we touch peoples lives and are called into acts of courage simply by the fact that we are nurses._

_These are not easy times in nursing. Our latter-day heroes are faced with latter-day battles. Often, I hear students and faculty and clinicians express their discouragement lamenting the economic imperatives that appear to be driving health care today. But in spite of the new battles before us, we must not be discouraged. As nurses, we have earned the privilege of exposure to pestilence and disease in order to care for the sick, the privilege of drawing upon our inner resources to alleviate the fear and despair of our patients, the privilege of persisting in the face of hopelessness, the privilege of transcending exhaustion so that others can rest and, when limits of medicine have been reached, the privilege of providing such visible vigilance to assure our patients a peaceful and protected death. But we also have the privilege of providing humane care in the midst of a specialized, mechanized and de-personalized health care system and, most important, the privilege of social responsibility to promote access to quality health care for all our citizens.*

*I can think of no other profession that permits us to be heroes everyday, to know as we go home after a day’s work that we have made an extraordinary difference in the life of another human being. Science and technological advancement cannot replace the commitment to the well-being of patients that is attainable only with the spirit of heroism. Indeed, it would be unbearable to be reconciled to the image of a modern nurse who would practice without compassion and courage. But the job of being a hero all the time is hard and requires a constant state of readiness. People come to us with their pain, and we must be strong enough to share it. Thus, I could not end this editorial without a word to all you heroes out there to get plenty of rest and exercise, eat properly, laugh a lot and listen to your children.*

_Florence Nightingale also was aware that the battle for high quality health care for all citizens would necessarily take us from the bedside and into the social arena. She acknowledged that the freedom to act was prerequisite to the development and dissemination of knowledge and that we must enlist our heroic values to protecting the health of the public: “I can neither approve of women who decline the responsibility of care nor of men who would shut them out from it.” She said. The mission of nursing is to promote health and alleviate human suffering—the battle is to convince the public of its significance. But there are others. The last person to be used for the yellow fever experiment was a nurse who gave her life because she thought she would be more useful in Cuba as a nurse after having had yellow fever and requested to be bitten by injected mosquitoes in order to contract the disease and develop an immunity. She died in about a week at the age of twenty-five.*

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_So associated were acts heroism and nursing that those who rose to service were given the title of nurse even though they were not nurses. Irennna May Alcott was placed in charge of a forty bed ward at Georgetown during the Civil War and of course, Clara Barton, founder of the American Red Cross, who "turned" thousands of men in the same war and conducted a search for 80 thousand missing men after being dismissed from her government position because of her outspoken views on slavery._

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several years ago I was given a book - a wonderful book—written by a visionary from Greece, Dr. Vassiliki Dreher. The book is entitled *Heroism As a Nursing Stain.* In it, she asks whether heroism, which has inspired myths of nurses throughout the past 50 centuries, is being lost in this age of scientific enlightenment. She questions whether the heroic spirit is necessary or even useful in contemporary nursing, practiced in a society that is so enamored with technology. Clearly, Dr. Vassiliki argues, science and technology have broadened the knowledge base of nursing and equipped us for new practice roles. But is our profession spiritually equipped with the values that hearten and humanize patient care?

The history of nursing is replete with examples of intellect and courage. We have grown up with the legacy Florence Nightingale, a nurse not only of extraordinary intelligence but also of extraordinary compassion. Her heroic work in the Crimean saved lives, comforted the dying and transformed public opinion about nursing.

I suspect that most nurses can cite several incidents of this nature in which they stepped into a crisis and were there for people when they most needed us. Sometimes we saved lives and sometimes we comforted loved ones for their losses, but we were heroes nonetheless. Even nursing's most famous hero understood that we do not have to be on the battleground or in an epidemic or at a disaster to express heroism.

Acknowledging that heroism is embedded in the very essence of nursing, Florence Nightingale asked of aspiring nurses, "will you be a hero in your daily work?...we may give you an institution to learn in, but it is you who must furnish the heroic feelings of doing your duty, doing your best, without which no institution is safe." All of us are called into acts of heroism simply by the fact that we are nurses.

The emotionally wrenching yet heartwarming acts of heroism presented in this issue of *Reflections* are a tribute to nurses who performed them, but they also are a tribute to all nurses, each day, care for the victims of AIDS, Alzheimer's, drug abuse, homelessness, and all the patients and families in crisis who are seeking the strongest, most competent and most caring person to help them to get through the next hour. Every day hundreds of thousands of nurses all over the world are saving lives, guiding mothers and fathers through difficult births, and comforting bereft families.

They define their life's work not in terms of paychecks, working conditions and employment benefits but in terms of the number of lives saved, families who were counseled, and patients comforted.

They do it, "as every day heroes," as people's lives and are called into acts of courage simply by the fact that we are nurses. These are not easy times in nursing. Our latter-day heroes are faced with latter-day battles. Often, I hear students and faculty and clinicians express their discouragement, lamenting the economic imperatives that appear to be driving health care today. But in spite of the new battles before us, we must not be discouraged. As nurses, we have earned the privilege of exposure to pestilence and disease in order to care for the sick, the privilege of drawing upon our inner resources to alleviate the fear and despair in our patients, the privilege of persisting in the face of hopelessness, the privilege of transcending exhaustion so that others can rest and, when limits of medicine have been reached, the privilege of providing bedside vigilance to assure our patients a peaceful and protected death. But we also have the privilege of providing humane care in the midst of a specialized, mechanized and de-personalized health care system and, most important, the privilege of social responsibility to promote access to quality health care for all our patients. We can think of no other profession that permits us to be heroes every day, as we go home after a days work that we have made an extraordinary difference in the lives of other humans.

Science and technological advancement cannot replace the commitment to the well-being of patients that is attainable only with the spirit of heroism. Indeed, it would be unthinkable to be reconciled to the image of a modern nurse who would practice without compassion and courage. But the job of being a hero all the time is hard and requires a constant state of readiness. People come to us with their pain, and we must be strong enough to share it. Thus, I could not end this editorial without a word to all you heroes out there to get plenty of rest and exercise, eat properly, laugh a lot and listen to your children.

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What distinguishes them as heroines? Perhaps it is because they define their life's work not in terms of paychecks, working conditions and employment benefits but in terms of the number of lives saved, families in crisis who were counseled, and patients comforted. Even in the after-math of tragedy, wars and famines, children still go to school, people fall in love, get married and have babies. We are truly a resilient species.
Andrew, which took South Florida’s people by

“s...er Ridge, Fla. We sat against a door, and we held a mattress up to the window for six to eight hours. The whole...crashing. The walls actually moved from the wind. We looked at the water, glass and rubble in Miami nurses

Dr. Pfeifer described the terror of Hurricane Julie Goldsmith

The cover, she was directly in the storm’s eye. The supply, and she believed she would catch the 24, 1992. It left 150,000 people homeless. Like others, she prepared her home, covered the shutters, filled the bathtub with water for an adequate supply, and she believed she would catch the hurricane’s edge. But Hurricane Andrew headed north toward Fort Lauderdale and abruptly turned south. She was directly in the storm’s eye. The University of Miami nursing professor lived in the hardest hit area.

At dawn when the storm gave up the assault, she looked at the water in and rubble in her home, and went outdoors. “It was like I was in a dream. People were walking around in the streets in a daze,” Dr. Pfeifer said. While this was occurring, University of Miami School of Nursing Dean Diane Horner, RN, PhD, ARNP, of Cutler Ridge, Fla., “All of a sudden big things started crashing. The walls actually moved from the wind. We sat against a door, and we held a mattress up to the window for six to eight hours. The whole room were coming off their hinges. My southern breaking outside. The doors in the other

Andrew, which took South Florida’s people by

“We moved into the church social hall, which had holes in the roof, used plastic to cover the supplies from the rain, and had a make-shift clinic,” Dr. Horner said. Pressed to help as many people as possible, the nurses treated people as vol­unteers swept glass par­ties away from them. Within a day, the dam­aged church was con­demned and the clinic was moved into tents in the church yard. Dr. Clunn, a psychi­atric nurse and a spe­cialist in post-traumatic stress, found families sitting amidst debris in their homes, shocked and stunned. “Children were playing in areas with broken glass. And some parents had left their children alone, holstered in the knowledge that there was no telephone systems in the blighted area, and they had no water to wash them, and they were getting infected,” Dr. Pfeifer said.

Mending broken dreams

By Julie Goldsmith

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outhern Florida—“We could hear things breaking outside. The doors in the other room were coming off their hinges. My mother and a friend took water and food into what we called a safe room. It was worse than other hurri­cane...Ridge, Fla. We sat against a door, and we held a mattress up to the window for six to eight hours. The whole room were coming off their hinges. My southern breaking outside. The doors in the other

“The Horner’s stayed with Dr. Pfeifer, working to make her home safer. Dr. Clunn, went to make house to house searches for victims. The three nurses were keenly aware they were the only health providers amidst teeming numbers of survivors. "I was concerned about hepatitis, food and waterborne diseases, mosquitoes, people injured from trying to cover their roofs,” said Dr. Horner, a pub­lic health nurse. She approached the priest of San Jose Church to offer the nursing’s school’s im­mediate help. Citizens were already in long lines for water. "Because so many people didn’t speak or understand English, they did not understand what was happening," Dr. Clunn said.

Hundreds of people were lined up at San Jose Church, adjacent to Dr. Pfeifer’s house. The priest was in the middle of the street, helping victims. The nursing school party continued up Dr. Pfeifer’s walk to her front door. They found her safely inside a bedroom.

For rashes she used oatmeal. For burns she responded. There were cuts with no water to wash them, and they were getting infected,” Dr. Pfeifer said.

The three nurses reported initial health problems to be injuries, acute illnesses and exacerbated chronic health conditions. There was severe sunburn due to lack of shelter, puncture wounds, lacerations and musculoskeletal sprains. Dehydration, asthma, allergies, diabetics with high blood sugars and high blood pressures predominated. They were without insulin and blood pressure medications. Residents were shocked and showed signs of severe trauma.

“But before Hurricane Andrew it was an under served area. We have a lot of people without insurance. After the hurricane, people had lost their jobs, because so many businesses were destroyed, and they had no insurance,” Dr. Pfeifer said. “We have a lot of migrants from the fields.”

The church clinic is located in one of the most culturally diverse areas of Florida. Cutler Ridge, in South Dade County, comprises 1,100 square miles and is half of Miami. Forty-nine percent of people are Cuban, Nicaraguan, Colombian, Sal­vadoran, Guatemalan, Mexican and Puerto Rican. Twenty-nine percent include African and Carib­bean people and African Americans, and the re­mainder are primarily Asian, European Ameri­cans and Native Americans.

Many patients were recent immigrants or mi...continued on page 8
Mending broken dreams

By Julie Goldsmith

On the outskirts of Miami lies a place of sanctuary from the chaos of the hurricane. It is where Catherine Joachim, an assistant professor of nursing, and a group of nurses and doctors worked tirelessly to help those affected by Hurricane Andrew.

The day after the hurricane hit, Joachim and her team arrived at the church clinic in Cutler Ridge, Florida. They found a room where a few people were already gathering. Dr. Patricia Ann Clunn, the assistant professor of nursing who led the group, said, "We arrived to find a room where a few people were already gathered. Dr. Patricia Ann Clunn, the assistant professor of nursing who led the group, said, "We arrived to find a room where a few people were already gathered."

Hundreds of people were lined up at San Joaquin Catholic Church, adjacent to Dr. Pfeifer's house. The priest was in the middle of the street, helping victims. The nursing school party continued after Hurricane Andrew's edge. But Hurricane Andrew headed north toward Fort Lauderdale and abruptly turned south. She was directly in the storm's eye. The University of Miami nursing professor lived in the hardest hit area.

At dawn when the storm gave up the assault, she looked at the water and rubble in her house, and went outdoors. It was like she was in a dream. People were walking around in the streets in a daze," Dr. Pfeifer said. She quickly noticed that for as far as she could see, she had the only house with a remaining roof.

"We moved into the church social hall, which had holes in the roof, used plastic to cover the supplies from the rain, and had a make-shift clinic," Dr. Horner said. They formed a rope to help as many people as possible, the nurses treated people as volunteers swept glass particles away from them. Within a day, the damaged church was condemned and the clinic was moved into tents in the church yard.

Dr. Clunn, a psychiatric nurse and a specialist in post-traumatic stress, found families sitting amid debris in their homes, shocked and stunned. "Children were playing in areas with broken glass. And some parents had left their children alone, but little ones were sleeping in the mud."

"Because so many people didn't speak or understand English, they did not understand what was happening," Dr. Clunn said. It would be 10 days before the U.S. Army brought relief to the area. There was no electricity, no water supplies or medications for five days, and only the school of nursing's students and faculty manned the clinic in the beginning.

