KTNV News Anchor
Cathy Ray, RN, MS

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Why don't nurses tell their stories?

Notes from the executive officer

The head, hands and heart of nursing

Sigma Theta Tau's International Leadership Institute

Evolution of a leader

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Why don’t nurses tell their stories?

Communication is the stock in trade of nurses. But few nurses use their extensive array of communication skills to promote themselves or their profession. Why? Is it our heritage to be self-deprecating, always deferring to “higher” authority? “You’ll have to talk to the doctor/administration/PR about that,” is the statement many in the media report they hear when they ask a nurse about health care, even if the question specifically refers to nursing care. To stand out from the crowd—to brag—seems to smack of self-promotion and to be avoided at any cost, even threatening the value of nursing in the public eye.

Regardless of the reason for this inappropriate denying of our life-sustaining contribution to health care, it results in nursing’s invisibility in public and in the media. This behavior is wrong and harms our colleagues, our profession and our patients.

The Woodhall Study conducted prior to the 1997 Sigma Theta Tau International convention found that nurses were cited only 4 percent of the time in the more than 2,000 health stories culled from 16 major news publications (Center Nursing Press, 1997). To address this absence of coverage of the vital role nurses play in the health of the world, several organizational activities are taking place. In a one-day conference for deans and university public relations officers at each regional conference during this biennium, members of the media are discussing ways to enhance nursing’s presence in health care reporting (as distinguished from medical reporting). In addition, a directory of nursing experts is now available for distribution to the media.

What we have learned from these distinguished panelists is that all media, in print or broadcast, work under very tight time schedules (from a few minutes to a few days) in which all information must be gathered and written, so reporters call people they know and trust to find the information they seek. Unless they know, or better yet, have a relationship with a nurse who is available in a short period of time, they are unlikely to approach a nurse.

In addition to nurses’ reluctance to talk to the media, practicing nurses and nurse researchers often describe their work in confusing scientific or clinical language, ill-suited for public consumption.

What should nurses do to tell their stories? Use every opportunity to let people know you are a nurse—in your community, school, church, synagogue or mosque. Learn to explain what you do in practice or research in a few descriptive words that the public can understand. The statement, “My study looks at ways to reduce pain following heart bypass surgery,” can be understood by any layperson. Most important, develop relationships with members of the media, telling them how you and your colleagues can help them with their stories. Nurses often insist they cannot talk about nursing without their health care agency’s permission, which only applies when they are representing the organization (i.e., using their name). RN is a sufficient credential.

We must no longer hide ourselves or our profession from public view. What we do is too important to be ignored. Only when no story about health care is complete without nursing’s input will nursing’s story be told.
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Eleanor J. Sullivan, RN, PhD, FAAN, President

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The head, hands and heart of nursing

Was anyone, other than me, required to complete courses in interpersonal skills, introduction to speech and the art of communication during nursing education? These courses were part of the curriculum eons ago when I was a student, and what I learned from them has served me well for decades. The same is true for a vast cadre of nurses around the globe.

Nobody wakes up in the morning and says, "I'm not going to communicate with people today." We all believe in the value of open, honest conversation, yet we all struggle with the tactics and strategies that make it effective and successful. Numerous studies have validated the positive outcomes when people listen; cultivate language patterns that give clear, complete, correct and congruent messages; develop meaningful appreciation of the other person's perspective; advocate feedback and follow-up; and actively support the practice of the same in others. Useful communication develops a shared meaning and understanding of what needs to be accomplished by the parties involved.

Good communication begins and ends with self. Every person must have a clear picture of who he is, and what he believes and values. When this clarity is blended or matched with the environments in which it functions, people enable themselves, and those around them, to learn, grow and develop.

Nurses clearly know who they are and what they believe. They are health professionals who use their nursing intelligence and scientific evidence to care for the health of people. They employ the art of communication to develop meaningful rapport with patients' families and communities as decisions about health care are made.

This issue of Reflections showcases nurses putting the basics of communication to use. These nurses, as well as hundreds of others, practice the art of telling, listening and acting on what is said and heard. In doing so, they demonstrate nursing's essence of being the head, hands and heart of health care.

Nancy Dickenson-Hazard, RN, MSN, CPNP, FAAN, Executive Officer
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The Registry of Nursing Research
- free to active members
- electronic database of research, studies, dissertations and conference presentations
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- full-text articles
- authored by researcher-clinician teams
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...delivering the latest in nursing science for the best in patient care.
Joan Earle Hahn, RN, DNSc, CDDN, CS, is the immediate past president of the Developmental Disabilities Nurses Association and is director of nursing at the University Affiliated Cincinnati Center for Developmental Disorders, a part of the University of Cincinnati and Children's Hospital Medical Center in Ohio. She is associate professor in clinical nursing in parent/child health at the University of Cincinnati College of Nursing.

CINCINNATI—Brian bravely sits by himself in the hospital psychiatric clinic, his slender frame melding with the chair. "He is lethargic;" "he refuses to do his chores;" "he is withdrawn;" "he talks to himself more than ever;" and "he is confused," group home staff say. Brian, with mental retardation, is here to see a psychiatrist.

In his early 20s, he looks better than he feels or can communicate. He responds to my health questions with "not," or "no." His one-word sentences hint that he does not feel well, but clinicians do not understand his brevity. As the nurse consultant who specializes in intellectual disabilities, I am called to coordinate his care. I learn he has no known psychiatric disorder. He is to be transported to the emergency room immediately and is in acute crisis.

Brian's eyes signal relief that I understand he is not well.

Every day, health professionals face physical and mental health crises in clinics and hospitals and attempt to assess abilities and disabilities. At least 19 percent of the United States population has a disability, according to the Centers for Disease Control and Prevention. Among children, 7 percent live with mental retardation, 3 percent with cerebral palsy, and 1 percent with autism.

The ability to communicate—not only by listening to words but also by interpreting behaviors—helps nurses arrive at the essence of a patient, who in some way is striving to reveal needs. The need may be specific, such as relief from pain or difficulty swallowing, or may be general, such as an unclear feeling of debilitation due to a systemic illness or condition, such as an ear infection or an invasive cancer.

I've heard a woman with Down syndrome say, "No, I don't," and I understand, perfectly, with just three words, that she is unfamiliar with a new task.

I've seen a baby with a disability indicate that she was full through a constellation of non-verbal signs, labeled "satiation" cues.

Photography by Bob Ohr
Joan Earle Hahn, RN, DNSc, CDDN, CS, is the immediate past president of the Developmental Disabilities Nurses Association and is director of nursing at the University Affiliated Cincinnati Center for Developmental Disorders, a part of the University of Cincinnati and Children's Hospital Medical Center in Ohio. She is associate professor in clinical nursing in parent/child health at the University of Cincinnati College of Nursing.

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I've seen a young child communicate effectively using a small mechanical box that "speaks" for him when he pushes a certain button: "Mom, I want some juice."

I've heard the crying of a man with cerebral palsy soon after eating, who was subsequently diagnosed with gastroesophageal reflux and an esophageal bleed.

What I've learned about communication with individuals with mental retardation and developmental disabilities has not been from lectures in my nursing program. It has been based on my own experiences: stories told by my colleagues in practice, and most importantly, from the use of nursing principles.

These are the very same principles that nurses apply in taking care of a patient who has aphasia from a cerebral vascular accident, a cognitive impairment from Alzheimer's disease, a hearing impairment from antibiotic use or a physical limitation from an orthopedic injury. The universal nursing concepts are to consider the patient first, and then to connect, collaborate and care (Zink and Hahn, 1998).

The challenge occurs when patients cannot accurately communicate health complaints or do not completely understand prescribed regimens of care. Specifically, individuals with intellectual (mental retardation) or other developmental disabilities often have communication difficulties that affect their abilities to access or participate in their own care (Lennon, Diggens & Ugonti, 1997; Lennon & Kerr, 1997; Misliman, Dean & Lyons, 1995; Sturkey & Lipshtuz, 1982).

A developmental disability is a mental and/or physical condition that occurs prior to the age of 22, impacts several areas of functioning, requires special care, and is lifelong. People with mental retardation make up the largest group of individuals with developmental disabilities. Mental retardation begins in childhood and is characterized by limitations in both intelligence and adaptive skills. Other conditions that may be associated with a developmental disability include autism or pervasive developmental delay, mental retardation and a given condition (Booker & Gunn, 1994). One barrier surrounding a person with mental retardation or other developmental disabilities may be the false belief that there is a tendency for violence (Neville, 1994).

The medical history, critical to one aspect of knowing the patient, is often missing. ...
The medical history, critical to one aspect of knowing the patient, is often missing. The involvement of a familiar person to a patient may be reassuring and also may further interpretations of communication—whether behavior is typical, or new. Sometimes deviations from normal behavior indicate a change in health status or a need. A repeated behavior seen as inconsequential may instead indicate an ongoing health problem. A staff response, “He's always complaining about his stomach,” for instance, should not override a further examination of the true nature of the patient’s complaint. Pulling at hair or slipping a face may indicate pain, discomfort or just wanting to get someone’s attention. The nurse becomes an advocate in fostering the communication exchange in the health care arena.

Creativity is the crux behind the successful ways nurses address special communication needs and should be employed throughout the health care process. Nurses may conduct preoperative or posthospitalization interviews and include parents and caregivers in the assessments and treatments. Stepping outside of traditional protocol, familiar primary caregivers may be invited into the post-anesthesia recovery room.

Sharing a person communicating is critical to avoiding further frustrations to the patient. Whether through the clutter of speech or silence, a patient’s needs have a language, struggling to be found.

References are available by request to the editor.

Assessments using senses

1. Involve your patient, when possible, by asking open-ended questions to elicit answers. Sometimes people with mental retardation answer “yes” to yes and no questions. If you ask many yes and no questions, validate the answers by asking pertinent open-ended questions.

2. Observe agitated behavior to see if the patient is expressing pain through cues such as hair pulling, face slapping or facial grimacing. Concrete questions will be invaluable.

3. Gain a global sense of visual abilities to learn if a person recognizes faces and makes eye contact with you. However, if a person does not make eye contact with you, it may not mean he cannot see. People with autism may make infrequent, or fleeting, eye contact.

4. Sensitively ascertain if a person is averse to touch, referred to as “tactile defensiveness,” common among children or adults with pervasive developmental delays, or autism. The use of touch as a means of communication may not work if someone experiences tactile defensiveness.

