Strategizing Your Career
You're an expert practitioner.
The new CCNS credential will recognize your expertise.

Are you an educator, manager, advanced practitioner, consultant, researcher or maybe all of the above?

Are you an expert in clinical judgment, clinical inquiry, systems thinking and caring practices?

Do you facilitate learning, respond to diversity and collaborate and advocate for staff, patients and families?

If these characteristics describe your practice as a clinical nurse specialist in acute and critical care, then the AACN Certification Corporation has the credential that reflects your expert knowledge and experience.

These characteristics formulate the Synergy Model, the basis of the new CCNS certification. They reflect your unique contributions as a clinical nurse specialist to your profession and your patients.

As you already know, to be a successful advanced practitioner in today's healthcare environment, certification has moved from being desired to being essential. Add the CCNS credential to your list of accomplishments and further your career today!

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Eight skills for a healthy career
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Do you expect yourself to be ideal in situations that are not ideal?

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Pursuing a career is distinctly different from per­ forming a job. Careers involve the pursuit of continued improvement and consecutive, progressive achievement. They require completion of special education and are regarded as a permanent calling. They are planned, strategized and focused on purpose and goals. Jobs, on the other hand, involve performing tasks and functions for specific products. They are customarily remunerated in an employment situation. The key to success, produc­tivity and contentment is to pursue the calling—the career—that advances and permits the use of education and development of skills.

Planning a career in today's world of work is not only challenging but bewildering as well. The employment landscape is full of possibilities with advanced technolo­gies minimizing geographic isolation. Employees will need to continually stretch to think and learn. Multiple employment and freelance work are the projected future trends (Knowdell, 1999). Knowdell (1999) offers 10 rules for responding to all these forces and for building capacity for a successful career:

1. Take charge of your career.
2. Develop your people skills.
3. Sharpen your communication skills.
4. Discover and adapt to change.
5. Be flexible.
8. Clear up misconceptions.
9. Research your options.
10. Develop new capacities.

Inside the pages of this issue are stories of nurses who have undertaken a calling, and along the way, grown, learned, progressed in accomplishment and touched lives. It gives Sigma Theta Tau International great pleasure to present and celebrate their successful careers.

Nancy Dickenson-Hazard, RN, MSN, FAAN

Reflections on Nursing Leadership First Quarter 2000
A job or career?

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Pat is a person driven by vision and goals. She believes that career success is predicated on setting your sights high. For her, this means a progressive trajectory toward excellence in professional life. The ability to set personal and professional goals enables her to reach her envisioned potential. In addition, self-discipline and a reliance on inner strength help carry her through the challenges to reach her desired level of achievement.

Admittedly the journey has not always been easy for her. fraught with obstacles and misgivings, Pat says, "I have experienced failures. But I believe those who are afraid to risk and fail never truly grow and reach their full potential. Even if I don't attain my goal, I still get satisfaction from the process and am able to learn something from the opportunity."

This philosophy of growing from calculated daring is the primary ingredient to Pat's open-mindedness and unmitigated career success. From staff nurse to researcher and educator, from chapter volunteer to international president, and from being one of three children to being a single parent, Pat has developed a self-reliance and resilience fueled by life experiences.

Early on, Pat learned to rely on an inner strength. She relates: "I am an Air Force brat, reared on self-discipline and the value of collective strength. My father, the late Col. William Eichelberger, was a fighter pilot in World War II and Vietnam. I learned that women can be strong in adverse situations. I was influenced by my mother, Helen, manage our home with three children as my father had continuous military assignments. With frequent moves to military bases, I learned to organize my possessions, be flexible when I was faced with a totally different bedroom with seemingly no place for my treasures, and be independent, so I could start afresh amid strangers. I came to cherish the delightful new friends from varying cultures, who felt out of place too. Collectively, we created our adventure."

With her father frequently away on assignment, Pat, as the oldest sibling, took on increased authority roles. Her nurturing manner kept the family close then and now. Speaking of her sister, also a Sigma Theta Tau International member, Pat says: "My relationship with my sister, Billie Botsowski, RN, MSN, FNP, enjoyably turned into a professional one when we consulted and implemented a prenatal program together for the Sunbeam-Oster Plant in Coolsbatta, La. Our work made national news when we documented the outcomes of reduced medical costs resulting from healthier women and babies."

Pat believes strongly that her career has been built not only on hard work, but also on relationships, which enabled her to be nurtured and to nurture others. She had decided upon completion of high school in North Carolina to be a nurse. Because her parents often barely unpacked before they had to move again, Pat elected to attend Northwestern State University to be near a family member—her grandmother. While at Northwestern State, Pat encountered Clara Gates. Ms. Gates was her first clinical instructor and instilled in Pat a love for nursing.

Through her teaching support and guidance, Pat realized in the midst of her BSN program that she wanted to become a nursing educator. "Ms. Gates was a pivotal figure in my life and early nursing career," Pat states. "I realize now how much I relied upon and was influenced by her mentoring. When I was elected president of the Louisiana Association of Student Nurses, Ms. Gates was my faculty advisor and helped me develop leadership skills."

Taking risks, never shirking hard work, and feeling committed and fulfilled are also standards by which Pat's career has developed. Prior to completing her bachelor's degree, Pat applied to the master's program at the University of Alabama in Birmingham. Just three months after graduating, she was practicing as a staff nurse while newly enrolled in master's studies with a focus in pediatrics and a minor in teaching. At the time, she was the only student nurse pursuing this specialty. When she completed the program, she assumed her first teaching position at Texas Christian University in Ft. Worth, Texas, and pursued a doctoral degree in higher education. Her long-term goal was to someday become a dean of a nursing program.

However, as she began her doctoral studies, she also found new personal goals. As a pediatric nurse who loves children, she decided to adopt a child and become a single mother. This was unheard of in the early 1970s, but she pursued adoption with conviction. Within the space of one week, after the adoption agency called, she moved into a new home and held her little girl. She was a homeowner, doctoral student and proud mother. Later she married and became pregnant, giving birth to a second daughter.

Blending personal and professional goals and life experiences is also important in Pat's life. "The contacts I have made in education and through Sigma Theta Tau International involvement are opportunities to learn of others' interests, to help students establish their goals and plan their careers and to learn," she says.

Furthermore, active involvement in her community has enriched both her life and that of others. "My religious affiliation with St. Mark's Episcopal Church in Little Rock has influenced my willingness to give, especially when I consider community service," she says. "In the early 1980s, I became the only nurse to receive the Athena Award from the Shreveport, La., Chamber of Commerce for recognition as a businesswoman with outstanding community service. I am proud of what this says about nursing. I also have served as chairman of the board for Volunteers of America of North Louisiana, an agency that operates an adoption agency and provides services and housing for the homeless mentally ill and emotionally retarded. In addition, I have coordinated a pregnancy loss support group. These experiences have taught me much about the human condition, and contributing my time and resources made me feel very worthwhile."

Volunteering is another gold standard of Pat's career, as evidenced by her extensive involvement with Sigma Theta Tau International. She discovered her attraction to the society when inducted in 1971. She knew she wanted to be involved. After an unsuccessful bid for president of Beta Chi chapter at Northwestern State, Pat found renewal by working at the grass roots. "I volunteered for every committee needing help," she relates. "I served refreshments at meetings and worked the registration desk at conferences. Later, I ran for chapter president again and won. I enjoyed every minute of it!"

As chapter president, she was responsible for attending the international convention in 1987, where she found the level of nursing knowledge exchanged and the networking opportunities with visionary thinkers to be endless. Pat saw this as a place where nurses mentor and support each other. The experience filled her with an emotional understanding of nursing's collective needs. She felt the focus of excellence and leadership in nursing through scholarship, practice and education was apparent everywhere and just what she was
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Pat has also benefited from these mutual support systems and has been fortunate to have family, friends and colleagues who were encouraging. Dr. Linda Hodges, dean at the University of Arkansas for Medical Sciences in Little Rock, was willing to provide her the time to devote to Sigma Theta Tau for the necessary travel and meetings to fulfill commitments. Her two chapters, Beta Chi and Gamma Xi at the University of Arkansas for Medical Sciences, also share in successes she has experienced due to the collegial warmth, financial support and volunteerism.

Her career has brought many experiences, and Pat has learned that losses and gains are shared experience. She believes firmly that much of her growth and success is attributable to being mentored and being a mentor. In her educator roles, she finds that most of her students select clinical practice for their careers after graduation. Periodically they return, telling her of their frustrations. The theme is the same. They are trying to provide quality care in the current, stretched health care environment. It is overwhelming. The issues are many, including managed care and nursing shortages. She advises that they first increase their knowledge base through such venues as continuing education conferences or reading the literature related to their practice area. She further suggests that they advance their formal education by returning to school. Pat believes knowledge allows nurses to make intelligent, well-informed decisions about health care. Knowledge, based in research, allows nurses to document outcomes that make a difference to cost-effective care delivery. This information can then be shared with administration to effect institutional changes in care. Her further thoughts about nurses creating successful careers in ever-changing caring environments are reflected in the following.

Nurses should develop skills that will help them be successful advocates and change agents. A few of these critical skills include effective communication, conflict resolution and negotiation. In addition, they should support each other. This is especially important for new graduates. New nurses need to be guided, encouraged and mentored.

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The University of Arkansas nursing dean, Dr. Linda Hodges, supports leadership in her colleagues’ careers.

\[\text{Pegge Bell, RN, PhD, is associate dean for master’s education at the University of Arkansas for Medical Sciences College of Nursing in Little Rock, Ark., and she chairs the Sigma Theta Tau International Heritage Committee.}\]

\[\text{Florida International University}\]

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The School of Nursing at Florida International University seeks outstanding candidates for full-time, tenure-paying, nine-month faculty positions. Responsibilities will be to both undergraduate and graduate programs. Successful applicants have expertise in
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Candidates must hold a doctorate in nursing or related field, a master’s degree in nursing, and have current licensure or be eligible for licensure in the State of Florida. National nurse practitioner certification is preferred. Salary and rank will be commensurate with education and experience.

Florida International University is a young and fast-growing university with over 30,000 students enrolled in more than 200 academic programs. Located in Miami, the gateway to the Caribbean and Latin America, the university offers an unequaled diversity among faculty and students. The School of Nursing is situated on the shores of beautiful Biscayne Bay in an area known for its tropical climate, countless recreational activities and cultural opportunities. The School is well known and respected worldwide in its programs in nurse anesthesia, baccalaureate and graduate nursing education. The University offers an innovative, highly integrated BSN-DNP program.

Applications will be accepted until February 28, 2000. Please send a letter of interest, curriculum vitae, an official transcript showing your highest degree and the names, addresses and telephone numbers of three individuals willing to write a recommendation to Dr. Sandy Locket, Chairperson, Faculty Search and Stipends Committee, Florida International University, School of Nursing, 3000 NE 151 Street, ACH-120, North Miami, FL 33161. Telephone: (305) 851-5610. E-mail: Intermed@fiu.edu.

Florida International University is an affirmative action/equal opportunity employer.

\[\text{10th Anniversary Meeting of the Society of Pediatric Nurses}\\
\text{Pre-Conference April 30, 2000}\\
\text{Conference May 1-3, 2000}\\
\text{San Diego Sheraton Harbor Island}\\
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The Lienhard School of Nursing is currently seeking five dynamic nurse educators to join the faculty in implementing new community-based curricula and building their established programs of research. The school has excellent undergraduate and graduate programs with approximately 550 students, including a Family Nurse Practitioner Program that was ranked in the top 20 by US News and World Reports. The faculty are committed to diversifying the curricula through the new masters program concentrations as well as the proposed PhD program focusing on primary health care research, education and clinical practice. Productive and energetic nurse educators are being sought in the following or related areas:

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- Community based practice / public health
- Primary care health
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- Community case management
- Women’s health nurse practitioner

This is a wonderful opportunity to work with an innovative team of educators, scholars, and practitioners to build and implement a model of nursing that will extend into the next century.

Qualifications

We are especially interested in Associate/Full Professors who have a masters degree in nursing, an earned doctorate, expertise in teaching, experience in mentoring research for masters and doctoral students, and a record of scholarship and research-based publications that is relevant to the areas noted above. Promising professionals with recent doctorates who would enter at the rank of Assistant Professor are also encouraged to apply.

Application

Applicants should submit a letter of interest and curriculum vitae to:

Harriet R. Feldman, PhD, RN, FAAN
Dean and Professor
Pace University
Lienhard School of Nursing
861 Bedford Road
Pleasantville, NY 10570-2799

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Pat’s own career has been built on experiences and successes that were supported by others. A career is not always a lonely journey, but it does require planning and envisioning. With these elements, it is then built with the help and support of those in your life. As the 23rd president of Sigma Theta Tau International, Pat welcomes the opportunity to lead, learn and unite our careers in nursing. •
Now and future primary care

By Mary O'Neil Mundinger

NEW YORK CITY, October 1999—Looking toward the emerging health care system, the nurse practitioner will be increasingly valued and is here to stay. And specialty medicine is here to stay. These two professions will find the most satisfying professional practices and the best market for patients in working together, with the broader skill mix they can collectively deliver.

In the last three decades, over a hundred studies have been published regarding nurse practitioner competence and patient acceptance. The results have been unequivocal: nurse practitioners are highly regarded by patients and manage primary care medicine with no identifiable gaps or deficits.

The first formal training program for nurse practitioners was born in 1967. The purpose was to increase the skills of public health nurses who were seeing very ill patients in their home care practices and did not have the full complement of necessary skills. Nurses were taught to take a full medical history, do a comprehensive physical exam, and oversee the use of medications. It did not take long before these new skills were adopted and moved into physician offices, with the nurse practitioners extending the practices of the physicians with whom they worked.

In 1977 the Medicare statute was amended to allow nurse practitioners to provide primary care independently in under served rural areas. Nurse practitioner programs grew quickly, and the graduates found work in staff-model health maintenance organizations, physician offices, and in hospital-based clinics, providing care to under served patients.

In 1995 the Institute of Medicine engaged in a long and careful study, Primary Care: America’s Health in a New Era, and its definition is quite instructive. It does not use the words “medicine” or “doctor” or “physician” and is far broader than its original definition:

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Although the physician community has never sought to stop or limit nurse practitioner access to medically under served populations, questions of quality and safety are raised by physicians when nurse practitioners have sought to expand their services to commercially insured and mainstream Medicare patients. While most physicians have not become convinced about nurse practitioner value, policy makers have.

Medicaid not only pays nurse practitioners, usually at the physician rate, but in 1993 the Health Care Financing Administration ruled that all states had to reimburse NPs for services covered under each state’s regulations for advanced nursing practice. States have also independently advanced the role of NPs; as of this year every state now gives NPs some level of independent pharmaceutical prescribing authority. As part of
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NEW YORK CITY, October 1999—Looking toward the emerging health care system, the nurse practitioner will be increasingly valued and is here to stay. And specialty medicine is here to stay. These two professions will find the most satisfying professional practices and the best market for patients in working together, with the broader skill mix they can collectively deliver.

In the last three decades, over a hundred studies have been published regarding nurse practitioner competence and patient acceptance. The results have been unequivocal: nurse practitioners are highly regarded by patients and manage primary care medicine with no identifiable gaps or deficits.

The first formal training program for nurse practitioners was born in 1967. The purpose was to increase the skills of public health nurses who were seeing very ill patients in their home care practices and did not have the full complement of necessary skills. Nurses were taught to take a full medical history, do a comprehensive physical exam, and oversee the use of medications. It did not take long before these new skills were adopted and moved into physician offices, with the nurse practitioners extending the practices of the physicians with whom they worked.

In 1977 the Medicare statute was amended to allow nurse practitioners to provide primary care independently in under served rural areas. Nurse practitioner programs grew quickly, and the graduates found work in staff-model health maintenance organizations, physician offices, and in hospital-based clinics, providing care to under served patients.

In 1995 the Institute of Medicine engaged in a long and careful study, Primary Care: America’s Health in a New Era, and its definition is quite instructive. It does not use the words “medicine” or “doctor” or “physician” and is far broader than its original definition: Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Although the physician community has never sought to stop or limit nurse practitioner access to medically under served populations, questions of quality and safety are raised by physicians when nurse practitioners have sought to expand their services to commercially insured and mainstream Medicare patients. While most physicians have not become convinced about nurse practitioner value, policy makers have.

