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Reflect on Nursing Leadership Third Quarter 2001

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BEING WITH THE SERIOUSLY ILL

Nursing requires a special gift of compassion—working with the seriously ill requires extraordinary empathy and care. We learn how to relate to each other as mother/child, wife/husband, nurse/patient, etc. Having someone in our life who is seriously ill is a new and different kind of relationship.

Where Souls Meet is a book that brings understanding and insight into end-of-life issues. The time of its kind to cover this difficult subject in an easy, from-the-heart manner. The author has spent 15 years with the seriously ill, and has collaborated with many others in this field. Where Souls Meet is being offered to all nurses at a discounted price of $10.00 per book. No limit. Shipping included. Please mention this ad with your order.

"...Woods has worked in hospice programs, writes simply and in a lively style. His book features short sections, suitable for reading when time is limited."

-Anne Morris, Austin American Statesman

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Where Souls Meet

REFLECTIONS ON NURSING

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Sigma Theta Tau International
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GREAT PARTNERSHIPS: MULTIDISCIPLINARY ALLIANCES

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One of my fondest family memories is the block parties we parents used to organize on Knightsbridge Court. No special occasion was needed for the six families with 15 children to transform that cul-de-sac into a carnival of fun and camaraderie.

The objective was simple: to enjoy each other. A successful block party requires a lot of work, however, and if it all falls on just a few, they don’t have much fun. To transcend this problem, we became allies in the preparation process. Moms, dads and children all contributed their special talents, and while planning, setting up, preparing food and organizing games, we realized our objective: We thoroughly enjoyed and appreciated each other.

Once the party began, we enjoyed watching as the children chose teams for tag or the treasure hunt and devised elaborate strategies for winning. They all worked hard, and the sense of accomplishment was great regardless of who finished first (helped along by the fact that everyone got a prize!).

At the end of the party, after everything was cleaned up, we parents would sit around with sleepy children and relive the highlights, planning to make the next one even better. Our block parties were successful because we knew that working together is far better than working alone.

Health care needs more block parties in which various disciplines work together. If we combine our energies and our resources, we have the potential to achieve extraordinary outcomes for our communities. Whether addressing issues of access, delivery or discovery, we can accomplish far more collectively than we can as single entities. In the process, however, we must lay aside personal agendas and self-interest. Ron Heifetz, a contemporary author on leadership, calls it “getting up on the balcony and looking down at the dance floor to keep the big picture in mind.” One of the most difficult tasks of collaboration, the “big picture” approach requires repeatedly asking, “Will this help us achieve our goal?” Continual focus on the mutually agreed upon outcome is the most likely path to success, for without it the partnership is doomed.

Sometimes I am dismayed by what appears to be a lack of ability or desire on the part of the health care professions to get up on the balcony and address the big issues. What has happened along the way, I wonder, to make disciplines that espouse caring and promoting people’s health such piranhas of power? Then I read stories such as the ones contained in this issue of RNL, where the professions value each other and reach out to resolve an issue, where many come together for the greater good and where agendas are left at the door for the sake of something bigger. That’s what I call a successful block party.

Nancy Dickenson-Hazard, RN, MSN, FAAN

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BLOCK PARTY for Health Care

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Compassion: Always on call

By Darryl W. Roberts

A t the bedside, nurses and other health care profes­sionals give something to their patients that goes beyond their training and expertise. They give a little bit of themselves, and they give it in such a seamless way that it could only be natural. What happens to this giving once the scrubs are shed and the stethoscopes are hung in the lockers? Is this compassion put away, also? I found out last night.

I have suffered with asthma since childhood. Some years are better than others and some are so good that I, foolishly, think it is cured. During my 10 years as a nurse, I would never have dreamed of telling an asthmatic patient to leave the house without an inhaler, but two years ago I stopped carrying mine. I didn’t think I needed it any longer. My breathing was fine, usually. When my breathing got a little tight, I could overcome it with guided imagery and focused breathing techniques. My asthma was just fine and my denial was even better.

On May 14, sitting in a classroom at The University of Maryland, Baltimore County, I began feeling the tightness coming over me. As usual, I searched for a focal point, but this time, none could be found. I could feel my hands and feet becoming numb, perspiration forming on my back and forehead, my vision starting to cloud and panic starting to take hold. Calls began reconstructing for me the missing time: Two other nurses, Jennifer Leaverton and Julia Elbert, and Stephen have done for me.

I interrupted the lecture and asked if anyone had an inhaler, but no one did.

I stood up and headed for the door and the cool night air. After leaving for a second to call 911, she returned to my side and held my hand while guiding my thoughts to the calming image of a pond with swimming ducks and soft breezes. She found my focal point for me and helped me to focus on it.

Her gentle, calm, unwavering voice and the images she placed before me were the only things in the world as I felt my lungs fail and my throat close. I have no further recollections. I awakened in an ambulance some 30 minutes later.

After four hours of nebulizer treatments, intravenous fluids and blood draws in the busy emergency department at Harbor Hospital of Baltimore, I returned home with a new inhaler and a new reality-based perspective on my asthma. It is not cured, it will not go away and I had better not ignore it again.

This morning, a flood of phone calls began reconstituting for me the missing time: Two other nurses, Jennifer Leaverton and Julia Elbert, and Stephen have done for me.

20 minutes later. The four of them continued assessing my condition, monitoring my progress and using their bodies as positioning pillows to optimize my airway. All the while, Alisha’s soft and unwavering voice gently guided me along a calm, duck-filled pond.

These four caring people—Alisha, Jennifer, Julia and Stephen—showed me in a most unforgettable way what happens to that compassion after the scrubs are shed and the stethoscopes are put away. The kindness that brings people into the caring professions cannot be put away. These professionals remain the supportive caregivers who skilfully and benevolently tend to the needs of patients in hospitals, ambulances, homes and nursing facilities.

Look up for a minute and try to appreciate the beauty of what is around you. Realize that your caring demeanor and compassionate practice have touched someone. You have made it possible for someone to have another day or another chance, just as Alisha, Jennifer, Julia and Stephen have done for me.

Darryl W. Roberts began his career in nursing as an LPN in 1991. Four years later, after earning an associate of science degree, he became a registered nurse. Last December, he graduated with a BSN degree from The University of Maryland School of Nursing. In May of next year, he plans to complete his MSN. One of Darryl’s outside interests, when he’s not attending classes or working as a charge nurse at Sinai Hospital in Baltimore, is rescuing and finding homes for stray and/or abused dogs.
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I stood up and headed for the door and the cool night air where I hoped I could breathe. Following me out the door was a very concerned nurse, Alisha Laraway. She got up and joined me outside. Without my realizing it, she smoothly and expertly gathered the important aspects of my health history. She then encouraged me to sit when she saw that I was too weak to stand, but too unclear of thought to think of sitting.

After leaving for a second to call 911, she returned to my side and held my hand while guiding my thoughts to the calming image of a pond with swimming ducks and soft breezes. She found my focal point for me and helped me to focus on it.

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Dean, a paramedic educator and classmate, came out after a few minutes to see what was the matter. Assessing my situation, they joined Alisha in her effort to keep me alive until an ambulance arrived. Two of them went on a building-by-building, room-by-room search for an inhaler while the third stayed behind to help Alisha.

After a few minutes, some gracious fellow asthmatic donated his Proventil. Running to my side, they delivered one puff after another to me until the ambulance arrived 20 minutes late. The four of them continued assessing my condition, monitoring my progress and using their bodies as positioning pillows to optimize my airway. All the while, Alisha's soft and unwavering voice gently guided me along a calm, duck-filled pond.

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Seventeen years ago, this South African nurse left her apartheid “homeland” for America’s heartland and a future that would be light-years away from her past.

For me, it’s like a fairy tale. A graduate degree from a university in the United States? I can’t even say it’s a dream come true. Growing up in the “homelands” of South Africa, in reserves created by a white minority to make Africans aliens in their own country, I did not have such dreams. How could I have dreamed of coming to America when I needed a permit to walk the streets of Pretoria, Johannesburg, Durban or Cape Town at night? How could I have had such dreams when the government required that I, unlike my white counterparts, pay a large security deposit when leaving the country, just to make sure I came back?

Neither of my parents graduated from high school. My father barely finished eight years of schooling, my mother just four. South Africa’s Bantu education system, designed by the government to give blacks just enough information to meet their minimum needs, was certainly never intended to put me on track to become a university professor in the United States. Africans, after all, did not deserve a first-class education.

