South Korea’s research advocate for the chronic mentally ill

Susie Kim, RN, DNSc, FAAN

Nursing research impacting nations
THE LANGUAGE OF NURSING THEORY AND METATHEORY
Edited by two of Sigma Theta Tau's most respected scholars, and featuring their contributions along with contributions by seven other leading nurse 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: Imogene M. King, RN, EdD, FAAN and Jacqueline Fawcett, RN, PhD, FAAN. (1997) $20 each—Item #1055

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COVER STORY
8 Out of darkness
No longer locked in their homes and hidden from society, South Korea's chronically mentally ill are being successfully rehabilitated by nurses in community centers. This U.N.-funded program is a world model. BY SUSIE KIM

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PRESIDENT'S MESSAGE ON ... our commitment to global health

Two years ago I was challenged by some international visitors about Sigma Theta Tau's global mission. According to our guests, Sigma Theta Tau was not an international nursing organization but a national one with international members. With barely 3,000 of the more than 124,000 members living outside the United States, I could hardly argue.

Sigma Theta Tau International's mission is to improve world health by supporting research and promoting nursing leadership to improve practice. Changing the reality (much less the perception) that it is indeed committed to its global mission is a lofty goal that requires vision, commitment and resources—a challenge we have accepted.

When Sigma Theta Tau was established in 1939, the world was a much smaller place than it is today. Communication and transportation limited interactions, business and recreation geographically. The society's leaders were visionary when they decided, in 1985, to make Sigma Theta Tau a global organization, adding the word "international" to the name and making it the first nursing organization with individual international members. This decision triggered enormous changes that continue to ripple through the organization like toppling dominoes. As fast as we resolve one issue, another emerges to take its place.

Many attempts at meeting our international commitment are taking place. Because winter and summer are different in various parts of the world, we changed the issue designations on this magazine from the season to the quarter. Basic documents are being translated into the languages where we have chapters. A database of international exchanges among nurses, schools of nursing, health care agencies and their global partners is being established through the Virginia Henderson International Nursing Library to facilitate future exchanges.

During this bimonthly, every international committee has at least one member outside the United States, and a global diversity task force has been appointed. Its charge is to identify the barriers to full globalization of our organization and to recommend actions to overcome the obstacles.

However well-intentioned we may be regarding our international mission, we nonetheless often miss opportunities, inadvertently offend others' cultures or customs, expect non-U.S. members to behave exactly as we do and, in fact, continue to consider "American" as synonymous with the United States. We have far to go.

The theme of this bimonthly is "Avenues to the Future," and one goal designed to lead us into the future is to strengthen the global diversity of Sigma Theta Tau International. To that end, this issue of Reflections focused on social equity and diversity around the world and nurses' unique roles in these settings. This issue features the multinational work of nurses investigating research. Both are designed to inform and enlighten all of us about the variety of expertise and service that nurses worldwide are providing through their work.

The work of South Korea's Susan Kim is being studied by the United Nations for its multinational implications. She has taken mental illness in Asia out of hiding, established day care centers for people with mental illness and sent nurses out into the community to reach the mentally ill.

Phoebe Williams has conducted a study with our members in the Philippines, Indonesia and Thailand on the cognitive development of children.

Eldina Guevara, from the University of Texas at Galveston, reports on a major WHO health reform-driven study conducted with researchers in Mexico City, Nuevo Leon, Argentina and Brazil. Linda Aiken's study concerns hospitals in Canada, England, Scotland, Germany and the United States. Joan Lockhart's article is a follow-up from Lidya Zamora's article on Nicaragua in our previous issue. Part I dealt with Nicaraguan needs; this article examines global partnerships.

These are just a few of many compelling projects throughout the world in which nurses are designing and testing methods of improving patient care in their regions. The outcomes of their work carry enormous implications for improving world health. Sigma Theta Tau International celebrates the contributions of these and all nurses around the globe whose work is changing the face of health care. Our job, individually and organizationally, is to make certain that all nurses who are welcomed into our fellowship with enthusiasm, sensitivity and pride. We and they deserve no less.

Eleanor J. Sullivan, RN, PhD, FAAN, President

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- Annotated critical references
- Practice implications
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- Search strategies used by author
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- A Comparison of the Effectiveness of Pharmacologic-Treatment of Otis Media with Effusion in Children
- Flashing Protocols for Tunnled Central Venous Catheters
- Prevention of Preterm Delivery in Twin Gestations

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Competence will be judged on an individual's capacity to integrate information into knowledge.

— Karl Erik Sviby

**EXECUTIVE OFFICER'S MESSAGE ON...**

**NURSES WITHOUT BORDERS**

Collaboration, interdisciplinary, multicultural, strategic, global, technological... These are all descriptors which are profli-

citally cited in the popular and professional literature as essential characteristics of future success. They are deemed critical for in-
deriduals, communities, corporations and organizations—with no one, or no entity, immune to their necessity. Cultivation of

these attributes remains a challenge in all sectors. Sviby, a Scandinavian publisher and futurist, calls these at-

tributes “intangible assets,” and he clearly establishes knowledge as the asset of first order. The assumption is

that if we are to survive in our professional interactions, we must develop and transfer our knowledge to each other. It is this

ability to transfer knowledge which becomes the focal point for success. And the greater the capacity to transfer, the greater the competence of a person.

Sviby further states that the best method for transferring knowledge is through direct experience. Expe-

rience, or doing, enables learning more fully, because information which is heard and observed be-

comes integrated and, therefore, more useful.

In health care, we all possess basic, yet unique knowledge. When we share this knowledge across disciplines, we learn from the ex-

periences of one another. This interdis-

ciplinary learning generates further knowledge—how that stimulates collaboration on additional in-

quiries. Those partnerships pro-

mote learning and improve the understanding of ways to tend to the health of people.

If this learning is inclusive versus exclusive, differences are queried,

and the knowledge gained from these experiences is integrated into the asset base. And if it is shared globally, employing tech-

nologic dissemination, the sphere of sharing is magnified fur-

ther, allowing a greater transfer among a greater number of people. Multinational research—its cultivation, distribution and use—is thus one of the most effective strategies for achieving the characteristics of future success.

Multinational research, in my mind, is not an inquiry of a culture’s health care practices, but rather a culture’s response to a health care issue. It does not solely involve parallel examina-

tion of a problem by differing groups, but rather parallel build-

ing of knowledge about the issue—the building blocks being information which is transferred across cultures: heard, observed and learned. It represents integration of the information into useful knowledge.

Indicators of global health show that, despite valiant at-

ttempts, numerous areas of health care needs exist. Health

problems such as AIDS, tuberculosis, maternal mortality and dietary deficiencies, and issues such as citizen coverage for health care, usership, provider productivity and economic control, continue to require examination and resolution.

Without multinational research our competence to allevi-

ate these global health concerns in our own communities is diminished. It thus becomes incumbent on the researcher to look to others for knowledge and collabo-

ration—people in different countries, of diverse origin, from varied disciplines. It is incumbent on clinicians to use the knowledge, testing it and adapting it to prac-

tice. And lastly, it becomes incumbent on all to ex-

plore and share the experiences in order to resolve global health concerns.

One nurse’s curiosity resonates into many nurses turning information into knowledge, thereby increasing our scientific competence and effectiveness.

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

**SPECIAL FEATURES COMING SOON...**

How-to’s

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Jeanne Floyd, RN, PhD, C, CAS, is an unusual combination at Sigma Theta Tau International head-

quarters and is engaged in initiatives related to strategic planning, membership development and grant writing.


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STRATEGIC PLANNING

Dream Teams
by Jeanne Floyd

INDIANAPOLIS—In the bus-
iness of strategic planning, the fo-
cus is not on rights or wrongs
but rather on what might be.
How, for example, are love,
honor and courage to be in-
terpreted for continued rele-

tance by members who are
faced with professional and so-


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Eleanor Sullivan opened
this spring with an ambitious set
of goals, as outlined in a tight
timeline. President Eleanor Sullivan
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task force telephone conferences
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“Over the 18-month period, we are ac-
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Throughout the summer, members have an
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By Susie Kim

KOREA—Mr. Kyung-Suk Chee, 24, was diagnosed with schizophrenia at age 16 and has been in and out of mental hospitals ever since.

When he is out, he is literally locked in his home, where he is restless, aggressive, and a hypochondriac in need of attention.

Not long ago, he became one of 314 people to enter a new community mental health nursing program. His piano talent was discovered. Along with receiving nursing care, his musical abilities are being rekindled by a professional pianist. Besides making significant strides with his illness, Mr. Chee performed Beethoven's "Moonlight" sonata in concert at Ewha Womans University's Emerson Hall in June.

Like the concert pianist in the movie Shine, Mr. Chee lays his demons to rest in poignant, tender music that reaches deeper than fleeting words.

Mr. Sun-Kook Song, 29, diagnosed with manic-depressive reaction at age 17, checks into hospitals two or three times each year. His father, a Protestant minister, began a church for the mentally ill in 1996, after nurses founded a community mental health nursing program. Now mental health patients who cannot receive care at nursing centers, due to space or location, are given care at church.

Mr. Song—aptly named—recently made a public debut in a gospel singing contest and has cut a record, which has gone on sale. Once isolated, Mr. Song's days brim over with pride as he charts his plans to give hope to patients like himself—the self he used to be.

Many gifted patients plan on performing in Concert for Rehabilitating Patients. Most of you will not be able to attend, so let me tell you instead of the nursing research that brought them out of their desperate lives.

But also, there is the caregiver who is 87, whose schizophrenic son is now earning a living for the first time. This selfless mother slipped into chronic depression after endless years of nurturing and financial hardship. She has discovered an expertise and joy in making beautiful thimbles. Mental health nurses now sell them to help her with her finances.

In South Korea, patients are either locked in their rooms at home or left uncared for during the day when other members of the family must work. In addition, an increasing number of mentally ill patients live alone, as their families cannot cope with the day-to-day conflicts within the home. There is a strong conflict in the national strategy: on the one hand a preference for institutional care for any patient with mental illness; and on the other hand an inability to address the volume of need. Yet there has been an aversion to a community-based care approach for those able to function outside institutions.
Kim Kyung-Suk Chee, 24, was diagnosed with schizophrenia at age 16 and has been in and out of mental hospitals ever since.

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Caring Techniques

Dr. Kim has found eight interpersonal therapeutic means to be the most effective ones to rehabilitate mentally ill patients in South Korea's community mental health nursing program. Compassion is the overriding element of these therapeutic techniques:

- Noticing
- Participating
- Sharing
- Active listening
- Companioning
- Complimenting
- Comforting
- Hoping

Therefore, it is imperative to develop easily accessible, cost-effective alternatives that would offer effective mental health care as well as useful social rehabilitation programs for mental health patients. A study is being conducted in several stages to evaluate the effectiveness of one such program where psychiatric nursing care is provided within a community-based nursing model to long-term psychiatric patients. Much of the data has been collected and gives credence to such a community response. This project is of interest at the multinational level for it meets the goals of increased access, high quality and decreased cost. Access and quality are increased by pushing the responsibility of rehabilitation down to the patient. The program trains the patient to rehabilitate herself or himself without removing the person from the family and community. This negates the cost of recurrent long-term inpatient stays and socializes the patient.

Nurse-managed centers are the medium through which this program exists, creating several advantages: Nurses represent the largest health care work force in the world, and in many situations, they are the most accessible, available and affordable health care workers. The research program, funded by the United Nations Develop-

ment Project, has resulted in 15 replication of this nursing model in South Korea.

Korea is not alone in its need, however, to deal successfully with the challenge of rehabilitating an increasingly large mentally ill population in the community. In recent years there has been a global move toward deinstitutionalizing, making the problems of this population more visible.

This shift in the United Kingdom, United States, Australia, New Zealand, France, Italy, Spain, and Central and Eastern European countries has been well documented (Gournay, 1995). Korea has not been spared this trend. It is clear that in certain respects, the circumstances surrounding the mental health field are similar in many developed—and developing—countries around the world, and new problems must be addressed.

One solution has been available for some time but is only now being explored in an in-depth manner: the use of a community support program. It is defined as a "community-based psychosocial rehabilitation program for individuals with chronic mental illness" designed to break the cycle of revolving door hospitalizations and to increase the psychosocial functioning and community integration of these vulnerable individuals (Brekke et al., 1997). This has consistently been shown to reduce hospitalization rates when compared with usual community care (Brekke et al., 1997) and improve quality of life (MacGill, 1991).