5. Explain health care procedures. You cannot assume that a person does not understand you, even if he is nonverbal. He may understand some aspects of care. A person’s receptive language skills may be better than his expressive language skills, and, like all patients, he will appreciate knowing what is going to happen next. You will gain an important opportunity to reassure the person by explaining procedures.

6. Assess if a person hears. Often people whose articulation is difficult to understand have good hearing. Talking loudly will not help you communicate with them.

7. Discover if a person communicates with signs or some other assistive communication device. Sometimes people with mental retardation are taught basic signs to indicate their needs—“eat,” “drink,” “toilet,” “more,” “finished.”

8. Acknowledge that if you meet a patient you know nothing about, and you observe that he has contractures, it may provide valuable clues. This person may have a chronic condition that has existed throughout his life. It may lead you to consider that this person has a developmental disability. It is also possible that this is a new development, and this too bears careful attention.
CLINICIAN Pattie Bondurant

Pattie Bondurant, RN, MN, CNS, is coordinator of Hospital-based Early Intervention Services at the University Affiliated Cincinnati Center for Developmental Disorders, a part of the University of Cincinnati and Children's Hospital Medical Center in Cincinnati, Ohio.

Emma without words

BY PATTIE BONDURANT

Cincinnati—Emma's father greets me at the front door as I arrive for a home visit to conduct her first developmental screening. Baby toys abound, as I walk to the family room. There is Emma, lying on the floor on her back atop a vivid blanket of reds, blues, yellows and greens. You are a beautiful baby, eyes bright blue. Seven months old. I note how small you look for your age. I kneel at your feet to assess all of your movements from a midline position to see your arms and legs move. There is some movement of your arms and legs. But I notice your head is positioned to the left side, and your left arm is positioned differently from your right arm, instead of smooth, symmetrical movements of your arms and legs, and your head in midline. I play with your legs and move them like you are riding a bicycle. But your leg muscles are stiff and difficult to move.

Gaining your attention, I lean over to see if you can track my face back to midline. I smile and talk to you but you only give me a quick look and one slight movement of the head. Your mom says she does not receive many smiles from you. I would expect to make great eye contact with a 7-month-old, following my movements as I smile and talk. I so badly want you to stare at me, follow my face, and break into a big grin.

You are fussy now, and I lift you, holding you in front of me, so I may take a good look at you. You still need a lot of support from my hands to hold your head up. How stiff your little body is. You continue to have a startle reflex, for your body stiffens more, your arms reaching up and out as you hear a noise across the hall.

"I'm scared, please hold me tighter," your arms express. But I know this is part of the primitive reflex pattern that should no longer be present at your age. At 7 months, all of your primitive reflexes should be integrated by now, as part of normal growth and development.

Cradling you tightly in my arms, I try to provide the external support that your body is not capable of yet.

Because of the persistence of this primitive reflex—and others that I noted—your protective responses are not emerging. Eventually you will have more internal support, and you will not always be reliant on a person, or seat, to hold you safely.

As your parents and I talk, I bounce you, write and listen. The strain in your parents' faces shows. They describe their fears and concerns for your future. They poignantly know there is something wrong with you, Emma, and look at me for guidance and answers. I know they would like some answers. Your mother asks me to look at the flat spot on your head—the one behind your right ear. I am startled by the size of it, as I run my hand over it. That beautiful mass of dark curls is covering a very small head, a head not growing. As little as you are, Emma, your head is not keeping up with the growth of the rest of your body. I plot your height, weight and head circumference on a growth chart and see the marked discrepancy. The strain in your parents' faces shows. They describe their fears and concerns for your future. They poignantly know there is something wrong with you, Emma, and look at me for guidance and answers. I know they would like some answers.

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I know the difficulty in moving and the stiff muscles are a result of whatever has happened to your brain. You're fussy. Your cry is high-pitched, almost desperate.

We need to order some tests to see if we can figure out what is happening inside your beautiful little head.

As a professional, I talk to your devoted parents about your needs, and the ways the entire family may help you and each other. I see momentary relief on their faces. They realize—however briefly—they are not alone in their hopes. Communication comes with the belief that you will be heard, seen and experienced, and it is just beginning with well-researched means.

Photography by Bob Ohr
Pattie Bondurant, RN, MN, CNS, is coordinator of Hospital-based Early Intervention Services at the University Affiliated Cincinnati Center for Developmental Disorders, a part of the University of Cincinnati and Children's Hospital Medical Center in Cincinnati, Ohio.

Ms. Bondurant's nursing practice engages all family members: infant Emma Weinstein, left, is held by her mother, Rosanne, and Emma's typically growing fraternal twin, Carter, is held by his father, Clifford.

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BY PATTIE BONDURANT

Emma without words

Photography by Bob Ohr
Carol Battaglia, RN, BSN, NP-C, is a nurse practitioner at Loyola University Medical Center in Maywood, Ill. Her first book, Murmurs, was published in 1996, and a second, Jagged Rhythms, was issued in 1997, both by Vista Publishing. She is completing two other books, one called "Zenning," a collection of haiku, and another "Drifting Among the Whales," about women in a male world. During a 1992 clinical rotation for Loyola University's BSN completion program, she observed child abuse cases in juvenile court. She wrote her first poem during a courtroom session, and she says she hasn't stopped.

THE LANGUAGE OF Being

BY CAROL BATTAGLIA

MAYWOOD, ILL. — Nursing is nurturing and communicating. When you think about it, that's what we do. We are caring for patients, and the essence of the job is communicating. We have to be receptive to the communication of others, and we have to communicate ourselves. Maybe one of the largest parts of our profession is being receptive, and not just to verbal communication. In this way, we find out what a patient's needs are.

I think especially for me, I depend on hearing inflections. I am an observer of life through its sounds. I don't always stare at people, but I listen. I do not just listen to what patients are saying, but how they are saying it, hearing the emotions in their voices. My ear just captures all that. And then naturally the sense of touch extends my understanding. That is the way I communicate.

When I'm doing a physical exam, abnormalities and normalities are transmitted through my sense of touch. From the textures of skin, I can feel the tenseness. You can sense a person's state. And I think I communicate to them through the way I am touching them, whether it is the clasp of a hand, or I am giving someone my arm to lean on. ¥

Breath

I have felt the breath of newborns sweep softly across my face, and stood in wonder at the sweetness of new life.

I have felt the breath of those in pain, and stood startled as it crashed jaggedly, hurtfully across my face. Marking me in its strife.

I have felt the breath of someone dying, air pulling and tugging at my face as if trying to capture some of my life for its own. And I stood defeated, resigned, and helpless. Unable to harness its dying force, unable to stem its flow, I sensed its final futility and reverently let it go.

Remembering

Sunlight landed on the bed. The old woman stretched her fingers to feel its heat. It warmed her, it comforted her, it reminded her of younger summers...

But she could not hold on and her fingers slowly slipped into the shade, as did her life.

Hope

Early light on morning leaves, a beginning.

Carol Battaglia, RN, BSN, NP-C, is a nurse practitioner at Loyola University Medical Center in Maywood, Ill. Her first book, *Murmurs*, was published in 1996, and a second, *Jagged Rhythms*, was issued in 1997, both by Vista Publishing. She is completing two other books, one called “Zenning,” a collection of haiku, and another “Drifting Among the Whales,” about women in a male world. During a 1992 clinical rotation for Loyola University’s BSN completion program, she observed child abuse cases in juvenile court. She wrote her first poem during a courtroom session, and she says she hasn’t stopped.

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**THE LANGUAGE OF Being**

**BY CAROL BATTAGLIA**

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**To Nurse**

To Care  
To Soothe  
To Touch  
To Feel  
To Hurt  
To Need  
To Heal, others, as well as ourselves.

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Photographer Caroline E. Brown, RNC, DEd, is a perinatal consultant and an assistant professor at West Virginia University School of Nursing in Morgantown. On her travels throughout the world to advance nursing care, Dr. Brown photographs the people and places nurses cultivate. A winner of 22 photographic prizes, her works have been exhibited at the Carnegie Museum of Natural History, the State Museum of Pennsylvania and the Whyte Museum of the Canadian Rockies. She has been working in maternal and child health since 1978 as an educator, manager, clinician and researcher. Dr. Brown uses those images to facilitate teaching and as a communication method.

IMAGES OF THE BLACKFEET NATION, RIGHT - Northern Montana—These images were part of a photo documentary for Project ARROW, a nonprofit organization that links volunteer health workers with tribal and Indian Health Services. These photos were taken at The Blackfeet Nursing Home, a tribally operated facility on lands of The Blackfeet Nation. Lisa Gendon, RN, left, from New England, talks with Annie Running Wolfe. Ms. Gendon engaged residents in storytelling sessions that celebrated their culture and uplifted spirits.

LIFE ALONG THE AMAZON RIVER, PAGES 18-19 - Rural Peru—They gaze toward the Amazon River, the symbol of life and hope. The women and children, who gathered outside a health clinic in Peru, were having health assessments as part of Project Amazonas, a nonprofit organization. The images document the pervasive aspects of life in river villages, poverty and desolation. The strength and pride of the people, however, are most striking in the eyes of the children.
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THE ART OF Seeing

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LIFE ALONG THE AMAZON RIVER

PHOTOGRAPHY BY CAROLINE BROWN

18 First Quarter 1999 REFLECTIONS

19 First Quarter 1999 REFLECTIONS
LIFE ALONG THE AMAZON RIVER
Maryanne E. Bezyack, RN, MSN, CPNP, is founder and president of MEB Consultants, a company developed to assist health care professionals with writing and publication. She has been an assistant professor of nursing at State University of New York, Stony Brook and Monmouth University, and was founding editor of the New York/New Jersey edition of Nursing Spectrum. She is currently a contributing editor for Nursing Spectrum. In addition to publishing approximately 30 articles a year, she frequently presents seminars and workshops on writing and publishing. She has received a number of awards for her writing, including the Sigma Theta Tau Media Award for Excellence in Nursing Journalism.

BY MARYANNE BEZYACK

HEAD OF THE HARBOR, N.Y.—"So what have you been doing lately," I asked a nursing colleague. We were attending a conference and were making coffee break small talk. But when she told me about an innovative clinical intervention she had developed, I said, "Wow, that's great. You should really write that up and get it published."

