Language of Nursing Theory and Metatheory
Edited by two of Sigma Theta Tau's most respected scholars, and featuring contributions by seven other leading nursing metatheorists, this peer-reviewed monograph assists students, clinicians, researchers, educators, and administrators in better understanding the diverse language of formal nursing knowledge. As one of Center Nursing Press' best sellers, the practical applications of the Language of Nursing Theory and Metatheory have made it popular in nursing school curricula. Editors: M. King, RN, EdD, FAAN and Jacqueline Fawcett, RN, PhD, FAAN.

The Image Editors: Mind, Spirit and Voice
The evolution of one today's most respected nursing journals is the topic of this peer-reviewed monograph. Written by well-known nurse historian Diane Bronkema Hamilton, RN, PhD. The Image Editors: Mind, Spirit, and Voice begins in 1922 and highlights the contributions of past image editors as well as other nurses, friends, and foes who worked together to nurture and sustain a vision for the journal's next generation.

The Neuman Systems Model and Nursing Education: Teaching Strategies and Evaluation Outcomes
A collection of writing by educators who use the Neuman Systems Model as a framework and programs from a Neuman perspective. This tribute publication celebrates the life and legacy of a nursing legend and contributors with unique historical perspectives, this set captures the values, vision, and commitment upon which Sigma Theta Tau was founded and still operates.

Virginia Avenel Henderson: Signature for Nursing
This tribute publication celebrates the life and legacy of a nursing legend and international nursing leader. Edited by Eleanor Krohn Hermann, RN, EdD, FAAN, the Virginia Avenel Henderson Festschrift is a collection of essays about Ms. Henderson that addresses three major themes of her life: scholarship, leadership, and humanism. This festschrift was printed by Mosby Publishing as a contribution to Sigma Theta Tau International in recognition of the society's 75th anniversary. Proceeds from the sale of the festschrift will be donated to nursing research.

Nell Watts Memoir
From one of Sigma Theta Tau's greatest leaders comes the memoir: The Adventurous Years: Creating a Vision. Written by the society's long-time executive officer, Nell Watts, this book chronicles Sigma Theta Tau's accelerated growth between 1973 and 1993. Ms. Watts shares her insight on nearly every facet of her involvement with the society, which resulted in Sigma Theta Tau attaining its place among the premier nursing organizations in the world. Such areas include building construction, chapter development, internal operations, the electronic library, and more.

Celebrating 75 Years of Excellence: Histories of the Early Sigma Theta Tau Chapters
This six-booklet gift set highlights the early beginnings of the following chapters of Sigma Theta Tau: Alpha, Beta, Gamma, Delta, Epsilon, and Zeta. Written by a variety of contributors with unique historical perspectives, this set captures the values, vision, and commitment upon which Sigma Theta Tau was founded and still operates.

Coming soon from Center Nursing Press:
Immigrant Women and Their Health by Afar Meles
The Communication of Caring in Nursing by Virginia Knowlesen
The Roy Adaptation Model-Based Research: 25 Years of Contributions to Nursing Science by the Boston-Based Adaptation Research Nursing Society

To order, call toll-free
888-634-7575 (US/Canada) or 800-634-7575-1 (International)
Free Shipping & Handling!
What makes us different?  
Our skin color; our race; our gender?

Education, professions, religion and family lifestyles differ from place to place and person to person. Not right or wrong, good or bad, just different. Racial and ethnicorientations remain the cause of the most recalcitrant problems facing today's world. Gender and sexual orientation still provoke hostilities from subtle discrimination to outright violence. Health professions have remained marginal to many of these social issues and little is reflected overall in their curricula, research and practice that specifically addresses these issues (e.g., research on the effects of racism on health). When my grandmother entered nursing school in Ohio in 1911, the world (much less health care) was a very different place from today. Regions of the United States even neighborhoods were segregated by race and religion. Immigrants to the United States were disparagingly called "foreigners" with little awareness that many Americans were just a few generations from immigrating themselves. Women were unable to vote, enter more than a handful of professions. A world war was unthinkable; two of them unimaginable.

Our world, on the brink of a new century, barely resembles the early years of this one. Travel and communications technology have shrunk the world into one global village. Diverse groups are linked by complex, impersonal, technologically driven systems of social interaction. Actual or virtual visits to another country are the norm for many.

Knowledge and understanding of and respect for others' cultures, values, beliefs, traditions, behaviors and patterns of living, however, have not kept up with technology. Ethnocentrism encourages using oneself as the standard for others—a concept outdated today when the need for cooperation, collaboration and communication is vital to future survival. The world is far behind in recognizing, accommodating and valuing human diversity; the nursing profession is no exception.

Nursing, like many other professions, has been slow in preparing nurses reflective of our populations. Often we have been unaware of the need for culturally sensitive patient care, and sometimes nursing has been less than welcoming to students different from the predominant population. The time to discontinue both is now.

This issue of Reflections brings much information about differences in nursing—differences in cultures, ethnicity and gender, and differences in the work that nurses do and the patients in their care. One of my goals for this bimonthly is to "strengthen the global diversity of Sigma Theta Tau International" (see Reflections, First Quarter, 1998). Embedded in this goal is the necessity to prepare ourselves for a diverse world.

I have issued a challenge to every chapter to institute at least one new member from outside their own country into their chapter bimonthly. Potential members can be found through a variety of international contacts, among international students and from contacts of chapter members or faculty members or the dean of the sponsoring school. Development of an international database is planned to give chapters and individual members access to a wide range of nursing contacts around the world for sharing practice, research and educational opportunities.

A sincere commitment to enhancing diversity will ensure that it occurs. The world of the 21st century will be more, rather less, diverse than today's, and nursing must be prepared for this diversity. Indeed, it is a moral imperative. Nursing must embrace these differences and celebrate individual uniqueness. Diversity in our profession and among the patients who depend on us for their care must be recognized and appreciated. Cultural sensitivity must give way to cultural receptivity. We must prepare ourselves, our colleagues and our students to live and work in a diverse world.

Nursing must be committed to improving health worldwide by removing barriers to good care around the world. Differences can divide, or they can enrich. We can learn from each other or we can shut others out. Our future and the future health of the world's peoples depend on our response. The choice is ours.
What makes us different? Our skin color; our race, our gender?

Education, profession, religion and family lifestyles differ from place to place and person to person. Not right or wrong, good or bad, just different. Racism and ethnicromatism remain the cause of the most recalcitrant problems facing today's world. Gender and sexual orientation still provoke hatred and antimarginal to many of these social issues and is reflected overall in their curricula, research and practice that specifically addresses these issues (e.g., research on the effects of racism on health).

When my grandmother entered nursing school in Ohio in 1911, the world (much less health care) was a very different place. Travel and communications technology have shrunk the world into one global village. Diverse groups are linked by complex, impersonal, technologically driven systems of social interaction. Actual or virtual visits to another country are the norm for many.

Knowledge and understanding of and respect for others' cultures, values, beliefs, traditions, behaviors and patterns of living, however, have not kept up with technology. Ethnicromatism encourages using oneself as the standard for others—a concept outdated today when the need for cooperation, collaboration and communication is vital to future survival. The world is far behind in recognizing, accommodating and valuing human diversity; the nursing profession is no exception.

Nursing, like many other professions, has been slow in preparing nurses reflective of diversity. Knowledge and understanding of and respect for others' cultures, values, beliefs, traditions, behaviors and patterns of living, however, have not kept up with technology. Ethnicromatism encourages using oneself as the standard for others—a concept outdated today when the need for cooperation, collaboration and communication is vital to future survival. The world is far behind in recognizing, accommodating and valuing human diversity; the nursing profession is no exception.

Nursing, like many other professions, has been slow in preparing nurses reflective of diversity. Knowledge and understanding of and respect for others' cultures, values, beliefs, traditions, behaviors and patterns of living, however, have not kept up with technology. Ethnicromatism encourages using oneself as the standard for others—a concept outdated today when the need for cooperation, collaboration and communication is vital to future survival. The world is far behind in recognizing, accommodating and valuing human diversity; the nursing profession is no exception.

Nursing, like many other professions, has been slow in preparing nurses reflective of diversity. Knowledge and understanding of and respect for others' cultures, values, beliefs, traditions, behaviors and patterns of living, however, have not kept up with technology. Ethnicromatism encourages using oneself as the standard for others—a concept outdated today when the need for cooperation, collaboration and communication is vital to future survival. The world is far behind in recognizing, accommodating and valuing human diversity; the nursing profession is no exception.

Nursing, like many other professions, has been slow in preparing nurses reflective of diversity. Knowledge and understanding of and respect for others' cultures, values, beliefs, traditions, behaviors and patterns of living, however, have not kept up with technology. Ethnicromatism encourages using oneself as the standard for others—a concept outdated today when the need for cooperation, collaboration and communication is vital to future survival. The world is far behind in recognizing, accommodating and valuing human diversity; the nursing profession is no exception.

Nursing, like many other professions, has been slow in preparing nurses reflective of diversity. Knowledge and understanding of and respect for others' cultures, values, beliefs, traditions, behaviors and patterns of living, however, have not kept up with technology. Ethnicromatism encourages using oneself as the standard for others—a concept outdated today when the need for cooperation, collaboration and communication is vital to future survival. The world is far behind in recognizing, accommodating and valuing human diversity; the nursing profession is no exception.
EXECUTIVE OFFICER’S MESSAGE ON...

"The differences in human life depend for the most part not on what (we) do, but upon the meaning and purpose of (the) acts."—Elton Trueblood

Over the past three decades much research, discussion and publication have occurred on the delivery of culturally competent care, as well as the multiculturalism of the nursing profession. Not only is the face of the patient population constantly shifting, but our professional countenance is changing as well.

Leininger’s breakthrough work on transcultural nursing set the standard and is changing as well.

...society becomes ever-more varied...lack of workforce diversity is potentially harmful to...services.

To me this means we have social responsibility as well as professional responsibility to work toward the common good by being culturally competent caregivers and colleagues.

Nurses all around the globe encounter individuals and groups who hold different values and exhibit different behaviors than they do. The cultural, ethnic, race or gender differences encountered both within and outside our nations create rich growth and learning opportunities. Whether traversing urban or rural terrain, crossing national borders or simply moving from one region to another in the same country, the chances to observe and absorb these differences are plentiful. But, do we appreciate these differences for how they can enrich our lives, for how they can promote our common goals of health and well-being?

The notion of working and responding within a culturally sensitive framework is not unique to nursing. The drive toward multiculturalism is apparent in all aspects of life. Every group we are engaged with has its own culture—the work environment, social circles and professional groups. We gain knowledge and skill from our encounters with these groups and develop behaviors which are acceptable to the group’s set of values and beliefs. We become culturally competent.

Daily, we apply the basic tenets of community health nursing, the tenets of developing cultural awareness, expanding cultural knowledge and demonstrating cultural skill, to life situations. When translated into action, they become the culturally competent behaviors of our personal and professional lives. And our collegial relationships and exchanges within Sigma Theta Tau are no exception.

The collective talent and knowledge pool of the society’s membership are phenomenal. With members living in more than 70 countries, we have the ability to deploy multicultural activities in a huge way. We have the potential to voice their ideas for the future of Sigma Theta Tau International.

Now we have the opportunity to act on our differences; to ask and talk about what is different and what is important; to listen to the answers we receive and give and to realize that these differences depend on the meaning and purpose of our acts.

Nancy Dickenson-Hazard

Executive Officer

Strategic Planning

Reflecting the soul of Sigma Theta Tau

By Jeanne Floyd

Indianapolis—President Eleanor J. Sullivan has set as her priority the development of a comprehensive strategic planning process which will pivot around member feedback at the chapter level. This is an opportunity for members to voice their ideas for the future of Sigma Theta Tau.

Leaders and members will be invited to embark on a visionary strategic planning process. The past 75 years of support to scholarly knowledge development, dissemination and utilization will be revisited in order to reflect the soul of the organization in the mission. Outcomes will strategically position Sigma Theta Tau to shape the golden age of international nursing scholarship.

Work entailed in the current strategic planning process will be conducted by a select group of individuals who will prepare a document for review by the board of directors in July 1999. It will be shared with the membership and a response is expected.

Eleanor J. Sullivan, Patricia E. Thompson, Daniel J. Pesut, Marla E. Salmon, Nancy Dickenson-Hazard, Suzanne Prevost, Barbara Langer, Marlene Ruiz, Joanne K. Olson, Linda Birmmer and Margaret M. Pike

Led by Dr. Sullivan, the task force members will represent the board of directors, key constituents and staff. They will carry the charge to create "dream teams." Members, representatives of nursing organizations, health care agencies, the media, financial experts, technology experts and the past leadership are to be included. As decisions are shaped, members will be contacted for their views through print and electronic vehicles. For questions and further information, please contact Jeanné Floyd. Look for more news about this in upcoming issues of Reflections.

Jeanne Floyd, RN, PhD, G. CAS, is an internal consultant at Sigma Theta Tau International headquarters and is engaged in initiatives related to strategic planning, membership development and grant writing.

References


"The differences in human life depend for the most part not on what (we) do, but upon the meaning and purpose of the acts." - Elton Trueblood

EXECUTIVE OFFICER’S MESSAGE ON...

Over the past three decades much research, discussion and publication have occurred on the delivery of culturally competent care, as well as the multiculturalism of the nursing profession. Not only is the face of the patient population constantly shifting, but our professional countenance is changing as well. Leininger’s breakthrough work on transcultural nursing sets the standard and awareness for others to follow, and Brzin (1993) defined culture as a set of ideas, values and ways of life which are shared by a group of people. And according to Leininger (1993), each individual has a culture with traditions that provide guidance toward solutions to life’s problems. As an organizational structure is provided by one’s culture, a structure for what members of the group regard as acceptable behavior according to Degambo (1996). The challenge to nursing is to become not only competent in responding to the diverse cultures of our patients but to our colleagues as well. A recent article in The American Nurse by Trossman (1997) states, "As society becomes ever more varied...lack of workforce diversity is potentially harmful to the profession and the population it serves. To me this means we have social responsibility as well as professional responsibility to work toward the common good by being culturally competent caregivers and colleagues. Nurses all around the globe encounter individuals and groups who hold different values and exhibit different behaviors than they do. The cultural, ethnic, race or gender differences encountered both within and outside our nations create rich growth and learning opportunities. Whether traversing urban or rural terrain, crossing national borders or simply moving from one region to another in the same country, the challenge is to observe, discuss and absorb these differences. We need to appreciate these differences for how they can enrich our lives, for how they can promote our common goals of health and well-being.

The notion of working and responding within a culturally sensitive framework is not unique to nursing. The drive toward multiculturalism is apparent in all aspects of life. Every group we are engaged with has its own culture—the work environment, social circles and professional groups. We gain knowledge and skill from our encounters with these groups and develop behaviors which are acceptable to the group’s set of values and beliefs. We become culturally aware and sensitive to other individuals.

We also have the challenge of working and responding within a culturally sensitive framework. To me this means we have social responsibility as well as professional responsibility to work toward the common good by being culturally competent caregivers and colleagues. Nurses all around the globe encounter individuals and groups who hold different values and exhibit different behaviors than they do. The cultural, ethnic, race or gender differences encountered both within and outside our nation’s create rich growth and learning opportunities. Whether traversing urban or rural terrain, crossing national borders or simply moving from one region to another in the same country, the challenge is to observe, discuss and absorb these differences. We need to appreciate these differences for how they can enrich our lives, for how they can promote our common goals of health and well-being.

The notion of working and responding within a culturally sensitive framework is not unique to nursing. The drive toward multiculturalism is apparent in all aspects of life. Every group we are engaged with has its own culture—the work environment, social circles and professional groups. We gain knowledge and skill from our encounters with these groups and develop behaviors which are acceptable to the group’s set of values and beliefs. We become culturally aware and sensitive to other individuals.

Dailly, we apply the basic tenets of community health nursing, the tenets of developing cultural awareness, expanding cultural knowledge and demonstrating cultural skill, to life situations. When translated into action, they become the culturally competent behaviors of our personal and professional lives. And our collegial relationships and exchanges within Sigma Theta Tau are no exception.

The collective and knowledge pool of the society’s membership are phenomenal. With members living in more than 70 countries, we have the ability to deploy multicultural activities in a huge way. We have the collective structure (chapters and regions) and the means (intellectually adept members, equipped with telephone and electronic communication vehicles). So...now what?

Now we each have to reach out and link with another member and become aware, knowledgeable and skilled in his or her culture. Now we share our cultural knowledge and expertise with someone. Now we learn what diversity means from someone else’s perspective, what the nursing, and health issues and values are, and how he or she is able to live these out.

There are multiple ways to act now, many already being employed by members and chapters. Activities such as student and facility exchanges, health promotion projects in partnership with communities, mentoring and outreach programs, collaborative research projects and developing cross cultural resource bases are a few. And more innovations are being implemented daily, including a global pen pal initiative in which colleagues identify colleagues in other regions or nations and establish regular communication lines to share their knowledge and cultural perspective. Induction of community leaders from other countries; registration of cross cultural research with the Registry of Nursing Research of the Virginia Henderson International Nursing Library; setting up a global diversity chat room on chapter or regional home pages for sharing and seeking advice about patient and professional practice; and, crossing borders to find common ground for discussion, programming and knowledge transactions. As we continue to develop our diverse potential as caregivers and colleagues, our individual and collective obligation is to value our differences; to ask and talk about what is different and what is important; to listen to the answers we receive and give and to realize that these differences depend on the meaning and purpose of our acts.

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

REFERENCES


STRATEGIC PLANNING

Reflecting the soul of Sigma Theta Tau

BY JEANNE FLOYD

INDIANAPOLIS—President Eleanor J. Sullivan has set as her priority the development of a comprehensive strategic planning process which will pivot around member feedback at the chapter level. This is an opportunity for members to voice their dreams for the future of Sigma Theta Tau International. Leaders and members will be invited to embark on a visionary strategic planning process. The past 75 years of support to scholarly knowledge development, dissemination and utilization will be revisited in order to reflect the soul of the organization in the milieu of change. Outcomes will strategically position Sigma Theta Tau to shape the golden age of international nursing scholarship.

Work entailed in the current strategic planning process will be conducted by a select group of individuals who will prepare a document for review by the board of directors in July 1999. Patricia Turner, trustee leadership development expert, will serve as architect and planner. Members of the task force include: chair Eleanor J. Sullivan, Patricia E. Thompson, Daniel J. Pesut, Marla E. Salmon, Nancy Dickinson-Hazard, Suzanne Prevost, Barbara Langer, Marlene Ruiz, Joanne K. Olson, Linda Brimmer and Margaret M. Pike. Led by Dr. Sullivan, the task force members will represent the board of directors, key constituents and staff. They will carry the charge to create "dream teams." Members, representatives of nursing organizations, health care agencies, the media, financial experts, technology experts and the past leadership are to be included. As decisions are shaped, members will be contacted for their views through print and electronic vehicles. For questions and further information, please contact Jeanne Floyd. Look for more news about this in upcoming issues of Reflections.

Eleanor J. Sullivan, Patricia E. Thompson, Daniel J. Pesut, Marla E. Salmon, Nancy Dickinson-Hazard, Suzanne Prevost, Barbara Langer, Marlene Ruiz, Joanne K. Olson, Linda Brimmer and Margaret M. Pike

Jeanne Floyd, RN, PhD, G. CAS, is an internal consultant at Sigma Theta Tau International headquarters and is engaged in initiatives related to strategic planning, membership development and grant writing.

http://www.stti.org

Have you visited our website lately?

You’ll find 6 fully loaded states of information you need...

1 PROGRAMS

2 RESEARCH

3 MEMBERSHIP/CHAPTERS

4 PUBLICATIONS

5 PHILANTHROPY

6 LIBRARY

special features coming soon...

Q & A's

Interviews

Columns

@
PHILADELPHIA—The profession of nursing has within its power and purview the ability to do great good. Nursing’s history and future are bound together by the notions of service and caring. Our profession is rooted in its ability to respond to the basic human needs for compassion, nurturing, caring and healing, which are reflected in our values, practice and scholarship. This consistent ability to respond to basic human needs is what ties us together as one profession across our varied national and cultural circumstances.

We are also tied together by our overall societal importance and the trust that has been placed in us as a profession. Viewed from this vantage point, it is important to recognize that the development of nursing and its status as a profession is very much related to its social contract. This contract varies around the world, but the overall theme is fairly consistent: Nursing is looked to for committed service to all peoples in need. Nursing is seen as responding to need, regardless of class, race, ethnicity, gender or political affiliation. What this means is that nursing is fundamentally important to the pursuit of equity and social justice. It also means that nursing has a far-reaching impact that goes well beyond those individuals and families that nurses touch each day.

However, this is a vision of the possible — not the usual. My purpose here is to raise the question of the role of the profession of nursing and its members and organizations in the achievement of equity and social justice. It is my hope that each of us will seek the answers in our own context — in what each of us does each day and what we do together as a profession.
PHILADELPHIA—The profession of nursing has within its power and purview the ability to do great good. Nursing’s history and future are bound together by the notions of service and caring. Our profession is rooted in its ability to respond to the basic human needs for compassion, nurturing, caring and healing, which are reflected in our values, practice and scholarship. This consistent ability to respond to basic human needs is what ties us together as one profession across our varied national and cultural circumstances.

We are also tied together by our overall societal importance and the trust that has been placed in us as a profession. Viewed from this vantage point, it is important to recognize that the development of nursing and its status as a profession is very much related to its social contract. This contract varies around the world, but the overall theme is fairly consistent: Nursing is looked to for committed service to all peoples in need. Nursing is seen as responding to need, regardless of class, race, ethnicity, gender or political affiliation. What this means is that nursing is fundamentally important to the pursuit of equity and social justice. It also means that nursing has a far-reaching impact that goes well beyond those individuals and families that nurses touch each day.

