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Mentoring: Within nursing and across disciplines
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• Contributions must be beyond the usual and expected and be from the nominee, not the contributions of an organization
• Nominees must share the values of Sigma Theta Tau International, such as caring, compassion, benevolence, humility, honesty, integrity, intellectual rigor and scholarship.

Nomination Deadline: October 31, 2000

Nomination details
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International Leadership Institute
Telephone 888.634.7575 U.S./Canada
Fax +1.317.634.3428
E-mail leadership@stti.iupui.edu
Web nursingsociety.org/leadership

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Sigma Theta Tau International Honor Society of Nursing

School of Nursing
UNIVERSITY OF MINNESOTA

Katherine R. And C. Walton Lillehei Chair in Nursing Leadership and
Director, Katharine J. Densford Center for International Nursing Leadership

The University of Minnesota School of Nursing is seeking an individual to fill the Lillehei Chair and Director of the Densford Center for Nursing Leadership. The Chair and Director is accountable to the Dean of the School of Nursing and responsible for the overall leadership and management of the center. As Lillehei Chair, the individual will be expected to form a community of thinkers, researchers and policy experts who apply the nursing perspective to real-life, contemporary regional and international health issues; create a forum to generate ideas; explore their application, and chart the future for nursing and health care, and foster a community-responsive, interdisciplinary culture within the Center. As Densford Center Director, the individual will be expected to, in collaboration with the Densford Advisory Board, develop the strategic plan and set the general direction of the Center; implement the strategic plan to achieve the vision for the Center; develop, direct and evaluate program activities of the Center; lead the search for grant and contract support for selected projects of the Center; supervise staff, fellows and students participating in Center activities; and collaborate with stakeholders, key community leaders and national nursing colleagues to promote the Center and its activities. Minimum academic preparation and qualifications include RN licensure; earned doctorate in nursing or related field; organizational leadership experience or comparable experience with positive supporting data; experience in fund raising and/or grant proposal writing; evidence of a well-developed area of expertise; high tolerance for ambiguity; ability to conceive and implement innovative program initiatives; ability to work successfully with volunteers. Desired academic preparation and qualifications include an earned doctorate in nursing, post graduate study in the area of expertise, and national recognition in a specific area of scholarship. Salary is commensurate with experience, beginning date as soon as possible preferred, but can be negotiated. To apply, send a letter of interest, curriculum vitae, and names, addresses and phone numbers of three professional references to Marilee Miller, Associate Dean and Chair, Search Committee; University of Minnesota School of Nursing, 6-101, 308 Harvard St., Minneapolis, MN 55455. Applications will be reviewed upon receipt and accepted until the position is filled.

The University of Minnesota is an equal opportunity educator and employer.

Mentoring within Nursing and Across Disciplines

Reflections on Nursing Leadership • Third Quarter 2000 • Volume 26, Number 3

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3 Third Quarter 2000 Reflections on Nursing LEADERSHIP
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This issue reflects nursing’s thoughts, lessons and stories on the power generated by mentoring. Develop that power in yourself—for your professional colleagues and for the people for whom we care.

Patricia E. Thompson, RN, EdD

Nurse honored on Oprah

Recognized for “using her life with great honor, dignity, grace and power,” Sigma Theta Tau member Mariah Taylor of Portland, Ore., was presented with the Use Your Life Award by television personality Oprah Winfrey. Founder of the North Portland Nurse Practitioner Community Health Clinic, also known as the “Clinic of Last Resort,” Ms. Taylor was honored for providing health, hope and care to thousands of children. Her story was first published in the second quarter 1999 issue of Reflections magazine.

CHICAGO—Oprah Winfrey, right, honors nurse practitioner Mariah A. Taylor on her show, which aired May 19. Ms. Taylor received a gift of $50,000 for her clinic along with 3,000 books for her pediatric patients.
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Where leaders are born

Living the mentoring continuum

WEST NEW YORK, N.J.—A halo floats over the man's head as he and a youngster grin at each other over a soda. "Do good. Mentor a child," the newspaper ad implores. A pricey management workshop highlights a program with the heading "Find a mentor; be a mentor to get ahead." During a nursing shortage, one hospital boasts that new graduates will have a nurse mentor on staff to help them in their transition into the work world. Are these the faces of mentoring? Well, yes and no. It's clear that mentoring means many things to many people, but what does it mean to nursing leadership?

In the late 1970s, management literature focused considerable attention on the importance of mentoring in advancing the careers of businesswomen. Nursing took note as well, focusing doctoral dissertations on nurses who had achieved professional success (doctoral degrees, leadership positions). The goal was to determine whether they were mentored and, in turn, who mentored others. As it turned out, the answer to both questions was generally "yes."

The nursing literature was soon inundated with information and advice about mentoring. However, the word itself was stretched to include almost any kind of help a person might receive. Some categorized it as "secondary" mentoring, in which the mentor is somewhat less involved and may mentor more than one person at a time. Shapiro et al. (1978) devised a continuum of mentoring, called the patron system, that began with peer support and ended with an ultimate, intense, time-consuming, focused style of mentoring relationship. I tend to define mentoring as Shapiro's final category, probably as a result of being truly mentored by noted nursing leader Dr. Ruth Kuehn, first dean of the University of Pittsburgh School of Nursing. Our relationship followed the classic mentoring pattern, starting with her selection of me as a protegé and continuing through career guidance, support, encouragement and the opening of professional doors. Once I walked through those doors, she then provided advancement opportunities, critiques, challenges, teaching and a leadership role model.

At the end of our formal mentoring relationship, we kept in touch. I appreciated the wisdom she provided throughout my career and often said to her so. As a symbol of my gratitude, I had the pleasure of giving Dr. Kuehn the first Sigma Theta Tau Crystal Mentor Award. It was a highlight of my term as president of the society. It has been my good fortune to have other leaders take an interest in me, starting at an early age: from a dedicated first grade teacher who spent time helping a non-English-speaking, immigrant child perfect English grammar and vocabulary, to high school teachers who directed me toward college and nursing.

When I add nurse faculty—like Emily Holmquist, who provided career guidance—and other nurses who lent collegial hands, I feel I've lived Shapiro's continuum of mentoring! Ambitious nurses who desire intense mentoring relationships should know the challenges for both mentor and protegé. The mentor spends time, energy and professional capital to advance the protegé and is equally demanding that the protegé produce. If the relationship is successful, it will last until the protegé is ready to move on. And moving on must occur, although friendship and mutual respect may last a lifetime.

Some mentoring relationships do fail, however. Mentors and protegés may "click" at the beginning, but a personality clash may occur later, or the mentor may be unreasonable or self-serving. For those who do not live up to expectations, the relationship will be terminated—almost always by the mentor. Encouraging? Discouraging? I opt for the former. I feel Dr. Kuehn's mentoring made me what I am today and positioned me to be an effective mentor myself. There is general agreement that being mentored helps a great deal in career development and leadership, and we need the best nursing leaders in all health care areas. At one time, there was more emphasis on nurses as leaders in administration, education or policy, but clinical leaders are vital to the advancement of the profession. A clinician guiding a novice is one aspect of the mentoring role, and an important one. But a clinician leader has a multifaceted role that often encompasses a whole spectrum of leadership. In fact, nurse leaders of all kinds must establish relationships with other health care leaders to improve the health care of people. And then they, too, must mentor other promising candidates for leadership.

It has been said that leaders breed leaders. I challenge Sigma Theta Tau members to pick up that gauntlet.
Where leaders are born

Living the mentoring continuum

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Lucie S. Kelly, RN, PhD, FAAN, is professor emeritus at Columbia University in New York, N.Y., where she headed the nurse administration program and was associate dean for academic affairs in the School of Public Health. Dr. Kelly was president of Sigma Theta Tau International from 1983-1985. She has received six honorary doctorates, and the Sigma Theta Tau Lucie S. Kelly Mentor Award is named in her honor.
SAN CARLOS, Philippines—The team faced a haunting contradiction: angelic smiles touched by imperfection, like a beautiful painting stroked across a torn canvas. These were the faces of Filipino children stricken with the defects of cleft lips and palates.

The depth of their eyes and the radiance of their smiles, however, allowed a quick recovery from the impact of that first glance. And their ability to live life as though nothing was different brought smiles to the faces of team members. But the reality remained. Due to a random flaw in fetal development, these children now required specialized, multidisciplinary care that few health care professionals can deliver and fewer patients can pay for.

Such a scenario is why Interplast exists. Located in Mountain View, Calif., Interplast is a nonprofit organization that organizes and funds reconstructive surgical interventions for people who can't afford them. I accompanied the Interplast team on a recent trip to the Philippines and found that health care teams providing international, multidisciplinary services offer an excellent example of clinical mentorship in nursing.
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The interplast-sponsored trip to the Philippines provided opportunities for reciprocal mentorship between disciplines and across cultures.

The U.S. team of nurses consisted of Lester Cooper, RN; Sherry Driver, ORT; Carolyn Parker, RN; Inez Powell, RN; and Julianna Smith, RN. The Filipino volunteer nurses were led by Maria Carmen D. Orozco, RN, and head nurse Cecilia Flores, RN. The medical team included surgeons Richard High and David Billmire; pediatrician Elaine Billmire; and anesthesiologists Albert Cura, Anna Varughese and Daniel Ness.

The process
Staying for two weeks, the 12-member, multidisciplinary team of nurses—with expertise in surgical nursing and the recovery room—worked with physicians who have surgical, anesthetic and pediatric expertise. The team interfaced with a host community comprised of nurses and physicians, and the collaborative effort offered ample opportunities for reciprocal mentorship and learning. The host community, San Carlos, is located on the island of Negros. The local hospital provided operating room space and established a temporary preoperative and postoperative surgical ward in an auditorium one block from the San Carlos hospital. The team brought surgical supplies, medications and equipment. Local nurses volunteered to assist. Children needing surgery were recruited by community health nurses in outlying districts. The nurses also played a critical role in organizing and facilitating the families' travel to San Carlos.

The first day of the trip was devoted to organizing the transported equipment and creating space for two teams to work side by side in an existing operating room. (Operating room tables were graciously donated by Ronald McDonald House Charities.) The team also conducted preoperative health examinations and scheduled the surgical caseload over the available nine days. In the days that followed, and throughout the perioperative process, team members from the host community and visiting group worked closely together to provide optimal care for the children.

The nurses' perspective
"The first day you will cry ... and you will go home a different person ... a better one. You will always remember how you felt when you were here and never forget the children's faces," said Carolyn Parker, RN.

Pervasive poverty was one of the most striking challenges recognized by the volunteering nurses. Many supplies U.S. nurses consider disposable are carefully reused. The team nurses commented on the ability of the Filipino nurses to maintain creativity and a positive attitude while providing nursing care with limited resources.

The incidence of cleft lip is one in 1,000 in the United States and is approximately one in 500 in other populations (Thompson, McInnes, & Willard, 1991). Cleft palate occurrence is one in 2,500 in the United States. (Moore, & Persaud, 1993; Thompson, McInnes, & Willard, 1991). The etiology follows multifactorial inheritance patterns reflecting both genetic and environmental factors. Both cleft lip and palate occur during early fetal organogenesis, with the lip forming by the fifth week and the palate between the seventh and eighth week of fetal life (Moore, & Persaud, 1993). These defects result in altered facial appearance, speech and dental development. Reconstructive surgery for cleft lip is available to U.S. patients in the early neonatal period and for cleft palate between 12 and 18 months of life (Behrman, & Kliegman, 1990). Because many Filipino families can't afford the reconstructive surgery, some children grow up with the ramifications of the defects.
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Having a team come to our hospital is very exciting…I like meeting people especially from another culture, because there is a great exchange of ideas and a chance to learn new things from them.
—Maria Carmen D. Orozco, RN

Reciprocal mentoring was first achieved when Filipino nurses taught team nurses how to reduce reliance on technology. In the San Carlos hospital, emergency equipment included oxygen and suction. Since recovery room monitors were not present, the U.S. nurses quickly learned to employ a more hands-on approach.

In the operating room, the U.S. nurses scrubbed and assisted with the initial surgical cases, while the Filipino nurses worked alongside them to learn the particular skills for the cleft lip and palate procedures. As this mentoring process progressed, the Filipino nurses soon took over primary assisting and scrubbing roles, while the U.S. nurses acted as a resource, trouble-shooting problems which arose.

“Having a team come to our hospital is very exciting,” said Maria Carmen D. Orozco, RN. “We get to see a lot of new faces and make new friends. I like meeting people especially from another culture, because there is a great exchange of ideas and a chance to learn new things from them.”

The Filipino nurses were highly motivated to learn nursing care related to the surgery being performed. Opportunities for the medical and nursing staff to work together occurred throughout each phase of perioperative care. The U.S. team valued its role in helping the Filipino nurses increase their knowledge base by sharing surgical and postoperative management strategies.

Family beliefs about cleft lip and palate

Focus groups were conducted with many of the patients’ families as they waited for the surgery, to gain information on their knowledge of the etiology of cleft lip and palate and early infant feeding and care experiences. The family systems of the affected children included mothers, fathers, aunts and grandparents. The families understood English and spoke in a mix of English and Cebuano, a Philippine dialect. Community health nurses from the region facilitated the discussions and related the experiences of other families with similar health problems.

Family members shared a broad range of understanding about the etiology of cleft lip and palate. Some of the mothers had been told by midwives and other health care providers that their infant’s condition was due to a genetic cause. Other women had been told that an occurrence during pregnancy—such as a fall or illness—was the cause of clefting in their child. It was not common knowledge that the defect is associated with a multifactorial inheritance pattern and that preventive measures have been explored in health-related research.

Impact on children and families

The impact of the mission was instantly captured in the faces of the children and their parents. “I think the surgeries have the greatest effect on the families who come,” said Ms. Orozco. “These surgeries are pretty expensive here, and to most this will be their only chance, since they could never afford it. To the kids, this could be the greatest thing that has ever happened to them. Having this surgery has opened a door to their future.”

Ms. Orozco’s words were echoed by many of the community health nurses. Families explained that, for some children, the surgery will offer them a chance to go back to school. Many had stopped attending due to the rejection of other children.

Preventive health strategies

Primary preventive health strategies could easily be incorporated into surgically focused health care efforts. The preoperative and postoperative periods provide repeated contact opportunities with families that would serve to enhance informational flow and understanding.