To make it in life, I have had to work hard every step of the way. I have always been in the minority, even in South Africa. I come from one of the smallest tribes, the Shangaans or Tsongas. In South Africa, there was discrimination among Africans, too. If you did not come from one of the major tribal groups—Zulu, Xhosa or Sotho—you were looked down upon. Many Shangaans who lived outside their area used to deny their roots so they could fit in.

The ninth of 10 children, I was born in the former Eastern Transvaal, in an area called Bushbuckridge. My mother and all 10 of her offspring were abandoned, however, when my father married two more wives. That was not the norm for polygamy. My mother was just unfortunate to have been dumped, in spite of having borne 10 smart children. Miraculously, nine of us would graduate from college and pursue professional careers, including two teachers, five nurses and one physician.

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I was sheltered from much hardship when I went...
to live with one of my sisters, a registered nurse, and her husband, a school inspector, in what is now the Northern Province. Reality set in, however, when I returned home to attend high school. I remember going without meat for a long time. Because there was no money to buy food at school, early-morning breakfast was often my only meal till suppertime. The last two years of high school, I stayed in the dormitory so I could have more time to study and not have to use candlelight.

My half-sister also stayed at the school. It hurt when my father came to spend time with her but didn't ask to see my sister and me. His visit was made even more painful by the fact that he brought her groceries. He owned a store and a van, something unusual for an African.

My older brother, a teacher at the school, paid for my education. Education for blacks was not compulsory, and financial barriers were put in place to discourage us. Black people had to pay fees, buy their own books and get to school without the aid of buses. For whites, education was both compulsory and free. The buses that transported them to school were also free. It made no sense as white families had at least two cars!

In addition to a course in our local language, we were required to take courses in English and Afrikaans, South Africa's two officially recognized languages. Learning English was a blessing that would later make my life much easier. The principal and vice principal spoke Afrikaans, a language derived from the Dutch who colonized our country in the 17th century. Their descendents, known as Afrikaners, were paid well for teaching us. African teachers, on the other hand, made barely enough to support a family. We had several African teachers, and I was proud that two of them were my siblings.

Except for mathematics, which was not required and which I avoided after earning a C, I did well in my classes. Instead of mathematics, I took history and agriculture, which I avoided after earning a C, I did well in my classes. Instead of mathematics, I took history and agriculture and as student nurses were given a monthly stipend and compensated for the extensive clinical work they performed.

After becoming registered as a general nurse by the South African Nursing Council, I enrolled in a midwifery program at Thembu Hospital. Upon registration as a midwife, the Health Department hired me to provide family planning services to African clients employed by hotels, farms and other businesses in the so-called "white areas." I had a government car and an assistant who had special training in family planning, just like I had. Although we worked in white areas, we could not reside in white residential areas. We had to live in a hostel with other non-commuters who worked in the city. A major problem in Africa is the large number of unplanned pregnancies. I enjoyed counseling women about contraceptives, and their reproduction. Other responsibilities included prescribing contraceptives and inserting intrauterine devices.

In 1979, I decided it was time to obtain a university degree, so I enrolled in the University of South Africa, one of the largest distance-learning universities in the world. I had no other option. Blacks could not attend local universities. After two years of working for the Health Department, I moved to Gazankulu Hospital, an 800-bed urban teaching hospital just outside Pretoria. Although I continued working in a family planning clinic at the hospital, I worked in various wards, including the maternity ward, where I delivered babies.

During this time, I continued studying through the University of South Africa, specializing in community health nursing and nursing administration. In 1983, I received my degree and was duly registered with the South African Nursing Council. I continue to maintain all four registrations with the council—general nursing, midwifery, community health nursing and nursing administration.

After graduating, I was offered a job in the nursing administration office at Letaba Hospital in the Northern Province, where I developed the first nursing care plans for regional use in Gazankulu Homeland. When the homeland government decided to transfer me farther north to an even more remote area, my son and I left South Africa for the United States, a move encouraged by a friend of mine who had a scholarship to attend Fisk University in Nashville, Tenn.

My goal was to earn a graduate degree in community health nursing, but I soon found that the road to graduate school and licensure in the United States is a rough one with two major hurdles: the Graduate Record Examinations (GRE) and the National Council License Examination for Registered Nurses (NCLEX). While waiting for my future to unfold, I worked in a nursing home as a nursing assistant. Despite what appeared to be an insurmountable mountain, I did not stop pursuing my dream. I have always believed that perseverance is the mother of success.

Tennessee's State Board of Nursing told me I would have to take the examination developed by the Commission on Graduates of Foreign Nursing Schools. I did not consider that a justified reason for excluding my English-based education and rigorous training. Undeterred, I applied to various schools in several states, including Missouri, for admission to their community health nursing programs. Almost all of them, including St. Louis University in St. Louis, Mo., required that applicants take the GRE, a test on which I performed poorly. Miraculously, after a phone interview, St. Louis University admitted me on the condition that I receive licensure in Missouri and maintain a B average during my first semester.

For this, I have two St. Louis faculty members to thank, Dr. Louise Flick and Dr. Anita Pepper. They understood my background and the hostile educational climate from which I came. They believed in me. They knew that standardized tests do not tell the whole story and gave me an opportunity to prove myself. And thanks to a United Nations program designed to help South Africans affected by apartheid obtain higher education outside their country, I received a full-tuition scholarship and a stipend to help me complete my degree. Now all I needed was to become registered as a nurse in Missouri.

When the State of Missouri reviewed my application, they found that the clinical hours for mental health nursing did not appear in my transcripts. Indeed, mental health nursing was not part of my general nursing curriculum, because in South Africa we had to take midwifery and psychiatry separately. In obtaining my degree from the University of South Africa in community health nursing, I did have clinical experience in mental health facilities, but if I wanted to sit for the examination, I would have to make my case before the Missouri State Board of Nursing. Instead of retreating, I accepted the challenge and responded to their questions. They gave me a green light to sit for the examination.

Now the question was, with my Bantu education and my South African nurses training, could I pass the examination? The three-year diploma program in South Africa is very rigorous with lots of clinical hours, so I had confidence in our nursing program. Nurses trained in South Africa have always done well in Britain, and I was confident that I would make it in the United States. It would require work, though, because the systems are different.

The failure rate of foreign nurses sitting for state boards of nursing is high; only about 15 to 20 percent of nurses educated outside the United States pass the U.S. registered nurse licensing examinations on the first attempt. Armed with this information, I bought several State Board Review books and did all the exercises just like I would in the examination room. After completing the exercises, I reviewed missed questions, put them aside and, after a few days, did all the exercises again. Each time, my score improved. Finally, I sat for the actual examination and passed on the first attempt. This was really a dream come true.

As for the university's other requirement—maintaining a B average—I've always been a hard worker. For the first semester, I had a grade point average of 4.00 on a four-point system. For my master's degree, I maintained a 3.857 GPA and for my doctoral program, 3.665.

It has been 17 years since I first left South Africa and a lot has happened since then. Nelson Mandela was released from jail and became president. Thabo Mbeki is the second president since the end of apartheid. Have things really changed? Well, yes, but not exactly.
to live with one of my sisters, a registered nurse, and her husband, a school inspector, in what is now the Northern Province. Reality set in, however, when I returned home to attend high school. I remember going without meat for a long time. Because there was no money to buy food at school, early-morning breakfast was often my only meal until suppertime. The last two years of high school, I stayed in the dormitory so I could have more time to study and not have to use candlelight.

My half-sister also stayed at the school. It hurt when my father came to spend time with her but didn’t ask to see my sister and me. His visit was made even more painful by the fact that he brought her groceries. He owned a store and a van, something unusual for an African.

My older brother, a teacher at the school, paid for my education. Education for blacks was not compulsory, and financial barriers were put in place to discourage us. Black people had to pay fees, buy their own books and get to school without the aid of buses. For whites, education was both compulsory and free. The buses that transported them to school were also free. It made no sense as white families had at least two cars.

In addition to a course in our local language, we were required to take courses in English and Afrikaans, South Africa’s two officially recognized languages. Learning English was a blessing that would later make my life much easier. The principal and vice principal spoke Afrikaans, a language derived from the Dutch who colonized our country in the 17th century. Their descendents, known as Afrikanders, were paid well for teaching us. African teachers, on the other hand, made barely enough to support a family. We had several African teachers, and I was proud that two of them were my siblings.

Except for mathematics, which was not required and which I avoided after earning a C, I did well in my classes. Instead of mathematics, I took history and agriculture and passed my matriculation with distinction.

After graduation, I had two career options, either become a nurse or a teacher. I wanted to go to the university, but there was no money. My brother said I should do whatever I wanted, but I knew he didn’t make enough money as a teacher. My continued dependence on him would require great sacrifice, as he was also taking care of my mother and my younger brother. So I decided to go to nursing school, where students were given a monthly stipend and compensated for the extensive clinical work they performed.