However, this is a vision of the possible — not the usual. My purpose here is to raise the question of the role of the profession of nursing and its members and organizations in the achievement of equity and social justice. It is my hope that each of us will seek the answers in our own context — in what each of us does each day and what we do together as a profession.
In 1948, the United Nation’s Declaration of Human Rights (1948) articulated a framework for the development of civilisation and good societies around the globe. Articles 1 and 2 eloquently set forth a vision of social equity and justice in which the dignity, potential and equality of all people are without regard to “race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

Article 25 describes the rights of all people with respect to their health and well being. The themes of equality, non-discrimination and the pursuit of social justice are clear—regardless of circumstance, every person must have equal access to the opportunities to be healthy and fulfilled if societies and nations are to be healthy and prosperous.

This theme of health as part of society’s fabric of social equity and opportunity underpins all global social and health policy—including the World Health Organization’s strategy of “Health for All by the Year 2000.” The underlying notion is that great societies are those in which the rights of all people are protected and the legal framework governing these countries strives to assure basic freedoms and the conditions in which human fulfillment is possible.

What does all of this have to do with nursing? Quite simply, what each of us does and what we do together as a profession helps to shape the extent to which the rights of people are respected and their health optimized. In the U.S. during the 1960s, there was a phrase that describes this far more eloquently: “We are not part of the solution, we are part of the problem.”

We should each look around us and identify those of us who strive for the betterment of society, who advocate for people whose rights are compromised. These exemplary professional nurses are known to each of us; we may not always see them though, because we may not understand that their work is the work of nurses. It is so important that we define the work of assuring human rights—equality and social justice—as the work of our profession and its members.

Some of the most exemplary human rights advocates are nurses. The late Lillian Carter, mother of former U.S. President Jimmy Carter, worked as a U.S. Peace Corps volunteer in a lifetime of dedication to social concerns. Rachel Robinson, in her role as head of the Jackie Robinson Foundation, continues the struggle for equal rights and opportunity that she and her late husband Jackie Robinson began many decades ago. Jackie Robinson was the first African American to play major league baseball in the United States; Rachel Robinson was one of the first African American nurses to earn a master’s degree in nursing. Her foundation work supports educational opportunities for talented minorities to study at leading institutions.

Hawaiian-born Dyanne Affonso, dean of Emory University School of Nursing, uses her scholarly work to assure that health care reflects the needs, aspirations and cultural uniqueness of all communities. Along with her multi-focused work at Emory, she returns home frequently to raise the level of health among native Hawaiians.

Zimbabwe’s Nora Ngwenya develops health programs in HIV and AIDS, and works with traditional healers in Southern Africa. She was previously the director of health promotion at Zimbabwe’s Ministry of Health and Child Welfare. She currently is the information, education and communication officer at Family Health International in Harare, the nation’s capital. There she designs peer education programs in the workforce for farm workers, truck drivers, commercial sex workers and business workers to reduce HIV and AIDS. At the same time, she influences health policy decisions.

LaVonne Carole, a native Alaskan member of the Aleut Tribe and originally from Kodiak, is director of community health at the Alaska Native Medical Center. She oversees care for Alaskan natives in 40 rural villages. These are only a few of the many nurses whose acts optimize the good that nursing does on behalf of many with limited access to the opportunities others enjoy.

I challenge each of us to embrace the notion that nursing’s work is the task of assuring the rights of all people and equal access to the benefits and protections of society and to develop just societies. This work is a job that is never done — it is the work that each of us should expect from ourselves and our profession. It is the hope for all peoples of the world.
In 1948, the United Nation’s Declaration of Human Rights (1948) articulated a framework for the development of civilization and good societies around the globe. Articles 1 and 2 eloquently set forth a vision of social equity and justice in which the dignity, potential and equality of all people are without regard to race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 25 describes the rights of all people with respect to their health and well being. The themes of equality, non-discrimination and the pursuit of social justice are clear—regardless of circumstance, every person must have equal access to the opportunities to be healthy and fulfilled if societies and nations are to be healthy and prosperous. This theme of health as part of society’s fabric of social equity and opportunity underpins all global social and health policy—including the World Health Organization’s strategy of “Health for All by the Year 2000.” The underlying notion is that great societies are those in which the rights of all people are protected and the legal framework governing these countries strives to assure basic freedoms and the conditions in which human fulfillment is possible.

What does all of this have to do with nursing? Quite simply, what each of us does and what we do together as a profession helps to shape the extent to which the rights of people are respected and their health optimized. In the U.S. during the 1960s, there was a phrase that describes this far more eloquently: If you are not part of the solution, you are part of the problem.

If we as nurses serve only those who come to us and ignore those who have no access to our services, we are supporting injustice and inequity. If we allow our organizations to remain silent on issues of human rights and social justice, we are supporting a default endorsement of injustice and inequity. If we limit the scope of our concern to what we are paid to do, we subtract our power to do good from the equation of assuring the rights of all people. And, as a profession, when we choose inaction, our silence and our reticence violate the contract that society has made with nursing in which we have been entrusted to do good—for all.

The ability of societies to become more just and the health of their members to be realized rests heavily on the leadership of professions—who represent the intellectual and educational elite. Nursing and health professions in general really are looked to for a type of leadership that represents concern for the greater good and ethical conduct that models caring on the face of adversity.

I have pondered the values that we espouse and tried to see their imprint on the social well being of people. Sigma Theta Tau International’s own values of love, honor and courage are global and particularly compelling when thought of in ways that extend beyond what we are paid to do. On a societal—even global—level, these values challenge us to somehow extend our love of individuals to a love of just societies in which all individuals are regarded equally.

These values also compel us to extend our notions of honor to a societal level in which we act honorably in public ways. Nursing and health professions in general really are looked to for a type of leadership that represents concern for the greater good and ethical conduct that models caring on the face of adversity.

We should each look around us and identify those of us who strive for the betterment of society, who advocate for people whose rights are compromised. These exemplary professional nurses are known to each of us; we may not always see them though, because we may not understand that their work is the work of nurses. It is so important that we define the work of assuring human rights—equity and social justice—as the work of our profession and its members.

Some of the most exemplary human rights advocates are nurses. The late Lillian Carter, mother of former U.S. President Jimmy Carter, worked as a U.S. Peace Corps volunteer in a lifetime of dedication to social concerns. Rachel Robinson, in her role as head of the Jackie Robinson Foundation, continues the struggle for equal rights and opportunity that she and her late husband Jackie Robinson began many decades ago. Jackie Robinson was the first African American to play major league baseball in the United States; Rachel Robinson was one of the first African American nurses to earn a master’s degree in nursing. Her foundation work supports educational opportunities for talented minorities to study at leading institutions.

Hawaiian-born Dynanne Affonso, dean of Emory University School of Nursing, uses her scholarly work to assure that health care reflects the needs, aspirations and cultural uniqueness of all communities. Along with her multi-focused work at Emory, she returns home frequently to raise the level of health among native Hawaiians. Zimbabwe’s Nora Ngwenya develops health programs in HIV and AIDS, and works with traditional healers in Southern Africa. She was previously the director of health promotion at Zimbabwe’s Ministry of Health and Child Welfare. She currently is the information, education and communication officer at Family Health International in Harare, the nation’s capital. There she designs peer education programs in the workforce for farm workers, truck drivers, commercial sex workers and business workers to reduce HIV and AIDS. At the same time, she influences health policy decisions.

LaVonne Carole, a native Alaskan member of the Aleut Tribe and originally from Kodiak, is director of community health at the Alaska Native Medical Center. She oversees care for Alaskan natives in 40 rural villages. These are only a few of the many nurses whose acts optimize the good that nursing does on behalf of many with limited access to the opportunities others enjoy.

I challenge each of us to embrace the notion that nursing’s work is the task of assuring the rights of all people and equal access to the benefits and protections of society and to develop just societies. This work is a job that is never done — it is the work that each of us should expect from ourselves and our profession. It is the hope for all peoples of the world.

References:

Marla E. Salmon, R.N., M.S., FAAN, is professor and dean of graduate studies at the University of Pennsylvania School of Nursing. She is chair of the Global Advisory Group for Nursing and Midwifery of the World Health Organization, and is an international director of Sigma Theta Tau International. She is the former director of the U.S. Public Health Service Division of Nursing. She has fostered many of the programs that have changed the face of nursing and enriched the diversity of nursing care.

Nora Ngwenya in Zimbabwe

Dynanne Affonso, right, in Hawaii

Rachel Robinson at Dodger Stadium in Los Angeles.

Lillian Carter in India in 1960s
Despite the overwhelming poverty, nurses are looking into the future with courage, envisioning a new dawn.

There are six schools of nursing: Four have diploma programs, and two have baccalaureate programs that opened in 1975 and 1996. Approximately 1,500 nurses provide health care to the whole country. The auxiliary nurses number as many as 3,000, and there are also more physicians than nurses. Nurses earn the equivalent of $720 to $950 a year in U.S. dollars, but they need a minimum of $3,600 a year to have a decent level of life. A loaf of bread costs one dollar, and a gallon of milk, two dollars.

The biggest employer for nurses is the Ministry of Health. Most nurses work in acute care settings, taking care of as many as 40 patients each with only one or two auxiliary nurses. Working conditions in these hospitals are deplorable, making the job of the nurses rather disheartening. If the patient does not bring a towel, there is no way he will receive a bed bath. Many times a 4 by 8 gauze will do the job of a face cloth.

Patients come to the public hospitals and must pay for all medications and tests, since there is not a health insurance system. The majority cannot pay and will go back home with untreated ailments; some of them will surely die. Many people have to wait for months to have surgery performed due to the lack of medicines and medical supplies, and those that undergo surgery have to buy the intravenous fluids, sutures and other needed medications at the local pharmacy. These situations are unfortunately not an exception in our country.

In Nicaragua, nurses have practiced under a physician's orders. Nurses follow what they are instructed to do, and very seldom are they able to express their own opinions. Those who dare to do it are often seen as domineering women.

Nurses in the area of public health are beginning to develop a greater sense of autonomy. The Nicaraguan government has placed an emphasis on primary health care, thus delegating many actions on the nurses that work in health centers and in communities. This shift in policy has been badly needed, despite the overwhelming poverty, nurses are looking into the future with courage, envisioning a new dawn.

By Lidya Zamora

MANAGUA, NICARAGUA—Equity cannot be built on insularity, here or elsewhere. For collegial sharing—an esteemed value of the caring profession—offers Nicaraguan nurses the greatest promise for raising the quality of health care in the nation. The obstacles to it will not be found in the hearts of our nurses.

The country of Nicaragua, with 4.4 million people, is located in the heart of Central America. The economic conditions are reflected through an annual income equivalent to $448.50 per person in U.S. dollars. The Nicaraguan population is predominantly young, with 50 percent under age 15. Women are a majority and have a fertility rate of 3.85 children. The illiteracy rate in rural areas is 40 percent.

By Lidya Zamora

There are six schools of nursing: Four have diploma programs, and two have baccalaureate programs that opened in 1975 and 1996. Approximately 1,500 nurses provide health care to the whole country. The auxiliary nurses number as many as 3,000, and there are also more physicians than nurses. Nurses earn the equivalent of $720 to $950 a year in U.S. dollars, but they need a minimum of $3,600 a year to have a decent level of life. A loaf of bread costs one dollar, and a gallon of milk, two dollars.

The biggest employer for nurses is the Ministry of Health. Most nurses work in acute care settings, taking care of as many as 40 patients each with only one or two auxiliary nurses. Working conditions in these hospitals are deplorable, making the job of the nurses rather disheartening. If the patient does not bring a towel, there is no way he will receive a bed bath. Many times a 4 by 8 gauze will do the job of a face cloth.

Patients come to the public hospitals and must pay for all medications and tests, since there is not a health insurance system. The majority cannot pay and will go back home with untreated ailments; some of them will surely die. Many people have to wait for months to have surgery performed due to the lack of medicines and medical supplies, and those that undergo surgery have to buy the intravenous fluids, sutures and other needed medications at the local pharmacy. These situations are unfortunately not an exception in our country.

In Nicaragua, nurses have practiced under a physician's orders. Nurses follow what they are instructed to do, and very seldom are they able to express their own opinions. Those who dare to do it are often seen as domineering women.

Nurses in the area of public health are beginning to develop a greater sense of autonomy. The Nicaraguan government has placed an emphasis on primary health care, thus delegating many actions on the nurses that work in health centers and in communities. This shift in policy has been badly needed, since Nicaragua has a high infant mortality rate due to diarrhea and acute respiratory diseases.

Maternal mortality rate is also as high as 110 per 1000 born live; therefore, nursing interventions are crucial for monitoring high-risk pregnancies. Despite these problems, nurses dream of becoming active participants of the international community of nurses. There is the desire to inquire about new trends in nursing. They also hope to be able to make their own decisions regarding the profession and be able to determine their own future.

In Nicaragua, the six schools of nursing have outlined for the first time their philosophy, mission and objectives as well as the definitions of critical nursing concepts. The Polytechnical University of Nicaragua School of Nursing signed four years ago a sister relationship with Duquesne University School of Nursing in Pittsburgh, Pa., in the United States. This relationship has given fruitful results. (Reflections, Third Quarter 1998 will carry more on this sister program.) The schools have been able to exchange experiences on community health nursing, research and other critical areas. The Polytechnical University of Nicaragua will soon open a nursing center, located in a poor slum community in Managua, the nation's capital. This event is truly a sign of hope for the future.

The Nicaraguan Nurses Association is also struggling to have self-regulating actions for the profession with the help of the Canadian Nurses Association. Despite the overwhelming poverty, nurses are looking into the future with courage, envisioning a new dawn.

By Lidya Zamora

There are six schools of nursing: Four have diploma programs, and two have baccalaureate programs that opened in 1975 and 1996. Approximately 1,500 nurses provide health care to the whole country. The auxiliary nurses number as many as 3,000, and there are also more physicians than nurses. Nurses earn the equivalent of $720 to $950 a year in U.S. dollars, but they need a minimum of $3,600 a year to have a decent level of life. A loaf of bread costs one dollar, and a gallon of milk, two dollars.

The biggest employer for nurses is the Ministry of Health. Most nurses work in acute care settings, taking care of as many as 40 patients each with only one or two auxiliary nurses. Working conditions in these hospitals are deplorable, making the job of the nurses rather disheartening. If the patient does not bring a towel, there is no way he will receive a bed bath. Many times a 4 by 8 gauze will do the job of a face cloth.

Patients come to the public hospitals and must pay for all medications and tests, since there is not a health insurance system. The majority cannot pay and will go back home with untreated ailments; some of them will surely die. Many people have to wait for months to have surgery performed due to the lack of medicines and medical supplies, and those that undergo surgery have to buy the intravenous fluids, sutures and other needed medications at the local pharmacy. These situations are unfortunately not an exception in our country.

In Nicaragua, nurses have practiced under a physician's orders. Nurses follow what they are instructed to do, and very seldom are they able to express their own opinions. Those who dare to do it are often seen as domineering women.

Nurses in the area of public health are beginning to develop a greater sense of autonomy. The Nicaraguan government has placed an emphasis on primary health care, thus delegating many actions on the nurses that work in health centers and in communities. This shift in policy has been badly needed, since Nicaragua has a high infant mortality rate due to diarrhea and acute respiratory diseases.

Maternal mortality rate is also as high as 110 per 1000 born live; therefore, nursing interventions are crucial for monitoring high-risk pregnancies. Despite these problems, nurses dream of becoming active participants of the international community of nurses. There is the desire to inquire about new trends in nursing. They also hope to be able to make their own decisions regarding the profession and be able to determine their own future.

In Nicaragua, the six schools of nursing have outlined for the first time their philosophy, mission and objectives as well as the definitions of critical nursing concepts. The Polytechnical University of Nicaragua School of Nursing signed four years ago a sister relationship with Duquesne University School of Nursing in Pittsburgh, Pa., in the United States. This relationship has given fruitful results. (Reflections, Third Quarter 1998 will carry more on this sister program.) The schools have been able to exchange experiences on community health nursing, research and other critical areas. The Polytechnical University of Nicaragua will soon open a nursing center, located in a poor slum community in Managua, the nation's capital. This event is truly a sign of hope for the future.

The Nicaraguan Nurses Association is also struggling to have self-regulating actions for the profession with the help of the Canadian Nurses Association. Despite the overwhelming poverty, nurses are looking into the future with courage, envisioning a new dawn.

By Lidya Zamora

First in the lunch line: Berta Armas, 4, waits for a security guard at a Nicaragua soup kitchen to open the gates to eat her first hot meal.

Equity’s powerful hold on dreams

MANAGUA, NICARAGUA—Equity cannot be built on insularity, here or elsewhere. For collegial sharing—an esteemed value of the caring profession—offers Nicaraguan nurses the greatest promise for raising the quality of health care in the nation. The obstacles to it will not be found in the hearts of our nurses.

The country of Nicaragua, with 4.4 million people, is located in the heart of Central America. The economic conditions are reflected through an annual income equivalent to $448.50 per person in U.S. dollars. The Nicaraguan population is predominantly young, with 50 percent under age 15. Women are a majority and have a fertility rate of 3.85 children. The illiteracy rate in rural areas is 40 percent.

By Lidya Zamora
Despite the overwhelming poverty, nurses are looking into the future with courage, envisioning a new dawn.

There are six schools of nursing: Four have diploma programs, and two have baccalaureate programs that opened in 1975 and 1996. Approximately 1,500 nurses provide health care to the whole country. The auxiliary nurses number as many as 3,000, and there are also more physicians than nurses. Nurses earn the equivalent of $720 to $960 a year in U.S. dollars, but they need a minimum of $3,600 a year to have a decent level of life. A loaf of bread costs one dollar, and a gallon of milk, two dollars.

The biggest employer for nurses is the Ministry of Health. Most nurses work in acute care settings, taking care of as many as 40 patients each with only one or two auxiliary nurses. Working conditions in these hospitals are deplorable, making the job of the nurses rather disheartening. If the patient does not bring a towel, there is no way he will receive a bed bath. Many times a 4 by 8 gauze will do the job of a face cloth.

Patients come to the public hospitals and must pay for all medications and tests, since there is not a health insurance system. The majority cannot pay and will go back home with untreated ailments; some of them will surely die. Many people have to wait for months to have surgery performed due to the lack of medicines and medical supplies, and those that undergo surgery have to buy the intravenous fluids, sutures and other needed medications at the local pharmacy. These situations are unfortunately not an exception in our country.

In Nicaragua, nurses have practiced under a physician's orders. Nurses follow what they are instructed to do, and very seldom are they able to express their own opinions. Those who dare to do it are often seen as dominating women.

Nurses in the area of public health are beginning to develop a greater sense of autonomy. The Nicaraguan government has placed an emphasis on primary health care; thus delegating many actions on the nurses that work in health centers and in communities. This shift in policy has been badly needed, looking into the future with courage, envisioning a new dawn. Despite the overwhelming poverty, nurses are looking into the future with courage, envisioning a new dawn.

By Lidya Zamora

MANAGUA, NICARAGUA—Equity cannot be built on insularity, here or elsewhere. For collegial sharing—an esteemed value of the caring profession—offers Nicaraguan nurses the greatest promise for raising the quality of health care in the nation. The obstacles to it will not be found in the hearts of our nurses.

The country of Nicaragua, with 4.4 million people, is located in the heart of Central America. The economic conditions are reflected through an annual income equivalent to $448.50 per person in U.S. dollars. The Nicaraguan population is predominantly young, with 50 percent under age 15. Women are a majority and have a fertility rate of 3.85 children. The illiteracy rate in rural areas is 50 percent under age 15. Women are viewed as domineering women.

There are six schools of nursing: Four have diploma programs, and two have baccalaureate programs that opened in 1975 and 1996. Approximately 1,500 nurses provide health care to the whole country. The auxiliary nurses number as many as 3,000, and there are also more physicians than nurses. Nurses earn the equivalent of $720 to $960 a year in U.S. dollars, but they need a minimum of $3,600 a year to have a decent level of life. A loaf of bread costs one dollar, and a gallon of milk, two dollars.

The biggest employer for nurses is the Ministry of Health. Most nurses work in acute care settings, taking care of as many as 40 patients each with only one or two auxiliary nurses. Working conditions in these hospitals are deplorable, making the job of the nurses rather disheartening. If the patient does not bring a towel, there is no way he will receive a bed bath. Many times a 4 by 8 gauze will do the job of a face cloth.

Patients come to the public hospitals and must pay for all medications and tests, since there is not a health insurance system. The majority cannot pay and will go back home with untreated ailments; some of them will surely die. Many people have to wait for months to have surgery performed due to the lack of medicines and medical supplies, and those that undergo surgery have to buy the intravenous fluids, sutures and other needed medications at the local pharmacy. These situations are unfortunately not an exception in our country.

In Nicaragua, nurses have practiced under a physician's orders. Nurses follow what they are instructed to do, and very seldom are they able to express their own opinions. Those who dare to do it are often seen as dominating women.

Nurses in the area of public health are beginning to develop a greater sense of autonomy. The Nicaraguan government has placed an emphasis on primary health care; thus delegating many actions on the nurses that work in health centers and in communities. This shift in policy has been badly needed, looking into the future with courage, envisioning a new dawn. Despite the overwhelming poverty, nurses are looking into the future with courage, envisioning a new dawn.
DIVERSITY AMONG BOTSWANA NURSES

Gaborone, Botswana—The establishment of global partnerships in all fields of employment and study has resulted in many nurses working on continents that are far away from their homeland in cultures that are totally alien to them. Diversity issues within the nursing profession can be numerous, but for the country of Botswana the most relevant and noteworthy are the cultural and professional ones.

By Sheila Dinotshe Tlou, nurse and farmer

The Republic of Botswana, located in Southern Africa, has a population of 1.5 million. Since independence, Botswana has achieved a stable democratic government and substantial improvement in its economic levels, and health and education systems. The per capita income is the equivalent of $2,500 in U.S. dollars and is one of the highest in sub-Saharan Africa (World Bank, 1993). Botswana has worked to implement a primary health facility, and approximately 90 percent of the population now lives within walking distance (10 km) of a health facility. The overall mortality rate is now 9.7 per 1000; life expectancy is 66 years, and the infant mortality rate has fallen from more than 100 per 1000 in 1971 to 32 in 1994 (Ministry of Finance and Development Planning, 1991). Botswana has at least 11 ethnic groups or mene (language), is spoken by almost everyone. Cultural norms and practices in most mene are similar. It has therefore been traditionally easy for members of the nursing profession who are Batswana to expect and maintain a certain code of conduct. Batswana, who belong to tribes of Baritu lineage, comprise the majority of the populace. This tends to create a peaceful and smooth, but boring and intellectually unchallenging work environment.