Culturally appropriate health promotion materials could be developed with the collaborative efforts of the community health nurses and families. Research has shown that B vitamins and folic acid before conception and during pregnancy may reduce the occurrence of clefting, as well as other birth defects (Schubert, Schmidt, & Raupach, 1990). Recommendations from the International Institute for Birth Defects include folic acid and B vitamin supplementation, general nutritional adequacy and environmental assessment for toxins.
Reciprocal mentoring was first achieved when Filipino nurses taught team nurses how to reduce reliance on technology. In the San Carlos hospital, emergency equipment included oxygen and suction. Since recovery room monitors were not present, the U.S. nurses quickly learned to employ a more hands-on approach.

In the operating room, the U.S. nurses scrubbed and assisted with the initial surgical cases, while the Filipino nurses worked alongside them to learn the particular skills for the cleft lip and palate procedures. As this mentoring process progressed, the Filipino nurses soon took over primary assisting and scrubbing roles, while the U.S. nurses acted as a resource, trouble-shooting problems which arose.

"Having a team come to our hospital is very exciting," said Maria Carmen D. Orozco, RN. "We get to see a lot of new faces and make new friends. I like meeting people especially from another culture, because there is a great exchange of ideas and a chance to learn new things from them."

The Filipino nurses were highly motivated to learn nursing care related to the surgery being performed. Opportunities for the medical and nursing staff to work together occurred throughout each phase of perioperative care. The U.S. team valued its role in helping the Filipino nurses increase their knowledge base by sharing surgical and postoperative management strategies.

Family beliefs about cleft lip and palate

Focus groups were conducted with many of the patients' families as they waited for the surgery, to gain information from another culture, because there is a great exchange of ideas and a chance to learn new things from them.

The impact of cleft lip and palate

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Other women had been told that an occurrence during pregnancy—such as a fall or illness—was the cause of clefting in their child. It was not common knowledge that the defect is associated with a multifactorial inheritance pattern and that preventive measures have been explored in health-related research.

Impact on children and families

The impact of the mission was instantly captured in the faces of the children and their parents. "I think the surgeries have the greatest effect on the families who come," said Ms. Orozco. "These surgeries are pretty expensive here, and to most this will be their only chance, since they could never afford it. To the kids, this could be the greatest thing that has ever happened to them. Having this surgery has opened a door to their future."

Ms. Orozco's words were echoed by many of the community health nurses. Families explained that, for some children, the surgery will offer them a chance to go back to school.

Preventive health strategies

Primary preventive health strategies could easily be incorporated into surgically focused health care efforts. The preoperative and postoperative periods provide repeated contact opportunities with families that would serve to enhance informational flow and understanding.

Culturally appropriate health promotion materials could be developed with the collaborative efforts of the community health nurses and families. Research has shown that B vitamins and folic acid before conception and during pregnancy may reduce the occurrence of clefting, as well as other birth defects (Schubert, Schmidt, & Raupach, 1990). Recommendations from the International Institute for Birth Defects include folic acid and B vitamin supplementation, general nutritional adequacy and environmental assessment for toxins.

A following surgery, a young boy views his new appearance in a mirror.
Strategies to improve the health of children preoperatively could focus on reducing ear and upper respiratory infections and improving general nutritional health.

The Interplast-sponsored health care experience provided opportunities for reciprocal mentorship across nursing, medicine and international boundaries, increasing the knowledge and skill base of all involved and positively influencing the lives of children and their families. But the greatest success was changing the face of hope forever.

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Mentors As Role Models

By Eric Klein and Nancy Dickenson-Hazard

The spirit of Mentoring

“To take care of ourselves, we take care of those around us.” —Thich Nhat Hanh

Throughout our lives, each of us engages in relationships that help us grow. These relationships provide hospitable space where we learn the lessons of life, both personal and professional. They catalyze transformation of the individuals and generate growth, releasing new capabilities that allow a new way of being in the world. These relationships constitute mentoring—a reciprocal, interactive process of learning that culminates in the rewards of reaching goals and growing together (Hinshaw, 1999). As learning, the mentoring relationship is a lifelong process, requiring commitment of self and time to be successful. Mentoring is a developmental, empowering and nurturing relationship that extends over time (Vance & Olson, 1998). It involves mutual sharing, learning and growth occurring in an atmosphere of respect and affirmation (Bower, 2000).

A mentor has been described as a role model and guide who encourages and inspires. Other descriptors include counselor, teacher, advocate, confidante and advisor. The protégé is characterized as the beneficiary, the protected, the student, the advisee and the supported (Kelly & Joel, 1999). In the relationship, each finds someone to confide in, to seek help from, and to receive support from while moving to the next level of growth. These types of relationships are needed in life to stimulate ideas and creativity, to awaken and challenge abilities, and to achieve dreams. Mentoring sets in motion or initiates this process of self-realization and growth.

Across the continuum of life, mentoring takes on many forms. Children are most frequently mentored by adults—parents, teachers and counselors. As they grow, peers become mentors, along with a growing cadre of established, life-experienced adults. In approaching maturity, mentors are found in colleagues, friends and even the younger generations—children and grandchildren. Mentors present themselves in all shapes and sizes. It is not always about the mature teaching the young, or the older imparting lessons to younger generations. Mentors and protégés enter into relationships across generations and for many different reasons ... to help someone, to grow, to extend one's self through the other, to advance professionally or to become a part of, or expand, one's community. Whatever the reason, it is certain that the generative impact of these relationships is powerful.
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Posing the powerful questions
So what exactly do mentors do for protégés? Their role obviously goes beyond passing on information or teaching knowledge and skill. Most importantly, mentors awaken our confidence in our capacity and work with us on how we view ourselves. By virtue of a deed, work or behavior, mentors inspire us; make us desire to understand who we are and what our gifts may be; and stimulate us to maximize our abilities. The following illustrates how a mentor inspired a protégé to question and ask more of himself.

"A monk in his travels found a precious stone and kept it. One day he met a former student, and when the monk opened his bag to share his provisions with him, the student saw the jewel and asked the monk to give it to him. The monk did so readily. The student departed overjoyed with the gift, which was enough to give him wealth and security for the rest of his life. However, a few days later he came back in search of the monk, found him, gave him the stone back, and entreated him, 'Now give me something much more precious than this stone, valuable as it is. Give me that which enabled you to give it to me.'"

The monk, in his willingness to so readily give a valuable possession, stimulated the student to search for an answer to the powerful question of clarifying his own value and worth. In searching for the answer, the student recognized his need to give unconditionally, and he sought out a mentor to help, teach and guide. With the mentor's help, a protégé will be able to engage in an inquiry that calls a person to find his own clarity: to discover the part of him that knows and understands the path he must take and to discern his inner jewel. Each of us has a jewel to share with, or receive from, another. When we do so, the one who teaches and the one who learns both grow in an understanding and lucidity of self.

Seeing the forest in a seed
As a complex human phenomenon, there is no singular prescriptive process for the mentoring relationship. Yet when we see or experience it, we know exactly what it is. Mentoring is largely born out of a desire to learn and grow, is fostered by mutual trust and respect, and is fueled by common values and goals.

The spark that ignites a mentoring relationship may come from either the protégé or the mentor. Protégés often view mentors as fonts of success, a bastion of life skills they wish to learn and emulate. They want to perform or live at a higher level, to understand the big picture and to be affirmed.

The mentor provides the opportunity to develop, be nurtured and empowered, and to expand and validate values and skills. Mentors often see the future that is hidden in another's personality and abilities. This kind of seeing is not a simple matter of logical progression, i.e., if they keep working hard, they will be promoted. Rather, the seeing is visionary—it places the individual's life in a larger context. Mentors see a person's future as real and his potential ability to accomplish and contribute as truth. They also see the unfolding influence of those contributions and their extension into time. Like a forest that grows from a single seed, mentors recognize that by nurturing one person's life, they will affect the lives of many.

Holding the mirror steady
Mentors are able to observe events as they are, without adding their own emotional interpretations and judgments. The mentor is undetected in the face of life events, being grounded in a sense of identity that is not defined by changing conditions. Because of their deep acceptance of life as it is, mentors can help protégés to see themselves as they are and to accept their own strengths and weaknesses. In turn, protégés enable mentors to see themselves.

We all have parts of ourselves that we deem unacceptable. Nelson Mandela has pointed out that, ironically, we often are less willing to accept our strengths than our weaknesses. In either case, the mentor's mind is like a mirror—impartially reflecting back the truth of the person and the situation. Through this precise and nonjudgmental mirroring, the mentor invites others to engage truthfully in their life, to accept and express their greatness.

Listening to the voices that aren't speaking
When mentors listen to their protégés, they hear the voice that is speaking, but also the unspoken voices that live in silence. Everyone has a signature speaking style characterized by language, voice tone and tempo, emotional coloration and point of view. But each voice is only one member of the choir.

The mentor hears the personality that speaks aloud and the soul that whispers in silence. Through this deep listening, the mentor can engage in a dialogue with the parts of the protégé's soul that have been kept in silence. When the protégé speaks with the voice of doubt, the mentor engages the voice of knowing. When the protégé speaks with the voice of fear, the mentor engages the voice of courage.

Through dialogue, the mentor calls out to the silent voices and in this way encourages the protégé to speak his full truth into the world. Likewise, the protégé, by listening, calls upon the mentor to hear his own words. In the process, the mentor rediscovers his truth and the deeper voice he has to offer to the world.

Fueling the fire
Everything needs to be fed if it is to continue to grow and develop. Mentoring relationships thrive when a spirit of generativity and openness prevails. Life is an open classroom, and mentors and protégés who keep learning from each other fuel the fire. In passing on the wisdom of experience, mentors permit protégés to make informed choices. By debating divergent points of view and engaging in direct truth-telling, both mentors and protégés dissolve the power that fear and uncertainty can have over their lives. And by maintaining a beginner's mind—a mind perpetually open to discovery—the enchancement of learning and growing is generated.

An executive once said: "Even though this is my dream, I can still get discouraged. I can still forget that this is what I want to do." A mentoring relationship fans the flame of passions and dreams. It stimulates self-esteem and self-confidence and contributes to personal and professional satisfaction.

Sharing is a mutual source of gratification and encouragement often expressed through rituals. Effective mentors know the soul loves rituals, so they invent them to remind protegés of what they care about, to keep them on track, to provide encouragement, and to celebrate small wins. Rituals might include a "No-Work Meeting," where you get together to talk about life and all things personal; a "Gratitude" ritual focused on all the blessings in our work; and a "Where Do You Want to Grow Today" ritual focused on clarifying learning and goals.

Mentors and protégés must display a desire to learn, grow and develop and be willing to open themselves to that which life calls forth from within them.
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Juming together

In the movie Butch Cassidy and the Sundance Kid, there is a famous scene in which Butch and Sundance are cornered at the edge of a cliff. The men who have been relentlessly pursuing them are coming closer. The only way out is down — over the cliff edge and into the swirling river below. A tough moment. A moment of choice without guarantees. With a whoop, they grab hands and jump together over the edge and into the river.

In the mentoring relationship, the risks and expectations are many. Protégés are expected to perform and succeed, and mentors are expected to produce a following and develop the next generation. Both take risks and must work to discover potentials within themselves that permit growth, avoid over-dependency and recognize when the relationship has achieved its goals. Success requires a balance between risk and outcome.

Protégés are intrigued by uncertainty, while mentors are inspired by the unknown. They know what fear is, without allowing the fear to dictate their choices. They don't push others over the edge alone. They readily join hands with people to leap into the future, confident in their collective ability to navigate the rapids of change.

Tapping the power of 'no'

As the mentoring journey is traversed, both protégé and mentor must determine priorities for achieving the dream. As the mentor advises and teaches, the protégé thoughtfully selects the best course of action. Along the way, the mentor praises a job well done and also provides support and solace when results are unfavorable.

It's easy to think that mentors are optimistic cheerleaders, forever reinforcing a positive mental attitude. But mentors understand the power of "no." In western spiritual traditions, invoking the "holy no" is called following the via negativa. On this path of "no," mentors cut away distractions and encourage people to say "no" to those things that would divert them from their true path. Mentors recognize that in fulfilling one's destiny, saying "no" to the unnecessary is as important as saying "yes" to the dream.

Pointing to the blur

When expectant parents have their first sonogram, they are often surprised at the image on the screen. Far from a clear picture, what they typically see on the monitor appears to be little more than a blur. But when the health professional tells them, "There is your baby," that blur takes on a powerful meaning. The blur is their future child — an intimation of their future life. In the early stages of growth, many projects are little more than a blur. It takes a trained eye to interpret the indistinct, fuzzy image as evidence of real progress. Mentors spot the signs of growth before they are obvious to the untrained eye. They see what is growing and point it out. They name the emerging reality and honor the natural process of birth and growth.

Mentors also help protégés interpret the message that life is communicating to them. When the blur interferes with progression, mentors speak loudly to wake them up and re-establish focus. People never outgrow their need for help, learning and affirmation. The mentoring relationship encourages those involved to define and help themselves. It empowers and expands the soul and mind. It brings possibilities and potential into focus.

Mentoring requires a high degree of involvement, commitment and energy. It demands an acceptance, an amicability, respect, trust and confidence in self and others. It necessitates a willingness to be challenged, take risks and work with uncertainty. Mentors and protégés must display a desire to learn, grow and develop and be willing to open themselves to that which life calls forth from within them. Mentoring is a mutual process of transformation, one that inspires and enriches lives.

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Eric Klein, BA, of Leucadia, Calif., a featured speaker at the 1999 biennial conference, is an international expert on leadership and personal and organizational renewal. He has worked in senior management for two Fortune 500 companies and has been an organizational consultant for more than 15 years. Nancy Dickenson-Hazard, RN, MSN, FAAN, is the executive officer of Sigma Theta Tau International Honor Society of Nursing.
Jumping together

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Discovering the riches
IN MENTOR CONNECTIONS

By Connie Vance

PELHAM, N.Y.—It was not until two decades ago that the term "mentor" appeared in the nursing profession's lexicon. The concept of mentoring was not a subject for empirical or anecdotal investigation, nor was it reported in our literature. It was a fugitive idea. Yet, it was widely acknowledged that gaining entrance into the inner circle of leadership, and moving up the professional and corporate success ladder, entailed having a mentor. The "nurse-influentials"—a sample of 71 nationally identified leaders—told us about their mentor relationships in the first systematic investigation of mentorship in nursing in the United States (Vance, 1977). The professional success and influence of the nurse-leaders were established and maintained through various personal, educational and mentoring factors. The mentoring assistance they received came in a variety of ways, from career promotion to emotional support. It was concluded that mentor connections played a role in leadership succession in the profession, as well as contributing to nurses' career paths.