Dr. Pfeifer used every creative method of care that she and the residents devised until supplies came. For burns and cuts, she used algae plant leaves. In the following weeks, the parishioners, community volunteers and health care professionals assisted family in the clinic. The nursing school was closed for three weeks due to the storm, and the faculty and students manned the clinic. Enrolled in baccalaureate and graduate nursing programs, faculty nurse practitioners instructed and worked alongside them.

From 150 miles north, the nurses of Indian River Hospital became a mainstay, bringing relief and supplies to nurses and students. Personnel from Baptist Hospital in Miami, the university's family physicians, and nurses volunteering through the state health department rendered care. "We had no water to wash our hands," Dr. Pfeifer said. "The nurses from Indian River brought us cleansing foam to use between patients."

Dr. Pfeifer, an assistant professor of clinical nursing and a geriatric nurse practitioner, managed the clinic, working seven days a week for 12-hour periods. Dr. Horner sought supplies and resources from throughout the U.S. Dr. Clunn went through neighborhoods in ambulances. "There was an infant that came in lethargic and couldn't take liquids. When we got her liquids, she responded. There were cars with no water to wash them, and they were getting infected," Dr. Pfeifer said.

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The nurse’s kit for survivors

Care for care givers, families

By Patrice Ann Clunie, EDD, RNPS, CS, Professor, University of Miami School of Nursing

E ach disaster is geographically unique, and as each individual is uniquely human. Survivors and their caretakers respond to the same event differently, depending on the disaster’s intensity, and if the caretaker and relatives reside in a place that is destroyed. After Hurricane Andrew, families who survived while many of their homes collapsed, suffered for more than individuals who were able to go to shelters, returning to safe grounds, immediately following the hurricane, caregivers confronted survivors in shock. Suddenly, there is no more normalcy, and everyone is being overwhelmed, and may not have time to consider their own care. People who did not have water or antibiotics available to them for several days.

1. GET INVOLVED. Do not isolate. Activate the immediate shock of being part of an unnatural event and ease the immediate shock. Immediately following disaster, care providers can console survivors in shock, touching is important.

2. TOUCH PEOPLE. REACH OUT. Immediately, after unexpected tragic events, in shock, touching is important.

3. ACCEPT YOURSELF AND YOUR REACTIONS. You are also a human, and it is natural to react with stress when confronting an unnatural event. Not spending with shock and stress, and participating in an unprepared, development, would be of greater concern. Human needs to see others experiencing similar ups and downs, being understanding, and feel less alone.

4. MOMENTS OF DISORIENTATION. In the immediate post disaster period, if you yourself are not feeling stress, then, like the people you are caring for, may be experiencing psychological trauma.

5. LEARN TO HELP YOURSELF AND OTHERS WITHOUT CHANGES. As survivors are experts in planned change, but unplanned, traumatic events create an "unknown" change response. It is known that the only way people change is to experience directly as a survivor, in immediately as care givers. It is not easy to find others who are experiencing similar problems.

6. GRIEVE THE LOSSES, EVEN IF IT IS AFTER THE EMERGENCY. Raging natural and normal loss responses to abnormal situations for individuals, which include denial, guilt, anger, and acceptance. Be aware, however, that it may take more than a year for many individuals to clear their minds of shock.

10. RECOGNIZE SHATTERED BELIEFS. The survivors of hurricanes are similar to patients receiving terminal diagnosis. They respond with shock and stress, and may come their way is gone. Current explanations of the psychology of traumatic event hold that sudden, shocking events alter our assumptions. Unbalanced (1992) and the one of the most perceivable beliefs is in outcomes of is a "just world" (Janoff-Bulman, 1992) and the assumption of being mindful of what was "past the trauma. People can only accept the facts after they can remember, without guilt and sorrow.

11. SET SOME "PAIN PARAMETER"s TO WORK. It is difficult to accept that you can't do everything. The greatest lessons from Andrew was how strong and capable nonprofessionals can be.

12. LEARN TO WORK WITH YOURSELF AND WITH OTHERS. Learn the four principles of community, and in the community.

13. LEARN TO BE SENSITIVE TO CARETAKER'S GUILT. If you find that you have not been able to help others, you may be experiencing "caretaker’s guilt."

14. SET SOURCES OF BEAUTY TO BALANCE YOUR LIFE. Get away from the area that is devasted, not for good, but for better than a moment. Natural, non-chemical, environmental and physical depictions create deep inner peace to move to "normal" lives unless styles.

15. TRY NOT TO MAKE MOUNTAINS OUT OF MOLESHELLS. It is easy to feel guilty about tasks half done when you are under pressure. It is difficult to say, "I did the best I could when the circumstances were as they were."

16. REMEMBER THAT FEAR AND ANXIETY ARE HUMAN. It is difficult to accept that you can't go home, even if you were unharmed. Many survivors have been emotionally shock and 20 years or more, and the stress of an additional death, and that might be a greater concern.

17. SET SOME "PAIN PARAMETER"S TO WORK. It is difficult to accept that you can't do everything. The greatest lessons from Andrew was how strong and capable nonprofessionals can be.

18. COMMUNITY HEALING. Healing comes, and when the community is the client, the community must heal before families and individuals can begin to heal. Communities, like individuals, are resilient, and can be "knocked off track," but they change. Arrange stress-busting community activities that help communities heal. Celebrate anniversaries, days of help, provide multiple ways to honor the memory of Andrew.

19. CHANGE TAKES TIME. In Hurricane Andrew, survivors had change forced upon them, just as change was forced on the caretakers working with them. While the immediate need to care for others continued, the need for long-term support also increased. When the immediate need to care for others continued, many survivors were able to go to shelters, returning to safe grounds, immediately following the hurricane, caregivers confronted survivors in shock.
The nurse’s kit for survivors
Care for care givers, families

By Patricia Ann Clunn, EDD, APRN, CS, Professor, University of Miami School of Nursing

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each disaster is geographically unique, as each is uniquely human. Survivors and their care takers respond to the same event differently, depending on the disaster’s intensity and if the care taker and relatives reside in a place that is destroyed. After Hurricane Andrew, families who survived while their homes crumbled around them, suffered more than individuals who were able to go to shelters, returning to safe grounds, immediately following the hurricane, caregivers confronted survivors in shock.

1. GET INVOLVED. Do something active. It alleviates the immediate shock of being part of an unnatural event and ease stress and feelings of helplessness.

2. TOUCH PEOPLE. REACH OUT. Immediately, offer unlimited tact, without question. Touching is the best way to communicate with those in deep shock. It is the only way to be certain you are penetr ating their wall of fear.

3. ACCEPT YOURSELF AND YOUR REACTIONS. You are also a human, and it is natural to react with shock when encountering an unusual event. Not responding with shock and stress, and participating in an unemotional, detached work, would be greater concern. No human wants to see others enduring unexpected pain, loss, and trauma.

4. MOMENTS OF DISORIENTATION. In the immediate post disaster period, if you yourself are not “feeling” stress, then, like the people you are caring for, you may be experiencing Rhodes reaction.

5. LEARN TO HELP YOURSELF AND OTHERS WITH UNPLANNED CHANGE. Nursing students are experts in planned change, but unplanned, traumatic events create an “unplanned change response.” It is known that the only way some people change is to experience directly as survivors, or indirectly as caregivers, their shock, guilt, and anger, and in which way, it is in the context of their values, attitudes, and how they think about the event, “the way they think about their lives in our future.” Expect to find yourself and others reacting, and establish a clinical reality changing after a life threatening event.

6. GRIEVE THE LOSSES. EVEN IF IT IS AFTER THE EMERGENCY. Realizing natural and normal losses is the response to abnormal situations for individuals, involves acknowledging the losses, working through the grieving process, to include denial, guilt, anger, and acceptance. Be aware. However, if that is difficult, activities that help to the health needs of the people involved were not as emergent as they were urgent.

Nurses at front lines in tent cities
In other areas of Southern Florida, but loads of nurses came from throughout the U.S. The South Florida Public Health Department efforts were directed on the front lines by Katherine Pepper Mason, RN, MPH, EdD. Tent cities were constructed in Florida City and Homestead to house thousand of people, provide day care and clinical care for the afflicted. Dr. Mason, in charge of field operations, needed two good managers, and turned to U.S. Army Reserve nurses Johanna Detins and Sandra Kelsey, who “knew the priorities” to keep people alive.

“Be there,” said Foster to Dr. Mason said. “Nurses were the primary care providers called for immediately after the hurricane. They were the key ingredient to the health needs.”

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More than 1,000 nurses responded to the disaster by the first month. She effectively paired nurses, often placing family care nurses with acute care nurses for instance. Nurses were sent in vans to the border of the everglades, where they were brought to help homeless migrant workers and families.

The nurse volunteers on the front lines came, not by request, because communications were down. They arrived when they were needed, because they were needed. “Never has one event provided us with an opportunity to learn more than others who observe our work,” said Pauline MacManus, RN, executive director of the Florida Nurses Association. “When nurses responded to the news of the devastation in South Florida, they did what comes naturally. They utilized their knowledge and experience.”

Lessons from Hurricane Andrew. Aug. 24, 1992, South Florida
The many graces of Oklahoma nurses

Oklahoma City, Oklahoma—U.S. terrorists bombed the Murrah Federal Building on April 19, 1995, killing 168 people injury and wounding 500 more. While rescuing the mass brutality, nurses spontaneously reported to hospitals.

Out of chaos, the patient

Presbyterian Hospital—I am usually at my job as an oncology clinical nurse specialist/bone marrow transplant coordinator. I asked the nursing coordinator where I was to go, and she said “shock, burn, trauma.”

As I pushed the doors and went in, I saw a transformed world. I was now in a MASH unit. There were hospital personnel, doctors, nurses, lab techs, radiology techs, secretaries all moving purposefully among a dozen or more patients. All the patients had blood on them. “Some were so heavily covered in blood that we had to pour sterile water on them to find the source of the wound.” It was surrealistic. Standing in the middle of what looked like organized chaos, I still was having trouble grasping what had happened. My over all feeling at the time was a total sense of inadequacy. I am a specialized, master’s prepared oncology nurse, who takes care of cancer patients and lectures at colleges. But trauma?

Being able to focus is what matters, when you have a room of 20 people bleeding. I was asked to just listen for the needs of the others already attending patients. I went to OR for surgery and scrounged in drawers for Normal Saline and hunted in cabinets for sterile gloves. I realized how important supplies are. Then an LPN who had been assisting one patient asked me to start an IV, because there was blood all over both arms, and on his face and neck. I took Normal Saline and poured it on his arm to assist in finding the vein and perked closely. Then the doctor decided the IV was fine and he needed lab work instead. The patient was growing steadily paler.

In the next 20 minutes we got blood drawn, the doctor finished suturing his lacerations. We gave him a tetanus shot, checked his vital signs several times, and the cardiovascular surgeon placed a lumen central venous catheter and transported him to surgery. As we stopped at the elevators, I saw gurneys along. I have never in 15 years of hospital nursing been assisting one patient asked me to start an IV.

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We had to pour sterile water on them to find the source of the wound. In the next 20 minutes we got blood drawn, the doctor finished suturing his lacerations. We gave him a tetanus shot, checked his vital signs several times, and the cardiovascular surgeon placed a lumen central venous catheter and transported him to surgery. As we stopped at the elevators, I saw gurneys along. I have never in 15 years of hospital nursing been assisting one patient asked me to start an IV,

The other nurse and I assisted in the transfer of Fred to the OR table. We told him goodbye, hugged his belongings and prayed. I thanked God that I had the skills and confidence to help in his care.

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The many graces of Oklahoma nurses

Oklahoma City, Oklahoma—U.S. terrorists bombed the Murrah Federal Building on April 19, 1995, killing 168 people injury and wounding 500 more. While rescuing victims, nurse Rebecca Anderson, bit by falling debris, suffered a fatal head injury.
I t is never easy to be courageous. Nurses have a long history of being courageous whether it be on the battlefield, in the urban ghettos, or in the rural communities. The struggle to provide care and comfort to sick, injured and dying patients is continuous. One by one, each nurse faces the limitless pursuit to prevent illness, to improve patients' ability to care for their children, to help patients embattled in disease. When I think of courage and nurses, there stands an image of women serving in their nation's wartime. In part, this vision is connected to our service as a U.S. Army nurse during the Vietnam War.


Cover stories: Journey of Courage

Courage in the line of fire

By Doris Troth Lippman, APRN, EdD, Professor, Fairfield University

Sculpted by Gianna Goodacre, the Vietnam Women's Memorial in Washington, D.C., becomes the brave at heart.

