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We often feel helpless, hopeless. What we came into nursing policy efforts in the public arena, but we are seldom able to care world is in turmoil; it is not a world of our making. Others are creating new worlds within existing systems. This issue is about these creators of our future.

These entrepreneurs are truly the change agents we learned about in nursing school—people who are grabbing hold of problems and turning them into opportunities. What characterizes these entrepreneurs is their "can-do" spirit. They don't just see what is; they see what can be. They are visionary, creative and persistent. They climb over, around and under barriers to reach their goals. They gather partners, form alliances and overcome adversity.

The same spirit is invading some chapters in Sigma Theta Tau International. Their stories are being told in presentations at our regional conferences, where they tell about fostering the "can-do" spirit in their chapters. They, too, are innovative, energetic and enthusiastic. They see what can be, and they do what it takes to achieve their goals.

You can do the same, wherever you find yourself—in your employment setting, your chapter, your community, or by establishing your own business. You can be an intrapreneur (working within an existing structure) or an entrepreneur (establishing your own enterprise). Nursing has prepared you well. You can assess, plan, implement and evaluate. You know people; you can read obvious and subtle clues; you can communicate to make your point, inspire or motivate; and you follow through, with integrity and grit. You don't give up. The world is fortunate to have you. Now, you just need to realize it. *

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

N. A. Noël prints

In honor of Sigma Theta Tau International's 75th Anniversary, popular artist Nancy Noël has generously offered society members the opportunity to purchase signed prints of her original oil painting, "Always." Proceeds from the sale of the prints will be donated to the society's nursing research endowment.
The Can-do Spirit

Some people seem to create their own worlds; others don’t. Most of us seem to inhabit a world others have created. And we rail against it.

Years ago I heard about a study in psychology. The scientist examined the careers and lives of people who considered themselves successful and compared them with people who counted their lives as generally unsuccessful. He struggled to find significant differences between the two groups, but they were remarkably similar. Both had had problems in their lives. Death, divorce, bankruptcy and even prison characterized individuals from both groups, along with exceptional achievements in science, business and government. Finally, the researcher found a difference. The successful people accepted the circumstances in which they found themselves, learned from their mistakes and moved on, while the unsuccessful blamed their parents, teachers, the government or their environment for their lack of accomplishments.

Nursing is in much the same place now. The health care world is in turmoil; it is not a world of our making. We often feel helpless, hopeless. What we came into nursing against the glass ceiling and who are leaving the corporate world is in turmoil; it is not a world of our making. Others are creating new worlds within existing systems. This issue is about these creators of our future.

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Eleanor J. Sullivan, RN, PhD, FAAN, President
Entrepreneurs OF NURSING

Entrepreneur is defined in Webster’s as “one who organizes, promotes and manages risks for an activity.” Sure sounds like a nurse to me! Every day, nurses assess, manage and make decisions about the risks to someone’s well-being. They organize health care, promote patient realization of optimum levels of wellness, and they do this in a myriad of settings and roles. In essence, nurses exercise a spirit of entrepreneurship to keep people healthy.

In my mind, being an entrepreneur is not necessarily equated with starting your own business, although that is certainly a contemporary modality. But I believe it is more about being creative and innovative enough to solve problems and identify solutions (one of which may be a business venture) to the issues. This ability is further bolstered by willingness to assume responsibility for directing the actions—and yes, the risks—toward favorable outcomes.

As technology increasingly takes over the routine needs of health care, the week of nurses will involve more innovation—seeing things in new ways and responding to patients and systems by changing the way things are done. Each nurse will have to be an entrepreneur and influence others to realize his or her own vision.

The abilities needed by this type of nurse are of an adaptive and technical nature. To be adaptive, the nurse entrepreneur must develop fluidity, flexibility and a sense of self. An intellectual prowess will be essential, as well as brokering the knowledge they possess. To be technically competent, nurse entrepreneurs must understand how to’s of technology, economics, administration and policy.

I believe many of us have the spirit and artful skills of entrepreneurship. The stories in this issue of Reflections verify this belief. I bet you will find all or part of yourself in these wonderful enterprising stories. Then I encourage you to look around your practices. I feel most certain you will discover the tenets of entrepreneurship at work.

Nancy Dickenson-Hazard, RN, MSN, CPNP, FAAN, Executive Officer
Entrepreneur is defined in Webster's as "one who organizes, promotes and manages risks for an activity." Sure sounds like a nurse to me! Every day, nurses assess, manage and make decisions about the risks to someone’s well-being. They organize health care, promote patient realization of optimum levels of wellness, and they do this in a myriad of settings and roles. In essence, nurses exercise a spirit of entrepreneurship to keep people healthy.

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

**BIRCH CANOE**

*for Lieutenant Dan Suttles*

After supper, my daughter asked me, *Any bad stuff today?*

I would like to answer no, but she’s seen the six o’clock news: yellow tape surrounding the trailer’s shell, the story of sisters playing with matches our fire captain, tired, begging parents to put lighters up, install smoke alarms.

She knows the child named Sara came to my hospital. I am touched by her concern, *Will they make it, Mom?*

I try to tell her about the fireman, young and sweaty and mustached, his scorch suit kneeling beside our gurney, holding swollen sooty fingers of a toddler he did not know, praying for this flower he’d gone into the flames to gather.

I try to tell her about men who are gentle and strong, men who rise without hesitation, become larger than themselves and do not paint their faces with arrows and do not thump their chests blue.

*I do not know how they tell themselves not to be afraid, how they let the black smoke swallow them over and over.*

*I just know tonight this fireman was a buck canoe; he swam into the fire and pulled Sara back into this world, that is never easy.*

"Birch Canoe" was first published by Jeanne Bryner, RN, BA, CEN, in the *Journal of Emergency Nursing*, June 1994, and is reprinted with permission.
Dean

Wright State University-Miami Valley College of Nursing and Health

Wright State University invites applications and nominations for the position of Dean, College of Nursing and Health. The Dean is the academic administrative head of the College and serves with the Deans of Colleges of Business and Administration, Education and Human Services, Engineering and Computer Science, Liberal Arts, Science and Mathematics and the Schools of Medicine and Professional Psychology. The Dean provides the vision to lead the college and articulates priorities around the state.

UNIVERSITY: Wright State University, founded in 1967, is one of eleven senior universities in Ohio. Classified as a Research Institution, it ranks third among Ohio universities in research dollars generated. The University offers 100 undergraduate and 40 graduate and professional degrees within six colleges and two schools. WSU offers innovative educational programs, including doctoral programs in biomedical sciences, human factors and industrial organizational psychology, medicine and professional psychology. Within Ohio, WSU offers the only combined computer science and engineering Ph.D. program in the world; the longest-running aerospace medicine residency program for civilians; and a post-master’s educational specialist degree program. In addition, the WSU Lake Campus near St. Mary’s and Celina, Ohio, offers associate and pre-baccalaureate degrees.

The College of Nursing and Health, established in 1973, offers a Bachelor of Science degree in Nursing (BSN), along with a Ph.D. completion program and a Master of Science (MS) program. The baccalaureate program emphasizes health and wellness across the lifespan, and provides options for either general or toxic. Students who seek a baccalaureate degree in Nursing and a baccalaureate degree in MS levels. In collaboration with the School of Graduate Studies, the College of Nursing and Health offers a Master of Science (MS) degree in nursing that provides both a foundation in health and wellness and offers options for advanced specialization in nursing administration or clinical practice. Current clinical practice specializations include community health, child and adolescent health and adult health and wellness, along with the Family Nurse and Acute Care Nurse Practitioner programs. Nursing administrators and nurse leaders also have the option of a dual degree in Business Administration. The College of Nursing and Health has 460 students and 25 fully-affiliated faculty. The College of Nursing and Health provides access to over one hundred hospitals, nursing homes, community health agencies in Dayton and communities around the state.

Wright State University, including the College of Nursing and Health programs, is accredited by North Central Accreditation. In addition, the baccalaureate program is approved by the Ohio Board of Nursing and the baccalaureate and master’s degree programs in nursing are full-accredited by the national League for Nursing Accreditation Commission until the year 2005.

Qualifications: (1) The candidate must have an earned Ph.D. in nursing or a nursing-related field; (2) a distinguished record of teaching, research and service commensurate with appointment at the terminal professional level; (3) strong organizational, leadership and interpersonal skills to effectively work with colleagues from other academic departments, as well as public/community agencies; (4) demonstrated success with resource generation and familiarity with principles of fiscal management; (5) a record of productive interaction with representatives of business and industrial community and state leaders, legislators, officials at all governmental levels, and with alumni; (6) ability and desire to lead the college into the 21st century and (7) eligibility for nursing licensure in the state of Ohio.

APPLICATIONS: The review of applications will continue until the position is filled. Salary is commensurate with credentials. Applications should include a curriculum vitae and the names, addresses, and telephone numbers of five references who can address the characteristics stated above. Please send nomination or application to Donna Miles Curry, Ph.D., RN Associate Professor and Chair of the Dean Search Committee; College of Nursing and Health Wright State University, 3640 Colonel Glenn Highway; Dayton, OH; 95438; 937.646.8171; 937.646.8171; 937.646.8171.

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CALL FOR NEWS IDEAS
Sigma Theta Tau International is always looking for story ideas involving nurses that we can pitch to the media. If you have an idea you think we should consider pursuing, please submit it to Andrea McDonald at Sigma Theta Tau International, fax: 317.634.8188, E-mail: pmcdonald@usi.edu or mail: 550 West North Street, Indianapolis, IN 46202. If you have questions, please call toll free 1.888.634.7575 U.S. and Canada; 1.800.634.7575 I. Global.

—Maryanne Bazzack, Chair, Sigma Theta Tau International Public Relations Committee

When you submit your idea, be sure to include the following:
1. Story/Ideas (include information about who, what, when, where, why and how)
2. Your name, daytime phone number and E-mail address
3. Potential sources for the story and contact information
4. Explain the significance of the story to your community or organization
5. Does your idea meet one or more of the following criteria:
   Impact, Visibility, Timeliness, Conflict, Novelty, Visuals, or Simplicity

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Submission Deadline: August 31, 1999

Sigma Theta Tau’s "Media Guide to Health Care Experts" is disseminated annually to more than 3,000 health-care journalists, public relations officers and society members. The guide serves as an important resource for individuals seeking nurse experts on a wide variety of health care topics.

If you are interested in serving as a media spokesperson on issues relating to your area of specialization and would like to receive a copy of the submission form, please contact Andrea McDonald at 1.888.634.7575 U.S. and Canada toll free; 1.800.634.7575 Global toll free or via E-mail: mcdonald@usi.edu

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10 nurses who are traditionally employed? Are there personality BY J MANION

Because health care organizations are, for the most part, organized as traditional bureaucracies, the business freedom that is different? Books and articles on entrepreneurship frequently focus on the personality traits of the entrepreneur and imply that these traits are what lead to individual success. Many nurses share the dream of owning their own business and being their own boss. And yet, for many reasons, the option of entrepreneurship seems far from possible for the majority of nurses. It does not have to be that way, however.

Intrapreneurs: The Heroes of the Future
Nurse intrapreneurs are essential to the successful future of the health care field. Experts agree that innovation is the key to survival and growth for all of American business, including the health care field. Organizations must tap into, release and actively support the creative potential of their employees to capitalize on the opportunities that exist for meeting the challenges of today and those projected for the future. Nurses are key stakeholders in the future of health care, because they are its largest group of providers, because they are in direct and constant contact with the health care consumer, and because the nature of health care itself is affected by the environment of nursing practice.

It is important to distinguish between intrapreneurs and entrepreneurs. Most people think of entrepreneurs as those who leave the employment of others and begin a business of their own. This is a somewhat limited viewpoint of entrepreneurship. As Drucker (1985) points out, for a small business—or any business—to be considered entrepreneurial, the enterprise has to have characteristics over and above being new or small. Entrepreneurs create something new, something different—they change values.

For example, an accountant who begins an independent practice could be considered entrepreneurial, the enterprise has to have characteristics over and above being new or small. Entrepreneurs create something new, something different—they change values.

ST. PAUL, Minn., Feb. 5, 1999—United Hospital has a program to support nurse innovators like Cynthia Barnes, RN, who asks patient Edward Bayuk what will increase his comfort level in critical care. Family involvement is a high priority.

Nurses who begin independent practice could be considered as both small-business owners and entrepreneurs, because the way they offer their services (through independent practice) is a new method or approach and has the possibility of changing previously held values, i.e., nurses as employees.

Both intrapreneurs and entrepreneurs discover how to turn an innovative idea or concept into a profitable reality. To distinguish those who engage in entrepreneurial practice within an organization, Pinchot (1985) coined the term "intrapreneur." The intrapreneur is the person who takes hands-on responsibility for creating innovation of any kind within an organization. The intrapreneur may be the creator or inventor of an idea, but is also responsible for more than simply generating the idea. The intrapreneur is the "dreamer who figures out how to turn an idea into a profitable reality" (Pinchot, 1985). Profitable may refer to financial profit, but may also be considered with a broader context. In a health care organization, an idea or innovation may be termed profitable because it results in system improvements that affect the quality of patient care outcomes, increases personal/professional satisfaction for employees—resulting in higher retention rates.