After becoming registered as a general nurse by the South African Nursing Council, I enrolled in a midwifery program at Thembu Hospital. Upon registration as a midwife, the Health Department hired me to provide family planning services to African clients employed by hotels, farms and other businesses in the so-called “white areas.” I had a government car and an assistant who had special training in family planning, just like I had. Although we worked in white areas, we could not reside in white residential areas. We had to live in a hostel with other noncommuters who worked in the city.

A major problem in Africa is the large number of unplanned pregnancies. I enjoyed counseling women about controlling their reproduction. Other responsibilities included prescribing contraceptives and inserting intrauterine devices. In 1979, I decided it was time to obtain a university degree, so I enrolled in the University of South Africa, one of the largest distance-learning universities in the world. I had no other option. Blacks could not attend white universities. After two years of working for the Health Department, I moved to Gazankulu Homeland. When the homeland government decided to transfer me farther north to an even more remote area, my son and I left South Africa for the United States, a move encouraged by a friend of mine who had a scholarship to attend Fisk University in Nashville, Tenn.

My goal was to earn a graduate degree in community health nursing, but I soon found that the road to graduate school and licensure in the United States is a rough one with two major hurdles, the Graduate Record Examinations (GRE) and the National Council License Examination for Registered Nurses (NCLEX). While waiting for my future to unfold, I worked in a nursing home as a nursing assistant. Despite what appeared to be an insurmountable mountain, I did not stop pursuing my dream. I have always believed that perseverance is the mother of success.

Tennessee’s State Board of Nursing told me I would have to take the examination developed by the Commission on Graduates of Foreign Nursing Schools. I did not consider that a justified reason for excluding my English-educated education and rigorous training. Undeterred, I applied to various schools in several states, including Missouri, for admission to their community health nursing programs. Almost all of them, including St. Louis University in St. Louis, Mo., required that applicants take the GRE, a test on which I performed poorly. Miraculously, after a phone interview, St. Louis University admitted me on the condition that I receive licensure in Missouri and maintain a B average during my first semester.

For this I have two St. Louis faculty members to thank, Dr. Louise Flick and Dr. Anita Pepper. They understood my background and the hostile educational climate from which I came. They believed in me. They knew that standardized tests do not tell the whole story and gave me an opportunity to prove myself. And thanks to a United Nations program designed to help South Africans affected by apartheid obtain higher education outside their country, I received a full-tuition scholarship and a stipend to help me complete my degree. Now all I needed was to become registered as a nurse in Missouri.

When the State of Missouri reviewed my application, they found that the clinical hours for mental health nursing did not appear in my transcripts. Indeed, mental health nursing was not part of my general nursing curriculum, because in South Africa we had to take midwifery and psychiatry separately. In obtaining my degree from the University of South Africa in community health nursing, I did have clinical experience in mental health facilities, but if I wanted to sit for the examination, I would have to make my case before the Missouri State Board of Nursing. Instead of retreating, I accepted the challenge and responded to their questions. They gave me a green light to sit for the examination.

Now the question was, with my Bantu education and my South African nurses training, could I pass the examination? The three-year diploma program in South Africa is very rigorous with lots of clinical hours, so I had confidence in our nursing program. Nurses trained in South Africa have always done well in Britain, and I was confident that I would make it in the United States. It would require work, though, because the systems are different.

The failure rate for foreign nurses sitting for state boards of nursing is high; only about 15 to 20 percent of nurses educated outside the United States pass the U.S. registered nurse licensing examinations on the first attempt. Armed with this information, I bought several State Board Review books and did all the exercises just like I would in the examination room. After completing the exercises, I reviewed missed questions, put them aside and, after a few days, did all the exercises again. Each time, my score improved. Finally, I sat for the actual examination and passed on the first attempt. This was really a dream come true!

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Well, yes, but not exactly.
South Africa still faces a lot of challenges—growing levels of poverty, a high unemployment rate, high crime, a poorly skilled workforce, wasted talent and the so-called brain drain. While a few people have benefited from the democratic changes, the majority are in worse shape than they were during the home-land years.

My brother, a doctor, works in a rural hospital and is struggling to send his children to private schools. During the apartheid years, if you were a doctor, you were sure to live a decent life.

During my time in South Africa, if you had a teaching diploma, you had a lifetime job. Not any more. In my township, I constantly meet teachers without jobs. Many teach every day as volunteers, hoping to get experience, to keep up their skills and to get a job one day. My cousin has done that for two years. Still no job! My niece, a teacher with a degree in computer science, has been unemployed for two years. This year, she decided to join her sister in medical school in search of greener pastures.

Ironically, however, while schools close and teachers go unemployed, classrooms in other schools are overcrowded. Health problems, such as tuberculosis, malaria, malnutrition and other preventable diseases. The public health care system is facing a crisis.

In December, I went home to see my mother, who was critically ill. Two of my brothers-in-law ordered her intravenous fluids, a Foley catheter and blood sugar checks. Of course, I could do all those things, but when it came time for my departure, the local clinic informed me they did not have the resources needed to provide home health care. Appealing to nurses and nursing assistants, I told them I would pay them to work after hours, but nobody was willing to do it. In other words, for my mother to get care, she had to be hospitalized, a tough call for an 88-year-old woman who had never before been hospitalized. Although home health care is in the nursing curriculum, clinic nurses told me that when students visit them for home health experience, all the students may see is just one case.

Before my brother involved in a car accident, sustained multiple fractures and was admitted to the famous Chris Hani Baragwanath Hospital, he developed bedsores. He lost so much weight that I broke down in tears when I saw him.

Are all hospitals in such bad shape? Not really. If you are employed and have health insurance, you benefit from one of the best health care systems in the world. After all, the first heart transplant was performed in South Africa. South Africa has two worlds—the haves and the have-nots. The difference is like day and night! Not that much different from the way things are here in the States with inner-city minorities. The only difference is that the have-nots constitute the majority of the population in South Africa, while the haves make up the minority.

The structure of apartheid is still in place and it will take years to eliminate. In January, an article in the Sowetan, a South African newspaper, reported that in the East Rand, Africans are having problems burying their loved ones on Saturday because cemeteries are closed on weekends. If they insist on doing so, they have to pay extra. Weekend burials are an African tradition, but the laws of apartheid, which dictate that no funerals take place on weekends, still prevent the African majority from practicing their culture. To bury loved ones on weekends, they have to go to the former township cemeteries, and many who come for the burials are turned away. Although the South African constitution is one of the most progressive in the world—on paper at least—it will be years before its potential is realized.

The high school pass rate, while improving, is still in the low 50s. On the other hand, there are students who pass high school and want to go into the sciences but do not have the money to do so. I know of a student who wanted to major in chemical engineering, but had to change to computer science because he was offered a scholarship in that area. Why would a student want to major in chemical engineering and not get the support needed to fulfill his dream? I thought that is what South Africa needs—scientists!

In 1999, a group of faculty, students, and I went to South Africa to present papers, conduct research and explore opportunities to establish partnerships. We stayed in a downtown Holiday Inn in Pretoria. One day a white student and I visited a fast food restaurant for lunch. We arrived at the counter together, and the worker took the order from the white student but ignored me. I asked her why she was not taking my order, and she said she would take it later. She went on to take orders from whites who arrived after we did, and I told the student I was leaving because I could not take it. The student decided to stay and wait for her lunch.

The discussion that followed was a good educational opportunity for the group, and the experience provided me an opportunity to assess how much things have changed—or not changed—since apartheid. Basically, I concluded that racism is still alive and well in South Africa.

Will I ever go back to South Africa to live? I do not have immediate plans to do so, but there is no place like home, and I do see myself going back to live there after I retire. After living in Switzerland for 25 years, my sister is also going back to live in South Africa when her husband retires.

What kind of impact have I had in the United States? Since becoming a member of the Southern Illinois Nursing Program in 1984, five of my colleagues and two students have joined me in making yearly trips to South Africa to present papers, do research and make efforts to establish partnerships. A core keeps going back and the rest of the group talks about going back some day. So I will continue to conduct research and present papers in South Africa and do what I can to help others along the way. I feel that being in the United States does not prevent me from helping people in South Africa. Actually, I am in a better position to have an impact in both countries. I am currently conducting HIV/AIDS research at Tinswalo Hospital's HIV clinic in South Africa. When the health department approved my protocol, they requested that I assist in its implementation.