Merely living in the community versus the hospital has been shown in several countries to increase a patient's level of satisfaction with life (MacGill, 1991; Nikkone, 1995). However, studies have not been consistent in showing that community support programs are either superior or not better than usual care in terms of independent living, social or occupational functioning.

In this nursing study, community-based mental health nurses seek to rehabilitate long-term psychiatric patients to decrease hospitalizations and maximize the individual's psychosocial functioning. Two main strategies are to teach the patient to rehabilitate herself or himself and to restructure a patient's environment. These strategies are implemented through three interventions. First, home care is given, not only to focus specifically on patient therapies, but also to teach families about aiding the patient in developing skills such as stress relief, stress reduction, and coping strategies. Second, day care is used to provide the patient with a place to practice social skills in a social milieu and work toward wellness. Third, families are taught specifically about how to help rehabilitate their loved ones' mental illness and how to do during weekend seminars.

Caring Techniques

Dr. Kim has found eight interpersonal therapeutic means to be the most effective ones to rehabilitate mentally ill patients in South Korea's community mental health nursing program. Compassion is the overriding element of these therapeutic techniques:

- Noticing
- Participating
- Sharing
- Active listening
- Companioning
- Complimenting
- Comforting
- Hoping

Therefore, it is imperative to develop easily accessible, cost-effective alternatives that would offer effective mental health care as well as useful social rehabilitation programs for mental health patients. A study is being conducted in several stages to evaluate the effectiveness of one such program where psychiatric nursing care is provided within a community-based nursing model to long-term psychiatric patients. Much of the data has been collected and gives credence to such a community response. This project is of interest at the multinational level for it meets the goals of increased access, high quality and decreased cost. Access and quality are increased by pushing the responsibility of rehabilitation down to the patient. The program trains the patient to rehabilitate herself or himself without removing the person from the family and community. This negates the cost of recurrent long-term inpatient stays and socializes the patient.

Nurse-managed centers are the medium through which this program exists, creating several advantages: Nurses represent the largest health care work force in the world, and in many situations, they are the most accessible, available and affordable health care workers. The research program, funded by the United Nations Develop-

ment Project, has resulted in 15 replication of this nursing model in South Korea.

Korea is not alone in its need, however, to deal successfully with the challenge of rehabilitating an increasingly large mentally ill population in the community. In recent years there has been a global move toward deinstitutionalizing, making the problems of this population more visible.

This shift in the United Kingdom, United States, Australia, New Zealand, France, Italy, Spain, and Central and Eastern European countries has been well documented (Gournay, 1995). Korea has not been spared this trend. It is clear that in certain respects, the circumstances surrounding the mental health field are similar in many developed—and developing—countries around the world, and new problems must be addressed.

One solution has been available for some time but is only now being explored in an in-depth manner: the use of a community support program. It is defined as a "community-based psychosocial rehabilitation program for individuals with chronic mental illness" designed to break the cycle of revolving door hospitalizations and to increase the psychosocial functioning and community integration of these vulnerable individuals (Brekke et al., 1997). This has consistently been shown to reduce hospitalization rates when compared with usual community care (Brekke et al., 1997) and improve quality of life (MacGill, 1991).

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There are several assumptions inherent in this model. First, the program is largely based on research carried out by Korean psychiatrists which documents the reduction of symptom severity of schizophrenics from the time of onset to 10 years in non-medicated individuals. The researchers credit this to "natural" process (Lee, 1996). Korean psychiatrists agree that social stimulation and a therapeutic environment, over time, regardless of the use of psychotropic medications, will produce a decrease in symptoms (Lee, 1996; Lee & Lee, 1994).

Second, interventions with the family have been highlighted in importance because in Korean culture, most children will continue to live with their parents; if children are mentally ill or handicapped, it is expected that the family will take care of them indefinitely. Further, most community mental health nurses rely on the fact that informal care will be given by families.

Research has shown that psychosocial interventions with the families of schizophrenics reduce relapses (Brooke, 1990). One of the main stress-reducing components of psychosocial interventions, as shown in Lazarus' classic studies in the 1960s (Lazarus, 1966), is the giving of knowledge or patient/family education.

The home visits and weekend seminars are considered to be major focal points in the program by both family and provider.

The nursing model evolved within the context of a successful nation. The Republic of Korea has rapidly industrialized its economy since 1962, raising its gross national product per capita from $87 in 1962 to $10,080 in 1995. Rapid industrialization and urbanization have led the past generation have resulted in geographical, social and occupational dislocations of many Koreans. This has led to increased stress and consequent mental health disorders.

In contrast to rapid economic development and the accompanying social problems, health and welfare programs have seriously lagged behind the needs, both in quantity and quality. The government has belatedly recognized the importance, but actual investment has lagged.

According to government statistics, the number of psychiatric patients was estimated to be 1,000,020 in 1995 (Lee, 1996), accounting for approximately 2.2 percent of the nation's population. The actual number of mental patients is undoubtedly far greater than the government's official figure, as Koreans in general consider mentally ill patients a disgrace to the family and thus refrain from reporting them to authorities or revealing their cases to the public.

Of the reported patients, 90,000 or 9 percent (Lee, 1996) need to be hospitalized, but only 35,370 are accommodated in the limited space of mental health institutions, which are largely centralized, medical-based, custodial and beyond the reach of the poor. The remaining 560,000 patients, including almost 70,000 who require intermediate treatment, are at home without proper health care.

Mental health problems are more serious among the economically underprivileged, where ill people remain at home without proper treatment or care, and the morbidity rate is twice as high.

Earlier heavy investments by the government in institutional development (e.g. mental hospitals) and the promotion of hospital- or clinic-oriented care for the mentally ill, have created a bias that is still used. The health policy has focused on the expansion of large-scale, national or public and private mental hospitals. Capacity at the hospitals remains far short of needs and lacks transition and rehabilitation programs for a normal social life.

Despite the urgency, it is unrealistic to expect existing mental institutions to develop such programs in the foreseeable future for several reasons. First, the government's limited budget; second, both health insurance and government subsidies for economically underprivileged mental patients are applied only to those who are hospitalized; third, economically underprivileged patients cannot afford expensive fees associated with institutions; fourth, services provided by the medical profession do not cover rehabilitation in Korea. The concept of rehabilitation is represented by the Chinese word "che-hwa1". An exact translation would mean "active again"; however, the broader or more common meaning is to "reactivate damaged patients." Barriers to che-hwa1 include the views of the public, who generally have negative attitudes toward the mentally ill. In Korean culture there exists a social stigma that often has serious consequences for this population, especially schizophrenics. Treatment teams tend to focus on highly functioning patients instead. They have unrealistic rehabilitation expectations, and there is low satisfaction associated with the treatment of this population (Brekke et al., 1997; Gournay, 1995).

This study assessed the effects of psychiatric nursing interventions on long-term psychiatric patients. Following a preliminary evaluation by the care coordinator, the patient and family are assigned a psychiatric mental health care nurse practitioner. Interventions included primary mental care, counseling and rehabilitation, applying eight interpersonal caring techniques. Within two to three weeks of entry into the study, the patient received a full assessment, including the physical, nutritional, social, psychological and spiritual dimensions of health. Specifically, these duties were manifested in social skills training, group therapy, movement therapy and other modes of care.

A contract that did not have rehabilitation—and was most typical of the societal norm—was used.

Pamli Kyung-Suk Chee faces a personal victory home through his interpretations of Beethoven, encouraged by Dr. Susie Kim at one of her community mental health day care centers in Seoul, South Korea.
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The nursing model evolved within the context of a successful nation. The Republic of Korea has rapidly industrialized its economy since 1962, raising its gross national product per capita from $87 in 1962 to $10,080 in 1995. Rapid industrialization has accompanied the rapid growth of the poor. The remaining 960,000 patients, including almost 70,000 who require intermediate treatment, are at home without proper health care.

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A contract that did not have rehabilitation—and was most typical of the societal norm—was used.
The majority of patients in the nurses' rehabilitation study were male (54 percent), had never married (66.6 percent), were an average age of 39.4 years, and were college-educated or college dropouts (55.8 percent). In terms of productivity, 86 percent had never been employed. They had been ill an average of 14.9 years and averaged 2.9 hospitalizations a year. The leading diagnosis was schizophrenia (80.5 percent).

A statistical analysis showed significant differences in measures of family burden, self-care, family support, quality of life and daily living skills between the control group and experimental group based on Likert-type scales. In a short period of time, the majority of the mentally ill who went without rehabilitation and socialization deteriorated and lost family support, while the rehabilitation group made improvements.

Patients in the rehabilitation program said they received far more social support (100 percent), knew to take their medicine (82.6 percent), liked to work (100 percent), and believed they could recover from mental illness (87 percent). In this study, 78.6 percent of the family members reported having a better relationship with their relative in rehabilitation. They reported that the relative took better care of personal hygiene (69 percent), took medicines on own (90 percent) and had reduced hospitalizations (78.6 percent).

Now that this phase of the study has been completed, the patients who went without rehabilitation in the control group are now enrolled in the nurses' program. As noted in a prior pilot study, patient self-care seems to play an important role in mediating effects on the other behaviors studied here. This highlights the importance of bringing psychiatric patients to their highest level of functioning through rehabilitation, as it is likely to improve many other areas of their lives. Nursing can be a strong advocate in the education of societies at large and the caring of those who are marginalized. It also should be noted that the conditions of hospitals for the mentally ill in developing and developed nations are often comparable to that of a convalescent home, or in some extreme instances an asylum. Long-term psychiatric patients are not hopeless and can benefit from well-planned community care.

WHO looks at Dr. Kim's community model

By JU LI E GOLDS MITH

For the first time in its history, the United Nations has funded a nursing research program, expanding its health innovations beyond medicine. Now with two years of research completed in a multi-phase study, Susie Kim, RN, DNSc, FAAN, professor of nursing at Ewha Womans University in Seoul, South Korea has built a community health program that may mean renewal to thousands of schizophrenics and other chronically mentally ill patients searching for rehabilitation that works.

Before a panel of scientists and international health leaders at Ewha Womans University in Seoul on June 13, Dr. Kim reported findings that showed that her rehabilitation techniques, conducted in a community-based nursing center, allowed the majority of her patients to live as normal independent members of society, even while having a mental handicap. Further, the majority of her patients improved their family relationships and eased their dependency.

The World Health Organization, the health arm of the United Nations, has been studying Dr. Kim's work in order to replicate her low-cost model.

"Those in developing or under-developed nations should stand up and try to organize health programs like Dr. Kim and her colleagues in Seoul, and encourage more professional volunteers to take part in such meaningful tasks. Do not wait for governments to start one. It will take too long a time," said psychiatrist Char-Nie Chen, MD, professor at Chinese University of Hong Kong, after reviewing Dr. Kim's project for the World Health Organization's Western Pacific office in Manila. He spoke by telephone from Hong Kong.

Dr. Kim's study has relied on the volunteer expertise of highly trained community and psychiatric mental health nurses practitioners in South Korea.

"In carrying out her work, Dr. Kim shows to the world what a leader in mental health nursing can do for her nation and for the chronically mentally ill patients who otherwise may not have adequate care," Dr. Chen said.

The South Korean nursing leader is a former vice president of the Korean Nurses Association and former president of the Korean Academy of Nursing. She received her doctoral education in nursing at Boston University in the United States in the 1970s, when South Korea had no doctoral nursing programs.

She subsequently returned to her homeland to bolster the educational infrastructure in nursing and taught at Yongsei University. There she helped build a doctoral program. By increasing the scholarly programs in South Korean nursing, Dr. Kim has been working toward establishing a large educated base of nurses who can manage and lead community health programs such as hers. There are now 12 doctoral schools and hundreds of certified nurse practitioners with advanced education in specialty areas.
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Dr. Kim, left, uses the arts in her rehabilitation model for managing chronic mental illness. At one of 135 daycare centers in Seoul, painting is a shared experience.

Hong-Jung Kim's tree of life depicts an end to his personal isolation, needlessly imposed on the chronic mentally ill.
These cross-cultural studies were initiated by Phoebe D. Williams in 1991 with a Fulbright Regional Research Grant award.

Nations differ from one another in the types of competence that mothers encourage in children, in the ages they expect skills to be acquired and in the levels of proficiency they want from their children (Hess et al., 1980). Parents expect specific skills to appear (developmental expectations) in their children at certain ages.