New Intrapreneurs
February 1999—Nurse intrapreneurship examples abound in health care today. Mary Naylor, RN, PhD, FAAN, associate dean, and Karen Buhler-Wilkersen, RN, PhD, FAAN,
BY JO MANION

Entrepreneurs became the heroes of American society during the 1980s. Nurses who have chosen to become entrepreneurs and have been successful are regarded by their colleagues with awe, respect, and in many cases, envy. To most nurses who are employed by health care organizations, the accomplishments of the nurse entrepreneur are impressive. Because health care organizations are, for the most part, organized as traditional bureaucracies, the business freedom of the nurse entrepreneur looks very appealing to employees organized as traditional bureaucracies, the business freedom of the entrepreneur looks very appealing to employees. Organizations must tap into, release and actively support the creative potential of their employees to capitalize on the opportunities that exist for meeting the challenges of today and those projected for the future. Nurses are key stakeholders in the future of health care, because they are its largest group of providers, because they are in direct and constant contact with the health care consumer, and because the nature of health care itself is affected by the environment of nursing practice.

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For example, an accountant who begins an independent practice within an organization as an “intrapreneur” may refer to the accountant as the “intrapreneur.” The accountant would be described as entrepreneurial if he or she is the creator or inventor of an idea, a small business (Pinchot, 1985). Profitable may refer to financial profit, but may also be considered with a broader context. In a health care organization, an idea or innovation may be termed profitable because it results in system improvements that affect the quality of patient care outcomes, or increases personal/professional satisfaction for employees—resulting in higher retention rates.

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students of nursing in the country to initiate a community-based practice using advanced practice nurses, this program supports the frail elderly with multiple complex problems.

This innovative program represents a shift in how services are provided. Assuming full risk for the care of these poor, frail elderly clients, nurse practitioners offer functional support and expect enrollees to participate in regular daily care. This program enables the elderly to stay in their own homes rather than in residential long-term care facilities.

At Abbott Northwestern and United hospitals in the Twin Cities, under the leadership of then-vice president of patient care services, Julie Morath, nurses created the "Home Town Nurse" program. This service connects patients referred from small towns around the region with nurse employees who grew up in their community. Often when people come into a large tertiary medical center, they feel lost. This program helps make birth experiences easier.

Barbara M. Balik, RN, EdD, is administrator at United Hospital in St. Paul, Minn. She initiated a Center for Caring within the organization, which provides seed money to anyone interested in developing projects aimed at increasing caring in the environment. Staff nurse Cynthia Barnes, RN, introduced her idea to clinical specialist Margo Halm in critical care. The result: They were awarded one of the first grants. Both have a passion for finding ways to better incorporate families into the care of critical care patients.

They used the grant money to conduct a knowledge and attitudes survey and to bring critical care nurse volunteers together with pediatric nurses to strengthen family-centered care. Patients in the three critical care units at United now are more likely to have a family member at the bedside talking and calming their fears. And the current debate is not whether family members can stay at the bedside, but whether recliners or cots are faster to fold up and move out of the way during an emergency.

Ann Van Slyck, RN, MSN, CNAA, FAAN, is president of Van Slyck & Associates, Inc. in Phoenix, Ariz. She built her company on her innovative ideas with patient classification systems that identify actual, rather than perceived, care to patients. She is in the business of managing information on patients, staff and finances for health care facilities. Before starting her company, she was vice president of St. Luke's Hospital and Medical Center in Phoenix.

THE STAMINA TO Succeed

BY ANN VAN SLYCK

PHOENIX, Ariz., Jan. 26—When a nurse entertains the notion of becoming an independent entrepreneur, she needs to be clear in her heart-of-hearts that she is going toward something and not running away.

While most people experience negative feelings occasionally—"I'm unhappy; I'm dissatisfied; No one appreciates me; I'm a victim"—nothing aids success more than positive ideas and skills. To me, being a nurse entrepreneur means offering something that makes a difference in the quality of patient care. I am a CEO of a national, multimillion dollar firm with offices in five states. What I do, and what my staff does, is slightly different than what an OB staff nurse, or an ICU staff nurse, or charge nurse in the emergency room does.
professor, University of Pennsylvania School of Nursing, demonstrated entrepreneurship by developing an innovative program for improving elder care in their community. One of the first schools of nursing in the country to initiate a community-based practice using advanced practice nurses, this program supports the frail elderly with multiple complex problems.

This innovative program represents a shift in how services are provided. Assuming full risk for the care of these poor, frail elderly clients, nurse practitioners offer functional support and expect enrollees to participate in regular day care. This program enables the elderly to stay in their own homes rather than in residential long-term care facilities.

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Two labor and delivery nurses at Salem Hospital in Salem, Ore., found an innovative way to utilize doulas for laboring women. Labor and delivery staff had always felt compassion toward the prisoners they served from the women’s state prison. Cynthia Patrick, RNC, nurse manager of labor and delivery, and Cindy Crosby, RN, patient educator, were approached about offering doulas for laboring moms and came up with the idea of starting such a program for women prisoners.

When a pregnant inmate started labor she was accompanied to the hospital only by a guard, most often male, and faced the prospects of labor with support only of staff nurses. This program used volunteer doulas who were offered free training to be a birth coach in return for donating three free labors. The program has been so successful that most doulas have volunteered additional free labors and the inmates are pleased and surprised that someone is doing this for them without payment. This simple, innovative program has helped make birth experiences easier.

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While most people experience negative feelings occasionally—"I’m unhappy; I’m dissatisfied; No one appreciates me; I’m a victim"—nothing aids success more than positive ideas and skills.

To me, being a nurse entrepreneur means offering something that makes a difference in the quality of patient care. I am a CEO of a national, multimillion dollar firm with offices in five states. What I do, and what my staff does, is slightly different than what an OB staff nurse, or an ICU staff nurse, or charge nurse in the emergency room does.
Every single one of these roles affects patient care. However, today my decisions have an indirect impact on many more patients. We deliver services to people and organizations who do provide direct care. As a result, I believe I am even more professionally sensitive, responsible and accountable for quality patient care than 30 years ago.

In 1981, I was a nurse executive at a large hospital in Phoenix. I had worked at that point for 15 years in nursing and loved it—gotten my master's degree and followed the career path: unit manager, house supervisor, assistant director of nursing, director of nursing, assistant administrator. And I loved all of that.

I simply woke up one morning and said, "I have 30 years of my career, and I want to make a bigger difference in people's lives through nursing than I can while doing what I am currently doing."

There were very few expert nurse consultants in 1981. As a nurse administrator, I hired very talented consultants at large and prestigious firms to work with finances, legal issues and a variety of specialty areas. But no one at those firms employed nurses who could provide collegial relationships to the executive at a large hospital in 1982, who observed, "You have a consulting firm." It was the first time someone said to me "You have a consulting firm," and I just thought about that for a few days. I didn't know what a consulting firm looked like, I thought, but I am it.

I believe in magical moments, and that was a magical moment for me. I thought I better learn, since I'm it. I need to go to the library and do a search. I need to join and be active in organizations and associations that have consultants. That is how you learn. You are learning a new skill set. I was learning how to run a business, so I became active in the American Association of Management Consultants, the Association of Health Care Consultants, and the local chamber of commerce.

First and foremost I am a nurse. I maintained my membership in Sigma Theta Tau, ANA, and American Organization of Nurse Executives. I joined Health Care Financial Management, because part of my consulting practice involves patient, staff and financial information for clients.

Our roots are as nurses, not as business people. But today there are a lot of examples to help us. In the past five years nurses have increasingly ventured in directions that differ from their experience or jobs and have done extremely well, because they have learned new skill sets.

The new consultant entrepreneur has four main responsibilities: 1) to deliver the service; 2) to manage the business; 3) to become increasingly expert in what it is you sell; 4) to develop a full appreciation for marketing and sales.

A new consultant can get so excited when she really has a client, she may forget where her clients are going to come from next year and the year after that. Success relies on balancing those four responsibilities, and the second and third years are when the needs for those surface.

I did not know how to run a business the first year. My husband and I were having dinner with another couple in 1982, who observed, "You have a consulting firm." It was the first time someone said to me "You have a consulting firm," and I just thought about that for a few days. I didn't know what a consulting firm looked like, I thought, but I am it.

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When I resigned ... I had no client. I had an idea.

<table>
<thead>
<tr>
<th>Year</th>
<th>Sales</th>
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<tr>
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Van Dyk & Associates, Inc.

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Business Stamina:

**T H R E E  P R I N C I P L E S**

1. **Blur the boundaries of work time and time off.** You may find yourself working on weekends, but you will derive a lot of joy and energy from it. If you are an entrepreneur you live it. You breathe it. You are the essence of it.

2. **Learn quickly what you do not know and do something about it.** Establish relationships that are going to facilitate and support what you are trying to achieve. If you do not understand strategic business planning, taxes, banking, marketing or law for instance, surround yourself with skilled professionals.

3. **Stay inclusive.** "We" and "They" are destructive concepts for nurses and business. Hospitals and clinical facilities have only one goal—to help patients get better.

I chose to become a nurse and an entrepreneur, inspired in part by my mother, who died when I was a teen-ager. When I told her during her final year that I wanted to be a nurse like her mother, she gave me a loving smile. "You can be anything you want to be," she said. I watched the courageous choices she made in her short life, and the obstacles she overcame. She showed me the freedom to choose the direction your life takes brings immeasurable contentment. Choice is the gift she gave me, along with my grandmother's nursing textbooks. I have used both to the full.
INVENTOR

Kathleen Vollman

Inventor Kathleen Vollman, RN, MSN, CS, CCRN, is a clinical nurse specialist for the medical critical care area at Henry Ford Hospital in Detroit, Mich. She is president of HosTech, Inc., a company she founded for the design and development of the Vollman Prone Positioner, now manufactured and sold by Hill-Rom. The device assists in positioning prone patients with acute respiratory distress in order to help them oxygenate.

My search
TO HELP PATIENTS BREATHE

BY KATHLEEN VOLLMAN

Detroit, Mich.—I began work as a critical care nurse in an urban medical center on the night shift. Frequently, I found myself caring for patients with Acute Respiratory Distress Syndrome. At that time, in the early 1980s, the mortality rate for this patient population was around 60 to 70 percent. These patients required high levels of oxygen and a number of different ventilator strategies to oxygenate their blood.

These treatments in many cases would create injury while trying to help the patient. While considering these patients as I took a break at the back room conference table, I picked up an animal research article left by a pulmonologist. The article studied the impact of different positioning strategies and times spent in a single position on oxygenation in an animal model of acute lung injury. The results revealed that turning the animals every 30 minutes from side to side preserved the oxygenating ability of the lung (Rao, 1974).

I took the information from this article and tried it with my ARDS patients. I would receive a report at 23:00 hours, and by 02:30 I began to turn the patient. After 30 minutes in one position, I would obtain a blood measurement to assess the benefit of that position on gas exchange.

The same activity was performed for both lateral and the supine positions. From the data, a positioning schedule was developed based on the patient’s response, and I would then turn the patient every half-hour.

By performing this independent nursing function of positioning, I was able to non-invasively impact gas exchange in this very sick population and help reduce the risk of ventilator induced lung injury by being able to decrease the oxygen and positive end expiratory pressure. The improvements were anecdotal in nature. The information of the positioning schedule was then passed on in a report for other nurses to follow with the plan of care.

The discovery of the benefits of prone positioning began in a very similar fashion with the review of one or two research articles that demonstrated the dramatic effect prone positioning had on gas exchange. I pursued the use of this position with the ARDS patient and saw positive results, but also witnessed the barriers to use of prone positioning with critically ill patients. I recognized that even though this position might significantly benefit a large number of people and even save lives, a safe, easy and effective way to perform the turning procedure needed to be found.

The examination of these concepts and the development of a supportive procedure and device became the basis of my master’s thesis. One night at a gathering of my relatives, I shared my idea with a mechanical engineer in the family. He believed he could build the frame I needed. At this step, I placed my idea in a notebook and had two witnesses sign the document. Later, I found out from my patent attorney that this was the first form of protection for my idea.

Phase one of my thesis was the development and testing of the device and the turning procedure on healthy subjects in a simulated critical care environment (Vollman, 1989). The first prototype was made of wood in order to draw blueprints for the plastic, steel and foam support frame that would be tested with healthy subjects. I sat at my mom’s kitchen table and sewed the straps by hand that would be used to attach a patient securely to the frame. Once phase one was completed, we made design changes and produced the third prototype that was used in phase two of the master’s thesis.

Concurrently, while the testing of the device was occurring, I began the patent process. When I began the search for a patent attorney, I knew the process was expensive. My resources and family financial support were already being stretched by graduate school and building the prototype. I was fortunate to be introduced to an attorney who was willing to take on a student and work creatively to meet my legal needs in a cost-conscious manner.

The second phase of the study involved use of the device to examine the impact on oxygenation and hemodynamic variables in critically ill patients with ARDS (Vollman and Bander, 1996). Data collection took more than 10 months. I entered both phases of the study in the California State University System Wide Research Competition. I won my university’s first prize in behavioral and clinical sciences and placed second at the statewide competition. By the time the research was completed, the United States government granted the patent in May of 1989.