An important finding in this study was that the nursing leaders' mentor relationships showed divergence from the traditional, older model of mentoring. For example, in contrast to one all-encompassing mentor, they had multiple mentors at different career points for different needs. Also, the peer-mentor model was as important as the expert-novice model.

The new mentor paradigm among the nurse-influentials was of a diverse nature—inclusive of differences. Subsequent studies have corroborated the emergence of yet another mentoring paradigm that is evolving into a new pattern—an integration of various worldviews of mentoring that will be more holistic and fulfilling (Vance & Olson, 1998).

Research and writing about mentor relationships have increased dramatically since the nurse-influential study. Numerous studies have documented various aspects of this support relationship and its unique nature among nurses. It would appear that the presence—or absence—of mentoring activity lies on a continuum and is a mixed phenomenon in our discipline.

As the recruitment and retention crisis expands, the nursing profession must activate its ethos of caring through strengthening mentor connections at every level in the profession. This is no longer just an option, but a necessity. Identifying, attracting and supporting talent is essential to our survival. Consciousness-raising and information dissemination about the benefits and outcomes of mentoring support already have helped us strengthen our relationships in schools of nursing, hospital departments, research endeavors and administrative circles. However, we must do better. We must create a culture of mentoring wherever we work; develop an everyday mentoring mentality with each other; give voice to mentoring through our research and anecdotal reports; and create innovative mentoring strategies for leadership development.

We now know that mentors have an enormous influence on our personal and professional success and satisfaction. Developing strong mentor connections is a shared responsibility and partnership among nurses—and potential nurses—at all levels of the profession. Building mentor relationships is a transformational act that will foster both individual and collective power in our professional work.

REFERENCES, page 42.

Connie Vance, RN, EdD, FAAN, is a professor and former dean at the College of New Rochelle School of Nursing in New York State, and a clinical nurse specialist in psychiatric and mental health nursing. Her scholarly work includes mentorship and leadership development, and she is co-author of the book The Mentor Connection in Nursing.

Figure 1. Characteristics of Mentor and Protegée

| Mentor Characteristics: | \begin{tabular}{l} \hline \textbf{Generosity} \\ \hline \textbf{Competition} \\ \hline \textbf{Self-confidence} \\ \hline \textbf{Openness to mutuality} \\ \hline \textbf{Takes initiative} \\ \hline \textbf{Career commitment} \\ \hline \textbf{Self-identity} \\ \hline \textbf{Openness to mutuality} \\ \hline \end{tabular} |

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STUDYING MENTORSHIP

Discovering the riches
IN MENTOR CONNECTIONS

ELHAM, N.Y.—It was not until two decades ago that the term "mentor" appeared in the nursing profession's lexicon. The concept of mentoring was not a subject for empirical or anecdotal investigation, nor was it reported in our literature. It was a fugitive idea. Yet, it was widely acknowledged that gaining entrance into the inner circle of leadership and moving up the professional and corporate success ladder, entailed having a mentor.

The "nurse-influentials"—a sample of 71 nationally identified leaders—told us about their mentor relationships in the first systematic investigation of mentorship in nursing in the United States (Vance, 1977). The professional success and influence of the nurse-leaders were established and maintained through various personal, educational and mentoring factors. The mentoring assistance they received came in a variety of ways, from career promotion to emotional support. It was concluded that mentor connections played a role in leadership succession in the profession, as well as contributing to nurses' success and satisfaction throughout their career paths.

An important finding in this study was fulfilling (Vance & Olson, 1998). Research and writing about mentor relationships have increased dramatically since the nurse-influential study. Numerous studies have documented various aspects of this support relationship and its unique nature among nurses. It would appear that the presence—or absence—of mentoring activity lies on a continuum and is a mixed phenomenon in our discipline.

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Creating a nest egg for nursing's future
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The problem is compounded in light of rising patient-care needs and the absence of experienced nurses. As dissatisfaction among senior staff nurses increases, their desire to inspire other nurses decreases. Their compassionate spirit tires, and tired spirits cannot kindle fledgling ones. Instead, nurses fan the flame of disinterest in their profession and their art. If senior nurses will acknowledge the responsibility of mentorship and will encourage rather than discourage young nurses, they can be a powerful influence and a key to a successful staff and workplace.

In Southside's Emergency Department, senior nurses were becoming frustrated with the workplace; many were resigning or requesting transfers to other patient care units. Of the nurses who remained, morale was low due to a perceived lack of concern on the part of leadership. Passionate nurses became disenchanted with their art and profession. Yet these senior nurses held the key to positive change, and each was capable of being a distinct contributor to our staffing solution. It was only with them, and through them, that the situation could be turned around. The challenge now was unlocking their mentoring spirits and demonstrating the positive impact mentorship has on attracting and maintaining young nurses—erasing the effects of the shortage as a result.

Because my mentors were so influential in my early career, I applied my positive experiences to the efforts at Southside, believing that unlocking the mentor potential was the answer. Through time, trial and error, three key mentoring components surfaced. First, leaders recognize the value of their nurses and support an environment that encourages empowerment and growth. Second, senior nurses or mentors must recognize their capability to mentor and inspire new nurses. Finally, new nurses must be comfortable with the expectations of a mentoring relationship and be open to the bond that will inevitably develop.

Leadership
Effective leadership creates an environment that nurtures mentoring by first creating a training curriculum and then hiring an educator to facilitate the mentoring program. Concurrently, leaders must care about their staff and be available and genuine, showing the staff that their best interests are the leaders' number one concern. Leaders must uphold the integrity of this commitment in every decision they make. This means being accessible and fostering a collegial exchange of ideas and values. Mentors and protégés share an enthusiasm for the art of nursing, and recognition of this commonality fosters mutual respect.

Senior nurse
Promoting senior nurses to become mentors presented a unique challenge. They were already mentors; their spirits simply needed rejuvenating. The climate at the hospital was one of low morale and mandated overtime, so the change could not happen overnight. It would require different phases. First, leadership had to stay focused and steadfast on the staff’s best interests. Over time, the staff would then learn to trust the integrity of leadership. Next, senior nurses with mentoring attributes were upfolded to the status of "preceptor" and completed a full-day course where they learned how to enthuse critical thinking within their new nurses. By this time, a level of trust had been established among the senior nurses, so they were open to the challenge. It was apparent that these wonderfully gifted, passionate nurses simply needed to be recognized for their exceptional qualities.

Ground rules were established to encourage learning based on unconditional acceptance of new colleagues, and a focus was placed on the individual needs of the new nurses. Every one was encouraged to discuss strengths and progress. The educator would intervene in situations where the new nurses displayed a deficit in critical thinking. This allowed mentors to uphold the unconditional relationships and foster a casual rapport with the new nurses.

New nurses
Finally, new nurses had to be hired. Although many nurses were interested in learning our specialty, we were looking for more than just interest. We were looking for passion. We targeted nurses who wanted to work in the unit. We also looked for candidates who already had experienced a favorable mentoring relationship and, as a result, were open to new ones in the department. This would go a long way toward ensuring the program’s success.

Six of the new nurses have now completed their orientation. To date, we have gone from 25 vacancies down to four, with our ultimate goal being zero. Mandated overtime has decreased; morale has improved. Should we never reach our goal, it will still have been enriching to watch the mentors embrace the new staff. The test of time will judge the reliability of our mentor project, but my optimism tells me that the tide is definitely turning.

References, page 46

Charlene Fullam, RN, MA, CEN, is director of emergency services at Southside Hospital on New York's Long Island.
Rallying the troops

AYSHORE, N.Y.—The scramble for answers has begun. A nursing shortage exists, and addressing the subsequent staffing problems is a high priority. The debate offers many explanations. Perhaps it’s the salary. Maybe it’s the shifts. A reluctance to subject oneself to the schooling. Or maybe—and most tragically—a nurse never inspired a new or potential nurse.

The Emergency Department at Bayshore, Long Island’s Southside Hospital, addressed the latter phenomenon by implementing a new mentoring program. The cornerstone of the program is the premise that nurses—senior nurses in particular—must assume the responsibility of passing on the passion that inspires others to become nurses. The most effective way to do so is through mentoring.

Mentoring is initiated every time nurses share experiences that exemplify the essence of nursing: the art of compassion. This art focuses holistically on a patient’s comfort and harmony. Performing this art means doing so with altruistic intentions that are not common to most other professions. The art of nursing compassion rarely focuses on the patient alone, but rather on the process of bringing relief to an individual’s pain and suffering.

As with many arts, creating proteges requires cultivation and stimulation. As an art of compassion, it is a treasured legacy that every nurse is capable of bestowing upon others. Help will not be found in nursing school curricula, for it does not mandate the teaching of inspiration and passion. Diplomas do not ensure that graduates truly understand the power of touching, soothing and healing. Understanding is cultivated overtime, and mentoring is an essential part of this cultivation.

While trying to meet patient care needs during the shortage, senior staff nurses become overworked. This leads to frustration, low morale and feelings of powerlessness. The problem is compounded in light of rising patient-care needs and the absence of experienced nurses. As dissatisfaction among senior staff nurses increases, their desire to inspire other nurses decreases. Their compassionate spirit tires, and tired spirits cannot kindle fledgling ones. Instead, nurses fan the flame of disinterest in their profession and their art. If senior nurses will acknowledge the responsibility of mentorship and will encourage rather than discourage young nurses, they can be a powerful influence and a key to a successful staff and workplace.

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By Charlene Fullam

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Bridging the retention gap

BY BARBARA BUCHANAN

CLARKSVILLE, TENN.—ADMISSION AND RETENTION RATES for African-American nursing students continue to be low, despite efforts at some colleges and universities to institute policies and programs to address this problem. These attempts to recruit and retain African-American students have been largely unsuccessful for several reasons: most notably, how the students view the educational environment.

Many African-American students lack self-esteem and stress management skills. These deficits position them to fail performance evaluations throughout the nursing curriculum. This is due, in part, to a lack of support services needed to foster success throughout their enrollment in the school of nursing (Underwood & Fay, 1996; Mayor, 1996).

African-American students need to learn and share experiences through a feeling of connection with others. This sharing helps them cope with personal feelings of loneliness, self-doubt and isolation. Mentoring can accomplish this connection (Terrel et al., 1992). Greer (1995) states that mentoring and educational support can reduce attrition rates for African-American nursing students.

To test Greer's theory, faculty at the Austin Peay University School of Nursing implemented a study on the effects of mentoring on African-American attrition. Austin Peay admits 80 students per year, with African-Americans representing 10 to 12 percent of those admitted. The attrition rate for this group of students ranges between 40 and 50 percent. As the researcher for this study, my personal goal was to increase the number of African-Americans graduating from the school of nursing.

In the fall of 1993, research participants explored tactics for meeting this goal. First, African-American students informally met together on a weekly basis. The discussion focused on the students' academic progress and their concerns on different issues. After one semester, an informal mentoring program was instituted to help the students deal with obstacles to their academic success. The program had two objectives. The first was to enhance the student's ability to successfully meet the demands of nursing school. The second objective was to increase the number of African-American students graduating from the school of nursing.
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It was apparent that collecting, analyzing, and disseminating data—internally and externally—was necessary for establishing the mentoring program. Because finding a culturally oriented tool became difficult, I created one to conduct a pilot study. The tool consisted of 10 opened-ended questions (see Figure 1).

The survey yielded seven concepts or categories of need: support/stress reduction, guidance/identification, encouragement, cultural inclusion; role model and academic support.

A comparison survey was conducted of certain demographics between the nursing students at our predominantly white university and the nursing students at a historically black university. The survey compared factors such as admissions and retention rates, faculty ethnicity, first generation college student, income levels and attrition rates for black and white students.

The attrition rate at the historically black school of nursing was found to be less than at the predominantly white school, ranging between 30 and 40 percent. White faculty members were in the majority at both schools.

Interestingly, the school of nursing at the historically black university received a grant from a local health education center for a tutoring program assisting “at-risk” students. Faculty mentors students by helping them enhance time management skills, find resources for resolving personal and family issues, use university resources for tutoring, and by supporting individual and group study. Snyder and Banker (1993), in an interview with nine students, for resolving personal and family issues, use university resources for tutoring, and by supporting individual and group study.

A mentoring program at Austin Peay University. This underscores Zylinskis and Melton’s (1993) explanation of the importance of helping enrolled nursing students develop self-esteem, personal motivation, effective study habits, self-improvement and life skills.

This study attests to the value of noncognitive variables—identified by African-American nursing students—on academic success. The correlation between these variables and the status quo of many African-American nursing students indicates a need for further examination of these noncognitive variables and how they can be integrated into key student relationships.

Figure 1. Mentoring tool for African-American nursing students

1. Do you see a need for a mentoring program in the school of nursing? Why or why not?
2. What activities would you like to see included in a mentoring program?
3. How could a mentoring program help lessen students’ feelings of isolation?
4. How could a mentoring program help provide a supportive learning environment?
5. How could a mentoring program help increase the number of African-Americans who meet the admissions criteria to the school of nursing?
6. How could a mentoring program help to increase the number of African-Americans graduating from the school of nursing?
7. If you were a mentor, what would you do to improve the coping skills of African-American nursing students?
8. Would the race of a mentor for African-American nursing students in the school of nursing be a factor? Why or why not?
9. What would be the most important to you in a mentoring program to help African-American nursing students succeed?
10. What is your life like as a nursing student in the school of nursing?

By Kathleen R. Stevens

AN ANTONIO—The speed of today’s knowledge demands a new paradigm for mentorship. As our current knowledge evolves around us with unprecedented swiftness, we no longer have time to sit at the feet of our mentors. Expanding my career into the new frontier of evidence-based practice, I needed to both rapidly acquire the latest knowledge and contribute to the interdisciplinary work at hand.

The learning task

While the underlying philosophy and some of the elements of evidence-based practice (EBP) have been with us over time, the new scientific rigor, the newly developed processes and the rapidly evolving entities represent enormous learning challenges to all who are engaged in contemporary health care. Recognizing a great opportunity to represent nursing science at the table, I joined a collaborative, multidisciplinary team to represent nursing knowledge as we advanced EBP. The team was the newly formed interdisciplinary group of investigators called the Veterans Evidence-based Research, Dissemination, and Implementation Center Team (VENDICT). The group was housed in the Veterans Administration Center of Excellence.