In the World Health Organization’s Declaration of Tallieres (France) in 1988, on “Protecting the World’s Children,” governments and various agencies are urged to recognize the importance of women and their contributions to their nation’s development. Mothers, it maintains, are by far the most important primary care workers (Wallace and Giri, 1990).

Infant and child mortality rates have decreased markedly worldwide, and are projected to decline further in the years beyond 2000 (U.N., 1988). For this reason, the need to enhance the quality of development of children (health, growth, and development in the cognitive, fine motor-adaptive, personal-social, and other areas) is paramount.

Werner and Smith (1982), in one of very few longitudinal studies of children in different cultural environments, have shown that some characteristics of children and early mother-child interaction appear to make even the most disadvantaged children “vulnerable but invincible.” Such findings offer considerable hope to those working with children in low-income countries.

With this in mind, four studies were conducted by nurse and community researchers in three nations from 1991 to 1996.

Studies of maternal expectations were undertaken in the Philippines in the Central Visayas, Indonesia in Bali, and Thailand in Saraburi Province. Interviews were conducted in the native languages of 303 mothers in the Philippines, 200 in Indonesia, and 200 in Thailand. These studies used the Child Developmental Expectations Inventory, which was read aloud by trained interviewers. The developmental expectations of mothers were assessed by the anticipated age at which the mothers

By Phoebe D. Williams, Arthur Ross Williams, Marcelo Lopez, Ubolrat Piamjariyakul, Soetjiningsih, Nenita P. Tayko

Photography by Phoebe Williams

Philippine mothers and children in Manila gather for a photo.
These cross-cultural studies were initiated by Phoebe D. Williams in 1991 with a Fulbright Regional Research Grant award.

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That is, urban, educated mothers engaged earlier in developmental caregiving activities than rural ones. Wider variations in the expectations and in the engagement of key learning activities with children exist among rural mothers, with the differences between rural and urban mothers diminishing with a mother’s increased literacy. Thai girls play a board game education.

In the Thai study, the actual performance of children was tested and assessed too. A Thai version of the Denver Developmental Screening Test was used to learn the characteristics of children who scored normally and abnormally. After controlling for gender of the child and rural location, poor performance of children on the test was associated with low maternal expectations and delayed use of developmentally rearing practices.

Earlier, Williams (1994) also found that fewer children and wider spacing between children (family planning) were related to children’s normal performance on the Philippine version of the Denver test. The Thai study verified the impact mothers have when they stimulate children at the earliest ages with smiles, toys, and talk, for instance.

The fourth study of 214 rural Philippine municipalities, “It Really Does Take A Village to Raise A Child”—showed that positive community level characteristics related to “civilness” and “social capital” were associated with greater family planning participation, less childhood malnutrition, and fewer road accidents. However, some communities lacked high levels of positive social and community interactions (“social capital”) to support, facilitate and sustain public health interventions. This study suggests that implementing interventions may be more difficult in some communities than others and that nurses need to consider individual, family and community contexts.

The results of these studies suggest that nursing interventions should focus on: making mothers aware of their own developmental expectations and child care activities; encouraging early stimulation of children through appropriate maternal activities and expectations; providing subsequent follow-up support to mothers and families.

In addition to providing nutrition supplements, interventions may include literacy efforts that provide books and toys to stimulate adult learners to read to their children and older siblings to read to younger ones. Such interventions show promise for improving the growth and development of the basic skills of children in low income and, perhaps, advanced industrialized countries.

Expected their young children to achieve specific milestones.

In the three nations, mothers residing in urban as opposed to rural areas, and those with higher levels of education, reported higher levels of expectations for the developmental performance of children. That is, urban, educated mothers generally expected developmental milestones to be achieved at earlier ages by their children, such as when they believe a baby first hears, sees, or understands words. All three studies found that urban mothers expected their young children to achieve specific milestones.

When mothers read first book to them (Example of data collected)

<table>
<thead>
<tr>
<th>Country</th>
<th>Age</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>rural urban</td>
<td>2 months, 22 days</td>
</tr>
<tr>
<td>Thailand</td>
<td>rural urban</td>
<td>3 months, 1 day</td>
</tr>
<tr>
<td>Indonesia</td>
<td>rural urban</td>
<td>1 month, 12 days</td>
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<tr>
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<td>rural urban</td>
<td>1 year, 1 month</td>
</tr>
<tr>
<td>Indonesia</td>
<td>rural urban</td>
<td>7 months, 24 days</td>
</tr>
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Child’s age

VALUES

NURSES SAY HUMAN NEEDS COME FIRST

ORTH and SOUTH AMERICA—With the current trend toward globalization, there exists an urgent need for countries to study common problems: at the national level, to decide what diverse issues affect national interests; and at regional or international levels, to decide the best ways to negotiate and promote the interests of all. In the Americas, recent attempts at cooperative problem-solving have brought about trade liberalization agreements and pacts of economic integration, as well as efforts at political collaboration (Siantz, M., 1997).

On the North American continent, these new economic agreements and dramatic changes in health care systems brought about by health care reform highlight the need for cross-border professional dialogue and cooperation (Trilateral Initiative for North American Nursing, 1996). The North American Free Trade Agreement (NAFTA) has urged the United States, Mexico and Canada to develop mutually acceptable licensure and certification standards for many professions, including nursing. The reality is that the passage of trade agreements already has resulted in more nurses traveling across borders, seeking employment using temporary work visas in nations affected by the North American Free Trade Agreement or the Southern Common Market.

By Edilma B. Gomes, Elancor P. Mendias, Phyllis N. Gaines, Judith C. Drew, Ana Maria Hervella, Stella Felizita, Clarice A. Ferraz, Silvana M. Mishima, Maria de los Angeles Paz Morales, Maria Elena Valdez Martinez
Child's age
when mothers expect them to see and talk
(Example of data collected)

<table>
<thead>
<tr>
<th>Country</th>
<th>Rural Ages</th>
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<tbody>
<tr>
<td>Philippines</td>
<td>2 months, 22 days</td>
<td>2 months, 7 days</td>
</tr>
<tr>
<td>Thailand</td>
<td>3 months, 1 day</td>
<td>2 months, 25 days</td>
</tr>
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</tr>
</tbody>
</table>

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<tbody>
<tr>
<td>Philippines</td>
<td>4 years</td>
<td>2 years, 10 months</td>
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<tr>
<td>Thailand</td>
<td>2 years, 10 months</td>
<td>2 years, 8 months</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4 years, 3 months</td>
<td>4 years, 1 month</td>
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expected their young children to achieve specific milestones.

In the three nations, mothers residing in urban as opposed to rural areas, and those with higher levels of education, reported higher levels of expectations for the developmental performance of children. That is, urban, educated mothers generally expected developmental milestones to be achieved at earlier ages by their children, such as when they believe a baby first hears, sees, or understands words.

All three studies found that urban mothers had higher levels of expectations for the specific milestones, developmentally expected milestones to occur earlier than rural children, such as when they believe a baby first smiles, toys, and talk, for instance.

The four study of 214 rural Philippine municipalities, "It Really Does Take a Village to Raise A Child"—showed that positive community level characteristics related to "civilness" and "social capital" were associated with greater family planning participation, less childhood malnutrition, and fewer road accidents. However, some communities lacked high levels of positive social and community interactions ("social capital") to support, facilitate and sustain public health interventions. This study suggests that implementing interventions may be more difficult in some communities than others and that nurses need to consider individual, family and community contexts.

The results of these studies suggest that nursing interventions should focus on: making mothers aware of their own developmental expectations and child care activities; encouraging early stimulation of children through appropriate maternal activities and expectations; providing subsequent follow-up support to mothers and families.

In addition to providing nutrition supplements, interventions may include literacy efforts that provide books and toys to stimulate adult learners to read to their children and older siblings to read to younger ones. Such interventions show promise for improving the growth and development of the basic skills of children in low income and, perhaps, advanced industrialized countries.

Values unlimited
Nurses say human needs come first

ORTH and SOUTH AMERICA- With the current trend toward globalization, there exists an urgent need for countries to study common problems: at the national level, to decide what diverse issues affect national interests; and at regional or international levels, to decide the best ways to negotiate and promote the interests of all. In the Americas, recent attempts at cooperative problem-solving have brought about trade liberalization agreements and pacts of economic integration, as well as efforts at political collaboration (Siantz, M., 1997).

On the North American continent, these new economic agreements and dramatic changes in health care systems brought about by health care reform highlight the need for cross-border professional dialogue and cooperation (Trilateral Initiative for North American Nursing, 1996). The North American Free Trade Agreement (NAFTA) has urged the United States, Mexico and Canada to develop mutually acceptable licensure and certification standards for many professions, including nursing. The reality is that the passage of trade agreements already has resulted in more nurses traveling across borders, seeking employment using temporary work visas in nations affected by the North American Free Trade Agreement or the Southern Common Market.

By Edilma B. Gomesara, Elanora P. Mendias, Phyllis N. Guins, Judith C. Drew, Ana Maria Hernandez, Stella Felizas, Clarice A. Ferraz, Silvana M. Mishima, Maria de los Angeles Paz Morales, Maria Elena Valdez Martinez

At the University of Sao Paulo at Ribeirao Preto primary care clinic where multinational nursing research is conducted, a patient receives a physical assessment.
The flow of nurses across borders presents challenges and opportunities, related to substantial differences in U.S., Canadian and Mexican nursing education and regulation (Trilateral Initiative for North American Nursing, 1996). Pressing questions emerge. How is nursing practice regarded in other countries? What kinds of education, practice and professional regulations do each country have? Do nurses in different countries have different views of practice?

To study these questions, researchers in Argentina, Brazil, Colombia, Mexico and the United States are exploring nurses' perceptions of nursing values within the context of health care reform. "Health Care Reform and its Implications on Nursing Practice" (Goins, 1977), similarities and differences in internal and external environments are examined and emerging common value concepts are conceptualized across the four countries ( Colombian nurses' perceptions will be included in the final report, once the study is completed).

The theoretical framework for this study is Phyllis Goins' Paradigm of Dynamic Interaction: Dynamic Analysis and Planning. The paradigm is designed for the study of environments within a conduit of time and may be used to perform the internal and external assessments existing at a particular time or for future planning in projects involving internal and external variables.

For the purpose of this study, the Paradigm of Dynamic Interaction facilitates the analysis of the variables modifying nurses' perceptions of the definition and social values related to the health care service providers' roles and the costs and quality of health care are pressing issues in many of the Pan American countries (Manfield, 1996). As new strategies for health delivery emerge, roles shift and responsibilities change, altering work environments and provider-client relationships.

Changes in health delivery are affecting the practice scope of nurses and other health care service providers. Forces, such as international trade agreements, are fuelling discussion of the movement of labor across borders. For example, health professionals in Mexico and the United States are working to reach agreement on common educational and practice standards (McBride, 1996). Health professionals educate feeling tremendous pressures to keep current with the changing health care environment (McBride). Given the emphasis on reassignment of fiscal and human resources and decentralization, there has never been a greater need for the measurement of nurses' and other health professionals' contributions to client care.

The Pan American Health Organization in 1997 has noted the need for a classification of models of health care, with emphasis on decentralization and comprehensive care, including health promotion, preventive care and collaboration.

...In the midst of the health care reform environment, common values are conceptualized across the four countries ( Colombian nurses' perceptions of nursing values within the United States. The money, manpower, materials and equipment characteristics are used to define the internal variables affecting the work environment and providing the stimulus for the definition of nursing practice in each institution under study.

**Internal Environments**

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The flow of nurses across borders presents challenges and opportunities, related to substantive differences in U.S., Canadian and Mexican nursing education and regulation (Trilateral Initiative for North American Nursing, 1996). Pressing questions emerge. How is nursing practice regarded in other countries? What kinds of education, practice and professional regulations do each country have? Do nurses in different countries have different views of practice?

To study these questions, researchers in Argentina, Brazil, Colombia, Mexico and the United States are exploring nurses' perceptions of nursing values within the context of health care reform. "Health Care Reform and its Implications on Nursing: Preparation, Regulation and Education: Phase I" is part of a larger study of the impact of health care reform upon each country's health care systems and nursing practice in their respective countries. The study was funded by the Pan American Health Organization and its regional office in Argentina, and the universities of the lead investigators.

Using a systems model of Dynamic Interaction (Goins, 1977), similarities and differences in internal and external environments are examined and emerging common values are conceptualized across the four countries (Colombian nurses' perceptions will be included in the final report, once the study is completed).