Medicaid not only pays nurse practitioners, usually at the physician rate, but in 1993 the Health Care Financing Administration ruled that all states had to reimburse NPs for services covered under each state’s regulations for advanced nursing practice. States have also independently advanced the role of NPs; as of this year every state now gives NPs some level of independent pharmaceutical prescribing authority. As part of

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The challenge is twofold. First, and most critical, is to put in place and sustain the educational and credentialing safeguards to assure that all nurse practitioners programs are high quality, and that the legal advancement of nursing practice is supported by education, experience and a solid professional network. Secondly, we should all be educating the public about primary care choices. Both NPs and MDs bring value-added components to their delivery of primary care.

An individual with fragile health and known medical vulnerabilities may need ongoing "primary" care from a medical specialist; this might be an oncologist for breast cancer survivors, or a cardiologist for someone with severely compromised cardiac function. Individuals who find the most value in their health care from the prevention, promotion and self-care aspects will choose to receive their care from a nurse practitioner.

This is not an "either-or" proposition, because our public, over time, has the need for both kinds of practitioners. Clearly what kind of primary care will most people want in the years ahead? The aging baby boomers are not content to only have their illnesses diagnosed and treated. They want to pursue nutrition and fitness regimens that will protect their health. Health—not just illness—will rive the medical consumers of the 21st century. If this proves true, then the nurse practitioners will be a much-sought-after primary care provider.

Two years ago when Columbia University School of Nursing opened CAPNA, the Medical Society of the State of New York threatened and attacked the practice in the media and in regulatory bodies, because it is a nurse practitioner's primary care practice. This was a practice model that was too clearly competitive. Yet the goal was not to duplicate MD practices in primary care, but to offer patients a choice.

NPs and MDs have similarities—and differences—in the training they complete to become primary care providers. Not surprisingly, the primary care curriculum is similar in medicine and in nursing; it is the MD or RN education that precedes specialty training that is different. MDs have four years of medical school, and nurses have four years of nursing school.

Physicians receive the same basic medical science training whether they are going to be a pediatrician or a neurosurgeon. Nurses receive less basic science training than physicians, but a great deal more training in the science of disease prevention, health promotion, health education, community and home-based care, and how to access community health resources.

Therefore individuals from the two professions come to primary care training with very different patient care experiences, scientific knowledge and worldviews about their practice goals. Clearly each must be able to detect and treat illness, which is the core of primary care. But how they go about it, and what they provide that is value-added in their practices, may be quite different.

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the 1997 Balanced Budget Act, Medicare now pays NPs for all Part B services. And with the recent opening of Columbia Advanced Practice Nurse Associates (CAPNA), 595 Madison Ave., commercial insurers are now beginning to credential and list in their directories qualified nurse practitioners as primary care providers, who are paid at the same rate as primary care physicians.

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Mary Mundinger, RN, DrPH, FAAN, is dean of the Columbia University School of Nursing and the Centennial Professor in Health Policy. She is founder of Columbia Advanced Practice Nurse Associates, a clinic in New York City. She is a member of the National Academy of Sciences' Institute of Medicine and a member of the New York Academy of Medicine. Dr. Mundinger has led Columbia's nursing school since 1986.

Strategizing your career

Recent nursing graduate Rachel Martin, RN, considers if she should leave the management track and move into hands-on patient care at the University Medical Center in Tucson, Ariz. Already a clinical nurse leader in pediatrics, she began her career as a staff nurse three years ago.

"At times it feels overwhelming," Ms. Martin says. "It's difficult to completely plan out a career, because the health care market is always changing," she says.

Whatever her choice, her highest level of satisfaction comes from educating and supporting families facing illness.

"When you see a child who is septic and sick—and you believe to be on death's door—and that same child leaves five days later and is 100 percent better, you see that nursing in itself is a rewarding profession," Ms. Martin says.

Catherine Zambratto, BSN, a 1999 nursing graduate, finds her greatest career enhancement to be her colleagues.

By Andrea McDonald, Julie Goldsmith
She joined mentoring dinners sponsored by the Sigma Theta Tau chapter there while a student at Fairfield University in Connecticut. The knowledge learned at the dinners has proven to be her best career tool, she says.

She is now a senior staff nurse in the intensive care unit at New York University Medical Center in New York City, and she still assesses her career growth by consulting fellow nurses and researching health care trends.

"The last thing I want to do is have a stagnant career," Ms. Zambrato says. "The question I keep asking myself—at least monthly—is, 'What can I do to help improve my practice?'"

As a result of her self-assessment, she has enrolled in a master's program in nursing administration to prepare for a role in health care redesign.

Nursing through the professional life span may include reassessments from student years into active retirement. Such examinations may nurture greater opportunities to find fulfilling answers.

Nancy M. Valentine, RN, PhD, MPH, FAAN, sees herself only at the midpoint of her career after 30 years in nursing—with many of those in the spotlight. She is special assistant to the secretary and advisor to the under secretary for health of the United States Department of Veterans Affairs. She was assistant chief medical director for nursing programs at the department from 1993 to 1998.

"I really like what I do, and I see the potential to do more. My energy is high, and I want to always be able to share my experiences with others and encourage nurses to be their very best. Nursing is a passion as well as a lifelong career, but in the beginning, I had the typical short-term view," says Dr. Valentine.

Long-term view
Instead of taking a long-term career view, she says many nurses develop short-term plans that move them from job to job with interruptions, such as getting married and having children, without considering that every job is a thread in making a career. Although a profession entails a serious commitment, Dr. Valentine encourages nurses to seek more balance between personal and professional lives.

She has been able to combine clinical nursing, education, administrative and public policy issues into her current job. She likes versatility, including adjunct posts at Harvard, Catholic, Georgetown and Maryland universities and Uniformed Services University of the Health Sciences. Because she holds many posts simultaneously, adding to the knowledge she imparts at each, she has developed professional ties to more than 30 organizations in 30 years. And yet she feels she could be even more adventurous with nursing.

What would she do differently? She might have changed jobs earlier, she says. She strives to give up some level of security to take advantage of new opportunities with uncertain futures.

"It's easy to get comfortable in a job and not be continuously career-minded and adventurous," she says. "Relatively few women are in top health care roles. To get to the top of any organization entails some degree of risk. I think women and certainly nurses in the future who aspire to such positions will break some of those glass ceilings. Nurses leaving school need to track more rapidly into upper level roles if the collective impact of what nurses have to offer will be felt.

"Whether nurses find success more rapidly, may depend on their abilities to build confidence and interact with role models, both within their areas of interest and outside of traditional areas, Dr. Valentine says. "Nurses often see the options as confined to career ladders in administrative, educational or clinical applications, each of which is exciting in its own right. But when nurses opt to take a different route and strike out in new directions, whether in government, business or law, their nursing identities often become submerged or deleted. They do not stay actively in touch with their professional nursing roots as a source of pivotal nurse connections."

Power players
How nurses build confidence is worth examining, she says. Often nurses stay connected to their nurse-networks for the personal relationships, rather than identifying group members as power players with broad fields of influence who are willing to help one another up the ladder. The eradication of their nurse identities is in striking contrast to physicians, Dr. Valentine adds. "People still know they are physicians. Physicians realize they belong to a power-based group, and they stay connected," she says. A physician would never say, "I used to be a doctor."

Whether nurses engage their collective savvy to elevate each other, while elevating the world's health, may depend less on major feminine, sociopolitical upheaval and more on a simple thing like frequently interacting with peers in diverse arenas. Nurses will gain power outside of their own sphere by being in contact more often with nurses breaking new ground, Dr. Valentine says. In order to focus and elevate the aspirations of nurses, as well as create pathways for success, we need to create new dialogues and opportunities for exchange, she says.

Nursing as a second career still poses many of the same questions that hit younger colleagues, but life experiences boost the mix of solutions. Wendell Oderkirk, RN, PhD, now a Fulbright Scholar working in Mexico, seems comfortable with his non-linear, imperfect decisions that have helped create his rewarding career.

Dr. Oderkirk, former Los Angeles meat cutter, lost portions of four fingers to a grinder. While that did not directly impact his career decision, he gave up the occupation to move to Alaska to sell tools and also work in a ski shop in 1967. For six years, he enjoyed the upper latitude of the world, until both his parents died of cancer while only in their 40s.

"I was not there to give care to either parent. I left Alaska to enter nursing the next year, 1973," Dr. Oderkirk says. "I did not understand how and why my parents could die at such young ages. I wanted to learn more about illness and how it is treated. And, I wanted an occupation with a reasonable chance of finding work," he says.

"A career is a process. You can't anticipate what each step will lead to," Dr. Oderkirk says. The path is not a direct, straight line, but has opportunities with offshoots along the way, he says. With each new step, there is an increase in confidence and competencies, even when blundering.

Education
His biggest blunder was not immediately finishing his master's degree. He interrupted his education at the University of Iowa when he had only a couple courses left, but he wanted to support his wife's career move to Nebraska. But as his wife faced breast cancer, he once again realized the value of greater health knowledge. He completed his master's and doctoral degrees in Nebraska.

"Not completing my master's (initially) cost me time and dollars," Dr. Oderkirk says. Yet, his wife is doing well, and he has been guided in his choices and nursing career by mentors in both Iowa and Nebraska. He currently is an associate professor in the Department of Nursing at the College of Health and Social Sciences, New Mexico State University, Las Cruces.

"I learned from nursing I could cross many borders—social and personal," he says.

Developing a rewarding career often depends on collegial friendships. Barbara Patterson, RN, BSN, MA, believes other people could see strengths in her work as a nurse when she, herself, could not. The encouragement of
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mentors aided her clinical and administrative positions at seven facilities of the United States Department of Veterans Affairs. Now retired as V.A. nurse manager in Washington, D.C., she actively supports other nurses through her volunteerism.

“Right now if I saw someone who demonstrated potential, I would want to encourage them to go on. I’m mentoring people now, just like I was mentored when I was younger, as a way to give back to nursing,” says Ms. Patterson. 

In fact, Ms. Patterson co-founded one of the nation’s most significant recognition programs, “100 Extra Ordinary Nurses,” that highlights exceptional Washington, D.C., area nurses. She encourages young nurses to become involved in ways that go beyond their daily job duties.

Joining a company-wide task force, or work group, allows for interactions with employees from other departments, she suggests. There may be opportunities to serve as a departmental representative through a volunteer capacity. The benefits may include recognition for on-the-job skills, as well as new expertise for future positions.

Whether one generation of nurses can learn from another’s career paths is a question nurses ask. Health care cycles sometimes come full circle, yet events prove each generation struggles in unique ways.

One of Canada’s most accomplished nurses, Verna Huffman Splane, RN, OC, MPH, LD, began her career intensely restricted by attitudes and economics. Yet, she rose to become her nation’s chief nursing officer from 1967 to 1972, finding avenues of empowerment and visions for unlimited possibilities. She is a child of The Great Depression, unforgettable for many of us were able to do because of world events. ... My career was shaped as much by the development and circumstances in society as it was by anything I had hoped to do,” Dr. Splane says.

After graduating from high school in Ontario, she found a job as a nurse and her nursing director encouraged her to enter public health. She received a scholarship from the Victorian Order of Nurses, a health care organization and registered charity, and she had saved money, enabling her to study one year at the University of Toronto.

Her formal education continued with a baccalaureate degree in nursing at Columbia University. She lived at the International House, which piqued her interest in global issues. The School of Public Health at the University of Michigan agreed to create a special program for her to prepare her to take senior nursing roles back home in Canada. She coupled her graduate work with field work at the U.S. Surgeon General’s Office.

“As far as I’m concerned, nursing is an international profession, and it should be looked at and taught that way,” Dr. Splane says.

She joined the Canadian Department of National Health and Welfare, at first as a counselor, when she returned to Canada. She was exposed to many different professional groups—sociologists, researchers, historians, physicians, social and welfare workers—who were all actively developing Canada’s policies and implementing its new national health insurance plan.

“The program was so unique we had people from all over the world come to view it,” Dr. Splane says. Some of the outstanding nurses who came to visit included the chief nurses from the U.S. Surgeon General’s Office and the World Health Organization.

She was recruited for global assignments for the World Health Organization and was elected vice president of the International Council of Nurses from 1973 to 1981.

“Because we are such an internationally conscious world, many more nurses should be working on their language competence,” Dr. Splane says, recommending bilingual competence. The major changes she sees in health care include the shift from dominant hospital care to community care with expanded roles for nurses. While an expanded role may vary from one region to another, she says, nothing can stop the move toward community care.

“My only concern is that we’re doing it without making adequate preparation for people and the community.

On a regular basis, both Splanes, as globe-trotting professionals and actively engaged retirees, host and mentor rising health leaders in their Vancouver home. Every six weeks, five young nurses meet with Dr. Verna Splane to discuss international issues related to their nursing abroad. They may discuss problems arising in primary health care, nursing administration, or regulations in Ethiopia, Belize, Guyana, or India—wherever the young Canadians may trek.

“It makes me wish I were 30 years younger again. So I guess it’s wonderful for me, because it keeps me back in the field without going there. And it keeps me au courant,” she says.

Many issues are the same, and she has dealt with them before. But others are new, such as in South Africa, where one young nurse leader is striving to help other nurses come together after the grip of apartheid.
mentors aided her clinical and administrative positions at seven facilities of the United States Department of Veterans Affairs. Now retired as VA nurse manager in Washington, D.C., she actively supports other nurses through her volunteerism.

"Right now if I saw someone who demonstrated potential, I would want to encourage them to go on. I'm mentoring people now, just like I was mentored when I was younger, as a way to give back to nursing," says Ms. Patterson.

In fact, Ms. Patterson co-founded one of the nation's most significant recognition programs, "100 Extra Ordinary Nurses," that highlights exceptional Washington, D.C., area nurses. She encourages young nurses to become involved in ways that go beyond their daily job duties.

Joining a company-wide task force, or work group, allows for interactions with employees from other departments, she suggests. There may be opportunities to serve as a departmental representative through a volunteer capacity. The benefits may include recognition for on-the-job skills, as well as new expertise for future positions.

Whether one generation of nurses can learn from another's career paths is a question nurses ask. Health care cycles sometimes come full circle, yet events prove each generation struggles in unique ways.

One of Canada's most accomplished nurses, Verna Huffman Splane, RN, OC, MPH, LLD, began her career intensely restricted by attitudes and economics. Yet, she rose to become her nation's chief nurse officer from 1967 to 1972, finding avenues of empowerment and visions for unlimited possibilities. She is a child of The Great Depression, unforgettable for many of us were able to do because of world events. ... My career was shaped as much by the development and circumstances in society as it was by anything I had to do," Dr. Splane says.

After graduating from high school in Ontario, she found a job as a nurse and her nursing director encouraged her to enter public health. She received a scholarship from the Victorian Order of Nurses, a health care organization and registered charity, and she had saved money, enabling her to study one year at the University of Toronto.

Her formal education continued with a baccalaureate degree in nursing at Columbia University. She lived at the International House, which piqued her interest in global issues. The School of Public Health at the University of Michigan agreed to create a special program for her to prepare her to take senior nursing roles back home in Canada. She coupled her graduate work with field work at the U.S. Surgeon General's Office.

"As far as I'm concerned, nursing is an international profession, and it should be looked at and taught that way," Dr. Splane says.

She joined the Canadian Department of National Health and Welfare, at first as a counselor, when she returned to Canada. She was exposed to many different professional groups—sociologists, researchers, historians, physicians, social and welfare workers—who were all actively developing Canada's policies and implementing its new national health insurance plan.

"The program was so unique we had people from all over the world come to visit it," Dr. Splane says. Some of the outstanding nurses who came to visit included the chief nurses from the U.S. Surgeon General's Office and the World Health Organization.

She was recruited for global assignments for the World Health Organization and was elected vice president of the International Council of Nurses from 1973 to 1981.

With her husband, Richard Splane, MD, PhD, LLD, professor emeritus at the University of British Columbia and former assistant deputy minister of the Canadian Department of National Health and Welfare, she provides consultations to national ministries of health.

Their co-authored book, Chief Nursing Officer Positions in National Ministries of Health: Focal Points for Nursing Leadership (Splane & Splane, 1994), examines the realities nurses face: "A rather disturbing finding was that some nurses deplore the appointment of nurses to senior positions not specifically identified with nursing" (Splane & Splane, 1994).

Whatever she learns, Dr. Splane seems to adeptly assess and pass on for greater use, mentoring young leaders. One is now senate president of Jamaica, Syringa Marshall-Burnett, whom she met through work for the World Health Organization.