And what have I learned from living in the United States? As I look back, I realize that doors could have been shut in my face, and I appreciate the people who believed in me and gave me an opportunity to prove myself. These include Dr. Peiper and Dr. Flick, the Missouri Board of Nursing and the dean of Southern Illinois University at Edwardsville, who patiently waited for me to get my Illinois nursing license.

It took me almost a year. With my extensive training and the wealth of educational and work experience in both countries, the State of Illinois sent me back to the Commission on Graduates of Foreign Nursing Schools to take its exam or to have my transcripts evaluated when I applied for a license in 1996. As it turned out, the CGFNS report indicated that my training was far better than what is required for a nursing license. My training even exceeded that of advanced practice nurses in my area! Just because one has been born into poverty, one should not be doomed for life. disadvantaged people should be given a chance—a chance to prove themselves, a chance to try and undo the damage that has been done by the conditions in which they were born, a chance to break the cycle of poverty for the good of the whole society. Giving people a chance is all about correcting inequities of the past. Giving people a chance does not mean promoting people to positions for which they are not qualified. It means giving people an opportunity to prove themselves capable of doing the task. I did not do well on the GRE but I did not have problems in completing my graduate program. If anything, I did even better than people who were much better prepared.

Oh yes, one other thing I've learned. Where there is a will, there is a way!
South Africa still faces a lot of challenges—growing levels of poverty, a high unemployment rate, high crime, a poorly skilled workforce, wasted talent and the so-called brain drain. While a few people have benefited from the democratic changes, the majority are in worse shape than they were during the homeland years.

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By Pam Auchmutey

First impressions definitely matter. Two years ago, when Marla E. Salmon, RN, ScD, FAAN, considered coming to Emory University in Atlanta to lead the Nell Hodgson Woodruff School of Nursing, she stayed on campus an extra week to get a better sense of the place.

It was a particularly difficult time for the university. There was a public debate about whether to allow commitment ceremonies for gays and lesbians in the campus chapel. Salmon committed to addressing issues openly. "I also saw genuine concern and grief among people at all levels, who shared a sense of loss and unity."

The values of discovery, teaching and service mean a great deal to Salmon. They were instilled in her while growing up in a migrant farming community in Northern California, where her father was a physician. "I was a leftist, feminist, radical, non-Catholic, war-hippie," she once told a reporter. "It was great."

After college, Salmon applied her values to the larger world and eventually became the nation's chief nurse, directing the Division of Nursing for the U.S. Department of Health and Human Services from 1991 to 1997. She has held faculty and leadership positions in nursing and public health at Johns Hopkins University and the universities of Minnesota, North Carolina and Pennsylvania. Additionally, she served as a U.S. delegate to the 48th World Health Assembly and recently as chair of the World Health Organization's Global Advisory Group on Nursing and Midwifery.

Salmon was professor and graduate dean of nursing at Penn when she visited Emory for the first time in 1999. "Until then," she says, "I had never experienced a place speaking to me, saying, 'Marla, this is a good fit.'"

The timing could not have been better. Here was a nursing school launching a new doctoral program, expanding its research base, building a new building and entering a new millennium, all at the same time. "I was also struck by the vision of a university in which partnerships flourish across disciplines and schools," Salmon adds.

That notion hit home for her the moment she first met James W. Curran, MD, MPH, an expert on the AIDS epidemic, dean of the Rollins School of Public Health and chair of the search committee. "His presence on the committee sent a powerful message to me about the possibilities for collaboration between nursing and public health," says Salmon.

"The search committee was interested in a candidate with strong interdisciplinary and collaborative interests as well as solid academic nursing credentials," Dr. Curran explains. "We saw Marla's strong public health training and her interest in a joint appointment in the Rollins School of Public Health as tremendous assets to our capacity to collaborate in programs and teaching."

"Our two disciplines have so much in common. Nurses have always been on the front lines of public health—from the early days of the vaccination program, when public health nurses vaccinated American school children against polio and measles, and today, when they deliver health care in developing countries and underserved communities. Public health and nursing are part and parcel of each other. We need each other."

Salmon and Curran operate on the same wavelength, which makes teaching and research collaborations, says Curran, "the more we work together, the more we can accomplish."

Dr. Marla Salmon, dean of the Rollins School of Public Health, and Dr. James Curran, dean of the Nell Hodgson Woodruff School of Nursing, share a strong commitment to a multidisciplinary approach to health care.
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It was a particularly difficult time for the university. There was a public debate about whether to allow commitment ceremonies for gays and lesbians in the campus chapel.

"I was struck with the openness and the feeling of community here," Dr. Salmon recalls. "I saw a university that wears its mission of social responsibility right up front and is committed to addressing issues openly. I also saw genuine concern and grief among people at all levels, who shared a sense of loss and unity.

"The values of discovery, teaching and service mean a great deal to Salmon. They were instilled in her while growing up in a migrant farming community in Northern California, where her father was a physician and her mother was a nurse. Through their example, she learned to appreciate hard work, to have the courage to do what is right and to care about the good health of neighbors and community. Those ideals shaped her commitment to improving people's lives through nursing, public health and international health.

A child of the '60s, Salmon attended a Catholic university in Oregon in the days when women were not permitted to wear jeans or slacks to school functions. So Salmon protested with signs that read if priests could wear dresses, women should be able to wear pants.

Salmon and Curran operate on the same wavelength, which was striking to the search committee. "Our two disciplines have so much in common. Nurses have always been on the front lines of public health—from the early days of the vaccination program, when public health nurses vaccinated American school children against polio and measles, and today, when they deliver health care in developing countries and underserved communities. Public health and nursing are part and parcel of each other. We need each other," says Salmon.

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Salmon and Curran operate on the same wavelength, which was advocating the health of people and intervening early in a community context. Nowhere else in the country does the dean of each school hold a reciprocal faculty appointment. Another faculty member in public health now holds a joint appointment in nursing, and a postdoctoral fellow in nursing is working with a professor in public health.

Earlier this year, both schools became joined at the hip, so to speak, physically as well as intellectually. The nursing school's move into a state-of-the-art building gives new meaning to the phrase "location, location, location." Connected by an underground walkway to the Grace Crum Rollins Public Health Building next door, the new facility features an auditorium and classrooms that can accommodate nearly 700 students from nursing, public health and medicine for live lectures and distance learning. Public health faculty will soon lease space on the first and second floors, strengthening the bonds of interdisciplinary study between both schools.

The Rollins School of Public Health does something that the Nell Hodgson Woodruff School of Nursing is very committed to—capitalizing on resources in the community. The nursing school has contracted with its other next-door neighbors, the Centers for Disease Control and Prevention (CDC) and a regional office of the Health Resources and Services Administration, to test a pilot program for public health nurses in the community. CDC professionals now serve on the nursing faculty and one of its curriculum committees. Such linkages are possible, Salmon believes, because of relationships established by Curran that paved the way.

From infectious disease research to health policy work, the Rollins School of including the CDC, CARE, The Carter Center, the American Cancer Society, the Arthritis Foundation and the Task Force for Child Survival and Development.

"Being here in Atlanta, the public health capital of the world, presents unparalleled opportunities for research and teaching collaborations," says Curran. "The more we work together, the more we can accomplish."

The nursing school's new building is prime real estate in other ways, too. It is one of the first structures people see when they visit Emory's medical complex. A block away and up the street is the headquarters for the American Cancer Society.

Also up the street is Emory's Wesley Woods Center, one of the nation's leading geriatric facilities. Wesley
When they redesigned the Pediatric Intensive Care Unit at Children's Medical Center of Dallas, they made one assumption: The future would differ from the past.

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When they redesigned the Pediatric Intensive Care Unit at Children's Medical Center of Dallas, they made one assumption: The future would differ from the past.

The dogmas of the quiet past," said Abraham Lincoln, "will not work in the turbulent future. As our cause is new, to must we think and act anew" (Blancett & Flarrey, 1995).

Despite more than a decade of redesign, many health-care organizations are still unprepared for a future that is likely to be turbulent. Hospitals, in particular, have not kept pace in recent years with technology and changing patient care needs, needs that require an interdependent, multidisciplinary approach (Gage, 1998).

In redesigning the Pediatric Intensive Care Unit (PICU) at Children's Medical Center of Dallas, we challenged a traditional model of care that focused on nursing as an isolated component and created instead a workplace in which nurses are not the sole providers of care. Consistent with radical rethinking of entire enterprises, we prepared for the future of pediatric critical care by re-examining business processes, job definitions, organizational structures, management and measurement systems, and values and beliefs (Coulter, 1997; Hamme, 1996).

The effort was precipitated by the following trends: 1) a growing demand for PICU services, 2) increasing patient acuity, 3) increasing demand for experienced critical care personnel at a time of virtually full employment, 4) increasing complexity of treatment modalities, and 5) increasing need for training to establish and maintain competence in these modalities.