Today's health care environment is changing constantly and dramatically (Forbes, Bott, & Taumton, 1997). Health care is being radically transformed as a result of three converging factors: politico-ideological, financial and epidemiological. The most important is the politico-ideological factor, which addresses the changing role of government in health care; in recent reform processes, the state is given a key role in finance and regulation, whereas its service role may be limited (Barillas, 1996).

The financial factor involves "investing in human capital," to diminish production costs, increase national productivity—competitiveness—and allow the full development of human creative potential. Epidemiological factors include changes in countries' health profiles, such as aging populations, health problems related to social pathologies, and new epidemics.

The impact of these changes upon providers' roles and the costs and quality of health care are pressing issues in many of the Pan American countries (Manfredi, 1996). As new strategies for health delivery emerge, roles shift and responsibilities change, altering work environments and provider-client relationships.

Changes in health delivery are affecting the practice scope of nurses and other health care providers. Forces, such as international trade agreements, are fueling discussion of the movement of labor across borders. For example, health professionals in Mexico and the United States are working to reach agreement on common educational and practice standards (McBride, 1996). Health professions education is feeling tremendous pressures to keep up with the changing health care environment (McBride). Given the emphasis on reassignment of fiscal and human resources, and decentralization, it is critical to assess how nurses perceive their practices, roles and functions within a health care reform environment.

Additionally, nurse leaders and nurses' regulatory boards must ensure the quality and scope of nursing practice. In April 1997, at a meeting in Galveston, Texas, research team members agreed to design a two-phase multinational study of health care reform. The first phase of the study is a qualitative study of nursing practice and a description of the external or internal environments of selected practice sites. The second phase will be a quantitative study of the outcomes of the reorganization of the health care delivery system in terms of access to care.

Since one effect of health care reform is change in nursing practice, the research team identified the need to define contemporary nursing practice and examine the social value of nursing practice as perceived by nurses currently practicing in a reform environment.

The qualitative research protocol was developed and implemented by the multinational research team. Study sites were selected, and English, Spanish, and Portuguese interview guides were translated. This phase of the study included a sample of 116 nurses: 30 in Argentina, 30 in Brazil, 38 in two states in Mexico, and 18 in the United States.

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For the purpose of this study, the Paradigm of Dynamic Interaction facilitates the analysis of the variables modifying nurses' perceptions of the definition and social value of nursing practice, within the context of the model, various social, technical, economical, ethical, political, legal and environmental factors are used to describe the external variables affecting the work environment and the definition of nursing practice in each study site in each country. The money, manpower, materials, facilities and equipment characteristics are used to describe the internal variables affecting the work environment and providing the stimulus for the definition of nursing practice in each institution under study.

Internal Environments

The countries are experiencing changes in health manpower distribution and money (a mix of public and private). The overriding similarities thus far identified are: high unemployment (with many nurses exercising in the informal economy), the requirement for nurses to possess a key role in finance and regulation, given current discussion about the globalization of nursing.

Nursing, as the study is finding, is part of a larger study of the outcomes of the reorganization of the health care environment (McBride). The paradigm is designed for the study of environments within a conduit of time and may be used to perform the internal and external assessments existing at a particular time or for future planning in projecting internal and external variables.

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Building Multinational Research

Nurses find one design for many independent replications

EUROPE and NORTH AMERICA—The scenario is a familiar one: Cost containment pressures are leading hospitals to reorganize their services and restructure their care delivery processes. "Patient-focused care" programs provide the vehicle for those changes, offering new ways to organize patient care that will improve both quality and efficiency. Hospital staffing arrangements, nursing's in particular, are being fundamentally recast.

Two things are striking about this scenario. First, these scenes describe the daily existence for hospital nurses in an increasing number of countries. And second, these rather substantial changes in hospital care are being implemented throughout these countries with little empirical evidence that they will bring about the desired results—improvements in the efficiency and quality of care. And these changes are occurring in the face of growing evidence that such strategies may adversely affect quality of care and patient outcomes.

These hospital sector reforms, evident throughout North America and Europe and increasingly in other parts of the world, have created a target of opportunity for multinational outcomes research in nursing. And a collaborative team of nurse researchers from five countries is pioneering just such a research agenda.

By Julie Sochalski, Linda H. Aiken, Anne Marie Balfour, Judith Shamian, Gabriela Müller-Mundt, Jennifer Hunt, Phyllis Giovannetti, Heather Clarke

Nurses and their professional practices at the Municipal Clinics Offenbach of the Academic Teaching Hospital of J.W. Goethe University in Frankfurt am Main, Germany, are being studied as part of a European and North American program evaluating patient outcomes.
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nurse experts found the instrument to be demonstrable of professional nursing practice for their country...
While diversity across settings is a key feature in this study's design, the ability to produce meaningful results at each site is dependent upon several other important features that are fundamental to multinational studies. First and foremost, the basic question underlying the research initiative must have a salience and "common language" across all countries. Second, the conceptual framework guiding the study and the instruments through which the constructs of interest are measured must be applicable and testable across the sites. And finally, the data systems needed to create the patient outcomes data exist to support the design and direction of the work being proposed.

This is how one group of nurse investigators mobilized a multinational nursing outcomes research agenda.

The Question

The nurse staffing reforms have been a key health policy and health systems theme in North America and Europe through the 1990s, as each country has struggled to contain overall health costs by addressing the largest sector in which spending resides (OTA, 1995). These reforms have been focused on reducing the use of intensive services, by shifting as much care as possible to outpatient and ambulatory settings, and by changing the type and mix of hospital staff with the goal of reducing labor costs (Sochalski, Aiken & Fagin, 1997). Staffing changes have been felt most acutely by nurses, as the reduction in their numbers and the reorganization of their work have created an increasingly sophisticated and complex patient care environment.

These burgeoning issues prompted the Center for Health Services and Policy Research at the University of Pennsylvania School of Nursing to organize a conference titled "Hospital Restructuring in North America and Western Europe," which was sponsored by the Rockefeller Foundation and held at the Rockefeller Conference Center in Bellagio, Italy, in November 1996 (Aiken & Sochalski, 1997). Experts from nursing and medicine, the hospital sector, public policy, the health workforce, and health services research were convened from five countries—U.S., Canada, England, Scotland, and Germany, and each reported on the extent and nature of hospital restructuring across differently organized and financed health care systems.

The overall conclusion of the conference was that the basic question of the hospital workforce and redesign of work in inpatient settings was widespread, that it was markedly similar across the participating countries, that it warranted systematic study to determine the cost and quality trade-offs, and that it was both feasible and useful to launch a multinational study to do so. This requires the use of a conceptual framework developed by nurse researchers at the University of Pennsylvania to illuminate how nurse staffing influences patient outcomes. It posits a relationship between organizational attributes of professional nursing practice and patient outcomes (Aiken, Sochalski & Lake, 1997). That is, the framework holds that the effect of nurse staffing on patient outcomes is not simple and linear, but rather it is mediated by the presence of key organizational attributes of professional nursing practice. The conceptual framework grew out of earlier work by Aiken and colleagues (1994) that found significantly lower hospital mortality rates at "magnet" hospitals compared to non-magnet hospitals, and of the theoretical model—nurse autonomy, control over practice resources, and relations with physicians—that has been found to be significant predictors of both patient outcomes, such as patient satisfaction (Aiken, Sloane & Lake, 1997) and hospital mortality rates, and nurse outcomes, such as stress/burnout (Aiken & Soane, 1997) and needle-stick injury rates (Aiken, Soane, & Roberts, 1997).

To assess the relevance of the conceptual framework and the NWI in the international context, several strategies were employed. Focus groups were held in each country, where nurse experts convened to review the instrument for the theoretical model—nurse autonomy, control over practice resources, and relations with physicians—and were found to contain sufficient baseline detail to support the calculation of these outcomes measures.

Moreover, each possesses certain enhanced features that would allow for additional country-specific versions of each measure, adding to the scale of what can be learned by conducting this study in any one country. For example, long-term mortality rates and readmission rates can be calculated more readily using the findings in the United States and European data bases than can be done using the data systems in the United States.

Nursing is particularly interested in the creation of nurse-sensitive outcome measures that can be used when examining the impact of changes in the staffing and organization of nursing care. This study contributes directly to that aim through the use of failure-to-rescue rates, a measure that captures the proportion of patients experiencing a serious adverse event during a hospital stay who subsequently die (Silber & Rosenbaum, 1997; Silber, Rosenbaum & Stukel, 1997; Silber, Rosenbaum, & Stukel, 1999). It provides a measure that captures the proportion of patients experiencing a serious adverse event during a hospital stay who subsequently die (Silber & Rosenbaum, 1997; Silber, Rosenbaum & Stukel, 1997; Silber, Rosenbaum, & Stukel, 1999). It provides a measure that captures the proportion of patients experiencing a serious adverse event during a hospital stay who subsequently die (Silber & Rosenbaum, 1997; Silber, Rosenbaum & Stukel, 1997; Silber, Rosenbaum, & Stukel, 1999). It provides a measure that captures the proportion of patients experiencing a serious adverse event during a hospital stay who subsequently die (Silber & Rosenbaum, 1997; Silber, Rosenbaum & Stukel, 1997; Silber, Rosenbaum, & Stukel, 1999). It provides a measure that captures the proportion of patients experiencing a serious adverse event during a hospital stay who subsequently die (Silber & Rosenbaum, 1997; Silber, Rosenbaum & Stukel, 1997; Silber, Rosenbaum, & Stukel, 1999). It provides a measure that captures the proportion of patients experiencing a serious adverse event during a hospital stay who subsequently die (Silber & Rosenbaum, 1997; Silber, Rosenbaum & Stukel, 1997; Silber, Rosenbaum, & Stukel, 1999). It provides a measure that captures the proportion of patients experiencing a serious adverse event during a hospital stay who subsequently die (Silber & Rosenbaum, 1997; Silber, Rosenbaum & Stukel, 1997; Silber, Rosenbaum, & Stukel, 1999).
Within this context, Nicaraguan nurse faculty members at the Universidad Politecnica began defining their roles and strengthening the curriculum at the school. Funding for this project was obtained through an Academic Specialist Grant from the United States Information Agency and the Universidad Politecnica.

The significant pride and allegiance of Nicaraguan nurses to their people and culture became the assets that would foster them into discoveries of how to bring forth better health care. Two Duquesne faculty with expertise in undergraduate nursing curriculum development were identified as project leaders and facilitators for an intensive two-week workshop with Nicaraguan faculty in Managua in 1996. These Duquesne faculty also had prior experience in teaching nurses in Nicaragua, and an initial needs assessment was conducted.

As they began to build a new curriculum, Nicaraguan nurses reflected on their philosophies, beliefs and values. They had never come to a consensus, or even put down on paper, what nurses are, what nurses do (or should do), and what role nurses should take in the process of health and healing. This was the central step and basis for forming curriculum changes.

Duquesne faculty had not fully anticipated the major emphasis on philosophy, even while cognizant of its inherent cultural significance. The process offered Nicaraguan nurses a vision of their importance as individuals to their nation’s development. They discussed their professional relationships with patients, physicians and health auxiliaries.

For example, an extended period of time was spent on developing the school of nursing philosophy, particularly defining “nursing.” The largest issue became the definition of terms, such as “family,” and such words were paramount to defining “nursing.”

Nicaraguan faculty determined that “family” in the context of the delivery of care will be whomever the patient defines as his or her family. And finally, the Nicaraguan faculty members arrived by consensus at their definitions of the profession: “NURSING is the science which occupies all the relative processes of care of the health of the individual, family, and community in order to promote, maintain or bring them to a state of wellness.”

Because most nurses in Nicaragua are women, a view of nursing’s role was also the view of women in society. Information and knowledge would empower their role(s), they decided.

A review of curriculum documents also helped faculty target the essential content for nursing advancements. It was expected that, within one year, Universidad Politecnica faculty would develop an undergraduate curriculum designed to prepare graduates to meet the health needs of Nicaragua. The completion of this goal would also help faculty realize several long-term goals.

First, their new curriculum would provide a sound foundation upon which to base a master of science in nursing program, since the school planned on creating the first such program in Nicaragua. Second, Universidad Politecnica faculty wanted to share their knowledge in curriculum development and “model” curriculum with the other schools of nursing in Nicaragua to arrive at a standardization of nursing education.

They anticipate this effort will strengthen the preparation of nurses throughout Nicaragua, improve nursing’s image and empower their profession.

Faculty members formed small group work sessions and applied concepts to the curriculum. Each group presented its conclusions to the entire faculty for comments. A manual printed in Spanish served as a text to supplement ideas for course content.