The second half of the 20th century has seen America involved in military conflicts in Korea, Vietnam, the Persian Gulf, and Bosnia. The nurses in Korea made a difference in the care available to the wounded soldiers. They were part of the treatment teams that developed and implemented the use of The M.A.S.H. (Mobile Army Surgical Hospital) system. Of immediate front line care was refined in Vietnam. Nurses no longer were miles away from the battlefield - they were on the front line.

Over 255,000 women served the U.S. during the Vietnam War. Approximately 11,000 were nurses, who, although exposed to rocket attacks, enemy sniper attacks, land mines, and many of the other weapons of war, fought bravely to save the lives of those wounded in the line of duty. In the end, they also lost their lives. Like the nurses who preceded them, they believed that soldiers who bravely go to war need to be cared for in their living and dying moments.
Graces of Oklahoma nurses continued from page 11

At Presbyterian Hospital, Melissa Craft, RN, MS, AOCN, follows-up with her patient Fred Kubasta, an Oklahoma bombing survivor.

Families wait, pray
By Kathy Jones, MS, RN

Children's Hospital of Oklahoma—I was assigned to the lobby where parents would report. The lobby is a large open area adjacent to the chapel. We set up a hospitality area with coffee, tea and ice water. As the parents came in, three of us took information on children's names, ages, and descriptions of how they were injured and realize that young children would not be able to bear the burden on parents as they wondered if their children had been taken elsewhere. We were on the phone constantly communicating with other hospitals by fax, who arrived .

The next day, on April 20, the spring meeting of Beta Delta-at-Large was scheduled. Our biennial research conference was scheduled for April 21. Kathy Kirkhoff, RN, PhD, was to be the keynote speaker at the research conference. Should we cancel the Thursday night meeting? Psychologists were advising residents to do something normal, and this would help us cope with the event. We made the decision not to cancel either event. But during both meetings, we discussed abnormal things. Nurses from Children's Hospital described coping not only with the bombing and caring for so many injured, but also the bomb threat at their hospital. As a keynote speaker, Dr. Kirkhoff addressed the issue in her opening remarks. Her empathy and concern touched us.

I think all of us will be grateful to her for sharing her thoughts and feelings. One day, during the next few weeks, I realized the abnormal had become normal. Each day, I turned on the news and read about the story that day and what the body counts in Oklahoma. I will never be over it. So one in Oklahoma City will never be "over it." On April 19, a policeman at the site wrote on the rear window of his car, "We will never forget." I will never forget.

Sigmata Tau meeting helps healers
By Atmae Romain, RN, MS

Baptist Medical Center of Oklahoma—The nursing staff moved about the unit quickly, implementing the disaster plan. I made my way to my student, giving them instructions. I found some on 9 East and 8 East already assisting staff to discharge patients, clean rooms and do whatever was needed. I was very proud of them.

My colleague Dr. Pat Laikov and I made our way to the GO! A patient with chest pains was on the way to the unit from ER, and we were asked to admit him. Equipment and medical supplies from local medical supply companies also began arriving. No one had expected this. It wasn't a part of any disaster plan. Help, support, love and caring from the nation and world began pouring into Oklahoma City. All patients who could be transferred from GO! had been moved. The room had been cleaned. We were ready to receive victims. We waited and waited, but no one came.

I remember learning that my husband had gone to help at the blast site. He is a volunteer math teacher, waiting to receive word on her and her patient Fred Kubasta, an Oklahoma bombing survivor. By Kathy Jost, RN, MS,

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Armenian relief uses nursing process

By Dr. Anie Sanentz Kalayjian, RN
Secretary/Treasurer, United Nations NGO Network
Committee for Human Rights

In the rubble of their homes, a mother and child bundle up against the cold after an earthquake struck Armenia in winter 1988.

One of the most enlightening experiences for me was observing the varies of responses to disasters, due to the religious, cultural, and other beliefs of communities. For example, in Armenia, although the majority (78%) called the quake “fate,” “kismet,” or “bad luck,” they had a positive connection with their land and soil. They refused to leave their homes and their ruins. They perceived their land as ‘holy’; no substitutes could be accepted.


Is nursing spirit enough?

By So-Sun Kim, RN, PhD, Assistant Professor, Yonsei University College of Nursing

The collapse of the Sampoong Department Store, which shook South Korea and killed over 400 people on June 29, 1995, forced the nursing staff of Catholic University Hospital, near the site, into an unfamiliar situation. Their courage bound the fractured lives and hopes together. Because I am a former operating room nurse, I interviewed the emergency nurses. Even though the search and rescue of the injured at the department store was carried out by 3,000 fire fighters, soldiers and volunteers, care for the injured was allotted to hospital nurses.

Nurses in the emergency room worked long hours to perform mortuary care for the half-cut, crushed, or burned bodies. Calming down family members outraged by the unexpected demise of a loved one, also took care and nursing courage. Our nurses said that the qualities that carried them through these activities in a coordinated fashion were their fearlessness, confidence and warm-heartedness, all of which I call the spirit of nursing.

Some nurses who were at the aftermath of the disaster suffered from the prominent symptoms of weariness, fatigue, sleep disturbance, weight loss and digestive disorders. But pride in the care they rendered has outweighed their own physical and psychological difficulties. Despite their professionalism and tireless response, nurses still regret that they made a meager contribution to family members, grieving with unrelenting sorrow.

Movement Desensitization and Reprocessing, Symbolic Expressive Therapy, and Ilogotherapy.

7. Evaluation
This phase determines the progress and effectiveness of the care provided. The Mental Health Outreach Program is cyclic, considering changes experienced and reported by survivors, and the quality of care reported by the caregivers.

8. Remodification
The plan is tailored especially to fit the needs of the individual survivors and the surviving community and new interventions are identified or others modified.

Research was intertwined on all levels, both short-and-long term effects of disasters were studied, and published. In

In this article, the nurse's role is examined in the context of emergency nursing care. The nurse's role is not only to provide physical care, but also to provide emotional support and to coordinate with other healthcare professionals to ensure the best possible outcome for the patient. The nurse's role is critical in disaster situations, where they are often on the front lines of providing care to those in need. The nurse's role in disaster situations is not limited to the provision of care, but also includes coordinating with other healthcare professionals, providing emotional support, and advocating for the needs of the patient. The nurse's role is critical in ensuring that the patient receives the best possible care, and that their needs are met in a timely and effective manner. The nurse's role is not limited to the provision of care, but also includes coordinating with other healthcare professionals, providing emotional support, and advocating for the needs of the patient. The nurse's role is critical in ensuring that the patient receives the best possible care, and that their needs are met in a timely and effective manner.
Armenian relief uses nursing process

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Cover Stories: Journey of Courage

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Mr. Bong Soo, the last known victim of the Store collapse, survived 17 days without food and water. The victim's husband, Peon Bong Soo, and Catholic University Hospital Nursing Director Shon Seong Sook.

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A woman of valor

Clara Barton and the Civil War

By Stephen B. Oates, PhD

Clara Barton, 1821-1912, born in Massachusetts, was the founder of the American Red Cross and the first American woman to serve as a volunteer nurse and relief worker in the battlefield.

The Battle of Fredericksburg December 13, 1861

The Union assaults on Marye's Heights, which went on throughout the wintery afternoon, left some 900 dead and 7,000 wounded on that murderous plain; another 3,000 fell in the fighting south of town, and hundreds of men were missing. The stretcher-bearers brought back many of the wounded in a display of remarkable courage under fire. Others, bleeding and in shock, managed to walk, stumble, or crawl back on their own. The injured and dying filled the courthouse, a farmhouse, a church, a warehouse, a courthouse and every remnant of regiments. All night fires smoldered beneath them.

This was Clara Barton's Civil War — the war against death in the battlefield dressing stations. Driven as never before, she seemed a ubiquitous presence, now in a church, now a home, now the courthouse, holding some bawled hoy to her chest, wiping the brow of another. At one point, a shell struck the door of a room in which she was working. "She did not flinch," Welles reported, "but continued her duties." With the battle still raging, the stretcher-bearers brought in Private Plunkett, and Clara was at his side when the surgeons removed what remained of his arms, pared off the ragged bone ends, and sockets, applied a powerful styptic to staunch the flow of blood, and unrolled and dressed the stump. Someone, perhaps Colonel Clark, showed her the flag Plunkett had kept from falling to the ground — his blood "literally obliterated the stripes," she said later.

Dusk brought a deafening silence to the battlefield. The dead and wounded were strewn everywhere in the wreckage, it was difficult to tell them apart. A thousand corpses were piled up in a "hideous heap" near the infamous stone wall.

Colonel Joshua Chamberlain of the Twentieth Maine heard a "cacophony of groans and yells rising from the wounded who lay out there in a near-freezing wind. It was "a wall so far and deep and wide," the colonel said, that it pierced his heart. In his sorrow, he thought he heard a "flitting window shade saying, "Never — forever, forever — Never!"

During the night, Captain Joseph Hamilton came across Clara as she was tending to fifty wounded men; Hamilton said they were "almost frozen." Surgical aid was impossible before daylight, so Clara had her male assistants light fires, dismantle a chimney, heat the bricks, and place them around the wounded men to keep them warm until the surgeons could help them.

The next day, Sunday, an officer ran up to her with great urgency. One of his men in a church across the street, shot in the face; he was suffocating from his own dried blood, the officer said. Clara seized a basin of water and a sponge and went to the church, where she found the man among scores of other wounded. Inured as she was to macabre sights, Clara blanched when she saw his face. It was "one solid crust," she remembered, "for any human appearance above the shoulders it might as well have been anything else as a man." She knelt beside him and sponged the crust gently, wiping away the obstructions until at last she gazed on the features of a human face, disfigured from the wound, but a face all the same. Then she recognized him. It was Nathan J. Rice, the former sexton of her Universalist church in North Oxford, where in her youth she learned "that all of that He has made nothing shall be lost, but that at some day in some way it shall be raised to His Glory."

Soup kitchen

With Welles and her teamsters, Clara established a soup kitchen on the Lacy House grounds and set to work feeding the broken men inside. The scenes Clara witnessed here would have haunted her through all her remaining years. There was the deliberate officer, finally wounded, who confided her for his wife. There were the last of the soldiers retrieved from the field, "half skinned, with frozen legs and arms," who couldn't bear her heat applications until she had administered heavy doses of the surgeon general's liquor. There was Lieutenant Edgar M. Newcomb of the Nineteenth Massachusetts, who lay on a couch hemorrhaging from his wounds, with his stricken brother Charlie at his side. Clara knelt beside him, too, and she and Charlie sang hymns and quoted scripture, and when the dying young man confused Clara for his mother, she "kindly favored the illusion," Charlie remembered, "by shading the light."

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WASHINGTON, D.C.

Reflections 08 First Quarter 1996

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Cover Stories: Journey of Courage

Stephen Oates, PhD, is a biographer and historian, and teaches at the University of Massachusetts at Amherst. His 15 books on the Civil War and American heritage include a Robert F. Kennedy Memorial Book Award, two Christopher Awards and ten house in the New York Times' Notable Books of the Year.
and leave it there without a word. I had strayed from the herd. I wore.

am a bonded officer and responsible for the property under my charge - what can I do?

The Battle of Fredericksburg

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Colonel Joshua Chamberlain of the Twentieth Maine heard a “cacophony” of groans and yells rising from the wounded who lay out there in a near-freezing wind. It was “a wall so far and deep and wide,” the colonel said, that it pierced his heart. In his sorrow, he thought he heard a Butternut window shade saying, “Never - forever - Never!” in a woeful refrain. Then he saw “through the mark the dusky forms of ghastly ambulances gliding upon the far edge of the field, passing here and there to gather up their precious freight, and the low-hovering half-covered lanterns, or blue gleam of a lighted match, held close over a brave, calm face, to know whether it were of the living or the dead."

All night the lights burned in the dressing stations of Fredericksburg. All night ambulances clustered across the pontoon bridges, taking wounded back to the divisional tent hospitals and the well-lit Lazy House. All night the streets teemed with walking wounded, stragglers, and the remnants of regiments. All night fires smoldered in the rubble of blasted buildings and blinds flapped in the wind, and a sleepless Chamberlain kept hearing the melancholy refrain “Never - forever - Never!”

During the night, Captain Joseph Hamilton came across Clara as she was tending to fifty wounded men; Hamilton said they were “almost frozen.” Surgical aid was impossible before daylight, so Clara had her male assistants light fires, dismantle a chimney, heat the bricks, and place them around the wounded men to keep them warm until the surgeons could help them.

The next day, Sunday, an officer ran up to her with great urgency. One of his men in a church across the street, shot in the face; he was suffocating from his own dried blood, the officer said. Clara seized a basin of water and a sponge and hurried to the church, where she found the man among scores of other wounded. Insured as she was to macabre sights, Clara blanched when she saw his face. It was “one solid crust,” she remembered, “for any human appearance above the shoulders it might as well have been anything else as a man.” She knelt beside him and sponged the crust gently, wiping away the obstructions until at last she gazed on the features of a human face, disfigured from the wound, but a face all the same. Then she recognized him. It was Nathan J. Rice, the former sexton of her Universalist church in North Oxford, where in her youth she learned “that all of that He has made nothing shall be lost, but that at some day in some way it shall be raised to His Glory."