The tranquility could not last long, though. In the late '80s, Botswana experienced an economic boom that resulted in expansion of health care facilities. The resulting shortage of personnel, coupled with divergent economic situations in neighboring countries of Zimbabwe, Zambia and Malawi, led to a significant movement of nurses from these countries to Botswana. This brain drain has continued to date, thus nursing in Botswana comprises a rainbow of professional nurses from all over the world but mostly from Southern Africa. The gains are numerous. For one thing, Botswana has one of the best nurse-to-client ratios in Africa, and the health indicators such as the low mortality rates and high immunization rates are a tribute to the primary health care system and the dedicated nurses. It is also highly motivating to note that despite our cultural diversity, there is homogeneity when it comes to operationalizing the concept of “caring” to patient populations.

The issues are just as numerous, but I will dwell on the three which have been outlined by nurses as the most important and needing urgent intervention:

Equity in pay. In order to induce them, expatriate nurses are usually recruited at a higher salary than local or citizen nurses. They have other fringe benefits such as education allowance for their children, and at the end of every two-year contract, they are given a gratuity. The whole pay package can be twice that of a citizen nurse who has the same qualifications and experience. This phenomenon is the source of a great deal of resentment and tension among nurses and their employers (the government) and has raised complaints about “equity and the socioeconomic welfare of the Botswana nurse.”

Language problems. Who translates for whom when there are language/communication problems between an expatriate nurse and a Botswana patient? These nurses usually communicate only in English, but Batswana of all educational levels prefer to speak Setswana, and where a patient is illiterate there can be real problems, because Batswana nurses often refuse to interpret. “It is not part of my job, and these nurses should learn Setswana fast,” many of them say. This has resulted in frustrations, especially for patients whose needs end up being only partially met.

Recognition of credentials. Nursing education programs in Southern Africa are diverse as the nurses themselves. This is a problem for employers when they try to recruit or hire, as well as for the Botswana Nursing Council: the licensing body. The solution has been to create the East, Central and Southern African College of Nursing, whose mandate is to harmonize professional nurse training programs in the region, and to facilitate free movement and licensing of nursing in the region. Its recommendations will be implemented in 1999/2000 to solve future credentialing problems.

Certain issues have to be acknowledged and dealt with in order to reduce conflict and tension and to promote productivity related to care of clients. Cultural and ethnic diversity among nurses in any country can be a source of sharing that promotes formal and informal learning in a variety of settings. It enhances knowledge and has a tremendous potential for improving the nursing profession and care in general.

Sheila Dinotshe Tlou, RN, PhD, is a senior lecturer at the University of Botswana Department of Nursing Education and is a member of the nursing research advisory committee of the International Council of Nurses.
DIVERSITY AMONG BOTSWANA NURSES

Gaborone, Botswana—The establishment of global partnerships in all fields of employment and study has resulted in many nurses working on continents that are far away from their homeland in cultures that are totally alien to them. Diversity issues within the nursing profession can be numerous, but for the country of Botswana the most relevant and noteworthy are the cultural and professional ones.

By Sheila Dinotshe Tlou, nurse and farmer

The Republic of Botswana, located in Southern Africa, has a population of 1.5 million. Since independence, Botswana has achieved a stable democratic government and substantial improvement in its economic levels, and health and education systems. The per capita income is the equivalent of $2,600 in U.S. dollars and is one of the highest in sub-Saharan Africa (World Bank, 1993). Botswana has worked to implement a primary health care delivery system, and approximately 90 percent of the population now lives within walking distance (10 km) of a health facility. The overall mortality rate is now 9.7 per 1000; life expectancy is 66 years, and the infant mortality rate has fallen from more than 100 per 1000 in 1971 to 32 in 1994 (Ministry of Finance and Development Planning, 1991).

Botswana has at least 11 ethnic groups or more, and a relatively homogenous population because the main official language, Setswana, is spoken by almost everyone. Cultural norms and practices in most more are similar. It has therefore been traditionally easy for members of the nursing profession who are Batswana to expect and maintain a certain code of conduct. Batswana, who belong to tribes of Bantu lineage, comprise the majority of the populace. This tends to create a peaceful and smooth, but boring and intellectually unchallenging work environment.

The tranquility could not last long, though. In the late '80s, Botswana experienced an economic boom that resulted in expansion of health care facilities. The resulting shortage of personnel, coupled with divergent economic situations in neighboring countries of Zimbabwe, Zambia and Malawi, led to a significant movement of nurses from these countries to Botswana. This brain drain has continued to date, thus nursing in Botswana comprises a rainbow of professional nurses from all over the world but mostly from Southern Africa. The gains are numerous. For one thing, Botswana has one of the best nurse-client ratios in Africa, and the health indicators such as the low mortality rates and high immunization rates are a tribute to the primary health care system and the dedicated nurses. It is also highly motivating to note that despite our cultural diversity, there is homogeneity when it comes to operationalizing the concept of "caring" to patient populations.

The issues are just as numerous, but I will dwell on the three which have been outlined by nurses as the most important and needing urgent intervention:

Equity in pay. In order to induce them, expatriate nurses are usually recruited at a higher salary than local or citizen nurses. They have other fringe benefits such as education allowance for their children, and at the end of every two-year contract, they are given a gratuity. The whole pay package can be twice that of a citizen nurse who has the same qualifications and experience. This phenomenon is the source of a great deal of resentment and tension among nurses and their employers (the government) and has raised complaints about "equity and the socioeconomic welfare of the Botswana nurse."

Language problems. Who translates for whom when there are language/communication problems between an expatriate nurse and a Botswana patient? These nurses usually communicate only in English, but Batswana of all educational levels prefer to speak Setswana, and where a patient is illiterate there can be real problems, because Batswana nurses often refuse to interpret. "It is not part of my job, and these nurses should learn Setswana fast," many of them say. This has resulted in frustrations, especially for patients whose needs end up being only partially met.

Recognition of credentials. Nursing education programs in Southern Africa are diverse as the nurse themselves. This is a problem for employers when they try to recruit or hire, as well as for the Botswana Nursing Council: the licensing body. The solution has been to create the East, Central and Southern African College of Nursing, whose mandate is to harmonize professional nurse training programs in the region, and to facilitate free movement and licensing of nursing in the region. Its recommendations will be implemented in 1999/2000 to solve future credentialing problems.

Certain issues have to be acknowledged and dealt with in order to reduce conflict and tension and to promote productivity related to care of clients. Cultural and ethnic diversity among nurses in any country can be a source of sharing that promotes formal and informal learning in a variety of settings. It enhances knowledge and has a tremendous potential for improving the nursing profession and care in general.

Sheila Dinotshe Tlou, R.N., Ph.D., is a senior lecturer at the University of Botswana Department of Nursing Education and is a member of the nursing research advisory committee of the International Council of Nurses.
A day in the life of a Malawian Midwife

By LENNIE A. KAMWENDO

BLANTYRE, MALAWI—MIDWIFERY PRACTICE IN MALAWI IS UNIQUE, because in most cases the midwife practices in the absence of an obstetrician. This is so because of the shortage of obstetricians even in large referral hospitals where it is not uncommon to have two or three obstetricians for maternity units which conduct at least 250 deliveries per week.

Malawi is a small landlocked country in Southeast Africa surrounded by Mozambique on the east, south and southwest; Zambia on the west; and Tanzania on the north. The country has close to 12 million people served by approximately 4,000 nurse midwives, a third of whom are registered. The University of Malawi Kamuzu College of Nursing runs the nation's only educational program for registered nurses.

Fortunately, the midwifery educational program prepares the midwife to practice independently and interdependently. The syllabus and curriculum ensures that the Malawian midwife graduates with knowledge and skills to manage both low risk and high risk pregnancies, labor and puerpera.

A Malawian midwife would start with receiving the night report, which is usually given in the form of a ward round. Then the midwife would admit women who have not yet been admitted to the labor ward, but if there are no admissions, then she will proceed to assess the women assigned to her by the midwife in charge. The midwife in charge is responsible for ensuring that the labor ward has all the necessary material resources for the day and that the equipment is in working order.

After assessing her patients, she determines and plans appropriate care for the woman, and she informs the midwife-in-charge of any high risk factors. Every 30 minutes, she evaluates color of liquor if membranes have ruptured. She also evaluates progress of labor based on decrease in fundal height, timing frequency and strength of uterine contractions by placing her palm on the uterine fundus (no monitors!) and by descent of the presenting part.

The midwife also assesses cervical effacement, state and dilatation at three or four hour intervals, depending on whether the woman is multigravida or primigravida. The midwife is able to assess the psychological and physiological response to labor. She diagnoses deviations from normal labor and informs the obstetrician exactly what she thinks is wrong, and at times suggests measures which must be taken, such as if the midwife thinks the woman will not deliver vaginally. The midwife is in a position to advise the obstetrician to perform a caesarean section.

In the case of a high risk labor, the midwife will manage the patient until delivery. This means that the Malawian midwife conducts all low risk and most high risk deliveries, such as vacuum extractions when fetal head is well below ischial spines without caput succedaneum, breech deliveries and multiple deliveries. After delivery, the midwife evaluates the condition of the mother and baby every 15 minutes.

One hour following birth, the mother is asked to take a bath, while the baby is assessed for birth injuries, congenital malformations, presence of reflexes and general adaptation to extra-uterine existence. The midwife discharges her patients from the labor ward to the postnatal ward. Babies who are not well are transferred to the neonatal unit where they are seen by a pediatrician.

A Malawian midwife bears the responsibility for independent decisions on the treatment of childbearing women. The only factors that affect her performance are the lack of material resources, shortage of midwives and inadequate pay that does not match her enormous responsibilities. As a Malawian midwife cradles a baby in her arms, she knows that her nation counts on her to deliver the best possible care.
A day in the life of a Malawian Midwife

BY LENNIE A. KAMWENDO

BLANTYRE, MALAWI—MIDWIFERY PRACTICE IN MALAWI IS UNIQUE, because in most cases the midwife practices in the absence of an obstetrician. This is so because of the shortage of obstetricians even in large referral hospitals where it is not uncommon to have two or three obstetricians for maternity units which conduct at least 250 deliveries per week.

Malawi is a small landlocked country in Southeast Africa surrounded by Mozambique on the east, south and southwest; Zambia on the west; and Tanzania on the north. The country has close to 12 million people served by approximately 4,000 nurse midwives, a third of whom are registered. The University of Malawi Kamuzu College of Nursing runs the nation's only educational program for registered nurses.

Fortunately, the midwifery educational program prepares the midwife to practice independently and interdependently. The syllabus and curriculum ensures that the Malawian midwife graduates with knowledge and skills to manage both low risk and high risk pregnancies, labor and puerpera.

A Malawian midwife would start with receiving the night report, which is usually given in the form of a ward round. Then the midwife would admit women who have not yet been admitted to the labor ward, but if there are no admissions, then she will proceed to assess the women assigned to her by the midwife in charge. The midwife in charge is responsible for ensuring that the labor ward has all the necessary material resources for the day and that the equipment is in working order.

After assessing her patients, she determines and plans appropriate care for the woman, and she informs the midwife-in-charge of any high risk factors. Every 30 minutes, she evaluates color of liquor if membranes have ruptured. She also evaluates progress of labor based on decrease in fundal height, timing frequency and strength of uterine contractions by placing her palm on the uterine fundus (no monitors!) and by descent of the presenting part.

The midwife also assesses cervical effacement, state and dilatation at three or four hour intervals, depending on whether the woman is multigravida or primigravida. The midwife is able to assess the psychological and physiological response to labor. She diagnoses deviations from normal labor and informs the obstetrician exactly what she thinks is wrong, and at times suggests measures which must be taken, such as if the midwife thinks the woman will not deliver vaginally. The midwife is in a position to advise the obstetrician to perform a caesarean section.

In the case of a high risk labor, the midwife will manage the patient until delivery. This means that the Malawian midwife conducts all low risk and most high risk deliveries, such as vacuum extractions when fetal head is well below ischial spines without caput succedaneum, breech deliveries and multiple deliveries. After delivery, the midwife evaluates the condition of the mother and baby every 15 minutes.

One hour following birth, the mother is asked to take a bath, while the baby is assessed for birth injuries, congenital malformations, presence of reflexes and general adaptation to extra-uterine existence. The midwife discharges her patients from the labor ward to the postnatal ward. Babies who are not well are transferred to the neonatal unit where they are seen by a pediatrician.

A Malawian midwife bears the responsibility for independent decisions on the treatment of childbearing women. The only factors that affect her performance are the lack of material resources, shortage of midwives and inadequate pay that does not match her enormous responsibilities. As a Malawian midwife cradles a baby in her arms, she knows that her nation counts on her to deliver the best possible care.

Lennie A. Kamwendo, R.N., M.N., is a lecturer in midwifery and vice principal at the University of Malawi Kamuzu College of Nursing. She is the immediate past president of the National Association of Nurses of Malawi.
Knowledge online before it reaches the shelves

The Virginia Henderson International Nursing Library was created in 1989 with the purpose of advancing Sigma Theta Tau's vision to improve the health of the world's people through leadership, scholarship, research, and technology. Through the library, Sigma Theta Tau offers timely information and scientific knowledge to students, clinicians, and scholars via computer access on the World Wide Web. The library features innovative online services including: the Registry of Nursing Research and The Online Journal of Knowledge Synthesis for Nursing.

In today's rapidly changing health care environment, it is necessary that busy health care professionals stay abreast of current research, findings, and industry trends. The depth of data available through the Virginia Henderson International Nursing Library allows immediate and cost-effective access to a vast array of health care knowledge — 24 hours a day, seven days a week.

Library Mission Statement

The Virginia Henderson International Nursing Library is dedicated to advancing nursing excellence and improving health care worldwide. Its objectives are to:

- Enhance access to nursing information and knowledge
- Form electronic communication networks among nurse researchers
- Provide a directory of nursing and health care information resources
- Develop selected nursing databases to facilitate nursing research
- Provide a structure and classification scheme to organize information about nursing research
- Disseminate nursing research findings to the public

Innovative online services...

• Research demographics and networking opportunity
• Study details and scientific findings
• Online submission of nursing research
• Subject and variables/concept indices

The foremost research from the nursing community!

The Virginia Henderson International Nursing Library offers electronic services which provide immediate access to current nursing research worldwide, with optimal searching capabilities and interactive features. Library users may review, download, and print relevant information, including graphical images.

The Online Journal of Knowledge Synthesis for Nursing

- Synthesized research knowledge with clinical applications
- Integrated critical reviews
- Peer-reviewed articles authored by clinician/researcher teams
- MEDLINE® and CINAHL™ reference links

Advanced Practice Nurses' Conference on the World Wide Web

- Electronic conferencing on the World Wide Web any time from anywhere
- Opportunity to raise professional issues and concerns
- Opportunity to participate in professional discussions
- Instant and interactive communication among nurse practitioners

SIGMA THETA TAU INTERNATIONAL VIRGINIA HENDERSON INTERNATIONAL NURSING LIBRARY

550 West North Street
Indianapolis, IN 46202

PHONE TOLL-FREE IN US/CANADA: 888.634.7575 DIRECT LINE: 317.634.8188
FAX: 317.634.8188 WEB: www.stti.iu.edu/library
E-MAIL: library@stti.iu.edu

ADVANCED PRACTICE NURSES' CONFERENCE ON THE WORLD WIDE WEB
Knowledge online before it reaches the shelves

The Virginia Henderson International Nursing Library was created in 1989 with the purpose of advancing Sigma Theta Tau's vision to improve the health of the world's people through leadership, scholarship, research, and technology. Through the library, Sigma Theta Tau offers timely information and scientific knowledge to students, clinicians, and scholars via computer access on the World Wide Web. The library features innovative online services including: the Registry of Nursing Research and The Online Journal of Knowledge Synthesis for Nursing.

In today's rapidly changing healthcare environment, it is necessary that busy healthcare professionals stay abreast of current research, findings, and industry trends. The depth of data available through the Virginia Henderson International Nursing Library allows immediate and cost-effective access to a vast array of health care knowledge — 24 hours a day, seven days a week.

Library Mission Statement

The Virginia Henderson International Nursing Library is dedicated to advancing nursing excellence and improving health care worldwide. Its objectives are to:

- Enhance access to nursing information and knowledge
- Form electronic communication networks among nurse researchers
- Provide a directory of nursing and health care information resources
- Develop selected nursing databases to facilitate nursing research
- Provide a structure and classification scheme to organize information about nursing research
- Disseminate nursing research findings to the public

Innovative online services...

- Research demographics and networking opportunity
- Study details and scientific findings
- Online submission of nursing research
- Subject and variables/concept indices

The foremost research from the nursing community!

The Virginia Henderson International Nursing Library offers electronic services which provide immediate access to current nursing research worldwide, with optimal searching capabilities and interactive features. Library users may review, download, and print relevant information, including graphical images.

Advanced Practice Nurses' Conference on the World Wide Web

- Electronic conferencing on the World Wide Web any time from anywhere
- Opportunity to raise professional issues and concerns
- Opportunity to participate in professional discussions
- Instant and interactive communication among nurse practitioners

The Online Journal of Knowledge Synthesis for Nursing

- Synthesized research knowledge with clinical applications
- Integrated critical reviews
- Peer-reviewed articles authored by clinician/researcher teams
- MEDLINE® and CINAHL™ reference links

Sigma Theta Tau International
Virginia Henderson International Nursing Library
350 West North Street
Indianapolis, IN 46202

Phone Toll Free in US/Canada: 888.634.7575
Phone: 800.634.7575 x1
Fax: 317.634.8188
Web: www.stti.iupui.edu/library
E-mail: library@stti.iu.edu
The integration of traditional Chinese health practices in nursing

BY FRANCES K.Y. WONG

Hong Kong—For a century, Hong Kong was under British Rule, and many public service systems have been based on British models. For example, the health care service in Hong Kong resembles the United Kingdom's national health system.

The people of Hong Kong have been receiving Western medicine at very low costs. The preparation of health care professionals, such as nurses, is also after the British style. Until 1990 all Hong Kong nurses were trained in nursing schools attached to hospitals.

After 1990, Hong Kong began its first baccalaureate program at the Hong Kong Polytechnic University. Now Hong Kong has three nursing undergraduate programs that will produce 200 graduates a year. However, about 70 percent of Hong Kong's registered nurses are still being prepared in the hospital schools. The hospitals in Hong Kong practice Western medicine exclusively.

Although the formal medical system only acknowledges the practice of Western medicine, the population of Hong Kong is 97 percent Chinese. They seek remedies in Chinese health practices during the same or different episodes of illness. We nurses—being part of the larger culture—also exhibit these health-seeking behaviors.

Often Hong Kong nurses seek traditional healing and adapt Eastern health practices. For example, the use of herbal medicine in treating a common cold is often used. Or after giving birth to babies, mothers are advised by their elders to bathe with water cooked with ginger skin. They say that uncooked "raw" cold water will cause "wind" and will upset the balance of "cold" and "hot," yin and yang. During the first month of birth, mothers are also advised to consume vinegar cooked with pig's feet and eggs.

Nurses are also cultural beings. When they become mothers, they are often compliant with these cultural practices. However, it is interesting to note that sometimes nurses tend to suspend their traditional health beliefs when undertaking "professional" duties. When patients consult nurses about taking herbal medicine, nurses tend to disapprove. The plausible explanation for this response is that nurses themselves are not familiar with the effects of these traditional Chinese health practices, and it is safer not to encourage the use.

There have been a number of incidents where persons have been killed or severely poisoned due to the inappropriate consumption of herbs. On the other hand, there have been positive results reported in conventional Chinese therapies, such as the use of crocodile-based medicine to control the symptoms of asthma. More research is being conducted to test the effects of conventional therapies.

Until recently, nurses working in Hong Kong's maternity units disapproved of mothers consuming vinegar soup. There have been studies suggesting that the vinegar soup contains a kind of substance similar to ergot that may enhance bleeding. Now nurses working in the maternity unit in Hong Kong, based on the research findings, suggest that mothers only consume vinegar soup when the vaginal bleeding has stopped. This is a positive move toward the incorporation of traditional health belief in health education. There are still a lot more studies that need to be done so that nurses can appropriately advise clients on health practices, taking into account the cultural factors.

Nurses educated in the Western medicine model are becoming more culturally sensitive to the traditional Chinese health models. This sensitivity, which is the art of nursing, needs to be complemented with the science of nursing. The science refers to what, when and how a particular Chinese health therapy can be applied. For example, pressure point massage is a kind of nursing therapy that may be applied to surgical patients. Nurses need to learn about when, and how often these massage therapies may be used to the best effect in relieving surgical pain.

In China, there are a number of settings that have incorporated the practice of Western medicine and Chinese medicine. There is also training for nurses to practice nursing based on the principles of Chinese medicine. The best practice of nursing will be based on principles that integrate both Chinese and Western medicine, rather than on one or the other. In mainland China, a lot of work is underway to marry the two.

The book, Nursing Science of Integrated Chinese Traditional and Western Medicine, published in 1995 by Tencentyng Technical Translation Publisher, is an exemplar of such efforts. As nurses, we always proudly claim that we care for our clients as a whole person, and we focus on health care, rather than illness care. The endeavor to incorporate the principles of traditional Chinese medicine in Western nursing contributes to the fulfillment of the provision of holistic care to nurses who work in a predominantly Chinese community.

Shown here is an advertisement for Chinese medicine in the form of Chinese medicine at a Hong Kong store. Some Chinese believe crocodile meat medicine can cure coughing and strengthen the liver.