Occurring concurrently with these trends was the department's implementation of a new PICU-specific information system designed to interface with the patient's physiological monitoring and medical record-keeping systems.

The redesign began with a multidisciplinary process improvement task force comprised of Cayce Aston, a registered nurse, and Thomas Abraham, a respiratory care therapist, assess and monitor a child on extra corporeal mechanical ventilation (ECMO). In redesigning the pediatric intensive care unit at Children's Medical Center of Dallas, careful attention was given to ensuring efficient and effective collaboration between the two disciplines.

representatives from the PICU and respiratory department, who evaluated the organization of services and processes involved in providing care to critically ill patients in the PICU. Initially, the group identified ways in which nursing and respiratory roles could be blended or shared to reduce redundancy and increase staff availability. After extensive analysis, however, we made a surprise discovery. Our "bunch" that only role changes were needed was wrong! The processes required to make these changes also had to be part of the action plan. The ensuing report became the foundation for designing and developing the department we know today as Critical Care Services (CCS).

With the help of consultants, we established clear objectives and divided the project into five phases: planning, methodology assessment, work-group implementation, "live" enactment and evaluation. To ensure organizational involvement and to enhance interdepartmental communication, an internal consultant and advisory committee was established. Overseeing the entire project was a steering committee that made key recommendations and assisted in identifying and removing barriers to change.

Planning began with a thorough review of staffing levels, patient trends, recruitment and retention initiatives, staff turnover, process improvement plans and unit projects. Adhering to the principle that people who do the work should help redesign the work, our consultants elicited feedback from the staff and conducted numerous shift observations during this phase of the project.

Once the lead groups were established, the methodology assessment phase began with an intensive two-day, role-design session that resulted in the formation of unit-based care delivery teams made up of six job categories. The number of activities assigned to registered nurses (RNs) and respiratory care practitioners (RCPs) was reduced while those assigned to other members of the team were increased. To enable those in other contributing roles to realize their full potential in the new paradigm, RNs and RCPs would need to relinquish some tasks. Although RNs would remain the primary caregivers of traditional nursing duties and RCPs would remain the main purveyors of respiratory care, they would now share many responsibilities, be equal partners in patient care and together provide leadership of each patient care team. Serving as the third member of the bedside "triad" would be a newly created role, that of the clinical technician (CT). Unlicensed, but functioning at an advanced skill level, the CT would provide the RN and the RCP with important technical support. The other supporting roles were patient access representative (PAR), equipment technician and environmental technician (formerly a member of the housekeeping staff). New roles required a new architecture (Porter-O'Grady, 1996). Processes had to be reviewed and made simpler to accommodate our new roles. Easier said than done! Working out the details was time consuming and required constant revision. Eventually, four process subgroups were established: facilities, communication, support and care.

Role and process redesign went well, but we overlooked a critical component—leadership restructuring. Not until we were well into the project were changes in leadership requirements considered. The original plan to downsize management positions was quickly abandoned as demands associated with a changing staff and work environment escalated. With the multiplicity of management roles that exists, together with staffing crises, the need for accountability and all the other challenges present in an acute care setting, this area will require continued attention.

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People need more than good roles, processes and leadership to give meaning to their work. Devoid of meaning, they cling to things they know how to do (Porter-O'Grady, 1996). Developing a plan for a new culture requires that such a major change creates, but if a system is in place to sustain it, there will be less variation after implementation, it stabilized with less variation in the following months. In relation to budget and cost savings, almost 100 percent of potential lost revenue was captured via an automated materials and medications dispensing system implemented during the project.

The redesign project has resulted in heightened appreciation for how systems and staff work. The restructuring of roles and processes, the improvement of workplace design, and the participation of staff members enhanced the quality of care for patients and the quality of work life for staff. Not only did we learn a lot about our work, we also learned a lot about each other. Several staff members emerged as "change leaders" during this project and there was renewed energy and optimism.

Today, the model of care continues to evolve, while achieving optimal functioning remains a continuous challenge. One indication of the project's success is that many of its role and process components are being replicated in other departments of the hospital.

To succeed, a redesign project must be planned, have active leadership, a committed organization, education to reinvest in the staff and honest, open communication (Blanott & Flarey, 1995). It is difficult to address all the challenges that such a major change creates, but if a system is in place to handle such obstacles, the journey will be less turbulent. Dorothy Foglia, RN, MS, director of Critical Care Services at Children's Medical Center of Dallas, is a doctoral student at Texas Woman's University in Denton, Tex. Working with Ms. Foglia at Children's Medical Center of Dallas are Jonnie Davis, RN, program manager of Critical Care Services, and Dawne Black-Wieber, BS, RRT, RCP clinical manager of Critical Care Services.

Acknowledgment
The authors would like to express sincere thanks to the many dedicated CC5 staff and leadership team members who made this project a success. Without their commitment and hard work, our hospital's mission of making life better for children would not have been possible.

Lessons Learned
- Identify leadership early.
- Focus on desired outcomes of change rather than feelings about change.
- Engage staff in all phases.
- Actively pursue physician involvement.
- Provide core orientation and team building for all roles.
- Recognize culture issues in order to ease change.

Communicate, communicate, communicate!
A multidisciplinary care team of respiratory care practitioners, nurses and physicians admit a child to the PICU at Children’s Medical Center following cardiac surgery.

People need more than good roles, processes and leadership to give meaning to their work. Devoid of meaning, it is difficult to address all of the challenges that such a major change creates, but if a system is in place to handle such obstacles, the journey will be less turbulent.

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Toward ONE VISION and ONE VOICE

Twenty-two national nursing organizations seek to improve palliative and end-of-life care through collaboration and leadership

By Cynda Hylton Rushton and Kathleen Hartman Sabatier

The graying of America, the increasing complexity of health care and a critical shortage of nurses add new urgency to an important patient-care issue. Nurses in all practice settings and specialties continue to be challenged to provide quality end-of-life and palliative care to patients of all ages who suffer not only terminal, but also life-limiting conditions that may affect their lives for years, even decades, before death. If the nursing profession can embrace a common vision for palliative care, its members can provide leadership in transforming how that care is funded by the American government. Twenty-two national nursing organizations representing 463,000 nurses gathered in Baltimore in September 2000 to participate in the Nursing Leadership Academy for End-of-Life Care. Created by The Institute for Johns Hopkins Nursing (IJHN) and funded by the Open Society Institute's Project on Death in America (PDIA), the academy fulfilled the agenda defined in June 1999 by the Nursing Leadership Consortium on End-of-Life Care, also funded by the PDIA. [Designing an Agenda for the Nursing Profession on End-of-Life Care (1999), and "Improving Our Lives: A Survey of Participants" (submitted for publication in 2001).]

The academy focused on educating participants in strategies for planning and managing organizational change and advocacy initiatives, as well as strategies specific to the priorities identified by the consortium. Its goals also included the creation of a system of support, networking and mentorship for academy participants.

The participants

From the beginning, The Institute for Johns Hopkins Nursing recognized the importance of bringing together a diverse group that could make an impact on the many specialty areas within nursing. Hence, 90 nursing organizations were invited to nominate participants for the academy's 50 available slots.

The decision to target nursing organizations was based on the belief that participants with ready access to membership-based activities and publications have the broadest scope of influence within the profession. By inviting representatives of specialty organizations, the academy planners sought to foster an interdisciplinary approach to palliative and end-of-life care that would promote synergy, unite the profession and bridge clinical specialties and educational levels.

Each organization was asked to nominate a high-level, two-person team. The "ideal team" consisted of a volunteer, such as a board member or committee chair who could demonstrate commitment to advancing end-of-life issues, and a professional staff person, such as the executive director or education director, who would have the organizational standing and responsibility to move the organization in a specific direction.

To ensure the participation essential to the academy's success, the selection process remained somewhat flexible. For example, when three organizations that shared the same professional management company applied, the team concept was adjusted to allow for a two-person team for each organization, plus a single professional staff member from the management company who became a member of all three teams. An active effort was also made to contact key organizations that did not respond initially and to assist those organizations that were unable to nominate an "ideal team." Although standards for participation remained high, coaching helped organizations move through the nomination process and address problems in completing it. In some cases, exceptions were warranted or deadlines extended, always with a single end in mind: to bring key organizations together in the academy.