Soup kitchen

With Welles and her teamsters, Clara established a soup kitchen on the Lazy House grounds and set to work feeding the broken men inside.

The scenes Clara witnessed here would haunt her through all her remaining years. There was the deliberate officer, finally wounded, who confided for his wife. There were the last of the soldiers retrieved from the field, “half skinned, with frozen legs and arms,” who couldn’t bear their hot applications until she had administered heavy doses of the surgeon general’s liquor. There was Lieutenant Edgar M. Newcomb of the Nineteenth Massachusetts, who lay on a couch hemmorhaging from his wounds, with his stricken brother Charlie at his side. Clara knelt beside him, too, and she and Charlie sang hymns and quoted scripture, and when the dying young man confused Clara for his mother, she “kindly favored the illusion,” Charlie remembered, “by shading the light.”

Clara Barton, 1821-1912, was the founder of the American Red Cross and the first American woman to serve as a volunteer nurse and relief worker in the battlefield.
Studying the rescuers

By Cynthia M. Stuhlmiller, RN, MS, DNS

Research supported by grants from Sigma Theta Tau

I n 1981, the diagnostic category of post traumatic stress disorder was created as a result of the common range of psychological problems reported by experiences of extreme stress events such as war, holocaust, rape, torture and disasters. While I believe that the diagnosis is entirely legitimate, I have witnessed a disturbing trend, which suggests that these involved in extreme situations are negatively affected and thus the evidence of strength and resilience from which survivors often emerge has become overlooked.

In an effort to learn more about extreme stress, I began studies focusing on disasters and rescue work in 1985. The aim of my investigations has been to look beyond the question of whether or not disasters produce positive or negative mental health consequences, and seek to understand the individuals’ experiences within the social context. My interest in the psychosocial effects of extreme stress stems from a decade of clinical work with Vietnam combat Veterans at the first Veterans Administration psychiatric treatment program in Menlo Park, Calif.

Freeway collapses

On Oct. 17, 1989, Northern California experienced one of its most devastating earthquakes located on the Loma Prieta fault line. This quake, measuring 7.1 on the Richter scale, killed 67 people, injured 2,000, and left 10,000 homeless. In Oakland, a .76 mile stretch of double-decked freeway, the Cypress-structure, collapsed and resulted in 116 injuries and 43 fatalities.

Four groups of rescuers were selected for study based on the fact that they played a major role in body rescue and recovery: military pararescuers, firefighters, transportation workers, and coroner investigators.

The rescue-related events defined as stressful for each occupational group involved threats and challenges specific to the expectations, norms, and goals of their practice. Four distinct patterns of involvement were discovered: obligation to heroism, obligation to each other, obligation to the public, and obligation to the job.

Firestorms rage

The second study concentrated on the 1991 Oakland, California firestorms, where one occupational group from the original study, firefighters, responded to this major catastrophe. Besides the destruction of more than 1,800 homes and 42 apartments, approximately 1,800 wooded acres were blackened. Identified from the data were appraisal and coping patterns specific to the threats and context of that event. The firestorm was an emotionally laden situation for these firefighters due to the fact that it was “their element” that overcame them. Fighting fires is an occupational competency, something toward which they feel control over. Conditions such as the unmitigated, uncontrollable nature of the threat, family of a well-respected fire chief, and public attribution of blame toward fire personnel for the disaster, combined to create a sense of demoralization.

In comparing the freeway collapse to the firestorm rescue experience, an overwhelming commitment was discovered. The "sufferers'" appreciation to bear witness and participate in the undoing of two such horrific and historic events. Common statements such as “I wouldn't have missed it for the world,” and “it was the biggest thing in my career” expressed such sentiments. Unchecked remarks of other firefighters indicate that not being involved in the firestorm was extremely stressful.

Findings

The findings from these two studies point to the strong connection between occupational meanings and practices that influence what is appraised as stressful and how people cope with stress. (There were strong differences between the pararescuers and firefighters in the first study.) This suggests that post disaster interventions and strategies must be sensitive to occupational-specific meanings if they are to be at all useful. In fact, ignoring these understandings can create conditions of iatrogenic stress.

The critical incidence stress debriefing has gained rapid widespread popularity despite the lack of critical review of its use and effectiveness. In addition, the self-reflective approach upon which this intervention is based has become standardized across all occupational groups. I do not believe this approach to always be of value, especially to those whose work depends on lack of reflection, (i.e., emergency workers). And it needs further study. However, the nature of the reflection is probably crucial. For example analytic reflection that increases self-consciousness may not be helpful, whereas telling the story being heard, and bearing witness might be.

A firefighter explained that he guards himself against rehashing, because it may create anxiety for future situations and inhibit his performance. Others complained that listening to stories of unsuccessful rescues while they had been part of successful ones, was more traumatizing than the event itself.

If team strength depends on not publicly admitting vulnerability, the group forum may not be as appropriate as an individual approach. An opposite point has to do with the risk of alienation and lack of contact. While open "gut spilling," may not be appropriate in all cases, some form of acknowledgement and opportunity for expression seems necessary to maintain human contact and an awareness of the common experience.

Debriefings

An important aspect to this discussion about the value of talking and debriefing relates directly to the cornerstone practice of nursing: presencing. Nurses typically live through and come to understand the suffering and disruptions that illness creates in people's lives. The intimate contact of "being there" places them in a unique position to help mitigate negative "side-effects" of illness such as alienation. Disasters challenge self-understanding and meanings just as illness does.

In their practice, nurses solicit the person's story of illness and breakdown. Narratives of the actual event may be the most helpful kind of initial debriefing. What the rescuers need most then is what nurses are particularly good at providing. Nurses can foster emotional recovery and growth by attending to what approaches work best and by acknowledging the validity of the person's expressed pain, fear, and grief.

Debriefings that focus on the potential for symptom formation from post traumatic stress may be short cutting the individual's natural restorative capacities. This deficit approach can overshadow positive outcomes and may suggest to individuals that they should have a certain amount of anxiety or that there are some standard responses they should fall into. For example, the rescuer who felt guilty for not feeling sad. This suggests, as the study points out, that although people may be struck similarly in situations of death and destruction, the integration of their experience will occur according to individual meanings. As care givers, we must respect these meanings and learn more about them. 

Crews clean up and search through twisted wreckage of the double-decker Cypress structure of I-880 in Oakland.
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In an effort to learn more about extreme stress, I began studies focusing on disasters and rescue work in 1985. The aim of my investigations has been to look beyond the question of whether or not disasters produce positive or negative mental health consequences, and seek to understand the individuals' experience within the social context. My interest in the psychosocial effects of extreme stress stems from a decade of clinical work with Vietnam combat veterans at the first Veterans Administration psychiatric treatment program in Menlo Park, Calif.

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In comparing the freeway collapse to the firestorm rescue experience, an overriding commonality was the strengths and challenges specific to the expectations, mores, and goals of their practice. Four distinct patterns of involvement were discovered: obligation to others, obligation to self, obligation to the public, and obligation to the job.

Debriefings

An important aspect to this discussion about the value of talking and debriefing relates directly to the cornerstone practice of nursing: the value of talking and debriefing relates directly to the cornerstone practice of nursing. Nurses can foster emotional recovery and growth by attending to what approaches work best and by acknowledging the validity of the person's expressed pain, fear, and grief. Debriefings that focus on the potential for symptom formation from post-traumatic stress may be short cutting the individual's natural restorative capacities. This deficit approach can overshadow positive outcomes and may suggest to individuals that they should have a certain amount of anxiety or that there are some standard responses they should fall into. For example, the rescuer who felt guilty for not feeling sad. This suggests, as the study points out, that although people may be struck similarly in situations of death and destruction, the integration of their experience will occur according to individual meanings. As care givers, we must respect these meanings and learn more about them.
"What is nursing courage?"

The word courage comes from the Middle English word "courage" which has its roots in the French word "cœur". "Cœur" arises from the Latin "cor" which means heart. The word courage then, means more at heart. Courage situates the heart as the seat of intelligence or feeling. In this era of budget cuts, advanced technology, cyberpace, and marketplace philosophy as the basis of nursing care, it is important not to be blinded by the language of economics and seduced by science, and lose sight of our hearts, of the intelligence and feeling residing there. With more at heart then, I am returning to clinical practice, after 11 years hands on nursing practice while in academia. I am making a journey to the patient's bedside to head a hospital unit with six palliative care beds designed for people dying of AIDS or cancer.

A meaningful formula for emergency nursing requires more than practice based on research, knowledge and common sense. Courage separates the right decision from the wrong one, the patient advocate from the blind follower of orders, and the rescuer from those who placate. From an emergency nurse's perspective, this specialty is infused with satisfaction. Emergency practice brings an uncontrollable amount of work, constant disaster preparedness, victims raw from injuries, and sometimes unpredictable deaths. One may assume that it takes courage to care for critically ill and injured people in the Emergency Department. I suggest that courage is not always linked with the severity of the conditions of our patients. It is often the peripheral issues facing emergency department functions that illustrate the greatest courage: to face the anger of those waiting, the floods of grief, the injustice of child abuse and the disillusionment of self associated with exhaustion, anguish and the roller coaster routine.

"Courage is the ability to challenge boundaries and move beyond limitations. It is the strength and the belief in your convictions. Despite adversity you forge ahead for the betterment of your profession and ultimately the community you serve."

"We have the expectation that this move will result in toward more evidence-based practice; with the expectation that this move will result in measurable improvements in patient outcomes. The department director is a doctorally-prepared nurse with recent experience as a clinical nurse specialist. Department staff include clinical nurse specialists, nursing case managers, and other advanced practice nurses. The department has a model and strategic plan derived from three hospital-wide objectives: 1) improving quality, as demonstrated by clinical outcomes; 2) decreasing costs, as demonstrated by financial outcomes; and 3) improving customer service, as demonstrated by satisfaction outcomes."

Targeted clinical areas

The department has initially targeted four clinical outcomes: pressure ulcers, pain and comfort management, patient falls, and complications associated with central intravenous lines.

For each targeted priority, department staff follow a standard approach. Extensive literature reviews are conducted, as well as surveys of national practice trends. Key variables and measurement strategies are identified. Then hospital-wide baseline research studies are conducted. Opportunities for improvement are identified, and cross-functional process improvement teams are assembled to design and implement research-based practice changes. After process improvements have been implemented, the baseline studies are replicated to reassess outcomes. Finally, long-term strategies for monitoring and re-evaluation are developed and implemented.

In the area of pressure ulcer prevention, department staff began its program with a review of research literature on pressure ulcer prevention. Then a hospital-wide pressure ulcer prevalence study (N=554 inpatients) was conducted in the fall of 1993 to determine baseline pressure ulcer prevalence. A longitudinal pressure ulcer incidence study in the spring and summer of 1994 followed 100 high risk patients throughout the course of their hospital stay, documenting their risk status using the Braden scale. We noted the preventive nursing interventions they received and their skin outcomes.

While this incidence study was in progress, a hospital-wide skin care team developed pressure ulcer prevention protocols. Practice guidelines published by the Agency for Health Care Policy and Research served as the foundation for the protocols. Educational workshops were then conducted to familiarize nursing staff throughout the institution with the new prevention protocols. In fall 1994, the hospital-wide pressure ulcer prevalence study was replicated (N=555). The staff demonstrated a significant decline in the pressure ulcer prevalence rate and in the number of patients who had nosocomial pressure ulcers. Currently, the longitudinal incidence study is being replicated, and preliminary findings are encouraging.

20 studies

Since the department was initiated in 1993, more than 20 research studies have been initiated, data collection has been completed on 15 studies and seven of the research reports have been presented at national conferences. In addition to the pressure ulcer studies, some of the other studies conducted include: a baseline study of risk assessment and education in the Braden Scale; a study of resident and nurse satisfaction with Pain and Comfort Management; a baseline study of Patient Satisfaction with Pain Management; a study of Falls and Injuries associated with patient falls; an audit of a Fall Prevention Program (in progress), and an Evaluation of Cost and Quality Outcomes Associated with Central Lines Inserted by Nurses (in progress).

More importantly, outcomes are improving. For example, from the first pressure ulcer prevalence study to the second, there was a 60 percent improvement in fallers. In the past year, expenditures associated with pressure ulcer management dropped by $200,000."