Dr. Frances Wong is an associate professor at Hong Kong Polytechnic University's Department of Health Sciences.
The integration of traditional Chinese health practices in nursing

BY FRANCES K.Y. WONG

HONG KONG—FOR A CENTURY, HONG KONG WAS UNDER BRITISH RULE, and many public service systems have been based on British models. For example, the health care service in Hong Kong resembles the United Kingdom's national health system.

The people of Hong Kong have been receiving Western medicine at very low costs. The preparation of health care professionals, such as nurses, is also after the British style. Until 1990 all Hong Kong nurses were trained in nursing schools attached to hospitals.

Although the formal medical system only acknowledges the practice of Western medicine, the population of Hong Kong is 97 percent Chinese. They seek remedies in Chinese health therapy during the same or different episodes of illness. We nurses—being part of the larger culture—also exhibit these health-seeking behaviors.

According to research, people in Hong Kong practice Western medicine exclusively. However, many use Chinese health care services during the same or different episodes of illness. We nurses—being part of the larger culture—also exhibit these health-seeking behaviors.

Often Hong Kong nurses seek traditional healing and adopt Eastern health practices. For example, the use of herbal medicine in treating a common cold is often used. Or after giving birth to babies, mothers are advised by their elders to bathe with vinegar soup when the vaginal bleeding has stopped. This is a positive move toward the incorporation of traditional health belief in health education.

There are still a lot more studies that need to be done so that nurses can appropriately advise clients on health practices, taking into account the cultural factors.

Nurses educated in the Western medicine model are becoming more culturally sensitive to the traditional Chinese health models. This sensitivity, which is the art of nursing, needs to be complemented with the science of nursing.

The science refers to what, when and how a particular Chinese health therapy can be applied. For example, pressure point massage is a kind of nursing therapy that may be applied to surgical patients. Nurses need to learn about when, and how often these massage therapies may be used to the best effect in relieving surgical pain.

In China, there are a number of hospitals that have incorporated the practice of Western medicine and Chinese medicine. There is also training for nurses to practice nursing based on the principles of Chinese medicine. The best practice of nursing will be based on principles that integrate both Chinese and Western medicine, rather than on one or the other. In mainland China, a lot of work is underway to marry the two.

The book, Nursing Science of Integrated Chinese Traditional and Western Medicine, published in 1995 by Tianjiang Technical Translation Publisher, is an exemplar of such effort. As nurses, we always proudly claim that we care for our clients as a whole person, and we focus on health care, rather than illness care. The endeavor to incorporate the principles of traditional Chinese medicine in Western nursing contributes to the fulfillment of the provision of holistic care by nurses who work in a predominantly Chinese community.

Dr. Frances Wong is an associate professor at Hong Kong Polytechnic University's Department of Health Sciences.
Within the Indian Health Service, which has provided the majority of health care to Indian populations since 1984, we have seen and felt our share of changes in infrastructure, budget and delivery of health care. The major positive outcome of much of this is the favorable attention paid to Public Law 638, which allows tribes to assume autonomy over their own health programs, rather than continued dependence on the Indian Health Service to provide all levels of medical care to our people. What is the role of nursing in this new environment? What can I do as an American Indian nurse to remain in the mainstream of health care? In the second quarter issue of Image: Journal of Nursing Scholarship 1997, this very question was addressed by Dr. Alison Kinson in an address at Johns Hopkins University. She states that nursing care needs to be made explicit in our sophisticated health delivery system, including cost. Kinson says patients value nurses for their personal qualities, attitude, manner, personality and presence. A nurse-patient encounter deals with such issues as vulnerability, dependency, fear, suffering, insecurity and possibly death.

A companionship is established. It requires commitment and Mutual accommodation, constant presence and involvement—not episodic encounters. When placed in a setting where health care is approached as an industry, how do we provide nursing care? We need for both the moral and scientific sides of nursing to coalesce, to come together.

Can we in Indian country afford to devalue nursing? According to the Centers for Disease Control and Prevention, between 1990 to 1995, we experienced a 45 percent increase in AIDS-associated opportunistic infections. Like most Americans, we are beginning to suffer more from increasing rates of chronic health pressures. We have an increasing problem with domestic violence, particularly among the most vulnerable segments of our populations, our children and youth. Between 1979 and 1992, homicide and suicide rates among our people grew to 2 times and 1.5 times the U.S. rates, respectively. Cancer has become the second leading cause of death, second only to heart disease. Diabetes has become worse even after 20 years of unrelenting treatment and education programs. Alcoholism remains a strong disease, causing illness and pain in our families and communities. Drug abuse is becoming all too common among our youth. Poverty remains a tenacious enemy to many families and communities.

I interpret these changes as consequences of the changing times in our health care system, challenges in society at large, and as socioeconomic problems rooted in all levels of society. As many traditional Indian people say, these problems are brought about because we have forsaken our ways. We no longer observe traditions. Drug abuse is becoming all too common among our youth.

We must care for ourselves first before we begin to care for others. We no longer keep sacred things, nor do we believe in the balance of the universe. Before health care, before we pass on traditions to our young and our communities. We need to return to the circle of life as it was intended.

Healing means the process of making well, of reconnecting, of mending, of bringing back to health. To us as native people, health means to restore balance and harmony—to ourselves, our loved ones, our Indian nations, our environment and the balance of the universe.
Within the Indian Health Service, which has provided the majority of health care to Indian populations since 1984, we have seen and felt our share of changes in infra-structure, budget and delivery of health care. The major positive outcome of much of this is the favorable attention paid to Public Law 638, which allows tribes to assume autonomy over their own health programs, rather than continued dependence on the Indian Health Service to provide all levels of medical care to our people.

What is the role of nursing in this new environment? What can I do as an American Indian nurse to remain in the mainstream of health care? In the second quarter issue of Image: Journal of Nursing Scholarship 1997, this very question was addressed by Dr. Alison Kinon in an address at Johns Hopkins University. She states that nursing care needs to be made explicit in our sophisticated health delivery system, including cost. Kinon says patients value nurses for their personal qualities, attitude, manner, personality and presence. A nurse-patient encounter deals with such issues as vulnerability, dependency, fear, suffering, insecurity and possibly death.

A companionship is established. It requires commitment and mutuality, accommodation, constant presence and involvement. Nursing care needs to be made explicit in our sophisticated health delivery system, including cost. Kinon says patients value nurses for their personal qualities, attitude, manner, personality and presence. A nurse-patient encounter deals with such issues as vulnerability, dependency, fear, suffering, insecurity and possibly death.

A companionship is established. It requires commitment and mutuality, accommodation, constant presence and involvement—not episodic encounters. When placed in a setting where health care is approached as an industry, how do we provide nursing care? We need for both the moral and scientific sides of nursing to coalesce, to come together.

Can we in Indian country afford to devalue nursing? According to the Centers for Disease Control and Prevention, between 1990 and 1995, we experienced a 45 percent increase in AIDS-associated opportunistic infections. Like most Americans, we are beginning to suffer more from increasing rates of chronic health pressures. We have an increasing problem with domestic violence, particularly among the most vulnerable segments of our populations, our children and youth.

Between 1979 and 1992, homicide and suicide rates among our people grew to 2 times and 1.5 times the U.S. rates, respectively. Cancer has become the second leading cause of death, second only to heart disease. Diabetes has become worse even after 20 years of unrelenting treatment and education programs. Alcoholism remains a strong disease, causing illness and pain in our families and communities. Drug abuse is becoming all too common among our youth. Poverty remains a tenacious enemy to many families and communities. I interpret these changes as consequences of the changing times in our health care system, challenges in society at large, and as socioeconomic problems rooted in all levels of society. As many traditional Indian people say, these problems are brought about because we have forsaken the ways we no longer observe traditions. We no longer keep sacred things, nor do we pass on traditions to our young and our communities. We need to return to the circle of life as it was intended.

Healing means the process of making well, of reconnecting, of mending, or bringing back to health. To us as native people, health means to restore balance and harmony—to ourselves, our loved ones, our Indian nations, our environment and the balance of the universe.
Nursing and the Challenge of Gender Inequity

BY TIM PORTER-O'GRADY

ATLANTA—From the process of breast-feeding to the expression of caring, the visual image that appears regarding nursing has always been a "picture" of the woman. This is as it should be. A challenge to this image arises, however, when the nurse is a man, for nursing has always been associated with women.

All kinds of images emerge when conflicting mental pictures roll out and create perceptual and experiential cleavages between what "should be" and what is. Interestingly enough, when the man is the nurse, many frames of reference emerge that would not be applied in reference to a woman who is a nurse. Comments related to competence ("What's wrong, couldn't you get into medical school?"); intelligence (You're a bright guy, why'd you become a nurse?); and a host of others indicate the prevalent disparity in perception between being a man and a nurse. All indicate that there must be something not quite right with a man's choice of nursing as a career.

This discriminatory conflict does not end with choice. The role expectations in practice around the ability to lift more, the affinity for "tinkering" leading to more mechanical role choices (like intensive care or surgery), or ultimately moving into management are prime examples of actualized expectations for the role when the nurse is a man.

Professionally, the challenges are equally apparent. When seeking nurses for elected office, leadership positions or representation of the profession in a wide variety of forums, men are generally grossly underrepresented or are simply not present, and the contribution they might be able to make is just not evidenced. A leadership colleague once indicated that while she didn't consciously intend to discriminate against her qualified male nurse colleagues, when she thought about who she might suggest as an appointee to a key position in nursing leadership, the image of a man did not come to mind. She never did call upon them during her tenure in office, because she associated nurse, woman and leader all in one. Further creating difficulty in the issue of gender equity is the reality that nursing is one profession where women do have a real opportunity to grow, contribute, lead and advance. This opportunity provides a chance for women to achieve the power and privilege that should come with ability and accomplishment. Superficially, at least, it would defeat the purpose, in this scenario, if men were to ascend to the very positions that women historically have been denied, and to do so within the context of women's own turf. If men actually did embrace nursing as a more legitimate career pursuit, there is a real potential danger that the same loss of opportunity for power and position would occur in nursing as it has occurred in most other roles where women have struggled to find a place.

This dynamic certainly creates the classic "Catch-22" for both women and men in nursing. However, in the current state of the profession it would be easy to oversate the case and perpetuate the very circumstances organized nursing says it objects to. It is quite clear that men will, for the foreseeable future, comprise less than five percent of the roles of the profession in the United States. There is not the risk in the United States that there is in the United Kingdom of men subsuming many leadership roles in nursing out of context to their numbers. There are just not enough men in the profession and certainly there are not enough that see it in their career trajectory to assume major leadership roles. Any fear that might be expressed that men might take leadership opportunities from women in significant-enough numbers and in a concentrated-enough period of time is clearly unjustified. There simply is no foundation for concern about gender threat or the compromise of leadership opportunities for women.

What might be of considerable interest would be the recognition and public reaction to a man holding a key leadership role in nursing at the political or policy level. There may be a real appreciation of interest and visibility for the president of the American Nurses Association or Sigma Theta Tau, or the director of the National Institute of Nursing Research was a man. The perceptual challenge and uniqueness that would engender could actually increase the visibility of the profession and advance the opportunity for women and the agenda for equity. Furthermore, it would indicate to all, the openness of the nursing profession to gender equity and equal opportunity for all.

Diversity is always healthy for a profession, just as it is for society at large. In fact, diversity is the key requisite for sustainable solutions and continuous growth. As nursing increases its diversity, it extends the potential of its contribution to those whom nurses serve and to society. The dialectic between women and men in nursing is central to increasing the viability of nursing as a social mandate. The times certainly create the demand for a focused dialogue on the state of relationship between men and women in nursing and the impact gender has on the opportunities in nursing and the exercise of nursing leadership. The commitment and public posture of organized nursing around the issue of gender equality should operate at the same level as racial and sexual equality.

There certainly are policy positions regarding discrimination in organized nursing. There has, however, never been a specific forum related to the state of gender integration and equity within the discipline that in any way informs the current circumstances of gender relations in nursing. It is duplicative at best to call for equity with regard to women's roles in society and give no evidence of the place for dialogue and a formal position on minority gender equity within the profession.

There are many issues that nursing will need to address as nurses move toward the millennium. The roles and expectations for practice are shifting into a broader frame of reference toward a more community- and health-driven script. Nothing could be more important to the profession than the pursuit of the mandate to assure the health of the nation. Healthy communities, however, require healthier provider relationships which reflect the ideals and goals of the greater society. Contribution of the profession to this health mission will demand the full engagement of its diverse membership. It would be a shame if the male members of the profession were not at the table of dialogue and decision-making evidencing the gender diversity of nursing. And what would others think of nursing's commitment to community and diversity if there were little sign of it with its own leadership? Now is the time to change all that and to show to the world the engagement of the full resources of nursing in assuring a truly healthy future.
Nursing and the challenge of gender inequity

By Tim Porter-O'Grady

ATLANTA—From the process of breast-feeding to the expression of caring, the visual image that appears regarding nursing has always been a "picture" of the woman. This is as it should be. A challenge to this image arises, however, when the nurse is a man, for nursing has always been associated with women. All kinds of images emerge when conflicting mental pictures roll out and create perceptual and experiential cleavages between what "should be" and what is. Interestingly enough, when the man is the nurse, many frames of reference emerge that would not be applied in reference to a woman who is a nurse. Comments related to competence ("What's wrong, couldn't you get into medical school?"); intelligence (You're a bright guy, why'd you become a nurse?); sexual identity (Are you gay or something?); and a host of others indicate the prevalent disparity in perception between being a man and a nurse. All indicate that there must be something not quite right with a man's choice of nursing as a career.

This discriminatory conflict does not end with choice. The role expectations in practice around the ability to lift more, the affinity for "tinkering" leading to more mechanistic role choices (like intensive care or surgery), or ultimately moving into management are prime examples of actualized expectations for the role when the nurse is a man.

Professionally, the challenges are equally apparent. When seeking nurses for elected office, leadership positions or representation of the profession in a wide variety of forums, men are generally grossly underrepresented or are simply not present, and the contribution they might be able to make is just not evidenced. A leadership colleague once indicated that while she didn't consciously intend to discriminate against her qualified male nurse colleagues, when she thought about who she might suggest or appoint to a key position in nursing leadership, the image of a man did not come to mind. She never did call upon them during her tenure in office, because she associated nurse, woman and leader all in one.

Further creating difficulty in the issue of gender equity is the reality that nursing is one profession where women do have a real opportunity to grow, contribute, lead and advance. This opportunity provides a chance for women to achieve the power and privilege that should arise with ability and accomplishment. Superficially, at least, it would defeat the purpose, in this scenario, if men were to ascend to the very positions that women historically have been denied, and to do so within the context of women's own turf. If men actually did embrace nursing as a more legitimate career pursuit, there is a real potential danger that the same loss of opportunity for power and position would occur in nursing as it has occurred in most other roles where women have struggled to find a place.

This dynamic certainly creates the classic "Catch-22" for both women and men in nursing. However, in the current state of the profession it would be easy to overstate the case and perpetuate the various circumstances organized nursing says it objects to. It is quite clear that men will, for the foreseeable future, comprise less than five percent of the roles of the profession in the United States. There is not the risk in the United States that there is in the United Kingdom of men subsuming many leadership roles in nursing out of context to their numbers. There are just not enough men in the profession and certainly there are not enough that see it in their career trajectory to assume major leadership roles. Any fear that might be expressed that men might take leadership opportunities from women in significant-enough numbers and in a concentrated-enough period of time is clearly unjustified. There simply is no foundation for concern about gender threat or the compromise of leadership opportunities for women.

What might be of considerable interest would be the response and public reaction to a man holding a key leadership role in nursing at the political or policy level. There may be a real appreciation of interest and visibility if the president of the American Nurses Association or Sigma Theta Tau, or the director of the National Institute of Nursing Research was a man. The perceptual challenge and uniqueness that would engender could actually increase the visibility of the profession and advance the opportunity for women and the agenda for equity. Furthermore, it would indicate to all, the openness of the nursing profession to gender equity and equal opportunity for all.

Diversity is always healthy for a profession, just as it is for society at large. In fact, diversity is the key requisite for sustainable solutions and continuous growth. As nursing increases its diversity, it extends the potential of its contribution to those whom nurses serve and to society. The dialogue between women and men in nursing is central to increasing the viability of nursing as a social mandate. The times certainly create the demand for a focused dialogue on the state of relationship between men and women in nursing and the impact gender has on the opportunities in nursing and the exercise of nursing leadership. The commitment and public posture of organized nursing around the issue of gender equality should operate at the same level as racial and sexual equality.

There certainly are policy positions regarding discrimination in organized nursing. There has, however, never been a specific forum related to the state of gender integration and equity within the discipline that in any way inform the current circumstances of gender relations in nursing. It is duplicitous at best to call for equity with regard to women's roles in society and give no evidence of the place for dialogue and a formal position on minority gender equity within the profession.

There are many issues that nursing will need to address as nurses move toward the millennium. The rules and expectations for practice are shifting into a broader frame of reference toward a more mechanistic and health-driven script. Nothing could be more important to the profession than the pursuit of the mandate to assure the health of the nation. Healthy communities, however, require healthy provider relationships which reflect the ideals and goals of the greater society. Contribution of the profession to this health mission will demand a full engagement of its diverse membership. It would be a shame if the male members of the profession were not at the table of dialogue and decision-making evidencing the gender diversity of nursing. And what would others think of nursing's commitment to community and diversity if there were little sign of it with its own leadership? Now is the time to change all that and to show to the world the engagement of the full resources of nursing in assuring a truly healthy future.
nursing’s global story

Mayaguez, Puerto Rico—Nursing was born out of war, the Crimean War. The persons who organized the nursing profession—not only in England but also many countries—have memorials created for their heroism, knowledge and mercy, including postage stamps. Postage stamps document the history of nursing.

It was in the Crimean War of 1854-86 that Florence Nightingale was identified as the lady with a lamp. In her biography of Nightingale, Cecil Woodham-Smith states, “Two figures emerged triumphantly from the Crimean War—the nurse and the soldier.” So the figure of the nurse and the figure of the soldier have always been united. The portrayal of this dyad has been printed on many postage stamps.

The close relationship that nursing and the Red Cross have had is due to various reasons, particularly that both were born almost at the same time. Nightingale established the first formal school for nurses in London in 1860, and the Red Cross was founded in 1863. Both emerged from wars.

The vast majority of graduating nurses were employed by the Red Cross, and the bond was so great that the figure of a nurse could not be conceived without the Red Cross attached to some part of her uniform.

According to King (AJN, 1945), a New South Wales stamp of 1897 was the first nursing stamp. Its art features the tender touch of an angel of mercy who cares for a patient with consummation at home.

The postage stamps that followed trace the development of nursing science in formal education throughout the world. In a study of the international public image of nurses through the media of stamps (Encarnacion, 1987), 411 stamps from the 20th century were evaluated. The purpose of the study derived from concern over the images of nurses and nursing that are presented to the public—images distant from real ones.

The findings show: Most of the images are positive ones; the public rather than nurses defines the image; a nurse is a woman in a white uniform who performs a set of health-related activities; nurses interact mostly with children, then male patients, then mothers, but seldom female patients. Throughout the chronology of the study, the activities depicting nurses changed while the image did not.

It may be concluded from the study that nursing is a social force of universal magnitude, and that nurses should seriously consider the enhancement of their image through postage stamps.

It was the Englishman Sir Rowland Hill who made the first postage stamp, which depicted Queen Victoria in 1840. It is known as the “penny black.” The tradition of printing a reigning monarch on English stamps is still kept today.

His idea was copied by many countries. Even though some people had started collecting stamps already, the interchange of correspondence with different stamps from all over the world made stamp collecting intense.

As nurses exchange their scientific knowledge, documenting their activities and thoughts, they may save the beauty of postage stamps sent to them from many cultures.

By Jesus F. Encarnacion
Postage stamps tell
nursing’s global story

Mayaguez, Puerto Rico—Nursing was born out of war, the Crimean War. The persons who organized the nursing profession— not only in England but also many countries—have memorials created for their heroism, knowledge and mercy, including postage stamps. Postage stamps document the history of nursing.

It was in the Crimean War of 1854-86 that Florence Nightingale was identified as the lady with a lamp. In her biography of Nightingale, Cecil Woodham-Smith states, “Two figures emerged triumphantly from the Crimean War—the nurse and the soldier.” So the figure of the nurse and the figure of the soldier have always been united. The portrayal of this dyad has been printed on many postage stamps.

The close relationship that nursing and the Red Cross have had is due to various reasons, particularly that both were born almost at the same time. Nightingale established the first formal school for nurses in London in 1860, and the Red Cross was founded in 1863. Both emerged from wars.

The vast majority of graduating nurses were employed by the Red Cross, and the bond was so great that the figure of a nurse could not be conceived of without the Red Cross attached to some part of her uniform.

According to King (AJN, 1945), a New South Wales stamp of 1897 was the first nursing stamp. Its art features the tender touch of an angel of mercy who cares for a patient with consumption at home.

The postage stamps that followed trace the development of nursing science in formal education throughout the world. In a study of the international public image of nurses through the media of stamps (Encarnacion, 1987), 411 stamps from the 20th century were evaluated. The purpose of the study derived from concern over the images of nurses and nursing that are presented to the public—images distant from real ones.

The findings show: Most of the images are positive ones; the public rather than nurses defines the image; a nurse is a woman in a white uniform who performs a set of health-related activities; nurses interact mostly with children, then male patients, then mothers, but seldom female patients. Throughout the chronology of the study, the activities depicting nurses changed while the image did not.

It may be concluded from the study that nursing is a social force of universal magnitude, and that nurses should seriously consider the enhancement of their image through postage stamps.

It was the Englishman Sir Rowland Hill who made the first postage stamp, which depicted Queen Victoria in 1840. It is known as the “peony black.” The tradition of printing a reigning monarch on English stamps is still kept today.

His idea was copied by many countries. Even though some people had started collecting stamps already, the interchange of correspondence with different stamps from all over the world made stamp collecting intense.

As nurses exchange their scientific knowledge, documenting their activities and thoughts, they may save the beauty of postage stamps sent to them from many cultures.