"Oh I've thought about it," she said, "but I wouldn't even know how to start."

I offered to help, and since it wasn't the first time I had heard those same words, I began thinking about how much knowledge goes undissemnated because nurses don't know how to start writing. Those words were the cornerstone of the development of MEB Consultants, my health care communications company.

In the early days of MEB, I assisted writers working on manuscripts for clinical journals and helped students with proper format and language for research papers. Later, as an editor, I mentored nurse authors in different styles of writing. And although I continue to believe in the importance of sharing research results and clinical expertise within our profession, I have since developed a very strong interest in encouraging nurses to write for the lay public. One of my more recent projects was writing the script for a multimedia program aimed at depicting the choices, challenges and rewards of a nursing career. "The Art of Nursing," written for lay audiences, features nurses describing their practices or roles.

When I conduct workshops for nurses on writing for consumers, I focus on delivering two key messages to the audience. One: It's easier than you think; and two: You can do this.

**Photography by Jim Elphick**

Continued on page 22
Maryanne E. Bezyack, RN, MSN, CPNP, is founder and president of MEB Consultants, a company developed to assist health care professionals with writing and publication. She has been an assistant professor of nursing at State University of New York, Stony Brook and Monmouth University, and was founding editor of the New York/New Jersey edition of Nursing Spectrum. She is currently a contributing editor for Nursing Spectrum. In addition to publishing approximately 30 articles a year, she frequently presents seminars and workshops on writing and publishing. She has received a number of awards for her writing, including the Sigma Theta Tau Media Award for Excellence in Nursing Journalism.

Go ing Public

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Photography by Jim Elphick

Continued on page 22
Think about it. Who is better at converting the latest scientific information into easily understood common language? It’s what we do every day, not only in our practice, but in our social lives as well. Has your neighbor ever said to you, “The doctor said that Tommy has otitis media? What is that, and why do I have to continue to give him this medicine if he is feeling better already?”

Or, perhaps you must tell a patient that her lab results are positive. How do you respond when she says, “What does this mean, what are my options, what do I do now?” Your spouse’s boss asks you, “How can I find a good nursing home for my mother; what questions should I ask?”

Communicating current health care knowledge is such a natural aspect of our role that we often don’t fully appreciate its value, its level of impact on an individual, and the resultant health care choices that the individual or caretaker makes. Why not transmit your knowledge via the written, rather than spoken, word?

There are thousands of magazines and newspapers, in dozens of subject categories, published daily, weekly or monthly in the United States. And the vast majority of them publish health care articles. We as nurses can become a very visible presence in our work. Rather, ask a friend or neighbor to read it.

Next time you’re in the supermarket check-out line, scan the magazines displayed there. Look at the cover lines, and then scan the table of contents. You’ll see topics like: When to Keep a patient that her lab results are

and wrote the piece. Why aren’t you writing these pieces? And wouldn’t editors and readers be more impressed with information delivered by a nurse?

If you don’t feel up to writing a feature article, there are a number of break-in areas in which you can hone your writing skills.

Letters to the editor or op-ed pieces

Your reaction to a current issue, or a response to a previous letter. It is most important to sign “RN” after your name. Even though you have additional credentials, “RN” is a designation most recognized by the public.

Brief health care news items

In today’s world, people want to get information quickly. That’s why publications dedicate a few pages, usually at the front of the magazine for short, succinct items. Breaking healthcare news is perfect for this area. Publish what you practice; keep it short; and use everyday language—no unusual medical terms or jargon.

Newspaper columns

Community weeklies often run health care columns. Contact the editor, state your qualifications and offer to write an occasional piece, or even a Q and A—“Ask The Nurse” column. Writing for the public differs in a number of ways from writing for your colleagues. It’s easier. Write in the style of the publication that you are submitting to. Know your audience and write to the level of that audience using a conversational tone. Stay within the usual length of similar pieces in the publication. Avoid multiple rewrites. It’s not necessary if you edit your own work as you go along. And don’t have a nursing colleague review your work. Rather, ask a friend or neighbor to read it.

Filmmakers Examine

BREAST CANCER

Nancy Evans, a health science writer, is coproducer of Rachel’s Daughters: Searching for the Causes of Breast Cancer, which premiered on HBO television in 1997. Ms. Evans is a breast cancer survivor and an honorary member of Sigma Theta Tau International. She lives in San Francisco.

She joined with veteran documentary makers Irving Saraf and Allie Light, whose daughter was diagnosed with breast cancer. The personal involvement of all three producers helped shape this film about the causes of breast cancer. Two years in the making, Rachel’s Daughters explores seven women’s experiences with breast cancer and includes research and views of 22 experts. Many of the scientists’ lives were personally affected by breast cancer as well.

The film’s title, according to Ms. Evans, was inspired by environmentalist Rachel Carson, who died of breast cancer in the 1960s, but left a legacy of research and caution over the dangers of certain chemicals.

Currently, Rachel’s Daughters is on tour and is available for special screenings and benefits by calling its New York City distributor: Women Make Movies, 212.926.0606 ext. 305; or by fax, 212.925.2052.

The Communication of Caring in Nursing

VIRGINIA KNOWLDEN

Nurturing is essential to good nursing care—especially for nurses trying to provide good caring “despite the tubes and technology.” In this new monograph, Virginia Knowlden, a noted scholar in the area of caring, extends the meaning of Communication of Caring in Nursing by taking into account contributions of both nurses and patients.

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Allie Light, left, Irving Saraf and Nancy Evans

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LAS VEGAS—When Cathy Ray turned in her hospital scrubs for suits worthy of a television anchor, she brought her nursing skills along to the newsroom.

At the time of her transition from nurse to news reporter, she worked as a clinical specialist in oncology in South Bend, Ind.

"I didn't realize how much I loved nursing until I got into it," Ms. Ray said as the sunlight poured into the kitchen of her home in Las Vegas, Nev.

Born and raised in Utica, N.Y., Ms. Ray graduated cum laude from Niagara University in 1976 with a bachelor of science degree in nursing. In 1977 she earned a master of science in oncology from the University of Buffalo, Roswell Park Division.

A member of Sigma Theta Tau International, she has been awarded the society's highest honor for nursing journalism for a series called "The Miracle Workers." Through her years of broadcasting, she has also received Emmy Awards for best anchor and best anchor for breaking news, and the Associated Press awarded her the best regularly scheduled feature for her "Inside Health" reports.

Her most recent health stories as news anchor for the ABC television network's Las Vegas affiliate, KTNV-TV, deal with cutting-edge medical procedures, one of the top "drivers" of high ratings. Currently, the bulk of health news from nurses deals with understaffing and frustration in nursing, Ms. Ray says. And, as a result, the KTNV-TV news team has reported several stories on hospital cutbacks and its effect on nurses.

"Nurses cannot sit back and watch care go down the tubes, which it has done in many cases. Keep contacting the media. Nursing's voice has to be heard," Ms. Ray says, encouraging nurses to stay vocal when worried about patient care.

The anchor, herself, focuses more on unraveling the latest physiological advances in science, such as the impact of tamoxifen, or the worthiest new treatments for arthritis.

"Right now I'm a nurse covering medical stories," Ms. Ray says.

Nurses are frequently the ones who call the station and serve as sources, because they can't stand to see abuses to patients, she says.

But perhaps now, more than ever, she advises nurses to talk more from the patient's perspective.

"A nurse contacted me about a child that was just diagnosed with leukemia. I sat and talked with the boy soon after his diagnosis," Ms. Ray says. "You don't have to have a brand new story to be newsworthy. But it has to re-ignite a fire. Sometimes health news has to be brought back to its human focus—to renew faith in medicine, nurses and doctors—with stories of the courage of people."
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What makes a good health story?

- Has relevance and interest to viewers
- Tells how it affects and improves people's lives

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"If we are so focused on the technological, it takes away from what nursing is all about—the one-to-one care," says the anchor, who has a consumer preference for stories that inspire and educate.

Although licensed to practice nursing in New York and Indiana, she left clinical practice for deeply personal reasons. Ms. Ray practiced nursing on a cancer ward at the same time as her mother and aunt developed cancer and her grandmother became gravely ill. Within a three-month period 20 years ago, her grandmother and aunt died, while her mother survived. As cancer engulfed her home life, she continued in oncology, and her nursing career headed for burnout. Her closeness to the patients' families augmented the great nursing responsibility she felt.

With both a bachelor of science and a master of science in oncology, Ms. Ray started looking for a second master's degree at the University of Notre Dame, where her husband, Jeff, went from selling insurance to attending law classes.

The advanced nursing degrees had prepared her for an administrative or teaching career, but she also had a theatrical side. To pay for school, she performed in a dinner theater. "I'd sing over the clanging of trays banging as the drinks were served," she said.

At Notre Dame, she decided on pursuing a second master's degree in communications. Her first stop was on the campus radio station "where I shook so bad, the wire copy I was reading settled on the air." Expecting her communications career to end before it began, Ms. Ray auditioned for television news director Michael Collins, who hired her as an "extern" at WNDU-TV, the NBC affiliate owned by Michiana Broadcast.

Her big break came when two news reporters left, including Jeff, practicing real estate and corporate law, started anchoring television programs for a national health news service. Ms. Ray's appreciation for miracles in health care became rekindled when the infant was safely home, she produced a five-part series on oncology, Ms. Ray started looking for a second master's degree in journalism and science.

"They were doing a type of nursing that I could never do, treating a child that could be placed in the palm of a hand," she said. "They understood where to place IV lines, finding veins in the infants' heads, where we were never taught to look for veins," the news anchor said.

When the Rhode Island station changed news directors, Ms. Ray left and started her own video company. She also free-lanced, anchoring television programs for a national health news service, MedStar Communications, and was featured throughout New England in instructional medical and allied health videos.

When the Rhode Island station changed news directors, Ms. Ray accepted the anchor spot. Jeff, practicing real estate and corporate law, started his career over in southern Nevada so his wife could join the News 13 staff at KTNV-TV in 1994.

She has just renewed her contract for four more years and produces a daily medical news spot called "Inside Health." "I see myself as a health educator on the air," she said. "The classroom is the studio. The students are the audience."

Most important to her are the professional skills she learned in school for news interviews. "It's a nice marriage between journalism and medicine," she said. She believes her nursing background helps to lead her to the heart of the medical story on camera.