Research broadens at hospital

By Suzanne S. Provost, RN, PhD, CORN, Director, Outcomes Evaluation and Nursing Research, The University of Texas Medical Branch Hospital, Galveston, Texas. Nursing research has taken a back seat to clinical research. While resources have been tight, the most important research is that which nurses can demonstrate the impact of professional nursing care. Outcomes evaluation can be used to test and measure the impact of new and different models of nursing care delivery, such as case management or outcomes management.

If outcomes are good, they can be used to market the institution. If they are not so good, they can identify targets for improvements and monitor progress along the way. In many hospitals, advanced practice nurses and clinically-based nurse researchers are becoming involved in outcomes evaluation.

In fall 1993, Chief Nursing Officer Jana Stanfield was interested in expanding nursing research initiatives at the University of Texas Medical Branch hospitals. However at the time, the hospitals were beginning to experience the financial impact of reform. Operating budgets and positions were being reduced in preparation for managed care infiltration and the anticipated decline in census and revenue.

"We wanted to develop a program of nursing research that would contribute to our movement toward managed care, rather than create a program that might be perceived as one more expendable support service," Stanfield said.

"As an academic medical center, we value research as an important part of our mission. However, we can no longer afford to invest in nursing research merely because it is the scholarly and professional thing to do. We must cautiously direct our limited resources toward targeted programs of research that are aligned with our clinical priorities and nursing service goals." With this, a Department of Outcomes Evaluation and Nursing Research was initiated.

Research for clinicians

While the conduct of research is a major emphasis in this department, it is not the only emphasis. Perhaps a more important service is the provision of support to nurse clinicians to move toward more research-based, expert practice; with the expectation that this move will result in measurable improvements in patient outcomes. The department director is a doctorally-prepared nurse with recent experience as a clinical nurse specialist. Department staff include clinical nurse specialists, nursing case managers, and other advanced practice nurses. The department has a model and strategic plan derived from three hospital-wide objectives: 1) improving quality, as demonstrated by clinical outcomes; 2) decreasing costs, as demonstrated by financial outcomes; and 3) improving customer service, as demonstrated by satisfaction outcomes."

Robert Kim, RN, PhD
Lambrinda Alpha-McLanachan
Assistant Professor
Yonsei University
Seoul, South Korea

Carolynn Stanfield, RN, MSN, CCRC, and Sybil Bowers, RN, MSN, CNRN, held posts in the Department of Outcomes Evaluation and Nursing Research to bring optimum care at the University of Texas Medical Branch Hospitals. They are members of Alpha Delta chapter.
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The word courage comes from the Middle English word 'courage' which has its roots in the French word 'courage.' Cour 'comes from the Latin 'cor,' which means heart. The word courage then, means more at heart. Courage signifies the heart as the seat of intelligence or feeling. In this era of budget cuts, advanced technology, cybercrime, and marketplace philosophy as the basis of nursing care, it is important not to be blinded by the language of economics and seduced by science, and lose sight of our hearts, of the intelligence and feeling residing there. With or without a heart, I am returning to clinical practice after 11 years I ran hands-on nursing practice while in academia. I am making a journey to the patient's bedside to head a hospital unit with six palliative care beds designed for people dying of AIDS or cancer."

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graciousness of her life. After partaking chocolate cake and ice cream and saying goodbyes to her family, Miss Henderson returned for her early schooling. Her father was Daniel B. Henderson, who was born in Kansas City, Missouri. In 1897, the fifth of eight children of Daniel B. Henderson, she always had the warmth, style, and sufficient precision and can make in people's lives; the definition; a survey and assessment of nursing research that shifted nursing research away from the knowledge base necessary to act in terms and Practice to become the interna-

Miss Henderson was educated at the U.S. Army School of Nursing (1921) and Teachers College, Columbia University where she completed her B.S. (1932) and M.A. (1934), then taught from 1934 until 1948.

In 1955, she joined Yale School of Nursing, a particularly fitting association, since the first dean, Annie Warburton Goodrich, had served as her mentor in her early professional years. The Yale years were a time of great productivity. Note in the references that follow the number of major publications copyrighted between 1955 and 1978.

In the last quarter century, Miss Henderson used her "ernest" years to serve as nursing consultant to the world. The International Council of Nurses acknowledged that she belonged to the world in June 1985 when she was presented with the first Christiane Reinmann Prize, recognizing that her span of influence knew no national boundaries. Indeed, her later years were characterized by many honors (e.g. honorary doctorates from the University of Western Ontario, University of Rochester, Rush University, Pace University, Catholic University of America, Yale University, Old Dominion University, Boston College, Thomas Jefferson University, Emory University, etc.) and many distinguished lectures from Great Britain's Royal College of Nursing to the Sorbonne to the Japanese Nursing Association.

Edward Haller's recently edited A Virginia Henderson Reader (1995) is the best source available today for a compilation of Miss Henderson's own thinking. When you glance through that volume, you are struck with the currency of her ideas. She recognized early on the importance of an outcomes orientation, health promotion, continuity of care, patient advocacy, interdisciplinary scholarship, integration of the arts and sciences, and boundary spanning.

Her elegant definition of nursing, with its emphasis on complementing the patient's capabilities, provides a clear direction for what nursing should be—a wonderful counter force to the confusion that surrounds a health care system increasingly preoccupied with bottom line rather than enduring values.

This celebration of Miss Henderson's life and achievements would not be complete without mentioning the real woman, however, if it did not include some reflections on the person. With her silky drawl, bright blue eyes, wisp curls, and beautiful clothes, Miss Henderson was the embodiment of an impish Southern gentielfeoman. She was the most gracious hostess I have ever encountered, and had a wicked sense of humor. When she took responsibility for a school Christmas party, she managed to organize dozens of colleagues into carving out ivory soap bars that would be covered with gold paper to become candle holders. In the process, a dumb lounge became transformed into a luminous fairyland setting. When she met nurses who would be tongue-tied at being introduced to the Virginia Henderson, she would merely say, "I know that you have probably thought I've been dead for years." For me, Miss Henderson was the incarnation of these Greek writings—the good, the true, and the beautiful. She was shaped by the aesthetic that produced beautiful surroundings in honey and rose colored tones (she gave up the idea of becoming an interior designer/architect when there was a need for a drab lounge to become candle holders). In the process, a dumb lounge became transformed into a luminous fairyland setting. When she met nurses who would be tongue-tied at being introduced to the Virginia Henderson, she would merely say, "I know that you have probably thought I've been dead for years." For me, Miss Henderson was the incarnation of these Greek writings—the good, the true, and the beautiful. She was shaped by the aesthetic that produced beautiful surroundings in honey and rose colored tones (she gave up the idea of becoming an interior designer/architect when there was a need for a drab lounge to become candle holders).

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Virginia Avenel Henderson died March 19 at the age of 98. Her Philip had the warmth, style, and graciousness of her life. After partaking chocolate cake and ice cream and saying goodbyes to her family other. Miss Henderson used her “emotional” years to serve as a nurse consultant in the world. The International Council of Nurses acknowledged that she belonged to the world in June 1985 when she was presented with the first Christiane Brinmann Prize, recognizing that her span of influence knew no national boundaries. Indeed, her later years were characterized by many honors (e.g. honorary doctorates from University of Western Ontario, University of Rochester, Rush University, Pace University, Catholic University of America, Yale University, Old Dominion University, Boston College, Thomas Jefferson University, Emory University, etc.) and many distinguished lectures from Great Britain’s Royal College of Nursing to the Sorbonne to the Japanese Nursing Association. Edward Halloran’s recently edited *Virginia Henderson Reader* (1995) is the best source available today for a compilation of Miss Henderson’s own thinking. When you glance through that volume, you are struck with the currency of her ideas. She recognized early on the importance of an outcome-orientation, health promotion, continuity of care, patient advocacy, multidisciplinary scholarship, integration of the arts and sciences, and boundary spanning.

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This celebration of Miss Henderson’s life and achievements would not be complete without paying tribute to the real woman, however. If it did not include some reflections on the person. With her silty drawl, bright blue eyes, wispy curls, and beautiful clothes, Miss Henderson was the embodiment of an impossibly Southern gentlewoman. She was the most gracious hostess I have ever encountered, and had a wicked sense of humor. When she took responsibility for a school Christmas party, she managed to organize dozens of colleagues into carving out ivory soap bars that would be covered with gold paper to become candle holders. In the process, a drab lounge became transformed into a luminous fairyland setting. When she met nurses who would be tongue-tied at being introduced to the Virginia Henderson, she would merely say, “I know that you have probably thought I’ve been dead for years.” For me, Miss Henderson was the incarnation of those Greek writings—the good, the true, and the beautiful. She was shaped by the aesthetic that produced beautiful surroundings in honey and rose colored tones (she gave up the idea of becoming an interior designer/architect when there was a need for nurses in World War I), as well as elegant arguments embellished by references to literature a much broader than just the nursing literature.

Miss Henderson, the Southern gentlewoman, regularly defied stereotype. She had the wisdom at 90 of looking into the face of a 15-year-old with blue-streaked push-pull hair and a nose ring, and saying, “You are beautiful,” gathering her to another Henderson disciple. She had the ability to question the fashion-able emphasis on nursing process, reminding us all that problem solving does not belong to any one profession. Even when her memory and hearing started to fail, she was not limited, because her curiosity and interest in people elicited from them an engagement in the issues that then set in motion her own creative juices.

Virginia Henderson was arguably the most famous nurse of our century. Because that was the case, Sigma Theta Tau’s International Nursing Library bears her name. She was only willing to permit use of her name if the electronic networking system to be developed would advance the work of staff nurses by getting them current and jaggon-free information wherever they were based. She was proud of that being testimonial in nursing excellence. To the extent that Miss Henderson was the most famous nurse of our century, we can collectively look back with pride on where we as a profession have been, and where we are heading, as we strive to meet Miss Henderson’s standards in the electronic idiom of the day.

A family-sponsored memorial service was held at Battel Chapel on the campus of Yale University in New Haven, CT on May 6, the first day of National Nurses week. Miss Henderson’s family, including her grandniece, Catherine Bordo, who is a member of Sigma Theta Tau, requested that in lieu of flowers, memorial gifts be made to the Virginia Henderson Fund, Yale School of Nursing, 100 Church Street South, Box 9750, New Haven, CT 06516. An additional opportunity for gifts in memory of Miss Henderson exists with Sigma Theta Tau International through contributions to the Virginia Henderson Clinical Research Award, Endowment Fund, 550 W. North Street, Indianapolis, IN 46202.
Japan starts clinical specialist program

Tokyo, Japan—A new Clinical Specialist Program will recognize the professional level of accomplishment in a defined clinical area. The Japanese Nurses Association began the program last year to improve health care quality and expand nursing roles to meet the nation's needs.

The Japanese Nursing Association created a Credentialing Department in 1995 to manage the new Clinical Specialist Program. Collaborating with the Japanese Board of Certification, the department approves the nursing areas, determines eligibility requirements for certification, provides special academic and clinical training, develops exams and certifies nurses who pass the written and oral exams. The Credentialing Department has developed a model of utilizing clinical specialists in health care organizations and helps employers with their hiring decisions.

Unique programs

Japan's Clinical Specialist Program is similar to the American Nurses Association's program, especially in regard to the eligibility requirements and practice descriptions. However, the Japanese program has a special feature. There are two programs: The Clinical Nurse Specialist (CNS) called "Sen-Mon-Kan-Go-Shi" and the Certified Expert Nurse (CEN) called "Nin-Tei-Kan-Go-Shi."

To become a CNS, a RN will receive a special education at the master's level in graduate schools, and practice in a special field after matriculation. Currently two areas are approved for the CNS: Oncology Nursing; Adult Psychiatric and Mental Health Nursing.

The CEN program was developed for non-graduate level nurses, to overcome the issue regarding a low number of Japanese graduates due to the lack of nursing schools. In order to become a CEN, a registered nurse, who has met requirements for clinical or functional practice in a special field, must take a six-month intensive course provided by the Credentialing Department. In fall 1996, two courses will be opened: Critical Care Nursing, and Wound, Ostomy and Continence Nursing.

Experts needed

The Credentialing Department is seeking experts to contribute to Japan's nursing program. For site visits, the department is looking for nurse experts to contribute to Japan's nursing program. For the Japanese Nursing Association, 1-2-3, to be involved in a cross-cultural scholar's exchange in February.

Maria Knowlton, RN, EdD, research assistant. Dr. King's pioneering work in developing a conceptual framework and theory for nursing has involved many students, practitioners, and scholars. Patricia Messner, RN, PhD, director of nursing research at Mt. Sinai Medical Center in Miami Beach, announced at the dedication that Dr. King will receive the 1996 American Nurses Association Jessie M. Scott Award at the association's 100th anniversary celebration in June.