Since this initial workshop, the nurses of both schools have continued collaborations that effect change. The Universidad Politecnica faculty publicly shared its definition of nursing with Nicaraguan health leaders and the five other nursing schools in Managua, May 1996.

By Joan Such Lockhart, RN, PhD, CORLN, is associate professor and associate chair of the BSN Program at the Duquesne University School of Nursing in Pittsburgh, Pa. Leah Vota George, R.N, MSN, is assistant professor and associate chair of the BSN Program at Duquesne University School of Nursing. Lidya Zamora, R.N, MSN, is director of nursing at Universidad Politecnica de Nicaragua School of Nursing in Managua.

Lidia Zamora, left, assists Duquesne University nursing student Kim Davis as she provides care to a baby and talks with the mother, right, at a Nicaraguan nursing clinic in a barrio.

Hallowed Ground

MANAGUA, NICARAGUA—As nurses in the United States face changes in a market-driven health care system, they know—with some angst at times—what their profession, and its limits, encompasses. Practice acts, legislation and scholarly treatise bellow from an accordion of defined boundaries. This may be changing.

Yet young democracies like Nicaragua’s, overlain by new freedoms, find nurses without defined roles—whether legislated or otherwise. Nicaraguan nurses are without a nationally accepted definition of nursing to frame practice and set forth professional boundaries. This may be changing.

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Then Nicaraguans and U.S. nurses gazed with a shared field of vision at the current environment: Nicaragua’s schools of nursing are not subject to approval by organizations that establish minimal criteria for nursing education. Consequently, faculty within the various schools of nursing in Nicaragua develop different nursing curricula tailored to the role of the nurse as they perceive it. Finally, nursing graduates in Nicaragua are not required to obtain licensure to practice. Yet, Nicaraguan nurses, outnumbered by auxiliary health care workers and physicians, compete for jobs within their nation’s private and public health care systems.

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DEFINITION OF NURSING
UNIVERSIDAD
POLITECNICA
DE NICARAGUA
SCHOOL OF NURSING
1998

NURSING

Is the science which occupies all the relative processes of care of the health of the individual, family, and community in order to promote, maintain or bring them to a state of wellness.

NURSING

Is dynamic and evolutionary; humanistic; a discipline; fundamentally based on scientific and technical knowledge; founded on moral, ethical and spiritual values.

NURSING

Uses the nursing process with a holistic approach; promotes the health of the individual, family and community; is a practice based profession; promotes an essential environment for the health care of the human being.
As "higher plants," or angiosperms, they make seasonal investments in their seeds in the form of endowments of energy and nutrients to ensure the success of progeny for the start of the next season. This results in an astounding capacity to take immediate advantage of the readily available sunlight that pours into open space and quickly transforms a field into crop plants and meadows into wildflowers. This strategy of reproduction results in the fastest possible colonization of an open environment. Winning is achieved by simply covering ground more quickly than other less competitive organisms in the race for readily available light and nutrients at the soil level.

In the maturing system, however, a variety of longer range strategies emerge. Biennials, perennials and woody plants begin to appear, each with its own repertoire for greater longevity. In the long run, a strategy of postponing reproduction, of investing in long-term growth, ensures a win against the shadow of taller, longer-lived species. Ultimately, in this model, a forest develops.

In this kind of environment, the cooperative strategy begins to predominate. The trees that govern the canopy are still engaged in a struggle for access to the finite quantity of light energy. Even this familiar competition is fundamentally changed, however, by being ponderously slow.

Trees become—like great institutions of an established human culture—able to change only marginally over time, since most of their resources are committed to maintaining existence. Many of these dominant species, like the beech, oak, hickory or chestnut, are inured to carrying the genetic code born from flower to flower and plant to plant to ensure reproduction. The lifestyle of the orchid is a metaphor for modern cultural cooperation and information transfer. One of the most highly evolved of the angiosperms, orchids have abandoned the original strategy of the higher plants—the accumulation of material wealth in seeds. Instead, orchids rely on a unique construction of relationships with unrelated species for success.

Like an orchid, Sigma Theta Tau International represents a cultural evolutionary strategy, a new kind of bloom in a complex and rapidly changing information age. It is a nurturing culture of information exchange and, stripped to a minimum of beautiful, material essentials, its vitality—its breadth of bloom—reflects the health of the relationships that define it.

Here Orchis is a queen among the cooperators—an epitome of species. Perched upon the tree branches, living beneath the canopy where the energy budget is minimal, orchids have found the production of seeds heavily endowed with nutrients to be far too expensive. Heavy seeds are also easily influenced by the persuasions of gravity, falling quickly to the deeply shaded forest floor. As an evolutionary response, the orchid's seed has been stripped to the barest essentials, consisting only of the information needed for the re-creation of itself and a capsule to contain the encoded endowment. Its success is not ensured by amassed wealth or by investment in a material legacy to ensure the survival of the next generation. Its beginning depends upon the presence and nurturing of an unrelated species: a fungus that must be growing where an orchid seed alights on a supportive branch.

This fungus then grows around and into the seed, generously infusing the nutrients that are needed for the seedling's new beginning. As it develops, the orchid will be able to capture a surplus of energy from photosynthesis to repay the initial investment provided by the fungus, and in turn, support it.

Once mature, the showy blossom of the orchid is in itself another medium for the transfer and exchange of information. This time it broadcasts—a request for proposal of sorts—for mutual assistance. Sugars and water in the form of nectar and protein in pollen are the currency offered by Orchis in the search for a contract with the flyers of the forest, usually insects, for courier services. The message that they engage to carry is genetic code born from flower to flower and plant to plant to ensure reproduction.

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Trees become—like great institutions of an established human culture—able to change only marginally over time, since most of their resources are committed to maintaining existence. Many of these dominant species, like the beech, oak, hickory or chestnut that came to command our mature northern forests, further amplify the angiosperm strategy by producing fewer but larger and more heavily endowed seeds to ensure the success of the next generation.

It is in the mature rain forest where the greatest number and diversity of living things abide, and here most of them are making a living by engaging, to some degree, in cooperative relationships.

Here Orchis is a queen among the cooperators—an epitome of the original producers. Perched upon the tree branches, living beneath the canopy where the energy budget is minimal, orchids have found the production of seeds heavily endowed with nutrients to be far too expensive. Heavy seeds are also easily influenced by the persuasions of gravity, falling quickly to the deeply shaded forest floor.

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Timothy Palmer, RN, BS, PHN, was an agricultural researcher, biologist and biological entrepreneur before becoming a nurse. A public health nurse at the Clinton County Health Department in Plattsburgh, N. Y., he is the immediate past president of Gamma Delta chapter at Plattsburgh State University.

Timothy Palmer, president, welcomes Lauren Caniano, senior student at Plattsburgh State University of New York, into the Gamma Delta chapter of Sigma Theta Tau International on April 19, 1998. Stasia Arcaino, president elect is at right.
Study shows technology is key to African-American faculty success

BY GLORIA MCNEAL

PHILADELPHIA—A new study of African-American women nurse faculty suggests that productivity may be more closely associated with the availability of institutional resources—particularly telecommunications technologies—than with socio-cultural interactions typically associated with academic success, like networking, sponsorships and mentoring.

Of the estimated 15,000 full-time college nurse faculty teaching at the nation's nearly 1,500 associate and baccalaureate degree schools of nursing, only 890 are African-American, the majority of whom teach at institutions in the South.

Yet, as important as these faculty are to enhancing the diversity of nursing education, little is known about their productivity as measured by specific markers of achievement, such as published works, funded grant awards and leadership positions held in major professional organizations. Further, a current literature search found no studies of African-American nurse faculty comparing productivity with their academic environment, but they had limited access to critical information resources, such as research and telecommunication technologies. They had heavier teaching loads, lower levels of published works and funded grant awards, and held fewer elected and appointed positions in nursing organizations.

At predominantly white schools, African-American nurse faculty had much less satisfaction with the academic setting but greater access to information resources. Their teaching loads were lighter, and they had greater success at publishing and grant writing, and fewer positions of leadership.

Dr. McNeal's study was funded in part by a research grant from Delta Rho chapter of Sigma Theta Tau International and was awarded meritorious distinction by the University of Pennsylvania Graduate School of Education.

Evolution of a leader

Gloria J. McNeal, RN, PhD, CS

Dr. McNeal is director of disease state management for Keystone Mercy Health Plan, the region's largest Medicaid managed care organization.

"In my job, I design education and care programs to keep managed care clients out of intensive care units."

Education

BSN. Villanova University
MSN and PhD from the University of Pennsylvania.

How did you get where you are today?

"As a student in the 1970s, I joined the U.S. Navy. When I graduated and became an officer, I was expected to perform like an advanced practice nurse does today. I managed my own client caseload, and I learned about interdisciplinary collegiality. I learned that nursing is a respected profession, and that I could be anything and do anything."

What led you to nursing?

"My mother is an LPN. She is very interested in nutrition and how it affects every disease situation. She used to talk to me a lot about what she did, how she did it, and how it helped her clients. 'Doctors use drugs as a tool,' she used to say, 'and nurses need to use nutrition management as one of our tools.'"

Building Online Research

Bike Safety

BY SHERRELYN COFFMAN

FORT LAUDERDALE, Fla.—While working as a trauma researcher at Broward General Medical Center in 1997, this writer, along with trauma staff, realized the importance of safety helmets. In the recreational mecca of the United States, Broward County had the highest rate of bicycle injuries in the state. A subsequent review of literature showed that bicycle mishaps are the single most common cause of serious head injury in children.

Each year 400,000 children are treated in 15,000 emergency rooms for bicycle-related injuries, and approximately 250 children age 14 and under die.

Yet studies reveal that child and adult bicyclists who wear safety helmets have an 85 percent reduction in head injury risk. A review of research on interventions aimed at increasing helmet use among children, concluded that legislation, combined with education and enforcement, is the most effective means of injury prevention.

Education and legislative campaigns have been conducted in the United States, Australia, New Zealand, Sweden, Denmark, Canada and England. Yet, the most striking outcomes have come from Australia, where a decade-long safety campaign decreased head injuries by 51 percent. Even before Australian legislation was passed, increased awareness of safety issues caused the presence of helmet wearing among cyclists to increase to 75 percent.

In 1988, the introduction of helmet legislation, combined with educational campaigns and enforcement, resulted in a 65 percent decrease in serious head injury. The combined effect of helmet legislation and enforcement has decreased serious head injuries among children in Western Australia by 85 percent.

In Canada and England, one in five pedestrian casualties were treated for head injuries, and approximately 250 children age 14 and under die. Yet studies reveal that child and adult bicyclists who wear safety helmets have an 85 percent reduction in head injury risk. A review of research on interventions aimed at increasing helmet use among children, concluded that legislation, combined with education and enforcement, is the most effective means of injury prevention.

Research Needed

The heart of the article is the "Summary of Research," in which researchers present key findings and synthesized sections. On "Practice Implications" and "Research Needed" are natural extensions of the reviewer's thinking.

Findings from the online journal have served as an impetus for further research at Broward General. Ideas from research conducted in Canada and the Netherlands were used by staff to develop community interventions. And naturalistic observations were good outcomes. The review served as a background information for subsequent studies, community interventions and grant writing.

The process for writing an article for the online journal—which exquisitely details information for clinicians to use from multiple studies—is an easy process. Having conducted a search of research literature for a clinical problem, thesis, dissertation or research review, writers are already halfway done. Manuscript guidelines that simplify the completion of an article, may be downloaded from the journal on Sigma Theta Tau International's home page at: http://www.stti.org.

The guidelines help allocate information and data into appropriate sections. The broad categories of the research findings are determined. "Annotated Critical References," for instance, includes both key research references as well as clinical articles, such as how to fit a bicycle helmet and the extent of injury problems. The heart of the article is the "Summary of Research," in which researchers present key findings and synthesized sections. On "Practice Implications" and "Research Needed" are natural extensions of the reviewer's thinking.

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Yet, as important as these faculty are to enhancing the diversity of nursing education, little is known about their productivity as measured by specific markers of achievement, such as published works, funded grant awards and leadership positions held in major professional organizations. Further, a current literature search found no studies of African-American nursing faculty comparing productivity as measured by specific markers of achievement, such as published works, funded grant awards, and online search and teleconferencing presence, school mission and environment.