Ms. Ray's appreciation for miracles in health care became rekindled. In 1989, before the life-saving drug Surfactant was used, she gave birth to a son, Terrance, who weighed 1 pound 14 ounces at 25 weeks gestation. She watched how closely the neonatal team monitored his oxygen levels. "If there was too much oxygen, he could go blind and with too little he would not live," she said, recalling the five weeks her baby lived on a hospital ventilator.

When the infant was safely home, she produced a five-part series and a 30-minute special telling a story of compassion and caring in nursing called "The Miracle Workers" for Rhode Island's NBC affiliate, WJAR-TV. It was cathartic for her and compelling for viewers.

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Jeff had become a partner for a major law firm, when television anchor jobs began popping up in Detroit, Mich., Cleveland, Ohio, and Las Vegas. When she learned that Las Vegas is the fastest growing market in the country, Ms. Ray accepted the anchor spot. Jeff, practicing real estate and corporate law, started his career over in southern Nevada so his wife could join the News 13 staff at KTNV-TV in 1994.

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With the leap from black and white TV images of the silent nurse standing mute before the white-coated doctor to today's realistic look inside emergency rooms and surgical units, Ms. Ray thinks that nurses are better portrayed in the media.

"Years ago it was a stereotype," she said. "Still, nurses are under-appreciated and not paid what they should be for the medical care that they give. The nurses are in the front lines. They need more nurses than ever."

During the 1970s and the 1980s, many of Ms. Ray's friends who had become clinical nurses left the profession. Disillusioned and dispirited, they turned to teaching, administration or alternative professions outside of health care. It was her husband who has been her bastion of strength through the career fluxes.

The personal strengths she believes that helped her through her own nursing career and into broadcasting are persistence, patience and professionalism—attributes of a remarkable nurse. "Those combined with hard work pay off," she said. She discovered that her attention to detail trained in nursing transferred readily to the skills necessary in front of a television camera.

While she sees herself as putting her nursing skills to use in a non-traditional setting, Ms. Ray said, "I will forever be a nurse."
What makes a good health story?

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- Tells how it affects and improves people’s lives

—Cathy Ray

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MEDIA CONSULTANT  Barbara Wallace

Barbara Wallace, RNC, EdD, MPH, the former executive director of Nurses of America, is a clinical nurse specialist in high risk labor and delivery at Beth Israel Deaconess Medical Center in Boston, Mass. She directs and produces health videos and films and is president of Wallace Associates, a media consulting firm. She and Timothy Johnson, MD, co-hosted “Health Beat,” a nationally syndicated news magazine on ABC. She holds a master’s degree in public health and a doctorate in education from Harvard University.

BY BARBARA WALLACE

AUBURNDALE, Mass.—The educated nurse engaged in significant, scientific caregiving is an image that Sigma Theta Tau accurately cultivates and has done so since its 1922 founding, two years after U.S. women won the right to vote.

Still nurses struggle against rampant mischaracterization and collective malignity. Media are making serious efforts, however, and in some arenas are succeeding and receiving accolades for their realism, notably nighttime television’s “ER” on NBC, and daytime’s “General Hospital” on ABC. Both shows create their portrayals of life with the adroit help of nurse consultants, who know patient care and advocacy are the foremost concern.

These few—but important—changes are due to the vigilance of nurses. An infrequent use of media watches, though, invites recidivism.

The effect of one recent media watch, called Nurses of America, still endures. Yet the program itself has ended, leaving a vacuum to be replenished. More than 200 nurses from 32 states were trained as media consultants and spokespeople for television networks and print publications in the United States. The three-year project, funded by Pew Charitable Trust 10 years ago, supported training in topics that lead consumer and media interest—maternal and child health, geriatrics, community health, AIDS, chronic illnesses and health policy.

Nurses of America developed a surveillance form, and nurses monitored everything in the media that impacted the profession, public perception and health care. These “report cards” were used for leverage in meetings with top media executives.

Fueled by two Nurses of America studies, “A Nationwide Survey of Attitudes Toward Health Care and Nurses” and “Who Counts and Who Doesn’t in Health Care Coverage,” a luncheon series was held. Hosted by Jane Brody, New York Times syndicated columnist and health writer, 50 media executives heard nurse experts speak on the issues. Media packets with pertinent topics, expert nurse profiles and supporting data were distributed. More were distributed nationally.

Using Nurses of America guidelines, networks instructed their entertainment writers to include dialogue and behaviors that reflected contemporary nursing and nursing practice. Nurse consultants were sent to popular soaps—“General Hospital,” “The Young and the Restless,” “The Bold and the Beautiful”—as well as to NBC’s special with U.S. Surgeon General C. Everett Koop, MD, and the Lifetime network’s “HealthLink.” In the print media, the number of stories citing nurse experts and nursing research increased tenfold. Your knock on the door, or voice, to local and national media, may increase their success, for it may increase their ability to benefit consumers. Patient advocacy, with a nurse’s spirit of caring, communicates. I offer some of my favorite tools below:

Nurse’s Kit for Communication

Belief: This is what gives you abounding energy. You have to believe that what you are doing is valuable and makes a critical difference to the health and well-being of the people you interact with, and their support network. Once you believe that, and you believe there is no other profession that does what you do, as skillfully and as knowledgeably, nothing will stop you.

Humane: How do nurses communicate what we do to the people who make a difference? Tell the story of what you did and let the listener draw the conclusion. If you tell a story about nursing care, the conclusion will always be, “That nurse made a difference.” Telling a story is often the most powerful mechanism to convey the essence of contemporary nursing.

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MEDIA CONSULTANT Barbara Wallace

Barbara Wallace, RNC, EdD, MPH, the former executive director of Nurses of America, is a clinical nurse specialist in high risk labor and delivery at Beth Israel Deaconess Medical Center in Boston, Mass. She directs and produces health videos and films and is president of Wallace Associates, a media consulting firm. She and Timothy Johnson, MD, co-hosted “Health Beat,” a nationally syndicated news magazine on ABC. She holds a master’s degree in public health and a doctorate in education from Harvard University.

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Open: Be open when the media knock. They are the windows of nursing’s soul and the conduit of our message.
Is It News?

BY BRUCE K. HETRICK

INDIANAPOLIS—Much has been written about the Woodhull Study on Nursing and the Media, its (Center Nursing Press, 1997), key finding that nurses are inadequately represented in the news media. Now, the issue is what to do about it. One way to generate more coverage of nursing is for nurses to become better, more frequent news sources. To accomplish that, nurses must understand what's newsworthy, what's not, and what to do when they spot a potential story.

Impact: Journalists consider how many people are affected by a story. A new development on a very rare disease might interest a few sub-specialists, but not the general public. A story on breast cancer, however, will interest millions. Emotional impact counts too, which is why human-interest stories are so commonplace. Many clinical nurses are ideally situated to find and present story ideas that meet reporters' needs. Ray Begovich, EdD, Sigma Theta Tau's president-elect, says she gets "loads" of press releases every week, getting a story about any one will prove difficult. Ask yourself: What's really new and different about this?

Novelties: To be newsworthy, a story must truly be different. A research study on a subtle nuance won't get covered. A remarkable discovery will. Likewise, with thousands of conferences every week, getting a story about any one will prove difficult. Ask yourself: What's truly new and different about this?

Visuals: Most people get their news from television. Those who read newspapers and magazines look at pictures before reading copy. Sources who can provide visuals to illustrate their stories get far better coverage than those who offer only words.

Simplicity: Journalists don't have much time or space. An easy-to-explain story has a far better chance of being covered.

What to do when you see news happening:

If you spot a news story that meets one or more of these criteria, you can do several things:

1. Share it with your organization's public relations department and offer yourself or a nursing colleague as an expert source. Christian, of the Chicago Tribune, says she has found many medical public relations offices often do not suggest nurses as sources. You may need to educate your organization's public relations staff that you're available, knowledgeable and willing to work with the media when it's appropriate.

2. Contact Sigma Theta Tau International's public relations department toll free at 1.888.634.7575 in the U.S. and Canada, or at 1.800.634.7575.1 globally, or by Internet at: pr@stti.iupui.edu. Sigma Theta Tau invites great nursing stories and will help you decide if and where yours might generate coverage.

3. Contact reporters directly. When calling a local or national media organization to share your ideas, ask for the reporter who covers health care or features. The worst they can say is "no."

Media resources:

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Impact: Journalists consider how many people are affected by a story. A new development on a very rare disease might interest a few sub-specialists, but not the general public. A story on breast cancer, however, will interest millions. Emotional impact counts too, which is why human-interest stories are so compelling. Report such stories.

Prominence: The better known the source or subject, the higher the news value. If Jane Q. Public is hospitalized with a stroke, it's not news. But if a film star suffers the same ailment, it makes the front page. If a rural Nebraska hospital releases a study, it will struggle for attention. If the study comes from the Mayo Clinic, it will get instant attention.

Proximity: The closer something happens to the media's coverage area, the more newsworthy it will be. That rural Nebraska research might not make "NBC Nightly News," but it could make the Omaha World-Herald. Likewise, a patient recovering incredible odds might not make The New York Times, but a local TV station might welcome the idea.

Timeliness: Reporters work on hourly and daily deadlines and want to beat competitors to every story. Sources must move quickly while news is still fresh. The miraculous case that was covered three days ago is history, not news.

Conflict: Journalists don't report on safe landings at the airport. Instead, they love conflict, and good sources constantly present conflicts that make interesting stories.

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INDIANAPOLIS—At an emotionally moving ceremony at Sigma Theta Tau International headquarters, Australia’s Elizabeth Percival became a member of Alpha chapter of Indiana University. She is the executive director of the Royal College of Nursing, Australia, and a champion of the value of nursing organizations. After the induction, Ms. Percival touched upon the pivotal role she will play in uniting nurses through projects that will benefit the health and care of citizens in a global society. She validated the essence of what it means to be involved with an international organization. Since the trend of “expanding international linkages” has surfaced in Sigma Theta Tau’s strategic planning data, perspectives fitting this category are being identified and examined.

As an example, Sigma Theta Tau International President Elect Patricia Thompson facilitated 10 focus groups, comprised of nursing leaders and past presidents. “A consensus developed that the society needs to represent nurses within the worldwide health care arena,” Dr. Thompson said. “To accomplish this, members must be prepared to honor the multidisciplinary scholarship in practice and education that are made by professional nurses around the world. Investing in advanced technology and inviting and supporting scholarly dialogues are actions that will benefit nursing care—and therefore the public—on a global scale.”