Indiana, Russian nurses look at practice

Tereza Blazsi, Indiana—Eighty students at Indiana University School of Nursing, involved in an international educational experience, course, have been developing ties with Medical Pediatric Academy of St. Petersburg, Russia, Olga Ryka, a micro-surgery nurse at Medical Pediatric, participated in a scholar's exchange in February. She was shown Indiana hospitals by Judith E. Alexander, RN, DNS, chairperson of the Department of Health Promotion at Indiana University State, and Associate Professor Sarah E. Emerson, RN, EdD. Ms. Ryka is head nurse of microsurgery and works with the vascular repair of limbs, following trauma. She toured Sigma Theta Tau's Virginia Henderson International Nursing Library in Indianapolis. Dr. Emerson's students study in Russia every spring.

Gamma Alpha members team with Japanese nurses

Loma Linda, California—Patricia Jones, RN, PhD, is co-investigator with colleagues in Japan who are studying "Japanese Women Caring for Elderly Parents." The cooperative study began as an outgrowth of research Dr. Jones is conducting on Asian-American women caring for their parents. Rita Enomoto, MS, on the nursing faculty of the Japan Red Cross Nursing Junior College

Pioneer nurse theorist honored

Tampa, Florida—Renowned nursing theorist, researcher and educator Imogene King, RN, EdD, donated her collection of books, book chapters and scholarly journal articles; spanning her 50-year career, to the University of South Florida Library.

The January dedication of the Imogene King Library Collection coincided with the 50th anniversary of the University of South Florida's Delta Beta chapter of Sigma Theta Tau. Dr. King, a former Delta Beta president, was honored at the chapter's anniversary dinner for her contribution to nursing science.

Patricia Gortzka, RNC, PhD, interim dean of the UF College of Nursing, and Delta Beta president, said Dr. King's pioneering work in developing a conceptual framework and theory for nursing has involved many students, practitioners, and scholars. Patricia Messner, RN, PhD, director of nursing research at Mt. Sinai Medical Center in Miami Beach, announced at the dedication that Dr. King will receive the 1996 American Nurses Association Jessie M. Scott Award at the association's 100th anniversary celebration in June.

South Koreans look at family nurse

Seoul, South Korea—Members of Lambda Alpha, the national chapter of Sigma Theta Tau International's Korean University, held an open forum on March 25 for South Korean nurses to examine nursing's role in family therapy. Dr. Sookja Kim, RN, addressed therapeutic practices and Dr. Sungkang Jung, RN, spoke about the development of a health assessment tool for families. The chapter focused on women's health in its 1994 forum.

Taiwan offers clinical research doctorate

Taipei, Taiwan—The Ministry of Education gave approval to National Taiwan University to establish a Graduate Institute of Nursing that follows a doctoral program, beginning August 1997.

"This is the first doctoral program to be set up in Taiwan to admit students to do research in clinical settings in the areas of the students' expertise," said Lan-Hua Huang, RN, PhD, Lambda Beta-de-Large president and associate professor at the school of nursing. The new program will welcome scholars in nursing-related fields from throughout the world to study, and the institute will include more faculty as visiting professors for clinical research and scholarly instruction. Eight doctorally-prepared faculty and additional part-time faculty, currently employed in the graduate nursing school, participated in the Institute's launching. They are from the universities of Washington, Michigan, Colorado, Pittsburgh, Wisconsin, Boston University, and University of California-San Francisco.

For information, contact: Director Yeh-Chih Chen, RN, PhD, Graduate Institute of Nursing, College of Medicine, National Taiwan University, 1 Jen-Ai Road Sec. 1, Taipei, 100, Taiwan, R.O.C. Fax: 886-2-541-9631.

India offers clinical research doctorate

New Delhi, India—A Gamma Alpha member is serving as the team's research assistant. Awarded a $50,000 grant by Pfizer Health Research Foundation, the nursing research team includes principal investigator Muku Makita of Bharati Perpetual Medical Science University and Tokyo Institute of Gerontology, Kumoh Honga and Chiba Junfio Yamada, faculty of the Gakusen Junior College School of Nursing.

Building corporation preserves society's assets

By Patricia Thompson, RN, EdD

The 1985-1997 Building Corporation Board Members

New Delhi, India—Seven corporations, from left are: Elizabeth Quesenberry, Dina Edwards, James Fair, Daniel Eli, Nancy Dokken-Hale and Gayle Weidner, Patricia Thompson is center.

Milestones of distinction

From left, Pamela Ruiz, Katsuki Tomi and Naoko Tabo enjoy the Japanese Nursing Association's new visual exhibit.
Japan starts clinical specialist program

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The Credentialing Department has developed a model of utilizing clinical specialists in health care organizations and helps employers with their hiring decisions.

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The CEN program was developed for non-graduate level nurses, to overcome the issue regarding a low number of Japanese graduates due to the economic situation. In order to become a CEN, a registered nurse, who has met requirements for clinical or functional practice in a special field, must take a six-month intensive course provided by the Credentialing Department. In fall 1996, two courses will be opened: Critical Care Nursing, and Wound, Ostomy and Continence Nursing.

Experts needed

The Credentialing Department is seeking experts to contribute to Japan's nursing program.

1. For site visits, the department is looking for persons who speak Japanese and is interested in Japan's program, to become a program director or an instructor of the program.

2. A resource person who is familiar with the activities of each association of clinical specialization, such as oncology, adult psychiatric and mental health, critical care, and wound, ostomy and continence nursing to help establish a Japanese Association of the Clinical Specialists.

3. A clinical nurse specialist who can speak Japanese and is interested in Japan's program, to become a program director or an instructor of the Credentialing Expert Nurse Program.

From left, Patricia Suzuki, RN, PhD, interim dean of the Faculty of Medicine, National Taiwan University, is a former Delta Beta president, was honored at the chapter anniversary dinner for her contribution to nursing science. Patricia Gorzka, RNC, PhD, interim dean of the College of Nursing, University of Pittsburgh was honored as the chapter anniversary dinner for her contribution to nursing science.

Dr. King's pioneering work in developing a conceptual framework and theory for nursing has motivated and guided many students, practitioners, and scholars. Patricia Messner, RN, PhD, director of nursing research at Mt. Sinai Medical Center in Miami Beach, announced at the dedication that Dr. King will receive the 1996 American Nurses Association Jessie M. Scott Award at the association's 100th anniversary celebration in June.

Indiana, Russian nurses look at practice

Terry Haute, Indiana—Eighty students of Indiana University's School of Nursing, involved in a cross-cultural education course, have been developing ties with Medical Pedagogic Academy of St. Petersburg, Russia. Olga Ryvka, a micro-surgery nurse at Medical Pedagogic, participated in a scholar's exchange in February. She was shown Indiana hospitals by Judith E. Alexander, RN, DNS, chairperson of the Department of Health Promotion at Indiana University State, and Associate Professor Sarah E. Emerson, RN, EdD. Ms. Ryvka is head nurse of pediatric microsurgery and works with the vascular repair of limbs, following trauma. She toured Sigma Theta Tau's Virginia Henderson International Nursing Library in Indianapolis. Dr. Emerson's students study in Russia every spring.

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Awarded a $50,000 grant by Pfizer Health Research Foundation, the nursing research team includes principal investigator Fuki Makita of Ibaraki Prefecture Medical Science University and Tokyo Institute of Keronology, Kamilo Horino and Chiharu Yamada, Faculty of the Gakushin Junior College School of Nursing.

South Koreans look at family issues

Seoul, South Korea—Members of Lambda Sigma Alpha chapter at Yonsei University, Seol National University and Yonsei University, held an open forum on March 25 for South Korean nurses to examine nursing's role in family therapy. Dr. Soojin Kim, RN, addressed therapeutic practices and Dr. Sungok Jang, RN, spoke about the development of a health assessment tool for families. The chapter focused on women's health in its 1994 forum.

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Taipei, Taiwan—The Ministry of Education gave approval to National Taiwan University to establish a Graduate Institute of Nursing that fulfills a doctoral program, beginning August 1997. "This is the first doctoral program to be set up in Taiwan to admit students to do research in clinical settings in the areas of the students' expertise," said Lanhsien Huang, RN, PhD, Lambda Beta Alumnus and president of the association, at the school of nursing.

The new program will welcome scholars in nursing-related fields from throughout the world to study, and the Institute will include more faculty as visiting professors for clinical research and scholarly instruction. Eight doctoral-prepared faculty and additional part-time faculty, currently employed in the graduate nursing school, participated in the Institute's launching. They are from the universities of Washington, Michigan, Colorado, Pittsburgh, Wisconsin, Boston University, and University of California-San Francisco.

For information, contact: Director Yisue Chih Chen, RN, PhD, Graduate Institute of Nursing, College of Medicine, National Taiwan University, 1, Jen-At Road Sec. 1, Taipei, 100, Taiwan, R.O.C. Fax: 886-2-341-9631.

Building corporation preserves society's assets

By Patricia Thompson, RN, EdD

The 1995-1997 Building Corporation Board Members

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Carol Grossman, EdD, DBA

Sara H. Lee, RN, PhD

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Sue A. Shannon, RN, EdD

Adrienne A. Wilson, RN, PhD, President

Elizabeth Messina, RN, PhD, President-Elect

D. Ross Keene, RN, EdD, President-Elect, Sigma Theta Tau International

Ilene G. Stotler, RN, EdD, President-Elect, Sigma Theta Tau International

The 50-year celebration is being held in conjunction with the 15th anniversary of the University of South Florida's Delta Beta chapter of Sigma Theta Tau. Dr. King, a former Delta Beta president, was honored at the chapter anniversary dinner for her contribution to nursing science.

Japanese nurse looks at practice

Tampa, Florida—Renowned nursing theorist, researcher and educator Imogene King, RN, EdD, donated her collection of book, look chapters and scholarly journal articles; spanning her 50-year career, to the University of South Florida Library.

Dr. King was a world-renowned nursing theorist and educator who influenced nurses throughout the world. Her theories and writings have inspired generations of nurses and nursing students.

Association is a national organization of nurses dedicated to advancing the science of nursing and improving the health of the public. The Association is the primary advocate for nurses in the United States, and is the leading voice for quality nursing care and a healthy nation. The Association is a membership association, with more than 400,000 members and affiliates, representing nurses at all levels and locations of practice. The Association provides a range of services to its members, including advocacy, education, research, and professional development.

The Association is committed to advancing the science of nursing and improving the health of the public. The Association is a leader in the development of nursing practice and research, and is committed to promoting the highest standards of patient care. The Association is committed to advocating for the rights and interests of nurses and nursing education, and to promoting the values of nursing worldwide.

The American Journal of Nursing is the leading professional journal for nurses in the United States, providing nurses with the latest research, best practices, and professional development resources.

The journal is published monthly by the American Journal of Nursing Association, Inc. (AJN), a 501(c)(3) nonprofit organization. AJN is dedicated to advancing the science of nursing and improving the health of the public through the publication of high-quality, peer-reviewed articles that advance the field of nursing practice and education.
Innovator honored for nursing programs

Beatrice Renfield, inducted in absentia as an honorary member at the society's 1999 biennial convention, was honored at a special ceremony in New York City. She received her pin and commemorative plaque from Past President Lucie Kelly and Anna M. Acee, RN, EdD, president of Sigma chapter, New York University, in a ceremony at Beth Israel Medical Center.

Ms. Renfield is a trustee of Beth Israel Medical Center in New York City and benefactress of its Beatrice Renfield Division of Nursing Education and Research, which focuses on the professional advancement of nurses and the development of excellence in nursing practice. This outstanding philanthropist has supported numerous programs bolstering nursing science, including the development of internal grants for clinical nursing research, several lecture series promoting humanistic health care, and an international exchange program providing valuable opportunities to examine health care in other countries.

Heritage Society dinner

Many of Sigma Theta Tau International's philanthropists gathered in Detroit in November 1995 for the Heritage Society dinner. Among those included are Ruby Wilson and Rosemary Crisp, Dolores Higgins, Ken Edmlsson, Pat Chamings, Past President Lucie Kelly and honorary member Beatrice Fellows, and special guests.
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Renfield, Upsilon center, is recognized for leadership by President Anna M. Acee. A special ceremony in New York City and benefactress of Beth Israel Medical Center. Ms. Renfield is a trustee of Beth Israel Medical Center in New York City and benefactress of its Beatrice Renfield Division of Nursing Education and Research, which focuses on the professional advancement of nurses and the development of excellence in nursing practice. This outstanding philanthropist has supported numerous programs bolstering nursing science, including the development of internal grants for clinical nursing research, several lecture series promoting humanistic health care, and an international exchange program providing valuable opportunities to examine health care in other countries.