The study surveyed 467 women and 30 men, 89 percent of whom held in major professional organizations. The study revealed no studies of African-American nurse faculty had much less access to information resources, such as research and telecommunication technologies. They had heavier teaching loads, lower levels of published works and funded grant awards, and held more elected and appointed positions in nursing organizations. At predominantly white schools, African-American nurse faculty had much less satisfaction with their academic setting, but they had limited access to critical information resources, such as research and telecommunication technologies. They had heavier teaching loads, lower levels of published works and funded grant awards, and held more elected and appointed positions in nursing organizations.

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Yet studies reveal that child and adult bicyclists who wear safety helmets have an 85 percent reduction in head injury risk. A review of research on interventions aimed at increasing helmet use among children, concluded that legislation, combined with education and enforcement, is the most effective means of injury prevention.

Educational and legislative campaigns have been conducted in the United States, Australia, New Zealand, Sweden, Denmark, Canada and England. Yet, the most striking outcomes have come from Australia, where a decade-long safety campaign decreased head injuries by 51 percent. Even before Australian legislation was passed, increased awareness of safety issues caused the prevalence of helmet wearing among cyclists to increase to 81 percent. One year after legislation became effective, rates of helmet use increased further to 75 percent.

Nurses who are immersed in various issues will find that writing a research review article is invaluable to their organization and to health specialists throughout the world. By sorting through all of the research on a given topic, researchers and clinicians are able to determine the current scientific base before proceeding further.

Many nurses say writing research reviews is difficult. Not so.

The purpose of the particular review that led to this writer’s article, “Promotion of Safety Helmets for Child Bicyclists,” published in The Online Journal of Knowledge Synthesis for Nursing, was to determine what types of community bicycle safety programs have good outcomes. The review served as a background information for subsequent studies, community interventions and grant writing.

The process for writing an article for the online journal—which exquisitely details information for clinicians to use from multiple studies—is an easy process. Having conducted a search of research literature for a clinical problem, thesis, dissertation or research review, writers are already halfway done. Manuscript guidelines that simplify the completion of an article, may be downloaded from the journal’s home page at: http://www.slti.org/

The guidelines help locate information and data into appropriate sections. The broad categories of the research findings are determined. “Annotated Critical References,” for instance, includes both key research references as well as clinical articles, such as how to fit a bicycle helmet and the extent of injury problems. The heart of the article is the “Summary of Research,” in which research findings are organized and synthesized. Sections on “Practice Implications” and “Research Needed” are natural extensions of the reviewer’s thinking.

Findings from the online journal article have served as an impetus for further research at Broward General. Ideas from research conducted in Canada and the Netherlands were used by staff to develop community interventions. And naturalistic observations were used in the community to serve as a control for trauma center interventions and for helmet legislation subsequently passed by the state of Florida.

Sherrilyn Coffman, DNS, APN, CNP, is an advanced-practice nurse in pediatrics at Severance Health Services in Las Vegas, Nev., and previously was trauma researcher at Broward Medical Center in Fort Lauderdale, Fla. She received the 1997 Best of Online Journal Award from Sigma Theta Tau International for her meta-analysis of bicycle helmets published in The Online Journal of Knowledge Synthesis for Nursing.
Philanthropic Kansas City Corporations Invest in Best Practices Demonstration Project

Health Midwest, Hoehct Marion Rousell, Inc. and Blue Cross Blue Shield, all of Kansas City, Mo., have pledged extraordinarily generous contributions totaling $125,000 to Sigma Theta Tau International to underwrite a new project entitled Developing & Communicating Collaborative Models of Best Educational and Clinical Practices.

The Best Education, Research and Practice project will be launched as a collaborative effort between the three Kansas City health-related corporations, sponsors of the Robert Wood Johnson Foundation Caring Initiative being executed in Kansas City, school of nursing, hospitals and other delivery services and the community.

Its goal is to generate, identify, inventory and share best educational and clinical practices through partnership demonstration models. Grants of $8,000 each will be awarded over an approximate 18-month period.

"Health Midwest, Hoehct Marion Rousell, Inc., and Blue Cross Blue Shield of Kansas City are to be applauded for their vision and courage in supporting this groundbreaking research venture," states President Eleanor Sullivan. "They are demonstrating their commitment to nursing and the Kansas City community and their confidence that nursing care is ever evolving and improving to meet the needs of its clients throughout the community.”

Corporations & Foundation Support International Research

In 1993, Dr. Donna Lee Wong received the first Audrey Hepburn/ Sigma Theta Tau Award for Contributions to the Health of Welfare of Children. Now, through contributions to Sigma Theta Tau’s Research Endowment, The Gerber Foundation, Astra USA Inc. and Obten

Health Services are contributing to a seminal investigation establishing the validity and reliability of the Wong-Baker FACIES Pain Rating Scale among children of various ages and cultures. (Other funding entities are considering the extent of their support for the project.)

75th Anniversary Campaign Leaders ... in the news

With the successful conclusion of the 75th Anniversary Campaign, International Campaign Board Co-Chair Rosemary Crisp and her husband, Harry L., have determined the application of their criteria may be secured from the extraordinarily generous contributions totaling

Cross Blue Shield, all of Kansas

Sigma Theta Tau Seoul, Taipei, Taiwan. These include: Kathleen G. Bond, Phyllis A. Ayake, Thomas M. Butler, Judy A. Boll, and a new program inaugurated. The Kansas City Corporation

Reflections

The society thanks Theta Eta chapter, The City College of the University of New York School of Nursing, for its remarkable gift of almost $9,300 to Sigma Theta Tau’s Research Endowment.

That contribution will help all the important-endowment fund to grow, generating additional interest income for vital nursing research projects.

The Exceptional Virginia Henderson Fellows

The society now boasts more than 154 Virginia Henderson Fellows, three of whom are from outside the United States. These include Dr. Susie Kim and Dr. Kwang-Ok Noles, both of Ewha Womans University, Seoul, Korea, and Dr. Pi-Chen Chang of Taipei Medical College, Taipei, Taiwan.


The Spirit of Philanthropy

The following members, foundations, corporations, groups and other friends of nursing invested $800 or more in Sigma Theta Tau International’s 75th Anniversary Campaign from Feb. 1, 1997 through April 30, 1998. (All Virginia Henderson Fellows are listed.) Those contributing $500 or more through June 1998, will be recognized on etched plaques in the Tribute Wall of the International Center for Nursing Scholarship.

75th Anniversary Campaign CONTRIBUTOR RECOGNITION LIST

INDIVIDUALS

Edward A. Denning $100
Carol A. Lindeman Fellow $250
Lucie S. Kelly Fellow $500
Vernice D. Ferguson Fellow $1,000
Angela Barron McBride Fellow $2,500
Beverly Ray Bower $10,000
Beth C. VanWobbel Fellow $10,000
Virginia Henderson Fellow $25,000

CHARTERS

Charter Members Alumni Society $300
Elizabeth Russell Bodell Foundation $3,000
Edith Moore Cepeland Foundation $2,000
Mary McConahey Gooding Society $1,000
Elizabeth McWilliams Miller Society $2,000
Mary Tuit Wright Society $2,000
Ethel Palmer Clinic Society $50,000
Dorothy Buschmann Society $25,000

CONTRIBUTORS

Astra USA Inc. $1,500
Zoetry Parq Resort & Spa $1,500

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THE PERIOD FEBRUARY

Mary K. Beth E. Weine r Anne

NURSING WILL

MORE FROM INDIVIDUALS, FOUNDATIONS, Elizabeth

Patricia Perry Womble

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MEMBER

BETH

J.

Helen

C . VAUGHAN·WROBEL

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in honor of Helen T. Walkewich

in honor of John L. Erving, Jr.

in memory of

in honor of Sister Dorothy Salish

in memory of Virginia Hendriksen

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Voices of Care

BY BEATRICE ADDERLEY KELLY, BARBARA J. PATTERSON, FAY L. BOWER

Nurses who honor nurses share images of caring professionals who renew, regard and regal excellence. Increasingly, nurses throughout the U.S. are holding ceremonies to distinguish nurses who make a difference in patients’ lives and community pride.

During National Nurses Week, the 100 Extra Ordinary Nurses Recognition Program is one such annual celebration sponsored by Sigma Theta Tau International’s Gamma Beta chapter at Howard University in Washington, D.C. Since its 1992 inaugural program, 700 Extra Ordinary Nurses have been honored.

The idea for Gamma Beta to honor 100 nurses began in the summer of 1991 as a discussion between Beatrice Adderley-Kelly and Barbara J. Patterson, who were seeking ways to raise money for the scholarship fund. Recognizing ordinary nurses who had performed extra ordinary deeds would not only generate money for scholarships, but would honor nurses who may not have the most outstanding educational credentials or important titles, but who make a profound difference in nursing and in the lives of their patients.

Since that time, the chapter has been able to award seven undergraduate scholarships as a result of the event. “This is an extraordinary recognition of nurses’ contributions to the health of people in the nation’s capital,” said Nancy Dickenson-Hazard, executive officer of Sigma Theta Tau International and keynote speaker for the events 1997 ceremony. “It showcases nursing’s story to the public.”

continued

Have you included the society in your will?
If so, have you informed the society?

Karen Morris, left, and Judy Beal toast the successful conclusion of the 75th Anniversary Campaign.
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The impact of the first celebration remains vivid. At 6:00 in the evening on May 4, 1992, splendidly attired honorees and guests arrived for this community premiere. At 7:00, the program began with more than 450 people in attendance at Howard University's Blackburn Center. A roll call of 100 honorees commenced. Each by name was called to enter the ballroom and walk down the aisle to a special seat, receiving a certificate and tuxedoed applause. The keynote speaker for the first ceremony was Dr. Anna B. Cole's, dean emeritus of Howard University College of Nursing and founder of Gamma Beta. Representatives of the mayor's office and Sigma Theta Tau International joined this event and reception.

"I have been working for over 25 years and this is the first time that anyone has recognized me publicly for the work I do," said one honoree.

"For nurses to be recognized by their peers is the greatest honor that one can have bestowed upon them," said a recipient nearing age 90.

To be eligible, a nominee must be currently employed or a retiree in the Washington, D.C., Metropolitan area. Nurses may be nominated by their colleagues, supervisors, patients, families, friends, or their Sigma Theta Tau chapter. However, nominees need not be members of Sigma Theta Tau. Celebrating National Nurses Week in May, means putting a call five to six months in advance to health care agencies, schools of nursing and professional organizations. At the deadline, a rush of outstanding nominations are submitted.

Heart of Health Care

Similar events are held in North Carolina, Texas, and Ohio. North Carolina sponsors a statewide celebration known as the Great 100, Inc. to recognize R.N. Excellence. Each year during National Nurses week, a gala affair is held to honor "The Dallas Top 100 Nurses."

One of the most recognized events is sponsored by the University of Kansas School of Nursing and was started by its 1989 dean, who is now Sigma Theta Tau International President Eleanor Sullivan. Its logo, "Nursing: the Heart of Healthcare," captures its essence and has galvanized its poularity. This copyrighted logo was shared by permission with the American Nurses Association, which began its own program.

Since the inception of the Kansas program, 4,000 nurses have been nominated, and each year, 10 winners are named. The first year, 100 people attended its gala. But by 1997, 700 guests, sponsors and honorees were celebrating outstanding nurses and their contributions to health care. As this event grew, corporate sponsors were engaged to defray the costs of producing and marketing the program, according to Kari Zigler, assistant to the University of Kansas dean.

"It is more than a one night event. The whole program lasts nine months," Ziblut says. Nominations are sought from all areas of the state. In 1998, advertisements were purchased in 18 different Kansas newspapers in order to solicit nominations. Print media purchases are a planned part of its budget. And five Kansas television stations support nurses by donating air time to public service announcements about the program.

"The greatest aspect of this," Ziblut says, "is the public education about the varied roles that nurses play in society and health care delivery.... It honors nurses who deliver all different types of caring."

Circle of Excellence

Spurred by the tone and events of Sigma Theta Tau International's 75th anniversary, Dr. Sharon Denham, Lambda Omega president, wanted to support the excellence of nurses in her region with the same uplifting spirit shown by the honor society's founders.

On Oct. 5, 1997, the Lambda Omega chapter at the University of Ohio in Athens, honored 75 nurses from the Southeast region of the state at its first Circle of Excellence ceremony held during an induction of new members. She began considering the idea two years prior to the 75th anniversary, as envisioned such an event while attending Sigma Theta Tau's convention in Detroit in 1995.

There would be 75 nurses honored in recognition of the 75th birthday of Sigma Theta Tau.