Directions from within

This learning task was set against the backdrop of our changing health care system. The Pew Health Profession Commission has pushed for enlarging the health professional’s education to “include a broader set of system, organizational, and population skills” (O’Neil, 1998). It cites the rate of change in human knowledge and the health care system as making imperative “a career-long commitment to continuous learning” (O’Neil, p. 45). Clearly, a new approach to learning about EBP was indicated. Such was my opportunity with VENDICT.

Constructing new pathways

Continuous learning was an integral part of the experience of VENDICT, as all on the team faced a steep learning curve regarding interdisciplinary EBP. Was it mentoring? Perhaps. Certainly the target result of mentoring and my experience was the same: great expansion of
A Nursing students gather around their professor, Dr. Barbara Buchanan, after a class lecture. Dr. Buchanan helped establish a mentoring program at Austin Peay University. Figure 1. Mentoring tool for African-American nursing students

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Interestingly, the school of nursing at the historically black university received a grant from a local health education center for a tutoring program assisting "at-risk" students. Faculty mentored students by helping them enhance time management skills, find resources for resolving personal and family issues, use resources for tutoring, and by supporting individual and group study. Snyder and Banker (1993), in an interview with nine students pursuing a master's degree in nursing, involving students of the same ethnic group and culture to maximize self-determination and self-confidence in individuals of African-American students were involved in the informal mentoring program at Austin Peay's nursing program. This underscores Zylinski and Melton's (1993) explanation of the importance of helping enrolled nursing students develop self-esteem, personal motivation, effective study habits, self-improvement, and life skills. This study attests to the value of noncognitive variables—identified by African-American nursing students—on academic success. The correlation between these variables and the status quo of many African-American nursing students indicates a need for further examination of these noncognitive variables and how they can be integrated into key student relationships.
my knowledge and skills in this new enterprise of evidence-based health care. Contemplating mentoring as a possible framework, I realized I was both recipient and provider. A mentor and protégé ... leader and follower ... teacher and learner, often at the same time.

An effective learning paradigm would result in the lateral expansion of the mentor/protégé roles, as well as a higher level of knowledge for both. It became apparent that such a paradigm would demand fluid movement of the scholar between roles such as mentor and protégé, leader and follower.

In present-day mentorship literature, two targeted outcomes are identified: the success and satisfaction of both mentor and protégé (Vance & Olson, 1998). My involvement with the VERDICT team reflected a new paradigm of lifelong learning—one that occurs by sharing ideas in a multidisciplinary setting with global leaders in evidence-based health care.

Models from the business world shed light on new pathways for learning in any enterprise, including EBP. First, well-known business leader Tom Peters supports the notion of sharing ideas and knowledge when he describes the "circle of innovation" as an element in greatness (1997). A second perspective, "the community of practice," promises to "radically galvanize knowledge sharing, learning, and change" (Wenger & Snyder, 2000, p. 150). Third, Dixon's concept of "common knowledge," is "knowing how to do" rather than "knowing what to do" (Dixon, 2000, p. 8).

The learning experience

These approaches focus on transferring and sharing knowledge in such a way that users can move toward the desired outcome. The EBP learning experience demonstrates the relevance of using community of practice and common knowledge for knowledge sharing within the circle of innovation. While a bit more formal than a community of practice, the VERDICT team operates within a similar basis. Team members bond through a common passion and commitment to evidence-based practice. Because EBP is inherently interdisciplinary, collaboration has been established among the health science disciplines of nursing, medicine, pharmacy, psychology, medical informatics, medical library science and medical journalism. The team operates within multiple funded centers of excellence for evidence-based practice and uses video teleconferencing technology to connect to our collaborative site in South Carolina (see Figure 1).

Each of these EBP entities, in turn, holds formal and informal collaborative arrangements across and outside of the groups, thereby stimulating the spread of best practices in EBP.

The 20-person EBP investigative team acts like a community of practice when it meets, builds and exchanges knowledge, and increases members' capabilities in EBP. Matrix and team approaches are combined with an overriding attitude of knowledge and idea-sharing across disciplines, making the disciplines (e.g., nursing, medicine) "transparent" and keeping them focused on the common knowledge. Common knowledge, then, is used to address EBP research problems through an open structure and multiple lines of collaboration across projects and entities. The newly formed Academic Center for Evidence-Based Nursing (ACE) serves as a companion to VERDICT and guides other nurses into EBP. The lessons learned spread quickly.

The result

The stated goals of rapid learning and nurse representation have been achieved. Hybridized from mentoring and learning organization concepts, this new pathway to lifelong learning has helped us meet the Pew Commission's Competency 21: "Continue to learn and help others learn" (O'Neil, p. 43).

Kathleen R. Stevens, RN, EdD, FAAN, is a professor at the University of Texas Health Science Center at San Antonio. She also serves as an investigator at the Agency for Healthcare Research and Quality Evidence-Based Practice Center, and on the Veterans Evidence-based Research, Dissemination, and Implementation Center Team.
Teaming up against prostate cancer

By Veronica Clarke-Tasker

WASHINGTON, D.C.—Health care's ongoing battle with cancer regularly triggers initiatives for developing a cure. Cancer in and of itself is a major public concern, yet it's the diverse manifestations of the disease that create anxiety for patients and unique challenges for researchers.

One such challenge for the Howard University Cancer Center was the issue of prostate cancer among African-American men. According to the Surveillance, Epidemiology, and End Results (SEER) program, the incidence of prostate cancer is 60 percent higher in African-American men than in any other racial or ethnic group, and they are twice as likely to die from their disease (Stephenson, Coyle, et al., 1998; American Cancer Society, Inc., 1998). When compared to white males, African-American men are 1.5 times more likely to develop prostate cancer and twice as likely to die from their disease (Powell, 1998; Abadilla, Ray, & Vijayakumar, 1998; Alexander & Brawley, 1998; Brawley, 1998; Brawley, Knopf, & Merrill, 1998).

Tragically, the disparity was attributed to preventable obstacles such as a lack of knowledge education about the disease or an unwillingness to participate in prostate screenings (American Cancer Society, Inc., 1999; Tingen, Weinrich, Heyd, Boyd, & Weinrich, 1998; Gelfand, Parzuchowski, Cort, & Powell, 1998). As a result, African-American men...
may hinder progress toward the goal of reducing cancer incidence and mortality rates by 50 percent and 25 percent, respectively, in the next 15 years (Stephenson, Coyle, et al., 1998; American Cancer Society, Inc., 1998).

Reduction in mortality has been associated with early diagnosis and treatment of prostate cancer. Since prostate cancer has no known preventive behaviors available, African-American men must incorporate recommended yearly prostate cancer screening into their health care practices (Brawley, 1998; Cooney, 1998; Denis, 1995; Demark-Wahnefried, Strigo, Catoe, et al., 1999).

The Howard University Cancer Center is dedicated to decreasing mortality and morbidity rates among African-Americans and others through effective, state-of-the-art treatment. The center has an aggressive research agenda that includes promoting participation in clinical trials by people of color. The specific work funded by the Mentored Research Award focuses on my interest in prostate cancer. Research has demonstrated the effectiveness of digital rectal examinations (DRE) and prostate specific antigen (PSA) in diagnosing prostate cancer at early stages. Understanding the possible causes of the disease, and why the incidence is higher among African-American men, will lead to increased knowledge of how to prevent and/or improve the outcomes for this type of malignancy. But successfully identifying these causes requires a multidisciplinary approach.

At the Howard University Cancer Center, nurses, physicians, social workers, nutritionists and other health care providers share their expertise in designing and implementing research studies. These studies reflect the multidimensional issues surrounding cancer and the African-American community. The team is critical to my work on prostate cancer screening, and its input has been invaluable in planning the interventions for my study.

The team is critical to my work on prostate cancer screening, and its input has been invaluable in planning the interventions for my study. One of my key relationships within the Prostate Cancer Work Group is with my mentor, Dr. Lucile Adams-Campbell. Ours is a highly interactive and supportive association that expands my ability to design and implement research. Being mentored across disciplines by an expert in the field of oncology has expanded my understanding of cancer’s magnitude in the African-American community.

We regularly discuss and plan my research activities, and she offers suggestions and guidance that enhance those efforts. In addition, under Dr. Adams-Campbell’s direction and through collaboration with her own multidisciplinary team of faculty and staff researchers, I gain experience in research methodology, including epidemiology, biostatistics and clinical trials. Identifying, recruiting and conducting population-based, randomized clinical trials are additional skills that I am learning as a result of this collaboration. As part of the team, I participate in cancer screenings and other related activities. This first-hand experience is an invaluable benefit to my research. Participation in related seminars is enriching, as participants from various disciplines brainstorm and raise questions about research design issues. The mutually beneficial discussions create an environment that is both supportive and interactive.

The mentor relationship is a contract. Being mentored by a non-nurse who has similar interests can enhance patient outcomes, as well as the protege’s own growth and development. Today more than ever, nurses and other health care professionals must function as a team. Collectively, such a team is charged with providing the best possible care for clients, and all avenues for doing so must be explored. To that end, continually using culturally sensitive approaches to treating patients with cancer, identifying those at high risk and teaching individuals how to avoid known and possible risks become increasingly important.

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Veronica A. Clarke-Tasker, RN, PhD, 
MBA, is an assistant professor at Howard University College of Pharmacy, Nursing 
and Allied Health Sciences, Division of 
Nursing, located in Washington, D.C.

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Jeanette Boman, RN, PhD, is an associate professor at the Univer-
sity of Alberta Faculty of Nursing in Edmonton, Alberta, Canada. 
In 1999, she received one of the 10 annual 3M University Teaching Fellowships awarded across Canada. Dr. Boman established and served as the first associate dean, teaching, for the Faculty of Nurs-
ing from 1997.

DMONTON, Canada—I have always loved teach-
ing. Even when I graduated nearly 30 years ago, I 
know that whatever I did as a nurse, it would have 
something to do with helping others learn.

When I joined the Faculty of Nursing at the University of 
Alberta, my developing interests and previous experiences in 
community development naturally took me to the courses that focused on teaching nursing students to be health edu-
cators and program developers themselves.

Sharing my perspectives on nurses mentoring across disci-
plines helped me realize how these experiences contributed to a mentoring vision that now permeates my relationships 
in and outside of nursing practice. I did know from the very 
beginning, however, that to successfully develop content for 
supporting students on effective teaching and learning, I had to practice what I was teaching. The process was the content. Further-
more, the parallel between the teaching-learning relation-
ship established with my students and the teaching-learning 
relationships they would later develop with their patients 
was clear to me.

II was not only committed to the significance of teaching 
and learning processes in nursing practice, but in my role as 
a nursing educator as well. My deep interest in teaching and 
learning processes, and my willingness to examine them in 
various contexts, led me to participate in a variety of activi-
ties designed for improving teaching and learning in higher 
education. The most notable experience was being a mentor 
for graduate students wishing to develop their teaching skill 
and ability to conduct research.

My commitment to teaching as a nursing skill has no doubt 
influenced the working and mentoring relationships I have 
developed outside of nursing. But there is something more. 
Nursing not only prepared me for my work in collaborative 
relationships, but also in helping others attain their physi-
cal, emotional, intellectual or social potential. According to 
the McGill model of nursing (Gottlieb & Rowat, 1987), for 
example, the central goal of nursing is to maintain, strengthen 
and develop an individual's health by actively engaging 
him or her in the learning process. The model focuses on the 
potential and resources already apparent in the individual, 
regardless of how problematic the situation may seem. Build-
ing on strengths, instead of concentrating on weaknesses, 
has been recognized by others as the key to successful living 
(Clifton & Nelson, 1992). It is this profundity that I attempt 
to integrate deep into the teaching-learning process.

I am convinced that, as nurses, we are oriented toward 
developing, empowering and nurturing relationships, and we 
carry with us the potential for powerful mentoring. And the 
beauty of becoming one is the inevitable process of mutual 
illumination that occurs with the mind, heart and soul of 
another human being (Palmer, 1998).
Situational anger and Self-empowerment

A beneficial by-product of anger is that it can stimulate you to act—to empower you to assert yourself. Situational anger, unlike chronic anger (part one of this series), can be energizing and constructive.

Nursing, as a discipline, needs you to use your anger constructively. Even more importantly, society needs you to experience a sense of personal and professional power to positively shape nursing's current and future contributions to health care.

Power in nursing

Power. Power is an interesting concept that is predicated on the concept of "need."

How much power you have in the relationship is determined by the degree to which someone else needs what you have (Snyder & Stukas, 1999). If person A needs something that person B has more than person B needs what person A has, then person B has more power in the relationship. If person A and person B have equivalent needs for what each brings to the relationship, power is balanced.

Too often nurses do not realize the power they have. The health care delivery system needs you! It needs your intellect and your competencies to provide nursing care. Unlike other health care disciplines, nursing is the only one that must be competent in two domains of practice, administering both medical care and nursing care. Nursing care is complex because it integrates, in an informed and artful fashion, what medical treatment patients need or don't need with what is needed to be comfortable and to function at their level of capability. Based on Florence Nightingale's understanding that disease and illness are distinctly different phenomena, nursing brings to the health care banquet a covered dish that no other discipline brings (Nightingale, 1859/1969). Specifically, nurses bring the knowledge and skill to differentially diagnose the need for nursing care (in the presence or absence of disease) that alters or prevents non-disease-based (personal or environmental factors) etiologies of somatic discomforts and functional symptoms (Lyon, 1990). Without nurses, without our surveillance skills and our covered dish, there would be pandemonium in the system with cataclysmic results. Nurses are not dispensable; nurses have power!

Empowering yourself. Being empowered means having the ability to act or influence (Merriam-Webster, 1996). Florence Nightingale is an extraordinary hero because she used her anger to create opportunities for nurses to practice and improve health care. She didn't let appalling conditions in the London hospitals or a lack of respect by physicians at Barrack Hospital in Scutari stop her. She used her anger to energize her action. In fact, she created conditions where it would become obvious to the physicians that the patients desperately needed nursing care. She worked hard to obtain the supplies needed to provide injured soldiers with adequate nutrition, fresh air and clean beds. The men at Scutari referred to her ability to get things done as "Nightingale power" (Woodham-Smith, 1910). The important thing about Nightingale's anger is that, although it was frequent, her anger was situational, data-driven, and about matters that were changeable.

Using situational anger for action

Remember, anger is caused when you have an expectation that is not met (Lyon, 1995). A realistic expectation is one that has a reasonable chance of being met. There are three criteria that must be met for an expectation to be realistic: 1) The expectation has been clearly communicated; 2) the person(s) had/has the resources (e.g., capability, knowledge, time, material resources) to meet the expectation; and 3) the person(s) is/are willing to do what is expected (Lyon, 2000).