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My search TO HELP PATIENTS BREATHE

Detroit, February 1999—At Henry Ford Hospital, Kathleen Vollman, RN, MSN, CS, CCRN, demonstrates the use of the Vollman Prone Positioner in a simulated critical care environment. She prepares the straps to turn and safely oxygenate a patient in acute respiratory distress.

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Patricia Posa, RN, MS, left, and Tracy Creechan, RN, BSN, assist with a simulation of turning, using the Vollman Prone Positioner, which is conducted for a patient every 30 minutes. 

I was aware that the use of the prone position was unfamiliar to most nurses and physicians. Therefore, it became imperative to increase the practitioner’s understanding of the benefits of the non-invasive technique of positioning to improve oxygenation. I had to generate a level of passion for the idea. 

By the mid-1990s, more research was being published about the benefits of the prone position and my work became nationally recognized (Pelosi, Tubiolo, Mascheroni, Vicardi, Crotti, Valenza, and Gattinoni, 1998; Chatte, Sab, Dubois, Sirodot, Gaussergues, and Robert, 1997). I began discussion with Hill-Rom, an international company that manufactures and distributes beds, support surfaces and furniture. I licensed my invention to Hill-Rom, and the Vollman Prone Positioner went on the market in January of 1997. It costs $2,000 and may be reused after cleaning with a hospital-approved disinfectant.

I have maintained involvement through a consulting agreement in the marketing and education of the device and the science of the prone position. Currently, the device is being used with critically ill patients with acute lung injury who are having difficulty oxygenating with standard therapy via mechanical ventilation.

However, the therapeutic use for the prone position extends beyond improving oxygenation and has been documented in the literature for more than 25 years. I believe the device will provide the practitioner with the ability to use the prone position with different patient populations for various interventions such as surgical positioning.

References


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BY MARIE MANTHEY

MINNEAPOLIS, Minn.—In 1978, I left an executive position and became an independent consultant. The transition from an institution-based executive/professional mindset and self-identity to seeing myself as a solo-practice independent entrepreneur was very difficult and occurred slowly over a period of months and years.
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I had never been interested in business and had consequently paid little attention to how a business operated. Every single decision in those early years was based on wisely using my "intellectual property"—meaning, whether to copyright, trademark, or mark as a brand or process I created.

Nevertheless, in small steps over time, we grew from a single consultant, single company to a multiactored, international company specializing in a wide variety of organizational development products and services marketed primarily to segments of the health care industry that deliver direct care to people. Our marketing strategy is two pronged, focusing on both interdisciplinary caregivers and the nursing profession.

I am most associated with the development of our leading product, primary nursing. Primary nursing profoundly changed the practice of nursing worldwide and forever.

The alternative that we called Primary Nursing occurred because "coordinated, individualized and comprehensive" (Manthey, 1980) nursing care could not be achieved in a team system. Discarding this known care structure, a system based on shared responsibility and assigned tasks, was both radical and empowering. The change to primary nursing eliminated one level of nursing supervision, the traditional team leader, and flattened the well-ordered hierarchical structure. Each registered nurse on Station 32 assumed 24-hour responsibility and accountability to plan nursing care for a small group of patients.

The results were positive, totally unplanned and nearly palpable. The staff nurse instantly earned, and claimed, the power to make nursing care decisions. Almost overnight, communication changed to a direct, person-to-person format; physicians discussed patients with the nurse caregiver, not the head or charge nurse. Dramatically, the noise and chaos that typified Station 32 turned to quiet calm.

Independent Thinking

Primary nursing is predicated on the organization theory of decentralization, a concept new to the authoritarian setting of hospitals. Decentralization is the pathway to personal and organizational health and presents a kaleidoscope of challenges that support human learning and growth. Responsibility, authority and accountability are the core principles that underlie the theory of decentralization. When applied to the work of the registered nurse, who is licensed to make independent decisions, the system supports growth and creativity: the right of an individual nurse to function as a responsible adult and to function and be recognized as an innovative, non-controlling leader. Attempts to enact decentralized decision-making by management edict are appalling failures.

Primary nursing is an organizational change that ripples through a system, changing relationships and perceptions of power and promoting individual determination, responsibility for professional nursing practice, and human, patient-focused care.

Throughout these years of serving patients through development of "relationship-based professional practice departments," the role of humanizing the care of people has guided our decisions—both in how to run the business and how to serve our clients. While many of our clients' careers have taken them to four or five hospitals, they have contacted us each time for help establishing a professional practice model in their nursing departments. We have found it incredibly important to "walk the talk," so we strive to incorporate all of our values into all of our transactions.

As you may imagine, this is a tall order. But we have found it pays off. Management for integrity and value-oriented creativity is our most important commodity. Our clients know us by the quality of our relationships with them, and this focus on humanism is who we are as nurses and entrepreneurs.

Primary nursing is designed to use available resources. Patient acuity and census determine only the necessary skill mix and number of staff. A lasting professional component for hospital-based nursing practice comes from good decision making about nurse staffing levels becoming forever separate from the structure to deliver patient care (Manthey, 1991).

When primary nursing mandates a new, strong role for the registered nurse, one that many would claim few are prepared to fulfill, as I advanced in executive positions, I continued to learn about the deep cultural impact of primary nursing.

While primary nursing served a popular solution to serious problems, often implementation was successful on only one or two units in a hospital before resistance developed.

Success is linked to high morale, a cohesive staff willing to become primary decision makers, and a strong, respected and non-controlling leader. Attempts to enact decentralized decision-making by management edict are appalling failures. Primary nursing is an organizational change that ripples through a system, changing relationships and perceptions of power and promoting individual determination, responsibility for professional nursing practice, and human, patient-focused care.

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I had never been interested in business and had consequently paid little attention to how a business operated. Every single decision in those early years was based on woefully inadequate information. I didn’t know when to incorporate, what intellectual property meant, whether to copyright, trademark or mark any idea or process I created.

Nevertheless, in small steps over time, we grew from a single consultant, single company to a multifaceted, international company specializing in a wide variety of organizational development products and services marketed primarily to segments of the health care industry that deliver direct care to people. Our marketing strategy is two pronged, focusing on both interdisciplinary caregivers and the nursing profession.

I am most associated with the development of our leading office.

Primary nursing was a grass-roots miracle.

Primary nursing was a small step over time, we grew from a single-consultant, single-person-to-person pattern; physicians disappeared from the 1970s, the organizational structure of work, but if the individuals are not able to function as responsible adults and if the culture doesn’t support thinking employees, the change process will fail.”

Global

The spread of primary nursing from Station 32 to the world is another miracle. Since 1968, primary nursing has been implemented and ignored, bastardized and internationalized, and in and out of vogue multiple times. The response by grass-roots segments of the nursing profession was strong and immediate, particularly from highly motivated staff nurses and risk-taking, forward-thinking nurse managers.

Meanwhile, educators and mainstream nurse administrators ignored the concept.

Throughout the 1970s, the grass-roots movements spread across the United States from unit to unit, primarily by word-of-mouth but also through obscure journals (Manthey and Kramer, 1970) and the work of early researchers (Marram, 1974). By the early 1980s, the public relations and patient satisfaction benefits began to drive national interest in the concept. Researchers studied cost, outcome and implementation issues. Today, in every developed country and many third world countries, nurses find ways to implement primary nursing.

Understanding the dynamic interplay among responsibility, authority and accountability is critically important to the success of primary nursing. Ignoring or manipulating that interplay results in abuse of power, victim-thinking and a dysfunctional workplace. Empowerment is the result. To me, it means striking a healthy balance between responsibility and authority: Responsible adulthood exemplifies empowerment.

Ultimately, the way an organization operates changes the way people behave—not the other way around. When a culture supports growth, people grow. When a culture values innovation, people innovate. The ability to thrive is directly tied to the culture, with patients did not realize the responsibility an individual nurse could accept and the cultural support within an institution.

Today, Senge (1994) echoes the importance of structure on function and creativity: “It is possible to change the organizational structure of work, but if the individuals are not able to function as responsible adults and if the culture doesn’t support thinking employees, the change process will fail.”

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Throughout these years of serving patients through development of “relationship-based professional practice departments,” the work of humanizing the care of people has guided our decisions—both in how to run the business and how to serve our clients. While many of our clients’ careers have taken them to five or four hospitals, we have contacted each time for help establishing a professional practice model in their nursing departments. We have found it incredibly important to “walk the talk,” so we strive to incorporate all of our values into all of our transactions.

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That's when I first left the well-worn path of classical nursing and began to wander. I experimented with consulting, accepted some temporary assignments and even opened an art gallery. But I never would have guessed the key to my future success would involve feathers.

At the time we moved to the desert my first book, STAT: Special Techniques in Assertiveness Training, was hot off the press. I had no idea the spin-off of writing would be speaking.

Five books and many costumes later, I have presented in 49 of the 50 states and in Canada, England and Australia. While "Melodie Chenevert" may not be remembered, thousands upon thousands of nurses will never forget the Fairy Godnurse, ROBONURSE, Be-All-You-Can-Be Bee, or the Walk-On-Water Woman.

Success did not come overnight. Word spread slowly but steadily. My business grew exponentially. The first year I had two engagements, the next four, then 8, 16, 32, 64, 128.

Ten years ago I commissioned my first painting, "Nursing: Yesterday, Today, Forever." In the evergreen state of Washington, when it became obvious, that while there were jobs available, there were no career opportunities for me. Something snapped. I just couldn't start over again, thinking in two years I'd be uprooted and transplanted.

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Five books and many costumes later, I have presented in 49 of the 50 states and in Canada, England and Australia. While “Melodie Chenevert” may not be remembered, thousands upon thousands of nurses will never forget the Fairy Godnurse, ROBONURSE, Be-All-You-Can-Be, or the Walk-On-Water Woman.

Success did not come overnight. Word spread slowly but steadily. My business grew exponentially. The first year I had two engagements, the next four, then 8, 16, 32, 64, 128.

Yikes! I spent the next years trying to get control of my schedule and keep myself from burning out.

Ten years ago I commissioned my first painting, "Nursing: Yesterday, Today, Forever." It was hot off the press.

Although it took two more large posters. I branched out into note cards and small frame-ables, and I am now concentrating on framed pieces that incorporate vintage art. I spend many happy hours designing, creating and assembling the pieces. And many not-as-happy hours marketing, packaging, shipping, invoicing, answering phones and sweeping floors.

My entrepreneurship grew out of desperation, out of a driving need to create a meaningful, portable and profitable career. I capitalized on all my talents and interests, creating something unique, tailor-made just for me. It’s been a roller-coaster ride of lean years, disappointments, night terrors, exhilaration, fulfillment and more money than I ever dreamed possible.

Successful entrepreneurs are characterized as strong-willed, independent, decisive, risk-taking, energetic self-starters. How flattering. But one expert, Wilson Harrell, contends he has never met an entrepreneur who didn’t have Attention Deficit Disorder. That may help explain why so many small businesses fail.

If you are an aspiring nurse entrepreneur who wants to reduce the risk of failure, I would recommend reading The E-Myth Revisited by Michael Gerber; Working Alone by Murray Felsher; and Work of Her Own by Susan Wittig Albert. They will help you figure out whether you should keep your day job or go for broke.

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THE CLINIC OF Last Resort

BY MARI AH A. TAYLOR

PORTLAND, Ore.—I base my life on a single principle—love for humanity. My love and service stretches to include all segments of humanity—all colors, all creeds, all shapes and sizes, but especially humanity’s children. As founder of the North Portland Nurse Practitioner Community Health Clinic in Portland, I now devote six to seven days every week, and numerous evenings to making house calls, for this entity that I call my ministry.
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My clinic is most frequently called “The Clinic of Last Resort,” for I serve the working poor who seek help only when other personal options have failed them.

The clinic develops and maintains comprehensive pediatric health care for people of diverse cultural groups who have historically not had access to medical services. Pediatric grass-roots primary health services are provided to patients from birth to age 21.

While I once—almost exclusively—served clientele who needed pediatric wellness care, drop-in patients with acute medical crises often make the clinic a first stop.

The leading health problems I treat relate to poverty: 1) ear infections, lead toxicity, anemia, scabies, lice, urinary tract infections; 2) drug-addicted babies; 3) mental health—depression and aggression; 4) pregnancies, maternal wellness, and obstetric issues that are referred; 5) asthma, bronchitis, viral infections and high fevers.

I was born in Atlanta, Texas, and was the ninth child in a family of 16 children. My mother had nine other children after the divorce from my father, bringing the total number of children in my family to 25. My birthplace is the setting for many early memories of warm rain and giant 40 to 100 pound watermelons. Folk superstitions—a mixture of African and Southern—are also vivid recollections. During the harsh rainstorms, I remember the saying, “Hush, the Lord is speaking,” and we opened the front and back doors so the wind could blow all the way through and not destroy the house. The beat of the heavy rain on the tin roof still drums in my memory.

In 1948 my family moved to Portland, where my father had acquired a railroad job. We arrived just in time for the devastating Vanport flood. Only 6 years old at the time, I can still recall people and their belongings being swept along in a rush of water. I had 11 brothers and sisters at that time, and all of my family survived, even two brothers who had been at the movies, though all belongings were lost. My mother was so distressed, she fainted. She prayed and promised God she would never again allow movie attendance on Sunday—the day of the flood—if her children were saved. To-day it has become a family tradition never to attend the movies on Sunday.