In addition to specialty nursing organizations, invitations were also extended to broad-based organizations such as Sigma Theta Tau International, the American Association of Nursing Executives, the American Association of Colleges of Nursing and the American Nurses Association. With their broad memberships, the involvement of these organizations was important to complement the views of the specialty organizations and to give a solid base in fundamental issues affecting clinical care. When the nomination process concluded, 24 teams of two were invited to Baltimore. Twenty-two organizations accepted the invitation. Sigma Theta Tau International took on a "super nova role" for the academy. Because of its leadership position in nursing scholarship and research—and because it saw the vision that gave birth to the academy—Sigma Theta Tau has provided the integration, the neutrality that neither the specialty organizations nor the institute could supply. This partnership with an overarching, broad-based organization empowered and continues to fuel the academy, as evidenced by the Web site, www.palliativecare.nursing.net. Co-sponsored by both Sigma Theta Tau and The Institute for Johns Hopkins Nursing, the site was launched in February 2001.

The initial workshop

The Baltimore workshop, a four-day intensive knowledge- and skill-building program, was held in a retreat setting in the belief that role transformation, particularly in such a sensitive area as end-of-life care, would best be accomplished in a nontraditional environment. The content of the program included palliative care and end-of-life ethics and communication, but emphasized principles of organizational change and leadership development. Innovative models of didactic and experiential learning were employed. These included a model for teaching about communication, negotiation and dealing with boards of directors using professional actors, and experiential sessions on such topics as values clarification, beliefs about death and dying, communication style, and media presentation skills. Serendipitously, the academy took place the very same week as the first public broadcast of the Bill Moyers PBS series "On Our Own Terms." The only television in the retreat center was in a community area, so participants gathered after dinner to watch this series as a group. In
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It was with this goal in mind that leaders from 22 national nursing organizations representing 463,000 nurses gathered in Baltimore in September 2000 to participate in the Nursing Leadership Academy for End-of-Life Care. Created by The Institute for Johns Hopkins Nursing (IJHN) and funded by the Open Society Institute’s Project on Death in America (PDIA), the academy fulfilled the agenda defined in June 1999 by the Nursing Leadership Consortium on End-of-Life Care, also funded by the PDIA. [Designing an Agenda for the Nursing Profession on End-of-Life Care (1999), and “Improving End-of-Life Care: A Survey of Participants” (submitted for publication in 2001)].

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Palliative Care: An Interdisciplinary Approach to Doctoral Education

Planners of the John A. Hartford Center of Geriatric Nursing Excellence at the University of California, San Francisco hope it will serve as a model for preparing nurses to care for the burgeoning elderly population.

By Jeanie Kayser-Jones and Jill Bennett

People over the age of 85 constitute the fastest-growing segment of the U.S. population, yet many nurses have no education in the specialized care required by older people with multiple chronic conditions. A recent survey disclosed that fewer than 25 percent of baccalaureate nursing (BSN) programs include a course in gerontological nursing. Hence, educators are faced with the challenge of promoting the benefits of gerontological education.

The need for interdisciplinary collaboration among health care professionals in clinical practice, education, and research is widely accepted. Nurses have been at the forefront in promoting the benefits of interdisciplinary care. For example, three organizations whose focus is neonatal and pediatric care (Association of Pediatric Oncology Nurses, National Association of Neonatal Nurses, and Society of Pediatric Nurses) are actively exploring mechanisms to collaborate on projects that will support the translation of adult-focused palliative care work to children. Numerous other collaborative efforts have also begun, and participants keep in touch with each other regularly through an IJHN e-mail listserve.

In keeping with the workshop's closing ceremony, in which each participant received a “butterfly” pin as a symbol of transformation, the academy continues to be an example of what is good about nursing. It demonstrates how, if we harness our power and work together, we can accomplish great things!

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Respiratory Nursing Society
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Enthusiasm is high and collaboration is building. For example, three organizations whose focus is neonatal and pediatric care (Association of Pediatric Oncology Nurses, National Association of Neonatal Nurses, and Society of Pediatric Nurses) are actively exploring mechanisms to collaborate on projects that will support the translation of adult-focused palliative care work to children. Numerous other collaborative efforts have also begun, and participants keep in touch with each other regularly through an IJHN e-mail listserve.

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this quiet contextual setting, they stayed to talk, share and bond. Though their days were spent focusing on learning, organizational change skills, this evening activity served as a powerful reminder of why they were there.

Ongoing commitment and collaboration

On the final day of the workshop, the assembled participants generated the following commitment statement, which they have carried back to their organizations for endorsement:

We the undersigned come together to express our commitment to the advancement of palliative care across the life-span and, in all settings. We commit that our organization will seek opportunities to collaborate within the nursing profession and beyond in an effort to ensure the quality of care rendered to individuals, families and communities. We have endorsed the Precepts of Palliative Care developed by the Last Acts Palliative Care Task Force (December, 1997), and we commit to participate in the translation and application of these Precepts for the area of nursing in which our membership is engaged.

To date, a majority of the organizations participating in the academy and subsequently refined their precepts have purchased a videotape copy of the workshop as a powerful reminder of why they were there.

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The major goal of the center is to prepare a cadre of gerontological nurses to care for the burgeoning older population, and aware of the importance of an interdisciplinary approach to provide comprehensive care to older people, the University of California, San Francisco has established the Center for Geriatric Nursing Excellence (CGNE), under the leadership of Cynda Hylton Rushton, RN, DNSc, BAN, an assistant professor of nursing at Johns Hopkins University School of Nursing in Baltimore. Md. Kathleen Hartman Sabatier, RN, MS, is director of The Institute for Johns Hopkins Nursing, also in Baltimore.
will provide an opportunity to collaborate with physicians aging that will provide opportunities for interdisciplinary education, research, teaching and practice. The Institute for Health Sciences (nursing, pharmacy, dentistry and medicine), graduate programs in gerontology, with an emphasis on recruiting ethnically diverse students, 2) a Web-based interdisciplinary course in gerontology to provide a strong foundation for a wide variety of health professional students, and 3) a collaborative educational program (including nursing, medicine, dentistry, pharmacy and the social and behavioral sciences) to prepare doctoral students and postdoctoral fellows with the knowledge and skills to work in interdisciplinary research and practice. Dr. Jeanie Kayser-Jones leads the Center of Geriatric Nursing Excellence at UCSF, a graduate-degree campus devoted solely to the advancement of human resources research and its dissemination (O'Brien-Pallas, Lomas, & Murphy, 2001). Success, in no small part, is measured by the ability of the individuals in these chairs to develop and maintain partnerships and strategic alliances with many players in the health care system.

In my role as national chair, nursing human resources, my primary responsibility is building capacity to influence future policy and planning for nursing human resources (HHR). My regional co-sponsor and decision-making partners are the Ontario Ministry of Health and Long-Term Care and the University Health Network, a large academic health sciences center affiliated with the University of Toronto. I am also supported by the University of Toronto's Faculty of Nursing.

The objectives I have set for myself for the next four years—the chairs are intended for 2001)
tological nurse scientists with exceptional preparation in the interdisciplinary research collaboration that is needed to provide critically necessary academic leadership in teaching, research and practice.

This goal will be accomplished by developing three initiatives: 1) A rigorous recruitment program to increase the enrollment of doctoral students and postdoctoral fellows in gerontological nursing, with an emphasis on recruiting ethnically diverse students; 2) A Web-based interdisciplinary course in gerontology to provide a strong foundation for a wide variety of health professional students, and 3) A collaborative educational program (including nursing, medicine, dentistry, pharmacy and the social and behavioral sciences) to prepare doctoral students and postdoctoral fellows with the knowledge and skills to work in interdisciplinary research teams and to teach the value of interdisciplinary collaboration in research, education and clinical practice.

The interdisciplinary nature of the Center of Geriatric Nursing Excellence at UCSF will be further enhanced by an initiative to encourage nurses in other specialties, such as oncology and cardiovascular nursing, to redirect their existing programs of research to gerontological nursing. Nursing faculty who are interested in focusing their research will be granted a sabbatical to immerse themselves in the gerontological literature and to write a research grant proposal that addresses an issue in aging. These faculty, along with faculty in health policy, medical anthropology, geriatric medicine, medical sociology, dentistry and pharmacy, will serve as mentors to predoctoral students and postdoctoral fellows.

Aging is a complex process that requires the collaboration of many professionals, and the center of Geriatric Nursing Excellence will serve as a catalyst to facilitate interdisciplinary research and practice. Dr. Jeanie Kayser-Jones is the director of the CGNE, Drs. Margaret Wallhagen and Charlene Harrington are associate directors and Dr. Jill Bennett is the program director. To assist in developing a synergetic, interdisciplinary program, an advisory committee that includes members from all the professional schools at UCSF has been established. In addition, a managing committee, chaired by Dr. Shirley Chater, will provide leadership, direction and consultation on the overall goals of the center.