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Eight skills for a healthy career

By International Leadership Institute, Sigma Theta Tau International, Honor Society of Nursing

Growing a healthy career requires purpose and skill. Every nurse's career follows a unique and compelling trajectory, determined as much by circumstance as by choices made along the way. Eight skills, identified for the CareerMap program of Sigma Theta Tau's International Leadership Institute will be invaluable guideposts at every juncture of your nursing career.

1. Develop your personal self. A strong inner self is the anchor of every healthy and rewarding career. Develop yourself into a strong and centered person through reading, reflection and participation in organizations and programs aimed at personal development. Become a global citizen, traveling and learning about the world's cultures. Assess your interests and skills. Explore varied workplaces and roles where you can develop to the fullest.

2. Locate special resources. Every successful career has ups and downs. When you experience success, share it by mentoring new nurses and those who will benefit from your unique skills wherever they are on their career path. When failure and disillusionment come your way, draw near to your own mentors and those who can reaffirm your strengths. Seek support within and outside of nursing, from talented individuals, from professional and civic organizations, and from educational programs.

3. Become financially astute. From business to home, financial security is the bottom line. Learn practical financial principles from the very beginning. At every step in your career, continue to widen your financial knowledge by reading, exploring the Internet, taking courses and seeking individual guidance. By becoming financially savvy, you can achieve security in your personal and professional life.

4. Become a futures thinker. Today's agenda is not tomorrow's blueprint. Examine the work of futurists like Faith Popcorn. Learn how to act instead of react to the changing world by associating yourself with those who are succeeding. Learn about tomorrow's work world so that you can be in the right place when critical decisions are made. Expand your network by joining professional and community organizations. As a student, become active in pre-professional organizations.

5. Navigate any organization. You need to know how organizations function, so you can navigate them successfully to achieve your career goals. Develop your leadership skills, but remember that leadership isn't a job or a title. Leaders influence people and situations to bring about transforming change. Mentors will be especially valuable in learning how to navigate organizations. Through carefully selected mentors, you will develop an ever-widening sphere of influence, with your contributions becoming increasingly valuable and purposeful.

6. Become technologically savvy. Technology has transformed how we do the simplest tasks. But technological savvy is not limited to operating the newest equipment or software. Through educational programs, publications and technology experts, learn what tomorrow's technology will be able to do. This way you will help to lead the way in making technology an asset to your career.

7. Position yourself for recognition. Develop your spoken and written communication skills so you can speak and write about what you know and value. hone your skills in a second or third language, then use them to communicate with colleagues and consumers from other countries. Become active in professional, political and community organizations, first as a volunteer and eventually as a leader. Your new skills will serve you best if the right people know about you when someone with your talents is needed.

8. Retire actively. The most fulfilled nurses remain active throughout their lives, volunteering their leadership skills for local, national and international activities. They continue to enhance science through mentoring, leadership, philanthropy, writing, teaching and travel.
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Conquering stress

By Brenda L. Lyon

"Nothing is good or bad but thinking makes it so." — William Shakespeare

INDIANAPOLIS, September 1999—The new millennium offers us an unprecedented opportunity to reap the benefits of taking care of ourselves as you take care of others. Stress is toxic. It is a pollutant that can result in emotional, mental and physical illnesses. For many people, the epicenter of the stress epidemic is the workplace. As a nurse, you know all about stress. You know about the headaches that come with a tough shift and the guilt that can assail you when you can’t get everything done or have to say “no” to a colleague. You’ve seen, and maybe even felt, the burnout that has contributed to some nurses thinking about or actually leaving the profession. Yes, nursing is going through a tough time right now, as is every other discipline. However, a career in nursing is still one of the most rewarding of all, if you take control of your thoughts and emotions.

While immersed in difficult times, it’s often next to impossible to imagine that you can learn not to experience stress. It is an enormous challenge to take charge of your thoughts to prevent stress and its damaging effects on your life. But you can do it! Getting there, however, requires that you understand what causes stress and the stress emotions. This commentary focuses on clarifying what stress is, what causes stress and resources in preventing unjustified guilt.

What is stress?

Stress is a negatively toned experience. It doesn’t feel good emotionally or physically. Stress is characterized by negatively toned emotions such as anxiety, fear, guilt, anger, frustration and depression. Physical symptoms often accompany the experience of stress and may include such discomforts as headache, muscle aches, gastrointestinal upset and fatigue, just to name a few. Additionally, stress reduces concentration, problem-solving, and decision-making abilities (Lazarus & Folkman, 1984; Pelletier, 1995).

What causes stress?

There are two conditions that must be present for you to experience stress: 1) You must experience a situation as one in which the demands are greater than the resources you have available to comfortably deal with it; and 2) As a consequence, you anticipate experiencing some kind of harm/loss or negative outcome (Lazarus & Folkman, 1984).

Although both conditions are necessary for you to experience stress, each also presents an opportunity for you to prevent or reduce it. You can change the situation by reducing controllable demands or by increasing your resources to meet them.

When you cannot change the situation, you can change how you choose to perceive it and/or what you choose to focus on while immersed in it. A fundamentally important point in learning to prevent stress is to realize that it is your thoughts that trigger your emotions and that different thoughts trigger different emotions (Lazarus, In Press; Lyon, 1995).

What do you demand of yourself?

For most people, it is the self-generated demands that are the most troublesome, even while immersed in external demands that make for difficult situations. Self-generated demands come from: your values, goals and expectations (these are thoughts generally organized around the roles you play, e.g., nurse, manager, teacher, mother, father etc.); your beliefs about your environment and your ability to cope with it; and your attitudinal stance. This is good news because we are the ones in control here (Lyon, 1995).

Preventing unjustified guilt

The experience of unjustified guilt is a good example of self-generated demands making you vulnerable to an unnecessary and debilitating stress emotion. How you decide to be, generated from your values, represents your ideal self and generates I should messages that trigger guilt: I should have done ... I shouldn’t have done ... I should be able ... There are two types of guilt, justified and unjustified. Justified guilt occurs when a harm/loss has occurred, and it was foreseeable and preventable. When justified, guilt can promote personal growth. You reduce justified guilt by accepting the past as unchangeable, but knowing that you can learn from the experience and improve your performance next time. However, much guilt experienced is unjustified. Expecting yourself to be ideal in situations that are not ideal creates unjustified guilt. In fact, the primary etiology for burnout is the erroneous belief that “how I desire to be is inherently realistic instead of inherently idealistic.” This belief generates the personal expectation that “I should be able to do it all despite the circumstances.” Yet, no human being can be all that she may desire to be in a situation that is not ideal.

The corrective self-care strategies to avoid unjustified guilt involve: recognizing that the situation you are in is not ideal; setting priorities (the parts of your ideal that are the most important and doable given the circumstances); celebrating at the end of the day that you did the best you could do, while focusing on what you were able to get done. It is a strange phenomenon that most of us, while in difficult situations, focus on what we didn’t get done rather than on how remarkable it is that we were able to accomplish what we did, given the circumstances. Leaving work after a horrendous shift, saying to yourself, “I didn’t do a good job today; so much didn’t get done” triggers unjustified guilt. An alternative self-talk statement is, “I worked hard for eight hours, helped a few patients and didn’t harm anybody!” Focusing on what you didn’t get done and engaging in negative self-talk, when there is too much to do within an allotted time frame, accomplishes nothing productive (Lyon, 1995).

Expecting to accomplish what is humanly impossible doesn’t change the impossible to possible—it only causes unnecessary stress.

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NURSING CAREER STAMINA

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“As you strategize your career it is important that you stay focused and energized by preventing stress and its debilitating affects.”

—Dr. Lyon

Brenda L. Lyon, RN, DNS, FAAN, is an associate professor in adult health at Indiana University School of Nursing and is a nationally recognized expert in stress management. She is a co-founder of the Midwest Nursing Research Society’s Stress and Coping Research Section and is the author of several scholarly publications and monographs on stress, including the award-winning monograph and video “Conquering Stress in Changing Times: A Stress Management Guide for Nurses.” She has had a private practice in diagnosing and treating stress-related physical illness since 1975 and has conducted more than 300 workshops for nurses, other health care professionals, corporations and trade associations throughout the United States.
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While immersed in difficult times, it's often next to impossible to imagine that you can learn not to experience stress. It is an enormous challenge to take charge of your thoughts to prevent stress and its damaging effects on your life. But you can do it! Getting there, however, requires that you understand what causes stress and the stress emotions. This commentary focuses on clarifying what stress is, what causes stress and possible solutions in preventing unjustified guilt.

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Preventing unjustified guilt
The experience of unjustified guilt is a good example of self-generated demands making you vulnerable to an unnecessary and debilitating stress emotion. How you desire to be, generated from your values, represents your ideal self and generates tension between your ideal and what actually occurs. When you recognize that you must do things differently to achieve your goals, this is a good thing. The corrective self-care strategies to avoid unjustified guilt require focusing on what we did get done and engaging in positive self-talk, not idealistic thinking. "As you strategize your career it is important that you stay focused and energized by preventing stress and its debilitating affects." —Dr. Lyon

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Reflections on Nursing LEADERSHIP
Editor's note: This issue marks the beginning of Dr. Lyon's multi-part series. As one of the foremost experts in her field, her articles will specifically relate to stress in nursing.
On the heels of Florence Nightingale

Re-energizing hospital care

By Judith Shamian

OTTAWA, Canada, Nov. 10, 1999—In 1968, I entered nursing school as a young, innocent 18-year-old. Like many other nurses, I went into nursing because I wanted to do good and make a difference.

In Hungary, as an only child of a chronically ill mother who survived the Holocaust with numerous disabilities, the sense of caring and responsibility must have been installed in me in my mother’s womb. Prior to nursing school, I had lived through the 1956 Hungarian Revolution as a 6-year-old and the 1967 Israeli Six-Day War as a 17-year-old.

My life experiences have given me some of the characteristics that I use continuously in making a difference in health care. Today, as executive director of nursing policy for the Canadian federal government, I reflect on our nursing past and future.

Now, as a Canadian citizen, I have come to value especially respect Canada’s nurses, who have an enormous social obligation to maintain a first-rate health care system that is publicly funded and available to everyone in society. Most nurses in Canada share this same perspective. Health is a right, here, not a privilege. Everyone knows we cannot forget the overarching value we all share, even as this health care is threatened.

As we enter the new millennium, we need to ask ourselves how it is that we, the descendants of Florence Nightingale, the mother of professional secular nursing, came only this far.

Nightingale laid the foundation of science, caring, feminist thinking, political savvy and more. How I wish in the year 2000 she could be in our midst to give us courage and guidance. Why did we fail? How can we create a different reality?

Nurse leaders, today and tomorrow (including myself), are accountable for necessary improvements in caring for patients and in caring for nurses. We have an obligation to both mankind and nurses.

Society values nurses but does not understand the enormous intellectual and knowledge capacity required to be a first-rate nurse. The art, the science, the wisdom, the synthesis, the continued knowledge, are all ingredients of nurses and nursing practice.

The key issues in the future are how patient care will be given, what patient care will look like and who will give the care. Yet there is not sufficient international thinking and planning among nurses, so that we purposefully, not accidentally, shape health care and within it nursing.

By continuing to be familiar with the science, clinical nurses will always be relevant. If they are looking at a career trajectory, whether on a clinical or educational ladder, the two spheres of knowledge are really one. There is some dissonance between education and practice, and it does not serve either side well. While I work in an executive position, I continue to be an associate professor. There is an enormous benefit that comes personally and to patients by integrating science with the actual work of an executive. One feeds the other.

Nurse managers will need to become experts in managing multisectorial areas that include nonhealth disciplines such as finance and technology, and multidisciplinary groups that include other health professions. Being able to manage diverse sets will enable leaders to advocate for nursing’s contributions to patients and the health-care system sphere of knowledge.

I believe managers need to understand how nursing can be independent and interdependent in a matrix structure. If the traditional journey any individual or organization takes is from dependent to independent to interdependent as Stephen Covey wrote in The Seven Habits of Highly Effective People, I am not convinced that nursing reached the middle stage of independence. And, as a result, it is unable to hold up in the final stage of interdependent relations.

Confidence about what we know as nurses is invaluable. Confidence about our unique, independent value is essential. If we do not pay attention to this matter soon, we might be raising a generation of clinical nurses that no longer will know what the role of nursing should be and will not be able to engage in interdependent collaborative partnerships.

I have learned some lessons in my 30-plus years in nursing. Most of these focus on patient care as it relates to clinical nurses and nurse administrators. As co-investigator of a study of 8,000 hospital nurses in Ontario, Canada, I found data that clearly shows trends that need attention.
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The study is part of a comprehensive, multination examination led by Dr. Linda Aiken that will reveal the impact of restructuring on patient and nursing care. Looking at integrated outcomes of this comprehensive study will eventually tell health care and nursing administrators what are the best characteristics that lead to the best clinical outcomes and a satisfied workforce (Soschalski, Aiken, Rafferty, Shamian, Muller-Mundt, Hunt, Giovannetti & Clarke, 1998). Further findings from this study will allow us to articulate the organizational characteristics that will lead to the kinds of nursing practices that will result in the best clinical outcomes.

The data from Ontario shows:
- Nurses’ emotional exhaustion exceeds the norms of other employee groups.
- Nurses trust their peers but distrust their management less.
- The personal health condition of the nurse is poor in comparison to other employee groups.

Although society values nurses, society does not take care of nurses. Science shows that RNs make a clinical and economic contribution. Science also tells us that if you empower nurses they are more loyal and committed to their organizations. The restructuring and downsizing of health services during the ’90s dismantled nursing leadership and restructured and diminished nursing influence at the decision-making table.

To make sure that someone will be able to write this type of expose in this article, we will do this for the health of the people we serve. My wish for the new millennium is for all of us to create an amazing century that might have made Florence Nightingale proud and will continue to make all the world’s mothers proud as they search for greater health for children. Health and nursing service should serve. My wish for the new millennium is for all of us to create an amazing century that might have made Florence Nightingale proud and will continue to make all the world’s mothers proud as they search for greater health for children.

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The study is part of a comprehensive, multinational examination led by Dr. Linda Aiken that will reveal the impact of restructuring on patient and nursing care. Looking at integrated outcomes of this comprehensive study will eventually tell health care and nursing administrators what are the best characteristics that lead to the best clinical outcomes and a satisfied workforce (Soschalski, Aiken, Raﬀerty, Shamian, Muller-Mundt, Hunt, Giovannetti & Clarke, 1998). Further findings from this study will allow us to articulate the organizational characteristics that will lead to the kinds of nursing practices that will result in the best clinical outcomes.

The data from Ontario shows:

1. Nurses' emotional exhaustion exceeds the norms of other employee groups.
2. Nurses trust their peers but distrust their management less.
3. The personal health condition of the nurse is poor in comparison to other employee groups.
4. Nurses' perceptions of job-related empowerment and their reported commitment to their organizations. It strongly suggests that nurses who have access to resources, information, opportunity and support in their work environments are more likely to be committed to their organizations.

"A significant and strong positive correlation was found between staff nurses' perceptions of empowerment and their perceptions of a manager's power. If managers have ready access to resources, information, support and opportunity, they are more likely to share their power with the people they supervise."

"Lack of nurturing and support has caused many first-line nurses to feel abandoned. The study findings suggest that facilitating access to those lines of support is crucial to fostering job-related empowerment."

Although society values nurses, society does not take care of nurses. Science shows that RNs make a clinical and economic contribution. Science also tells us that if you empower nurses they are more loyal and committed to their organizations. The restructuring and downsizing of health services during the '90s dismantled nursing leadership and restructured and diminished nursing influence at the decision-making table.

To make sure that someone will be able to write this type of expose in 2009, we have to be confident in nurses and nursing's contribution to the health of nations and make sure that this contribution is recognized and integrated in the health care system worldwide.

We have to take on political and policy roles at all levels of government and governance. Make sure you do not experience "nursing amnesia." When you do take on leadership roles outside of nursing, do not forget that you are a nurse. Nurses in non-nursing positions either hide the fact that they are nurses or refer to themselves as "used to be a nurse." No physician or lawyer does that. You cannot stop being a nurse. There is not a detoxification program that I am aware of to remove the knowledge and perspective gained as a nurse.