By Jesus F. Encarnacion
Wake UP to Finnish Nursing

Nurses throughout the world will gather for the 4th Biennial Conference of the Workgroup of European Nurse Researchers in Helsinki, Finland, July 5-8. This important event will be hosted by the Finnish Federation of Nurses. More information may be found on page 46.

KUOPIO, FINLAND—Finland is a small nation in Northern Europe with 5.1 million residents. The elderly population is steadily growing, and the most common causes of death are cardiovascular diseases and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.
A key area of study at all universities in the United States is that of clinical research, where focal concerns include decision-making.

From this national vantage point, the agenda for Finnish nursing research is largely defined. It is stressed that nursing research must recognize the importance of the patient's perspective and advocate methodological pluralism and innovative approaches.

During the 1990s, professional collaborations have offered possibilities for developing and generating culturally sensitive knowledge that is applicable globally in nursing and more broadly in health care. Nursing studies have revealed varying health practices in different countries, organizations of care and the effect of socio-economic and cultural contexts.

Initial focus in nursing research was on professional nurses, on the development of nursing curricula and on administrative issues. More recently, the emphasis has shifted to the care of patients.

Wake up to Finnish Nursing
Nurses throughout the world will gather for the 4th Biennial Conference of the Workgroup of European Nurse Researchers in Helsinki, Finland, July 5-8. This important event will be hosted by the Finnish Federation of Nurses. More information may be found on page 46.

KUOPIO, FINLAND—Finland is a small nation in Northern Europe with 5.1 million residents. The elderly population is steadily growing, and the most common causes of death are cardiovascular diseases and cancer. Infants have one of the lowest rates of mortality in the world: 4.7 per 1,000 live births in 1994.

Health-related concepts represent one of the broadest fields of research analysis, as well as studies of health promotion and education, life control and family health.

By Katri Vehvilainen

Related to the high percentage of Finnish women who are employed outside home as well as the excellent health and social services that exist for Finnish women in a form of extended maternity care.

Nursing research in Finland has followed a similar path of development as research elsewhere in the world. The first major forum for research articles, The Yearbook of Nursing, was launched in 1958. In 1989 a dedicated journal was founded in the Journal of Nursing Science, which is published in the Finnish language. Given the heritage of the social sciences and behavior orientation, nursing research in Finland has been very much concentrated on patient behavior and on the interaction between individuals and their environment.

Another focal point has been directed toward how patients feel about themselves and their family's activities. Different orientations continue to influence and provide direction to nursing research in Finland, which has produced abundant evidence with the broad field of health research. (Kalkas 1990, Lauri and Salantara 1995, Vehvilainen-Julkunen 1995.)

The first major forum for research articles was on professional nurses, on the development of nursing curricula and on administrative issues. More recently, the emphasis has shifted to the care of patients. Besides producing descriptive information, Finnish nursing research is increasingly involved in experiments and evaluation studies, assessing patient care practices, guidance and counseling (Kalkas 1990, Leino-Kilpi 1996, Vehvilainen-Julkunen 1992, 1996).

The research programs of all university nursing departments comprise both basic and applied research on various phenomena related to practice. Both quantitative and qualitative methods are used. Researchers are making a significant contribution to theory building, most particularly in the fields of nursing decision-making, commitment to nursing care, evaluation of the quality of nursing care, family dynamics, and models of counseling in maternity care and child welfare. They are studying the care of the elderly and the management of their pain and suffering.

Nursing science and nursing departments have by now carved out an established place for themselves within the system of higher education. Most nursing departments are organized under medical faculties, but some are placed under the social sciences or the humanities. There has been some tendency for departments at different universities to specialize in different fields of nursing not only in research work but also in education.

Nursing science was introduced in the curriculum of Finnish universities in 1979. One of the pioneers was the University of Kuopio, which launched the first programs leading to the master's and doctoral degrees.

But today, degree programs in nursing science are offered at the universities of Kuopio, Helsinki, Oulu, Tampere and Turku and also at the Abo Akademi. The first programs in the 1980s were oriented to health care administration and management, and then expanded into teacher training. During the 1990s, a number of new clinical specialist degree programs have been introduced, including clinical nursing, geriatric nursing, preventive nursing and family-oriented nursing, as well as mental health care.

More than 1,000 students have graduated from the master's programs, and 30 have completed their doctorates. The six universities cooperate closely. For example, a nationwide postgraduate training program began in 1988 and has recently been upgraded to a school for doctoral candidates. Financing is provided by the Ministry of Education and the Academy of Finland. (Sinnkonen 1988, Kalkas 1990, Leino-Kilpi 1996)

With the structures of nursing education firmly established, nursing departments at universities have invested more heavily in research during the 1990s. This has implied increasing cooperation among departments and individual researchers as well as multidisciplinary research. There is also international cooperation with scholars from the United States, Canada, Europe and Scandinavia (Callister et al. 1996). References may be obtained from the editor on request. The Yearbook of Nursing, which is published in the Finnish language. Given the heritage of the social sciences and behavior orientation, nursing research in Finland has been very much concentrated on patient behavior and on the interaction between individuals and their environment.

Another focal point has been directed toward how patients feel about themselves and their family's activities. Different orientations continue to influence and provide direction to nursing research in Finland, which has produced abundant evidence with the broad field of health research. (Kalkas 1990, Lauri and Salantara 1995, Vehvilainen-Julkunen 1995.)

The first major forum for research articles was on professional nurses, on the development of nursing curricula and on administrative issues. More recently, the emphasis has shifted to the care of patients. Besides producing descriptive information, Finnish nursing research is increasingly involved in experiments and evaluation studies, assessing patient care practices, guidance and counseling (Kalkas 1990, Leino-Kilpi 1996, Vehvilainen-Julkunen 1992, 1996).

The research programs of all university nursing departments comprise both basic and applied research on various phenomena related to practice. Both quantitative and qualitative methods are used. Researchers are making a significant contribution to theory building, most particularly in the fields of nursing decision-making, commitment to nursing care, evaluation of the quality of nursing care, family dynamics, and models of counseling in maternity care and child welfare. They are studying the care of the elderly and the management of their pain and suffering.

Nursing science and nursing departments have by now carved out an established place for themselves within the system of higher education. Most nursing departments are organized under medical faculties, but some are placed under the social sciences or the humanities. There has been some tendency for departments at different universities to specialize in different fields of nursing not only in research work but also in education.

Nursing science was introduced in the curriculum of Finnish universities in 1979. One of the pioneers was the University of Kuopio, which launched the first programs leading to the master's and doctoral degrees. But today, degree programs in nursing science are offered at the universities of Kuopio, Helsinki, Oulu, Tampere and Turku and also at the Abo Akademi. The first programs in the 1980s were oriented to health care administration and management, and then expanded into teacher training. During the 1990s, a number of new clinical specialist degree programs have been introduced, including clinical nursing, geriatric nursing, preventive nursing and family-oriented nursing, as well as mental health care.

More than 1,000 students have graduated from the master's programs, and 30 have completed their doctorates. The six universities cooperate closely. For example, a nationwide postgraduate training program began in 1988 and has recently been upgraded to a school for doctoral candidates. Financing is provided by the Ministry of Education and the Academy of Finland. (Sinnkonen 1988, Kalkas 1990, Leino-Kilpi 1996).

With the structures of nursing education firmly established, nursing departments at universities have invested more heavily in research during the 1990s. This has implied increasing cooperation among departments and individual researchers as well as multidisciplinary research. There is also international cooperation with scholars from the United States, Canada, Europe and Scandinavia (Callister et al. 1996). References may be obtained from the editor on request.

Dr. Katri Vehvilainen, RN, CSN, head of the department of nursing science at the University of Kuopio, is director of nursing at the university hospital and a member of the Finnish Academy of Sciences.

Dr. Katri Vehvilainen, right, a midwife and director of nursing, enjoys her patients and staff at Kuopio University Hospital.
Grant honors nurse theorist

As a tribute to her distinguished achievements and dedication to the development of nursing knowledge, Imogene King, RN, EdD, FAAN, was recognized by Sigma Theta Tau International and the American Nurses Foundation. The two groups awarded her joint research grant for 1997 in honor of Dr. King when the 34th Biennial Convention of Sigma Theta Tau International held its scientific sessions on Dec. 3, 1997.

Ramon Lavandero named director of International Leadership Institute

Critical care nurse Ramon Lavandero, RN, MA, MSN, has been appointed director of Sigma Theta Tau International’s new International Leadership Institute. The institute will help shape the agenda for nurses throughout the world as it works to raise the level of care in their nations.

Mr. Lavandero, a native of San Juan, Puerto Rico, was director of external affairs and development for the American Association of Critical Care Nurses in Aliso Viejo, Calif., for the past eight years. Prior to that he held clinical, management and faculty appointments at university medical centers in New York, Connecticut, Wisconsin and Pennsylvania. At that time, his clinical practice focused on people with cardiac and renal diseases.

"Ramon brings many talents and much expertise to this new position and initiative of Sigma Theta Tau International. He will be working closely with health care leaders throughout the world to develop a network for the sharing and exchanging of information and ideas," said Nancy Dickerson-Hazlett, RN, MSN, CPNP, FAAN, executive officer of Sigma Theta Tau International.

Mr. Lavandero earned his bachelor of science and master of arts degrees from Columbia University and a master of science in nursing degree from Yale University. As director of this new institute, he will help position nurses as leaders and partners to create an agenda for global health. He will plan and oversee the administration and operation of the institute and its services and programs, with particular focus on how they will serve members in clinical practice.

"This is an extraordinary opportunity for me personally, as both a nurse and association professional," Mr. Lavandero said. "I look forward to helping nurses and other stakeholders to be involved in developing one of the most far-reaching global initiatives in health care," Mr. Lavandero said.

Grant honors nurse theorist

As a tribute to her distinguished achievements and dedication to the development of nursing knowledge, Imogene King, RN, EdD, FAAN, was recognized by Sigma Theta Tau International and the American Nurses Foundation. The two groups awarded her joint research grant for 1997 in honor of Dr. King when the 34th Biennial Convention of Sigma Theta Tau International held its scientific sessions on Dec. 3, 1997.

American Academy of Nursing celebrates 25 years

The American Academy of Nursing will celebrate its 25th anniversary by exploring "Breakthroughs in Nursing" at the Acapulco Princess Hotel in Mexico, Oct. 29-Nov. 1, 1998. The conference will examine new innovations in practice, research and education for the past 25 years and plan strategies for future breakthroughs.

The occasion includes a panel discussion with charter fellows and founding members. Look for a new publication to be released: "Raising the Standards: The Role of the American Academy of Nursing in Transforming the Nursing Profession."

An international pre-conference will be held Oct. 27-28, 1998.

For information, visit the Academy's World Wide Web site at www.nursingworld.org/aan or phone 202-665-7238.

Women’s Hall of Fame inducts hospice nurse

The National Women’s Hall of Fame recognizes those giving distinction to citizens of the United States of America who will celebrate the 25th anniversary of its Honors Ceremony, July 11, 1998 in Seneca Falls, N.Y. Florence Wald (1916-) , former dean of the Yale University School of Nursing, is a founder of the hospice movement in America, will be inducted.

Editor’s Corrections

Region Three Coordinator Announced

Support from the National Institute of Nursing Research, NIH, Bethesda, MD, to universities and professionals for the development of the model for each clinical specialty is ongoing.

Rupture and Recurrence Refined

Ruptured and recurrent varicose veins are common sequelae of varicose vein surgery. There is a limited number of randomized controlled trials that have examined the effectiveness of different prophylactic regimens. The purpose of this study is to determine the long-term efficacy of different prophylactic regimens.

Boston University Nursing

The nursing program at Boston University has a rich tradition of producing national leaders. Many of these leaders have gone on to become leaders in the field of nursing.

University of Wisconsin-Madison Nursing

The University of Wisconsin-Madison Nursing program has a rich tradition of producing national leaders. Many of these leaders have gone on to become leaders in the field of nursing.

Sigma Theta Tau Announces Grant Recipients

1997 Sigma Theta Tau International/ American Association of Critical Care Nurses Grant

The recipients of the 1997 Sigma Theta Tau International/American Association of Critical Care Nurses Grant are Martha A.Q. Curry, RN, PhD, GCNS; John H. Arnold, MD; and John E. Thompson, RRT, of Children’s Hospital Boston. They will receive $10,000 for their research project: "Phase One Study of Early Repeated Dose Positioning on Clinical Outcomes in Pediatric Patients with Acute Respiratory Failure."

This critical care grant relates to knowledge on patients in acute hypoxic respiratory failure who often require significant levels of inspired oxygen and mean airway pressures to maintain minimally acceptable levels of oxygenation. While critical for survival, both these interventions are now known to contribute to the development of acute lung injury.

An additional method of increasing the partial pressure of oxygen in arterial blood is to position patients prone. The purpose of this study is to test the safety and efficacy of a clinical protocol that places pediatric patients with acute respiratory distress prone for twenty-four hours during their acute phase of illness.

1997 Sigma Theta Tau International/ Glaxo Welcome New Investigator and Mentor Grants

Galo Welcome is developing new researchers as well as new knowledge through its mentoring grants. Two 1997 Sigma Theta Tau International/Galo Welcome New Investigator and Mentor Grants have been awarded.

Sandra Garcia Jones, ARNP, ACN, CS, C, MSN, MEd, of Mount Sinai Medical Center, and Carolyn Brown, RN, PhD, of Barry University will receive $5,800 for their study "Life in a Pill Bottle: The Lived Experience of Patients on HIV Combination Drug Therapy." This research will examine powerful new drug "cocktails" and how patients comply with complicated medication regimens. There are no published nursing research studies of patients’ perspectives on complex regimens. This pilot study will explore and describe the day-to-day lives of people with HIV/AIDS, attempting to adhere to complex medication schedules.

Irene Stallkamp, RN, BSN, and Alyce A. Schultz, RN, PhD, of Maine Medical Center will receive $5,500 to study "Reducing Diarrhea in Tube Fed Patients on Antibiotic Therapy." This inquiry relates to enteral therapy that reportedly causes diarrhea in 32 to 68 percent of all critically ill patients. Diarrhea is the result of altered colonic metabolism, essentially a decrease in normal microflora and reduction of short-chain fatty acids. Lack of dietary fiber in most enteral feedings, compounded by antibiotics, suppresses normal metabolism. In a 242 factorial experiment, 44 critically ill patients receiving enteral nutrition and antibiotic therapy was randomized to receive fiber or fiber free tube feedings.

1997 Sigma Theta Tau International/ American Association of Diabetes Educators Grant

Recipients of the 1997 Sigma Theta Tau International/American Association of Diabetes Educators Grant are Betsy Dokken, NP, MSN, CDE; Suzanne Campbell, PharmD, Kim Blumenfeld, RN, CDE, and Deborah Pesicka, RD, CDE, of the University Medical Center at the University of Arizona. They will receive $6,000 to examine the "Effects of a Culturally Sensitive, Interdisciplinary Diabetes Education and Management Program on a Native American Population in Southern Arizona." The grant allows an interdisciplinary diabetes team to provide a focused program to a group of Tohono O’odham residents of Sells, Ariz. The investigation will measure glycosylated Hb level and 26 scores in the interventions. The project will be repeated quarterly for one year. They will examine physiological and psychosocial outcomes, explore related attitudes and beliefs and will provide education and medical management through an interdisciplinary team that involves Sells and community health staff.
American Academy of Nursing celebrates 25 years

The American Academy of Nursing will celebrate its 25th anniversary by exploring “Breakthroughs in Nursing” at the Acapulco Princess Hotel in Mexico, Oct. 29 Nov. 1, 1998. The conference will examine innovations in practice, research and education for the past 25 years and plans for future breakthroughs. The occasion includes a panel discussion with charter fellows and founding members. Look for a new publication to be released: “Raising the Standards: The Role of the American Academy of Nursing in Transforming the Nursing Profession.”

An international pre-conference will be held Oct. 27-28, 1998. For information, visit the Academy’s World Wide Web site: www.nursingsworld.org/aaan, or phone: 202.651.7238.

Women’s Hall of Fame inducts hospice nurse

The National Women’s Hall of Fame brings many talents and much achievement to that organization. The most recent inductees are Imogene King, RN, EdD, FAAN, named by Sigma Theta Tau International and the American Nurses Foundation, and Sandra Grace Jones, ARNP, ACRN, CS, C, MSN, MN, by the National Women’s Hall of Fame.

Imogene King, RN, EdD, FAAN, was awarded their joint research grant for 34th Biennial Convention of Sigma Theta Tau International’s Nursing Research Conference held in Chicago, Ill. Oct. 27-29, 1998. The grant, titled “The Interdisciplinary Advisory Committee,” was established by the National Women’s Hall of Fame to support interdisciplinary research on women’s health issues. The grant will support King’s research on the role of nurses in the care of older women with dementia.”

Sandra Grace Jones, ARNP, ACRN, CS, C, MSN, MN, was awarded their joint research grant for 34th Biennial Convention of Sigma Theta Tau International’s Nursing Research Conference held in Chicago, Ill. Oct. 27-29, 1998. The grant, titled “Behavioral and Social Counseling for Older Women with Dementia,” was established by the National Women’s Hall of Fame to support interdisciplinary research on women’s health issues. The grant will support Jones’ research on the role of nurses in the care of older women with dementia.”

Ramon Lavandero named director of International Leadership Institute

Ramon Lavandero, an international nurse, has been appointed director of Sigma Theta Tau International’s newly formed International Leadership Institute. The institute will help shape the agenda for nurses throughout the world as they work to raise the level of care in their nations.

Mr. Lavandero, a native of San Juan, Puerto Rico, was director of external affairs and development for the American Association of Critical Care Nurses in Aliso Viejo, Calif., for the past eight years. Prior to that he held clinical, management and faculty appointments at university medical centers in New York, Connecticut, Wisconsin and Pennsylvania. At that time, his clinical practice focused on people with cardiac and renal diseases.

“Ramon brings many talents and much expertise to this new position and initiative of Sigma Theta Tau International. He will be working closely with health care leaders throughout the world to develop a network for the sharing and exchanging of information and ideas,” said Nancy Dickenson, FNA, RN, MSN, CPNP, FAAN, executive officer of Sigma Theta Tau International.

Mr. Lavandero earned his bachelor’s of science and master of arts degrees from Columbia University and a master of science in nursing degree from Yale University. As director of this new institute, he will help position nurses as leaders and partners to create an agenda for global health. He will plan and oversee the administration and operations of the institute and its services and programs, with particular focus on how they will serve members in clinical practice.

“This is an extraordinary opportunity for me personally, as both a nurse and association professional, to be involved in developing one of the most far-reaching global initiatives in health care,” Mr. Lavandero said.

The institute will bring together the society’s existing leadership development activities, including the biennial Arista think tank conferences, the Arista Leadership Awards, honor membership, and leadership externship programs. Mr. Lavandero, along with Deborah Lisio, lines leadership institute special, will identify the need for new initiatives, establish their goals and be responsible for promoting them and seeking funding.

The work of the International Leadership Institute will be guided by a prestigious interdisciplinary advisory committee chaired by Ely Bower, RN, DNSc, FAAN, 1993-1995 Sigma Theta Tau International president.

1997 Sigma Theta Tau International/ American Association of Critical Care Nurses Grant

The recipients of the 1997 Sigma Theta Tau International/American Association of Critical Care Nurses Grant are Marsha A.Q. Curley, RN, PhD, GCRC; John H. Arnold, MD; and John E. Thompson, RRT, of Children’s Hospital-Boston. They will receive $10,000 for their research project: “Phase One Study of Early Repeated Pneum Positioning on Clinical Outcomes in Pedicatric Patients with Acute Respiratory Failure.” This critical care grant relates to knowledge on patients in acute hypoxic respiratory failure who often require significant levels of inspired oxygen and mean airway pressures to maintain minimally acceptable levels of oxygenation. While critical for survival, both these interventions are now known to contribute to the development of acute lung injury.

An additional method of increasing the partial pressure of oxygen in arterial blood is to position patients prone. The purpose of this study is to test the safety and efficacy of a clinical protocol that places pediatric patients with acute respiratory distress prone for twenty hours per day during their acute phase of illness.

1997 Sigma Theta Tau International/ Glaxo Wellcome New Investigator and Mentor Grants

Glaxo Wellcome is developing new researchers as well as new knowledge through its mentoring grants. Two 1997 Sigma Theta Tau International/ Glaxo Wellcome New Investigator and Mentor Grants have been awarded.

Sandra Grace Jones, ARNP, ACRN, CS, C, MSN, MN, of Mount Sinai Medical Center, and Carolyn Brown, RN, PhD, of Barry University will receive $5,500 for their study “Life in a Pill Bottle: The Lived Experience of People with HIV/AIDS, attempting to adhere to complex medication schedules.”

Brenda Ashley Sells, ARNP, BSN, and Alyce A. Schultz, RN, PhD, of Maine Medical Center will receive $6,500 to study "Reducing Diarrhea in Tube Fed Patients on Antibiotic Therapy.” This inquiry relates to enteral therapy that reportedly causes diarrhea in 32 to 68 percent of all critically ill patients. Diarrhea is the result of altered colonic metabolism, essentially a decrease in normal microflora and reduction of short chain fatty acids. Lack of dietary fiber in most enteral feedings, compounded by antibiotic therapy, suppresses normal metabolism. In a 242 factorial experiment, 44 critically ill patients receiving enteral nutrition and antibiotic therapy was randomized to receive fiber or fiber free tube feedings.