I fell into nursing naturally. As a child, I tended my brothers and sisters when they were ill, learning folk medicine by watching my mother. I seldom became ill and, in fact, have not had a cold or the flu for the past 40-plus years. I began formal training the last year of high school in a Portland Community College Licensed Practical Nurse Program. On achieving my LPN (Low Paid Nurse) certification, I immediately sought to complete the associate degree and a registered nurse certificate.

A high school English teacher discouraged my suggestion to become a nurse due to being “black and intellectually inferior.” I took an IQ test to prove my intelligence, and after working hard to improve my deficits by acquiring a tutor in math and spending hours of study at a local resource center, I earned my degree and certification. And, finally I took the proof of this to the English teacher who had misjudged me. The
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<th>Patients</th>
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North Portland Nurse Practitioner Community Health Clinic

University of Colorado. With this kind of certification, I returned to Portland confident that I would find a job. The opposite turned out to be true. At that time, I found that, in general, physicians did not look kindly on nurse practitioners and considered them to be an encroachment and competition in a population oversupplied with medical doctors.

I was unwilling to sink into a syndrome of "they're picking on me," or "it's because I'm black," even though I was told during job interviews, "I can't hire you, because my clients are not accustomed to black providers, and I may lose clients." I was determined to create a job, if I couldn't find one.

Out of this determination, Juretta Webb, another black nurse practitioner, and I decided to open our own clinic for women's and children's health care. We completed a feasibility study and appealed to the Small Business Administration for help. This proved to be futile, as the $125,000 needed could be acquired only if we had $25,000 in hand. Eventually, discouraged, we were forced to dissolve the professional corporation, and we each went our own way.

In 1982, by cleaning up a former dentist's office in lieu of paying rent the first month, I was able to open my own clinic in North Portland. This is where I treat all children, from birth to 21 years, with the highest quality of care, compassion and respect possible. I truly believe health care is a right, and not a privilege, especially for the underprivileged.

I identify with my clients socially, economically, as I rely on food stamps, assistance with food and clothes for my family the first 10 years of this practice. By 1984, the clinic became a United Way agency. Only as of January 1996, was I able to purchase health insurance for myself through a special United Way program. I know the feeling of desperation and futility the poor experience and am able to empathize and provide valuable advice along with the badly needed medical care.

I have the only clinic in Portland where fresh bread, produce, milk and clothes are distributed to families in need. As you enter the clinic on any Thursday and Friday, you will see families gathering fresh produce, exchanging recipes and generally hustling to survive. I have seen an increase of 75 percent in homeless, hungry and sometimes hopeless families in the past year, and have two families sleeping in two different parks, due to lack of shelters being accessible.

Although I am a pediatric nurse practitioner and founded the clinic for well-baby care, people of all ages who are sick and sicker now, show up at my doorstep. Four or five times a day, I call for ambulances. In the past two years, I have seen a dramatic rise in the number of heroin-addicted babies and children.

In the 1980s the clinic was situated in the heart of Portland's black community. Now social needs are dramatically different, and I am preparing to hire Spanish and Russian interpreters to assist me. Then, too, there are swelling demands for the fresh food giveaways and for clinical care. To serve the working poor—the base of my clientele—I will be finding additional space for another nurse practitioner and for cold storage.

My concerns reach beyond the walls of this small clinic, 800 square feet at 5311 N. Vancouver Ave. I am very active in the community and represent the uninsured, the working poor, single parents, teen parents and their social needs which affect our community. I am also active in our church, the same community where most of my clients live, and enjoy my family, con-
teacher's response: "I knew you could do it all the time."

Motivated by academic success and the ending of a marriage, I packed up my three children and moved to Ashland, Ore., where I pursued and completed a bachelor of science in nursing degree at Southern Oregon State College. The years in Ashland proved to be an enriching experience. Though I was one of 18 blacks on a campus of 4,000 students, I found the school and community warm and open-minded. Many of the residents I consider to be part of my extended family. Even today my children, grandchildren and I visit the city with a warm reception. I graduated in 1977.

From Ashland I moved my family to Colorado, where I earned a master's degree and my nurse practitioner certification from the University of Colorado. With this kind of certification, I returned to Portland confident that I would find a job. The opposite turned out to be true. At that time, I found that, in general, physicians did not look kindly on nurse practitioners and considered them to be an encroachment and competition in a population oversupplied with medical doctors.

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In 1982, by cleaning up a former dentist's office in lieu of paying rent the first month, I was able to open my own clinic in North Portland. This is where I continue to practice today, serving the neediest and least likely to pay clients in the greater Portland metropolitan area. Ninety-seven percent of my patients do not have insurance. Earning from $0 to about $1,000 a month, they are the indigent, the homeless, the working poor, the uninsured and the underinsured.

Most of my patients are unable to pay any amount for health care. But with the support of individuals and major foundations, I have been able to keep my clinic doors open to provide health care free of charge. The additional help of one more nurse practitioner and two foreign language interpreters is possible now also.

Each child is treated as my own, and I usually remind the parents, "You may have had the child, but he or she belongs to me and is one of God's little people." I treat all children, from birth to 21 years, with the highest quality of care, compassion and respect possible. I truly believe health care is a right, and not a privilege, especially for the underprivileged.

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Usually 20 to 30 attend to share moments of laughter and family stories. I try to take time for hobbies, drawing still-life sketches, particularly of houses, and gospel singing, another Sunday activity. I sing with the Portland Mass Choir and the Gospel Music Workshop of America.

I was able to take two days off last year for a vacation, and out of almost 118 years, have had one full week off for a vacation. Yet, I derive great fulfillment from having built a place of my own for all people.

While a well-known aphorism states, “God helps those who help themselves,” I truly believe my philosophy is a twist on this idea. I believe, “God helps those who help others.” And every day of my life is spent living up to this conviction.

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INDIANAPOLIS, Feb. 25, 1999—Her survivors are legions of nurse scholars, who understand her imperatives for health care excellence and treasure their professions.

Mary Winifred Tolle Wright, the longest living co-founder of Sigma Theta Tau International, died Feb. 20 at age 98 in John Knox Village, Weslaco, Texas.

Women’s rights, World War I, and the influenza epidemic were the greatest influences affecting her creation of a society of scholars to uplift nursing standards.

Mrs. Wright and five other classmates at Indiana University Training School for Nurses, now Indiana University School of Nursing, formed Sigma Theta Tau in Indianapolis in 1922. Now the organization includes more than 260,000 nurses throughout the world. She is recognized as a leader in the science of nursing and a pioneer ahead of her time.

“Mary Tolle Wright was the driving force behind Sigma Theta Tau International,” said Nancy Dickenson-Hazard, executive officer. “She believed in a place to which those preparing for nursing careers should aspire and once there, a place that would help develop them. She was dubbed the ‘ring leader’ by her five colleagues.”

At a new member induction ceremony for Indiana University’s Alpha chapter in 1969, Mrs. Wright offered her reasons for forming the society: “We were disturbed that some of our potentially excellent students in the school were finding themselves disillusioned in the daily routines and classes, with perhaps a feeling that there was really no reward for excellence in performance. We were perplexed. Even now, the making of a dream was in the offing, both with groups as well as individuals. Even then, without knowing it, we were reaching out for professional posture ...

“We felt that we six student nurses might fulfill a great need for our school, indeed for nursing,” she said.

After graduating from Indiana University in 1928, Mrs. Wright accepted a nursing job in Houston, Texas, found through a newspaper advertisement.

After moving to Texas, however, she grew disillusioned as a hospital staff nurse and felt isolated. She wanted to be out among city residents to meet more people. She
joined the Houston nursing registry and signed on for work in the community, hospitals and homes. After three months, she changed jobs again and accepted a position with a physician in College Station, Texas. He and his wife, who was a nurse, practiced medicine in their home, including surgery. There, Mrs. Wright took part in her first delivery and surgical operation since graduation.

Now in a more rewarding position in College Station, she met her future husband, John Lloyd Wright Sr., home from W.W.I. and studying agriculture at Texas A & M University. They married in 1925, the year he graduated. His successful career with the U.S. Department of Agriculture affected her own professional choices.

He accepted a post in Little Rock, Ark., where they lived 30 years, raising two sons: William, now a retired dental researcher at Texas A & M, and John Jr., now retired chief nurse of the Mobile Blood Bank, executive secretary for the American Association of Blood Banks, and a member of Phi Tau Sigma.

Mrs. Wright was director of nursing and dean of the school of nursing at Little Rock's Arkansas Baptist Hospital. She was also chief nurse of the Mobite Blood Bank, executive secretary for the Arkansas State Nursing Association and the Arkansas State Board of Examiners. For Arkansas Baptist Hospital's nursing program, Mrs. Wright defined—through her actions—the look, promise, science and unlimited hopes of the professional nurse.

"Mrs. Wright, as the director of nursing, was my role model. She taught me what professional nursing is, while I was studying to be a diploma nurse," said Billye Brown, past president of Sigma Theta Tau International.

"She created an environment within the school conducive to thinking positively about one's self and one's self-worth as a nurse," Dr. Brown said.

She began the school's first Character and Scholarship Award in nursing, which went to Dr. Brown. At graduation, Dr. Brown recalled the way Mrs. Wright celebrated the worthiness of nurses and their accomplishments. "She made me believe that I could do more than I had set my sights on," Dr. Brown said. "She made all of us feel that way." Retired hospital executive Patricia Dancy Tyler, RN, BSN, MA, North Little Rock, was also Mrs. Wright's former student. She, too, built her career by emulating her. "Mrs. Wright always had a smile on her face when she met you," Ms. Tyler said. "This person, who was so gentle, and so kind and understanding, yet firm, expected everything from you as a student and a nurse. You knew that's what you wanted to be, when in a similar position," Ms. Tyler said.

"I dropped a whole vial of morphine on the floor as a student. Mrs. Wright was understanding about that. She did not chastise me but talked to me firmly, but kindly. I was a freshman and had just gotten my cap," Ms. Tyler said. "However, she did say, kindly, she hoped the F.B.I. would not come down on me."

How nurses speak—quietly and professionally—and look—clean and starched—was important to her. She herself was known for being starchy but not stiff. Outside of hospital nursing, Mrs. Wright was a tireless Red Cross relief volunteer. "During the floods of the Arkansas River in the '30s, my mother took blankets and food to the homeless at Squatters Island. She took my brother and me, in pre-school at the time, with her so we would understand the people and their needs," Dr. Wright said.

The Wrights left Arkansas in the 1950s, when the State Department named John chief agricultural officer. Mrs. Wright began work as a consultant for the U.S. Overseas Aid Mission. It was sent to Kathmandu, Nepal, from 1955 to 1957 at a time when foreigners were banned. The Wrights lived in Nepal's royal palace for two years. Mrs. Wright provided nursing care, unofficially, to the queen during an illness.

The U.S. government sent them to Monrovia, Liberia, from 1957 to 1959, and to Kabul, Afghanistan, from 1959 to 1960. They retired to Bayview, Texas, in 1962, where they lived in a home on the river with their own small island and a boat dock. There, they grew citrus trees and vegetables, and raised catfish. John was elected mayor of the small, country town. John Jr.'s work for the oil company in Beaumont, Texas, brought family close to them. Family, football at nearby Texas A & M, and farming became their life. In 1978, the Wrights moved to John Knox Village, a retirement community, where John died in 1994.

Mary Tolle, of Welsh and Scottish descent, was born July 14, 1900, to Ivory Cutsinger Tolle and Martha Arbuckle Tolle in Brownsburg, Ind. The Tolle's had three children: son Laurayne A., the oldest; Mary, a year younger; and Rebecca E., 10 years younger than Mary. All three attended Indiana University. Laurayne was an award-winning editor and newspaper columnist in Indianapolis. Rebecca married university educator Dr. Burton Gorman and moved to Kent, Ohio, and Nashville, Tenn., where they raised three sons.

The Tolle's surrounded their children with fine music, classical concerts and fine books. Her father, an affluent undertaker, owned two funeral homes—one in Brownsburg and one in nearby Lebanon, where the family soon moved. Mr. Tolle's mother was from a well-known Brownsburg family with noted Purdue University alumni.

Mr. Tolle had a fine tenor voice, marvelous sense of humor and unending patience, Mrs. Wright once wrote. "They were stately and reserved," said Dr. William Wright. "My grandparents were strict; there were rules." All of these characteristics came to affect the development of nursing and Sigma Theta Tau.

Dr. Wright, for instance, was reared on his mother's impeccable attention to neatness and organisation, which translates into essential environments for the practice of medicine and nursing. Ruthless years in the first part of the 20th century also cemented her ideas for nursing. In a 1976 interview for Sigma Theta Tau, Mrs. Wright recalled world events affecting her while in high school. "I was 14 when Germany declared war on Russia and France, and the shock of it is still clear in my memory. Then followed the sinking of the Lusitania, the entry of Britain into the war, the raging civil war in China, the Russian Revolution, and the United States declaration of war on Germany," Mrs. Wright wrote. She became a Red Cross volunteer.