We must connect our policy and political being with health and nursing knowledge. Arguing issues on moral, professional, and gender ground leads to labeling of nurses as being parochial, myopic, self-centered, and more. Decision makers and politicians are far less likely to dispute evidence-based recommendations than opinion-based advice. It is very difficult to argue with good sound research that shows that RN services reduce mortality and morbidity, or that nursing autonomy, access to information and opportunities will lead to better patient care, better patient satisfaction and a healthier nursing workforce. Above all remember, we do all of this for the health of the people we serve. My wish for the new millennium is for all of us to create an amazing century that might have made Florence Nightingale proud and will continue to make all the world's mothers proud as they search for greater health for children. Health and nursing service should be every new child's fundamental inheritance on this earth and ours to give.

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Judith Shamian, RN, PhD, CHE, was appointed Health Canada's executive director of nursing policy in July 1999, leaving her post as vice president of patient services at Mount Sinai Hospital, Toronto, Ontario. She continues to hold academic positions at three Canadian universities. Active in numerous World Health Organization global initiatives, she also heads its Collaborating Center at Mount Sinai Hospital. She has worked as a nurse practitioner on an Israeli kibbutz, a staff nurse in neurosurgery and an infectious disease consultant.

INTERNATIONAL NURSING COMMUNITY

LAGOS, Nigeria, Feb. 23, 1999—A Nigerian man with polio begs from pedestrians in a Nigerian market. After years of corrupt military rule, Lagos has sunk from awful to worse, becoming a great swath of traffic-choked expressways, polluted lagoons and open sewers.

Never stop networking

Nigeria unnoticed

By Henry Yomi Akinsola

ABORONE, Botswana, Oct. 30, 1999—While solutions to problems should come from within a nation, the global community of nurses can play a supportive role in reconstructing nursing in certain countries after many years of political turmoil. For this reason, I write this article out of deep love for my homeland and deep pain for having to leave, although temporarily. I am Nigerian of the Yoruba tribe. I am representative of thousands of professionals who have fled, adding to the nation's "brain drain."

The closure of universities, the non-payment of salaries or delayed ones, and the insecurity for personal and material safety, caused me to leave approximately three years ago.

Developing nations in Asia, Eastern Europe and Latin America, to varying extents, share Africa's challenges. In instances of political and economic instability or war, such as in Sudan, Somalia, Angola, Chechnya, Indonesia..."
face an urgent opportunity to meet the changing health needs within the broad perspective of the social, political and economic circumstances. In the coming millennium, the role of the nurse in developing countries will need to be expanded further to include the management of information in a global market whose main engine will be driven by the computer and high technology. This is the time to set a global agenda on how to move forward and reach the expected standards in a highly competitive market in which all nurses will have to compete.

One nation’s health care gain should not be another nation’s drain. Nurses in all of Africa, and especially Nigeria, will need to reexamine their roles within their national health systems, because their responsibilities have already changed due to human tragedies and upheaval.

Nurses should feel deeply concerned about the plight of these people, especially the displaced people in war torn countries who suffer from homelessness, starvation, disease and deprivation.

Throughout the world nurses need to focus a light on the African continent influenced by the context in which it takes place. Although the economic, socio-cultural and political environment in each African country is unique, the problem facing the development of nursing and health in general in all countries appears to be shared.

As a global body, nurses may organize international conferences which will focus on how to address wide ranging issues, pursuing recommendations. Committees with varying recommendations and agendas can approach solutions as a whole. Resources of knowledge, skills, information and materials must be pooled to support nurses in countries where there is any form of wide scale disaster.

The curricula of schools of nursing in developing countries should also be reviewed in order to reflect the need to prepare nurses who will be able to meet the challenges of treating war victims, especially the displaced people and the injured.

Finally, there is the need to create an atmosphere which will promote greater interaction between nurses in developing countries and the industrial world to enhance human resource development. In other words, in order to decrease the skills deficit among nurses in many developing countries today, the international climate must be maintained.

In Nigeria, there is the need for both internal and external motivation. The National Association of Nigerian Nurses and Midwives needs active interactions with other strong, progressive international nursing associations, like Sigma Theta Tau International and the International Council of Nurses.

More specifically, the Nigerian efforts of the present democratically elected government to stamp out corruption and other vices should be supported by the global community, including nurse leaders in order to stimulate economic growth. Major shifts in human resources across borders now affect many nations and all continents. Nigeria’s is among the most evident and critical.

Before the military incursion into governance in Nigeria, the government institutions, including the health sector, maintained a slow but steady improvement in services and facilities. The implementation of free education and health services in many states during the short period of civilian reign, coupled with the economic boom, led to a steady improvement in the health status of the ordinary people.

On the other hand, the extent of the problem created within the 15 years of military rule may be seen in troubling health indicators. During the 1990s, the infant mortality rate rose to 87 per 1000 births. Life expectancy is 54 years of age. Access to health care within four kilometers is 75 percent in urban areas and 30 percent in rural areas. Adult literacy is 60 percent for men and 40 percent for women (Okpagu, 1999).

Spurred by urbanization, Nigeria’s population exceeds 110 million and is growing rapidly at 3.2 percent each year. Yet, almost half of the nation is younger than age 15. And of great concern is the lack of access to safe water and sanitation in rural areas, 37 percent and 30 percent respectively.

In addition, Nigeria is an ethnically and culturally diverse nation with 250 distinct groups and 400 different languages. The main groups include the predominantly Muslim Hausa-Fulani configuration in the north and the Christian Yoruba in the Southwest, and the Ibo in the Southeast (Waterkld, 1999).

Nurses in Nigeria can effect the strongest and most lasting influences, for they form the bulk of the health manpower in Nigeria, especially in the primary health sector. In 1999, there was a total of 71,712 registered nurses and 58,436 registered midwives. These nurses and midwives in active service number about 90,000. The nurse/midwife per population ratio is 1 to 1,000 (Federal Ministry of Health, 1995). The doctor/patient ratio is 1 to 4,071 (Gbadejesin, 1999).

Figures on manpower do not fully reflect the qualitative impact of the actual situation. For the past decade, no African country has experienced a health workforce brain drain more than Nigeria. The most experienced and well-trained categories of nurses and doctors have emigrated in search of greener pastures. The majority of those who remain are engaged in other employment.

Considering the vast population of Nigeria and its position on the African West Coast, actions must be taken promptly to address and redress the situation.

We have experienced better nursing standards in Nigeria. I believe everywhere in the world, due in large part to our communications outreach, nurses as a group can uplift systems that fail, just as they lift a failing patient. This problem and sufferings of humans are significant to the overall course of our global village. I invite our global community of nurses to come to one table of hope, ostracizing no one for their government’s changing courses.

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Throughout the world nurses need to focus a light on the African continent to critically examine this World Health Organization region within the overall context of current nursing practice. As nurses in developing countries, we must actively engage in the interaction between nurses in developing countries and the industrial world to enhance human resource development. In other words, in order to decrease the skills deficit among nurses in many developing countries today, the international nursing divisions need to address wide scale disaster.

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The quality of a nation's health depends partly on the level of efficiency of its health workforce, especially nurses and doctors. Therefore qualitative and quantitative new strategies should drive the nurse in developing countries today, the implementation of free education and health services in many states during the short period of civilian reign, coupled with the economic boom, led to a steady improvement in the health status of the ordinary people.

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Henry Yomi Akinola, RN, BN, Hons, MS, PhD, is a senior lecturer at the University of Botswana Department of Nursing Education and a specialist in community health and research methods in Gaborone, Botswana. He holds his master's in community medicine and his doctorate in community health.
Japanese theory and practice

Carrying your own lamp

Editor's note: Dr. Hisama has published the first book in Japanese on Japanese nurse theorists, whose formal and informal theories are relevant to 1 million of the nation's practicing nurses.

KOBE, Japan, October 1999—It is my hope that nurses who care for patients in diverse cultures will develop their own practicing theories. Such theories will help nurses deliver personalized care that is sensitive to the patient's cultural context. In turn, this helps nurses recognize their own critical legacies as practitioners of a scientific, humanistic healing art.

In the new millennium, nurses in Japan will be examining their own cultural heritage in order to provide nursing care that is appropriate to their patients and that survives the test of time. The development of nursing theories initiated by North American scholars has enriched pedagogy and practice around the world for nearly half a century. Recently, nurses from diverse cultural backgrounds have begun to formulate theories relevant to their historical and cultural contexts.

I introduced important aspects of Japanese nursing theories, including the cultural perspectives, in a book I recently published, specifically for Japan's nurses. Such perspectives will aid the science of care. For example, I found that Japanese men attended and helped their wives' childbirths during the early part of the first 2,600 years of the nation's history.

The scientific foundations of professional nursing in Japan dawned as the government recognized Western medicine as an official medicine at the beginning of the Meiji period, from 1868 to 1912. Since then, nurses have had three major functions: serving as physicians' aids at hospitals; nursing injured soldiers in wars; and serving pregnant mothers and children in their communities. The patient's family played a major role in caring for the hospitalized patients.

The defeat and subsequent occupation of Japan by the Allied Forces in 1945 led to major medical reforms. One reform brought the building of public hospitals and improvements in nursing education through modeling United States pedagogy. Since then, many Japanese nurses have studied United States theorists. A few, however, took the initiative to develop theories based on their own practices. These Japanese theorists consider the characteristics of the Japanese people and either accommodate or challenge their characteristics to improve nursing care.

Qualities of the Japanese people

One salient characteristic of the Japanese people is amae, a childlike dependency or attachment, which goes beyond childhood. Unlike Western culture, amae continues throughout adulthood, especially when people are sick or facing difficulties. This creates much conflict between Japanese nurses—who learned American nursing theories like Dorothy Orem's theory of self-care—and the Japanese patients who remain dependent on nurses.

A second characteristic is the dominance of emotion over reason, which leads patients to prefer nurses' accommodating personalities instead of their scientific skills. Professionalism tends to not be recognized or rewarded as much as kindness. In general, patients expect everything to be done by the nurse or others for them, with little regard for monetary compensation.

Because of such traits, the nurses' job is not clearly defined and they burn out quickly from overwork. Desperate to do something about this situation, Japanese nurse leaders challenged the norms of practice based on experiences and traditions. They attempted to improve nursing first by introducing United States nursing theories. Some Japanese nurses studied overseas. Later, some of them started writing their own theories. Since then, nearly a half-century has passed and an enormous amount of nursing literature has accumulated. I found enough literature which is uniquely Japanese to describe it in a book Nihon no Kangoron, or Nursing Theory of Japan.

Four nurses represent four major forces behind Japanese nursing—spiritual, scientific, humanistic, and social.
Carrying your own lamp

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By Kay Keiko Hisama

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Four nurses represent four major forces behind Japanese nursing—spiritual, scientific, humanistic, and social.
Sister Matuno Teramoto and nursing of dying patients

She is the first and best known nurse for using appropriate Japanese concepts based on the long tradition of respect for the dead. Nurses perform elaborate post-death nursing procedures to the deceased. For many young nurses, such procedures are emotionally difficult to do, as is caring for dying patients. When Sr. Teramoto began nursing 60 years ago, people died at home. As a student nurse, she experienced the first death of a tuberculosis patient. The death came slowly and appeared to be natural.

However, as high tech medicine arrived and death at hospitals from cancer became increasingly common, dying has become painful and rapid. Many nurses found caring for dying patients even more difficult and painful than previously. Sr. Teramoto wrote a number of articles and books to tell Japanese nurses how they should care for dying patients and how to reward their experiences were, despite the many difficulties to overcome. She was born in 1916 and was educated in 1936 at the nurse training school at Kumamoto Medical School Hospital. She joined St. Maria’s Francisco Convent Group. She has worked in medical nursing in China in the late 50s and in many hospital positions in Japan, including serving as staff nurse at a tuberculosis sanatorium. She currently is a professor at Seibo Women’s Jr. College.

Hiroko Usui and scientific nursing

She conducted empirical research over a five-year period at the Japanese Medical Association in order to argue that nursing is a true profession. Her contribution to Japanese nursing is her emphasis on the importance of “scientific thinking,” when no word for “science” existed until the mid-19th century. Her theory is influenced by Nightingale’s thinking on health and nursing. Professor Usui published two full-color, illustrated books in which she rewrote traditional medical books on anatomy and physiology, and disease and recovery processes from the perspective of nursing. Professor Usui was born in 1931 and was educated at Ochanomizu Women’s College and Tokyo University. She has been a nurse researcher for the Japanese Nursing Association and instructor of nurse training and a professor of nursing at Chiba University. She is currently president of Miyazaki Prefectural Nursing College.

Masako Suzuki and humanistic nursing

Professor Suzuki’s major work concerns the communication between a nurse and a patient. Through her empirical research, she discovered that many Japanese patients have poor communication skills and seldom tell nurses their needs even when their lives are at risk. The patients expect the nurse to understand their needs just as a mother does for a baby and child. Professor Suzuki’s theory explains how nurses may bring crucial medical information from patients by creating contexts favorable for communication. Professor Suzuki was born in 1940. She was educated at Osaka University Nurse Training School, Medical School Hospital in 1961. Her additional education came from Osaka Kosei Gakuen, Keio University and Tokyo International University. She worked in both public health and in hospital nursing, before becoming an educator. She currently is a nursing professor at Hiroshima University.

Midori Kawashima and social aspects of nursing

She was inspired by Virginia Henderson’s theory on basic nursing and her argument for the importance of nurses’ working conditions. Professor Kawashima was among the first women to work out of the hospital nurses’ dorm and joined the early 1960s’ labor movement to improve nurse wages and working conditions. At the same time, she became the leader of a grass roots movement to provide nurses with continuing education. She earned respect not only from nurses, but from the public for promoting safe, comfortable nursing for patients.

Professor Kawashima was born in 1931 and graduated from the Japan Red Cross Nurse Training School in 1951. She worked in the Red Cross Central Hospital in Tokyo and was director of nursing education at Yangahira Hospital. She currently is director of nursing at Kenkawasi, a clinical nurse training center.

Kay Kaho Hisama, RN, PhD, is a professor at Kobe University in Kobe, Japan. Her book, Nursing Theories of Japan, and five accompanying videotapes of theorists, were published by the PNA Press, Tokyo, in 1998.

Shapers of science

What matters most in nursing’s future?

 Sigma Theta Tau International recognized seven winners of its coveted Founders Awards, the profession’s highest achievement, presented in San Diego, Nov. 6, 1999.

These awards given every two years to six outstanding nurses and one chapter honor society, recognize Sigma Theta Tau’s founding leaders—six nursing students and the nursing director at Indiana University. The winners have been nominated by their chapter honor societies, which showed detailed evidence of remarkable achievements. An independent international panel of experts conducted the judging. Sigma Theta Tau International is pleased to present the 1999 Founders Award winners with their professional views of nursing in the new millennium.

Future research

By Clarann Weinert, RN, SC, PhD, FAAN

BOZEMAN, Mont., October 1999—We are the profession dedicated to the health of our global community. Nursing science and scholarship underpin all of nursing regardless of site, role, or population served. While nursing has been an integral thread in our human tapestry for all of recorded history and a recognized profession since the brilliant leadership of Florence Nightingale, the discipline of nursing science dates back only to the mid-20th century. But what a rich foundation we have on which to expand and extend the discipline of nursing research. We have giants on whose shoulders we stand, and we are poised to move nursing science into the next century.

We have learned that, while sole charismatic leaders of research teams are critical, it is the strength and composition of the team that is key to our success. We will look at these linkages from a broader perspective and build more heavily on truly interdisciplinary teams, with a significant mix involving those working most closely to the nursing practice question. The richness of the fresh perspective of the baccalaureate student mingled with the wisdom of seasoned nurse scientists will be evident.

Linkages with research teams across institutions, across practice settings, and across national borders will allow for studies that use the strengths of nurse scholars, scholars from other disciplines, and health practitioners. In my own area of rural nursing research, we find many local, small-scale studies that contribute to the understanding of a phenomena in a given rural population. But the scope of the studies restricts the ability to adequately understand the phenomena within other populations in that larger rural area, or across geographically different rural groups.

We need programs of research that can link with others in a similar area to study a phenomena both within a population and between populations. For example, is the rural sub-cultural concept of lack of trust of outsiders, which we found in frontier dwellers in Montana, a characteristic of all frontier dwellers? Is this concept the same for rural dwellers in Southern New Mexico or Northern Maine? Could it also be true for some urban dwellers? In the new millennium, linkages with international collegial teams will add to our understanding of the phenomena within particular cultural contexts.