Individual members have also commented on the international theme. Alpha Omega chapter member Heaths Oil Sigurdsson from Iceland, who is currently completing her doctoral studies in the United States, will soon return home. In an E-mail message to President Eleanor Sullivan, she wrote: “I think the society could provide an additional forum for nursing research in Iceland and with the rest of the world....I have always been interested in research but have been wondering how and what to do with my membership in Iceland. One thing I have wondered about is the limited international nature of the society, despite the name. I have been wanting to see more of a true international representation.” Edition is not an issue in Iceland, she explained, because there exists a Scandinavian egalitarianism which does not recognize the notion of honor society.

Members of the Sigma Theta Tau International Building Corporation have approached the global issue by questioning if an international presence requires the commitment of opening offices in other parts of the world—perhaps one in the Pacific Rim and one in Europe. This is explored in the legal and financial requisites of significant membership expansion beyond North America.

As Sigma Theta Tau International continues its comprehensive evaluation of what it means to be an international organization, the Strategic Planning Task Force requests that members at the grass roots provide their views. To elicit this response, an engaging videotape has been made, featuring a point-counterpoint dialogue between International Directors Marta Salamon and Daniel Pesut.

A copy of the videotape was sent to each Sigma Theta Tau chapter president in January 1999, with a request that the tape be shown during a chapter meeting. After seeing this, members may wish to express their opinions directly to President Sullivan, and her E-mail address is below. Written comments through the mail are invited. The information will be prepared for the strategic planners and the board of directors who will draft new goals and objectives.

In the video, Drs. Salmon and Pesut explore whether the society is an international organization or whether it is primarily a North American organization with some members who have some international status. For debate, Dr. Salmon takes the position that in a global environment, nurses carry an ethical obligation to help shape events that influence the well-being of all people, not just the members of our organization. Dr. Pesut counters that an understanding of global consciousness is developed on a personal level as one engages in "inner work." In this arrangement, the society assists its members in "inner work" and provides leadership to add to their health care sphere of influence, whether that is on a local or global level.

There is an urgency for the organization to help members raise their global consciousness and actions, Dr. Salmon says. “The U.S., and perhaps North America in general, has been in a fairly privileged global position for a long time,” she says. “We impacted the world, but the world didn’t have much impact on us. That is no longer the case. The urgency of identifying the society’s role in this matter is such that we don’t miss opportunities and potentially suffer harm.”

When members who participated in Sigma Theta Tau’s Region 5 Dream Team in Portland, Maine, shared their views about the society’s global presence, the group advised that work be done “to open attitudes to support learning from others around the world.” In their dialogue with President Eleanor Sullivan, group members concluded that “the organization could support cross-cultural and invite international scholars to examine special issues by developing a myriad of networks.”

The following are some of the ideas that were discussed: “Perhaps regions could cover expenses, making it possible for a member from another country to join colleagues at regional and biennial meetings. Parity dictates that members from outside North America would serve on the board and executive committee. To make this happen, members in domestic chapters would mentor their colleagues to seek and successfully serve in leadership roles. The society ought to act quickly to provide cross-cultural mentoring opportunities through electronic means. Instead of opening additional offices, Sigma Theta Tau International would be an association without walls in the year 2005.”

The strategic planning process has stimulated members to contemplate the future of the organization in creative, new ways. Dis­­verse viewpoints have emerged in tandem with the phenomenal growth that the society has experienced in the 14 years following its entrance into the international arena.

Currently, the organization is composed of 883 chapters with members in 76 countries. In addition, leaders of 173 groups in 75 countries have engaged in dialogues with headquarters staff, regarding membership possibilities. President Sullivan welcomes your contributions to the international examination.

Write Dr. Sullivan at Eleanor@sttin.org, or Sigma Theta Tau International, 550 West North St., Indianapolis, IN 46202, United States of America.

Joanna M. Floyd, RN, PhD, C, CAR, is director of research and evaluation at Sigma Theta Tau International.
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Johnnie M. Floyd, RN, PhD, C, CAR, is director of research and evaluation at Sigma Theta Tau International.

INDIANAPOLIS, Nov. 11, 1998—Elizabeth Percival, center, of Australia, is being inducted into Alpha chapter of Indiana University. Ms. Percival, executive director of the Royal College of Nursing, Australia, believes professional organizations offer valuable support to nurses. She is joined by her colleagues in Sigma Theta Tau International's Founders' Room: Marjorie Kurt, left, Alpha president; Bonnie Fasley, executive associate dean for academic affairs at Indiana University School of Nursing; Ms. Percival; Nancy Dickson-Hazard, executive officer of Sigma Theta Tau International; Rebecca Market, faculty emeritus at Indiana University School of Nursing and Alpha executive board member.
Evolution of a leader

Stephanie L. Ferguson, RN, PhD

Where did it all begin?

At home and at school. My parents showed me how to be an activist from the start—as a scout, candy Stripper, church volunteer, class president, deen rep, community volunteer. I can’t imagine my life being any other way.

What about nursing?

I can answer that in three words: my school nurse. Because I have asthma, I spent more time in her office than most kids. I watched, and I listened. One day I realized what a difference she was making in people’s lives—and not just the kids, but the lives of their parents, too.

Do you miss clinical practice?

Clinical practice isn’t just about acute care or having a traditional clinical caseload. My clinical work now is with teen-agers, in pregnancy prevention programs and with girls who give birth to premature babies. I chair the national legislative and advocacy committee for AWHONN (Association of Women’s Health, Obstetrics and Neonatal Nurses). Without ongoing clinical contact, I wouldn’t have the full picture to develop health policy effectively.

Violence’s Aftermath

BY ANIE KALAYJIAN

NEW YORK CITY, Sept. 25, 1999—Stunned growth is one of the side effects of war for Bosnian child survivors, said psychiatrist Syed Asghad Husain, MD, reporting his findings at a world conference today. Dr. Husain studied 791 Bosnian children, ages 7 to 15. His findings show such physiological responses to violence as that of a girl, 7, with gray hair that developed after watching her father tortured and killed.

Children in Bosnia, he said, often are afraid of daylight due to their visibility to snipers who readily take aim. His findings show 92 percent report suicidal thoughts, and 77 percent have sleeping disorders. In all, 16,000 children have been killed and far more are living with wounds.

“The intended goal is to demoralize the family and create disorder,” said Dr. Husain, professor of child psychiatry at the University of Missouri School of Medicine. Dr. Husain’s address at the first conference of the Global Institute for Nursing and Health, was part of a multidisciplinary meeting to encourage professional networking throughout the world.

The institute, founded by Dr. Connie Vance, dean of nursing at Chulalongkorn University, is using education to empower health care providers in her nation, especially nurses. Mental health and psychiatric nurses in Thailand have had leading concerns.

“Thai nurses in other specialty areas used to claim that any nurse could work in a psychiatric setting without special training,” Dr. Vance said. “But since using the new educational model, there seems to be more understanding and collaboration among health providers.”

The institute, which supports individual efforts and networking in small groups to improve world health, will hold its next meeting in Sweden in 1999. For more information, contact the Global Institute for Nursing and Health, 130 West 79th St., Suite 5E, New York, NY 10024-6387. Call: 212.363.4018, or E-Mail: kalayjian@colol.com.
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The institute, founded by Dr. Connie Vance, dean of nursing at the College of New Rochelle, and Dr. Anie Kalayjian, brought more than 100 scholars, educators and clinicians from Asia, Europe, and North and South America to Fordham University. The program was sponsored by the College of New Rochelle School of Nursing, Fordham University, Nursing Spectrum magazine, and 10 other institutions, including five Sigma Theta Tau chapters. “Violence, injustice and discrimination influence health around the world,” Dr. Vance said.

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Sharon Lourd es Fernandez, RN, EdD, PhD, Arizona/California, Marilyn D. Fravel, Nancy Jo Bush, RN, MN, MA, CNRN, CHRN, and Victoria, British Columbia, on the nurse practitioner role in rural care. She is helping organize a Canadian nursing group to address the needs of nurses in rural and remote areas.

Lourens Fernandez-Heber, RN, PhD, a professor of nursing at the University of Saskatchewan in Saskatoon and a member of nurses throughout the world, met with members of the Island of Ongon Reclamation Project in the Philippines, and the Ninth International Congress on Women's Health Issues in Alqanidra, Egypt, during her sabbatical.

Honduras

Christine Hzzi, RN, PhD, a graduate of the College of St. Benedict in St. Joseph, Minn., is a volunteer nurse at Jatirpta medical facilities and in surrounding rural areas.

Iceland

Sigurum Halldorsson, RN, PhD, has been named Iceland's first professor of nursing by the minister of education. She is dean of the University of Akureyri Faculty of Health Sciences in Akureyri.

United States

Arizona

Frances Thurber, RN, PhD, has been promoted to professor at the Arizona State University College of Nursing in Tempe.

California

Nancy Jo Bush, RN, MN, OCN, Linda M. Gorman, RN, MN, CS, CRNI, CHRN, and Rose Mary Carroll Johnson, RN, MN, are the editors of a new book, Psychosocial Nursing Along the Cancer Continuum, Oncology Nursing Press, Pittsburgh, Pa.

Maryland

Victoria Mock, DNSc, AOCN, associate professor at The Johns Hopkins University School of Nursing and director of oncology nursing research at The Johns Hopkins Hospital in Baltimore, has received the 1998 First Prize (Fatigue Initiative in Research and Education) Award from the Oncology Nursing Society and Ortho Biotech, based on her ongoing research project, "Fatigue in Cancer Patients: An Exercise Intervention." Gayle Giboney Page, RN, DNSc, has been appointed the independent Foundation Chair in Nursing Education and associate professor at The Johns Hopkins University School of Nursing in Baltimore.

Massachusetts

Evelyn L. Barbee, RN, PhD, FAAN, associate professor of nursing and anthropology at Massachusetts College of Pharmacy and Allied Health Sciences in Boston, was one of 37 nurses as Living Legends: Vernice Houston, RN, MSN, FNP, GCNS-BC, and regional advisor for the Pan American Health Organization's Human Resources Development Program. The Mexican Manifesto Investigator Award, a tribute to her commitment to nursing research in the Americas, was presented in May 1998 at the Sixth Pan-American Colloquium on Nursing Research.