Members of Lambda Omega, primarily university alumni, were asked to submit names of nurses who are outstanding clinicians, educators, administrators and researchers. The 75 honorees and their guests were accorded Circle of Excellence Awards prior to the induction of new members that included community leaders. Dr. Fay Bower, past president of Sigma Theta Tau International, delivered the keynote address on nursing's proactive and creative roles. Public and academic officials joined the event.

The ceremony included displays of posters on nursing research and historical material about the school of nursing and chapter. "We are here to celebrate the long history of care that is daily provided to people throughout Southeastern Ohio," Dr. Denham said. "We are here to honor those nurses who have caused us to persevere...."

Some of the 1997 nursing education honorees at Lambda Omega's Circle of Excellence Awards gathered for a commemorative photo.
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Arizona
Pamela G. Reed, RN, PhD, FAAN, professor and associate dean for academic affairs at the University of Arizona College of Nursing in Tucson, was the 1998 Visiting Scholar for New York University's Martha E. Rogers Center for the Study of Health Science. Her presentations included "A Metaphor of Spirituality for Health Care," and "Unitary Science: Just Another Course or Progress for Nursing Science?"

California
Don Childress, RN, MSN, has published the fiction book, Angel Whispers, about Air Force Air Evacuation nursing, based on her own work as a flight nurse. The book is published by Vantage, New York City.

Colorado
Lola M. Fehr, RN, MS, CAE, FAAN, executive director of the Association of Operating Room Nurses, sponsored the first Lola M. Fehr Lecture in Nursing Ethics at the University of Colorado School of Nursing in Denver. The program featured Leah L. Curtis, RN, DSC, FAAN, editor-in-chief of Nursing Management, who presented a program titled "Yes – We Have No Bananas – The Ethics of Necessity.

Florida
Bonnie L. Penna, MSN, ARNP, director of heart center services at the L.M. Sulzbacher Center for the Homeless in Jacksonville, has been appointed to the Jacksonville AIDS Prevention Community Review Panel and has been nominated for Leadership Jacksonville 1998, a think tank for professionals from a variety of fields.

Georgia
Mary C. Kohlhepp, RN, MSW, internal consultant for Promina Healthcare in Atlanta, has received the American Organization of Nurse Executives' Special Recognition Award for her work in planning and developing the organization's 1998 annual meeting.

Illinois
Richelle A. Renkengee, RN, MS, and Margaret Beaman, PhD, presented a poster titled "A Comprehensive School-Based Program to Reduce Adolescent Health Risk Behaviors" at the Illinois Rural Health Association's annual meeting.

Indiana
Sandra Bailey, RN, BSN, CMRN, has received the American Association of Critical-Care Nurses 1998 Innovation Award for developing an anec­dotal support group for families of children in the Methodist Hospital Critical Care Unit in Indianapolis.

Kansan
Susan Mann, BA, ADN, CRN, vice president of medical and nursing services at Hospice Incorporated in Wichita, has received the Butler County Community College Nursing Department's outstanding nursing graduate award. She is the president of the Hospice and Palliative Nurses Association.

Maryland
Sara Tomes, RN, PhD, FAAN, and Carolyn Waltz, RN, PhD, FAAN, are co-directors for a project at the University of Maryland School of Nursing that prepares nurses to identify and investigate environmental health problems. The project was awarded a $1.3 million grant from the NIEHS, Kellogg Foundation in Battle Creek, Mich.

Massachusetts
Joanne H. Evans, RN, EdD, CRNP, professor and chairperson at Salem State College School of Nursing in Salem, has received the Association of Rehabilitation Nurses' National Educator Award.

Minnesota
Joanne Disch, RN, PhD, FAAN, vice president of patient and family services at Fairview-University Medical Center in Minneapolis, has received a distinguished alumnus award from the University of Wisconsin-Madison School of Nursing.

Missouri
Charlotte Jane Derk, RN, MPA, has been appointed to a four-year term on the National Advisory Council on Nursing Education and Practice, of the Health Resources and Services Administration.

Nebraska
Madeleine M. Leininger, RN, PhD, CTN, FAAN, professor emeritus at Wayne State University College of Nursing in Omaha, was the keynote guest lecturer for a conference on "Transcultural Nursing: A New Knowledge and Practice," sponsored by the Royal College of Nursing, Australia, and the University of Sydney in Australia. She also was the keynote speaker at the Portuguese Speaking Nursing Association for African and European Nurses' meeting in Lisbon, Spain.

New York
Mel Phyllis Collins, RN, EdD, CS-FNP, United States Army Nurse Corps and an assistant professor at the City University of New York College of Staten Island, has received the Leadership in Professional and Allied Organizations Award from the Nursing Education Alumni Association of Columbia University's Teachers College. She is president elect of the New York State Nurses Association.

New Zealand
Margaret Comerford Freda, RN, EdD, CHES, FAAN, associate professor in the department of obstetrics and gynecology at Albert Einstein College of Medicine in Bronx, has been named editor of MCN, The American Journal of Maternal Child Nursing; published by Lippincott-Raven, New York City. She also received the Betty Woman of Distinction Award from the Long Island Chapter of the March of Dimes and the Distinguished Professional Service Award from the Association of Women's Health, Obstetric and Neonatal Nurses.

Newfoundland
Terry Fulmer, RN, PhD, FAAN, co-director of the Hartford Institute for Geriatric Nursing at New York University, was elected president elect of the Eastern Nursing Research Society.

North Carolina
Carol Noll Haskins, RN, PhD, professor of nursing at New York University, has received an honorary doctorate from the University of Athens in Greece. She also is a member of the executive committee of the international program for nursing in collaboration with William Ammenn, director of the Fulbright Foundation in Greece.
coordinate USA Children's and Women's Hospital in Minneapolis has received the American Organization of Nurse Executives' Fellowship Award.

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Pamela G. Reed, RN, PhD, FAAN, professor and associate dean for academic affairs at the University of Arizona College of Nursing in Tucson, was the 1998 Visiting Scholar for New York University's Martha E. Rogers Center for the Study of Health Science. Her presentations included "Metaparadigms of Spirituality for Health Care" and "Unitary Science: Just another 'Dissourse or Progress for Nursing Science?""

California
Deirdre Hsiao-Ping Lourdes Fernandez-Heber, RN, EdD, the paper "Care Questionnaire by Congress in California" was presented at the 1998 International Conference on Women's Health Issues in Saskatoon, Saskatchewan. Dr. Fernandez-Heber is professor of nursing at the University of Saskatchewan in Saskatoon.

Japan
Mitsuko Yamashita, RN, PhD, has accepted a position as professor at Saitama University in Saitama-Ken, where she will conduct cross-cultural investigations. She was an assistant professor at the University of Western Ontario in London, Canada.

Tahiti
Fu-Jin Shih, RN, DNSC, associate professor at National Taiwan University in Taipei, will present the paper "Coronary Artery Disease – From Prevention to Intervention" at the 2nd International Congress in Florence, Italy, in October 1998. She has been appointed to referee manuscripts for the Journal of Advanced Nursing, Blackwell Science Ltd., London, and has been named to Taiwan National University's committee for the development of medical education.

India
Hsiao-Ping Tang, RN, MS, CCRN, has become the only nurse in Taiwan to hold positions as both an advanced cardiac life support instructor and an emergency medical system medical director. Although advanced cardiac life support instructors in Taiwan are usually physicians, Ms. Tang was eligible to take the test because of her special training. Including a master of science degree in critical care from the University of California-San Francisco.

Missouri
Jeffrey Yen, RN, PhD, associate professor at National Cheng Kung University School of Nursing in Tainan City, has been principal investigator for two recent studies funded by the National Science Council in Taiwan: "Testing the Scalability of a Patient Assessment of Hospital Care Questionnaire by Applying Item Response Theory," and "Outcome Measurements: Test and Refinement of a Patient Assessment of Hospital Care Questionnaire by Applying Item Response Theory."

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Cheryln B. Will, RN, MSN, CAN, special projects coordinator for USA Children's and Women's Hospital in Minneapolis has received the American Association of Critical-Care Nurses' Fellowship Award.

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ment is awarded to a faculty member who is involved primarily in undergraduate education.

Barry Haufner, RN, MSN, vice president for patient care services at North Carolina Medical Center in Concord, has received the American College of Nurse Executives' 1998 Community Partnership Award for developing partnerships with community members to promote health and wellness.

Carol Hogue, RN, PhD, FAAN, associate dean for graduate studies and associate professor at the University of North Carolina at Chapel Hill School of Nursing, has been named associate director of research for the University of North Carolina Institute on Aging.

Virginia Kirs, RN, PhD, associate dean and professor at the University of North Carolina at Greensboro, has received a 1998 Gladel Strawbell Award for outstanding leadership and service to the university. She was honored for her work with student recruitment and with the school's Administrative Committee and Scholarship Committee.

Rita H. Pickles, RN, PhD, professor of nursing at Virginia Commonwealth University in Richmond, Virginia, has received the 1998 Distinguished Alumni Award from the University of North Carolina at Greensboro School of Nursing. Pickles has researched bottle feeding and oral intake in infants and preterm infants, and has served as a consultant to preterm infants.

Ohio

Dorothy Brookes, RN, PhD, FAAN, has been appointed dean of Case Western Reserve University's Frances Payne Bolton School of Nursing in Cleveland. She formerly was associate dean of graduate studies and research. Dr. Brookes is internationally known for her research in transitional care targeted to high-risk, high-cost patient groups. She succeeds Joyce Fitzpatrick, RN, MBA, PhD, FAAN, the Elizabeth Brooks Ford Professor of Nursing at Case Western Reserve University.

Barbara Fowler, RN, EdS, CS, has received the Oncology Nursing Foundation/Bristol-Myers Squibb Oncology Community Health Research Grant to support her study "Decisions Made by Low-Income Urban African American Women About Mammography Screening." Andria R. Lindell, RN, DNSc, dean and professor at the University of Cincinnati College of Nursing and Health, has been elected president of the American Association of Colleges of Nursing.

School of Nursing, has been appointed to the Betsy S. and Joseph M. Farb Family Foundation Scholastic Professors in Nursing.

Tom H. McDonald, PhD, FAAN, has received The Online Journal of Knowledge Synthesis Award. His areas of concentration are recovery nurses and nurse practitioners in the community.

South Dakota

Susan Johnson, RN, EdD, CPNP, University of South Dakota nursing professor, has been appointed to a four-year term on the National Advisory Council on Nursing Education and Practice, of the Health Resources and Services Administration. She joins a three-member committee that will advise on matters related to nursing education and practice.

Tennessee

Carol Ann Mitchel, RN, EdD, CS, director of the geriatric evaluation and management unit at Veterans Administration Medical Center in Mountain Home, has received the Nursing Practice Achievement Award from the Nursing Education Alumni Association of Columbia University's Teachers College.

Texas

Kathleen Boyle Bond, RN, EdD, dean and professor of Texas Christian University's Harris College of Nursing, has received the American Association of Colleges of Nursing's 1998 New Faculty Award.

Virginia

Mary C. Conley, RN, PhD, professor at Virginia Commonwealth University School of Nursing, has received the American Organization of Nurse Executives' 1998 Nursing Administration Research Award.

Leith Mullan, RNCS, MSN, ACEN, is president of the Association of Women's Health, Obstetric and Neonatal Nurses.

Washington

Nancy Woods, RN, PhD, FAAN, associate dean for nursing research and director of the University of Washington School of Nursing's Center for Nursing Research, has received the 1998 Wyeth-Ayerst Clinical Care Nursing Fellow Program. She serves as mentor to Dr. Lisa Brown, RN, DNSc, who was appointed to the pediatric intensive care unit at the University of Washington Hospital.

West Virginia

Elizabeth A. Hupp, RN, MA, nurse specialist in cardiac surgery at West Virginia University, was chosen as one of 10 mentors in the 1998 Wyeth-Ayerst Clinical Care Nursing Fellow Program.