Clarann Weinert

Elizabeth McWilliams Miller Award for Excellence in Research

Dr. Weinert has been continuously funded to develop research in social supports, rural nursing theory, rural health care, clinical oncology care and family health issues. She has conducted more than 40 studies in these areas. As a professor at the Montana State University, Bozeman, College of Nursing, she has helped create its research office and its undergraduate scholars program.
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The future for chapters
By Robin Corbett, RN, C, PhD

GREENVILLE, N.C., November 1999—As we enter a new millennium, now is the time for a renewed commitment to expand nursing scholarship. The core mission of all Sigma Theta Tau International chapters, I believe, is to nurture and support nurse scholars.

The chapter's greatest influence may be achieved by providing financial support for beginning researchers and peer reviews of proposals and papers. Pilot work funded by chapter seed money can lay the groundwork for additional extramural funding. Local peer reviews can assist writers in shaping successful proposals, presentations and publications.

Future practice
By Mary Woody, RN, MA, FAAN

ATLANTA, November 1999—To develop into a successful nurse, you must have a solid foundation of clinical practice in your background. Because it is from clinical practice that ideas are born and visions developed. Our practice experiences also teach us the skills of collaboration with physicians and administrators, for if we are to build effective programs of care we must do so collaboratively. And to be relevant and effective nurse administrators, we must carry our weight and carry the banner for nursing.

Nurses are so well thought of by the public, yet the money and the leadership in health care has not held strong for nurses. Our profession is being diluted by too many assistant personnel, so that nurses are not receiving as much satisfaction from knowing they are giving patients their best and in turn learning from those patients. Nursing is so very, very important to our society and our civilization, because the nurse deals with people in some of their most vulnerable times.

We must hold on to a clear idea of what quality in nursing looks like and create that quality in our daily work. That also means that each nurse has to look not just at “a day’s work,” but at what he or she is investing in the future of the profession. Often that means taking extra time to work with faculty and students, taking time and effort to be a preceptor, and working in collaboration with other nurses and other disciplines. That also means taking the time to understand and explain to others the difference between quantity and quality in the educational and experiential “mix” of nurses. It is up to each of us to ensure that the spirit, the passion and the legacy of nursing outlives us all.

Beta Nu at East Carolina University, Ethel Palmer Clarke Award for Excellence in Chapter Programming

As it develops programs, this chapter has consistently created partnerships with other nursing organizations, including schools of nursing and major medical centers. Several chapter programs are planned each year exploring topics that include leadership, women’s issues, research, editorial skills, mentoring and global health.

Mary Florence Woody, Marie Hippenssteel Lingeman Award for Excellence in Nursing Practice

As director of nursing at Grady Memorial Hospital, Atlanta, Ga., she guided the creation of many new nursing practice positions and services, including organizing a nurse mid-wifery service and education program, and establishing nurse-run clinics for patients with sickle-cell disease, cancer, diabetes and heart disease. Her dedication to total patient care led by strong nursing practitioners is evident in such innovations as having nurse practitioners staff acute psychiatric units, and inaugurating six primary care satellite clinics staffed by nurse practitioners.

Future leaders
By Billye Brown, RN, EdD, FAAN

MANCHACA, Texas, October 1999—I believe the future of nursing rests heavily on present and future leaders, on those who are their followers, on nursing programs and on nursing organizations. I believe teaching and practicing leadership and “followership” characteristics by individuals and organizations are vital to our continued development as a profession. Leaders must be very clear about their own beliefs before they are able to lead others. To be an effective leader, mentor and influential role model, one must clarify his or her values and goals and be aware of their influences on future leaders.

Leaders are responsible for future leadership, for identifying likely leaders, and for developing and nurturing those potential leaders. Having a mentor is important for potential leaders, but so is having a role model. Not every individual will be able to select and contract with an official mentor, but we all have had role models at some time during our career. In many cases those relationships are also very rewarding to career development. My role model in my student days and early in my career was Mary Tolle Wright.

To be a positive mentor, I believe it is important to nurture, reinforce, encourage and practice those skills and characteristics of leadership and to instill that ability in the person being mentored. It is important for organizations like Sigma Theta Tau International to be aware of its responsibility to provide programs that nurture leaders and teach mentoring. We must do this if we are to prepare leaders for a preferred future in nursing in the next century.

Future education
By Diane Billings, RN, EdD, FAAN

INDIANAPOLIS, October 1999—The millennium brings new opportunties for educators for first-time students, students returning for advanced degrees and certificates, and lifelong learners pursuing nursing education offerings. The focus will be on the learners and the community of scholars who support learners as they acquire the skills, values and roles of the profession through access to real-world practice and use of electronic learning resources, databases and knowledge registries. Information technologies will bring together faculty, practitioners and peers to serve as models, mentors and guides. Integrated information tools will promote dynamic interaction as all of the members of the community explore, critique, reflect, teach, learn, and develop and disseminate the best practices of the profession.

The community of scholars will transcend geography and be enriched by the diversity of its global members. Strategic alliances among academic programs, health care agencies and nursing organizations can minimize distinctions among nursing services, education and research, while promoting educational mobility and lifelong learning. Teaching in learning communities will be evidence-based; teaching excellence will be reflected in pedagogical competence, the scholarship of teaching and the success of the learners to meet society's health care needs.

Billye Brown, Mary Tolle Wright Award for Excellence in Leadership

She is professor emeritus and former dean of the University of Texas, Austin School of Nursing. Dr. Brown is a past president of Sigma Theta Tau International and a chartering officer of many chapters. She has been instrumental in the society's $8 million fundraising campaign. She is a unique recipient of this award, for, as a nursing student, she was mentored by Mary Tolle Wright, herself, at the Arkansas Baptist Hospital School of Nursing in Little Rock. Remarkably, Dr. Brown was also the recipient of Mrs. Wright's first award, created and given by her at the Arkansas school.

Diane Billings, Elizabeth Russell Belford Award for Excellence in Education

School of Nursing. As director of a center devoted to the development and assessment of web-based and two-way video education, Dr. Billings has assisted colleagues in the delivery of more than 25 courses at a distance. Her leadership has inspired the creativity and evaluation of nursing curriculums with highly innovative technologies.

A Robin Corbett, President, Beta Nu
The future for chapters
By Robin Corbett, RN, C, PhD
GREENVILLE, N.C., November 1999—As we enter a new millennium, now is the time for a renewed commitment to expand nursing scholarship. The core mission of all Sigma Theta Tau International chapters, I believe, is to nurture and support nurse scholars.

The chapter's greatest influence may be achieved by providing financial support for beginning researchers and peer reviews of proposals and papers. Pilot work funded by chapter seed money can lay the groundwork for additional extramural funding. Local peer reviews can assist writers in shaping successful proposals, presentations and publications.

Future practice
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Nurses are so well thought of by the public, yet the money and the leadership in health care has not held strong for nurses. Often that means taking extra time to work with faculty and students, taking time and effort to be a preceptor, and working in collaboration with other nurses and other disciplines. That also means that nurses have to look not just at "a day's work," but at what he or she is investing in the future of the profession. Often that means taking extra time to work with faculty and students, taking time and effort to be a preceptor, and working in collaboration with other nurses and other disciplines. That also means that nurses have to look not just at "a day's work," but at what he or she is investing in the future of the profession.

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As director of a center devoted to the development and assessment of web-based and two-way video education, Dr. Billings has assisted colleagues in the delivery of more than 25 courses at a distance. Her leadership has inspired the creation and evaluation of nursing curriculums with highly innovative technologies.

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Future standards
By Dorothy Jones, RN, BSN, MSN, EdD, FAAN

BOSTON, November 1999—In a rapidly changing health care environment, recognition of the role standards play in shaping the future of nursing education, practice and research is critical. Now more than ever, nurses are in a position to help shape the preferred future of human care. Professional standards that are responsive to change and reinforce excellence and quality are needed to promote professional growth and visibility. Nursing needs to continually review and raise standards in order to respond to the preferred future of human care. Professional standards needed to promote professional growth and visibility. Nursing needs a perspective that provides disciplinary focus, or risk losing our unique identity within health care. To support excellence in fostering professional standards, I believe, creates a continued blurring of nursing and community boundaries. Nursing language development can help to challenge our thinking so that the focus of nursing can be preserved, described, and reimbursed.

For all advances on the horizon, it will be important for nurses to focus on linking the values and beliefs that ground professional nursing knowledge to human health across settings and populations. The unique responses of individuals, families, and communities of different religious and ethnic backgrounds will add new dimensions to nursing. Nurses who are able to link knowledge with practice should be able to develop a professional practice model that captures the dimension of a person while recognizing uniqueness.

Future creativity
By Jeanine Young-Mason, RN, EdD, CS, FAAN

PHILIPSTON, Mass., November 1999—My thought on the source of personal creativity is best expressed by the American philosopher of religion and personal friend, Huston Smith in his book The Religions of Men: "All of us dwell on the brink of the infinite ocean of life's creative power. We all carry it within us; supreme strength, the fullness of wisdom, unquenchable joy. It is never thwarted and cannot be destroyed. But it is hidden deep, which is what makes life a problem. The infinite is down in the darkest, profoundest vault of our being, in the forgotten well-house, the deep cistern. What if we could discover it again and draw from it unceasingly?" (Smith, 1986).

How can nurses discover this hidden, powerful self? Through desire and devotion to reading, reflection, the perspective of nature, the challenge and enlightenment of meaningful conversation, through love and friendship, through knowledge, through the experience of compassion (Young-Mason, 1995). It is profound appreciation of the fleeting intangibles of human existence which has the power to ignite the creativity of our minds and hearts. This is the elemental animating spirit which brings to fruition the passion of nursing as a discipline and vocation of caring and compassion.

Dorothy Jones, Dorothy Garrigus Adams Award for Excellence in Fostering Professional Standards

She is a professor and chairperson of the Adult Health Department at Boston College School of Nursing. Dr. Jones teaches nursing theory, practice, role development and research to students at every level. The Boston College Graduate Student Nurses Association established the Dorothy Jones Becoming Award, for the student who exemplifies her nursing philosophy of excellence in the service of others.

Jeanine Young-Mason, Edith Moore Copeland Award for Excellence in Creativity

She is a professor at the University of Massachusetts, Amherst, School of Nursing. Dr. Young-Mason has worked to develop the concept of compassion in nursing by exploring firsthand experiences of patients with illness. She believes that art, literature, and autobiographical accounts of illness bring essential knowledge to the health care professional's education and practice. This type of knowledge is unattainable in ordinary textbooks.
Future standards
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BOSTON, November 1999—In a rapidly changing health care environment, recognition of the role standards play in shaping the future of nursing education, practice and research is critical. Now more than ever, nurses are in a position to help shape the preferred future of human care. Professional standards that are responsive to change and reinforce excellence and quality are needed to promote professional growth and visibility. Nursing needs to continually review and raise standards in order to respond to an evolving world order. The "acceptable" standards of the past may no longer generate a professional practice model that adequately recognizes nursing's contributions to international health care.

To accomplish this vision, nursing must continue to clarify the focus of the discipline and articulate its evolving phenomena of concern. As nursing continues to seek ways to partner with other disciplines, it will be important to articulate a perspective that provides disciplinary focus, or risk losing our unique identity within health care. To support "interdisciplinary" nursing without acknowledging a clear "disciplinary" perspective, I believe, creates a continued blurring of nursing and compromises its contributions to health care outcomes.

Knowledge developments that focus on the delineation of nursing concepts for the discipline can be helpful in guiding the generation of a unified nursing language. Nursing language development can help to challenge our thinking so that the focus of nursing can be preserved, described and reimbursed.

For all advances on the horizon, it will be important for nurses to focus on linking the values and beliefs that ground professional nursing knowledge to human health across settings and populations. The unique responses of individuals, families and communities of different religions and ethnic backgrounds will add new dimensions to nursing. Nurses who are able to link knowledge with practice should be able to develop a professional practice model that captures the dimension of a person and draw from it unceasingly? (Smith, 1986).

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CLINICAL
Lorenz Chu, assistant professor at the University of British Columbia School of Nursing in Vancouver, British Columbia, Canada, conducted the study “Cultural Resource for Spirituality in Chinese Immigrants with Breast Cancer in the U.S.” While at Harvard University, Dr. Chu’s results identified six resources for patients’ families: close relatives, traditional Chinese medicine, religious leaders, university professors, and others within the Chinese community. The study was published in the Journal of the National Cancer Institute.

Daniel Shearn, primary nurse care coordinator at Vandergrift, a German nongovernmental organization providing care to refugees in Mexico City, Mexico, where he works closely with the local American Cancer Society and conducts prevention and early detection programs.

Rhonda Adams Scott, president and chief executive officer of the American Nurses Association, has been honored for his role in coordinating care for patients in the medical intensive care unit. He has been named one of the 10 Women’s Health Heroes by Reader’s Digest magazine. While president of the American Association for the Advancement of Science and Engineering, he launched the “Take Wellness to Heart” campaign.

Wanda L. Johnson, chief executive officer of the American Association for Critical-Care Nurses in Alto, Texas, Calif.

Annie Kalyanjian, president of the Armenian American Society for Studies on Genocide and Mass Violence, organized a symposium on Armenian American Society for Studies on Genocide and Mass Violence in the United States and Canada. Her research found the majority of Armenian American women living in the United States were educated about breast cancer and did not engage in early detection practices, indicating a need to provide education for these women. Co-authors of the study were Rani Srivastava, director of clinical resources at the University of Pittsburgh School of Nursing, and Margaret E. Fitch, head of oncology nursing at the Toronto-Sunnybrook Regional Cancer Centre in Ontario, Canada.

Rhonda Adams Scott, president and chief executive officer of Clinical Nurse Specialist Associates LLC in Atlanta, Ga., a consulting nurse practice consulting firm, has been elected president of the National Association of Clinical Nurse Specialists.

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Ushi Choudhary, professor of nursing at Seneca College and adjunct assistant professor at the University of Windsor, has studied breast cancer detection practices among South Asian women living in Toronto, Canada. Her research found the majority of the immigrant women had minimal knowledge about breast cancer and did not engage in early detection practices, indicating a need to provide better education for these women. Co-authors of the study were Rani Srivastava, director of clinical resources at the University of Windsor, and Margaret J. Fish, head of oncology nursing at the Toronto-Sunnybrook Regional Cancer Centre in Ontario, Canada.

Rhonda Adams Scott, president and chief executive officer of Clinical Nurse Specialist Associates LLC in Atlanta, Ga., and a geriatric nursing practice consulting firm, has been elected president of the National Association of Clinical Nurse Specialists.

Donna J. Demarest has been appointed dean of the College of New Rochelle School of Nursing in New Rochelle, N.Y.

Annette Gibson, professor, and Kathy Thomas, associate professor, have been named 1999 recipients of endowed teaching chairs at Miami-Dade Community College in Miami, Fla. Ms. Gibson has developed innovative learning techniques and helped design a course for nursing students on critical thinking and ethical decision making. Ms. Thomas has developed distance education classes using interactive, live broadcasts to link students and faculty at two campuses.

Susan K. Kelley has been appointed dean of the Georgia State University College of Health and Human Sciences in Atlanta. Ms. Alice D. Dent has been appointed associate dean for academic affairs.

Jeanette Lancaster, dean of the University of Virginia School of Nursing in Charlottesville, has been named with the establishment of an endowed professorship in her name at the school of nursing, recognizing her 10 years of leadership and vision.

Charlotte Rappaport is participating at the National Autonomous University of Mexico in Mexico City, where she works with faculty to improve research skills and helps with community health programs.

Kathleen R. Stevens, professor at the University of Texas Health Science Center at San Antonio, has guided the development of KurnQuat, a Web site that promotes children's health. The site is academically supported and research-based to provide quality health information.

Shelby S. Travis has accepted the position of Dean W. Colvard Distinguished Professor of Nursing at the University of North Carolina at Charlotte.

ADAM K. Wiltz, a member of the Assembly on Health Policy of the Illinois Nurses Association, Mary A. Nagy, gerontological nurse consultant in Schaumburg, Ill., and Astrid Tiegler-Tegneman, dean of the Rinteln University of Applied Sciences for Nursing in Germany, presented the poster "Global Nursing: An Educational Model to Improve the Health and Quality of Life of Older Adults via a Sister Cities Relationship" at the Fourth European Congress on Gerontology in Berlin, Germany, and Schaumburg, Ill., to exchange views to learn about health care practices and culture in their sister city, developing international mentoring relationships.