Why I contributed

"I have been a nurse since 1964 and have practiced in various settings, although most of my career has been spent as an educator and administrator. In 1989 I returned to school — 20 years after receiving my MN degree. I completed the requirements for my EdD just before my father passed away in 1992. I saw in our International Center for Nursing Scholarship's Tribute Wall an opportunity to express a lasting appreciation to my parents for their constant support and encouragement of my career and education. I have always been proud of my profession, not only because I value the worth of its work, but also because of my esteemed colleagues. The Tribute Wall is one more example of the thoughtful commitment and perspective nurses give to tasks they undertake."

—Sharon W. Hall, RN, EdD, associate dean, Allied Health, Glendale Community College, Glendale, Calif.

New Virginia Henderson Fellows

Suzanne Van Ort, RN, PhD, FAAN, dean and professor of The University of Arizona College of Nursing, and Eleanor J. Sullivan, RN, PhD, FAAN, Visiting Professor, Barnes College of Nursing, University of Missouri-St. Louis and Sigma Theta Tau International's president-elect, are welcomed as the newest Virginia Henderson Fellows. The society now boasts 30 Fellows, who each have committed $25,000 or more in outright or planned gifts. Their cumulative support exceeds $2.4 million.
Canada
Evelyn Lahoum, RN, BN, MSN, St. Lambard (U of Manitoba), nursing program coordinator at Red River Community College in Winnipeg, Manitoba and assistant professor at the University of Manitoba, developed and delivered a distance course in mental health/mental illness nursing for registered nurses in a baccalaureate program at the University of Manitoba.

Verna Hoffman Sphane, RN, PhD, Ma Sigma (U of the Albert), past associate professor at the University of Alberta in Edmonton and a distinguished nursing leader, has been named an officer of the Order of Canada, in recognition of her lifetime achievement, merit and service to her community and country. She recently co-authored, with her husband Dr. Richard Sphane, who also received a member of the Order Canada award, a book entitled "Chief Nursing Officer: Positions in National and Provincial Health: Focal Points for Nursing Leadership."

Mary Jo Wood, RN, PhD, Ma Sigma (U of Alberta), dean and professor of the Faculty of Nursing at the University of Alberta in Edmonton, is president of the Canadian Association of University Schools of Nursing.

Karen Deane, RN, BA, St. Lambard (U of Manitoba), research associate at the University of Manitoba Faculty of Nursing in Winnipeg, has been named recipient of the Canadian Cancer Society's Maurice Low Catlin Clinical Cancer Nursing Fellowship for 1995-96.

Jone P.C. de Cangas, El Lambard (U of Manitoba), associate professor at Lakehead University in Thunderbird Bay, Ontario, has been named a World Health Organization 1995-96 scholar to investigate care management systems around the world. He has been induced as a fellow of the Royal Society for the Promotion of Health, Patron Her Majesty the Queen in London, United Kingdom and also received an Overseas Editor of the International Journal of Psychiatric Nursing Research.

South Korea
Seo Woo Lee, RN, PhD, Lambda Alpha at-Large President, has been named dean of the Seoul National University College of Nursing in Seoul, where she previously served as a professor.

Thailand
Prasorn Outhagorn, RN, EdD, Alpha (U of Illinois at Chicago), dean of the faculty of nursing at Chulalongkorn University in Bangkok, recently visited Indiana University in Indianapolis to strengthen the relationship between the schools of nursing. Dr. Outhagorn toured Sigma Theta Tau International headquarters and visited the Virginia Henderson International Nursing Library for an on-line review of the latest nursing knowledge.

United States
Gail M. McGillivray, RN, MS, Theta Omicron (U of Alaska-Anchorage), director of Quality Management and Staff Nurse at the University Regional Hospital in Anchorage, has received the National Council of State Boards of Nursing, Inc.'s Meritorious Service Award for her nursing and community activity which has positively affected public health, safety and welfare.

Karen Anne Monninger, RN, MA, Beta Lambda (U of Southern California), has retired as health services specialist and director of the Health Center at Cranmont Community College. The college has named its Health Center, the Karen Anne Monninger Health Center in her honor. She is also the recipient of the Dr. William Parker Exceptional Service Award.

Molly A. Heydman, PhD, RN, EdX-Kappa (California State) joined Yale University School of Nursing as a member of its faculty. She previously served as associate professor and director of the University Regional Hospital in Anchorage, Alaska.

Anna Marie Monninger, RN, MA, Beta Lambda (U of Southern California), has retired as health services specialist and director of the Health Center at Cranmont Community College. The college has named its Health Center, the Karen Anne Monninger Health Center in her honor. She is also the recipient of the Dr. William Parker Exceptional Service Award.

Massachusetts
Maureen Wimerly Groer, RN, PhD, Theta-At-Large (Boston U, Curry College, Simmons College), is the third president of the Massachusetts General Hospital Institute of Health Professions. Dr. Groer holds the John Hilton Kronos Professorship and has served as interim president of the Institute since 1994.

Susan V. Kleinbeck, RN, PhD, CNRN, Epsilon Gamma-At-Large (Wichita State U, State University College of New York) has been awarded a 1995-96 Health Policy Fellowship by the Robert Wood Johnson Foundation.

Members on the Move

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To submit news to Members on the Move, please send information that includes the name of the recipient, a full name, credentials, chapter affiliations, and a phone or fax number. Photos are welcome.

New Mexico
Rosemary Hoffman, RN, MSN, Gamma Sigma (U of New Mexico), associate professor in the Department of Nursing at the University of New Mexico in Las Cruces, has recently received a regional grant from Case Western Reserve University's Alumni Association, for research on current pressure ulcer treatment and protocols inExtended Care Facilities in the southwestern border region.

New York
Diana J. Mason, RN, PhD, FAN, Epsilon (New York U), has been appointed professor and associate dean for Student Affairs at the Department of Graduate Studies at Pace University's Linderman School of Nursing.

Mary Wydeven, RN, PhD, FAN, Epsilon (U of Alaska), former chief of staff for United States Senator Quentin Burdick of North Dakota, has been appointed executive director of the Center for Health Policy at George Mason University in Fairfax, Virginia and will serve on the school's faculty.

New Jersey
Annette Levitt, RN, MS, ONU, Eta Tau (Salem State College), is president of the Academy of Medical-Surgical Nurses in Pianan.

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United States
Gail M. McGuill, RN, MSN, Theta Omicron-Upsilon (U of Alaska-Anchorage), director of Quality Management at Peninsula Regional Medical Center, has received the National Council of State Boards of Nursing’s Mentioned Service Award for her nursing and community activity which has positively affected public health, safety and wellness.

Indiana
Joanne Raines, RN, DNS, Alpha Delta-Upsilon (Indiana U), has received a 1996 U.S. Public Health Service Primary Care Policy Fellowship to study primary care policy, education and research in order to become more effective advocates for improving care at all levels of government and the private sector.

Pennsylvania
Marjorie A. White, RN, PhD, CNOR, Epsilon Gamma-Theta (Texas U), is a member of the faculty of nursing at the University of Delaware. She has been named editor-in-chief of the journal Nursing95, July 1994. Marjorie A. White, RN, PhD, CNOR, Epsilon Gamma-Theta (Texas U), is a member of the faculty of nursing at the University of Delaware. She has been named editor-in-chief of the journal Nursing95, July 1994.

To submit news to Members on the Move, please send information that includes a full name, credentials, chapter affiliations, and a phone or fax number. Photos are welcome.

Canada
Evelyn Lahou, RN, BN, MSN, Xi Lambda-Upsilon (U of Manitoba), nursing program coordinator at Red River Community College in Winnipeg, Manitoba and assistant professor at the University of Manitoba, developed and delivered a distance course in mental health/illness nursing for registered nurses in a baccalaureate program at the University of Manitoba.

Verna Huffman Splanke, RN, PhD, Mu Sigma (U of Alberta), past associate professor at the University of Alberta in Edmonton and a distinguished nursing leader, has been named an officer of the Order of Canada, in recognition of her lifetime achievement, merit and service to her community and country. She recently co-authored, with her husband Dr. Richard Splanke, who also received a member of the Order of Canada award, a book entitled “Chief Nursing Officer Positions: A National Muniment of Health: Fiscal Points for Nursing Leadership.”

Marjory J. Wood, RN, PhD, Mu Sigma (U of Alberta), dean and professor of the Faculty of Nursing at the University of Alberta in Edmonton, is president of the Canadian Association of University Schools of Nursing.

Karen Deane, RN, BA, Xi Lambda-Upsilon (U of Manitoba), research associate at the University of Manitoba Faculty of Nursing in Winnipeg, has been named recipient of the Canadian Cancer Society’s Maurice Leblanc Clinical Cancer Nursing Fellowship for 1995-96.

Jene P.C. de Canga, Xi Lambda-Upsilon (U of Manitoba), associate professor at Lakehead University in Thunder Bay, Ontario, has been named a World Health Organization 1995-96 scholar to investigate cancer management systems around the world. He has been induced as a fellow of the Royal Society for the Promotion of Health, Patron Her Majesty the Queen in London, United Kingdom and also a fellow of the American Society for Friese editor of the International Journal of Psychiatric Nursing Research.
Mary Berndt, Katneps Omicron, California State

Joann Blue Bobbie, Alpha Alpha, Uni of North

Carolyn Charette, Eta Kappa (U of Virginia),

Beth Desrosiers, Zeta Xi, D'Youville College

Margaret E. Fink, Theta Epsilon, Idaho State Uni,

Alice Clements, Gamma Alpha, Linda Anna Lind

Carol Cunningham, Alfa Nu, Unit of Illinois

Carolyn Reicherter, Alfa Nu, U of Kentucky

Maryを目指す。
The page contains news articles and notices, including information about research awards, nursing careers, and professional developments. There are also sections mentioning various universities, colleges, and organizations related to nursing and health sciences.

From the content, it appears to be a collection of news clippings and announcements related to nursing research and professional recognition, with mentions of many institutions and individuals involved in the field. The text is dense with details and names, indicating a focus on recent developments and acknowledgments in the nursing community.

The page includes references to various journals, universities, and professional societies, highlighting the importance of continuous learning and development in the field of nursing.

In summary, the page provides insights into the advancements and accolades within the nursing profession, emphasizing the dedication and expertise of healthcare professionals.
Profiles of nursing excellence

Caroline M. Wright, RN, RMN, DNE, DipTeach(Nurs), MA(Hons), PhD, FCN(NSW), FRCNA, Australia

By Julie Goldsmith

ew South Wales, Australia—Caroline Wright urged that social policy be based on science. And she achieved that in 1990 for the benefit of all individuals using the Australian health system. When Australia’s elected officials made assumptions about nurses, without drawing on a base of knowledge, she suggested they consult nursing research. And they did—her own. Dr. Wright’s landmark socio-economic research brought a new wave of practice and thought to nurses.

“Her action research changes social values,” says Dr. Connie Vance, RN, BEd, FAAN, dean and professor of College of New Rochelle School of Nursing. “There are people who do research, but she effectively moves her concept forward.”

Nursing education in New South Wales transferred out of hospitals to universities in 1985, and shortly after, elected officials of the State Liberal Party claimed it was the worst decision that politicians could make. It disadvantaged poor women who could not afford college, they maintained. And what’s more, college graduates would not be able to fully understand the socio-economic aspects of patients.

Nurses strived for 50 years to effect that educational change, but the decision was about to be reversed with the Liberal Party’s election to power.

“Dr. Wright led a wave of action research changes social values,” said Dr. Vance. “I found there was absolutely no difference between those entering hospitals and those choosing higher education,” she said. “The middle class bias that was presumed to be operating in hospitals was not apparent in college.”

In fact, the lowest socio-economic group of nurses was achieving a new stability in the Australian workforce.

Dr. Wright conducted a national study to see if her findings could be generalized to all of Australia. “I found there was absolutely no difference between those entering hospitals and those choosing higher education,” she said. She published her findings in a letter to the editor of the Australian Financial Review, and the Federal Labour Party requested her research. The findings were stunning when you consider that the hospital programs offered room, board and a wage while training.

Within two days of Dr. Wright’s editorial, elected officials asked to read her research. “What followed was a matter of record,” the Liberals were elected to government, and they did make a pre-election promise (that was honored) that there would be no action taken by them to reverse the transfer,” wrote Judith Corneli, executive director of New South Wales College of Nursing.

She truly epitomizes mentoring in action,” said Dr. Vance. “The line of caring comes from her deep commitment to nursing mentorship.”

Dr. Wright is director of the Centre for Research in Primary Health Care and Senior Lecturer in the School of Health at the University of Western Sydney, Blackwattle. She is the first person to be president of Sigma Theta Tau, the first Australian chapter and to develop a mentoring network throughout Australia. As a nursing leader, mentoring is a large part of who she is. Her mentoring research has been constructed as a predictive model that establishes a link between the level of nurturance and the bureaucratic work environment of various specialty hospital nurses.