"I sometimes wonder if I might have gotten some special impression (for nursing) from one of the most popular wartime songs: 'Through the war's great curse stands the Red Cross nurse. She's the rose of no man's land.' "Then followed the 1918-1919 worldwide flu epidemic. With horror and awe we saw neighbors, friends and classmates stricken and literally dying overnight. In the recovery period, things would never be the same," Mrs. Wright expressed.

She was right. This future nurse began a journey to develop nursing professionals who would forever improve the care of people and mitigate human disasters through knowledge.

Mrs. Wright will be inurned at Arlington National Cemetery next to her husband, 2nd Lt. John Lloyd Wright Sr. Besides Rebecca Gorman of Orange City, Fla., John L. Wright Jr. of Kingswood, Texas, and Dr. William Elliott Wright of Rockville, Md., she is survived by five grandchildren and nine great-grandchildren. At the family's request, memorial in her honor may be made to Sigma Theta Tau International, 550 West North St., Indianapolis, Ind., U.S.A. 46202. —by JUDE GOSNELL
joined the Houston nursing registry and signed on for work in the community, hospitals and homes. After three months, she changed jobs again and accepted a position with a physician in College Station, Texas. He and his wife, who was a nurse, practiced medicine in their home, including surgery. There, Mrs. Wright took part in her first delivery and surgical operation since graduation.

Now in a more rewarding position in College Station, she met her future husband, John Lloyd Wright Sr., home from W.W.I. and studying agriculture at Texas A & M University. They married in 1925, the year he graduated. His successful career with the U.S. Department of Agriculture affected her own professional choices.

He accepted a post in Little Rock, Ark., where they lived 30 years, raising two sons: William, now a retired dental researcher for the National Institutes of Health, and John Jr., now retired from chemical engineering and management positions for Mobil Oil Corporation.

Mrs. Wright was director of nursing and dean of the school of nursing at Little Rock’s Arkansas Baptist Hospital. She was also chief nurse of the Mobile Blood Bank, executive secretary for the Arkansas State Nursing Association and the Arkansas State Board of Examiners. For Arkansas Baptist Hospital’s nursing program, Mrs. Wright defined—through her actions—the look, promise, science and unlimited hopes of the professional nurse.

“Mrs. Wright, as the director of nursing, was my role model. She taught me what professional nursing is, while I was studying for the National Institutes of Health, and John Jr., now retired from chemical engineering and management positions for Mobil Oil Corporation.

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"Mrs. Wright, as the director of nursing, was my role model. She taught me what professional nursing is, while I was studying to be a diploma nurse," said Billye Brown, past president of Sigma Theta Tau International.

"She created an environment within the school conducive to thinking positively about one’s self and one’s self-worth as a nurse," Dr. Brown said.

She began the school’s first Character and Scholarship Award in nursing, which went to Dr. Brown. At graduation, Dr. Brown recalled the way Mrs. Wright celebrated the worthiness of nurses and their accomplishments. "She made me believe that I could do more than I had set my sights on," Dr. Brown said. "She made all of us feel that way."

Retired hospital executive Patricia Dancy Tyler, RN, BSN, MA, North Little Rock, was also Mrs. Wright’s former student. She, too, built her career by emulating her. "Mrs. Wright always had a smile on her face when she met you," Ms. Tyler said.

"This person, who was so gentle, and so kind and understanding, yet firm, expected everything from you as a student and a nurse. You knew that’s what you wanted to be, when in a similar position," Ms. Tyler said.

"I dropped a whole vial of morphine on the floor as a student. Mrs. Wright was understanding about that. She did not chastise me but talked to me firmly, but kindly. I was a freshman and had just gotten my cap," Ms. Tyler said. "However, she did say, kindly, she hoped the FBI would not come down on me.

"How nurses speak—quietly and professionally—and look—clean and starched—was important to her. She herself was known for being starchy but not stiff.

Outside of hospital nursing, Mrs. Wright was a tireless Red Cross relief volunteer. "During the floods of the Arkansas River in the ’30s, my mother took blankets and food to the homeless at Squatters Island. She took my brother and me, in pre-school at the time, with her so we would understand the people and their needs," Dr. Wright said.

"The Wrights left Arkansas in the 1950s, when the State Department of Better American relationships officer. Mrs. Wright began work as a consultant for the U.S. Overseas Aid Mission. He was sent to Kathmandu, Nepal, from 1955 to 1957 at a time when foreigners were banned. The Wrights lived in Nepal’s royal palace for two years. Mrs. Wright provided nursing care, unofficially, to the queen during an illness.

"The U.S. government sent them to Monrovia, Liberia, from 1957 to 1959, and to Kabul, Afghanistan, from 1959 to 1960. They retired to Bayview, Texas, in 1962, where they lived in a home on the river with their own small island and a boat dock.

"There, they grew citrus trees and vegetables, and raised catfish. John was elected mayor of the small, country town. John Jr.’s work for the oil company in Beaumont, Texas, brought family close to them. Family, football at nearby Texas A & M, and farming became their life. In 1978, the Wrights moved to John Knox Village, a retirement community, where John died in 1994.

"Mary Tolle, of Welsh and Scottish descent, was born July 14, 1900, to Ivory Cutsinger Tolle and Martha Arbuckle Tolle in Brownwood, Ind. The Tolle had three children: son Laurayne A., the oldest; Mary, a year younger; and Rebecca E., 10 years younger than Mary. All three attended Indiana University. Laurayne was an award-winning editor and newspaper columnist in Indianapolis. Rebecca married university educator Dr. Burton Gorman and moved to Kent, Ohio, and Nashville, Tenn., where they raised three sons.

The Tolles surrounded their children with fine music, classical concerts and fine books. Her father, an affluent undertaker, owned two funeral homes—one in Brownwood and one in nearby Lebanon, where the family soon moved. Mrs. Wright’s mother was from a well-known Brownwood family with noted Purdue University alumni.

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The information and photos in this article are from John Wright Jr., Dr. William Elliott Wright, Dr. Billye Brown, Ms. Pat Humery Faye, Sr. Rosemary Donley, S.C., and the Virginia Henderson International Nursing Library.

Mary Tolle Wright—a nursing pioneer for scholars.

1900 Mary, of Welsh and Scottish descent, was born July 14, 1900 to Ivory C. Tolle and Martha Arbuckle Tolle in Brownwood, Ind.

1917 The Tolles had three children. Mary at age 13 is with her sister Rebecca.

1924 Mary pictured here as a young nurse at age 23.

1918 Mary as a Lebanon High School Senior at age 18.

1976 Queen Devi, right, attends the Wright’s July 4 open house at U.S. Overseas Mission headquarters in Nepal.

1975 John and Mary Wright celebrate their 50th wedding anniversary.
The resulting resistance greatly limits future treatment options due to the selection for mutant strains of the virus. Assuring adherence to combination therapy is a multifaceted challenge for the nurse who works with persons with HIV/AIDS. Adding to this already remarkable challenge are the complex life situations, such as homelessness, active substance abuse or mental illnesses.

Carol Imbriano, an HIV nurse working in a large community health center in the Northeast, recognized the challenge that many of the HIV seropositive clients would have in adhering to a stringent medication regimen. Having worked with these clients for several years, she knew that they would need support and assistance if they were going to be successful with combination therapy with protease inhibitors.

She questioned whether or not a strong patient/nurse alliance supporting an intervention consisting of an educational counseling session, a contract for adherence and follow-up sessions might work with her disenfranchised clients. She also recognized that such an intervention would require much time and effort on the part of the HIV nurse, so she needed to demonstrate its effectiveness.

It was at this point that she invited Dr. Cecelia Grindel to participate in the development of a research proposal that would examine the effectiveness of a patient/nurse alliance on adherence with HIV protease inhibitors treatment therapies.

The next step will be to refine the intervention and attempt to implement it with a larger number of participants. References


Carol Imbriano, R.N., BSN, at the time of this study was an HIV nurse specialist in clinical care for a community health clinic in Boston. She currently is a clinical research nurse for the Community Research Initiative, which conducts HIV protocols in Boston. Cecelia Grindel, B.N., M.D., is an associate professor at Georgia State University School of Nursing in Atlanta.
BY CAROL IMBRIANO AND CECELIA GRINDEL

The following research was funded by a 1996 Sigma Theta Tau International—Glass Wellcome New Investigator Mentor Grant.

BOSTON—Protease inhibitors are the latest addition to the health resources of antiretroviral medications. These medications used in combination with other antiretrovirals (combination therapy) have proved to be highly effective treatment for HIV infection and are currently considered the state-of-the-art treatment for advanced HIV infections (Carpenter, 1996). However, the key to slowing the progression of the destructive effects of HIV on the immune system is consistent, individualized antiretroviral therapy. Combination therapy requires strict adherence to multiple daily dosing with numerous pills. Nonadherence to treatment impacts not only the desired reduction in viral load, but is correlated with resistance to other protease inhibitors and an overshooting of pre-treatment viral load levels. The resulting resistance greatly limits future treatment options due to the selection for mutant strains of the virus. Assuring adherence to combination therapy is a multifaceted challenge for the nurse who works with persons with HIV/AIDS. Adding to this already remarkable challenge are the complex life situations, such as homelessness, active substance abuse or mental illnesses.

Carol Imbriano, an HIV nurse working in a large community health center in the Northeast, recognized the challenge that many of the HIV seropositive clients would have in adhering to a stringent medication regimen. Having worked with these clients for several years, she knew that they would need support and assistance if they were going to be successful with combination therapy with protease inhibitors. She questioned whether or not a strong patient/nurse alliance supporting an intervention consisting of an educational counseling session, a contract for adherence and follow-up sessions might work for her disenfranchised clients. She also recognized that such an intervention would require much time and effort on the part of the HIV nurse, so she needed to demonstrate its effectiveness.

It was at this point that she invited Dr. Cecelia Gatson Grindel to participate in the development of a research proposal that would examine the effectiveness of a patient/nurse alliance on adherence with HIV protease inhibitors treatment therapies. The proposal for testing the intervention was developed after several meetings. The clinician, Ms. Imbriano, discussed the combination therapies, the special characteristics of her patients and the intervention that she thought would make a difference in adherence. The researcher, Dr. Grindel, supervised the research process onto the clinician’s project by assisting her in refining the research questions, standardizing the intervention, developing data collection forms and identifying the plan for data analysis. Thus began a process of research mentoring. The novice took responsibility for actually writing the grant proposal, while the veteran researcher edited it and requested clarification when necessary.

As a result of this collaborative effort, a one-group longitudinal pilot study was proposed to identify and manage adherence to protease inhibitor combination therapy. Planned was a convenience sample of 30 adult patients with AIDS in an urban, community health center outpatient clinic. Grounded in a strong patient/nurse alliance, the intervention included a counseling session with education modules that could be individualized to the patient’s needs (e.g., current knowledge, lifestyle).

Following completion of the education modules, a patient would identify actual and potential barriers to adherence. Collaborative goal-setting between the patient and the nurse followed, with the development of a written contractual agreement that outlined strategies to manage the identified barriers. The HIV nurse telephoned the patient for the initial follow-up session 1 week after completion of the education/counseling session. Follow-up interactions were scheduled monthly for 6 months. These sessions included a review of the barriers and the effectiveness of the strategies, as well as confirmation of the patient’s knowledge about his treatment protocol. As new barriers were identified, the contractual agreement was modified to include new strategies to manage each actual and/or potential barrier. The patient’s viral load data were collected from the medical record to support the treatment adherence.

Throughout the implementation process, the research duo consulted on a regular basis. The novice managed the project in her clinical setting while the veteran served as a consultant. Because adherence could be assessed and medications were arranged with protease inhibitors, there was no difficulty obtaining patients.

The study did have some obstacles. Midway through the project, the HIV clinic changed the model of care from a primary HIV nursing-based model to a primary physician-based model. Cutbacks in funding also forced the loss of two of the nurse/physician pairs. Although this trial time altered the protocol, all subjects who worked were concerned about missing their midday dose in a three times per day regimen. Some were concerned they would forget; others were concerned about the confidentiality issues related to taking the medications at work. Strategies were developed that met the needs of the subjects were implemented. For some, a pill beeper was provided, while others preferred reminder telephone calls from the nurse during the first week. Others were assisted in associating medication time with some other activity at work that occurred at dosage time.

A majority of the subjects reported an emotional response to following the treatment protocol. Most of these responses were related to having the disease and the burden of taking the medications. In some instances, a current life stress (e.g., domestic conflict, difficult family situations) initiated the emotional response. The key strategy to managing these responses was more frequent contact with the nurse for support, encouragement and reinforcement. These contacts included telephone calls as well as scheduled or "drop in" visits.

Lower viral loads Some patients were comfortable with the monthly follow-up sessions, while about 60 percent needed more frequent contacts with the nurse. Most of the participants were fairly knowledgeable about the combination therapy after the first education/counseling session; however, five (16.7 percent) subjects who were cognitively challenged needed weekly contacts, more education reinforcement and medication refills. During these visits, adherence could be assessed and medications were arranged for the following week. Interestingly, these subjects were highly motivated and did adhere to the treatment protocol.