Jean Warnon, distinguished professor of nursing at the University of Colorado's Health Sciences Center in Denver, has been awarded an honorary doctor of science degree by the University of Luton in the United Kingdom.

LEADERSHIP
Susan Stein Grintz, social science research analyst for the Health Care Financing Administration, has received the Margaret G. Armour Award from the American Public Health Association for her outstanding contributions to public health nursing. Victoria Champion, associate dean of research at the Indiana University School of Nursing in Indianapolis and director of cancer control at the Indiana University Cancer Center, has received the Collaborator of the Year Award from the Walker Cancer Institute. Dr. Champion's innovations in behavioral oncology—including prevention, early detection and palliative care—have benefited both cancer patients and researchers.

L.B. Sossman, staff nurse at Presbyterian Hospital in Charlotte, N.C., has been chosen a recipient of the 1999 Great Year Award for Nursing Excellence in North Carolina.

Barbara A. Fowler, associate professor and interim director of nursing research at Wright State University-Miami Valley College of Nursing and Health in Dayton, Ohio, has been named a fellow of the Oncology Nursing Society's Leadership Development Institute. An advanced practice nurse, Dr. Fowler works closely with the local American Cancer Society and conducts prevention and early detection programs.

Davice J. Okeny, representative and dean at Kent State University College of Nursing in Kent, Ohio, has been appointed to a second seven-year term on the Board of Directors of the Health Council. Martha Hill, director of the Johns Hopkins University Center for Nursing Research in Baltimore, Maryland, has been named a member of 10 Women's Health Heroes by Reader's Digest magazine. While president of the American Heart Association, she launched the "Take Wellness to Heart" campaign.

Wanda L. Johnson is chief executive officer of the American Association of Critical-Care Nurses in Aliso Viejo, Calif.

Ani Kalyanian, founder and president of the Armenian American Society for Studies on Stress and Genocide, organized a symposium at Fordham University in New York City, N.Y., on "Trauma and Aging Intergenerational, and Long-Term Effects of Genocide and Mass Trauma."

Kathleen R. King, associate professor at the University of Rochester School of Nursing in Rochester, N.Y., has been elected chair of the Council on Cardiovascular Nursing, one of 12 scientific councils of the American Heart Association.

Ellen N. Averitt of the University of Pittsburgh School of Nursing, has founded Cares of Caring, an annual awards gala that recognizes nurses in Western Pennsylvania. Marvel M. Shore, mayor of Fairfield Township in Fairfield, N.J., has been inducted into the National Academy of Practice as a distinguished practitioner, in recognition of her high standards and contributions to nursing and nursing administration.

A TUCSON, Ariz.—July 23, 1999—Prisoners of war, including nurses, were honored with a park. Lt. Col. Madeline Ullom, a nurse, receives a bow from the ribbon-cutting ceremony.

POW park dedicated

TUCSON, Ariz.—The POW Remembrance Park was dedicated in July 1999 in honor of the sacrifices endured by prisoners of war on captive soil—chief among them, nurses. Lucius D. Legg was the principal benefactor of the park that gives significant attention to Lt. Col. Madeline Ullom, RN, MS/Ed. The park was built with the dedicated labor of the Sailors from the Navy’s Military Construction Battalion 17. A plaque tells of her courage during World War II. "Lieutenant Colonel Madeline Ullom was a prisoner of war for nearly three years in Manila, Philippine Islands. Madeline was a dedicated nurse whose chief interest was caring for her patients even while incarcerated. Through her tireless efforts to help others, she became one of a select group of individuals known as the 'Angels of Bataan and Corregidor.’ For her heroism, she was awarded a Bronze Star Medal and two oak leaf clusters. ..."
Karen Kerkhoff Gromada, adjunct clinical instructor at Indiana University School of Nursing in Indianapolis, Ind., received the Mayor’s Volunteer Partnership Award from Indianapolis Mayor Stephen Goldsmith. As a volunteer, Dr. Gromada has worked with the Maternity Family League of Indiana since 1972. Her leadership has resulted in numerous grants that improve women’s health and promote childbirth and parenting education.

Hela Lara Helgadottir, assistant professor of nursing at the University of Iceland and the University of Akureyri, is part of an interdisciplinary team involved in international research on family dynamics in Iceland. In another international study, she focuses on tem- perament and postoperative pain in preschool Icelandic children.

Rebecca A. Johnson, associate professor at the University of Missouri-Columbia’s Sinclair School of Nursing, has received a $500,000 grant from the National Institute of Nursing Research for her study of the process and effects of educating older African-American, Latino and Caucasian adults to a nursing home.

Mary Key, assistant professor of nursing and director of the University of Pittsburgh School of Nursing’s Center for Nursing Research, is principal investigator for a study with a subsaharan hemorrhage due to rupture of a cerebral aneurysm. The research team received a $1.6 million grant from the National Institute of Nursing Research of the National Institutes of Health.

Dr. Susan Kim's rehabilitation program for the chronically mentally ill has received a second United Nations Development Project grant. The new funding allows the creation of 38 centers in South Korea to replicate Dr. Kim's community-based program. Also, other nations are considering implementing her community model. Dr. Kim is professor of nursing at Seoul Women's University in South Korea.

Susan M. Schneider, assistant professor at Case Western Reserve University’s Frances Payne Bolton School of Nursing in Cleveland, Ohio, has received a $14,330 grant from the American Cancer Society to study the use of virtual reality to help breast cancer patients tolerate the side effects of chemotherapy.

Johna M. Youngblut, professor and associate dean for research at Case Western Reserve University’s Frances Payne Bolton School of Nursing in Cleveland, Ohio, is project director for an educational workshop that will feature three research approaches to study other childhood cancers. The National Institute for Nursing Research has awarded the school of nursing $103,000 to develop the workshop.

"Mail "People" items to Jane Palmer, Reflections on Nursing Leadership, 530 W. North St., Indianapolis, IN 46202. Send e-mail to jpalmer@stti.iupui.edu . People" publishes notes about members of all academic levels and invites notes about clinical achievements, nursing or community leadership, research, business, inventions and books or videos. Please include nursing credentials, job title, name and location of employer, and contact information.

The field of gerontology and the nursing profession are a natural fit as our underserved older populations are the best served by both. The discipline is well served by the advent of new nursing specialties.

—Yvonne Finkenjohn, RN, MA, FAAN, FRCN

Signs Three Times International Honor Society of Nursing

Nurses and Health: A Global Future

A 2-day interdisciplinary think tank on the future of nursing in the Americas. March 10-11, 2000

A distinguished panel of health care experts will gather to frame how scholarly activities in leadership, clinical practice, research and education can contribute to health care delivery and to the health of communities in the Americas. As a registered invited reactor, you can respond to recommendations for nursing’s scholarly contributions and international collaboration.
HELA LARA HELGADOTTIR, assistant professor of nursing at the University of Iceland and the University of Akureyri, is a part of an interdisciplinary team involved in international research on family dynamics in Iceland. In another international study, she focuses on temperament and postoperative pain in preschool Icelandic children.

Rebecca A. Johnson, associate professor at the University of Missouri-Columbia's Sinclair School of Nursing, has received a $500,000 grant from the National Institute of Nursing Research for her study of the process and effects of educating older African-American, Latino and Caucasian adults to a nursing home.

Mary Key, assistant professor of nursing and director of the University of Pittsburgh School of Nursing's Center for Nursing Research, is principal investigator for a study of patients with a subarachnoid hemorrhage due to rupture of a cerebral aneurysm. The research team received a $1.6 million grant from the National Institute of Nursing Research of the National Institutes of Health.

Dr. Susan Kim's rehabilitation program for the chronically mentally ill has received a second United Nations Development Project grant. The new funding allows the creation of 38 centers in South Korea to replicate Dr. Kim's community-based program. Also, other nations are considering implementing her community model. Dr. Kim is professor of nursing at Yonsei Women's University in Seoul, South Korea.

Susan M. Schneider, assistant professor at Case Western Reserve University's Frances Payne Bolton School of Nursing in Cleveland, Ohio, has received a $14,330 grant from the American Cancer Society to study the use of virtual reality to help breast cancer patients tolerate the side effects of chemotherapy.

Joanne M. Youngblut, professor and associate dean for research at Case Western Reserve University's Frances Payne Bolton School of Nursing in Cleveland, Ohio, has received a $15,000 grant from the National Institute of Nursing Research for her study of nurses' contributions to the health care system.

Margaret Stauffer, associate professor of nursing at the University of Minnesota; Marilyn Rantz, associate professor and university hospital professor of nursing at the University of Missouri-Columbia; and Lori Poppy, long-term care nurse professor at the University of Missouri-Columbia, have received an American Journal of Nursing Book of the Year Award as co-authors of Outcome Quality Improvement for Long-Term Care, Aspen Publishing, Gaithersburg, Md., 1998.
"Learning & Leading Globally"

1999-2001 Presidential Call to Action

Sigma Theta Tau International is poised at the brink of a new century equipped with a dynamic, fluid and ambitious strategic plan. To enhance the health of people worldwide, the organization has reaffirmed its commitment to leadership and scholarship in practice, education and research. This mission and strategic plan, however, will not be actualized without the commitment and support of our members and chapters.

Individual Sigma Theta Tau members, who span diverse cultures and generations, are the essence of our society. Individual members are our primary asset, each valued for their unique expertise and talents. Organized into chapters around the globe, the society consists of individual members that bring their knowledge and leadership to bear on problems in their local communities. Through their collective resources, scholarship and talents, our members touch lives locally by raising the standard of nursing care.

Local chapters nurture the professional development of their members. Through chapter activities, the collective talents and scholarship of members are fostered and disseminated. Working together within chapters and with interdisciplinary groups, Sigma Theta Tau members create a powerful synergy that influences the health of people worldwide.

Sigma Theta Tau has the capacity through its members and chapters to reach new heights in learning and leading globally. As president, I challenge each of you to focus on developing stronger members and chapters during the 1999-2001 biennium.

Patricia E. Thompson, RN, EdD

23RD SOCIETY PRESIDENT

In this way, we can make major strides in the dissemination of nursing scholarship and leadership that will create positive health care outcomes. Therefore, the focus for the biennium will center around two goals:

- Developing members across their professional lifespans.
- Building strong chapters and foster collaborative leadership.

Goal I

Develop members across their professional lifespans.
- Increase the number of leaders and scholars actively involved with the society.
- Respond directly to needs of diverse member groups with individualized services.
- Develop global teams to define and disseminate the scholarship of practice, research and leadership for their respective regions.
- Enhance communication to potential student and community members about the society.
- Create opportunities for members to affect the health status of their local communities.
- Involve and develop new inductees in activities at all levels of the organization.
- Prepare the next generation for leadership roles.
- Develop research dissemination and utilization models and methods in support of implementing evidence-based practice.
- Examine membership criteria for inclusiveness and cultural relevance.
- Increase opportunities for members to learn and connect through technologic means.
- Create collegial, learning networks for members to share and debate their scholarly works and issues.
- Explore global initiatives for knowledge and resource exchanges for academicians, researchers and practicing nurses.

Goal II

Build strong chapters and foster collaborative leadership.
- Facilitate each chapter's development of a strategic plan based on the plan of the organization.
- Implement chapter officer seminars and electronic resources.
- Offer opportunities for leadership development skills at and beyond the chapter level.
- Improve member retention and involvement, especially new members, in chapters.
- Develop strategies to engage members who are not geographically present with their chapters.
- Facilitate chapter mentoring to develop the next generation of clinicians, researchers and educators.
- Stimulate chapter partnership opportunities for nurse educators, researchers and clinicians to share knowledge and resources and to engage in innovative projects.
- Streamline policy, guidelines and communications between members and chapters and the board and headquarters.
- Examine chapter development criteria and structure for inclusiveness and cultural relevance.

Through "Learning and Leading Globally" members and chapters will move Sigma Theta Tau International forward and influence the health of people in communities throughout the world. Our commitment to leadership and scholarship in practice, education and research can and will result in positive health outcomes. I thank you for the opportunity to serve as your president at this exciting and challenging time and know that together we will learn and lead globally.
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House elects new leadership

SAN DIEGO, Calif., Nov. 10, 1999—Sigma Theta Tau International President Eleanor J. Sullivan convened the House of Delegates to conduct the society's business, including election of officers; installation of President Elect Patricia E. Thompson as president; installation of other officers following elections; bylaws discussion and voting. The House also voted to approve 23 petitioning honor societies to become new Sigma Theta Tau chapters.

President Elect: May L. Wylke, RN, PhD, FAAN, associate dean for community affairs, the Florence Cellar Professor of Gerontological Nursing and director of the Center on Aging and Health at Case Western Reserve University School of Nursing in Cleveland, Ohio. She is the Pope Emi­

Tennent Scholar at the Rosalyn Carter Institute at Georgia State University.

Sue Malloy, RN, EdD, associate professor at San Jose State University School of Nursing in California.

Eleazar J. Sullivan, RN, PhD, FAAN, immediate past presi­
dent of Sigma Theta Tau and professor and former dean of the University of Kansas School of Nursing in Kansas City.

Central Chapters Coordinating Committee Chair: Susan L. Folden, ARNP, PhD, clinical nurse specialist at the U.S. Veterans Affairs Medical Center in West Palm Beach, Fla.

Region 1 Coordinator: Carol Jorgensen Huston, MSN, MPA, DPA, professor of nursing at California State University, Chico.

Region 2 Coordinator: Karen Grigsby, RN, PhD, associ­ate professor at the University of Nebraska Medical Center College of Nursing in Omaha.

Region 3 Coordinator: Sharon Decker, RN, MSN, CS.

nursing program at the University of Missouri, St. Louis.

Dr. Clarke

Dr. Wylke

Dr. Peard

Dr. Clarke

Dr. Everett

CCRN, professor of clinical nursing and director of simul­
ations at Texas Tech University Health Sciences Center School of Nursing in Lubbock.

Region 4 Coordinator: Beverly S. Rigle, RN, PhD, assis­
tant professor of nursing at the College of Mount St. Jo­
seph in Cincinnati, Ohio.

Region 5 Coordinator: Donna M. Zucker, RN, PhD, cli­

clinical assistant professor and coordinator of the RN/BS and Second Bachelor Pathways Program at the University of Massachusetts School of Nursing in Amhurst.

Region 6 Coordinator: Anna C. Alt-White, RN, PhD, as­

associate chief of nursing service for research at the U.S. Vet­

erans Affairs Medical Center in Washington, D.C.

Region 7 Coordinator: K. Sue Haddock, RN, PhD, CNA, assistant director of health management services at the Institute of Public Affairs, University of South Caro­

olina in Columbia.

President: Carol Picard, RN, PhD, associate director of the advanced practice graduate nursing program at Massachusetts General Hospital Institute of Health Professions in Boston.

Vice President: Carol Picard, RN, PhD, associate director of the advanced practice graduate nursing program at Massachusetts General Hospital Institute of Health Professions in Boston.

Secretary: Heather F. Clarke, RN, PhD, director of policy and communi­
cation for the Registered Nurses Association of British Columbia in Vancouver, Canada.

Treasurer: Linda Q. Everett, RN, MSN, PhD, associate director of Uni­

versity of Iowa Hospitals and Clinics and director of nursing services and pa­tien­
t care at University of Iowa Health Care in Iowa City.

Director: Fannie Gaston-Johnsson, RN, DrMedSc, FAAN, professor, director of international and ex­tramural affairs and the Elsie M. Lawler Endowed Research Chair at Johns Hopkins University School of Nursing in Baltimore, Md.

Maureen R. Keeffe, RN, PhD, FAAN, dean and professor at the Medical University of South Carolina College of Nurs­ing in Charleston.

Clarann Weintert, SC, RN, PhD, FAAN, professor and se­nior mentor of the Office of Research and Scholarship at Montana State University College of Nursing in Bozeman.

Research Committee:

Terry A. Badger, RN, PhD, CS, associate professor at the University of Arizona College of Nursing in Tucson.

Julie E. Johnson, RN, PhD, director of the University of Nevada, Reno, Orvis School of Nursing.

Cecile A. Lenqacher, RN, PhD, professor and director of evaluation at the University of South Florida College of Nurs­ing in Tampa.

Patricia R. Messmer, RN, PhD, C, FAAN, director of nurs­

ing research at Mount Sinai Medical Center in Miami Beach, Fla.

Suzanne S. Prevost, RN, PhD, CNAA, professor and N.H.C. Chair of Excellence in Nursing at Middle Tennessee State University in Murfreesboro.