Communicating the expectation. If the expectation has been clearly communicated and you believe the person has the capability of meeting the expectation, then it is important to communicate your feelings. Constructive expression of anger is characterized by: 1) owning it—using "I messages," 2) identifying the expectation that was not met, 3) communicating a caring concern for the other person, and 4) discussing the circumstances surrounding the expectation to determine if the person really is capable and/or is willing to do what you expect—"is there something that can be done to get this to happen?"

Sally, I need to let you know that when I saw the change in my work schedule I became angry (upset or irritated). I think that if my work schedule is changed, I should be consulted before that happens. I know you have a lot on your plate, and that this probably wasn't intentional, so can we talk about this some other time?

It is often difficult for people to communicate their anger because of concerns that the expression may create negative consequences. More often than not, if there are additional negative consequences experienced from the expression of anger, it is because the communication took on a blaming or judging tone ("It's your fault that I'm angry") and was expressed with an intent to hurt or harm the other person ("I should know that you're not capable of caring about other people."). The constructive expression of anger is often facilitated by pausing and thinking through how you are going to express both your anger and the expectation that wasn't met. However, if you choose not to communicate your anger, then it is important to consider letting go of the expectation, because ruminating about it will only create resentment and intensify your anger.

When the expectation hasn't been clearly communicated, it is important to take time to do so. This is a frequent occurrence because humans participate in a phenomenon known as "automatic knowing" or mind reading (McKay, Rogers, McKay, 1989). It's like the nurse who knows that she is going to be late tomorrow night because she has a Sigma Theta Tau chapter meeting. She tells her husband, "Honey, I'm going to be late tomorrow night—8:30 or 9 p.m." He says, "Fine."

Throughout the next day, she has fleeting thoughts that he'll know to prepare dinner. She comes home, finds him sitting in the same chair and nothing has been done. She gets angry and expresses her anger. He replies that he didn't know that's what she expected—which typically makes her more angry because "he should have known." As human beings that function daily on automatic pilot, we rely on patterns of behavior, not exceptions to the rule. So, if he typically fixes dinner and all she said was, "I'm going to be late," the message he received was, "Dinner will be later!"

Enhancing capability. To be capable, a person must have the necessary knowledge, skill and resources (material, time, social support) to carry out a desired action. To enhance capability means to continue learning and helping others learn. It means understanding the other person's perspective and supporting each other. It means enhancing psychological energy by finding something positive about others and focusing on something positive each day. Sometimes assessing capability simply requires asking, "Is this something that you think is doable at this time?" At other times, the determination of capability requires observation over time while being clear about expectations. Be careful not to fall into the chronic anger trap!

Enhancing willingness. Realistic expectations are perhaps most difficult in the area of willingness. It is particularly difficult to influence someone's willingness when you don't have authority over that person. However, decision makers are hard-pressed to ignore you when you're armed with data. Use your anger to energize the collection of data that will help demonstrate your point of view. The American Nurses Association has done just that by funding projects that facilitate the demonstration of positive and untoward consequences on patient outcomes with different delivery models of nursing care (American Nurses Association, 1997). You can do this on a smaller scale in your own work area. Collect data on issues you're concerned about and present it, along with suggestions on how to refine or enhance the delivery of nursing care.

Empower yourself. Communicate to others what nursing brings to the health care table that no other discipline can provide. Use situational anger to empower yourself to change that which is changeable—enhance your Nightingale power!

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Third in a series by Brenda L. Lyon, RN, DNS, FAAN. Dr. Lyon is an associate professor to adult health at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis and a nationally recognized expert on stress management.
When her flight from German oppression delivered her into Sweden, Ms. Lysnes worked closely with a local physician to establish a hospital to help save the lives of wounded soldiers. The resolve that had driven her across the Norwegian countryside began to change nursing in the region. The atrocities of the Third Reich were in stark contrast to what became Ms. Lysnes' life mission: protecting the human rights and health of psychiatric patients by fostering the highest professional and ethical standards in nursing.

"It was my desire to use my experiences and knowledge to give psychiatric patients the same standard of care that is found in general nursing," says Ms. Lysnes. Accomplishing such a feat meant changing the attitudes of others. To that end, Ms. Lysnes wrote the book Psychiatric Nursing History in Norway, which helped advance the understanding of, and caring for, psychiatric patients. She went on to achieve great success as director of the Norwegian State Postgraduate School in Psychiatric Nursing in Oslo and for 13 years was an international collaborator in psychiatric nursing education.

An honorary member of Sigma Theta Tau International, Ms. Lysnes' legendary heroism and pioneering spirit has earned her the King Olaf Gold Medal Award—one of Norway's highest honors.

Across the waters, where the Greenland Sea meets the Atlantic, Ms. Lysnes' close friend has had a similar impact in Iceland. Considered the country's foremost nursing pioneer, Maria Petursdotir in 1986 was instrumental in establishing the BSN degree as the required entry level into practice, standing firm against strong opposition.

"She stood alone for some time," says Sigridur Hallodrsdotir, RN, PhD, professor and dean at Iceland's University of Akureyri. "But today nobody says it should be otherwise."

Mrs. Petursdotir became a leader in the Icelandic Nurses Association, including serving 25 years on the board. Like Ms. Lysnes, she was awarded the International Florence Nightingale Medal. "Maria has a fiery mind and tends to be positive and very encouraging of others," says Dr. Hallodrsdotir. "She is a genuine advocate of mercy and compassion."

Lysnes and Petursdotir, Northern lights that will shine long into the future of Scandinavian nursing.

Paul T. Branks is managing editor of Reflections on Nursing Leadership and director of Sigma Theta Tau International's Center Nursing Press.
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Nursing’s northern Lights

across the Norwegian snow, a solitary figure is silhouetted by the Scandinavian moonlight. Neither standing nor sitting, the figure instead glides across the open terrain on skis in a dogged attempt to escape German detection during World War II.

The determination of that fugitive lives today in the heart of 93-year-old Marie Lysnes and is shared by her long-time friend and colleague, Maria Petursdottir of Iceland. As nurse leaders, pioneers and authors, the two have become heroes in their respective countries.

Paul T. Branks is managing editor of Reflections on Nursing Leadership and director of Sigma Theta Tau International's Center Nursing Press.

Mrs. Petursdottir, 80, has always been passionate about the history of nursing as well as its future. She wrote the book Nursing History in Iceland, having to publish it at her own expense because the profession wasn't yet perceived as significant—a perception Mrs. Petursdottir was able to change. Published in 1969, it remains the only nursing history book written in Icelandic.

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Lysnes and Petursdottir. Northern lights that will shine long into the future of Scandinavian nursing.
Joanne Rains, dean of the Indiana University School of Nursing, and Linda Schuhbeck, a clinical nurse specialist at the Hospital of the University of Pennsylvania in Philadelphia, have been named the recipients of the 2000 Albrecht Nurse Educator Award. The award recognizes outstanding contributions to nursing education and is presented annually by the Albrecht Nurse Educator Award Committee.

Susan Albrecht, associate professor in the Department of Health and Community Studies at the University of Pennsylvania School of Nursing, has received the 2000 Chancellor's Distinguished Teaching Award for her work on the prevention and treatment of HIV/AIDS. The award is given to faculty members who have made significant contributions to the university's teaching mission.

Sarah H. Kagan, gerontology advanced practice nurse at the University of Pennsylvania School of Nursing, has been named to the National Academy of Nursing's National Advisory Council for Nursing Education. The council is responsible for providing guidance and advice to the academy on matters related to nursing education.

Karin T. Kirchhoff, professor at the University of Pennsylvania School of Nursing, has been named the recipient of the 2000 National Institute of Nursing Research Award for her contributions to the field of neuroscience. The award recognizes outstanding research in the area of neuroscience and is presented annually by the National Institute of Nursing Research.

Bonnie Stevens and Judy Watt-Watson are lead nurse researchers at the University of Toronto for the study of Pain. They have been named the recipients of the 2000 Canadian Pain Society Award for their contributions to the field of pain management.

Carmen Porillo, president of the National Association of Hispanic Nurses, has been named the recipient of the 2000 Hispanic Nurses Association Award for Excellence in Nursing Education. The award recognizes outstanding contributions to nursing education and is presented annually by the Hispanic Nurses Association.

Donna Wells has been named the recipient of the 2000 American Nurses Association Award for Outstanding Contributions to Nursing Education. The award recognizes outstanding contributions to nursing education and is presented annually by the American Nurses Association.

The University of Toronto Faculty of Nursing in Ontario, Canada, has announced the appointment of the new dean, Carmen Porillo. She will take over the role from Mary Jane Meissner, who has served as interim dean since the retirement of Richard B. Meissner.
CARMEN PERILLO, president of the National Association of Hispanic Nurses, and Rose Iris González, associate director for government and neurocritical care at the Neuroscience Foundation, has announced the establishment of the National Hispanic Advisory Board of Pfizer Inc. The National Hispanic Medical Association and Pfizer have launched "Health Living for Hispanics," a patient education program designed to increase awareness of methods to reduce cardiovascular risk factors. The program provides culturally targeted information on the prevention and control of high cholesterol, high blood pressure, and diabetes.

CLAUDIA KOCH, associate professor of nursing at Case Western Reserve University in Cleveland, Ohio, is director of a nursing project in San Luis, an impoverished Mexican village. The project has received a $47,000 grant from the Medtronic Foundation that will enable students and faculty from the Boston School and the University of Virginia to provide health education materials for the clinic and community. Other faculty members leading the project are Associate Professor Carol Musi and Instructor Debbie Lindell.

GAIL W. STEBERT, associate director of the Center for Health Care Research at the University of South Carolina in Columbia, South Carolina, has been appointed visiting professor in the Health Services Research Department of the University of Pennsylvania in Philadelphia. She has been elected to the American Recovery and Growth of Recovery and Growth. Boundaries also encourage extension and flexion to enhance motor development.界 thanks for receiving and increasing the infant's motor development. Because of the risk of Sudden Infant Death Syndrome, staff members encourage parents to place infants on their backs for sleeping after they go home. To avoid flattening of the skull, however, infants should lie in other positions when awake. Ms. Carter says. More than 200 nurses and other support staff at Texas Children's Hospital, the largest children's hospital in the United States, have had instruction and individualized hands-on practice in positioning infants.

The University of Toronto Faculty of Nursing in Ontario, Canada, has announced the appointment of Donna J. Donner as dean of the Faculty of Nursing. Ms. Donner will begin her new role in January 2001.

Donna Wells as associate dean for education; Ruth Gallop as associate dean for research; and Judith H. Watt-Wanson as graduate coordinator.

Constance R. Uphold, family nurse practitioner at the VA Medical Center in Gainesville, Fla., is project director of the Faculty-to-Faculty Mentorship Program in Community Health, which is funded by a Heinz Foundation Grant awarded to the National Organization of Nurse Practitioner Faculties. Members of the program's advisory board are Elizabeth T. Anderson, University of Texas Medical Branch, Galveston; Patricia A. Burns, University of South Florida; Kristine

Positioning aids neonatal development.
Gebbie, Columbia University, Joyce Pelcini, Hunter College, City University of New York; and Rachel Spector, Boston College.

LEADERSHIP
Faye G. Abdellah, dean and professor at the University of North Carolina at Charlotte, has been promoted to the rank of colonel in the Army Nurse Corps. She has also been selected as commander of the 312th Field Hospital, United States Army Reserve, Greenland, N.C.

The University of Minnesota School of Nursing in Minneapolis has received a $1.4 million grant from the National Institute of Nursing Research to prevent falls among high-risk elderly women. A gerontological nurse specialist, Ms. Wyman holds the Cora Meidl Siehl Chair in Nursing Research and is director of the Center for Nursing Research of Elders.

PUBLICATIONS
Vern L. Bullough and Lilli Senta are editors of American Nursing, A Biographical Dictionary, Volume 3, Springer Publishing Company, New York, 2000. Dr. Bullough is also professor at the University of Southern California in Los Angeles. Ms. Senta is special projects librarian at The New York Academy of Medicine. Sharon Dardis and Cindy Rogers are co-authors of A 3 Journey One Meditations for Those Facing Death, Augsburg Fortress Publishing, Minneapolis, Minn., 2000. Ms. Dardis is children's bereavement coordinator for Lakeview Hospital and St. Croix Chaplaincy Association in Stillwater, Minn., and was recently elected a board member to the Minnesota Coalition for Death, Education and Support in Minneapolis.

Janet R. Katz, a cardiac rehabilitation nurse and an adjunct professor at Montana State University in Bozeman, has written Majoring in Nursing: From Prerequisites to Postgraduate Study and Beyond, Fara Press, New York, 1999.

Gloria M. Mayer and Ann Kuklierus are co-authors of What To Do When Your Child Gets Sick, Institute for Healthcare Advancement, Whitner, Calif., 1999. Dr. Mayer and Ms. Kuklierus assist in managing the Friends of Children Health Center, a nonprofit, free clinic for children without insurance. Judy Pace, palliative care and home hospice research professor of medicine at the University of North Carolina at Charlotte, has been promoted to the rank of colonel in the Army Nurse Corps.

Carolyn A. Williams, dean and professor at the University of Kentucky College of Nursing, is president of the American Association of Colleges of Nursing.
Jan McCoy, vice president of patient care services at Cape Canaveral Hospital in Cocoa Beach, Fla., has recently received the 1999 Leadership Excellence Award from the Florida Organization of Nurse Executives. The Midwest Nursing Research Society has announced the appointment of its 2000-2001 board of directors. Diana Bioridi, assistant dean for research and graduate affairs at Kent State University in Kent, Ohio, has been named a Mobius professor and associate dean for research at the University of Kansas in Kansas City, Kansas, as president-elect. Hiroko Minami, dean of the College of Nursing and Art Science in Hyogo, Japan, is president of the Japanese Nursing Association. Judith S. Mitroy has been appointed executive director of the New England chapter of Nursing Spectrum. Victoria Mock, associate professor at Johns Hopkins University School of Nursing and the School of Medicine in Baltimore, Md., has been appointed chair of the Fatigue Research Guidelines Panel of the National Comprehensive Cancer Network. Dr. Mock, the only nonphysician serving on such panels, studies symptom management and quality of life during cancer treatment. Mary A. Nies has accepted the position of president and chief executive officer of the American Organization of Nurse Executives. Barbara J. Koster, nurse practitioner at Madison Medical Group in Madison, Wisc., has received the 1999 Governor’s Award for Outstanding Rural Health Practitioner. Ms. Koster serves as president of the West Virginia Rural Health Association. Ms. Koster serves as president of the West Virginia Rural Health Association. Norma Lang has stepped down from her position as financial aid manager for the University of Pennsylvania School of Nursing in Philadelphia. Dr. Lang will assume an endowed nursing professorship and will focus on research and international leadership. Kathleen Ann Long, dean and professor at the University of Florida College of Nursing in Gainesville, has been elected president-elect of the American Association of Community Health Nursing. Kathleen MacMillan has been appointed associate dean of nursing in the University School of Nursing in Baltimore, Md., has received a $2,000,000 grant from the Open Society Institute to develop a National Nursing Leadership Institute on End-of-Life Care. Dorothy Reeder is president of the organization. Dr. Reeder will oversee approximately 50 nurse leaders as they develop plans in partnership with their sponsoring organizations for improving end-of-life care.