West Virginia

Virginia Crenshaw, RN, MPH, EdD, right, who began image: Journal of Nursing Scholarship in 1967, when she was the 21st president of Sigma Theta Tau International, shared leadership experiences with members during a conversation hour at the 34th Biennial Convention. Beatrix Goodwin, PhD, the first image: Editor, joined the discussion.
Corazon Paca - Vanon
Marilyn L. Evans, RN, Margaret 42
the chief of the U.S. Army Nurse
ation of Nurse Executives' Leadership Award. She
is an integrator for patient services at New York
School of Nursing, has been awarded the Eloise
faculty member at Long
Lewis
Third Quarter
[Image 0x0 to 1224x792]
Carol Barry Hawthorne, RN, MSN, vice president for pa­
Rita H. Pick, PhD, associate professor at the University of Cincinnati
Jean A. McNeil!, of Springfield, Dr. McNeil! was机动车
Geraldine Gimbles, of Rockville, Md., died
John A. Adams, of Lake Charles, la., died Feb.
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Nancy Woods, RN, PhD, FAAN, associate dean for nursing research and director of the University of Washington School of Nursing's Center for Nursing Administration Research. She was the 12th president of Sigma Theta Tau International, has been named an American Cancer Society Oncology Nursing Professor. Her research focuses on breast cancer care faced by under served populations and the needs of long-term cancer survivors.
Virginia Crenshaw, RN, MPH, EdD, right, who began image: Journal of Nursing Scholarship in 1967, when she was the 12th president of Sigma Theta Tau International, shared leadership experiences with members during a conversation hour at the 34th Biennial Convention. Beatrice Goodwin, PhD, the first image editor, joined the discussion.
Reflections welcomes news about members of all academic levels with achievements in clinical care, clinical programs, nursing leadership, research, community service, business, literary projects and inventions. Photos are welcome. Contact Reflections by fax: 303-674-8560, E-mail: journal@sttin.org or mail: Reflections Magazine, Sigma Theta Tau International, 550 W. North, Indianapolis, IN 46204.
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BUILDING INSTITUTIONAL RESEARCH. Reports 30-2


announcements

INTERNATIONAL CONFERENCES
Aug. 30-Sept. 4, 1998 - Jerusalem, Israel
"Cancer Nursing: Hope and Vision," 10th International Conference on Cancer Nursing. Sponsor: Israel Cancer Association. Contact: Secretariat, 22nd International Conference on Cancer Nursing. P.O. Box 5006, Tel Aviv 61050, Israel; Phone: 972-3-5204000; Fax: 972-3-5277674; cancer nurs@alumk.technion.ac.il

Sept. 3-4, 1998 - Olomouc, Czech Republic
"Development of Theory, Practice and Education in Nursing After 50 years in Czech Republic, in Europe and Worldwide," 1st International Conference of Nursing. Sponsor: Faculty of Medicine, Palacky University in Olomouc. Contact: Institute of the Theory and Practice of Nursing, Palacky University, Olomouc, Hlavni tel., 3, 775 00 Olomouc, Czech Republic; Fax: 420-68-563266; E-mail: spiro@unim.upol.cz

Oct. 23-25, 1998 - Baltimore, Maryland
International Kangaroo Care Conference. Sponsor: University of Maryland School of Nursing. Contact: Jeanette A. Duerr, University of Maryland School of Nursing, Office of Communications, 655 W. Lombard St., Baltimore, MD 21201; Phone: 410-706-4000; Fax: 410-706-0399; E-mail: duerr@nurse.umd.edu

May 13-15, 1999 - Tampa, Florida
"Towards New Challenges in Family Nursing," International Family Nursing Research Conference. Sponsor: University of Tampa Department of Nursing Science. Contact: Family Nursing Research Conference, Tampere Conference Service Ltd., P.O. Box 32, FIN-33701 Tampere, Finland; Phone: 358-3-6664400; Fax: 358-3-3226444; E-mail: conference@onlinet.fi

REGIONAL CONFERENCES
Sept. 16-18, 1998 - Indianapolis, Indiana
"Advancing Quality of Care Across the Lifespan" and "Advancing Quality of Care Through Differentiated Practice: Putting Differences to Work," Midwest Alliance in Nursing 1997. Contact: Midwest Alliance in Nursing, 690 N. Shaeldor Ave., Suite 206, Indianapolis, IN 46222-4274; Phone: 317-5787905; Fax: 317-5786024; E-mail: main@inms.com

Showcase for Innovation and Best Practices. Sponsor: The Best Practice Network. Contact: The Best Practice Network, 6400 N. Lake Shore Drive, Chicago, IL 60611; Phone: 773-979-1000; E-mail: showcase@bestpractices.org

Nov. 5, 1998 - Portland, Maine
"Demystifying Managed Care," What Nurses Need to Know About Managed Care. Sponsor: Sigma Theta Tau International, University of Missouri-Kansas City School of Nursing. Underwriter: Prime Health Foundation. This conference precedes the Sigma Theta Tau International Regional Conference, Nov. 20-21, 1998. Contact: Sigma Theta Tau International, 550 W. North St., Indianapolis, IN 46202; Phone, toll free: 1-888-634.7575 (U.S. and Canada); 317-634-8188; E-mail: cathby@stti.iupui.edu

Dec. 3, 1998 - Oklahoma City, Oklahoma
"Demystifying Managed Care," What Nurses Need to Know About Managed Care. Sponsor: Sigma Theta Tau International, University of Missouri-Kansas City School of Nursing. Underwriter: Prime Health Foundation. This conference precedes the Sigma Theta Tau International Regional Conference, Dec. 3, 1998. Contact: Sigma Theta Tau International, 550 W. North St., Indianapolis, IN 46202; Phone, toll free: 1-888-634.7575 (U.S. and Canada); 1-800-634.7575 (International). Fax: 317-634-8188; E-mail: cathby@stti.iupui.edu

CALL FOR ABSTRACTS
Deadline: Aug. 15, 1998
PAPER AND POSTER - "Towards New Challenges in Family Nursing," international Family Nursing Research Conference, May 13-15, 1999, Tampere, Finland. Sponsor: University of Tampa Department of Nursing Science. Contact: Family Nursing Research Conference, University of Tampa Department of Nursing Science, P.O. Box 667, FIN-33101 Tampere, Finland; E-mail: vessa.korhonen@uta.fi

Deadline: Sept. 1, 1998
PAPER AND POSTER - "NPs: Health Care Leaders Into the New Millennium," 24th National Primary Care Practitioner Symposium, July 8-10, 1999, Keystone Resort, Colorado. Sponsor: University of Colorado School of Nursing. Contact: Nurse Practitioner Symposium Office, University of Colorado School of Nursing, 4200 E. 9th Ave., Box C473, Denver, CO 80262; Phone: 303-315-2436; Fax: 303-315-3785; E-mail: nps@uchsc.edu

PAPER AND POSTER - "Advances in Qualitative Methods," Feb. 18-20, 1999, Edmonton, Alberta, Canada. Sponsor: Dr. Janice Mona, International Community for Qualitative Methodology, 6-10 University Extension Centre, University of Alberta, 8903 - 101 Street, Edmonton, Alberta, Canada

1998-99 Regional Conferences
"AVENUES TO THE FUTURE"
Keynote Speaker: Eleanor J. Sullivan, RN, PhD, FAAN, 1997-99 President of Sigma Theta Tau International

Region 1
Los Angeles, CA, Sheraton Universal
February 5-9, 1999
REGISTRATION DEADLINE: JANUARY 21, 1999

Region 2
Montgomery, AL, Alabama Sheraton
July 21-25, 1999
REGISTRATION DEADLINE: MAY 21, 1999

Region 3
Austin, TX, Hyatt Regency Austin on Town Lake
February 21-23, 1999
REGISTRATION DEADLINE: NOVEMBER 19, 1998

Region 4
Milwaukee, WI, Hyatt Milwaukee
March 26-29, 1999
REGISTRATION DEADLINE: MARCH 12, 1999

Region 5
Portland, ME, Radisson Eastland Hotel Portland
November 6-7, 1998
REGISTRATION DEADLINE: OCTOBER 22, 1998

Region 6
Columbia, MO, Columbia Inn
November 20-21, 1998
REGISTRATION DEADLINE: NOVEMBER 5, 1998

Region 7
Jacksonville, FL, Omni Jacksonville
March 5-6, 1999
REGISTRATION DEADLINE: FEBRUARY 18, 1999

Registration Forms:
For Regions 2, 5, and 6, and will be mailed with the 3rd Quarter 1998 issue of Reflections magazine in August 1998.
For Regions 4, 5, 6, and 7 will be mailed with the 4th Quarter 1998 issue of Reflections in October 1998.

Registration Fees:
Friday and Saturday: $75 - Sigma Theta Tau International members
$60 - Non-members
$50 - Students/Retired
Friday and Sunday: $55 - Sigma Theta Tau International members
$45 - Non-members
$35 - Students/Retired
23.0 Hours of Continuing Education Credit

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International: 800-634-7575-4; or E-mail cathby@stti.iupui.edu
Showcase for Innovation in Best Practices. Contact: The Best Practice Network, 3600 North Lake Shore Drive, Chicago, IL 60613-4679; Phone: 312-578-7905; Fax: 312-578-0621; E-mail: mailinormsm@comcast.net

REG Regional Conferences
Sept. 16-18, 1998 - Indianapolis, Indiana
"Advancing Quality of Care Across the Lifespan" and "Advancing Quality of Care Through Differentiated Practice: Putting Differences to Work," Midwest Alliance in Nursing 19th Annual Conference. Contact: Midwest Alliance in Nursing Conference, 400 Indiana St., Suite 200, Indianapolis, IN 46222-4724; Phone: 317-578-7905; Fax: 317-578-0621; E-mail: mailinormsm@comcast.net

Showcase for Innovation in Best Practices. Contact: The Best Practice Network, 3600 North Lake Shore Drive, Chicago, IL 60613-4679; Phone: 312-578-7905; Fax: 312-578-0621; E-mail: mailinormsm@comcast.net

Nov. 5-7, 1998 - Portland, Maine
"Demystifying Managed Care." What Nurses Need to Know About Managed Care. Sponsored by Sigma Theta Tau International, University of Minnesota, and Kansas City School of Nursing. Underwrite: Prime Health Foundation. This conference precedes the Sigma Theta Tau International Regional Conference. Contact: Sigma Theta Tau International, 550 W. North St., Indianapolis, IN 46202; Phone, toll free: 1.888.634.7575 (U.S. and Canada); 1.800.634.7575 (International); Fax: 317-634.8878; E-mail: cathy@stti.iupui.edu

Call for Abstracts
PAPER POSTER — "Towards New Challenges in Family Nursing," International Family Nursing Research Conference, March 15-17, 1999, Tampere, Finland. Sponsored by University of Tampere Department of Nursing Science. Contact: Prof. Paavilainen, Eija Paavilainen, Assistant Professor, University of Tampere, Department of Nursing Science, P.O. Box 667, FIN-33101, Tampere, Finland; E-mail: vessa.korhonen@utu.fi

Deadline: Sept. 1, 1998
PAPER POSTER — "Promoting Health Care Leaders Into the New Millennium," 24th National Primary Care Practitioner Symposium, July 8-11, 1999, Keystone Resort, Colorado. Sponsored by University of Colorado School of Nursing. Contact: Nurse Practitioner Symposium Office, University of Colorado School of Nursing, 4400 E. 9th Ave., Box C678, Denver, CO 80262; Phone: 303-315-2466; Fax: 303-315-3782; E-mail: npconf@ucol.colostate.edu

PAPER POSTER — "Advances in Qualitative Methods," Feb. 18-20, 1999, Edmonton, Alberta, Canada. Sponsored by: Dr. Janice Mona, McIntyre School of Nursing, University of Alberta, Edmonton, Alberta, Canada. Contact: Dr. Janice Mona, McIntyre School of Nursing, University of Alberta, Edmonton, Alberta, Canada.

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92-99 Regional Conferences
"Avenues to the Future"
Keynote Speaker: Eleanor J. Sullivan, RN, PhD, FAAN, 1997-99 President

1998-99 Regional Conferences

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Los Angeles, CA, Sheraton Universal
February 5-6, 1999
REGISTRATION DEADLINE: JANUARY 21, 1999

Region 2
Ohio City, OK, Oklahoma City Marriott
December 5-6, 1998
REGISTRATION DEADLINE: NOVEMBER 19, 1998

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Austin, TX, Hyatt Regency Austin on Town Lake
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Friday and Saturday: $150 - Sigma Theta Tau International members
$160 - Non-members
$90 - Student/Retired

Friday: $155 - Sigma Theta Tau International members
$170 - Non-members
$95 - Student/Retired

Saturday only: $75 - Sigma Theta Tau International members
$80 - Non-members
$45 - Student/Retired

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"Limits are usually self-imposed"

Eileen Alexy is a nurse in geriatric mental health, and a Sigma Theta Tau leadership extern. What matters most in a leader, according to Eileen, is initiative.

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