Illinois

Tonda Hughes, RN, PhD, testified for the Institute of Medicine's Board of Neuroscience and Behavioral Health on the lack of adequate funding.

Kanana

Earlene M. Schuy, RN, MSN, CNA, has been named executive vice president for the Kansas Mental Health Consortium in Topeka, the umbrella organization for mental health centers in Kansas. She is also chief operations officer at the consortium.

Maryland

Jane Nunnelee, RN, PhD, FAAN, has received the 1998 Midwest Nursing Research Society's Distinguished Contributions to Addictions Research Award for her research project, "The Exploratory Model of Illness in Chronic Venuous Diseases: A Confirmatory Factor Analysis." Ms. Nunnelee is a clinical nurse specialist at the Unity Health System in Chesterfield and an assistant professor in nursing at the University of Missouri-St. Louis. Dr. Spaner is an associate professor in behavioral studies at the University of Missouri-St. Louis.

Eleanor J. Sullivan, RN, PhD, FAAN, president of Sigma Theta Tau International, has received the 1998 Alumni Award from the American

Michigan

Sally J. Luck, RN, PhD, FAAN, professor of nursing and director of the University of Michigan Occupational Health Nursing Program in Ann Arbor, has received the 1998 Midwest Nursing Research Society's Distinguished Contributions to Research in the Midwest Award.

Francie L. Wolg, RN, MSN, C, director of nursing, operations support and practice at St. Joseph's Mercy Hospital in Ann Arbor, has won the National Nursing Staff Development Organization's Belinda E.ught Award.

Missouri

Jan Nunez, RN, MSN, CSN, CVP, and Steven Spaner, PhD, have received the Society for Vascular Nursing's 1998 Vascular Nursing Research Grant for their research project, "The Exploratory Model of Illness in Chronic Venuous Diseases: A Confirmatory Factor Analysis." Ms. Nunnelee is a clinical nurse specialist at the Unity Health System in Chesterfield and an assistant professor in nursing at the University of Missouri-St. Louis. Dr. Spaner is an associate professor in behavioral studies at the University of Missouri-St. Louis.
Sharon Byrne, RN, MS, clinical nurse specialist at Hamilton Health Sciences Corporation in Hamilton, Ontario, gave presentations at St. John's, Newfoundland, and Victoria, British Columbia, on the nurse practitioner role in rural care. She is helping organize a Canadian nursing group to address the needs of nurses in rural and remote areas.

Lozenda Fernandez-Heber, RN, PhD, a professor of nursing at the University of Saskatchewan in Saskatoon and a mentor of nurses throughout the world, met with members of the Island of Orong Reclamation Project in the Philippines and took part in the First International Nursing Research Congress in Manila, Philippines, and the Ninth International Congress on Women's Health Issues in Alexandria, Egypt, during her sabbatical.

Christina Nett, RN, BN, a graduate of the College of St. Benedict in St. Joseph, Minn., is a volunteer nurse at Juticalpa medical facilities in the Philippines and took part in the First Manifesto Investigator award, a tribute to her commitment to nursing research in the Americas, was presented in May 1998 at the Sixth Pan-American Colloquium on Nursing Research.

Illinois
Tonda Hughes, RN, PhD, testified for the Institute of Medicine's Board of Neuroscience and Behavioral Health on its lack of use of alcohol. She also won the Research Award for Outstanding Contributions to Addictions Research from the National Nurses' Society on Addictions.

Kansas
Elaine M. Slocum, RN, MSN, CHNA, has been named executive vice president for the Kansas Mental Health Consortium in Topeka, the umbrella organization for 39 public mental health centers in Kansas. She is also chief operations officer at the consortium.

Maryland
Victoria Mock, DNSC, AOCN, associate professor at The Johns Hopkins University School of Nursing and director of oncology nursing research at The Johns Hopkins Hospital in Baltimore, has received the 1998 FPNF (Fatigue Initiative in Research and Education) Award from the Oncology Nursing Society and Ortho Biotech, based in part on her ongoing research project, "Fatigue in Cancer Patients: An Exercise Intervention."

Gaye Giboney Page, RN, DNSC, has been appointed the Independent Foundation Chair in Nursing Education and associate professor at The Johns Hopkins University School of Nursing in Baltimore.

Massachusetts
Evelyn L. Barbara, RN, PhD, FAAN, associate professor of nursing and anthropology at Massachusetts College of Pharmacy and Allied Health Sciences in Boston, was one of 37 female scholars, writers, artists and activists specifically targeted by the New York Times during the 1998-99 year at Radcliffe College's Bunting Institute in Cambridge. Her research will focus on Black Women Ethnotheories of Dysphoria and Depression.

Michigan
Sally L. Lusk, RN, PhD, FAAN, professor of nursing and director of the University of Michigan Occupational Health Nursing Program in Ann Arbor, has received the 1998 Midwest Nursing Research Society's Distinguished Contributions to Research in the Midwestern Award.

Missouri
Jan Nunnelee, RN, MSN, CS, NP, and Steven Spaner, PhD, have received the Society for Vascular Nursing's 1998 Vascular Nursing Research Grant for their research project, "The Exploratory Model of Illness in Chronic Venous Diseases: A Confirmatory Factor Analysis." Ms. Nunnelee is a clinical nurse specialist at the Unity Health System in Chesterfield and an assistant professor in nursing at the University of Missouri—St. Louis. Dr. Spaner is an associate professor in behavioral studies at the University of Missouri-St. Louis.

New Jersey
Margaret C. Howard, RN, MSN, field representative for the New Jersey Board of Nursing in Newark, has been re-elected vice president of the National Council of State Boards of Nursing Board of Directors.


Barbara Kristovick-Miller, RN, EdD, CS, visiting professor at the New York University Division of Nursing, has been elected president of the Columbia University Teachers College Nursing Education Alumni Association. She received a Women of Distinction award from state Sen. Kemp Hannon.

The Robert Wood Johnson Executive Nurse Fellows Program has chosen 15 nurses as its 1998 fellows: Claudia J. Beverly, RN, PhD; Jacqueline J. Byers, RN, PhD; Margaret M. Caino, RN, PhD; Jeanette H. Eddison, RN, MS, CNA; Sandra E. Gibson, RN, EdD, FNP, CNP; Barbara R. Heller, RN, EdD, FAAN; Ann L. Heimbuch, RN, MSN; Claudia L. Johnston, RN, PhD; Mary D. Kinuthia, RN, MSN, FNP, FNP; Lucy N. Martin, RN, PhD, FAAN; Brenda M. Nevold, RN, MSN; Ann L. Osullivan, RN, PhD, FAAN; Joy F. Reed, RN, EdD; Rose M. Rivers, RN, PhD, CCRN; and Julian G. Sebastion, RN, PhD, CS.

Oklahoma
Lea Barbato Gaydos, RN, MSN, CS, HNC, director of graduate studies in holistic nursing at the University of Colorado College of Nursing in Colorado Springs, has been named Holistic Nurse of the Year 1998 by the American Holistic Nurses Association.

Colorado
Lea Barbato Gaydos, RN, MSN, CS, HNC, director of graduate studies in holistic nursing at the University of Colorado College of Nursing in Colorado Springs, has been named Holistic Nurse of the Year 1998 by the American Holistic Nurses Association.
ldata Shortridge-Baggett, RN, EdD, FAAN, professor of nursing and executive director of the Center for Nursing Research, Clinical Practice and International Affairs at Peerce University in New York City, has received the 1998 Founda­tion of the New York State Nursing Association's Distinguished Nurse Researcher Award.

North Carolina

Carolyn V. Bills, RN, MSN, CS, a psychiatric mental health nurse specialist in independent practice, has received the American Psychiatric Nurses Association Excellence in Practice Award.

Cynthia Freynt, RN, PhD, FAAN, dean of the University of North Carolina at Chapel Hill School of Nursing, will step down as dean in July 1999.

Sandra M. Ouallette, RN, CNNA, FAAN, and Richard A. Ouallette, RN, CNNA, MSN, have received the American Association of Nurse Anesthetists Agatha Hodgins Award for Outstanding Accomplishment. Sandra Ouallette is director of the Nurse Anesthesia Program at Wake Forest University Baptist Medical Center in Winston-Salem and visiting assistant professor at the University of North Carolina at Greensboro School of Nursing. Richard Ouallette is staff anesthesiologist and clinical instructor in the Outpatient Surgical Center at Wake Forest University Baptist Medical Center and adjunct instructor at the University of North Carolina at Greensboro School of Nursing.

Ohio

Andrea R. Lindell, RN, DNSc, dean of the University of Cincinnati College of Nursing, has been named associate senior vice president for interdisciplinary education.

Eileen Walsh, RN, MSN, CVN, a vascular CNS/clinical case manager at the Joint Vascular Center in Toledo, has been elected president of the Society for Vascular Nursing.

Wright State University in Dayton has named three nurses as winners of the 1998 Alumni Well of Fame Awards: Victoria M. Bradley, RN, MS, director of nursing informatics at the University of Kentucky Hospital in Lexington, Ky.; Dorothy L. Fiore, RN, MS, executive director of the Ohio Board of Nursing in Columbus; and Deborah A. Mals, RN, MS, vice president of hospital operations at Miami Valley Hospital in Dayton.

Oklahoma

Patrick R. Forri, RN, PhD, FAAN, dean and professor of nursing at the University of Oklahoma College of Nursing in Oklahoma City, has been elected president of the Midwest Alliance in Nursing.

Pennsylvania

Lisa M. Bernard, RN, PhD, assistant professor at the University of Pittsburgh School of Nursing, has been inducted as a distinguished practitioner into the National Academy of Practice in Nursing. She also is a member of the national advisory board of the Emergency Medical Services for Children National Resource Center.

Mary Ann Daley, RN, DNSc, CS, CEN, assistant professor at Cedar Crest College School of Nursing in Allentown, was elected to the Pennsylvania House of Representatives, representing the 156th Legislative District.

Tennessee

Colleen Conaway-Welsh, RN, PhD, CNM, dean of the Vanderbilt University School of Nursing in Nashville, has been appointed to the National Bipartisan Commission on Medicare. She is the only nurse on the commission.

Sandra P. Thomas, RN, PhD, FAAN, professor and director of the University of Tennessee in Knoxville's PhD program in nursing, has written Transforming Nurses' Anger and Pain, Springer Publishing, New York City.