Nancy M. Saull, manager of Halifax Medical Center’s Port Orange Day Surgery unit in Daytona Beach, Fla., has been named president of the American Society of PeriAnesthesia Nurses. P.K. Scheerk, president and chief executive officer of American Nursing Services Inc., headquartered in New Orleans, La., has been named a regional finalist for the Working Women Entrepreneurial Excellence Awards 2000. She also has been recognized as one of New Orleans City Business Magazine’s Women of the Year. Carol Stenglein, associate professor of nursing at Indiana University-Purdue University Fort Wayne Department of Nursing, and Sharon Sim, associate professor at the School of Nursing at Indiana University-Purdue University Indianapolis, have received the 2000 Faculty Colloquium on Excellence in Teaching award from Indiana University.

PUBLICATIONS

Vern L. Bullough and Lilli Senta are editors of American Nursing, A Biographical Dictionary, Volume 3, Springer Publishing Company, New York, 2000. Dr. Bullough is professor at the University of Southern California in Los Angeles. Ms. Senta is special projects librarian at The New York Academy of Medicine. Sharon Dardis and Cindy Rogers are co-authors of As I Journey On: Mediations for Those Facing Death, Augsburg Fortress Publishing, Minneapolis, Minn., 2000. Ms. Dardis is children’s bereavement coordinator for Lakeview Hospital and St. Croix Chaplaincy Association in Stillwater, Minn., and was recently elected to a board member to the Minnesota Coalition for Death, Education and Support in Minneapolis.

Janet R. Katz, a cardiac rehabilitation nurse and an adjunct professor at Goleta Valley Community College in Santa Barbara, Calif., has been appointed Majoring in Nursing: From Prerequisites to Postgraduate Study and Beyond, Farrar, Straus and Giroux, New York, 1999. Gloria M. and Ann Kulick are co-authors of What To Do When Your Child Gets Sick, Institute for Healthcare Advancement, Whitter, Calif., 1999. Dr. Moyer and Ms. Kulick assist in managing The Friends of Children Health Center, a nonprofit, free clinic for children without insurance. Judy Paice, palliative care and home hospice research professor of medicine at the University of California at Los Angeles, has been promoted to the rank of colonel in the Army Nurse Corps. She has also been selected as commander of the 323d Field Hospital, United States Army Reserve, Greensboro, N.C. Jeanne Jeanes, professor at the University of Minnesota School of Nursing in Minneapolis, has received a $1.4 million grant from the National Institute of Nursing Research to study infantile colic, preventing falls among high-risk elderly women. A gerontological nurse specialist, Dr. Jeanes holds the Constance Meidl Stiel Chair in Nursing Research and is director of the Center for Nursing Research of Elders.
Northern Memorial Hospital in Chicago, Ill., is faculty leader for the Oncology Nursing Research Center, the John F. Barnes Management for the Oncology Nurse, Stratos Institute for Healthcare Performance, Laguna Niguel, Calif., 2000. Jane C. Frenier and Marlene Hanson Frome are editors of Stress and Coping: State of the Science and Implications for Nursing Theory, Research, and Practice, Midwest Nursing Research Society, Can- nington, Ill., 2000. Dr. Werner is professor of nursing in the Adult Health Nursing Department at University of Wisconsin, La Crosse. Dr. Frost is professional associate in research for the Mayo Clinic Women’s Cancer Program in Rochester, Minn. Margaret P. Lane is a standards specialist for the American Nurses Association-American Nurses Foundation, has written Great Sex after 40: Strategies for Lifelong Fulfillment, John Wiley and Sons Inc., New York, 2000. Dr. Williamson is a certified sexologist.

RESEARCH

Joan K. Austin, distinguished professor at the Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, is the first nurse recipient of the Jacob Javits Award from the National Institutes of Health. Dr. Austin and her research team at the University of Pittsburgh School of Nursing in Pennsylvania, and her team of researchers at the University of Chicago have received a $2.1 million grant from the National Institute of Nursing Research for studies on improving outcomes in mechanically ventilated patients.

The Midwest Nursing Research Society has awarded grants in the amount of $5,000 to Mary Ellen Murray, assistant professor at Indiana University School of Nursing, and Bryan A. Weber, project manager at Case Western Reserve University in Cleveland, Ohio. Dr. Murray's proposal, "Outcomes of a Managed Care Cost Containment Strategies," received the New Investigator Research Grant. Mr. Weber's grant, "Dyadic Intervention for Men with Prostate Cancer," received the Dissertation Research Grant.

Shirley Moore, associate professor at Case Western Reserve University’s Frances Payne Bolton School of Nursing in Cleveland, Ohio, is director of "Change Habits by Applying New Goals and Experiences" (CHANGE), a four-year program that encourages cardiac patients to exercise regularly. The National Institute of Nursing Research at the National Institutes of Health has awarded a $1.2 million grant for the study.

Jenny Fogg has received a Canadian Health Services Research Foundation Training Program development grant for her "Collaborative Community Care Research Training Project." Dr. Fogg is assistant professor at McMaster University School of Nursing in Hamilton, Ontario, Canada.

Richard L. Sowell, professor and chair of the Department of Administrative and Clinical Nursing, University of South Carolina College of Nursing, Columbia, has received the 2000 University of South Carolina Educational Foundation Award for Research in Health Sciences. Dr. Sowell's research focuses on psychological issues of women with HIV/AIDS.

Bonnie Stevens, professor, and Diane Irvine, assistant professor, both of the University of Texas at Arlington have received Première Research Excellence Awards. Dr. Stevens, the inaugural Signy Fildes Eaton Chair in Pediatric Nursing Research at the University of Sick Children in Toronto, is evaluating the safety and efficacy of existing treatments to relieve pain in infants. Dr. Irvine is evaluating the quality of nursing care in hospital and community practice settings.

Marita G. Tider, director of nursing research at the University of Iowa Hospitals and Clinics in Iowa City, has received a $1.46 million grant from the Agency for Healthcare Research and Quality for her study on translating scientific findings into nursing and medical care for elder adults experiencing acute pain.

Sandrinna Mellon, professor at the University of Wisconsin Milwaukee, is head of a cancer prevention and early detection program for historically black colleges and universities. The Oncology Nursing Society has received a $3.4 million grant from the Non-Hodgkin’s Lymphoma Institute to host the program, which seeks to reduce health disparities and cancer mortality among medically underserved African-Americans by integrating information about cancer prevention and early detection into curricula.

Karen E. Johnson, RN, BSN, MS, assistant professor at the University of Minnesota College of Nursing, has been awarded a grant of up to $5,000 from the National Institute of Health for the 12th Annual Cancer Research Conference. Sponsors: Alpha, Omega, Zeta, Iota, Pi, and others. Contact: Dr. Linda Hopp, Purdue University Calumet, 2000 Victory Field, Hammond, IN 46323; Phone: 219.698.2853; E-mail: lhopp@pucalumet.edu

ION INTERNATIONAL CONFERENCE

Sept. 5-7, 2000—Durham, United Kingdom International Nursing Conference, Northumbria University, International Participatory Conference for Education in Health Care, Contact: Jill Rogers Asso­ciates, 1000 Church Street, Maid­ change CRR RRE United Kingdom; Phone: 44 994 354 3702; E-mail: jra@jaeurope.com

Sept. 22-24, 2000— Villanova, Pennsylvania American Association for the History of Nursing, Contact: John J. Ploeg, AHN, P.O. Box 175, Lanarko Harbor, Nj 08754; Phone: 609.693.7559; Fax: 609.693.1327; E-mail: AHNIN@aahn.org; Web: www.aahn.org/ conf.html

Oct. 1-4, 2000— McLean, Virginia "International Collaboration in Nursing. The Influence of Ethics and Policy on Health and the Quality of Life," Fourth Nursing Academic Inter­national Congress, Sponsors: George Mason University College of Nursing and Health Science, Contact: For Professional Development, Phone: 703.993.1351; Fax: 703.993.1652; E-mail: FNAIC@gmu.edu; Web: http://www.gmu.edu/departments/nursing

Oct. 13-14, 2000—Manhattan, New York "Global Collaboration: Health in Healing Through Sharing," Third Annual International Conference of the Global Institute for Nursing and Health, Contact: Dr. Priscilla Sager; E-mail: sugar@frontier.net; Dr. Hussein Tahhan; Phone: 212.344.1872.

Nov. 10-12, 2000—Lorne, Victoria, Australia "Rhythm, Reflections and Synergy: Embracing the Spirit of Nurse," Second Annual International Conference of the People’s Health, Immunity and Disease Search, Contact: Dr. Vivian Wong, Rhythm, Reflexions, Villanova University, E-mail: Vivianwong@villanova.edu; Phone: 610.558.6730; Fax: 610.558.6731.

Nov. 3-5, 2000—Merrillville, Indiana "New Directions in Nursing Research: Expanding the Foundations of Practice," Eighth Annual Oncology Nursing Conference, Sponsors: Alpha, Omega, Zeta, Iota, Pi, and others. Contact: Dr. Lisa Hopp, Purdue University Calumet, 2000 Victory Field, Hammond, IN 46323; Phone: 219.698.2853; E-mail: lhopp@pucalumet.edu

Dec. 4-6, 2000—Hilton Head, South Carolina The Psychology of Health, Immunity and Disease 12th International Conference, Sponsors: The Na­tional Association of Critical Care Nurses, Phone: 703.993.1351; Fax: 703.993.1652; E-mail: INCC@ahsi.org; Address: 校址: 7000 Southsaleses/shb/john.fischer.ACOHN_2000.COM/00.html

CALL FOR ABSTRACTS

Deadline: Jan. 18, 2001

PAPER, POSTER—Improving Life Through Health Promotion: Nurses Making a Difference, Jan. 31-Feb. 3, 2001, Chang Mai, Thailand, Contact: Chiang Mai University, Chiang Mai, Thailand, E-mail: n777@nmu.ac.th; Phone: 66 53 977 321; Fax: 66 53 217 145; Europe 0044 1954 252027; Address: 17th Annual Conference. Contact: Dr. Vivian Wong, Rhythm, Reflections, Villanova University, E-mail: Vivianwong@villanova.edu; Phone: 610.558.6730; Fax: 610.558.6731.

PAPER, POSTER—Researching the Issues of Women with HIV/AIDS, Contact: Dr. Vivian Wong, Rhythm, Reflections, Villanova University, E-mail: Vivianwong@villanova.edu; Phone: 610.558.6730; Fax: 610.558.6731.

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Northwestern Memorial Hospital in Chicago, Ill., is faculty leader for the Oncology Nursing Research Group, a unit of Management for the Oncology Nurse, Stratos Institute for Healthcare Performance, Laguna Niguel, Calif., 2000. Joan K. Austin and Marlene Hanson From- steen are editors of Stress and Coping: State of the Science and Implications for Nursing: Theory, Research, and Practice, Midwest Nursing Research Society, Indianapolis, 2000. Dr. Werner is professor of nursing in the Adult Health Nursing Department at University of Wisconsin, La Crosse. Dr. Frost is professional associate in research for the Mayo Clinic's Women's Cancer Program in Rochester, Minn. Marilyn Rosati, executive director, is special grant specialist for the American Nurses Association/American Foundation, has written Great Sea after 40 Strategies for Lifelong Fulfillment, John Wiley and Sons Inc., New York, 2000. Dr. Williamson is a certified ecologist.

RESEARCH

Joan K. Austin, distinguished professor at the Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, is the first nurse recipient of the American Nurses Foundation, the Adult Health Nursing Department at the University of Iowa Hospitals and Clinics in Iowa City, has received a $1.46 million grant from the Agency for Healthcare Research and Quality for her study on translating scientific findings into nursing and medical care for elder adults experiencing acute pain. Sandra Million Underwood, professor at the University of Wisconsin Milwaukee, is head of a cancer prevention and early detection program for nurses from historically black colleges and universities and minority institutions. The Oncology Nursing Society has received a $1.1 million National Cancer Institute grant to host the program, which seeks to reduce health disparities and cancer mortality among medically underserved African Americans by integrating information about cancer prevention and early detection into curricula.

Mail "People" items to Jane Palmer, Reflections on Nursing Leadership, 750 W. North St., Indianapolis, Ind. 46225. Send e-mail to jpalmer@stti.iupui.edu.

People "People" publishes news about members of all academic levels and venues about clinical achievements, nursing or community leadership, research, business and professional enterprises and awards, educational, job title, name and location of employer, and contact information.