A more objective indicator of the subjects’ adherence to the treatment protocol was viral load measures. These data were collected after one month of protease inhibitor therapy and every three months thereafter. All patients had a reduction in viral load after beginning protease inhibitor treatment. The sustained effect of these measures was most indicative of effective and proper dosing.

The next step will be to refine the intervention and attempt to implement it with a larger number of participants.

References

Carol Imbriano, B.S., M.S., is a Boston nurse who conducts an HIV research initiative in her clinical setting. She is currently a fellow in clinical research for the Community Research Initiative which conducts HIV protocol in Boston. Cecelia Gatson Grindel, B.N., M.D., is an associate professor at Georgia State University School of Nursing in Atlanta.
Virginia Henderson International Nursing Library

Online journal has new look, format
Jane H. Barnsteiner

The Online Journal of Knowledge Synthesis for Nursing will soon have a new look and home. Publication of the journal is being brought in-house. Since the inception of the journal in 1994, electronic distribution to subscribers has been contracted through the Online Computer Library Center (OCLC). We now have in place at our international headquarters the technical systems for access, storage and retrieval that are required to support journal distribution. These advances in electronic publication technologies will allow our headquarters staff to deliver a more comprehensive journal such as an editorial page, letters to the editor, advertising, an authors’ forum site, and two special columns that relate specifically to education and practice.

The strength of bringing the publication in-house is that it provides us with the ability to adapt to meet the needs of our readers. The journal will continue to be available by subscription. The goal of the online journal is to facilitate timely dissemination of synthesized knowledge. We believe that by bringing the journal in-house, we will be able to better serve the organization and meet this goal more effectively. Information may be obtained through the Sigma Theta Tau International web site at www.stti.iupui.edu/library, or by requesting subscription information through the Library Department at headquarters.

Jane H. Barnsteiner, RN, PhD, FAAN, is editor of Sigma Theta Tau International’s The Online Journal of Knowledge Synthesis for Nursing.

THE RESEARCH VOCABULARY OF NURSING
New to nursing and Directory of Nurse Researchers
Judith R. Graves

Our research vocabulary is composed of the variables and concepts used in the studies that are in the Registry of Nursing Research. The terms tell us exactly what is being studied and measured in nursing and, in addition, serve as a direct link to the knowledge generated by our research (see the Index of Registry Variables and Concepts in the Virginia Henderson International Nursing Library). Over ensuing years, we will see new terms appear in this vocabulary and see some terms disappear. These changes will reflect current nursing concerns and issues of practice, new entities of interest and new terminology for existing entities, “folding in” and synthesis of existing concepts, funding trends and other social and cultural antigens. Unlike a classification system or even a thesaurus based on a conceptually derived hierarchy of terms, this is a ground-up, natural language, if you will, arising directly from the quest for knowledge in nursing. Further, because the registry also collects unpublished work, the resulting language is far more representative of nursing research than it would be if based only on the published literature. Soon on the World Wide Web, look for: www.stti.iupui.edu/library. Click on “Navigator” on the screen’s left, then “Technical Papers,” and “Nursing Research Vocabulary.”

Judith R. Graves, RN, PhD, is scholar-in-residence at Sigma Theta Tau International’s Virginia Henderson International Nursing Library.

Senior fellows will be selected according to the strength of a well-developed plan and the society’s ability to assist them in carrying out the plan. Senior fellows will be entirely individualized without any planned group activities. Examples of senior fellow plans include: a sabbatical for a faculty member; an agreement for a clinician to work with an expert in their field, or a private nurse interested in pursuing a new professional interest.

Chiron was created by a work group of members led by Dr. Fay L. Bower and is part of the International Leadership Institute’s new CareerMap program. Named for Chiron, the centaur in classical western mythology who was a mentor to Aesculapius, Achilles and Hermes, this new mentor-leader forum offers members an invaluable resource for individualized leadership development.

For information, contact the International Leadership Institute, by telephone at: 1.888.634.7575 (U.S. and Canada); 1.800.634.7575.1 (Global); Fax: 317.634.8188; E-mail: leadership@stti.iupui.edu

Dr. Peplau was a member of the American Nurses Association since 1931 and worked tirelessly for more than four decades on various programs and projects for the ANA. Her wisdom and insight were sought repeatedly and she responded with well-reasoned, influential and highly articulate suggestions for direction and improvement of practice and organizational design. She was ANA Executive Director from 1969 to 1970 and its president from 1970 to 1972, making her the only nurse to have served in both positions.

She also served on many committees and commissions with the U.S. Public Health Service; U.S. Department of Health and Human Service’s Division of Nursing; National Institute of Mental Health; World Health Organization; U.S. Army, and psychiatric organizations.

She recently was honored by the American Academy of Nursing as a Founding Living Legend, by the International Council of Nurses with the esteemed Christiana Reimann Award and was inducted into the American Nurses Association’s Hall of Fame.

She will be remembered as a nurse leader with the highest integrity, respected by professional peers and nursing colleagues in their disciplines and professions. She will be fondly remembered, and sorely missed by countless people.

Memorials on her behalf may be sent to: Hildegard E. Peplau Endowment Fund, American Nurses Foundation, ANA Headquarters, 600 Maryland Ave. SW, Washington, DC, 20024-2571, or to the Schlesinger Library, Radcliffe College, Harvard University, 10 Garden St., Cambridge, MA, 02138-2630. 

Shirley A. Smoyak, RN, PhD, FAAN, is a professor at Rutgers University School of Nursing and Public Policy and the editor of the Journal of Psychosocial Nursing and Mental Health Services.
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Hildegard E. Peplau
WAS MENTAL HEALTH NURSING INNOVATOR

BY SHIRLEY A. SMOYAK

This article is reprinted and adapted with permission of the Journal of Psychosocial Nursing and Mental Health Services.

Hildegard E. Peplau, RN, EdD, FAAN, 89, a pioneer in the development of the theory and practice of psychiatric and mental health nursing, died at her home in Sherman Oaks, Calif., March 17, 1999.

Her influence reaches far beyond nursing. She persuaded university administrators, researchers, government officials, hospital and clinic chiefs, and funding agencies that there was more to the human mind and person than biological brain cells and structures.

Her classic book Interpersonal Relations in Nursing, published in 1952, has been translated in Europe, Central and South America, Africa and Asia. "Nursing is a process that is both interpersonal and therapeutic," she wrote. "The personal relationship in nursing provides for meeting the individual's needs and assists two persons with different goals (RN and patient) to develop or assume congruent goals." Dr. Peplau's distinguished achievements blend humanistic intervention and scientific formulation. The "nurse-patient relationship" was an idea introduced by Dr. Peplau nearly a half-century ago, when patients actively participating in care was considered novel. Today this approach is integrated and embedded into all levels of nursing education and practice.

She was active in the early promotion and development of research in nursing, serving on many grant and review panels and provided consultation to the National Institute of Mental Health. Her own empirical research has resulted in personal relationship in nursing provides for meeting the individual's needs and assists two persons with different goals (RN and patient) to develop or assume congruent goals." Dr. Peplau taught the first classes for graduate psychiatric nursing students at Teachers College, Columbia University in the early 1950s. From 1954 to 1974, she joined the Rutgers University Faculty of Nursing. She was the recipient of a living legend, by the International Council of Nurses; World Health Organization; U.S. Army, and psychiatric organizations.

She recently was honored by the American Academy of Nursing as its Living Legend, by the International Council of Nurses with the esteemed Christiana Reimann Award and was inducted into the American Nurses Association's Hall of Fame.

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Shirley A. Smoyak, RN, PhD, FAAN, is a professor at Rutgers University School of Nursing and Public Policy and the editor of the Journal of Psychosocial Nursing and Mental Health Services.
Appreciated securities: an ideal way to give

By Pamela Jones Davidson, J.D.

Gifts of appreciated securities or real estate can be an extremely advantageous way to support the work of nonprofit organizations such as Sigma Theta Tau. If you have held the appreciated asset for at least one year and you itemize, your charitable contribution will entitle you to an income tax deduction equal to the fair market value on the day of the gift.

In the year of the gift, you will be limited to a maximum charitable income tax deduction of 30 percent of your adjusted gross income. Basically on the day you make the gift, you may designate, against its full fair market value and not as first reduced by capital gains tax.

This alone means greater income during your lifetime, an exceptionally attractive option for meeting personal financial planning goals. The charitable income tax deduction for a life income arrangement is actuarially determined, depending primarily on the number and ages of life income beneficiaries and the arrangement's rate of return.

If the life income arrangement provides for income to be paid just to you and your spouse, the value of this arrangement will be excluded from taxation in your estate, due to the marital and charitable deductions. There can be some inclusion in your estate if the income is for a non-spouse, but your estate would still be entitled to a deduction for what is essentially the charitable remainder value remaining after that survivor's life income interest.

We invite your inquiries about these and other attractive planned gift options. We can discuss with you how using appreciated securities or real estate will apply to your own circumstances, and options to consider in meeting your financial and philanthropic objectives. We can also prepare calculations of approximate rates of return and tax implications relevant to your personal situation. Such inquiries will be treated in confidence. For more information, contact Linda Brinimer toll free at 1.888.634.7575 (U.S. and Canada); 1.800.634.7575.1 (global).

Many contributors direct their stockbrokers to transfer a certain number of shares to the brokerage account of Sigma Theta Tau International. Donors who have actual physical control of their stock certificates can mail those to Trinity. A significant advantage is that such giving cannot be underestimated. The hallmark of a philanthropist is that through your generosity, Sigma Theta Tau pin, networking with and involving chapter members in your volunteer efforts promote the expansion of the mission of Sigma Theta Tau International. Skills learned in leadership seminars at Sigma Theta Tau conferences are transferable. Giving of a bit of ourselves may be seen as part of what we, as members, have to offer to mankind and nursing.

New Virginia Henderson Fellows
Rojaan R. Alpea, RN, PhD, Kristin Donlan, RN, BSN, CCRN; Karen Grisby, RN, PhD, Bonnie J. Kellogg, RN, PhD; Cheryl Deremerath Learn, RN, PhD; Carol Leger Pickard, RN, PhD; Demetruis J. Poreche, RN, DNS, CS, Jennifer C. Robinson, RN, MSN; Connie S. Wilson, RN, and Carolyn B. Yucha, RN, PhD, are now esteemed Virginia Henderson Fellows.

Virginia Henderson Fellow Cyndi McCullough, center, was an irresistible force at the Oklahoma City Regional Conference, motivating colleagues Kristin Donlan, left, and Connie Wilson to join her as Virginia Henderson Fellows.

Looking for unrestricted bequest language for your will?

*I give, devise and bequeath the sum of $____ or ____ percent of the residue of my estate to Sigma Theta Tau International, Inc., Honor Society of Nursing, a nonprofit organization with principal offices in Indianapolis, Indiana, to be used in furtherance of its charitable mission in developing professional excellence in practice, research, scholarship and leadership to enhance world health.*
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You will also avoid capital gains recognition on gifts of long-term appreciated securities and real estate. This advantage is enjoyed only if you make a gift of the appreciated asset itself, rather than a gift of proceeds (this means that you transfer to the charitable organization all, or a portion, of your appreciated securities or real estate will apply to your own circumstances, and options to consider in meeting your financial and philanthropic objectives. We can explore calculations of charitable deduction limits based on the donor's age, income, and other factors.

We often view the giving of money as the hallmark of a philanthropist. The value of such giving cannot be underestimated. The program and activities made possible by such giving serve as major sources of pride for us as members of Sigma Theta Tau International. However, a desire to be of service to Sigma Theta Tau, the nursing profession and to mankind, in general, may appear in many different forms. This article's aim is to encourage you to expand your view of philanthropy.

I was honored to win the 1996 Region Seven Research Dissemination Award and the 1997 International Research Dissemination Award based on work that began with my willingness to serve as a volunteer. In 1992, I was asked to serve as volunteer chairperson for one of four work groups that would work as part of the North Carolina Breast and Cervical Cancer Control Coalition. The coalition is a collection of organizations and individuals working to improve access to health services and care to women at highest risk for morbidity and mortality from breast and cervical cancer.

The Professional Education Work Group was an interdisciplinary group including individuals that represented nursing, medicine, health education, radiology and even a state senator. The group was charged to identify areas of educational need for the state's providers and develop strategies to meet those needs.

Over the past five years, the work group has developed guidelines for colposcopy and breast health care that were adopted by the state health departments. The work group's accomplishments include training hundreds of public health nurses in physical assessment, providing oversight in implementing standards for mammography quality and education programs for primary care providers on various aspects of breast and cervical health care.

I had the honor of serving as chairperson for the entire coalition for the past three years. As chairperson, I have expanded the group's focus with greater involvement in state policy development and creation of partnerships with private businesses. Giving of your time and talents, in addition to giving of your money, is philanthropy. Wearing with pride your Sigma Theta Tau pin, networking with and involving chapter members in your volunteer efforts promote the expansion of the mission of Sigma Theta Tau International. Skills learned in leadership seminars at Sigma Theta Tau conferences are transferable. Giving a bit of ourselves may be seen as part of what we, as members, have to offer to mankind and nursing.