Texas

Celeste McLaughlin, RN, MS, CN, has been named executive director of nursing at TIRR Lifebridge in Houston, a Texas Medical Center hospital that provides subacute and general rehabilitation care.

Susan D. Ruppert, RN, PhD, CNRN, NP-C, FCCM, associate professor at The University of Texas Health Science Center at Houston, has been inducted as a fellow of the American College of Critical Care Medicine. Dr. Ruppert is Sigma Theta Tau International's Region 3 coordinator.

Janice Conway, RN, BSN, a staff and operating room nurse at the 14-bed Sitka Community Hospital in Alaska, says "true perioperative nursing" is a rewarding experience. She serves Sitka's 8,000 residents. "In a small place like this, it's neither feast or famine. ... We turn over a surgical room, do pre-op interviews, work in surgery, manage discharge and the next week we see the patient at the grocery store with family... I keep up to date with a little bit on all things." Ms. Conway treats people from cruise ships and residents injured in wildfires areas.
Lillie Shortridge-Baggett, RN, EdB, FAAN, professor of nursing and executive director of the Center for Nursing Research, Clinical Practice and International Affairs at Peurue University in New York City, has received the 1998 Founda-

tion of the New York State Nursing Association's Distinguished Nurse Researcher Award.

North Carolina

Carolyn V. Billings, RN, MSN, CS, a psychiatric

mental health clinical nurse specialist in inde-

pendent practice in Raleigh, has received the

American Psychiatric Nurses Association's Ex-

cellence in Practice Award.

Cynthia Freunde, RN, PhD, FAAN, dean of the Uni-

versity of North Carolina at Chapel Hill School of Nursing, will step down as dean in July 1999.

Sandra M. Oualloue, RN, CRNA, FAAN, and Rich-

ard G. Oualloue, RN, CRNA, MS, have received the Ameri-

can Association of Nurse Anesthetists' Agatha Hodgins Award for Outstanding Accom-

plishment. Sandra Oualloue is director of the Nurse Anesthesia Program at Wake Forest Uni-

versity Baptist Medical Center in Winston-Sa-

lem and visiting assistant professor at the Uni-

versity of North Carolina at Greensboro School of Nursing. Richard Oualloue is staff anesthesi-

tist and clinical instructor at the Outpatient Sur-

gical Center at Wake Forest University Baptist Medical Center and adjunct instructor at the University of North Carolina at Greensboro School of Nursing.

Ohio

Andrea L. Lindell, RN, DNSC, dean of the Univer-

sity of Cincinnati College of Nursing, has been

named associate senior vice president for in-

terdisciplinary education.

Eileen Walsh, RN, MSN, CVN, a vascular CNS/clin-
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case manager at the Joint Vascular Center in To-

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Wright State University in Dayton has named three nurses as winners of the 1998 Alumni Wall of Fame Awards: Victoria M. Bradley, RN, MS, di-

rector of nursing informatics at the University of Kentucky Hospital in Lexington, Ky.; Dorothy L. Florian, RN, MS, executive director of the Ohio Board of Nursing in Columbus; and Deborah A. Mals, RN, MS, vice president of hospital operations at Miami Valley Hospital in Dayton.

Oklahoma

Patrick R. Forri, RN, PhD, FAAN, dean and profes-
sor of nursing at the University of Oklahoma College of Nursing in Oklahoma City, has been

elected president of the Midwest Alliance in Nursing.

Janice E. Stephens, RN, PhD, assistant professor, has been named dean of the Northwestern Okla-

homa State University School of Nursing in Alva.

Pennsylvania

Lisa M. Bernard, RN, PhD, assistant professor at the University of Pittsburgh School of Nursing, has been inducted as a distinguished practitioner into the National Academy of Practice in Nursing. She also is a member of the national advisory board of the Emergency Medical Services for Children National Resource Center.

Mary Ann Stanley, RN, DNSC, CS, CEN, assistant professor at Cedar Crest College School of Nursing in Allentown, was elected to the Pennsylvania House of Representatives, representing the 14th Legislative District.

Jacqueline Oduabia-Jacobs, RN, PhD, director of the University of Pittsburgh School of Nursing's Center for Research in Chronic Diseases, has received a $5.5 million grant for her research on medication adherence in patients with rheu-

matoid arthritis.

Julie Fauman, RN, PhD, assistant professor at the University of Pennsylvania School of Nursing in Philadelphia, and Joan Lynam, RN, PhD, FAAN, professor emeritus at the University of Penn-

sylvania, have received the American Associa-

South Carolina

Gail W. Sturart, RN, PhD, professor at the Medical University of South Carolina in Charleston, has been named an external fellow in cognitive therapy at the Beck Institute for Cognitive Therapy and Research in Philadelphia, Pa.

Tennessee

Colleen Conway-Welch, RN, PhD, DNSN, dean of the Vanderbilt University School of Nursing in Nashville, has been appointed to the National Bipartisan Commission on Medicare. She is the only one on the commission.

Sandra P. Thomas, RN, PhD, FAAN, professor and director of the University of Tennessee in Knoxville's PhD program in nursing, has written Transforming Nurses' Anger and Pain, Springer Publishing, New York City.

Texas

Celeste McLaughlin, RN, MS, CNS, has been named executive director of nursing of TIRR Lifelink in Houston, a Texas Medical and Center that provides subacute and general rehabilitation care.

Susan D. Ruppert, RN, PhD, CORN, NP-C, FCRM, associate professor at The University of Texas-Houston School of Nursing, has been inducted as a fellow of the American College of Critical Care Medicine. Dr. Ruppert is Sigma Theta Tau International's Region 3 coordinator.

Virginia

Louis L. Karcher, RN, DNSC, vice president of the Sentara Health System at Virginia Beach Gen-

eral Hospital, has been elected president elect of the American Organization of Nurse Execu-
tives.

Betty Temple-Mell, RN, PhD, ANP-C, has been named president of graduate nursing programs at the Marymount University School of Health Profes-
sionals in Arlington. She previously was chair of the family nurse practitioner program only.

Wisconsin

The University of Wisconsin-Milwaukee School of Nursing has named Marion Brown, RN, PhD, FAAN, as associate dean of research and Susan Dean-Baer, RN, PhD, FAAN, as an associate dean for academic affairs. Dr. Baer is a professor and Dr. Dean-Baer is an associate professor in the Department of Health Restoration.

Edith H. Anderson, 70, of Wilmington, Del., died June 19, 1998. She retired as dean of nurs-
ing at the University of Delaware. She previ-
ously was dean of nursing at the University of Hawaii. Dr. Anderson received her PhD from New York University.

Beverly Barrett, of Long Beach, Miss., died of cancer.

Betty L. Bell, of Murrayville, Pa., died Feb. 18, 1998.

Roberta M. Burns, of Montalbano, Texas, died April 9, 1998. The Dr. Roberta Burns Scholarship Fund has been set up in her memory. Dona-

tions may be mailed to The University of Texas at Tyler, Palestine Extension Campus, School of Nursing, 3100 W. Spring St., Pales-
tine, Texas 75801.

Margaret Colilton, 63, of New Haven, Conn., died Sept. 24, 1998. She was a psychotherapist in private practice and established the mental health team for the Visiting Nursing Association of South Central Connecticut. In the 1960s, she co-founded and was president of Shiloh, a center for the study of the spiritual dimen-
sions of nursing. In Bethel, Conn. She earned a doctorate in nursing science from Bos-

ton University.

Barbara J. Cushing, of Tyes Texas, died June 1, 1998, of metastatic breast cancer. She was an assistant professor of nursing at the University of Texas at Tyler.


Patricia A. George, of Cape Elizabeth, Maine, died Feb. 5, 1999.

Janice Conway, RN, BSN, a staff and operating room nurse at the 24-bed Sitka Community Hospital in Alaska, says "free peripartum nursing" is a rewarding experience. She serves Sitka's 8,000 residents. "In a small place like this, it's neither fever or famine. ... We turn over a surgical room, do pre-op interviews, work in surgery, manage discharge and the next week we see the patient at the grocery store with family. ... I keep up to date with a little bit on all things." Ms. Conway treats people from cruise ships and residents injured in wildfires areas.

Information reported in this section comes only from family members, funeral homes or li-
gal representatives of the estate.
Eli Lilly and Company Foundation, NARND and Huck Charitable Foundation contribute generously to the work of the society. The Huck Charitable Foundation provides $4,000 for research and Virginia Henderson International Nursing Library in honor of Virginia Theta Tau member Jeanne H. Leslie-Hughes. The society is grateful for this support.

New Virginia Henderson Fellows
Dr. Jane Barmsteiner, associate professor, University of Pennsylvania School of Nursing and Region 6 director; Dr. Joan Hrubitz, dean of the University of St. Louis School of Nursing; Dr. Shirley Martins, dean and professor emeritus, Barnes College of Nursing, University of Mississippi; Dr. Louis J. Patter, Jr.; and Dr. Jenny Sandomov, clinical associate professor, University of North Carolina Greensboro School of Nursing and Sigma Theta Tau lead to be used for seed money for new nursing investigations. And, Dr. Jane Barmsteiner, associate professor, Rutgers State University School of Nursing and Sigma Theta Tau International's Board of Directors, who designated her to head the new Development Advisory Council. Huntington, benefactor, and civic leaders make up the group, whose charge is to identify other individuals, foundations and corporations throughout the world that might be willing to invest in nursing for the future.

Serving on the council are: John R. Albers, president and chief executive officer of Fairfield Enterprises, Dallas, Texas; Judith A. Bishop, president of Bishop Consulting & Healthcare Management, Brentwood, Tenn.; Beverly Bodker of Overland Park, Kan.; Beth L. Bronner of Health- o-meter, Bridgeview, Ill.; Rosemary Berk Crisp, honorary member and co-chair, 75th Anniversary Campaign, of Marion, Ill.; Dr. Leah Curtin, editor of Curtis Calls, Cincinnati; Dr. Elizabeth C. Dayani, corporate compliance officer of Medshares, Inc ., Nashville, Texas; Thomas Ehrlich, Stanford Law School, Stanford, Cal.