Donna Romyn, RN, PhD, assistant professor and director of the Institute for Philosophical Nursing Research at the University of Alberta Faculty of Nursing in Edmonton, Alberta, Canada.

Susan Noble Walker, RN, EdD, FAAN, professor and chair of the Gerontological, Psychosocial and Community Health Nursing Department at the University of Nebraska Medical Center in Omaha.

Nominating Committee:

Billey J. Brown, RN, EdD, FAAN, past president of Sigma Theta Tau International and professor emeritus and former dean of the University of Texas, Austin, School of Nursing.

Cynthia Flynn Cappers, RN, PhD, professor and dean of the University of Akron College of Nursing in Ohio.

Pamela S. Chally, RN, PhD, dean of the University of North Florida College of Health in Jacksonville.

Joan M. Creed, RN, MN, clinical nurse specialist in the Community Health Department of Palmetto Baptist Hospi­tal in Columbia, S.C.

Sally Bross Hardin, RN, PhD, FAAN, director of the PhD

S igma Theta Tau International

Honor Society of Nursing

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19, 2000; Jan. 3-10, 2001, in Indianapolis.

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modeling software, participants will design a customized model to organize and retrieve current research in their area of clini­
cal expertise.

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35TH BIENNIAL CONVENTION

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Leadership

Honor Society of Nursing

Reflections on Nursing LEADERSHIP

Reflections on Nursing LEADERSHIP 47

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**Sigma Theta Tau International Honor Society of Nursing**

Dr. Wykle

Dr. Picard

Dr. Wykle

Dr. Picard

Dr. Clarke

Dr. Everet

Dr. Everet

Dr. Clarke

Dr. Wykle
International bylaws changes

Seven bylaws changes were voted on by the 1999 Sigma Theta Tau International House of Delegates on Wednesday, Nov. 10 at the 35th Biennial Convention in San Diego, Calif. The new, approved wording for the bylaws is below. The complete revised bylaws document will be mailed to all chapters as soon as it has been printed.

Current Wording

1) Approved Wording by 1999 House of Delegates

Article IV—Chapters
Section 2—Organization of a Chapter
a.) Criteria for Chapter Development
A chapter may be established in an educational unit which is an integral part of a college or university and which grants a baccalaureate or higher degree for completion of the nursing program. The baccalaurate or basic higher degree nursing program within the college or university shall be accredited by a recognized accrediting body. In the event there is no nursing accreditation system in place in the potential chapter's country, the program shall provide evidence of its quality. The group desiring a chapter shall petition the Sigma Theta Tau International Board of Directors and comply with approved policies and regulations.

2) Approved Wording by 1999 House of Delegates

Article III—Membership
Section 2—Qualifications for Regular Membership
b.) Candidates shall be elected from students enrolled in 1) baccalaureate and master's programs that are accredited by a recognized accrediting body. In the event there is no nursing accreditation system in place in the chapter's country, the program shall provide evidence of its quality and, 2) post-master, doctoral, and post-doctoral nursing programs. Students who have completed at least one-half of the required nursing component of the baccalaurate curriculum or minimum of one-fourth of the required graduate curriculum and have demonstrated ability in nursing shall be eligible. Provise: Students from newly established graduate programs applying for initial accreditation within two years will be eligible.

3) Approved Wording by 1999 House of Delegates

Article X—Committees
Section 13—Research Committee
a.) Mission
The Research Committee shall oversee the research grant program of Sigma Theta Tau International. The committee shall provide recommendations to the Board of Directors of Sigma Theta Tau International for new and existing projects/programs to facilitate the development, dissemination and utilization of nursing research.

4) Approved Wording by 1999 House of Delegates

Article X—Committees
Section 12—Regional Chapters Coordinating Committee
b.) Membership
The Regional Chapters Coordinating Committee shall consist of the chair and each region's Regional Chapter Coordinator, elected by the delegates at the meeting of the House of Delegates. Delegates from each region shall elect their Regional Chapter Coordinator at the House of Delegates. Each Regional Chapters Coordinator serves as chair of the Regional Committee appointed in their respective regions.

5) Approved Wording by 1999 House of Delegates

Article IV—Chapters
Section 3—Definition of Region
Sigma Theta Tau International shall be organized into areas called regions.

6) Approved Wording by 1999 House of Delegates

Article IV—Chapters
Section 3—Definition of Region
a.) Each region shall be composed of chapters.

7) Approved Wording by 1999 House of Delegates

Article IX—Elections
Section 4—Terms
b.) Non-Officer Directors
The six (6) non-officer director terms will be staggered and they shall serve a term of four (4) consecutive years or until their successors are elected. Three (3) non-officer directors will be elected in alternating biennia. Non-officer directors may serve a maximum of four (4) consecutive years on the Board of Directors.

1999 Archon Awards presented in London

Sigma Theta Tau International's Archon Awards were presented to four exceptional individuals who have made significant contributions to world health. Health care leaders from more than 50 nations attended the event, which preceded the International Council of Nurses centennial conference. Honored were Sir George Alleyne, of Barbados; Dr. Daniel Callahan, of the United States of America; Aziza Hussein, of Egypt; and Dame Cicely Saunders, of the United Kingdom.

"Archon" is from the Greek word meaning "first to lead." The awards are granted biennially by the society for exceptional leadership in promoting health and well-being throughout the world. Given without regard to a particular profession, the awards honor individuals who have made health a major aspect of their lives and have created significant change that is far-reaching in scope. In all of their endeavors, they embody the Sigma Theta Tau values of love, courage and honor.

Physician Sir George Alleyne is serving his second term as director of the Pan American Health Organization. In his position, he has created new partnerships to prioritize health issues, recognizing linkages among health, environment and development. As a result of his personal commitment and leadership, individuals and communities in the Americas have been further empowered to take responsibility for their own health.

Ethicist Dr. Daniel Callahan is the co-founder and past president of The Hastings Center, a pre-eminent global research and educational organization founded in 1969 to examine ethical issues from medicine, biology and the environment. His personal contributions and those of The Hastings Center are widely acknowledged as propelling an ethics agenda to the forefront of social and health policy decision making across the globe.

Aziza Hussein has garnered national and international recognition in the fields of women's rights, family health and social development. Her career is notable for its array of pioneering initiatives. These include establishing the first rural nursery school in Egypt; the first nongovernmental family planning program which paved the way for governmental initiatives and the first project aimed at eradication of unhealthy traditional practices, such as female genital mutilation.

Dame Cicely Saunders is internationally renowned for leadership in the contemporary hospice care movement. In 1948 she began her career as a volunteer hospice nurse in London and established St. Christopher's Hospice in 1967, serving as its medical director for 18 years. Her numerous writings have guided the clinical, ethical, administrative and policy dimensions of hospice and palliative care across the world.

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Evolution of a Leader
Beverley Simpson

Education
University of Toronto, Canada
McGill University, Montreal, Canada
Diploma Royal Victoria Hospital, Montreal, Canada

A nurse for 32 years, Beverley Simpson owns an active consulting practice in Toronto. She focuses on organizational development and people, teams and systems in health care. With her business activities, she can support her strong commitment to developing clinical leaders for nursing.

How do you define leadership?
Leadership is evolving rapidly in our fast-forward world. Leadership today is not about formal titles and job descriptions but about engaging people, building learning communities and influencing change. People are hungry for leadership that creates a compelling vision and engages them in being the best they can be. Being a leader is not about making yourself more powerful but about making those around you more powerful.

New philanthropists raise nursing pride
Virginia Henderson Fellows

In the weeks immediately preceding Sigma Theta Tau International's biennial convention in November 1999, the spirit of philanthropy swelled the ranks of Virginia Henderson Fellows. We welcome these 10 new fellows: Christine Dannemiller, RN, PhD; Jean Kafi Field, RN, MS; Ada Sue Hinshaw, RN, PhD, FAAN; Dorothy Otto, RN, PhD, EdD; Lynn C. Parsons, RN, DNS, CNA; June G. Patton, RN, PhD; Gwen Sherwood, RN, PhD; Deborah J. Simmons, RN, MSN; Victoria Otto, PhD; Kathleen Stevens, RN, EdD, FAAN, editor of the Online Journal of Knowledge Synthesis for Nursing. Dr. Stevens has also chaired the International Library Committee during the rapid development of its online knowledge resources in the 1990s and was secretary of Sigma Theta Tau International from 1997 to 1999. She is professor of family nursing care at the University of Texas Health Science Center at San Antonio. She also collaborates on a multidisciplinary team investigating evidence-based practice through the Veteran's Hospital Administration of excellence, an Agency for Health Care Policy and Research Evidence-based Practice Center, and a Cochrane Center. She has served as editor of Evidence Based Teaching. Dr. Stevens has also chaired the editorial review board of the Cochrane Library Review Service, and as governor on the National League for Nursing Board.

Career Planning Resources
Registry of Nursing Research

Nurses searching for fresh ideas on career planning may find the Virginia Henderson International Nursing Library's Registry of Nursing Research one of their best tools. The Registry is an electronic knowledge resource on the Internet that provides studies and projects submitted by nurse researchers—many with primary interests in career development. Covering the gamut of health knowledge, the Registry contains more than 9,700 studies submitted by more than 6,000 nurse researchers. Although members usually associate it with clinical research, it is a rich source of information on the nursing profession too. You will find information about a specific researcher, his or her study and the knowledge generated by the study.

The electronic format gives you access to research and analyses of nursing studies, and the interactive features allow you to design your own search strategy, so you make the most of your time. It is the only known database that stores research studies by a research classification system and indexes them by variable names. You may scan the Registry by a specific researcher or other biographical data; by study details such as title, framework, sample population and fund sources; by findings through the Index of Variables; and by selected keywords. Access to it is free to Sigma Theta Tau International members.

Kathleen Stevens named online journal editor

Sigma Theta Tau International has appointed Kathleen R. Stevens, RN, EdD, FAAN, editor of the Online Journal of Knowledge Synthesis for Nursing. Dr. Stevens was associate editor from 1993 to 1999, supporting its initial growth and development. Dr. Stevens has also chaired the International Library Committee during the rapid development of its online knowledge resources in the 1990s and was secretary of Sigma Theta Tau International from 1997 to 1999. She is professor of family nursing care at the University of Texas Health Science Center at San Antonio. She also collaborates on a multidisciplinary team investigating evidence-based practice through the Veteran's Hospital Administration of excellence, an Agency for Health Care Policy and Research Evidence-based Practice Center, and a Cochrane Center. She has served as editor of Evidence Based Teaching. Dr. Stevens has also chaired the editorial review board of the Cochrane Library Review Service, and as governor on the National League for Nursing Board.

"The Online Journal sustains and enhances the mission of Sigma Theta Tau as a prominent and authoritative source for evidence, supporting clinical decisions and consumer choices in nursing care worldwide," Dr. Stevens said. As editor, her goal is to build on the current success of the journal through achievement of four goals: broadening readership, building the capacity of nurse clinicians and scholars with regard to knowledge synthesis, translation and implementation; creating collaboration with existing evidence-based practice entities; and listening to customers.
Evolution of a Leader

Beverley Simpson

Education
University of Toronto, Canada
BSN
McGill University, Montreal, Canada
Diploma Royal Victoria Hospital, Montreal, Canada

A nurse for 32 years, Beverley Simpson owns an active consulting practice in Toronto. She focuses on organizational development and people, teams and systems in health care. With her business activities, she can support her strong commitment to developing clinical leaders for nursing.

How do you define leadership?
Leadership is evolving rapidly in our fast-forward world. Leadership today is not about formal titles and job descriptions but about engaging people, building learning communities and influencing change. People are hungry for leadership that creates a compelling vision and engages them in being the best they can be. Being a leader is not about making yourself more powerful but about making those around you more powerful.

How important is leadership in nursing practice?
Clinical leadership is more important than ever, yet most nurses use only a modicum of the leadership potential that is in them. Nursing practice is still too fraught with fear of change, fear of failure and a strong sense of powerlessness.

I find that the capacity of the staff nurse to be a strong leader is never developed to the potential that could exist. However, unleashing that potential is probably the most important challenge that exists in health care today.

Mentoring and coaching are far more important in the scheme of things than many of the other tasks we take on. Yet there is little time and few opportunities in many roles to really take an interest in the development of others. That's why in my consulting business, I spend a good part of my energy on showing organizations how to develop this leadership potential.

New philanthropists raise nursing pride

Virginia Henderson Fellows

In the weeks immediately preceding Sigma Theta Tau International’s biennial convention in November 1999, the spirit of philanthropy swelled the ranks of Virginia Henderson Fellows. We welcome these 10 new fellows: Christine Dammel, RN, PhD; Jean Kafi Field, RN, MS; Ada Sue Hinshaw, RN, PhD, FAAN; Dorothy Otto, RN, EdD; Lynn C. Parsons, RN, DNS, CNA; June G. Patton, RN, PhD; Gwen Sherwood, RN, PhD; Debora J. Simmons, RN, MSN, CCRN; CCNS; Nancy L. Stuever, RN, MNEd; Christine L. Williams, RN, DNSC, CS.

Virginia Henderson Fellows congregate at the Heritage Society Dinner Nov. 7, 1999, during the 35th Biennial Convention in San Diego. The dinner, held each convention, is exclusively for Virginia Henderson Fellows. More than 130 fellows attended.

Career Planning Resources

Registty of Nursing Research

Nurses searching for fresh ideas on career planning may find the Virginia Henderson International Nursing Library’s Registry of Nursing Research one of their best tools. The Registry is an electronic knowledge resource on the Internet that provides studies and projects submitted by nurse researchers—many with primary interests in career development.

Covering the gamut of health knowledge, the Registry contains more than 9,700 studies submitted by more than 6,000 nurse researchers. Although members usually associate it with clinical research, it is a rich source of information on the nursing profession too. You will find information about a specific researcher, his or her study and the knowledge generated by the study.

The electronic format gives you access to research and analysis of nursing studies, and the interactive features allow you to design your own search strategy, so you make the most of your time. It is the only known database that stores research studies by a research classification system and indexes them by variable names.

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A search of the Registry using the keyword “caree” for example, produced a list of 39 studies covering the continuum of nursing professional life, including studies on nurse managers, nursing career ladders, doctoral programs, mentoring and being mentored and the insights of nursing leaders into those factors that have most contributed to their careers. Or you may search the Registry for studies on specific nursing careers in research, teaching, administration, rural health nursing, consulting and other specialties.

A search of the Index of Findings by Variable/Concept under “C” points to findings of studies measuring three different research variables: career choice satisfaction, career maturity, and career patterns. Administrators, nurse educators, etc. may also be used as a variable name and may point to relevant findings.

Returning to graduate school for a doctorate? Considering an academic teaching career? Consult the Registry for information about role stress in faculties, research productivity and teaching effectiveness or career patterns of graduates of nursing doctoral programs. Find out more about what precursors and individual characteristics established nurse researchers identify as affecting successful research outcomes and other scholarly endeavors. Learn more about what nurse researchers identify as essential environmental variables that support research or how nurse researcher networks support their professional success.

A successful career is built on intelligent and constant questioning. The Registry of Nursing Research can be a valuable resource to help you find the answers via the Sigma Theta Tau International Web site at: www.nursingsociety.org/library.
The Sigma Theta Tau International Research Committeee has funded 12 small research grants in its 1999 awards program. The new studies are:

**CANCER**

Rosemary Berkel Crisp Research Award: Carol Ott, RN, PhD; Nancy Walmant, PhD, ARNP; Aida Lindsey, RN, PhD; Timothy Moore, MD, $4,750, "Prevention and Treatment of Osteoporosis in Breast Cancer Survivors." This is the only study known to propose a multicomponent intervention for osteoporosis prevention or treatment in breast cancer survivors. The purpose of this pilot study is to examine the feasibility of a home-based intervention for prevention and treatment for urban and rural women, ages 40 to 65, who have completed treatment for Stage I or II breast cancer and are not candidates for hormone replacement therapy.

Carolyn Ingram, RN, MS, $5,000, "Predictors of Weight Gain in Premenopausal Women with Early Stage Breast Cancer." Weight gain during early breast cancer has been recognized and studied for 20 years but remains poorly understood. This study examines breast-cancer-associated weight gain in a sample of premenopausal women receiving adjuvant chemotherapy for Stage I and II breast cancer. In this longitudinal, correlational study an inception cohort of 85 patients will be involved.