It is hoped that the program offered by the CGNE at UCSF will serve as a model for doctoral education in gerontological nursing that emphasizes interdisciplinary collaboration in research, education and clinical practice. Gerontological nurses who graduate from the program and research experiences in aging and health services research. The Institute for Health Policy Studies (IHPS), established in 1972 and currently under the direction of Harold S. Luft, PhD, attracts students and fellows from multiple disciplines to conduct policy-oriented research and analysis on a wide range of health issues. Interdisciplinary collaboration with the faculty and fellows in these centers and institutes will prepare gerontological nursing students and fellows for a variety of leadership roles in universities, government agencies, health advocacy groups and other health care organizations.

The objectives I have set for myself for the next four years—the chairs are intended for continuous years of funding, with a review at four years—include advancing knowledge of HHR science, building HHR applied research and evaluation capacity and research experience in health services research. Unlike traditional "research chairs," these distinguished researchers are applying their experience and knowledge to educate and mentor graduate students and new faculty with the objective of enhancing their research methods and communication skills, equipping them with appropriate tools and practical experience and broadening their networks for research and its dissemination (O'Brien-Pallas, Lomas, & Murphy, 2001). Success, in no small part, is measured by the ability of the individuals in these chairs to develop and maintain partnerships and strategic alliances with many players in the health care system.

In my role as national chair, nursing human resources, my primary responsibility is building capacity to influence future policy and planning for nursing health human resources (HHR). My regional co-sponsor and decision-making partners are the Ontario Ministry of Health and Long-Term Care and the University Health Network, a large academic health sciences center affiliated with the University of Toronto. I am also supported by the University of Toronto's Faculty of Nursing.

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Partners for progress

Optimizing research through multidisciplinary alliances

By Linda O'Brien-Pallas

Generating applied health services and policy research evidence and supporting its use by policy and management decision-makers requires several skills that aren't always nurtured during basic research training. The Canadian Health Services Research Foundation (CHSRF) recently launched an innovative program to address this need in Canada. Titled Capacity for Applied Developmental Research and Evaluation, or CADRE, the program reflects the foundation's underpinning philosophy that the end users of research should be integrally involved in its selection.

The program's flagship is a network of 12 national chairs selected by an outstanding international review panel composed of educators, researchers and health system decision-makers. Chosen for their excellence in research, mentorship, teaching and interaction with selected decision-making partners, the chairs and their programs are funded by the foundation, the Canadian Institutes for Health Research and regional partners in both academic and decision-maker institutions (CHSRF, 2001).
capacity and working with major government and administrative stakeholders to create structures for policy development and planning. With chair oversight, decision-making partners and multidisciplinary teams participate in identifying priority research needs and also take part in every step of proposal development and completion. Nonacademic decision-making partners also have access to educational aspects of each chair's program and in the mentoring of future scientists who, it is anticipated, will communicate research that will achieve maximum impact for the public good.

How do we know these partnerships and strategic alliances work? Over the past 11 years, in partnership with Dr. Andrea Baumann of McMaster University in Hamilton, Ontario, we have led a two-university joint research unit, the Nursing Effectiveness, Utilization and Outcomes Research Unit (formerly the Quality of Nursing Workforce Research Unit), which has been funded by the Ontario Ministry of Health and Long-Term Care. Since its inception, this unit has embraced a multidisciplinary perspective that involved many nonacademic stakeholders in setting the research agenda, assisting with the research process and disseminating research to decision makers and traditional academic outlets. These partnerships, some forged in the early 1990s, challenged our teams of researchers to answer very complex questions, often using multiple theoretical perspectives, in a supportive environment with a strong commitment to excellence. Many of our earlier master's and doctoral students have pursued successful research and management careers of their own. Some are currently members of the research unit. The unit and the researchers have supplied evidence to support policy and management decisions at the international, national and provincial levels.

This research unit will continue to provide the environment necessary to prepare our next generation of decision makers for their own development. I am also reaching international proportions, come from? The International Institute for Qualitative Methodology (IIQM). The peripatetic Janice M. Morse, RN, PhD, (Anthro), FAAN, founder and director of the IIQM, has set a vigorous and challenging agenda for the advancement of qualitative research and methods. The original purpose of the institute, according to Morse, was "... methodological development, because qualitative methods had been subsumed during the 1980s and early 1990s by the rush in interest in the development of quantitative methods and their use of software. There was a tremendous need and interest in qualitative research and methods, particularly from graduate students, but there were not enough mentors."

Established in February 1998 at the University of Alberta, Edmonton, where a strong cohort of qualitative researchers was already in place, the multidisciplinary IIQM was developed to 1) provide leadership to address issues in qualitative inquiry and to facilitate the development of qualitative methods; 2) promote excellence in qualitative research through education and research; 3) provide a forum for international qualitative experts to collaborate; and 4) conduct qualitative research.

The I nternational Institute of Qualitative Methodology:
Helping Pace University keep pace with the future

By Joanne K. Singleton

As the saying goes, you've come a long way, baby. Qualitative research is published in several specialty journals and is being published more often in leading medical journals. Granting agencies are more frequently requesting qualitative components to their quantitative studies and are also funding studies that are strictly qualitative. And, qualitative methods are becoming an integral part of graduate education across the disciplines.

Where does the quietly determined force behind the qualitative methodology movement, a movement that has reached international proportions, come from? The International Institute for Qualitative Methodology (IIQM). The peripatetic Janice M. Morse, PhD (Nurs), PhD (Anthro), FAAN, founder and director of the IIQM, has set a vigorous and challenging agenda for the advancement
capacity and working with major government and administrative stakeholders to create structures for policy development and planning. With chair oversight, decision-making partners and multidisciplinary teams participate in identifying priority research needs and also take part in every step of proposal development and completion. Nonacademic decision-making partners also have access to educational aspects of each chair's program and in the mentoring of future scientists who, it is anticipated, will communicate alliances work?

There is currently a paucity of researchers worldwide who have the necessary mix of skills to address the complex issues that we face in the nursing workforce. Future patients, health planners and nurses will benefit from the knowledge that good nursing human resources planning is not limited to a single point in time and a discipline-specific exercise.

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There are no fees for becoming a cooperating site and promoting the institute's agenda, but there are tremendous advantages. Students and those new to qualitative research will be able to locate mentors, consultants, instruction and other resources. Experienced researchers will be able to find support and broaden their networks. Courses, workshops and institutes will be easily communicated.

Pace University's site
Consistent with a strategic agenda that promotes innovation and excellence in research in primary health care, and which values collaboration among the disciplines, Pace University's Lienhard School of Nursing established the first U.S.-based cooperating site. We believe that participation in this growing international institute not only supports our nursing school's agenda, but also that of Pace University. Pace, with campuses in New York City and Westchester, is a comprehensive university with six colleges and schools that include nursing, arts and sciences, business, computer science and information systems, education, and law.

This past April, we hosted our first university-wide program. The purpose of the program was twofold: to bring the disciplines together around topics of interest and to initiate a discussion across the disciplines on how we want to develop our site. In addition to Pace University faculty, an invitation was also extended to nursing doctoral students within the region. Presenters included distinguished scholar Dr. Janice Morse and noted anthropologist Dr. Michael Agaz. The focus for Day One was on the ethnographic tradition and ethnographic understanding. Day Two focused on qualitative research processes and a multidisciplinary approach to qualitative research. A roundtable discussion, moderated by Dr. David A. Caputo, the president of Pace University, together with Drs. Morse, Agaz, and me, brought the two days to a close and provided ongoing direction for our cooperating site. Colleagues across the disciplines at Pace University attended, as well as doctoral students from New York City and Boston.

What is the importance of a cooperating site? Throughout the two days, many perspectives on this question were heard. According to Pace University's president, "It will help to establish Pace as a diverse research university where various research methods are valued. Pace will benefit from the quality of the research which should result from being a site.

Dean Harriet Feldman, RN, PhD, FAAN, Lienhard School of Nursing, added, "Our cooperating site is an important forum for conversations among the disciplines from which opportunities for collaborative research can result."

A colleague from our Luhn School of Business said he was excited that so many people had attended, and that he hopes participation will provide "opportunities to discuss issues of the greatest importance to the public through television or radio interviews.

As people and institutions expressed a desire to become part of the International Institute of Qualitative Methodology, the need to expand became evident. In addition to the IIQM, which is the North American site, there are seven affiliated international sites, located in Australia, Brazil, South Korea, Israel, Mexico, the Netherlands and South Africa. Throughout the world, institutions have been invited to participate by linking with their closest international site and forming cooperating sites. These sites are developed by region or language. Mexico, for example, is linked to Spain.