Her message of change is a message of caring. Having heralded a new day in Australia, and linked the U.S. with her nurses in ways that are scientifically and humanly deeper, Dr. Wright will retire in July. She and her husband will live on six acres of orchards and woods in Tasmania. “I’ve left nothing undone,” she said. “From a mature age student, I’ve achieved more than I ever expected.”

Conference addresses trends in health care

W.K. Kellogg Foundation funds multidisciplinary think tank

Reflectors 12 First Quarter 1996

By Paul T. Branka

Indianapolis, Indiana, April 1, 1996—Twenty-five of the most respected health care names in North America convened at the International Center for Nursing Scholarship, April 1-3, for the Arista II Conference, Healthy People: Leaders in Partnership. The think-tank conference was held under the auspices of the Leadership Institute of Sigma Theta Tau International. “This conference is the second in the Arista series designed to confront health care problems of international significance with today’s brightest minds,” said Dr. Melanie Dreher, President Sigma Theta Tau International. Immediate Past President and Conference Chair Dr. Fay L. Bower opened discussions, as Arista II participants analyzed the ongoing restructuring of the health care delivery system independent from governmental efforts. “As trends in North America continue to shift patient care from acute care hospitals to outpatient settings, health care professionals, patients, government entities, and communities are concerned about low care will be defined, organized, delivered, and paid for in the future,” Dr. Bower said. These concerns were examined at Arista II, as participants focused on solutions to improve health care delivery and examined nursing’s leadership role in the restructuring process. Recognizing that health care in the future requires collaborative partnerships, participants in the Arista think tank represented regulatory agencies, the health insurance industry, employers, nurses whose research and practice relate to the changing health care system, as well as other scholars and opinion leaders. Conference outcomes will be presented to Sigma Theta Tau members in the Third Quarter issue of Reflections.
Profiles of nursing excellence

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Dr. Wright conducted a larger national study to see if her findings could be generalized to all of Australia. “I found there was absolutely no difference between those entering hospitals and those choosing higher education,” she said. She published her findings in a letter to the editor of the Australian Financial Review, and the Federal Labour Party requested her research. The findings were stunning when you consider that the hospital programs offered room, board and a wage while training.

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PAIN

Purchase all three video volumes at a 20% discount for the month of August at the International Conference on Women’s Health Issues, Vancouver, Canada. Sponsors: The International Council of Nurses, Canadian Nurses Association, Saskatchewan, Manitoba, and Nursing in Health Care, Stockholm Convention Centre, Sweden. Sponsor: Manitoba Association of Registered Nurses.

July 18-Aug. 1, 1996 South Africa

The 15th World Congress on Medical Law, Cape Town, South Africa. Sponsor: International Medical Law and Ethics, Vancouver, British Columbia. Sponsors: The Congress Secretariat, International Conference Organizers, 7 av. Pictet-de-Rochemont, Geneva, Switzerland. Call: (0041) 1 77 02 75 09, or fax: (0041) 1 77 02 75 99.


Sept. 9-16, 1996 Canada


University and Association Conferences

July 9-12, 1996 Massachusetts

Nursing Education in the Era of Neighborhoods: The 4th Annual Research Conference at the University of Massachusetts, Amherst. Sponsor: The American Association of Critical Care Nurses. Contact: Karen Wiggins Road, Saskatoon, Saskatchewan, S4S-2843.

Aug. 2-4, 1996 Colorado


Sept. 3-6, 1996 Nevada


Sept. 5-7, 1996 North Carolina


Sept. 19-21, 1996 North Carolina


Sept. 26-28, 1996 California


Oct. 17-20, 1996 California


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T he Leadership Extern Program of the Sigma Theta Tau Leadership Institute assembles in nurturing emerging nursing leaders in preparation for their expanded role in local, national and global affairs. Following an open international nomination process, seven members were selected based on their past leadership roles and their visionary thinking.

T. Robin Barlett, Inc., MSN, Gamma Zeta (U of North Carolina at Greensboro) is a lecturer at the University of North Carolina in Greensboro. She also serves in Emergency Services at the Guilford County Mental Health Center and is a consultant there. Ms. Barlett is a Gamma Zeta board member and member of the Alumni Association of the University of North Carolina at Greensboro, School of Nursing. She has been a junior and senior counselor with Gamma Zeta chapter, and Chair of the Children and Adolescent Subcommittee of the Guilford County Mental Health Center's Education Committee.

Diana M. Dunn, RN, MS, Nu Xi-at-Large (California State U, Holy Names College, San Francisco College) is assistant professor of nursing at Sammel Merrill College, Oakland, California. She recently completed her term as president of Nu Xi-at-Large and has served as faculty counselor and a member of the Board of Directors. Ms. Dunn has been dedicated to increased recognition of Nu Xi members through the President’s Service Awards and Chapter Excellence Awards.

M. Diane Godkin, RN, MSN, Nu Sigma (The U of Alberta) is a public relations coordinator and research assistant at the University of Alberta Faculty of Nursing in Edmonton, Alberta, Canada. She is editor of Ms Sigma's newsletter, "The Honour Roll," and M.N. Alumni representative on the Public Relations Committee of the School of Nursing at the University of Alberta. She has served as Chair of the Government Subcommittee and "Messages, Tools, and Entertainment" Subcommittee for the Faculty’s Public Relations Committee. She is a member of the Canadian Association of Gerontology and the Alberta Association of Registered Nurses.

Joyce C. Hall, RN, MS, Epsilon (Ohio State U) and Kappa Lambda (Ohio State College) is a clinical research associate and consultant with Abbott Laboratories/Ross Products Division in Columbus, Ohio. She is Epilalex inventor and has served as first vice-president, program chair and chapter delegate to the 1993 Sigma Theta Tau International Biennial Convention. Ms. Hall is a member of the American Nurses Association, Ohio Nurses Association and the American Society For Parenteral and Enteral Nutrition.

Cheryl Jennings, RN, BSN, Kappa Iota (Madonna U) is the Education Coordinator at Henry Ford Hospital in Detroit, Michigan. She is a member of Kappa Iota’s Executive Committee and has been Finance Committee chair and public relations co-chair. Ms. Jennings chairs the Henry Ford Hospital’s Support Services Subcommittee and Education Committee of the Cardiopulmonary Rehabilitation (CPR).

Rebecca R. Keck, RN, MSN, Delta Pi (U of Kentucky) is assistant director and director of finance and planning, patient care services, Vanderbilt University Medical Center in Nashville, Tennessee. She was a charter member of Kappa Theta at Western Kentucky University. Mrs. Keck has served as Delta Pi’s archivist and helped in preparing its chapter display for international and regional meetings through her Heritage Committee work. She was a cabinet member of the University of Kentucky Hospital United Way Campaign, chair of the University of Kentucky Hospital’s Commonwealth Library Campaign and has been a member of the "Pure Nursing Network Newsletter" Editorial Board.

Truank Zic, RN, BSN, Zeta Sigma (College Mount St. Vincent) is a staff nurse at Mount Sinai Medical Center in New York. She is Zeta Sigma’s treasurer, and an active member of the Program and Eligibility Committees. Ms. Zic serves on Mount Sinai Medical Center’s Nursing Education Practice Committee and is a research assistant for the Greenwich League of Women Voters.

**Leadership Externs 1995-1997**

**Diabetes**

**Sigma Theta Tau International-American Association of Diabetes Educators**

**Geraldine C. Ellison, RN, PhD, University of Oklahoma, was awarded the 1995 research grant from Sigma Theta Tau International and the American Association of Diabetes Educators. The $6,000 grant will support her research, "The Experience of Participants in Managing Care Among Women With Newly Diagnosed Non-Insulin-Dependent Diabetes Mellitus." Non-Insulin Diabetes Mellitus, the most common form of Diabetes Mellitus affects 90 percent of the 6.8 million Americans with diabetes. In order to establish control over both their health and lives, patients with this type of diabetes must learn self-management skills to maintain their health. Self-management is gained through a process of three diagnostic phases.

This study aims to further delineate self-management learning, considering various components, such as the perspectives of newly-diagnosed women, identification of indicators that signal transition from first to second phases of self-management, identification of personal, social, and organizational characteristics that enhance or deter self-management.

**Cancer**

**Sigma Theta Tau International-Oncology Nursing Foundation**

**Marylin J. Dodd, RN, PhD, FAN, University of California, has been named the recipient of Sigma Theta Tau International and the Oncology Nursing Foundation’s 1995 $10,000 research grant. This grant will support her research, "Therapy-Induced Mucositis: Sucralfate Versus Mucositis."" This study is designed to identify and categorize the prescriptions ordered by Albottford Community Health nurse practitioners over a three year period. Located in a public housing development in Philadelphia and funded by the U.S. Public Health Service, Albottford Community has over 2,000 patients, serving approximately 20 patients daily. The proposed study is part of a larger program of research on nurse practitioner diagnoses, interventions, and outcomes as related to specific patient populations.

**Prescriptive Practice**

**Sigma Theta Tau International-Glaxo Wellcome**

**Melinda L. Jenkins, RN, CN, CI, University of Pennsylvania, has been named the recipient of the Glaxo Wellcome 1995 Prescriptive Practice Grant for the project, "Primary Care Nurse Practitioners' Prescriptions." Primary care nurse practitioners have been named to provide high-quality, cost-effective care, which includes appropriate prescrip­tion of medications.

This study is designed to identify and categorize the prescriptions ordered by Albottford Community Health nurse practitioners over a three year period. Located in a public housing development in Philadelphia and funded by the U.S. Public Health Service, Albottford Community has over 2,000 patients, serving approximately 20 patients daily. The proposed study is part of a larger program of research on nurse practitioner diagnoses, interventions, and outcomes as related to specific patient populations.
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Nurses' scientific base advanced by grant awards

Diabetes, cancer, brain injury, 'scripts

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This is a controlled, clinical trial in which all patients will carry out a nurse-initiated systematic oral hygiene training program, PRO-SELF: Mouth Ache. Oral mucositis is one of the major toxicities of radiation therapy treatments to the head and neck region, and is a source of the oral cavity. The oral mucositis can be very painful, interfering with nutritional intake and interrupting radiation therapy treatments.

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A Partnership for Practice

The Mount Sinai Hospital's nursing department is implementing a professional practice model that relies upon highly professional nurses to exercise the utmost autonomy in designing, implementing, and evaluating patient care.

This new model has three cornerstones: primary nursing, a decentralized nursing structure, and interdisciplinary collaboration. Simply put, the primary nursing model means that nurses are the professionals responsible for directing, delivering, evaluating, and redirecting patient care. A decentralized structure means that each nursing director is a clinical leader. Clinical nurse managers are role models for nurses. They create an environment for practice that supports the nurse/patient relationship. The focus on interdisciplinary collaboration means that there is ample opportunity for cross-fertilization of ideas between departments, with nurses playing a key role in hospitalwide decision-making.

These three initiatives are the harbingers for quality patient care outcomes. We believe this model supports the three cornerstones of our partnership for Practice model.

For additional information please contact our nurse recruitment department at The Mount Sinai Medical Center in New York City, Box 1166, 1st Gustave L. Levy Place, New York, NY 10029 (212) 241-7806.
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*If you do not currently use E-mail, obtaining an E-mail address is simple. In addition to a computer and telephone line, you will need a modem. For a list of Internet service providers, contact your local library or visit a nearby bookstore.

For more information, contact the Library Department at 317-257-8479.

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Victoria Schoolcraft, RN, PhD, Lambda Chi, is a professor and associate dean of the undergraduate program of the Barry University School of Nursing, Miami Shores, Fla. Dr. Schoolcraft was a charter member and president (two terms) of Lambda Chi chapter at Barry. She was also a charter member and president of Beta Delta chapter at the University of Oklahoma in the 1970s.

With a bachelor’s degree in nursing and doctorate from the University of Oklahoma, and master’s degree from the University of Texas, she is a sought-after speaker, workshop presenter, and author. Her books include A Nuts and Bolts Approach to Teaching Nursing and A Down-to-Earth Approach to Being a Nurse Educator. Dr. Schoolcraft was editor and a major contributor to Nursing in the Community, and has provided chapters and articles to other noteworthy publications. Her research relates to stress mastery among nursing students, mentoring, the meaning of feeling different, and relationships between the undergraduate performance of students and their subsequent performance as graduates on the state board exam.

She has been active not only with Sigma Theta Tau International but also with the American Nurses’ Association, National League for Nursing, Phi Delta Kappa, National Education Honor Society, American Educational Research Association and the Oklahoma and Florida Nurses’ Associations.

“I thoroughly enjoyed the opportunity to get to know other Virginia Henderson Fellows at the recent biennial convention,” she says. “The Heritage Society dinner for the Fellows was wonderful beyond words. I look forward to a long and dynamic association with this special group and my colleagues at Sigma Theta Tau.”