**ARTHRITIS**

Cheryl Bourguignon, RN, PhD, $5,000, "Changes in Pain, Fatigue, Sleep and Mood in Premenopausal Women With Rheumatoid Arthritis." The purpose of this pilot study is to characterize symptoms during the follicular and luteal phases of the menstrual cycle in 24 premenopausal women with rheumatoid arthritis. A descriptive-comparative design will be used and data collection will occur over one menstrual cycle.

**MENTAL HEALTH**

Donna Clemens, RN, MsSN, $4,450, "Postpartum Depression in Adolescent Mothers." The aim of this research is to describe the experience with a focus on depressive symptomatology. The discrepancy between the current depiction of depression in adolescent mothers as an adult disorder, using symptom presentation from medical- and psychiatric-based diagnostic instruments and the true nature of the phenomenon, provides validation for a phenomenological study.

Denise Cote-Arsenault, RN, PhD, $5,000, "Characteristics of Successful Pregnancy-After-Loss Support Groups. While the stress of the pregnancy after loss is beginning to be appreciated, little is understood about how to support women. A few support groups have thrived, however, their processes and outcomes have not been examined. The purpose of this focused, ethnographic study is to examine the culture.

Barbara Mandello, RN, PhD, Elaine S. Marshall, RN, PhD, $5,000, "Living with a Child with Special Needs: The Sibling’s Perspective." Although considerable research exists concerning families raising children with disabilities (special needs), there has been little study of the experiences, coping, and adaptation of brothers and sisters (ages 7 to 14) of the affected child. An interdisciplinary approach will be used. This qualitative, descriptive study will identify experiences, stressors, coping and adaptation, and discover if there are age and gender differences among these siblings.

Huma Sethabhuppa, RN, MSN, $5,000, "Buddhist Family Caregiving: A Phenomenological Study of the Influence of Buddhist Philosophy on Thai Family Caregiving to the Seriously Mentally Ill." In Asian nations, the lived experience of Buddhist family caregivers and the influence of Buddhist philosophy on Thai family caregiving is not well documented. Families are affected by serious mental illness in a variety of ways: family life becomes disorganized, household routines are upset, and family members fear psychotic episodes.

**NURSING ADMINISTRATION**

Rosanna DeMarco, RN, PhD; Carol Glog, RN, PhD; Patricia Reid Ponte, RN, DNS; Peter Buerhaus, RN, PhD; Diane Hanley, RN, MS; Judie Catalan, RN, $4,950, "Organizational Restructuring and Newly Employed Staff RNs in Professional Practice." The study in a major Boston medical center will assess newly employed RNs' perceptions of hardness, work excitement, affectivity, and self-advocacy during unit based restructuring over time. A descriptive, correlational, longitudinal design will measure these constructs in relation to stages of restructuring.

**HEALTH PROMOTION**

Melody A. French, RN, MSN, FNP-C, $5,000, "Symptom Interpretation and Management in a Mexican American Community." Although persons of Mexican heritage have been the focus of a number of studies examining health promotion and disease prevention, little work has been done examining the most common culturally based syndromes, such empacho, susto and caida de molla, and their use of alternative therapies. Understanding how common everyday health/illness episodes are managed may provide insight into the interpretation and management of more serious health threats.

**AIDS**

Michael Vernon Relf, RN, MS, RNCS, ACRN, CCRN, $5,000, "The Gay Urban Men’s Study: A Secondary Analysis of HIV Risk among Gay Men Based on Constructs of the Expanded AIDS Risk Reduction Model." The objective of this study is to empirically test the Aids Risk Reduction Model-Expanded. Although the demographics of the AIDS epidemic are changing, the majority of AIDS cases in the United States still occur in men who have sex with men—particularly gay men in the large AIDS epicenters. The main public health initiative to limit HIV disease remains prevention.

**HEART DISEASE**

Nantawon Suwonnaroop, RN, PhD; Rungroj Kittayaphong, MD, $4,000, "Health Status, Social Support, and Health-promoting Behaviors among Adults with Coronary Heart Disease in Thailand." Coronary heart disease is the major cause of morbidity and mortality among adults in Thailand. This is a descriptive, correlational study of 134 patients diagnosed with coronary heart disease at a major hospital clinic. Pender’s Health Promotion Model (1996) will be used as the theoretical framework.

Victoria von Sadowszky, RN, MS, $5,000, "Context, Temperament, and Sexual Behavior." Largely ignored in the literature are contextual factors that exert influence at the critical moment of deciding to engage in safer or risky behavior. In addition, adolescents and young adults may be influenced by temperament, an individual difference variable, that could account for more of this variance. Participants will be late adolescent and young adult college student volunteers attending school in the Midwest.

**NEW SUBMISSION DEADLINE**

The Sigma Theta Tau International Research Committee announced that the submission deadline for applying for small grants will be Dec. 1, 2000. Funding will be awarded in June 2001. Sigma Theta Tau grant information is available on the Internet: www.nursingsociety.org. Or, write: Research, Sigma Theta Tau International, 530 W. North St., Indianapolis, IN 46202, United States of America. Phone: 1.888.634.7757 (U.S. and Canada toll free) 1.800.634.7757.1 (global toll free).
1999 Sigma Theta Tau
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Second Quarter 2000 Deadlines:

LEADERSHIP
February 21

SCHOLARSHIP
April 21

For more information: Rachael McAuliffe
Sigma Theta Tau International
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Indianapolis, IN 46202
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When you want to reach more than 125,000 Nurse Leaders... advertise with Sigma Theta Tau
A Plan for the Future.

Strategic Plan 2005 captures the collective wisdom of the society, resulting from an unprecedented, organization-wide, 18-month inquiry.

This is a living plan, shaped through an organic process, that incorporates the diverse opinions of Sigma Theta Tau International individual members and chapters, as well as other nurse leaders, health care professionals of other disciplines, and consumers. Perceptions were explored, familiar ideas challenged and critical issues isolated. Changing member needs, trends and opportunities were paramount to the plan's development.

Strategic Plan 2005 clearly defines the society's goals as well as the actions to achieve them. It is also an invitation for dialogue. As implementation of Strategic Plan 2005 begins, the society continues to invite comments and to listen to the multiple voices of its constituency.

Strategic Plan 2005 will clearly guide the organization to fulfill its mission.

GOAL 1: Develop members across the span of their careers.

The success of the society is directly related to the expertise and commitment of its membership. The first goal is to create initiatives that are responsive to members. This is a diverse society, comprised of several generations of members in more than 70 nations. Actions must connect with the personal and professional needs of students, individuals at mid-career and late-career, and retirees. Active engagement of members advances both the individual's career and the organization's mission.

Strategic Actions:
• Refine and implement guidelines to attract qualified individuals to join and participate in society activities.
• Increase the retention of active members.
• Develop opportunities and resources that involve the talents of our culturally diverse, global membership.
• Identify opportunities for members and chapters to collaborate with other nursing organizations.
• Provide personalized career development services.
• Recognize the achievements of individuals and groups that contribute to nursing and health.

GOAL 2: Build strong chapters and foster collaborative leadership.

The vision of the society is realized within the chapters. Each chapter, in every country, is wholly unique and requires specific resources. It is essential to provide specialized chapter services that facilitate communications, streamline administration and governance, incorporate leading-edge technology, and provide ongoing leadership education. New models are needed to identify and link available talents and resources, both within and across chapters. Collaboration is critical in building stronger chapters.

Strategic Actions:
• Create models of chapter-leader development that maximize the unique talents of members.
• Develop guidelines to bolster chapter-community involvement.
• Promote chapter-to-chapter collaboration globally.
• Develop streamlined models of chapter administration.
• Support the work of chapters through services and resources specialized to their needs.

Chapter leaders send a message of hope and positive visions of nursing's role in health care when they encourage student nurses, educators and clinicians.

—LINDA REESE, NEW YORK
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Sigma Theta Tau has had a profound impact on my nursing career. The new member would benefit significantly from a compelling, early connection with the organization.

—CINDY HORNBERGER, KANSAS
GOAL 3:

GLOBAL LINKAGES

Advance global linkages at the organizational and member levels.

Technology is fueling the rapid globalization of the organization. The society's ability to link colleagues globally is highly valued by the membership. Connecting with an expanding cadre of associates provides a powerful resource for learning and growth. To remain culturally relevant, the society's global community of nurse leaders and scholars must link with other global health organizations. These connections will ensure appropriate standards and services, and provide multiple resources for improving the profession of care.

Strategic Actions:

• Refine the model for development of the organization globally.
  a) Examine membership and chapter development criteria for global inclusiveness.
  b) Initiate linkages with other global health organizations.
  c) Explore global initiatives for knowledge and resource exchanges, for academicians, researchers and practicing nurses.
  d) Offer culturally relevant services to members and chapters.

• Provide opportunities for members to link with others globally.
  a) Promote international exchanges for the member.
  b) Connect members and others through leading-edge communications technologies.

GOAL 4:

LEADERSHIP AGENDA

Prepare and position nurses to lead in diverse, complex, health-related environments.

Members of the society are recognized for their leadership abilities and their expanding spheres of influence. Whether contributing to direct care, administration, education, research or health policy, members desire a community that mentors, educates and develops leadership competencies. The organization places a high priority on providing career development resources that match the leadership needs of members. As nursing leadership knowledge is generated, the society will support its dissemination, application and evaluation. In tandem, the organization will broker initiatives and experiences, forming alliances that foster the presence of nursing in communities around the world.

Strategic Actions:

• Develop the body of nursing leadership knowledge.
  • Develop the leadership competencies of nurses.
  • Promote application and evaluation of leadership knowledge and competencies.
  • Foster mentoring partnerships within and among chapters and across the organization.
  • Use technology to disseminate the models and methods of leadership development.
  • Serve as a broker and architect of leadership initiatives and experiences.
  • Develop strategic alliances with other entities to advance leadership strategies.

It is important to recognize the need for nurses to march together into the global village. However, contextualization and identification should not be compromised.

—NAOMI SEBONI, BOTSWANA

Sigma Theta Tau stimulates us to stretch to the highest level of professionalism. No matter how difficult the times, the society sets the pace and helps us to project the best.

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Reflections on Nursing LEADERSHIP

First Quarter 2000

38
GOAL 5: RESEARCH SUPPORT

Advance the scientific base of nursing practice through the scholarship of research.

The scientific base of nursing practice is strengthened through the promotion of research studies and the dissemination of findings—particularly the findings that are readily integrated into practice. The diverse society membership has expressed a critical need for research support and innovations for clinical application. The society is uniquely qualified to fill this need. Technological innovation, expansion of the Virginia Henderson International Nursing Library, development of systems to support evidence-based practice and the provision of research funding are continued priorities of the society. Models of translation and utilization are required to address global requirements. Communicating research findings to the profession, to the health-related fields and to the public advances recognition of the science of nursing.

Strategic Actions:

• Advance the Virginia Henderson International Nursing Library as a global hub of nursing research.
• Support evidence-based practice.
  a) Develop resources for research utilization by practicing nurses.
  b) Provide forums for researchers and clinicians to examine incorporation of research findings into practice.
  c) Increase multidisciplinary dissemination of nursing research.
• Expand research funding opportunities.
• Make available electronic resources to support research development, dissemination and use.
• Translate and disseminate nursing research to the public.

I firmly believe this organization is the future of nursing. Furthering this profession will require research and the exchange of ideas, which this organization supports and encourages.

—Cassandra Hall, Nebraska

GOAL 6: SCHOLARSHIP DEVELOPMENT

Stimulate scholarly practice in the professional lives of members.

The society succeeds by developing the scholarly practice of each member. As the global learning community of nurses expands and results in a rich blending of cultures and settings, the elements involved in the lifelong integration of scholarly practice in the professional lives of clinicians, educators and researchers will require examination in collaboration with multidisciplinary partners. Public attention will be drawn to nurses who establish the benchmarks for practice excellence in their communities.

Strategic Actions:

• Foster the development of a global learning community.
  a) Convene global dialogues to examine scholarship, health and nursing issues.
  b) Develop an online collection of scholarly resources.
• Create an innovative model of integrating scholarship into practice that accommodates unique, cultural characteristics.
  a) Facilitate the discovery of culturally-relevant definitions of scholarship, practice, education, research and leadership.
  b) Support the development of instruments that assist the nurse to assess the ability to apply the principles of scholarship.
• Initiate partnerships and multidisciplinary collaborations that focus on scholarship.
• Educate the public about the contributions the nurse scholar makes to improve health.

Sigma Theta Tau has always represented nursing as a true profession with high ideals and aspirations. It stands out in nursing as a beacon of hope—that there is a future in nursing for people who think.

—Joyce Griffin-Sobel, New York
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RESEARCH SUPPORT

**Advance the scientific base of nursing practice through the scholarship of research.**

The scientific base of nursing practice is strengthened through the promotion of research studies and the dissemination of findings—particularly the findings that are readily integrated into practice. The diverse society membership has expressed a critical need for research support and innovations for clinical application. The society is uniquely qualified to fill this need. Technological innovation, expansion of the Virginia Henderson International Nursing Library, development of systems to support evidence-based practice and the provision of research funding are continued priorities of the society. Models of translation and utilization are required to address global requirements. Communicating research findings to the profession, to the health-related fields and to the public advances recognition of the science of nursing.

**Strategic Actions:**
- Advance the Virginia Henderson International Nursing Library as a global hub of nursing research.
- Support evidence-based practice.
  - Develop resources for research utilization by practicing nurses.
  - Provide forums for researchers and clinicians to examine incorporation of research findings into practice.
  - Increase multidisciplinary dissemination of nursing research.
- Expand research funding opportunities.
- Make available electronic resources to support research development, dissemination and use.
- Translate and disseminate nursing research to the public.

* I firmly believe this organization is the future of nursing. Furthering this profession will require research and the exchange of ideas, which this organization supports and encourages.  
  —CASSANDRA HALL, NEBRASKA

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GOAL 6:  
SCHOLARSHIP DEVELOPMENT

**Stimulate scholarly practice in the professional lives of members.**

The society succeeds by developing the scholarly practice of each member. As the global learning community of nurses expands and results in a rich blending of cultures and settings, the elements involved in the lifelong integration of scholarly practice in the professional lives of clinicians, educators and researchers will require examination in collaboration with multidisciplinary partners. Public attention will be drawn to nurses who establish the benchmarks for practice excellence in their communities.

**Strategic Actions:**
- Foster the development of a global learning community.
  - Convene global dialogues to examine scholarship, health and nursing issues.
  - Develop an online collection of scholarly resources.
  - Create an innovative model of integrating scholarship into practice that accommodates unique, cultural characteristics.
  - Facilitate the discovery of culturally-relevant definitions of scholarship, practice, education, research and leadership.
  - Support the development of instruments that assist the nurse to assess the ability to apply the principles of scholarship.
  - Provide avenues for disseminating information about the model within and across cultures.
- Initiate partnerships and multidisciplinary collaborations that focus on scholarship.
- Educate the public about the contributions the nurse scholar makes to improve health.

* Sigma Theta Tau has always represented nursing as a true profession with high ideals and aspirations. It stands out in nursing as a beacon of hope—that there is a future in nursing for people who think.  
  —JOYCE GRIFFIN-SOBEL, NEW YORK

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GOAL 7:
FINANCIAL HEALTH

Identify, secure and use a variety of resources to ensure the organization's future.

The society has enjoyed a legacy of steady growth for more than 75 years largely as a result of prudent stewardship. Leaders have generously shared their knowledge and skills of sound fiscal planning and management. As a financially healthy organization, it is possible for current members to envision strategic initiatives with confidence. The society will continue to discover and secure resources to adequately support these new initiatives. Actions will include developing innovative, mutually beneficial relationships with chapters and other entities and monitoring opportunities to diversify the society's investment base. Ultimately, the society's inheritance will grow, ensuring opportunities for future generations of nurse leaders.

Strategic Actions:

- Manage and safeguard the real and personal property of the society.
- Diversify the funding base of the organization.
  a) Generate revenue from non-dues sources.
  b) Increase the base of charitable contributions.
- Continue the systematic assessment and evaluation of the fiscal health of the organization.
- Expand the asset base of the organization through prudent investment policy.
- Facilitate the development of the financial management skills of chapter leaders and members.

We are a society of solid foundation—valuable by way of the growth opportunities for our membership and for education promotion and research activities.

—IRENE EATON-BANCROFT, MAINE

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nursingsociety.org
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