New Virginia Henderson Fellows

Rojann R. Alpers, RN, PhD, Kristin Donlan, RN, BSN, CCRN; Karen Grigby, RN, PhD, Bonnie J. Kellogg, RN, PhD; Cheryl Demerath Lear, RN, PhD; Carol Leger Pickard, RN, PhD; Demetrious J. Purche, RN, DNS, CS; Jennifer C. Robinson, RN, MSN; Connie S. Wilson, RN, and Carolyn B. Yucha, RN, PhD, are now esteemed Virginia Henderson Fellows.

Virginia Henderson Fellow Cyndi McCullough, center, was an irresistible force at the Oklahoma City Regional Conference, motivating colleagues Kristin Donlan, left, and Connie Wilson to join her as Virginia Henderson Fellows.

Looking for unrestricted bequest language for your will?

"I give, devise and bequeath the sum of $____ /or ____ percent of the residue of my estate to Sigma Theta Tau International, Inc. Honor Society of Nursing, a nonprofit organization with principal offices in Indianapolis, Indiana, to be used in furtherance of its charitable mission in developing professional excellence in practice, research, scholarship and leadership to enhance world health."
Sigma Theta Tau Strategic Planning

Viewpoints

By Jeanne Floyd

INDIANAPOLIS—Consider that the majority of society members are involved in clinical practice and are attuned to new information systems. If Sigma Theta Tau is to meet the immediate professional development and clinical needs of practicing nurses, the information demands on the organization could approach intimidating levels in the near future.

As part of its strategic planning process, Sigma Theta Tau has gained nurses' views about the society's future role in information technology. Of note is the prevailing sense of enthusiasm that accompanies their statements of urgency. In the past, Sigma Theta Tau International and a nurse practitioner in the near future.

web. Most of my colleagues and students envision an organization that addresses aid learning and innovation. She defines "knowledge management" as the use of current technologies that aid learning and innovation.

Similarly, strategic planning survey respondents envision an organization that addresses members' information needs through technologically advanced services.

"I think we'll reach people through the web. Most of my colleagues and students get their information that way. So do patients," states Nurse Hoehl. Sappenstein of Maryland.

"The future demands that the society communicate a broad picture of the nursing profession. Forums are needed where we can discuss issues and exchange ideas. Sigma Theta Tau International provides an excellent arena to initiate this agenda," states nurse practitioner Georgia Steinem of Indiana.

"Discernate research findings widely around the world on the web. We have an exciting new century upon us. Let's engage the network, no one is too old to learn how to access new communication methods. As an example, Ms. Dickenson-Hazard cites a fond memory: "I'll never forget when I visited with Virginia Henderson. I took a demonstration of the electronic library. When she saw her reflection speaking back to her from a laptop computer screen, she wanted to know how that was done."

"Her curiosity for learning, even about technology when she was 96 years old, speaks epistles to me about the value and need not to be afraid to try new things. We have to instill that type of curiosity in our members across generations," Ms. Dickenson-Hazard says.

Sigma Theta Tau International Director Marla Salmon cautions that the promise of technology also bears the potential to increase the gap between the haves and the have-nots.

"It is incumbent upon nursing as a profession to assure that technology is a shared resource for all, not only a tool for the elite. This has special meaning for Sigma Theta Tau International as it seeks to assure that nursing's scholarship and knowledge edge serves all nurses worldwide and enables the advancement of practice everywhere," Dr. Salmon says. "The society will be expected to provide leadership in this area, a type of leadership that reflects our core mission and values."

Technology advancements call for new levels of collaboration. Sigma Theta Tau International Director Daniel Peut says that "web-based and web-supported technological innovations are in vogue today, yet the future is likely to give way to more digital and video-based conferencing supported by satellite distribution."

"Such innovations are facilitating forces that will support the creation of perhaps unusual and synergistic alliances among associations, organizations and institutions. As alliances are created, it is vital that associations and organizations be clear about their identities, missions and visions, so that they can focus resources on the development of value-added services, programs and partnerships for members at large," Dr. Peut says.

Scholars at the chapter level validate needs for networking and forming alliances. For example, chapter president Elaine Miller at the University of Cincinnati held a strategic planning discussion during Beta Iota—Sigma Theta Tau International Day in Ohio. New members offered their global views.

"The development of nursing scholarship and leadership occurs as technological applications are used to create a sharing, community environment, one that brings scholars and leaders together, to consider shared experiences about health care phenomena," says one Beta Iota inductee. During the Beta Iota discussion, Sigma Theta Tau International Director Betty Weiner, who is director of the Center for Academic Technologies at the University of Cincinnati, anchored the discussion on chapter needs.

"As nursing struggled to define its own practice, there emerged information needs of such magnitude that they could only be met with technology. These same technological solutions needs to be embraced by Sigma Theta Tau in order to maintain and develop professional excellence in practice, research, scholarship and leadership," Dr. Weiner says.

"Our job is to strategize the unique ways that we may incorporate technology as another tool in our efforts to make a difference in nursing. At the same time, we must keep in mind that technology is not the ultimate solution to all our challenges," Dr. Weiner says.

In his book, Intellectual Capital: The New Wealth of Organizations (1999), Thomas Stewart believes that successful organizations value the development of communities of practice, based on shared intellectual capital. To manage the knowledge of the organization as an essential strategy, an understanding must be created with a bias toward action.

On the edge of the 21st century, the society is listening to the members' calls to provide relevant practice information, employing and teaching the use of a variety of technological formats. The purpose is to create communities of scholars in which knowledge is shared to enhance the practice of members who wish to achieve global health for all. The strategic planners are mapping the future of the organization predicated on what members will need to guide successful nursing journeys.

Members are invited to send their ideas and opinions to President Eleanor Sullivan, 550 West North St., Indianapolis, IN 46202. E-mail: EleanorS@isuap.edu

Theresa, Slovakia, September 1998—Dr. Helena Konosova, left, assistant professor in the faculty of nursing and public health at Trnava University, and Mary Jo Veshock, MSN, American International Health Alliance coordinator for the Slovak Republic, sign an agreement to open a nursing resource center for technical needs. Slovak nurses will be able to access CD ROMs and nursing literature. One U.S. academic institution and three in Europe are making these resources possible.

CINCINNATI, February 1999—Nurses gather at the University of Cincinnati's Beta Iota room to discuss information technology and Sigma Theta Tau's role in supporting their future knowledge needs: Terri Ross, RN, MSN; CEN, left, Christ Hospital clinical nurse specialist; Elaine Miller, RN, DNS; Beta Iota president; Jeanne Floyd, RN, PhD; Marilyn Sommers, RN, PhD, Beta Iota president elect; Jeannette Cisewski, RN, MSN, associate chief of staff at Valarian Administration Medical Center Cincinnati.
INDIANAPOLIS—Consider that the majority of society members are involved in clinical practice and are attuned to new information systems. Sigma Theta Tau is to meet the immediate professional development and clinical needs of practicing nurses, the information demands on the organization could approach intimidating levels in the near future.

As part of its strategic planning process, Sigma Theta Tau has gained nurses’ views about the society’s future role in information technology. Of note is the prevailing sense of enthusiasm that accompanies their statements of urgency. In the past, Sigma Theta Tau has been at the forefront of knowledge and information technology in nursing. What do members expect from their society in the future?

The society is engaged in a thorough assessment of leading-edge methods to facilitate learning and innovation in the face of rapid change and globalization, says Marge Pike, operations director of Sigma Theta Tau International and a nurse practitioner. She defines “knowledge management” as the use of current technologies that aid learning and innovation.

Similarly, strategic planning survey respondents envision an organization that addresses members’ information needs through technologically advanced services.

“I think we’ll reach people through the web. Most of my colleagues and students get their information that way. So do patients,” writes Anne Hoehl Sapperstein of Marge Pike.

“The future demands that the society communicate a broad picture of the nursing profession. Forums are needed where we can discuss issues and exchange ideas. Sigma Theta Tau International provides an academic institution and three in Europe are making these demonstrations of the electronic library. When Ms. Dickenson-Hazard accessed the world on the web, she wanted an example, Ms. Dickenson-Hazard says. Sigma Theta Tau International Director Daniel Pesut says that “web-based and web-supported technological innovations are in favor today, yet the future is likely to give way to more digital and video-based conferencing supported by satellite distribution.”

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*Joanne M. Floyd, RN, PhD, C, CAE, is director of research and evaluation at Sigma Theta Tau International.*
CANADA
Sherry M. Fallis, RN, MN, a doctoral student at the University of Washington in Seattle, Wash., has received the Manitoba Nursing Research Institute's External Research Award for the study "Atrial Arrhythmias in Neonates: Predictive Versus Monitor Mode," funded by the Manitoba Association of Registered Nurses.

FINLAND
Yuri T. Svetlichnyi, MD, PhD, professor at the University of Turku, has received a European Commission research grant to study patient autonomy and privacy as applied to nursing interventions in European hospital organizations. The project will be conducted in Finland, Germany, Greece, Spain and the United Kingdom.

TAIWAN
Li Su, RN, PhD, lecturer in pediatric nursing at National Cheng Kung University and pediatric unit supervisor at National Cheng Kung University Hospital in Tainan City, has presented papers at the Third International Nursing Research Conference in Tokyo, Japan, and the Third International Home Care Nursing Conference in Seoul, Korea.

UNITED STATES
Arkansas
Corinna Berk, RN, PhD, FAAN, professor of gerontological nursing at the University of Arkansas for Medical Sciences in Little Rock, has received the first Doris Schwartz Gerontological Nursing Research Award from the John A. Hartford Foundation Institute for Geriatric Nursing at New York University Division of Nursing and the Gerontological Society of America Clinical Section.

California
Vicky R. Bowden, RN, DNSc, associate professor at Azusa Pacific University in Azusa, and Cindy Smith Greenway, RN, DNSc, CPNP, instructor at California State University in Fullerton, are two of the editors of Children and Their Families: The Continuum of Care, W.B. Saunders, Philadelphia, Pa.

Colorado
Joni Dunn, RN, MN, has accepted a clinical nurse specialist position in the Children's Hematology/Oncology/Bone Marrow Transplant Unit of The Children's Hospital in Denver.

Florida
The National Gerontological Nursing Association has named the following nurses as fellows: Judith V. Braun, RN, PhD, president and chief executive officer of The Warwick House in Alexandria, Va.; Marie Fisher, RN, MS, C, owner and principal of MRN Resources in East Winthrop, Maine; Mary Lou Long, RN, MSN, C, director of community services and administrator of the Transitional Care Unit at St. Luke's Regional Medical Center in Boise, Idaho; and John McConnell, RN, MS, partner at SeniorMark Marketing Associates in Mount vern, Vt.

Georgia
Norma Mahi, RN, BSN, CEN, a wound care consultant in Kennewick, has received the 1998 Award of Honor from Emory University's Neil Hodgson Woodruff School of Nursing Alumni Association in Atlanta.

Illinois
Ruth M. Kleinger, RN-CS, BSN, PhD, CRNP, associate professor at Rush University College of Nursing, and Marianne R. Plano, RN, PhD, associate professor at the University of Illinois at Chicago, co-edited a Practice Guide for the Acute Care Nurse Practitioner, Springer Publishing Co., New York, N.Y.

Indiana
Jo Ann Brooks-Bruno, RN, DNS, FAAN, FAANP, assistant professor at Indiana University School of Medicine and associate scientist at Indiana University School of Nursing in Indianapolis, is the first nurse to be inducted into the College of Fellows of the American College of Chest Physicians.

ALLISON J. COY, RN, BSN, staff nurse at Columbus Regional Hospital in Columbus, and Sandra Robbins, RN, BSN, parish nurse coordinator at Columbus Regional Hospital, have received the Elizabeth Grossman award for the highest grade point average for BSN graduates. Dr. Grossman is professor and dean emeritus of the Indiana University School of Nursing in Indianapolis.

Daniel J. Pout, RN, PhD, FAAN, professor and chair of the Department of Environmental Health at Indiana University School of Nursing in Indianapolis, and Joanne Newman, RN, PhD, CMRE, associate professor at the University of South Carolina College of Nursing in Columbia, S.C., have co-authored Clinical Reasoning: The Art and Science of Critical Thinking, Delmar Publishers, Albany, N.Y.

Louisiana
Donald Alexander Ferr, RN, BEd, CRNA, has been named administrator of Orleans Hospital, a long-term, acute care facility in Alexandria. He is past president of the Louisiana State Board of Nursing.

Elizabeth Lobdell, RN, MSN, instructor of nursing at Louisiana College in Rzenelville, has been selected for the 1998 edition of Who's Who Among America's Teachers, based on nominations by her former students.

Maryland
The University of Maryland School of Nursing Alumni Association has presented the 1998 Disting­uished Alumni Award to Dr. Kathryn M. Holland, professor of the Lewis and Leona Hughes Endowed Chair in Nursing Informatics at the University of South Florida in Tampa; and Judith Littlejohn, MS, consultant anesthesiologist for the Maryland Board of Nursing.

Massachusetts
Paul Armstrong, PhD, ARNP, assistant professor at Boston College School of Nursing, was elected president of the New England Pain Association, a local chapter of the International Association for the Study of Pain.

Karen Amrhein, RN, PhD, CS, associate professor at Boston College School of Nursing, has been awarded the 1998 Psychiatric Nursing Research Award by the Society for Education and Research in Psychiatric-Mental Health Nursing.