1997 Sigma Theta Tau International/ American Association of Diabetes Educators Grant

Recipients of the 1997 Sigma Theta Tau International/American Association of Diabetes Educators Grant are Betsy Dokken, NP, MSN, CDE; Suzanne Campbell, PharmD; Kim Bluementhal, RN, CN, and Deborah Pesicka, JD, CDE, of the University Medical Center at the University of Arizona. They will receive $6,000 to examine the “Effects of a Culturally Sensitive, Interdisciplinary Diabetes Education and Management Program on a Native American Population in Southern Arizona.” The grant allows an interdisciplinary diabetes team to provide a focused program to a group of Tohono O’odham residents of Sells, Ariz. The investigators will measure glycohemoglobin levels and to a decrease in normal microflora and reduction of short chain fatty acids. Lack of dietary fiber in most enteral feedings, compounded by antibiotic therapy, suppresses normal metabolism. In a 242 factorial experiment, 44 critically ill patients receiving enteral nutrition and antibiotic therapy was randomized to receive fiber or fiber free tube feedings.
**Wired on Ethics**

**By Joan Riley**

*BOSTON—Plagued by an ethical dilemma? Hundreds of nurses and students are using a new Internet ethics service developed by the *Nursing Ethics Network* for help. This unique professional service, guided by leaders in all nursing fields, is provided free of charge. Students and practicing nurses are most often turning to it for help with professional competence questions. Researchers are dialing in to find the latest ethics resources.

The network is affiliated with the Boston College School of Nursing through the Henry R. Luce Professorship in Nursing Ethics. Two major initiatives are underway—the Internet online inquiry service, and a multi-state research study.

Members of the advisory board with ethics expertise are responding to questions asked by hundreds of nurses. They do not provide answers to questions. Instead, they assist nurses in ways to find resolutions themselves. In 1995 in Boston, 14 nurses experienced in ethics questions met to examine ethical dilemma issues. Instead, they assist nurses in finding resolutions themselves.护士 do not provide answers to questions. Instead, they assist nurses in ways to find resolutions themselves. In 1995 in Boston, 14 nurses experienced in ethics questions met to examine ethical dilemma issues. Instead, they assist nurses in finding resolutions themselves.

An analysis of the online inquiry logged onto the *Nursing Ethics Network* Web site during 1997 presents a global picture of nurses working in a wide range of settings.

The general public represented was small but important group that logged onto the home page. Questions about nursing practice situations concern end-of-life issue, including abortion, euthanasia and use of advance directives. Research inquiries address difficulties in identifying instruments for the conduct of ethics research and human subjects protection.

The need for ethics education and research resources are the most frequently identified reasons nurses turn to the *Nursing Ethics Network*. A response to nurses' requests for ethics education is underway and will be based on an ongoing multi-state research study of the ethics issues and knowledge needs of practicing nurses. The study's outcome—after data analysis in summer 1998—will be an ethics education agenda. Because this online inquiry service is being widely used by nurses, the World Wide Web has the potential to be the best mode of delivery for ethics education.

Nurses are invited to visit the home page and use the online inquiry service at the Web address http://www.bc.edu/nursing/ethics.

**Online Services Survey**

On January 1, 1999, the Registry of Research databases became available to members of Sigma Theta Tau International. In order to expand and develop the online services for the Virginia Henderson International Nursing Library as well as other society activities, we would appreciate hearing from you...

If you have access to the World Wide Web: Yes No

If you have access to the Internet at home: Yes No

If you would be interested in purchasing a subscription to the Registry of Nursing Research on CDROM (Note: The CDROM edition would have all the searching capabilities available in the Web version and be updated annually. Estimated cost of this service is $50 for members, and $100 for non-members): Yes No

Please mail, fax or e-mail your reply by July 1, 1999 to:

**Research Registry Is Free to Members**

**By Julie Su**

**INDIANAPOLIS—Sigma Theta Tau International is pleased to announce that the Virginia Henderson International Nursing Library's Registry of Nursing Research is now available free of charge to all active Sigma Theta Tau members.**

The Registry of Nursing Research makes the most current information about nursing research and researcher available online. It can save your local and global nursing communities valuable research time, while you network among professionals with shared health goals. It provides: research demographics and networking opportunities; study details and scientific findings; online submission of nursing research; and subject and variables/ concept indices.

To use this nursing research database, we invite you to visit our World Wide Web address: www.stti.iupui.edu/library/rnr and enter your full name as it appears on your Sigma Theta Tau membership card, and membership ID which is listed on the mailing label of your copy of Reflections. Access to the Registry is available 24 hours a day, seven days a week throughout the world. For further information, please contact Sigma Theta Tau International's Library Department by phone: 1.888.634.7575 (toll free in the U.S. or Canada), or 1.800.634.7575 x1 (toll free international with AT&T).

**Libraries win subscription**

An exhibition of the Virginia Henderson International Nursing Library's innovative services was held at the American Library Association's 1998 Midwinter Conference in New Orleans, La., in January. Fifty-three librarians participated in a drawing for a free subscription to the Registry of Nursing Research. The winning libraries and librarians are: Amy Shonan of the University of Nevada at Reno Life and Health Sciences Library, Nancy Hayes of the University of Akron Science and Technology Library, William Louden of the University of Evansville Library.

Juli Su, RA, MLS, SPUL, is the librarian for the Virginia Henderson International Nursing Library.

**On-line inquiry service**

Whether you're an employer or a potential job candidate, your residents will make you feel right at home.

**Reflections**

33 Second Quarter 1999
Research Registry Is Free to Members

By Julie Su

INDIANAPOLIS—Sigma Theta Tau International is pleased to announce that the Virginia Henderson International Nursing Library's Registry of Nursing Research is now available free of charge to all active Sigma Theta Tau members.

The Registry of Nursing Research makes the most current information about nursing research and nurse researchers available online. It can save your local and global nursing communities valuable research time, while you network among professionals with shared health goals. It provides: research demographics and networking opportunities; study details and scientific findings; online submission of nursing research; and subject and variables/concept indices.

To use this nursing research database, we invite you to visit our World Wide Web address: www.stti.iupui.edu/library/rnr and enter your full name as it appears on your Sigma Theta Tau membership card, and membership ID which is listed on the mailing label of your copy of Reflections. Access to the Registry is available 24 hours a day, seven days a week throughout the world. For further information, please contact Sigma Theta Tau International's Library Department by phone: 1.888.634.7575 (toll free in the U.S. or Canada), or 1.800.634.7575.1 (toll free international with AT&T).

Online Services Survey

On January 1, 1998, the Registry of Nursing Research database became available to members of Sigma Theta Tau International at no cost via the society's Web site: http://www.stti.iupui.edu/library. In order to expand and develop the online services for the Virginia Henderson International Nursing Library as well as other society activities, we would appreciate hearing from you.

I have access to the World Wide Web. [ ] Yes [ ] No

If you do have access, please check the appropriate box below:

[ ] At home
[ ] At work
[ ] Other

I would be interested in purchasing a subscription to the Registry of Nursing Research on CD-ROM (Note: The CD-ROM option would have all the search capabilities available in the Web version and is updated annually. Estimated cost of this service is $50 for members, and $500 for non-members). [ ] Yes [ ] No

Please mail, fax or e-mail your reply by July 1, 1998 to:

[ ] At library
Sigma Theta Tau International
350 West North Street
Indianapolis, IN 46202
Fax: 317-634-7575 (US or 800-634-7575.1 International)
E-mail: library@stti.iupui.edu

Name
Address
City State Zip
Phone
E-mail

BOSTON—Plagued by an ethical dilemma? Hundreds of nurses and students are using hundreds of a new Internet ethics service developed by the Nursing Ethics Network for help. This unique professional service, guided by leaders in all nursing fields, is provided free of charge. Students and practicing nurses are most often turning to it for help with professional competence questions. Researchers are dialing in to find the latest ethics resources.

The network is affiliated with the Boston College School of Nursing through the Henry B. Luce Professorship in Nursing Ethics. Two major initiatives are underway—the Internet online inquiry service, and a multi­source, interdisciplinary research database.

By Joan Riley

D esisssination and use of nursing ethics knowledge, has reached beyond the meeting room at Emmanuel College to all parts of the United States, as well as to Australia, Canada, Denmark, England, Indonesia, Israel, Japan and Portugal.

An analysis of the online inquiry logged onto the Nursing Ethics Network Web site during 1997 presents a global picture of nurses working in a wide range of settings. Among the user groups of the online inquiry were undergraduate, graduate and doctoral students; nurses facing complex care decisions with an ethical component; nurses seeking resources for advancement of ethics within their work setting; and researchers and educators focusing on a wide range of topics. The general public represented a small but important group that logged onto the home page. Questions about nursing practice situations concern end-of-life issues, including abortion, euthanasia and use of advance directives. Research inquiries address difficulties in identifying instruments for the conduct of ethics research and human subjects protection.

The need for ethics education and research resources are the most frequently identified reasons nurses turn to the Nursing Ethics Network. A response to nurses' requests for ethics education is underway and will be based on an ongoing multi­state research study of the ethics issues and knowledge needs of practicing nurses. The study's outcome—after data analysis in summer 1998—will be an ethics education agenda. Because this online inquiry service is being widely used by nurses, the World Wide Web has the potential to be the best mode of delivery for ethics education.

Nurses are invited to visit the home page and use the online inquiry service at the Web address http://www.bc.edu/nursing/ethics.

On the Nursing Ethics Network, you will see, left, Dr. Barn T. Fry, Luce Professor of Nursing Ethics at Boston College, and Dr. Joan Riley, chair of the Emmanuel College Department of Nursing. Nurses noted in their domain field inquiries.

On the Nursing Ethics Network, you will see, left, Dr. Barn T. Fry, Luce Professor of Nursing Ethics at Boston College, and Dr. Joan Riley, chair of the Emmanuel College Department of Nursing. Nurses noted in their domain field inquiries.
By Shirley H. Fondiller

Always an "A" student, he was involved in theatrical productions, the debating team and sports. Those high school years held a special meaning for him, because when he wasn't studying or working after school, he was courting pretty, vivacious Dorothy Black, who in time would become his wife and the most significant influence in his life.

When Christman graduated from high school, it was during the Great Depression and employment opportunities were scarce. His entry into nursing came through a clergyman, who advised him to explore the Pennsylvania School of Nursing for Men. "I was reluctant at first, but when he noted the possibility of arranging for Dorothy to be accepted into the nursing school at Methodist Hospital, also in Philadelphia, she and I welcomed the idea," he recalled.

The training program required class work and long hours spent on the units. In spite of the rigidity of the system, he liked nursing. He also was delighted with the exposure to a large city. After World War II, he received a baccalaureate from Temple University and for the next five years taught the sciences at a New Jersey school of nursing.

In 1953, armed with a master's degree in clinical psychology and course work at the Philadelphia Psychoanalytic Institute, he was contracted by Governor Anderson in South Dakota to redo the entire state mental health program. "So, Dorothy and I packed up our three kids and headed for Yankton," he said.

As director of nursing at Yankton State Hospital for the next three years, one of Christman's early challenges was to humanize the environment. He had music piped in over the public address system, eliminated restraints, initiated an open hospital system and encouraged early discharge. Believing that nurses who teach should also practice, he followed that pattern himself. He conducted numerous group therapy sessions and drew young men and women to the physician team management concept of patients (primary nursing).

Christman's next career move took him and the family to Lansing, Mich., where he directed the department of nursing in the State Department of Mental Health. Through a grant targeted to intensive workshops on different aspects of clinical practice, he recruited outstanding speakers in the field, such as Hildegard Peplau. He also secured funding for nursing scholarships and began a demonstration project to show the outcomes of faculty practice.

In 1963, Christman accepted a position as associate professor of psychiatric nursing at University of Michigan in Ann Arbor. He gave guest lectures in the undergraduate program and taught research methods to graduate students. Having earned a PhD from Michigan State University, he spent 75 percent of his time in the Institute of Social Research, where he formed a close collegial partnership with Basil Georgopoulos, a prominent social psychologist.

After 11 enriching years in Michigan, he left for Vanderbilt University in Nashville to become the dean of the nursing school and director of nursing. In a manner characteristic of Christman's firm determination, he worked indefatigably to rebuild the school, acquiring substantial funding, developing nursing as an applied science, introducing the practitioner-teacher model. Within two years, the student enrollment soared, and qualified faculty eager to practice came on board.

During his tenure at Vanderbilt, he invited Virginia Henderson to come there and share some of her work on the International Nursing Index, then in progress. It was their first meeting and a fortuitous one, because it marked the beginning of a deep and lasting friendship. "Virginia and I held many of the same values about the profession," he said, "particularly a passionate belief in science as the predictor of professional recognition and success in nursing. And it was always such a joy to be with her."

In the early 1970s, he became the dean of the first Rush University College of Nursing and vice president for nursing affairs at Rush Presbyterian-St. Luke's Medical Center in Chicago. With strong administrative support, he moved ahead to implement all the components of his plan for nursing. Over the next several years, Christman's leadership generated phenomenal change, including the integration of practice, education and research; a quality assurance program; unit decentralization; levels of practice; primary nursing; the practitioner-teacher role; and a self-governing professional self-organization. Programs offering the clinical doctorate, doctor of nursing degree (entry level) and the combined PhD-DNSc were initiated.

A gift from the John L. and Helen Kellogg Foundation in 1979 launched the first National Center of Excellence in Nursing in the country. The Rush University model began to attract a steady stream of visitors worldwide, and the multitude of complimentary letters from former patients attested to the high quality of nursing care. Without doubt, Christman's magism created a special meaning for him, because when he wasn't studying or working after school, he was courting pretty, vivacious Dorothy Black, who in time would become his wife and the most significant influence in his life.

In a long and distinguished career, Luther Christman represents nursing's true Renaissance man. As both an idealist and pragmatist, he has particularties of inventiveness, productivity and courage to step ahead when others hold back. "Nurses require the knowledge to deal with the dramatic health care changes," he says, "if prepared, they will have the power to guide and give most of the care to patients in the future."
Always an "A" student, he was involved in theatrical productions, the debating team and sports. Those high school years held a special meaning for him, because when he wasn't studying or working after school, he was courting pretty, vivacious Dorothy Black, who in time would become his wife and the most significant influence in his life.

When Christman graduated from high school, it was during the Great Depression and employment opportunities were scarce. His entry into nursing came through a clergyman, who advised him to explore the Pennsylvania School of Nursing for Men. "I was reluctant at first, but when he noted the possibility of arranging for Dorothy to be accepted into the nursing school at Methodist Hospital, also in Philadelphia, she and I welcomed the idea," he recalled.

His training program required class work and long hours spent on the units. In spite of the rigidity of the system, he liked nursing. He also was delighted with the exposure to a large city. After World War II, he received a baccalaureate from Temple University and for the next five years taught the sciences at a New Jersey school of nursing. In 1953, armed with a master's degree in clinical psychology and course work at the Philadelphia Psychoanalytic Institute, he was contracted by Governor Anderson in South Dakota to redo the entire state mental health program. "So, Dorothy and I packed up our three kids and headed for Yankton," he said.

As director of nursing at Yankton State Hospital for the next three years, one of Christman's early challenges was to humanize the environment. He had music piped in over the public address system, eliminated restraints, initiated an open hospital system and encouraged early discharge. Believing that nurses who teach should also practice, he followed that pattern himself. He conducted numerous group therapy sessions and drew young women and men to and physician team management concept of patients (primary nursing).

Christman's next career move took him and the family to Lansing, Mich., where he directed the department of nursing in the State Department of Mental Health. Through a grant targeted to intensive workshops on different aspects of clinical practice, he recruited outstanding speakers in the field, such as Hildegarde Peplau. He also secured funding for nursing scholarships and began a demonstration project to show the outcomes of faculty practice.

In 1963, Christman accepted a position as associate professor of psychiatric nursing at University of Michigan in Ann Arbor. He gave guest lectures in the undergraduate program and taught research methods to graduate students. Having earned a PhD from Michigan State University, he spent 75 percent of his time in the Institute of Social Research, where he formed a close collegial partnership with Basil Georgopoulos, a prominent social psychologist.

After 11 enriching years in Michigan, he left for Vanderbilt University in Nashville to become the dean of the nursing school and director of nursing. In a manner characteristic of Christman's firm determination, he worked indefatigably to rebuild the school, acquiring substantial funding, developing nursing as an applied science, introducing the practitioner-teacher model. Within two years, the student enrollment soared, and qualified faculty eager to practice came on board.

During his tenure at Vanderbilt, he invited Virginia Henderson to come there and share some of her work on the International Nursing Index, then in progress. It was their first meeting and a fortuitous one, because it marked the beginning of a deep and lasting friendship. "Virginia and I held many of the same values about the profession," he said, "particularly a passionate belief in science as the predictor of professional recognition and success in nursing. And it was always such a joy to be with her."

In the early 1970s, he became the dean of the first Rush University College of Nursing and vice president for nursing affairs at Rush Presbyterian-St. Luke's Medical Center in Chicago. With strong administrative support, he moved ahead to implement all the components of his plan for nursing. Over the next several years, Christman's leadership generated phenomenal change, including the integration of practice, education and research; a quality assurance program; unit decentralization; levels of practice; primary nursing; the practitioner-teacher role; and a self-governing professional service organization. Programs offering the clinical doctorate, doctor of nursing degree (entry level) and the combined PhD-DNSc were initiated.

A gift from the John L. and Helen Kellogg Foundation in 1979 launched the first National Center of Excellence in Nursing in the United States. The Rush Unification Model began to attract a steady stream of visitors worldwide, and the multitude of complimentary letters from former patients attested to the high quality of nursing care. Without doubt, Christman's magnetism created a climate where innovation and new practice could be both discussed and tried. As he said, "Until he retired in 1987, he always maintained an open door policy and listened intently to their concerns and suggestions."

Throughout his professional life, he published prolific scholarly works and participated as an active member and officer in numerous organizations. He is particularly devoted to Sigma Theta Tau, viewing it as the main hope for nursing practice. "The International Center for Nursing Scholarship holds great promise for nursing," he asserts. In 1981, he received the Edith Moore Copeland Founders Award for Creativity, and 10 years later the first Lifetime Distinguished Achievement Award.

In a long and distinguished career, Luther Christman represents nursing's true Renaissance man. As both an idealist and pragmatist, he has that elusive character of inventiveness, productivity and courage to step ahead when others hold back.

"Nurses require the knowledge to deal with the dramatic health care changes," he says. "If prepared, they will have the power to guide and give most of the care to patients in the future."
INDIANAPOLIS, Dec. 2-6, 1997—Emblazoning the December 1997 biennial convention and birthday celebration was the attainment of more than $8.5 million in the 57.5 million 75th Anniversary Campaign.

To commemorate the historic occasion, the first Spirit of Philanthropy Awards were presented to a select group of individuals, foundations and corporations demonstrating exemplary support of Sigma Theta Tau International. Recipients were Abbott Laboratories/Ross Productions Division, American United Life Insurance Company, The Baxter Allografts Foundation, the late Michael A. Carroll, Glass Willows, Helene Fuld Health Trust, Lilly Endowment Inc., Ruth Lilly, Med Johnson Nutritional Group, Jim Morris, Mosby, Inc., NDB Bank NA, and Joan K. Stout, RN, Society and campaign leaders, including Leighton Cluff, Rosemary Crisp, Glenn Irwin, Nell Watts, Lucie Kelly, Billy Brown, Opal Hipps, Melanie Dreher and Nancy Dickerson-Hazard, also were honored with the beautiful lead crystal vases.

Chapters providing outstanding support received commendations at the Chapter Awards Luncheon. These included awards for: Largest Chapter Gift, Beta Mu, University of Arizona; Chapter with Highest Percentage of Member Participation, Kappa, The Catholic University of America, and, Chapter with Greatest Amount Contributed by Members, Inter Pi, Ursuline College. Regions 1, 2 and 7 were recognized for 100 percent chapter participation. By the end of the convention, more than 140 individuals were designated as Virginia Henderson Fellows. Their outright and planned gifts total $6 million.

The society thanks E.W. Kelley, John Albers, and The Huck Charitable Foundation for their extraordinary contributions. The support of Hall, Render, Killian, Heath & Lyman for the Heritage Society dinner is deeply appreciated, as well as that of Gamma Phi of Rush University for its underwriting of the Dec. 5 reception honoring Dr. Luther Christman.

1. Celebrating the Spirit of Philanthropy awards and attainment of the 75th Anniversary Campaign goal are, left, Mike Rodeman of NDB Bank, Barbara Boyd, Waynes McLaughlin of American United Life Company, Eddie McLaughlin, Melanie Center, and Joan K. Stout, RN, Clay Robinson, president of the Life Enrichment, accepts the Tribute from Sigma Theta Tau International.
2. On Luther Christman and Kathleen Androzzi, Joan, Rush University School of Nursing, admire the American Assembly for Men in Nursing's memorial in those receiving the coveted Luther Christman Award for demonstrating excellence, leadership, high standards, principles, and contributions to the profession of nursing. The plaque, which was unveiled in a special ceremony on Dec. 2, will be permanently displayed in the International Center for Nursing Scholarship. Melanie Charnes, first Virginia Henderson Fellow, poses beside the beautiful and unique Victoria quilt that she contributed to the International Center for Nursing Scholarship. Campaign leaders Rosemary Baker Crist and Dr. Glenn Irvin enjoy the Dec. 6 Heritage Society dinner.

Dolores Higgins, Benefactor, Dies

Dolores Higgins, RN, EDD, one of Sigma Theta Tau's earliest and most generous planned givers and Virginia Henderson Fellow, died in November 1997. A charter member of the Ursuline College Nursing Honor Society and member of Iota Pi and Delta Xi chapters, Dolores' devotion to Sigma Theta Tau International was legendary. In 1991, she made history as the nursing honor society's first major benefactor. The announcement of her bequest at Sigma Theta Tau's 1991 biennial convention awed the members in attendance and inspired many planned gifts over the next six years, helping to ensure the success of the society's 75th Anniversary Campaign. Dolores will be sorely missed by her Sigma Theta Tau friends and colleagues.

Prime Health Foundation Grant

The Prime Health Foundation of Kansas City, endowed by the Prime Health Plan, committed $150,000 in underwritten eight managed care conferences. This is a prototype to be conducted in Kansas City with the help of the University of Missouri-Kansas City School of Nursing. Others will be held in advance of the society's 1998-99 regional assemblies. This exemplary support for educational activities is greatly appreciated.
INDIANAPOLIS, Dec. 2-6, 1997—Emphasizing the December 1997 biennial convention and birthday celebration was the attainment of more than $85.5 million in the $75.5 million 75th Anniversary Campaign.