Virginia Henderson Fellows serve nursing and U.S. military

P.K. Scheerle, left, and Joan K. Stout
Victoria Schoolcraft Bestows Lasting Legacy

Society members mourn the recent death of Virginia Henderson Fellow Victoria Schoolcraft. Professor and associate dean of the undergraduate program of the Barry University School of Nursing, Miami Shores, Fla., Dr. Schoolcraft was a sought-after speaker, workshop presenter and author. She was a charter member and president of both Lambda Chi chapter at Barry and Beta Delta chapter at the University of Oklahoma. "Being a Sigma Theta Tau member and Virginia Henderson Fellow has enriched me in many ways," she said after becoming a Fellow. "It bestows a legacy of supporting nursing beyond my own lifetime." Dr. Schoolcraft utilized her TIAA CREF insurance and annuity policies through the university to bequest more than $45,000 to the society. "Vickie became a Virginia Henderson Fellow in 1995," said Dr. Bilyce Brown, past president of Sigma Theta Tau International. "She was a philanthropic role model for many others from south Florida and elsewhere who emulated her example. Vickie generously contributed to scholarly nursing and to Sigma Theta Tau. She will be sorely missed."

Retirement Plan Assets Are Excellent Charitable Gifts

By Pamela Jones Davidson, J.D.

Charitable gifts of qualified retirement plan assets such as TIAA CREF IRA's, 401(k)'s, or a company pension plan can be among the best ways to satisfy a charitable commitment or desire, as these assets can cost your family dearly to inherit.

Qualified retirement plan assets carry two potentially heavy tax implications, both deferred income tax and estate tax from owning the plan balance at death. Even a spouse will have to pay these taxes, unless she/he elects to roll the plan balance into her/his own IRA, which ultimately will be subjected to these same taxes if the funds are left to heirs. Depending on the other assets you own, these twin taxes can consume as much as 80 cents of each dollar of such plan balances. But a designation to charity can result in neither of these two taxes being paid and your favorite not-for-profit organization, such as Sigma Theta Tau, will benefit.

These gifts are very easy to accomplish, requiring only a change in the label of the assets. However, they are subject to income and estate taxes. Please call us to discuss—confidentially—how these concepts apply to your own situation, to ensure that your other estate and financial planning objectives are addressed and considered, and that your advisor(s) is involved.

Prestigious Development Advisory Council Formed

P. K. Sheerle, RN, president of American Nursing Services, Inc. and honorary member, has been named by President Eleanor Sullivan to head the new Development Advisory Council. Influential business, foundation and civic leaders make up the group, whose charge is to identify other individuals, foundations and corporations throughout the world that might be willing to invest in increasing the society's capacity.

Serving on the council are: John R. Albers, president and chief executive officer of Fairfield Enterprises, Dallas, Texas; Judith A. Bishop, president of Bishop Consulting & Healthcare Management, Brentwood, Tenn.; Beverly Bokder of Overland Park, Kan.; Beth L. Bronner of Health-o-Meter, Bridgeview, Ill.; Rosemary Belk Crisp, honorary member and co-chair, 75th Anniversary Campaign, of Marion, Ill.; Dr. Leah Curtin, chief executive officer, The Lamm Wallach Companies, Dallas, Texas; Thomas Ehrlich, Stanford Law School, Stanford, Calif.; Joseph W. Lippincott, III, president, U.S. Army Nurse Corps; Col. Mary Candice Ross, chief executive officer, The Lamm Wallach Companies, Dallas, Texas; Maj. Barbara Raudonis, assistant nurse officer, Commissioned Corps of the United States Public Health Service.

Virginia Henderson Fellows serve nursing and U.S. military

New studies online for clinical nurses

BY JANE BARNSTEINER

PHILADELPHIA—Many new developments are occurring with The Online Journal of Knowledge Synthesis for Nursing. Author’s manuscript guidelines have been updated and may be found on the Sigma Theta Tau International web page at www.stti.iupui.edu/library/ojksn.html.

A number of new articles are being brought online. Most recently added is an integrative review “Sibling Visitation: Research Implications for Pediatric and Neonatal Patients” by Tonya Andrade, a doctoral student at Johns Hopkins University and a pediatric critical care nurse practitioner at Sinai Hospital in Baltimore. “Predictive Ability of Social Cognitive Theory in Exercise Research” has been authored by Colleen Keller, Julie Fleury, Nansi Gregor-Holt and Terris Thompson. This integrative review of 27 studies concludes there is a significant relationship between self-efficacy and exercise behavior.

A pair of articles, “Factors Related to Providers’ Decisions For and Against Withholding or Withdrawing Nutrition and/or Hydration in Adult Patient Care” from Margaret Ann Mahoney, Joan Riley, Sara Fry and Lucy Feld, and “Factors Related to Adult Patient Decision Making About Withholding or Withdrawing Nutrition and/or Hydration” from Joan Riley, Margaret Ann Mahoney, Sara Fry and Lucy Feld, synthesizes relevant research on an important topic associated with end of life issues.

Evidence-based care is a hallmark of practice today. Techniques for incorporating this into curriculums in schools of nursing and in the practice arena are of interest to everyone. Two new features are being added to the journal to address this need. An ongoing column on integration of evidence-based practice content into curriculums is being headed up by Associate Editor Kathleen Stevens. Look for her introductory piece on the Sigma Theta Tau International web page under the OJKSN. Associate Editor Jan Janken will edit an ongoing column on integration of evidence-based care in health care settings.

The editorial board has identified a number of topics where there is sufficient research for an integrative review. We are interested in receiving manuscripts in all areas of practice and specifically areas related to psychiatric nursing practice, family/sibling care and nursing administration.

Jane Barnsteiner, RN, PhD, FAAN, is editor of Sigma Theta Tau International’s The Online Journal of Knowledge Synthesis for Nursing. She is an associate professor at the University of Pennsylvania School of Nursing and director of Children’s Hospital of Philadelphia.
New studies online for clinical nurses

BY JANE BARNSTEINER

PHILADELPHIA—Many new developments are occurring with The Online Journal of Knowledge Synthesis for Nursing. Author's manuscript guidelines have been updated and may be found on the Sigma Theta Tau International web page at www.stti.iupui.edu/library/ojksn.html.

A number of new articles are being brought online. Most recently added is an integrative review "Sibling Visitation: Research Implications for Pediatric and Neonatal Patients" by Tonya Andrade, a doctoral student at Johns Hopkins University and a pediatric critical care nurse practitioner at Sinai Hospital in Baltimore. "Predictive Ability of Social Cognitive Theory in Exercise Research" has been authored by Colleen Keller, Julie Fleury, Nani Gregor-Holt and Terris Thompson. This integrative review of 27 studies concludes there is a significant relationship between self-efficacy and exercise behavior.

A pair of articles, "Factors Related to Providers' Decisions For and Against Withholding or Withdrawing Nutrition and/or Hydration in Adult Patient Care" from Margaret Ann Mahoney, Joan Riley, Sara Fry and Lucy Field, and "Factors Related to Adult Patient Decision Making About Withholding or Withdrawing Nutrition and/or Hydration" from Joan Riley, Margaret Ann Mahoney, Sara Fry and Lucy Field, synthesizes relevant research on an important topic associated with end of life issues.

Evidence-based care is a hallmark of practice today. Techniques for incorporating this into curriculums in schools of nursing and in the practice arena are of interest to everyone. Two new features are being added to the journal to address this need. An ongoing column on integration of evidence-based practice content into curriculums is being headed up by Associate Editor Kathleen Stevens. Look for her introductory piece on the Sigma Theta Tau International web page under the OJKSN. Associate Editor Jan Jankén will edit an ongoing column on integration of evidence-based care in health care settings.

The editorial board has identified a number of topics where there is sufficient research for an integrative review. We are interested in receiving manuscripts in all areas of practice and specifically areas related to psychiatric nursing practice, family/sibling care and nursing administration.

Jane Barnsteinen, RN, PhD, FAAN, is editor of Sigma Theta Tau International's The Online Journal of Knowledge Synthesis for Nursing. She is an associate professor at the University of Pennsylvania School of Nursing and director of Children's Hospital of Philadelphia.
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ResearchWeek@Nursing Makes a Difference. Sponsor: Sigma Theta Tau International Research Society, Contact: Blythe Taylor; Phone: 800.554.9878; E-mail: jpalmer@stti.iupui.edu

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"Celebrating the Aesthetics of Nursing." Eighth National Conference on Administration Research. Sponsors: San Diego State University School of Nursing, Contact: Graduate Council in Administration, Nursing Conference, Immediately following Sigma Theta Tau International’s 35th Biennial Convention at the same site. Contact: Catherine Lovering, San Diego State University; Phone: 619.394.3820; Fax: 619.554.2766; E-mail: narenresearch99@hotmail.com

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"Nursing Education in the 21st Century: New Pedagogies in Practice Education," Second Annual Summer Institute, Contact: Chicago Institute for Nursing Education. Contact: Dr. G. Germann, Chicago Institute for Nursing Education; 5605 W. 64th St., Chicago, IL 60636-2526; E-mail: gerofer@northwestern.edu

April 20-23, 1999 - Buffalo, New York
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Towards Unity for Health. Sponsor: World Health Organization. Contact: Dr. B. Subaiah, University of Bristol College of Medicine at Roddick, 1601 Patumthai Ave., Roddick, IL 61017; Phone: 815.395.5000; Fax: 815.395.5887; E-mail: ButB@uiuc.edu

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Editors: Imogene M. King, RN, EdD, FAAN and Jacqueline Fawcett, RN, PhD, FAAN (1997)
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Written as a collaboration between Afaf Ibrahim Malek, Julienne Lipson, Marjorie Muecke, and Gloria Smith, this monograph focuses on health and health care among immigrants; especially in women. Five sections include: a framework for considering issues that compromise immigrant women's health; examples of culturally competent programs; principles of culturally competent care; recommendations and priorities for guiding policy dialogue to ensure access to quality health care; and an extensive bibliography. Of interdisciplinary interest, this monograph's purpose is to inform, stimulate dialogue and influence policy among nurses, other health care providers, policy makers and legislators for the purpose of improving health care for immigrant women and other minority, marginalized, and diverse populations. (1998)
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Chris Brugler, RN, MSN, a wife and a mother of six, is a self-employed project director and editor of Envision Your Future, a Sigma Theta Tau International publication for new members. As a member for almost 16 years, she has participated in over 50 Sigma Theta Tau educational offerings, committees and activities at the chapter, regional and international levels.

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