SC Catlight Roy, RN, PhD, FAAN, professor at Boston College School of Nursing, has published the second edition of her book The Roy Adaptation Model, Appleton & Lange, Stamford, Conn.

Nebraska
Karen S. Marttil, RN, MS, FAAN, health care consultant, served as a visiting professor in Japan and Taiwan. She conducted workshops and was the keynote speaker at Fukui Medical University's International Nursing Seminar and the Republic of China Nurses Association Conference. The book she co-authored with Nancy Schein, RN, PhD, The Omaha System: A Pocket Guide for Community Health Nursing, was translated into Japanese in 1997.

New York
Jean K. Brown, RN, PhD, assistant professor at the State University of New York at Buffalo School of Nursing, has received an Oncology Nursing Foundation/Chilton Therapeutics Research Fellowship and a Sy-Med Limited University Professorship Dr. Drescher Affirmative Action Award for furthering her research on cancer-related weight loss.

North Carolina
Elites Lewis, RN, PhD, FAAN, professor emeritus and founding dean of the University of North Carolina at Greensboro School of Nursing, has received the National Hospice Organizations Volunteers Are the Foundation of Hospice Award.

Barbara A. Osaghoratr, BSN, BSE, a nurse consultant and a manager for Medical Treatment Systems of Raleigh, has been reappointed to the University of North Carolina at Greensboro School of Nursing Advisory Board.

Bonnie Rogers, RN, ODPH, COMT-S, FAAN, associate professor and director of occupational health nursing at the University of North Carolina at Chapel Hill, is one of five newly appointed members to the National Advisory Committee on Occupational Safety and Health. She is president of the American Association of Occupational Health Nurses.

Rebecca B. Saunders, RN, PhD, associate professor of nursing at the University of North Carolina at Greensboro, is serving as North Carolina section chair of the Association of Women's Health, Obstetric and Neonatal Nurses.

Ohio
Jacqueline Zierzinski, RN, PhD, associate professor of nursing at Case Western Reserve University in Cleveland, has received a $5.5 million grant from the National Institutes of Health's National Institute of Nursing Research to study how resourcefulness might help older persons with chronic conditions stay healthy.

Oklahoma
Janet A. Lewis, RN, MA, CNOR, administrative director for INTEGRIS Health in Oklahoma City, has received the 1998 Association of Operating Room Nurses Outstanding Achievement in Perioperative Nursing Management Award.

Shirley S. Frank, RN, PhD, CS, and Larry Chair in Gerontological Nursing at the University of Oklahoma in Oklahoma City, has been named a fellow of the Gerontological Society of America- Clinical Medicine and has been elected treasurer of the National Gerontological Nursing Association.

Pennsylvania
Lora Bice, RN, PhD, MPH, postdoctoral fellow in the cardiovascular behavioral medicine program at the University of Pittsburgh Medical Center, has won the American Heart Association's Martha R. Hill New Investigator Award for her study on improving adherence to a cholesterol-lowering diet.

Wendy Sumpio, RN, PhD, FAAN, professor in gerotronics and aging at the University of Pennsylvania in Philadelphia, will oversee a study on palliative care for nursing home residents in the last two years of their life, funded by a $1.5 million unrestricted grant from the Robert Wood Johnson Foundation. The University of Pennsylvania Health System in Philadelphia has appointed three new directors in the Department of Corporate Nursing Practice. Barbara S. Levine, RN, PhD, is clinical director of gerontological nursing at the Albert B. Srebnik, RN, PhD, is clinical director of nursing practice and Ellen M. Hall, RN, MSN, is clinical director of the nursing practice and ambulatory care nursing service.

South Carolina
Richard L. Sowell, RN, PhD, FAAN, associate professor and chair of the University of South Carolina's Department of Administrative and Clinical Nurs...
Canada

Mary T. Follas, RN, MN, a doctoral student at the University of Washington in Seattle, Wash., has received the Manitoba Nursing Research Institute's External Research Award for the study "Atrial Arrhythmias in Neonates: Predictive Versus Monitor Mode," funded by the Manitoba Association of Registered Nurses.

Finland

Jenni Leino-Kilpi, RN, PhD, associate professor at the University of Turku, has received a European Institute's Small Grant to study "Quality of Life in Older Persons with Diabetes," funded by the Finnish Foundation for Art and Cultural Heritage.

Taiwan

The University of Maryland School of Nursing Alumni Association has awarded the 1998 Distinct Alumni Award to Dr. Bonny Scheet, PhD, for her study on "The Psychosocial Response to Chronic Illness in Older Persons in Taiwan." The award will be presented at the University of Maryland School of Nursing Alumni Association Meeting in March.

United States

Arkansas

COMMENTS

California

Vicky R. Bowden, RN, DNP, associate professor at Azusa Pacific University in Azusa, and Cindy Smith Greenhaw, RN, DNP, CMRN, instructor at California State University in Fullerton, are two of the editors of Children's Health and Their Families: The Continuum of Care, W.B. Saunders, Philadelphia, Pa.

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Jodi Dums, RN, MN, has accepted a clinical nurse specialist position in the Children's Hematology/Oncology/Bone Marrow Transplant Unit of The Children's Hospital in Denver.

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Georgia

Nora Masch, RN, BSN, CEN, a wound care consultant in Kennett, Mo., has received the 1998 Award of Honor from Emory University's Nell Hodgson Woodruff School of Nursing for the Atlanta, Ga.

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Ruth M. Kleiniger, RN-CS, PhD, CCRN, associate professor at Rush University College of Nursing, and Marianne R. Flano, RN, PhD, assistant professor at the University of Illinois at Chicago, are co-editors of Practice times for the Acute Care Nurse Practitioner, Springer Publishing Co., New York, N.Y.

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Virginia

Shirley S. Evans, RN, C, director of occupational health nursing at the University of Virginia in Charlottesville, has received the Virginia Nurses Association's Outstanding Achievement in Teaching Award for her study on "Teaching the significance of smoking on health." The award will be presented at the University of Virginia School of Nursing Alumni Association Meeting in March.

Room Nurses' Outstanding Achievement in Perioperative Nursing Management Award. Shirley S. Evans, RN, C, professor and partner Chair in Gerontological Nursing at the University of Oklahoma in Norman, has been named a fellow of the Gerontological Society of America. Clinical Medicine and has been elected Treasurer of the National Gerontological Nursing Association.

Pennsylvania

Lora Buxton, RN, PhD, MPH, postdoctoral fellow in the cardiovascular behavioral medicine program at the University of Pittsburgh Medical Center, has won the American Heart Association's Martha R. Heil New Investigator Award for her study on "Aging and exercise: Does it prove effective in reducing the cardiovascular response to acute stress?" The award will be presented at the University of Pennsylvania in Philadelphia.

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Specialized Postdoctoral Institute for Clinical Investigators

A one-week, hands-on learning institute for clinical nursing investigators beginning July 19, 1999

Learn to design and use an innovative computer-based method for easier access to nursing research. Using arcs knowledge-modeling software, participants will design a customized model to organize and retrieve current research in their area of clinical expertise.

The arcs software is linked with the Sigma Theta Tau International Registry of Nursing Research, allowing it to capture published and unpublished studies on the selected topic. Knowledge models built during the program can be used to document gaps and conflicts in the selected area of investigation.

For more information about the institute and qualifications to apply, call 317.634.8171, fax 317.634.8188 or write leadership@stti.iupui.edu.
Margaret Heitkemper, RN, PhD, FAAN, chair of the Department of Biobehavioral Nursing and Health Systems at the University of Washington in Seattle, has been appointed director of the university's Center for Women's Health Research.

Washington

Margaret E. Armstrong, RN, MSN, director of the undergraduate program at Old Dominion University School of Nursing in Norfolk, has been elected president of the Navy Nurse Corps Association.

Virginia

Mary Ann Anderson, RN, PhD, CS, associate professor of nursing at Weber State University in Ogden, has received the first Spring Publishing Company Award for Geriatric Gerontological Nursing Research.

Utah

Sister Margaret Heitkemper, RN, PhD, FAAN, director of nursing services at Baptist Senior Adult Ministries, was named 1998 Alumnus of the Year for Service to Society by Naziek College in N.Y., for her achievements in international nursing and commitment to elderly patient care. She founded the parish nursing ministry at National Presbyterian Church.

Margaret Heitkemper, RN, PhD, FAAN, chair of the Department of Biobehavioral Nursing and Health Systems at the University of Washington in Seattle, has been appointed director of the university's Center for Women's Health Research.
ANNOUNCEMENTS

INTERNATIONAL CONFERENCE
July 14-16, 1999—Tempe, Arizona
Universities and the Health of the Disadvantaged: A Global Conference. Sponsor: World Health Organization; United Nations Educational, Scientific and Cultural Organization; University of Arizona. Contact: Global Conference Coordinator, University of Arizona Health Office, 2501 E. Sixth St., Tucson, AZ 85716; Phone: 520.626.7494; Fax: 520.362.6492; Web site: www.arizona.edu

REGIONAL CONFERENCES
May 5, 1999—Napa, Kansas
"Advanced Nursing Roles in Rural Communities," Second Annual Graduate Nursing Research Conference. Sponsor: Napa Delta; Fort Hays State University Graduate Nursing Studies Program; Fort Hays Graduate Nurses Association. Contact: Fort Hays State University Department of Nursing, Phone: 785.628.4377; Fax: 785.628.4080; E-mail: fhlerner@fhst.edu

May 7, 1999—Baltimore, Maryland
Nursing Education: Looking Toward Tomorrow. Sponsors: P.A. and N.J. Betsy, Maryland Council of Directors of Associate Degree and Baccalaureate Nursing Programs. Contact: Prince George's Community College Department of Nursing, Phone: 301.322.0734; Fax: 301.386.7528

May 25-27, 1999—Atlanta, Georgia
The Politics of Care IV: Nursing in Women's Media—Changing Perspectives on Mental Health. Sponsor: Emory University. Contact: Politics of Caring c/o Institute for Women's Studies, Emory University, Atlanta, GA 30322. Phone: 404.727.0096; Fax: 404.727.4695; E-mail: politics.caring@emory.edu

June 4-6, 1999—Washington, D.C.
Interdisciplinary Management of Acute, Cancer, & Chronic Nongenital Pain. Sponsor: American Society of Pain Management Nurses; Albert Einstein Healthcare Network; Baxter Healthcare Corp.; The Purdue Frederick Co.; Riverside Laboratories; Johnson Pharmaceutical Co. Contact: ASHP, 7744 South Dr., Pennington, NJ 08534; Phone: 850.473.0233; Fax: 850.484.8762; E-mail: aspmonline@asponline.com

June 13-15, 1999—Las Vegas, Nevada

June 8-9, 1999—San Diego, California
"Evidence of Effectiveness: Nursing Administration Research," Eighth National Conference on Administration Research. Sponsor: San Diego State University School of Nursing, Council on Graduate Education in Administration for Nursing. Conference immediately precedes Sigma Theta Tau International's 35th Biennial Convention at the same site. Contact: Catherine Lionville, San Diego State University Phone: 619.544.3425; Fax: 619.544.2765; E-mail: msnonoora@msn.com

Call for Abstracts
Deadline: July 1, 1999
NIPS—25th Annual Research Conference, Oct. 15, 1999, St. Louis, MO. Sponsor: Delta Lambda; Saint Louis University School of Nursing. Contact: Dr. Dette James or Helen Wells, Saint Louis University School of Nursing, 3525 Caroline St., St. Louis, MO 63104; Phone: 314.577.8114

MANAGED CARE COURSE
This free introductory course in managed care for nursing faculty, a joint effort between Vanderbilt University School of Nursing and Columbia University School of Nursing, is available at www.mc.vanderbilt.edu

RESEARCH GRANT/ FELLOWSHIP OPPORTUNITIES
Sigma Theta Tau International, Mason Johnson Outstanding Postdoctoral Grant
This annual grant of up to $10,000 is awarded to one recipient for research focused on postdoctoral training. Deadline submission is June 1, 1999; funding date is Sept. 1, 1999. For application information, see Web site: www.stti.iupui.edu. Contact: Sandy Fleischer, Sigma Theta Tau International, 550 W. North St., Indianapolis, IN 46202; Phone: 317.634.8188; E-mail: sandi@stti.iupui.edu

Sigma Theta Tau International, American Association of Critical Care Nurses
This annual grant of up to $10,000 is awarded to one recipient for research related to critical care nursing practice. Submission deadline is Oct. 1, 1999; funding date is Jan. 1, 2000. Contact: American Association of Critical Care Nurses, 8600 Waukegan Rd., Skokie, IL 60076; Phone: 847.676.6000; Fax: 847.676.6001; E-mail: grant@ccn.org

Sigma Theta Tau International, Glasser Wellness Projective Description Grant
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This annual grant of up to $5,000 is awarded to one recipient for research focusing on diabetes education and care. Submission deadline is Oct. 1, 1999; funding date is Jan. 1, 2000. Contact: American Association of Diabetes Educators, 111 N. Waverly, Oak Park, IL 60301; Phone: 708.383.5022

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Presidential Reception
Monday, June 7, 5-7pm Loews Hotel

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Tuesday, June 8, 7-9am Loews Hotel
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