To commemorate the historic occasion, the first Spirit of Philanthropy Awards were presented to a select group of individuals, foundations and corporations demonstrating exemplary support of Sigma Theta Tau International. Recipients were Abbott Laboratories/Ross Productions Division, American United Life Insurance Company, The Baxter Allograft Foundation, the late Michael A. Carroll, Glass Welcomes, Helen Fuld Health Trust, Lilly Endowment Inc., Ruth Lilly, Med Johnson Nutritional Group, Jim Morris, Mosby, Inc., NBK Bank NA, and Joan K. Stout, RN.

Society and campaign leaders, including Leighton Cluff, Rosemary Crisp, Glenn Irwin, Nell Watts, Lucie Kelly, Billye Brown, Opal Hipp, Melanie Dreher and Nancy Dickenson-Hazard, also were honored with the beautiful lead crystal vases.

Chapters providing outstanding support received commendations at the Chapter Awards Luncheon. These included awards for:

- Largest Chapter Gift, Beta Mu, University of Arizona
- Chapter With Highest Percentage of Member Participation, Kappa, The Catholic University of America
- Chapter With Greatest Amount Contributed by Members, Theta Phi, Ursuline College, Regions 1, 2 and 7 were recognized for 100 percent chapter participation.

By the end of the convention, more than 140 individuals were designated as Virginia Henderson Fellows. Their outright and planned gifts total $6 million.

The society thanks E.W. Kelley, John Albers, and The Huck Charitable Foundation for their extraordinary contributions. The support of Hall, Render, Killian, Heath & Lyman for the Heritage Society dinner is deeply appreciated, as well as that of Gamma Phi of Rush University for its underwriting of the Dec. 3 reception honoring Dr. Luther Christian.
The distinguished Virginia Henderson Fellows, numbering more than 140, gather at the International Center for Nursing Scholarship.
The distinguished Virginia Henderson Fellows, numbering more than 140, gather at the International Center for Nursing Scholarship.
AUSTRALIA

U. Julian Ston, RN, DNS, Alpha Eta (U of California, although a visiting professor at the University of Sydney in New South Wales, has been appointed a visiting professor at the Royal Hospital for Women in Australia, has become the first person to lecture with full fellowship into the university's college of nursing.

JAPAN


UNITED STATES

Arizona

Tina Moon, RN, CWOCN, RNC, NS, Beta Mu U of Arizona and Wendy Vandurebrouck, RN, PhD, author of Pediatric Nursing Care, published by Mosby, have co-authored a chapter on burn care in the book "Burns: Concepts, Management, and Reconstructive Surgery." This chapter is written by numerous experts, covering such topics as drug plannnng, stress, and home care of children with a wide variety of conditions.

Colorado

Nancy J. Brown, RN, PhD, Alpha Kappa-At-Large (U of Colorado at Boulder) was named the director of the University of Colorado School of Nursing. Colorado of Community, Health Systems and Policy, was honored for her work with under served, at risk and at risk populations by the American Public Health Association. She received the 1997 Ruth B. Freeman Distinguished Career Award.

Connecticut

Connie Lynch Gills, RN, DNS, FAN, Alpha Eta (U of California, San Francisco), chair of the University of California, San Francisco Department of Family Health Care Nursing, has been named dean of the Visiting School of Nursing. She will replace Judith B. Kowalski, RN, MSN, FAAN, Delta Nu (Penn State College), who has served as dean for 13 years. Dean Kowalski will return to teaching and mental health policy role on the Yale University faculty.

Florida

Sandra Garcia Jones, MSN, ARNP ACNP, CS, C, Beta Mu U of Southern Mississippi, in the College of Nursing at the University of Southern Mississippi, Delta Rho, has been named associate professor and chair of the college, in which capacity she has served for 10 years.

Iowa

Deborah Lutsky, RN, MS, Lambda Delta-At-Large (Beta Gamma U of Minnesota) was named the director of the University of Minnesota Institute of Clinical Nursing in Taipei.

Kentucky

Kentucky: Patricia Pompey, RN, MS, Lambda Mu (U of Pittsburgh), a visiting nurse at St Louis University, has been appointed director of the Nursing Student Association Award for Outstanding Student Research in Nursing.

Mary

Mary E. Mallin-Green, RN, MN, EP, Alpha Xi U of Pennsylvania, was named as the NCA Medical Officer for the Nursing Interventions Classification and at Shizuoka University. She is a visiting professor at the University of the third century.

Patricia Short Tomlinson, RN, PhD, Chi-At-Large (Minnesota University), professor of the University of Minnesota School of Nursing, was a visiting scholar at the University of Minnesota. She has served as a consultant to faculty developing a doctoral program. She is currently visiting professor at the end of the year at the University of Bergen in Norway.

Joe

Joe E. Garman, RN, MSN, Beta Mu (U of Oregon), has been appointed director of the University of Oregon School of Nursing.

New Jersey

Kay Kivnick, PhD, FANN, Kappa Delta, Rho (St. Luke's U, Jefferson U), director of LaSalle University's New Jersey Nursing Commission, has been appointed to the board of directors. She will work on a curriculum model for the board of directors.

New York

Nancy M. Kavina, RN, PhD, Lambda Beta-At-Large (U of Minnesota, in Minneapolis), was named professor of the American Nursing Association's 1997 Advanced Practice Nurse of the Year, was named the American Nurses' foundation's 1997 award. The award is presented annually to the highest potential for leadership.

Tennessee

Carolyn Bryant Payne, MSN, Nu Beta (Johns Hopkins U), has been appointed to the Midwest Nursing Research Society's annual meeting in March 1997.

Virginia

Sandra E. Gordon, RN, MS, Lambda Mu (U of Minnesota, in Minneapolis), has been named dean of the School of Nursing at the University of Minnesota. She has served as dean for 13 years. Dean Gordon will return to teaching and mental health policy role on the Yale University faculty.

After 700 hours of sewing, Theta Nu members from Eastern Kentucky University completed a quilt to raise money for the chapter's research fund. The quilt's display area became a popular meeting place at Sigma Theta Tau International's 33rd Biennial Convention. From left: Deana Demore, MSN, Theta Nu archivist; Beatrice Burton, MSN, Theta Nu president; and Dr. Kaye Claytor, Alpha secretary.
has been elected to serve on the Faculty Board of Review for the Mediation Committee of the Indian
National University of South Korea at the University of Minnesota.

Kentucky

Patricia Andrew Pennington, RN, MSN, Beta Zeta U (Louisville), a graduate student at Spalding Unive rsity, has been named to the National Healthcare System's Coordinating Board for Outstanding
Student Research in Nursing.

Mary Beth-Klein, RN, MN, EPIS Louisv ille State U, supervisor for the New Orleans B. W. Washington School of护理 and Psychiatric Home Health
Nurses of America, has received the American Heart Association's Volunteer of the Year Award for South
west Louisiana. She also has appeared on New Orleans television programs to discuss cardiovascular disease in African Americans.

Maryanne McCarron, RN, MS, Beta Omicron, Ph (Medical College of Georgia, U of Maryland at Baltimore), has received the Isabel Hampton Rivers Memorial Scholarship for $2,000, the top award of the Nurses' Educational Fund. Inc. The scholarship is given to a master's or doctoral degree candidate in nursing who is deemed to have the highest potential for leadership.

Carolyn Bryar Payne, MSN, Nu Beta (Johns Hopkins U), has been appointed to the Maryland Infant
Nursing Commission.

Minnesota

Della Dorscheid, RN, MS, INC, Zeta Zeta (Augustana College), received a first-place award for her master's degree program poster presented at the Midwest Nursing Research Society's annual meeting in March 1997.

Sandra R. Edwardsyn, RN, PhD, Zeta U (Minne sota), dean and professor at the University of Minnesota School of Nursing, has been named to the University of Minnesota's 50th anniversary and accepted an award for teaching excellence at the University of Minnesota School of Nursing. The award honored the school's contributions to the development of the University of Minnesota School of Nursing.

Madeline Kerr, RN, PhD, Zeta Rho (Mississippi U for Women), assistant professor at the University of Mississippi School of Nursing, has received a three-year, $354,000 grant from the National Institute of Occupational Safety and Health for a study of hearing loss prevention in nurses.

Linda Undecker, RN, PhD, CNOR, Zeta, Chi-At-Large (Minnesota), assistant professor at the University of Minnesota, received a 2001-2002 grant from the Minnesota Nurses Association for a pilot study on stress in nurses.

Janice Post-White, RN, Zeta U (Minnesota), senior public health nurse at the University of Minnesota School of Nursing, has received a $600,000 grant from The Minnesota Health Care Commission.

Sara J. Pawl, PhD, RN, Zeta U (Minnesota), assistant professor at the University of Minnesota School of Nursing, has received a three-year, $300,000 grant from the National Institute of Nursing Research for a study of stress and coping in nurses.

After 700 hours of sewing, Theta Nu members from Eastern Kentucky University completed a $15,000 quilt to raise money for the chapter's research fund. The quilt's display area became a popular meeting place at Sigma Theta Tau International's 34th Biennial Convention. From left: Donna Demarske, MSN, Theta Nu archives; Beatrice Burton, MSN, Theta Nu president; and Dr. Kaye Claytor, Alpha secretary.
North Carolina

Beth A. Buhler, RN, PhD, associate professor of nursing at the University of North Carolina at Greensboro, has been appointed to the Nurse Faculty of the North Carolina Health Care Facilities Association. She studies the relationships between nurses and animals.

Lena H. Hart, RN, PhD, FAAN, Alpha Mu (U of North Carolina at Chapel Hill), North Carolina State (U.S.A.), has been appointed assistant professor and president of North Carolina Agricultural and Technical State University's School of Nursing. Her appointment began September 1997.

Jennie Hutson, RN, ANU Omega (U of North Carolina at Wilmington), a surgical ICU nurse at Cape Fear Valley Medical Center in North Carolina, has completed an eight-member pilot study titled "Critical Care Nurse Teaching Program."

Laurence Kennedy-Hoog, RN, PhD, CS, Gamma Zeta (U of North Carolina at Greensboro), assistant professor and director of the School of Nursing at the University of North Carolina at Greensboro, has been elected to a one-year term as president of the National Conference of Gerontological Nurse Practitioners.

Emma Jean Smith, RN, MPH, MBA, Mt Judah (North Carolina A&T State U.), research instructor and assistant program manager at the University of North Carolina School of Nursing in Chapel Hill, has received the 1997 Great Walmart Practitioner Award for Nursing Excellence in North Carolina. The award is presented by the Great 100 Inc. to North Carolina nurses who have achieved excellence in the profession.

Bonnie Laddie Smithers, RN, BSN, Nu Omega (U of North Carolina at Wilmington), a lead nurse for O'Berry Center in Goldsboro, a facility for the mentally retarded, has been appointed infection control coordinator for the center. She was awarded an outstanding contributions during an Interdisciplinary Care Facility survey in 1997.

Ohio

Lisa S. Bynes, RN, PhD, Beta Iota (U of Cincinnati), associate professor at the University of Cincinnati College of Nursing and Health, has received the Distinguished Nurse Researcher Award from the College of Mount St. Joseph in Cincinnati.

Marge Mackowiak Powell, RN, DHA, Beta Iota (U of Cincinnati), the retired vice president of clinical operations and chief nursing officer for TriHealth in Cincinnati, has received the Lifetime Achievement in Nursing Leadership Award from the College of Mount St. Joseph in Cincinnati.

Jeanne R. Spoto, RN, PhD, Beta Iota (U of Cincinnati), professor of nursing and director of the Center for International Affairs at the University of Cincinnati College of Nursing and Health, has received the Distinguished Nurse Educator Award from the College of Mount St. Joseph in Cincinnati.

Jean Swain, RN, MS, Beta Iota (U of Cincinnati), vice president of nursing for St. Elizabeth Medical Center's three locations in Northern Kentucky, has received the Distinguished Nurse Administrator Award from the College of Mount St. Joseph in Cincinnati.

Jovine Sturgis, RN, PhD, FAAN, Alpha Mu (Case Western Reserve U.), associate professor of Case Western Reserve University's Frances Payne Bolton School of Nursing, has received $3.5 million from the National Institute of Nursing Research. Her study will investigate how accidental head injuries among preschoolers affect the families.

Pennsylvania

Eileen Done, RN, PhD, FAAN, Upjohn (New York U.), professor emerita at the University of Pennsylvania, and Margaret Catterton, RN, PhD, CS (U of Pennsylvania), associate professor at the University of Pennsylvania, were awarded Fulbright Scholar grants in the field of health sciences for the 1997-1998 academic year. During Fall 1997, Dr. Baer was a Fulbright professor at the University of Athens in Greece, Dr. Catterton is a Fulbright scholar researching in Germany during spring 1998.

Telis Kevakian, RN, MSN, CHP, Zeta Lambda (Indiana U of Pennsylvania), was co-chairwoman of a program titled "Therapeutic/Providing Culturalally Sensitive Care in Correctional Settings" at the 1998 National Conference on Correctional Health Care in San Antonio, Texas. She also has been invited to join the editorial board of American Publishers Inc., Galtherston, Md.

Lauree Ruth Murray, RN, PhD, ONS, Eta Zeta (Widener U., Delaware Delta, Southern U.,) has been elected president of the Delaware Nurses Association. She was previously vice president of the Delaware State Nurses Association and chairman of the Board of Directors.

Rhode Island

Dorina Huston, RN, PhD, Gamma Epsilon, Northeastern University, assistant professor at Rhode Island College, has been appointed to the State of Rhode Island and Providence Plantations Board of Examiners for Nursing Home Administrators. She also received a grant from the March of Dimes Birth Defects Foundation, Massachusetts Chapter, as project director for "Keeping the Family Affected: The Role of the Grandparent in High Risk Pregnancy Outcomes."

Tennessee

Collene Conway-Welch, CNM, PhD, Zeta Delta (Vanderbilt U.), dean of Vanderbilt University School of Nursing, has been elected to the Institute of Medicine in Washington, D.C.

Texas


Mary Lott, RN, MSH, Beta Theta, Delta Texas (University of Women's Private View U.,) helped establish the Family Health Harmony Oil Missionary Baptist Church in Houston, which sponsors health presentations and a health fair. She currently works with Medical Home Inc. to help Texas Medicaid patients choose a Health Maintenance Organization.

Annie Wilson, RN, DPH, Beta Delta, Delta Texas (University of Women's Private View U.,) professor, helped establish the Family Health Harmony Oil Missionary Baptist Church in Houston, as a presentation at the Third National Conference forMission­ ary Baptist Church in Houston, which sponsors health presentations and a health fair. She currently works with Medical Home Inc. to help Texas Medicaid patients choose a Health Maintenance Organization.

Virginia

Laura Baday, RN, BS, Alpha Mu (U of Virginia at Charlo­te), director of program and as editor of "Combined College's Community Care," has received one of the 1997 Great Examiners for Nursing Home Administrators.

She also received a grant from the March of Dimes Birth Defects Foundation, Massachusetts Chapter, as project director for "Keeping the Family Affected: The Role of the Grandparent in High Risk Pregnancy Outcomes."

Research conducted on Sigma Theta Theta's $1,929 funding inspired the members of Alpha Delta Lambda to develop a program to create a living history at the 1997 National Agriculture College. The program titled "Cofus and the Founders," the history became a cherished morning event. Taking on the personalities of the founders, the members displayed the wit and ideas of these pioneers. Now Alpha's history, with a collection of histories of the first six chapters, has been added to a six-volume set published by Center Nursing Press. See page 2.

Washington

Diane J. Witte, RN, PhD, FAAN, Alpha Delta, Delta NS­Large (U of Calif., San Francisco), U of Washing­ton, associate professor at the University of Washington School of Nursing, has received the First National Hospice Foundation Research Award for "Massive Therapy Gribled with Hospice Care: Lessons and Outcomes.

Virginia

Laura Baday, RN, BS, Alpha Mu (U of Virginia at Charles­ton), assistant professor at West Virginia Uni­versity, has been elected to the board of directors for the American Academy of Orthopedic Nursing. She is actively participating in the board's efforts to enhance achievements in clinical care, clinical programs, nursing leadership, research, community leadership, business, literary products and inventions. Photos are welcome. Contact Reflections by fax: proc.jmalti@dnt.edu, or mail: Sigma Theta Tau International, 350 M. Night St., Indianapolis, IN 46225.
North Carolina
Beth C. Bathe, RN, PhD, assistant professor of nursing at the University of North Carolina at Greensboro, has been appointed to the Nurse Faculty Development Grant, (Widener U), head of nursing research at University of Pennsylvania, and a doctorate in nursing provided at the National Institute of Nursing Research. Her study will investigate how accidental head injuries among preschoolers affect the families. Contributions may be sent to the Loomis/Wood Scholarship, Attention: Dr. Marilyn Loomis, 510 Arbor Walk, New Orleans, LA 70118.

Rhode Island
Donna Hartnett-Foye, RN, PhD, Gamma Epsilon, (Northeastern U), assistant professor at Rhode Island College, has been appointed to the State of Rhode Island and Providence Plantations Board of Examiners for Nursing Home Administrators. She also received a grant from the March of Dimes Birth Defects Foundation, Massachusetts Chapter, to project director for Keeping the Family Afloat: The Role of the Grandparent in High Risk Pregnancy Outcomes.

Tennessee
Colleen Conway-Welch, CNM, PhD, Jota (Dundee U), dean of Vanderbilt University School of Nursing, has been elected to the Institute of Medicine of Washington, D.C.

Texas
Mary Geary, RN, ED, Theta Phi-Pi-Alpha, Delta Phei (Wayne A&M), associate professor at Prairie View A&M University of Nursing, presented the paper “African-American Women: Health and Choice” at the Sigma Gamma Rho Inc. workshop in Houston.

West Virginia
Diana J. Wilkie, RN, PhD, FAAN, Alpha Pi (Oklahoma U), research instructor and assistant professor at West Virginia University, was presented with an award for excellence in Perioperative Nursing Research at the 2019 National Organization of Nurse Leaders, and at Rhode Island for Excellence in Nursing at South Carolina.

Pennsylvania
Ellen Goodrich, RN, PhD, FAAN, Upsilon (New York U), professor emerita at the University of Pennsylvania, and Margaret Cartonos, RN, PhD, (U of Pennsylvania), associate professor at the University of Pennsylvania, were awarded Fulbright Scholar grants in the field of health care for the 1997-1998 academic year. During Fall 1997, Dr. Baer was a Fulbright professor at the University of Athens in Greece. Dr. Cartonos is a Fulbright scholar with a joint research project in Germany during spring 1998. For more information, contact the Department of Health Care at U of Athens, Greece, 07100. Dr. Cartonos is a Fulbright scholar with a joint research project in Germany during spring 1998.

West Virginia
Laurell Bedenik, RN, MS, LLM, Alpha Rho (West Virginia U), assistant professor at West Virginia University, was presented with achievements in clinical care, clinical programs, nursing research, leadership, nursing education, community leadership, business, literary achievements, and inventions. Photos are welcome. Contact information for this issue is available at http://www.pcnf.org.

Williamsville
Jane S. Leslie, RN, PhD, Delta Gamma (Marquette U), associate professor at the University of Wisconsin, has received the 1998 Outstanding Achievement in Perioperative Nursing Research Award from the Association of Operating Room Nurses.

Washington
Diana J. Wilkie, RN, PhD, FAAN, Alpha Pi (Oklahoma U), research instructor and assistant professor at West Virginia University, was presented with an award for excellence in Perioperative Nursing Research at the 2019 National Organization of Nurse Leaders, and at Rhode Island for Excellence in Nursing at South Carolina.

Research conducted on Sigma Theta Tau’s 1992 founding inspired the members of Alpha to develop these awards to recognize excellence in nursing at the 35th annual conference of the Leading the way for Afloat: The Role of the Grandparent in High Risk Pregnancy Outcomes.

Virginia
Honor J. III, RN, PhD, Alpha Pi (Oklahoma U), research instructor and assistant professor at West Virginia University, was presented with an award for excellence in Perioperative Nursing Research at the 2019 National Organization of Nurse Leaders, and at Rhode Island for Excellence in Nursing at South Carolina.

Vermont
Karen W. Bawer, Au Nu, Weber State University, director of the Master of the Child and Health Promotion Program and coordinator of the Weber State University Program in Preventive Medicine, has been named a member for 34 years and was president of Au Nu, International, serving as chairman of the Radford College Department of Nursing, Radford, Va. She helped to form and chair Univesal College’s Pi Chi Chapter of Sigma Theta Tau. She also actively participated in Delta Xi chapter’s activities at Kent State University and received numerous awards honoring her scholarly achievements in nursing. (Phi Delta is this issue.)

Massachusetts
Maxine Loomis, Alpha Xi, University of South Carolina, died Nov. 23, 1997. Dr. Loomis made major contributions to the University of South Carolina and the nursing profession as a whole. She was responsible for the creation of the college’s doctoral program in nursing and the establishment of local and national levels in the fields of nursing diagnosis and educational and mental health nursing. Dr. Loomis was active in the development of the University of South Carolina’s nursing dissertation. Memorials may be sent to the Loomis/Wood Scholarship, Attention: Dr. Marilyn Loomis, University of South Carolina College of Nursing, Columbia, S.C. 29208.

Alaska
Maxine Loomis, Alpha Xi, University of South Carolina, died Nov. 23, 1997. Dr. Loomis made major contributions to the University of South Carolina and the nursing profession as a whole. She was responsible for the creation of the college’s doctoral program in nursing and the establishment of local and national levels in the fields of nursing diagnosis and educational and mental health nursing. Dr. Loomis was active in the development of the University of South Carolina’s nursing dissertation. Memorials may be sent to the Loomis/Wood Scholarship, Attention: Dr. Marilyn Loomis, University of South Carolina College of Nursing, Columbia, S.C. 29208.

Rhode Island
Donna Hartnett-Foye, RN, PhD, Gamma Epsilon, (Northeastern U), assistant professor at Rhode Island College, has been appointed to the State of Rhode Island and Providence Plantations Board of Examiners for Nursing Home Administrators. She also received a grant from the March of Dimes Birth Defects Foundation, Massachusetts Chapter, to project director for Keeping the Family Afloat: The Role of the Grandparent in High Risk Pregnancy Outcomes.