INTERNATIONAL CONFERENCES

Sept. 5-7, 2000—Darwin, United Kingdom Nursing World Congress. Contact: Nursing World Congress, 1 Nissan House, Cam- bridge CB4 9RE, United Kingdom; Phone: +44 1223 314911; Fax: +44 1223 314910; E-mail: jen@nwc.org.uk

Sept. 23-24, 2000—Villanova, Pennsylvania American Association for the History of Nursing, Inc. 175th Anniversary Conference. Contact: American Association for the History of Nursing, Villanova University College of Nursing, Contact: Jan Pikenske, AARN, P.O. Box 179, Lanoka Harbor, NJ 08734; Phone: 609-693-7559; Fax: 609-693-1037; E-mail: AASH@nwhi.net; Web: www.aash.org

Oct. 1-4, 2000—McLean, Virginia "International Collaboration in Nursing. The Influence of Ethics and Policy on Health and the Quality of Life," Fourth Nursing Academic International Congress. Sponsor: George Mason University College of Nursing and Health Science. Contact: For Professional Development; Phone: 703-993-1133; Fax: 703-993-1625; E-mail: nrc@fnarrd.org; Web: www.gmu.edu/departments/nursing

Oct. 17-14, 2000—Manhattan, New York "Global Changes in Health Care: Healing Through Sharing," Third Annual International Conference of The Global Institute for Nursing and Health. Contact: Dr. Priscilla Sager; E-mail: sugar@frontier.net; Dr. Hassett Tahan; Phone: 212.341.1820. Nov. 10-12, 2000—Lorne, Victoria, Australia "Rhizobia: The Role of Rhizobia in the Fertilization of Whiteness in Healing," Australian College of Holistic Nursing Inc. Fourth International Conference. Contact: Trish Brown; Conference Secretariat, 30 Mainland St., Geelong West 3218 Victoria, Australia; Phone: 61-3-5242-8873; E-mail: info@acohn.org.au; Web: www.acohn.org.au/schools/shhp/john.foldefer/ACOHN_2000_CONF.html

Dec. 4-6, 2000—Hilton Head, South Carolina The Psychology of Health, Illness and Disease. 12th International Conference. Sponsor: The Na- tional Institute of Nursing Research, National Institutes of Health. Contact: Dr. Roberta Hays, Auditor, 100 Bethesda Ave., Bethesda, MD 20892-3149; Phone: 301-496-2420; Fax: 301-496-2421; E-mail: robertta_hays@nih.gov; Web: www.nim.nih.gov

REGIONAL CONFERENCES

Sept. 5-7, 2000—Las Vegas, Nevada "Enduring Traditions: Health Maintenance," American Association of Spinal Cord Injury Nurses 17th Annual Conference. Contact: Dr. Vivian Beja, 73-20 Asteria Blvd., Jackson Heights, NY 11377-2179; Phone: 718-830-1780; Ext. 308; E-mail: asnic@mindspring.com

Nov. 28-29, 2000—London, Ontario, Canada Leading and Loving it in the 21st Century. Sponsor: Ontario Nurses' Association/American Nurses' Association, Contact: Fac- ulty of Nursing, Chiang Mai University, Thailand; Phone: 66-2-129-7181; Fax: 66-2-129-7201; E-mail: theo@cmu.ac.th

Oct. 19-20, 2000—Boston, Massachusetts Emerging Nursing Knowledge 2000 Sponsor: Boston Circle for Emerging Nursing Knowledge, Boston College of Nursing. Contact: Continuing Education Program, Boston College School of Nursing, Cascading Hall, Room 211, Chestnut Hill, MA 02467; Phone: 617-353-3616; E-mail: rnb@bc.edu

Oct. 22-23, 2000—Western Caribbean Cruise Integrating Conventional and Alternative Therapies: Holistic Care in Adult Health Nursing. Sponsor: American Holistic Nurses' Association, Contact: Anita W. Fincham, Resources for Excellence, 3550 Prince Avenue, Cincinnati, OH 45216; Phone: 513-877-9605; Fax: 513-877-9383; E-mail: tf9915@ceuex.net; Web: www.fnac.org

CALL FOR ABSTRACTS

PAPER, POSTER—Improving Life Through Health Promotion: Nurses Making a Difference. Jan. 31-Feb. 4, 2001, Chiang Mai, Thailand. Contact: Ms. Fiona Beyda, Astoria Blvd., Jackson Heights, NY 11377; Phone: 714-728-5515; Fax: 714-728-5514; E-mail: fiona.beyda@nursing.nyu.edu; Web: www.nursing.nyu.edu

PAPER, POSTER—Collaborative Community Care Training Project. 24th Annual International Conference for Educators in Health Care. Contact: Jill Rogers Associ- ates, 128 S. Pearl St., Melrose, MA 02176; Cambridge, MA 02138; Phone: 617-492-9200; Fax: 617-492-9210; E-mail: jr@jrassociates.com

PAPER, POSTER—Evaluation of the Effects of Intervention Con- tainment Strategy," American Association of Spinal Cord Injury Nurses' Dissertation Research Grant. Sponsor: National Institutes of Health has awarded a $1.46 million grant for the study. Sandra Million Underwood, professor at the University of Wisconsin Milwaukee, is head of a cancer prevention and early detection program for nurses from historically black colleges and universities and minority institutions. The Oncology Nursing Society has received a $1.1 million National Cancer Institute grant to host the program, which seeks to reduce health disparities and cancer mortality among medically underserved African Americans by integrating information about cancer prevention and early detection into curricula.
Former dean promoted nursing education

Shirley L. Dooling, EdD, former dean of the Marcella Niehoff School of Nursing at Loyola University in Chicago, Ill., died Feb. 26, 2000. Her previous positions included dean and professor at Creighton University in Omaha, Neb., and assistant dean and associate professor at the University of Missouri School of Nursing in Columbia, Mo. Dooling was a member of Alpha Beta chapter of Sigma Theta Tau International. She received a doctorate in education from Teachers College at Columbia University in New York. The family requests that memorials be sent to the American Cancer Society, 6440 S. Lewis, Suite 150, Tulsa, OK 74126.


Dooling was a member of Alpha Beta chapter of Sigma Theta Tau International. She received a doctorate in education from Teachers College at Columbia University in New York. The family requests that memorials be sent to the American Cancer Society, 6440 S. Lewis, Suite 150, Tulsa, OK 74126.

Some of the key references included in the text are:


The Virginia Henderson International Nursing Library's Registry of Nursing Research has registered more than 12,000 research studies, and the knowledge indexes now link to Pub Med. Additional indexes for currently relevant subjects are now being developed. The Online Journal of Knowledge Synthesis for Nursing has 61 articles that provide timely information from research on clinical topics as applied to nursing practice. This resource, combined with the efforts of a partnership work group of the regional research societies and Sigma Theta Tau International, provide the knowledge, strategies, and relevant research to engage in evidence-based practice.

Center Nursing Press published more than 90 projects in the first six months of the year. In addition, the book Making a Difference, from the Point of Care by Dr. Sharon Haddad and the monograph Nurses' Moral Practice: Investing and Discounting Self by Dr. Claudette Kelly were published. Both the Journal of Nursing Scholarship and Reflections on Nursing Leadership enjoyed a circulation of 15,000, with reader satisfaction and participation in the online case study continuing education series.

The fiscal year 2000 operating budget was under expended, placing the organization in a positive financial position. Two grant awards were received from the Robert Wood Johnson Foundation for the development of the Nursing Practice and Education Consortium. Two other grants were awarded by the Hugo Foundation and the Eli Lilly and Company Foundation for the development of the online case study continuing education series.

The nursing image coalition of 18 organizations, "Nurses for a Healthier Tomorrow," secured Elizabeth Dole and Lois Baines Johnson as co-chairs and launched a Web site. A second and Harris Poll, co-sponsored with Nursing Spectrum, was conducted, focusing on the public's understanding of nursing's roles and competencies.

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The Postdoctoral Institute for Knowledgebase Building: Scholars search for meaning

By Jane A. Root

Most scholars build a knowledgebase of research findings in their area of interest. The knowledgebase can be as simple as a collection of articles containing findings (aka data or information), otherwise known as the file drawer system. Some use paper-and-pencil-based index cards, while others use electronic file cabinets—for example, bibliographic management systems such as Reference Manager, End Notes, or Notebook II.

Why? To translate and summarize research findings for staff nurses. To prepare for teaching a class. To prepare a critical review or statistical meta-analysis for publication. To prepare a review of literature for a grant proposal or to design a new research study. To prepare a summary of "best evidence" for an intervention. To complete a concept map.

If these activities are part of your life as a nurse, you may want to participate in one of the postdoctoral institutes to learn cognitive and software skills using the arcs© software. This software will not only make it easier for you to take notes on research articles, but also will let you sort your notes by any detail you wish, such as design, sample population, findings, funding and/or anything else you deem important enough to record. Furthermore, the software automatically creates a graphical scientific model of an entire related collection of articles for you.

Want to see what a knowledgebase looks like? Visit the Virginia Henderson International Nursing Library at www.nursingsociety.org/library even more important, the postdoctoral institute residencies have immediate impact on several grants that Dr. Weiner has continued to work on entering additional data or information into her database. Her original concept map has not yet changed, however. The researchers working with her have used the concept map on workplace violence to identify further areas for research.

"My project is in the process of being developed for publication. The knowledgebase continues to evolve with each addition to the database," said Dr. Dumas. "This continues to amaze me. I've developed a model from the literature that reflects the role of nurse practitioners in health care delivery. It seems logical; however, I expect that as I gain greater knowledge and understanding of arcs©, the model will become much more sophisticated." For more information on the postdoctoral institutes, visit our Web site at nuringsociety.org/library.
egies for realizing nursing's preferred future. Experts from the Americas met in the first of these series to address issues, share resources, develop alliances and strategize how to position nursing in evolving and diverse health care systems. The second of the series is scheduled for the Pacific region in May 2001. Partnership activities continue as well with the International Council of Nurses, the World Health Organization and the American International Health Alliance. The newly formed multinational work group on developing an international academic nursing alliance will convene in October at the Carter Center in Atlanta. The work group will structure a multifaceted electronic resource for students and academicians in university-based programs that will facilitate information and research exchanges globally.

Sigma Theta Tau International's board of directors held its second face-to-face meeting in early June. The board reviewed reports from all committees, work groups, task forces, editors, subsidiary corporations and staff and analyzed them in relation to the biennial goals derived from the strategic plan. The commitment and hard work of all these entities have kept the organization on, and in some cases beyond, the established objectives and timelines. In addition, the board worked with consultants to address the issues of scenario building to create a governance and committee structure reflective of the strategic goals culturally relevant globalization of the organization and its implications, and member and chapter eligibility, revalidation and services. In addition, the proposed regional restructuring plan was reviewed in conjunction with feedback received by the Regional Chapters Coordinating Committee during chapter president conference calls.

Thanks to the leadership of the international and chapter boards, the committees, task forces, work groups and, most of all, the members, the society continues to grow and flourish. Our collective commitments, talent and hard work are ensuring the society's vision of a global community of nurse leaders and scholars positively influencing the health of people.

The Postdoctoral Institute for Knowledgebase Building: Scholars search for meaning

By Jane A. Root

Most scholars build a knowledgebase of research findings in their area of interest. The knowledgebase can be as simple as a collection of articles containing findings (aka data or information), otherwise known as the file drawer system. Some use paper-and-pencil-based index cards, while others use electronic file cabinets—for example, bibliographic management systems such as Reference Manager, End Notes, or Notebook II. Why? To translate and summarize research findings for staff nurses. To prepare for teaching a class. To prepare a critical review or statistical meta-analysis for publication. To prepare a review of literature for a grant proposal or to design a new research study. To prepare a summary of "best evidence" for an intervention. To complete a concept map.

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Want to see what a knowledgebase looks like? Visit the Virginia Henderson International Nursing Library at www.nursingsociety.org/library and select "knowledgebases." You may view the records in the underlying knowledgebase from which the scientific maps (scientific models) are created, or you can see the scientific models themselves.

Perhaps even more important, the postdoctoral institute experience is an opportunity to participate in a close, small community of scholars—something most of us lose when we enter the work world (yes, even the academic world).

The first Sigma Theta Tau International Postdoctoral Institute on Knowledgebase Building was held in the summer of 1999 at the International Center for Nursing Scholarship in Indianapolis, Ind. Two more institutes are scheduled during the next six months: Dec. 13-20, 2000, and Jan. 3-10, 2001, also in Indianapolis. The institutes will be led by Judith Graves, RN, PhD, FAAN, nursing informatics scholar-in-residence at Sigma Theta Tau International.

The postdoctoral institute is geared toward clinical scholars who have a body of knowledge they would like to work on. "My goal in participating was to enrich my ability to perform primary care nurse practitioner research," said Mary Anne Dumas, RN, PhD, CFNP, a participant in the first postdoctoral institute. Dr. Dumas is clinical associate professor at the State University of New York at Stony Brook School of Nursing. "arcs© is an excellent computer program—complex, powerful and adaptable," she added. "The small group learning process and tutorial greatly enhanced the learning process."

"My intent was to master the software and process of knowledgebase building to the extent that I could consult with potential authors for The Online Journal of Knowledge Synthesis for Nursing," noted Betty Weiner, RN, PhD, FAAN, professor of nursing, director of the Faculty Technology Resources Center and acting director of educational services at the University of Cincinnati in Ohio. "My review of the literature included a variety of sources, including the library's Registry of Nursing Research and its databases. The work I accomplished had immediate impact on several grants that have been in preparation, along with drafting an article to submit to the OJKSN. Plus, it was a joy and honor to have the privilege to work with such a gifted scholar as Judith Graves. I can't think of a better role model."

Dr. Weiner has continued to work on entering additional studies into her database. Her original concept map has not yet changed, however. The researchers working with her have used the concept map on workplace violence to identify further areas for research.

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Unleashing the power of nursing

By Jeanne M. Floyd

Leaders are called to live their convictions with courage, especially in times of change. Nelson Mandela, in his 1994 inaugural address as president of South Africa, said, “Our deepest fear is not that we are inadequate; our deepest fear is that we are powerful beyond measure.” We often talk about the potential power of nursing. In light of Mandela’s poignant message, Marilyn Chow, RN, DNsc, FAAN, director of the Robert Wood Johnson Executive Nurse Fellows Program, posed this question recently, “What’s keeping us from exerting our powerful leadership?”

Dr. Chow, along with experts on regulatory and policy issues, nursing and higher education, practice, and nursing management and health care administration, served as blue-ribbon panelists to critique a strategic plan designed to transform U.S. nursing practice and education. Organized by Sigma Theta Tau International, the event was held at the American Hospital Association headquarters in Chicago, Ill., on April 20, 2000, and hosted by the American Organization of Nurse Executives. With funding provided by the Robert Wood Johnson Foundation, the plan was drafted by representatives of the eight nursing organizations that formed the Nursing Practice and Education Consortium two years ago. Visit our Web site at nursingsociety.org for a listing of the participants organizations.

The blue-ribbon panelists offered a critique and advice regarding the plan that recommended determining the set of competencies needed for nursing to meet its social mandate in the new millennium. It was assumed that clearly defining the nurse competency sets with populations in need—adding economic value by ensuring quality, cost-effective outcomes.

The experts accepted assignments to identify gaps in the plan and suggest solutions. Overall, the panelists encouraged bold thinking and courageous actions. Dr. Chow encouraged nurses to think about important issues in nontraditional ways, to remain focused on goals and to examine constraints that block nurses from exerting their powerful leadership in shaping practice and education.