Tennessee
Colleen Conway-Welch, CNM, PhD, Jota (Dundee U), dean of Vanderbilt University School of Nursing, has been elected to the Institute of Medicine of Washington, D.C.

Texas
Mary Geary, RN, ED, Theta Phi-Pi-Alpha, Delta Phei (Wayne A&M), associate professor at Prairie View A&M University of Nursing, presented the paper “African-American Women: Health and Choice” at the Sigma Gamma Rho Inc. workshop in Houston.

West Virginia
Diana J. Wilkie, RN, PhD, FAAN, Alpha Pi (Oklahoma U), research instructor and assistant professor at West Virginia University, was presented with an award for excellence in Perioperative Nursing Research at the 2019 National Organization of Nurse Leaders, and at Rhode Island for Excellence in Nursing at South Carolina.

Research conducted on Sigma Theta Tau’s 1992 founding inspired the members of Alpha to develop these awards to recognize excellence in nursing at the 35th annual conference of the Leading the way for Afloat: The Role of the Grandparent in High Risk Pregnancy Outcomes.

Virginia
Honor J. III, RN, PhD, Alpha Pi (Oklahoma U), research instructor and assistant professor at West Virginia University, was presented with an award for excellence in Perioperative Nursing Research at the 2019 National Organization of Nurse Leaders, and at Rhode Island for Excellence in Nursing at South Carolina.

Vermont
Karen W. Bawer, Au Nu, Weber State University, director of the Master of the Child and Health Promotion Program and coordinator of the Weber State University Program in Preventive Medicine, has been named a member for 34 years and was president of Au Nu, International, serving as chairman of the Radford College Department of Nursing, Radford, Va. She helped to form and chair Univesal College’s Pi Chi Chapter of Sigma Theta Tau. She also actively participated in Delta Xi chapter’s activities at Kent State University and received numerous awards honoring her scholarly achievements in nursing. (Phi Delta is this issue.)

Massachusetts
Maxine Loomis, Alpha Xi, University of South Carolina, died Nov. 23, 1997. Dr. Loomis made major contributions to the University of South Carolina and the nursing profession as a whole. She was responsible for the creation of the college’s doctoral program in nursing and the establishment of local and national levels in the fields of nursing diagnosis and educational and mental health nursing. Dr. Loomis was active in the development of the University of South Carolina’s nursing dissertation. Memorials may be sent to the Loomis/Wood Scholarship, Attention: Dr. Marilyn Loomis, University of South Carolina College of Nursing, Columbia, S.C. 29208.

Alaska
Maxine Loomis, Alpha Xi, University of South Carolina, died Nov. 23, 1997. Dr. Loomis made major contributions to the University of South Carolina and the nursing profession as a whole. She was responsible for the creation of the college’s doctoral program in nursing and the establishment of local and national levels in the fields of nursing diagnosis and educational and mental health nursing. Dr. Loomis was active in the development of the University of South Carolina’s nursing dissertation. Memorials may be sent to the Loomis/Wood Scholarship, Attention: Dr. Marilyn Loomis, University of South Carolina College of Nursing, Columbia, S.C. 29208.
University of Wisconsin Oshkosh
College of Nursing

TEACHING POSITIONS

The University of Wisconsin Oshkosh College of Nursing is accepting applications for tenure track faculty positions. The College of Nursing has a basic and degree completion program at the BSN level, and since 1974 a Family Nurse Practitioner Program. Tenure-track positions are available in areas of family nurse practitioners, adult health, acute care with a strong pathophysiology background. Positions are available academic year appointments (9-month).

Assistant/Associate professor rank dependent on experience. Earned doctoral in nursing or related field required. Applications with substantial progress on doctorate may be considered. MSN required and eligibility for Wisconsin Licensure. Teaching experience desirable at the baccalaureate or masters level. Positions are available September 1998.

Send letter, curriculum vitae, and three letters of reference to:

Marilyn E. Rees, Dean
College of Nursing
University of Wisconsin Oshkosh
Oshkosh, WI 54901-8660

Phone: (920) 424-3889
Fax: (920) 424-0180
Internet: KNOWUROWSH.EDU
Web: http://www.uwosh.edu/colleges/nco

The University of Wisconsin Oshkosh is an equal opportunity/affirmative action employer. Minority candidates are encouraged to apply.

AVENUES TO THE FUTURE

1998-99 Regional Awards

Sigma Theta Tau International encourages and nurtures achievement in a wide variety of areas in nursing by recognizing members, chapters, and the general public as they support the mission of the society. Honors and awards conferred by Sigma Theta Tau International are prestigious and highly regarded.

You are invited to nominate a worthy individual or enter your name for consideration in the following categories:

REGIONAL RESEARCH AWARDS
- Dissertation
- Research Utilization
- Research Dissemination
- Chapter Research Advancement

REGIONAL CHAPTER AWARDS
- Innovative Chapter
- Mentor
- Chapter Heritage

COMMUNICATIONS & TECHNOLOGY AWARDS
- Media
- Interactive Video
- Information Technology

To download regional awards information and an entry form, please visit our Web site at www.stti.iupui.edu.

For a copy by mail, e-mail: awards@stti.iupui.edu, or call 888.634.7575 (US/Canada) or 800.634.7575.1 (International).

For your convenience...

Reach headquarters staff by E-mail!

The following addresses are intended to help you conduct society business on the Web. When in doubt, please call 888-634-7575 (US/Canada) or 800-634-7575.1 (International), or e-mail stti@stti.iupui.edu, and we’ll get you to the right person.

Members, please send your own e-mail addresses to us at: memserv@stti.iupui.edu

ADVERTISING
- Paid advertising in Reflections and Image: Journal of Nursing Scholarship
- Adveristy

AWARDS
- Nominations and entries for regional and international awards
- awards@stti.iupui.edu

CHAPTER SERVICES
- Assists establishment chapters, helps to charter new chapters, consults with chapter administration and governance issues
- chapter@stti.iupui.edu

COMMUNICATIONS
- Reflections, Image: Journal of Nursing Scholarship, monographs, videos, primary society publications
- communications@stti.iupui.edu

DEVELOPMENT
- Philanthropic opportunities, Virginia Henderson Fellow Program
- development@stti.iupui.edu

EDUCATION & RESEARCH SERVICES
- Conference programming, continuing education credits
- education@stti.iupui.edu

- Research grants, international research congress, abstract submissions
- research@stti.iupui.edu

INTERNATIONAL LEADERSHIP INSTITUTE
- Leadership Extents, Honorary Members, new programs to develop and honor leaders in nursing
- leadership@stti.iupui.edu

LIBRARY
- The Registry of Nursing Research, The Online Journal of Nursing Synthesis for Nursing, The Advance Practice Nurses' Conference
- library@stti.iupui.edu

MEMBERSHIP SERVICES
- Address and name changes, renewals, dual/transfer memberships, sales orders, making lists
- members@stti.iupui.edu

PUBLIC RELATIONS
- Media relations, news releases, society publicity, The Woodhill Study on Nursing and the Media
- pr@stti.iupui.edu
University of Wisconsin Oshkosh
College of Nursing

TEACHING POSITIONS

The University of Wisconsin Oshkosh College of Nursing is accepting applications for tenure-track faculty positions. The College of Nursing has a basic and degree completion program at the BSN level, and since 1974 a Family Nurse Practitioner Program.

Tenure-track positions available in the areas of family nurse practitioner, and adult health/nursing care with a strong pathophysiology background. Positions are academic year appointments (9-month). Assistant/associate professor rank dependent on experience. Earned doctorate in nursing or related field required. Applications with substantial progress on doctorate may be considered. MSN required and eligibility for Wisconsin License. Teaching experience desired at the baccalaureate or masters level. Positions are available September 1998.

Send letter, curriculum vitae, and three letters of reference to:
Morrist B. Knox, Dean
College of Nursing
University of Wisconsin Oshkosh
Oshkosh, WI 54901-8660
Phone: (920) 424-3809
FAX: (920) 424-0128
Internet: knoxoruwosh.edu
Web: http://www.uwosh.edu/colleges/con

The University of Wisconsin Oshkosh is an equal opportunity/affirmative action employer. Minority candidates are encouraged to apply.

ONLINE BOOK SERVICE

Thousands of members have already activated their subscription to the Sigma Theta Tau International Book Service—a FREE member benefit.

This free benefit offers members a customized electronic newsletter featuring timely peer reviews of newly published nursing books, coupled with an order mechanism allowing members to order books electronically.

Simply send your e-mail address to library@stt.iupui.edu and you will receive an invitation and profile form.

FREE TO MEMBERS!

FOR YOUR CONVENIENCE...
 Reach headquarters staff by E-mail!

The following addresses are intended to help you conduct society business on the Web. When in doubt, please call 888.634.7575 (US/Canada) or 800.634.7575.1 (International), or e-mail stt@stt.iupui.edu, and we'll get you to the right person.

Members, please send your own e-mail addresses to us at: memserv@stt.iupui.edu

ADVERTISING
Paid advertising in Reflections and Image:
Journal of Nursing Scholarship
society@stt.iupui.edu

AWARDS
Nominations and entries for regional and international awards
awards@stt.iupui.edu

CHAPTER SERVICES
Assists established chapters, helps to charter new chapters, consults with chapter administration and governance issues
chapter@stt.iupui.edu

COMMUNICATIONS
Reflections, Image: Journal of Nursing Scholarship, monographs, videos, primary society publications
communications@stt.iupui.edu

DEVELOPMENT
Philanthropic opportunities. Virginia Henderson Fellow Program
development@stt.iupui.edu

EDUCATION & RESEARCH SERVICES
Conference programming, continuing education credits
education@stt.iupui.edu
Research grants, international research congress, abstract submissions
research@stt.iupui.edu

INTERNATIONAL LEADERSHIP INSTITUTE
Leadership Externs, Honorary Members, new programs to develop and honor leaders in nursing
leadership@stt.iupui.edu

LIBRARY
The Registry of Nursing Research, The Online Journal of Nursing Synthesis for Nursing, The Advance Practice Nurses’ Conference
library@stt.iupui.edu

MEMBER SERVICES
Address and name changes, renewals, dual/transfer memberships, sales orders, making lists
memberserv@stt.iupui.edu

PUBLIC RELATIONS
Media relations, news releases, society publicity
The Woodhill Study on Nursing and the Media
press@stt.iupui.edu

1998 Reflections Advertising deadlines

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>THEME</th>
<th>AD DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Quarter 1998</td>
<td>World Health - Nursing's Multicultural Role</td>
<td>5/15/98</td>
</tr>
<tr>
<td>1st Quarter 1999</td>
<td>The Entrepreneur</td>
<td>12/31/98</td>
</tr>
<tr>
<td>2nd Quarter 1999</td>
<td>The Entrepreneurs</td>
<td>2/24/99</td>
</tr>
<tr>
<td>3rd Quarter 1999</td>
<td>The Entrepreneur</td>
<td>5/26/99</td>
</tr>
</tbody>
</table>

For editorial or advertising information, call 888.634.7575 US/Canada toll free or 1.800.634.7575.1 international.
Helsinki, Finland
St. Louis, Missouri

"Towards College Sixth Century"

Contact: Phyllis Stern; Phone: 317.274.0032; Fax: 317.541.3609; E-mail: bkellogg@csulb.edu

September 10-13, 1998 - Manchester, England
Netherlands, University of Ghent in "The Boundaries of Nursing Education" - Global Institute for Nursing and Health Research in Padova, Bangkok 10700, Thailand;

Nov. 12, 1998 - Bucharest, Romania
Validating Spiritual Care Conference.

National Council of State Boards of Nursing

"Highly Recommended."
"Journal of ET Research"

POCKET GUIDE TO GERIATRIC ASSESSMENT

About Managed Care

New Practice Resources for Older Adults Guide for Case Managers

By Mildred D. Bogert, PhD, RN

Provides a wide variety of community resources for older adults and their caregivers - all in one convenient 3-ring binder that lets you easily customize the information:

- Inclusion information on eldercare programs, assisted living facilities, community wellness programs, Medicare risks and HMOs, protective services, the referral process, and more

- Provides resource lists with addresses, phone numbers and internet addresses at the end of each chapter

- 1998 + 568 pages, illustrated

"Now give better health, better care to your patients with these new nursing tools from Mosby!
Examine them FREE for 30 Days!"
NOW give better health, better care to your patients with these new nursing tools from Mosby!

Realistic, step-by-step advice for you and your patients!

HEALTH PROMOTION HANDBOOK

By Sharleen Rasmussen, GCM, PhD, and Joan Arnold, PhD, RN
- Provides valuable tips on the most important behaviors that contribute to your clients' overall health: smoking cessation, exercise, nutrition, informed sexuality, injury prevention, substance abuse, personal hygiene, and more

- Includes realistic step-by-step "scripts" you can use to help maintain important health information

1998 Approx. 304 pages, illustrated

Book Code: 3313

HANDBOOK OF HOME HEALTH STANDARDS AND DOCUMENTATION GUIDELINES FOR REIMBURSEMENT

By Tina Marrelli, MSN, MA, RN

This indespensible guide provides the service to create clear, effective documentation, improve quality of care, increase accuracy, meet quality and reimbursement standards, and avoid reimbursement denials. It's everything the home health nurse needs to know!

- New to this edition: coverage of the "dying patient, TB, and the "mixed case"

Handbook: 800-292-1966
Pocket Guide: 1-800-368-1300

"The little red book is back -- and better than ever!"

HANDBOOK OF HOME HEALTH STANDARDS AND DOCUMENTATION GUIDELINES FOR REIMBURSEMENT

By Tina Marrelli, MSN, MA, RN

This indespensible guide provides the service to create clear, effective documentation, improve quality of care, increase accuracy, meet quality and reimbursement standards, and avoid reimbursement denials. It's everything the home health nurse needs to know!

- New to this edition: coverage of the "dying patient, TB, and the "mixed case"

Handbook: 800-292-1966
Pocket Guide: 1-800-368-1300

Shaw, MD

110% Nursing

110% Nursing

"Highly Recommended."
"Journal of ET Research"

POCKET GUIDE TO GERIATRIC ASSESSMENT

By Annette Gielen Lusckencote, MS, RN, FCS

- Presents valuable sample assessment forms and tools, normal variations, and from normal findings; common systemic diseases and conditions

1998 + 350 pages, illustrated

Book Code: 3031

"Now give better health, better care to your patients with these new nursing tools from Mosby!
Examine them FREE for 30 Days!"

Realistic, step-by-step advice for you and your patients!

HEALTH PROMOTION HANDBOOK

By Sharleen Rasmussen, GCM, PhD, and Joan Arnold, PhD, RN
- Provides valuable tips on the most important behaviors that contribute to your clients' overall health: smoking cessation, exercise, nutrition, informed sexuality, injury prevention, substance abuse, personal hygiene, and more

- Includes realistic step-by-step "scripts" you can use to help maintain important health information

1998 Approx. 304 pages, illustrated

Book Code: 3313

HANDBOOK OF HOME HEALTH STANDARDS AND DOCUMENTATION GUIDELINES FOR REIMBURSEMENT

By Tina Marrelli, MSN, MA, RN

This indespensible guide provides the service to create clear, effective documentation, improve quality of care, increase accuracy, meet quality and reimbursement standards, and avoid reimbursement denials. It's everything the home health nurse needs to know!

- New to this edition: coverage of the "dying patient, TB, and the "mixed case"

Handbook: 800-292-1966
Pocket Guide: 1-800-368-1300

"The little red book is back -- and better than ever!"

HANDBOOK OF HOME HEALTH STANDARDS AND DOCUMENTATION GUIDELINES FOR REIMBURSEMENT

By Tina Marrelli, MSN, MA, RN

This indespensible guide provides the service to create clear, effective documentation, improve quality of care, increase accuracy, meet quality and reimbursement standards, and avoid reimbursement denials. It's everything the home health nurse needs to know!

- New to this edition: coverage of the "dying patient, TB, and the "mixed case"

Handbook: 800-292-1966
Pocket Guide: 1-800-368-1300

Shaw, MD

110% Nursing

110% Nursing
**announcements**

**INTERNATIONAL CONFERENCES**

July 5-9, 1998 - Helsinki, Finland

*Knowledge Development in Nursing: Citizens and Researchers in Partnership,* 9th Biennial Conference of the Worldgroup of European Nurse Researchers. Sponsors: The Finnish Federation of Nurses, Paris. Contact: Dario Amanatinekrant, 4, PO-Box, Helsinki, Finland; Tel. 358-29-209-231; Fax: 358-29-431-004; E-mail: datu.zukki.renna@anattinaustaja.fi. Registration forms are also available from Sandy Reddykham, Sigma Theta Tau International. Contact: 317.654.8888; E-mail: webmaster@sttin.org.

July 14-19, 1998 - Utrecht, The Netherlands

Sigma Theta Tau International 46th International Nursing Research Conference. Contact: University of Utrecht Department of Nursing Science in The Netherlands, University of Ghent in Belgium, and Pace University in New York. Contact: Sandy Reddykham, Sigma Theta Tau International. Contact: 317.654.8888; E-mail: webmaster@sttin.org.

Sept. 10-13, 1998 - Manchester, England

“The Orthopedic Family: Taking Orthopedic Formulas Forward.” The RCOG Annual Conference and Exhibition. Sponsor: Royal College of Nursing of the United Kingdom. Contact: The Royal College of Nursing, 20 Cavendish Square, London W1H 9DE, UK. E-mail: gpecah@roycoln.org.uk.


International Perspectives and Partnerships in Health Care. Sponsor: Western Reserve University Schools of Nursing and Health Professions, 11370 E. 33rd St., Cleveland, OH 44106-4029. Phone: 216.841.1750; Fax: 216.841.3857; E-mail: mad@wrvu.edu. Website: http://www.wrvu.edu/mad.html.

Nov. 8-11, 1998 - Pattaya, Thailand

"Expanding Boundaries of Nursing Education Globally," Second International Conference. Sponsors: Moholy-Nagy University Faculty of Nursing (U.M.) in Budapest, Hungary, and Western Reserve University School of Nursing, Cleveland, Ohio, U.S.A. and Thailand International Institute of Nursing Research in Palkia, Italy. Contact: Moholy-Nagy University Faculty of Nursing, 7, Palackyi Rd., Budapest 1074, Hungary. Tel.: 661.226.1210; Fax: 661.226.1211; E-mail: d.budapest@mahidol.ac.th. Website: http://www.wrvu.edu/mad/calendar.html, or contact Western Reserve University School of Nursing, 3000 Euclid Ave., Cleveland, OH 44106-4029, U.S.A. Phone: 216.841.1750; Fax: 216.841.3857; E-mail: mad@wrvu.edu.

June 29-27, 1999 - Indianapolis, Indiana, U.S.A.


Dec. 12, 1998 - Bucharest, Romania

Validating Sample Care Through Clinical Research. Sponsor: Mayo Medical Center. Contact: Mayo Continuing Education. Phone: 507.266.9007; 507.266.9009. E-mail: C.CLovendahl@mayo.edu.

**New**

**NOW give better health, better care to your patients with these new nursing tools from Mosby!**

Examine them FREE for 30 Days!

**Realistic, step-by-step advice for you and your patients!**

**HEALTH PROMOTION HANDBOOK**

By Sherri Rampshorn Gorn, PhD, and Joan Arnold, PhD, RN

Provides valuable tips on the most important behaviors that contribute to your clients' overall health: smoking cessation, exercise, nutrition, informed sexuality, injury prevention, substance awareness, oral hygiene, and more

Includes realistic step-by-step "script" you can use to help real health important health information

1998 Approx. 304 pages, illustrated

Book Code: 3313

**POCKET GUIDE TO GERIATRIC ASSESSMENT**

By Annette Giesler Lueckenotte, MS, RN, CNS, FAAN

Provides a practical approach to geriatric assessment. This handbook offers unique tips for:

• Provides a practical approach to geriatric assessment. This handbook offers unique tips for:

- Identifying the healthy older person
- Identifying functional impairments
- Identifying medical problems
- Interpreting assessments
- Developing health care plans
- Identifying patient needs

1998 Approx. 282 pages, illustrated

Book Code: 3001

**“The little red book” is back – and better than ever!**

**HANDBOOK OF HOME HEALTH STANDARDS AND DOCUMENTATION GUIDELINES FOR REIMBURSEMENT**

By Tina Marcella, MSN, MA, RN

Use this indespensable tool to service to create clear, effective documentation, improve quality of care, increase accuracy, meet standards, and avoid reimbursement denials. It’s everything the home health nurse needs to know!

• Now in this edition: coverage of the ILI, the long-term, MS, TB, and medication history codes and NANDA-approved nursing diagnoses, safety considerations for each clinical guideline. tips for communicating with insurance care managers, updated HCFA home health manual coverage, and much more

1998 Approx. 887 pages + Book Code: 31044

**NOW practical resources for every practitioner at your fingertips!**

**COMMUNITY RESOURCES FOR OLDER ADULTS Guide for Case Managers**

By Mildred D. Reginald

Use this invaluable pocket-sized guide to locate service to create clear, effective documentation, improve quality of care, increase accuracy, meet standards, and avoid reimbursement denials. It’s everything the home health nurse needs to know!

• Provides a practical approach to geriatric assessment. This handbook offers unique tips for:

- Identifying the healthy older person
- Identifying functional impairments
- Identifying medical problems
- Interpreting assessments
- Developing health care plans
- Identifying patient needs

1998 Approx. 282 pages, illustrated

Book Code: 3001

**Convenient 3-ring binder**

**Community Resources for Older Adults**

A Guide for Case Managers

By Mildred D. Reginald

**NOW give better health, better care to your patients with these new nursing tools from Mosby!**

Examine them FREE for 30 Days!
NURSES WORKING TOGETHER TO IMPROVE THE HEALTH OF THE WORLD’S PEOPLE. CONGRATULATIONS TO THE MEMBERS OF SIGMA THETA TAU INTERNATIONAL IN HONOR OF Nurses Week MAY 6-12, 1998