In her examination of the strategic plan, Dr. Chow set the tone by requesting that the group assume the liberating stance of welcoming opportunities to survive and thrive on chaos. Inherent in this nontraditional view of the profession is the honing of exemplary decision-making skills. A key component is the acquisition of knowledge to frame or reframe questions that are based on a complete review of the factors surrounding issues. Demonstrating what she meant, Dr. Chow shared that the plan ought to be reframed to highlight consumer focus and interaction, as well as interdisciplinary teamwork and collaborative opportunities outside of nursing.

If nursing practice and education are riveted on the consumers, she advised that driving questions might include: “What are the current and evolving needs and desires of nursing’s key customers? How can collaborative partnerships with nursing education and practice most efficiently and effectively meet those needs? What alternative and complementary approaches might be taken?”

The complex nature of this level of questioning is best addressed by nursing leaders willing to learn to think together and with others. The dialogue would become enriched, for example, as nursing leaders broadened the examinations to include perspectives from other health care disciplines, health plan executives, consumers and representatives of regulatory bodies. Advice from marketing, communications and product development experts would round out nursing’s connection to the public.

Methods of engagement might include a process of brainstorming with cross-generational and cross-disciplinary teams, condensing ideas, selecting and testing the best options and developing marketing campaigns that demonstrate how nursing is responding to the needs of the public.

Dialogues of this magnitude occur when there is agreement among leaders that the time is right to set out and leave behind the social milieus, preconceptions, definitions, language and a narrowed field of vision. Quoting Rabbi Lawrence Kushner, Dr. Chow said that we can no longer expect relationships, words or letters to mean what they used to mean. Leaders need to be courageous and open to “just decide and act.”

As the blue-ribbon panel reports are generated, the membership will be updated. The consortium met this summer by conference call to review the work completed to date and to outline the final strategic planning meeting scheduled for September. Look for a summary of this meeting in the fourth quarter 2000 issue of Reflections on Nursing Leadership. For additional information about the April meeting or to register comments, send an e-mail to Jeanne Floyd at floyd@stti.iupui.edu.

Jeanne M. Floyd, RN, PhD, C, CAE, is director of research and evaluation at Sigma Theta Tau International.

A. Indianapolis, March 23—Nurse leaders from the New Independent States of the former Soviet Union and central and Eastern Europe visited Sigma Theta Tau International headquarters as part of an American International Health Alliance study tour. The visit signals an expansion of the year-long collaboration between Sigma Theta Tau and the American International Health Alliance to nurture the development of nursing as a scholarly and university-based profession in those countries. Among the nurses who visited are Sigma Theta Tau members, from left, Ms. Sharon Weinstein, American International Health Alliance; Dr. Elena Stempovskaia, Moldova; Ms. Rikhsinisa Salikhodjaeva, Uzbekistan; Ms. Makhabbat Musabekova, Kazakhstan; Ms. Rozanna Gnioyan, Armenia; Dr. Tatianna Fedyn, Ukraine; and Dr. Elena Frolova, interpreter.
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**Research**

**Sigma Theta Tau International/Glaxo Wellcome New Investigator/Mentor Grant**

Recipients of the 1999 Sigma Theta Tau International/Glaxo Wellcome New Investigator/Mentor Grant of $5,500 are Deborah K. Swanson Banik, RN, MPH, new investigator, and Cecilia Barron, RN, PhD, CS, mentor. Ms. Banik is a doctoral candidate at the University of Nebraska Medical Center in Omaha. Dr. Barron is associate professor of nursing at the University of Nebraska Medical Center.

The purpose of their study, "Physiological Responses and Coping Related to the Post-Treatment Mammogram in Breast Cancer Survivors," is to describe the relationship between the stress of an impending mammogram, coping (defensive style, situational), and selected immunological (interleukin-6, natural killer cells, and natural cell killer activity) and neuroendocrine (salivary cortisol and serum estrogen) variables in women breast cancer survivors at four months before and the day of their post-treatment mammogram. A secondary purpose is to describe the post-treatment mammogram experience in a subset of breast cancer survivors.

The first phase of the study will use a correlational design and the second phase will use a qualitative, phenomenological design. A convenience sample of 39 female Stage I or II breast cancer survivors who had completed treatment eight months prior will be recruited from an oncology clinic. Four months before the mammogram, subjects will complete the Impact of Event Scale and the Ways of Coping Questionnaire. Blood and salivary cortisol specimens will be obtained. Saliva specimens will also be collected five consecutive mornings prior to the mammogram. The day of the mammogram, blood and salivary cortisol specimens will be obtained and the subject will complete the Impact of Event scale and the Ways of Coping Questionnaire. For Phase II, a subset of five breast cancer survivors will be interviewed to describe the mammogram experience.

Data analysis for Phase I includes Wilcoxon signed ranks test, ANOVA, Dunnett's procedure for multiple comparisons and Spearman correlations. For Phase II, Van Kamm's (1996) qualitative research methodology will be used. For more information, contact Ms. Banik at dawnstruv@westriv.com.

**Sigma Theta Tau International/Mead Johnson Nutritional Perinatal Grant**

Denise Poitier Maguire, RN, PhD, is the recipient of the 1999 Sigma Theta Tau International/Mead Johnson Nutritional Perinatal Grant for $10,000. She is a clinical nurse specialist and nurse researcher at All Children's Hospital in St. Petersburg, Fla. Dr. Maguire and Stephanie Wisniewski, RNC, MSN, nursing education specialist at All Children's Hospital, will research "Risks of Methemoglobinemia and Skin Breakdown with Topical Chlorhexidine in Preterm Infants." The purpose of this study is to determine the degree of risk of methemoglobinemia and skin breakdown using 0.5% chlorhexidine gluconate as the topical antimicrobial in preterm infants. A quasi-experimental design of repeated measurements will be used to detect and compare differences in methemoglobins levels between chlorhexidine 0.5% and 70% isopropyl alcohol. The AVoXimeter 2000® will be used to measure daily methemoglobin levels and assessment of skin breakdown will be documented using the Scale for Integrity of Neonatal Skin (SINS®). The NovaMeter® will be used to measure desorption of water to identify immature skin barriers. Subjects will be identified as low birth weight (750-1500 g) infants, newborn to 28 days old, whose parents consent and speak English. Subjects will enter the study no later than 7 days of age, and data will be collected daily until the subjects are 28 days old. The power analysis indicated that a total of 50 patients in this study is sufficient. The probability is 80 percent that the study will detect a treatment difference of 0.5% level of significance, with an effect size of 0.7. The study site is the 60-bed neonatal intensive care unit at All Children's Hospital in St. Petersburg, Fla. For more information, contact Dr. Maguire at maguire@allkids.org.

**Philanthropy**

Welcome to distinguished new Virginia Henderson Fellows and Billye Brown Fellows

Nurse leaders recently enrolled as Virginia Henderson Fellows include Corine N. Bonnet, RN, PhD; Julie C. Evertz, RN, MSN, CS; and Patricia L. Munhall, ARNP, EdD, PsyA, FAAN.

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Charitable gift annuity registrations

Members in Nevada, North Dakota and Texas may now take advantage of the society's new charitable gift annuity program. The society currently is registering in many other states throughout the United States. A charitable gift annuity is a contractual arrangement between a donor and a charitable organization wherein the donor transfers cash or property in exchange for a life income. These annuities may be established with transfers of as little as $5,000.

Charitable gift annuities are advantageous because you receive income for life; the rate of return is fixed and backed by the full resources of Sigma Theta Tau International; if the gift consists of low-yielding securities, you may increase current income; if the gift includes appreciated securities, you will avoid capital gains taxes; immediate income tax charitable deductions are yielded; estate taxes may be reduced; and, you will have the personal satisfaction of leaving a legacy to nursing.

First online contribution arrives from Japan

Mizue Mori of Kanagawa, Japan, a member of Nu Xi-AE-Large chapter, is the first Sigma Theta Tau International member to provide a charitable gift with her online membership renewal. We thank this generous constituent for her support. All members may make contributions, secure information about the society's philanthropic opportunities and renew online at nursingsocty.org.

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Methemoglobinemia and Skin Breakdown with Topical

Stephanie Wisniewski, RNC, MSN, nursing education specialist

using

Chlorhexidine in Preterm Infants.

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Sigma Theta Tau International philanthropic naming opportunities

We make a living by what we get, but we make a life by what we give.

—Winston Churchill

Honorary members named

In November 1999, at the 35th Biennial Convention in San Diego, Calif., Sigma Theta Tau International bestowed honorary membership on eight exemplary leaders who have contributed to improved health and quality of life of others. Honorary status is conferred on those who demonstrate a superior achievement in a chosen field and who demonstrate a special commitment to the ideals and concerns of nursing.

The late William Bartholome, MD, was a medical ethicist and a professor at the University of Kansas School of Medicine in Kansas City, Kan.

Monique Begin, PC, OC, is professor emeritus at the University of Ottawa in Ontario, Canada, and a former minister of health and welfare for the federal parliament of Canada.

Beverly Friedson Bodker of Kansas City, Kan., is past chair of the Kansas University School of Nursing Advisory Committee and serves on the boards of directors of several nonprofit organizations.

Suzanne Gordon is a journalist, author and commentator for Boston Public Radio in Arlington, Mass.

Adèle Hall of Kansas City, Kan., is a civic leader and a volunteer for nonprofit organizations throughout the United States.

Carolyn McCarthy of Mineola, N.Y., a licensed practical nurse, is a U.S. Congresswoman representing Long Island's 4th Congressional District.

Diana Natalicio, PhD, is president of the University of Texas at El Paso.

Margaret Wright, RN, is a midwife and community nurse in Tobago, West Indies.

Endowed chairs: $1 million outright or planned gift
- Executive officer's chair
- Virginia Henderson International Nursing Library director's chair
- Professional Development director's chair

Endowed nursing research grants: $10,000 named grant/annually
- $5,000 named grant/annually
- $5,000 named grant/biennially

Endowed initiatives: $1 million outright gift

Leadership initiatives
- CareerMap career development program
- Leadership Development Learning Series
- Chiron mentor-fellow program
- Chiron senior fellow program
- Web continuing education

Knowledge initiatives
- Online learning community Web site
- International Academic Nursing Alliance
- Clinical practice knowledgebases
- Artaa think tank series
- Consumer health knowledgebase

Endowed fellowships: $500,000 outright gift
- Fellowships and postdoctoral fellowships in targeted areas (i.e., entrepreneurship, health policy, health media, international health & nursing, research translation, learning technology, leadership studies, evidence-based practice, knowledgebase development)

Endowed areas, International Center for Nursing Scholarship
- Front portico: $50,000
- Semi-circular plaza: $50,000
- Fountain: $100,000
- Endowed ceremonies: $500,000 outright gift
- Anchor awards
- Lifetime achievement awards
- Honorary member awards

(Nota: Outright gifts may be contributed over a multi-year period.)
Sigma Theta Tau
International philanthropic
naming opportunities

We make a living by what we get,
but we make a life by what we give.
—Winston Churchill

Endowed chairs
• $1 million outright or planned gift
  - Executive officer's chair
  - Virginia Henderson International Nursing Library director's chair
  - Professional Development director's chair

Endowed nursing research grants
• $10,000 named grant
• $15,000 named grant
• $25,000 named grant

Endowed initiatives
• $1 million outright gift

Leadership initiatives
• CareerMap career development program
• Leadership Development Learning Series
• Chiron mentor-fellow program
• Chiron senior fellow program
• Web continuing education

Knowledge initiatives
• Online learning community Web site
• International Academic Nursing Alliance
• Clinical practice knowledgebases
• Almata think tank series
• Consumer health care knowledgebase

Endowed fellowships
• $500,000 outright gift
• Fellowships and postdoctoral fellowships in targeted areas

Endowed areas, International Center for Nursing Scholarship
• Front portico
• Semi-circular plaza
• Fountain
• $100,000 outright gift

Endowed ceremonies
• $500,000 outright gift
• Archon awards
• Lifetime achievement awards
• Honorary member awards
  (Note: Outright gifts may be contributed over a multi-year period.)

Honorary members named
In November 1999, at the 35th Biennial Convention in San Diego, Calif., Sigma Theta Tau International bestowed honorary membership on eight exemplary leaders who have contributed to improved health and quality of life of others. Honorary status is conferred on those who demonstrate a superior achievement in a chosen field and who demonstrate a special commitment to the ideals and concerns of nursing.

- The late William Bartholome, MD, was a medical ethicist and a professor at the University of Kansas School of Medicine in Kansas City, Kan.
- Monique Begin, PC, OC, is professor emeritus at the University of Ottawa in Ontario, Canada, and a former minister of health and welfare for the federal parliament of Canada.
- Beverly Fiedderson Bodker of Kansas City, Kan., is past chair of the Kansas University School of Nursing Advisory Committee and serves on the boards of directors of several nonprofit organizations.
- Suzanne Gordon is a journalist, author and commentator for Boston Public Radio in Arlington, Mass.
- Adle Hall of Kansas City, Kan., is a civic leader and a volunteer for nonprofit organizations throughout the United States.
- Carolyn McCarthy of Mineola, N.Y., a licensed practical nurse, is a U.S. Congresswoman representing Long Island's 4th Congressional District.
- Diana Natalicio, PhD, is president of the University of Texas at El Paso.
- Margaret Wright, RN, is a midwife and community nurse in Tobago, West Indies.

For information regarding member benefits and/or services, or to contact a staff member visit the society's Web site: nursingsociety.org
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- Electrocardiogram interpretation
- End of life care
- Ethics
- Forensic nursing
- Fraud and compliance in health care
- Genetics
- Infectious diseases
- Menopause
- Obstetrical care
- Organ transplantation
- Osteoporosis in women
- Pain management—non-pharmacological interventions
- Pain management—pharmacological interventions
- Parish nursing
- Pediatrics
- Postmenopausal chronic health issues

For more information contact: Sigma Theta Tau International, Honor Society of Nursing, 550 West North Street, Indianapolis, Indiana 46202 • Phone: 317-634-8171 • Fax: 317-634-8188 • U.S. and Canada toll free: 888-634-7575 • International toll free: + 800-634-7575.1 • E-mail: onlinece@stti.iupui.edu

These courses are funded by the Joan K. Stout, RN, Continuing Education Series on Nursing Practice and the Eli Lilly and Company Foundation for Women's Health. Sigma Theta Tau International is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.