What is a cooperating site?
A cooperating site is a multidisciplinary group of qualitative researchers within an institution. Using the broad objectives of the IIQM, each cooperating site develops a Web site, linked to its closest international site, that provides information about qualitative activities, group meetings, courses and workshops, faculty expertise in qualitative methods, and ongoing qualitative research and publications.

The closest international site, in turn, provides links to other international sites.

International Sites
IIQM, University of Alberta, Edmonton (www.ualberta.ca/~iiqm/)
University of Newcastle, Australia
Escola de Enfermagem da UFRGS, Brazil
The Ben-Gurion University of the Negev, Israel
Ewha Womans University, South Korea
University of Guadalajara, Mexico
Universiteit Utrecht, The Netherlands
Rand Afrikaans University, South Africa

In Taiwan, an effective way to promote cancer awareness

By Carol Shieh

In recent years, the Ministry of Health in Taiwan has promoted breast health education about breast and cervical cancers, with the hope that routine screenings and early detection will reduce unnecessary deaths and suffering for women and their families. The goals for 1999 through 2001 are to encourage at least one million women age 35 or older to perform monthly breast self-examinations and one million women age 30 or older to have Pap smears (Tsai Yea Shu, personal communication, June 2000).

To achieve these objectives, each community health center establishes individual goals based on available resources and local population size. Public health nurses employed by the centers distribute teaching brochures during community events, set up bulletin boards in train stations and offer formal health education in clinics and schools. Some even take their message to the public through television or radio interviews.

Public health nurses at the Chang Hua Community Health Center are allergy-driven, energetic professionals. Through health needs assessments, the nurses found that only 37 percent of the 160,000 women 30 years or older residing in Chang Hua had had a Pap smear by April 2000. Reasons for women not having a Pap smear included lacking knowledge about cervical cancer, feeling uncomfortable with male physicians or having difficulty getting time off from work to have the test (Chang Hua Community Health Center Report, 1998).

Chang Hua nurses have developed creative ways of promoting breast education in response to women's concerns, based on findings from the health needs assessment. Staging health fairs, where nurses combine health education and entertainment for both mothers and their children, is very effective. This format is well-liked by women and increases attendance, since many women have childcare responsibilities and could not otherwise attend.

On one occasion, the Chang Hua nurses invited children from 18 preschools, 14 kindergartens and two after-school programs, together with their mothers, to attend a health fair. To involve children in the health fair, schoolteachers helped plan stage shows such as dance, group singing and instrument performance. Invitations were not limited to women and children; the nurses asked local dentists, private-practice physicians, dentists and business groups to donate manpower or money.

On the day of the health fair, the sun shone down from a blue sky and balloons decorated every corner of the fairgrounds. Children danced and sang on the stage, and smells of Chinese food filled the air. Volunteer dentists performed oral exams on children, while nurses screened children for vision problems. Many booths offered information on how to perform breast self-examinations.
What is a cooperating site? A cooperating site is a multidisciplinary group of qualitative researchers within an institution. The broad objectives of the IQM, each cooperating site develops a Web site, linked to Spain. The purpose of the program was twofold: to bring the disciplines together around topics of interest and to initiate a discussion across the disciplines on how we want to develop our site. In addition to Pace University faculty, an invitation was also extended to nursing doctoral students from seven affiliated international sites, located in Australia, Brazil, South Korea, Israel, Mexico, the Netherlands and South Africa. Throughout the world, institutions have been invited to participate by linking with their closest international site and forming cooperating sites. These sites are developed by region or language. Mexico, for example, is linked to Spain.

What is the importance of a cooperating site? Pace University’s site consists with a strategic agenda that promotes innovation and excellence in research in primary health care, and which values collaboration among the disciplines, Pace University’s Lienhard School of Nursing established the first U.S. based cooperating site. We believe that participation in this growing international institute not only supports our nursing school’s agenda, but also that of Pace University. Pace, with campuses in New York City and Westchester, is a comprehensive university with six colleges and schools that include nursing, arts and humanities, computer science and information systems, education, and law.

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At a Taiwanese health fair, a public health nurse talks to a woman about the importance of having regular Pap smears.
perform cardiorespiratory resuscitation and help choking victims, how to prepare nutritious meals, and what to do after ingestion of poisonous substances.

A major objective of the health fair was to increase women's understanding of breast and cervical cancers. Public health nurses discussed the importance of monthly breast self-examinations and the danger signs of breast cancer. In a private area, nurses showed women how to manually and visually check their breasts. A mobile van for Pap smear collection and gynecological exams was also located next to the cervical cancer information booth.

Organizing a health fair is no easy job, according to Tsai Yea Shu, RN, nurse manager at Chang Hua Community Health Center. It takes months of planning and contacting people. But when it comes to women's health, nurses consider it a responsibility and an honor to help women be more proactive in fighting breast and cervical cancers.

References, page 44

The International Institute of Qualitative Methodology

The International Institute of Qualitative Methodology, located in Baltimore, MD, is a non-profit organization dedicated to fostering the development and use of qualitative research methods. The institute offers workshops, conferences, and resources to support qualitative researchers across various fields of study.

Measurement of children's growth often inaccurate

A recent study found that two-thirds of children are improperly measured, possibly leading to the misdiagnosis of a growth disorder. The study was conducted at the University of Pennsylvania School of Nursing in Philadelphia and found that about two-thirds of children are improperly measured, possibly leading to the misdiagnosis of a growth disorder.

Senior rats at risk for untreated asthma

A Johns Hopkins study found that rats over 80 were more likely to have asthma compared to younger rats. The study suggests that untreated asthma in older rats is a significant public health concern.

References, page 30

Joanne K. Singleton, RN, PhD, CS, FNP, is a professor at the Pace University School of Nursing. Pace University, New York City, and co-founder of its International Institute for Qualitative Methodology's coordinating site.
current topics, share research interests and problems, get feedback, and have invited speakers and workshops." Another colleague from our School of Computer Science and Information Technology shared that she is "interested in qualitative research, as the current positivist approach is not really suitable to the field." She wants to learn more about qualitative research and how colleagues in other disciplines are using these methods.

The benefits of collaboration across the disciplines were central to the comments of attendees and were emphasized by Dr. Tareq of our Dyson School of Arts and Sciences and the Strauss Thinking and Learning Center. He expressed a desire to "think of ways to work in a transdisciplinary fashion to make inter- or multidisciplinary more than a catchword." This belief can be accomplished "by changing qualitative discourse to talk not of disciplines, but of common conceptual or thematic issues." Doctoral students who attended appreciated Pace University's foresight in becoming a cooperating site and look forward to future opportunities to participate in its activities.

Future directions for Pace's cooperating site

The International Institute for Qualitative Methodology has become a mecca for qualitative researchers and students across the disciplines. Through onsite workshops, research training and conferences, it steadfastly promotes its agenda. But not everyone has the financial wherewithal to take advantage of these international forums. For them, a cooperating site serves as a useful local or regional resource. Another way to promote the institute's agenda is for cooperating sites to host an Advances in Qualitative Methods Conference (one is scheduled for South Africa this coming January), a Qualitative Health Research Conference (one is scheduled in Banff, Canada this coming April) or to schedule workshops. As for Pace University, we plan to host an ethnography workshop with Dr. Agar in 2002, as well as an Advances in Qualitative Methods Conference within the next few years. The "IQM," according to Dr. Morse, "makes qualitative research visible and accessible. It enables students to locate courses and mentors and researchers to build collegial relationships across disciplinary boundaries. It raises institutional awareness for the resources needed to conduct qualitative research and eventually garner support for funding and disseminating our research. This is a change we can bring about together and celebrate when it is no longer needed."

Through our cooperating site, Pace University intends to participate in this change, both within the university and within our geographic region. It's part of our strategic plan to be known as a center of excellence and to serve as a resource in qualitative research and methodology. How does your institution become a cooperating site?

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Let our experts do the work!

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BOOK REVIEW

As We See Ourselves: Jewish Women in Nursing
By Evelyn R. Benson

As We See Ourselves: Jewish Women in Nursing is a lucid and compelling account of Jewish women's participation in the history of health care. Benson listens carefully to those who have devoted themselves to the profession of nursing and treats her readers to powerful and engaging anecdotes. She surveys the time-honored traditions of healing as associated with Jewish women, from the biblical midwives whose lifesaving efforts were responsible for the Hebrews' redemption from slavery to 20th-century heroines such as Henrietta Szold, the founder of Hadassah, a Jewish women's organization that has dedicated its considerable resources to the building and maintenance of hospitals.

This very readable work tells an important and inspiring story and expands our sense of Jewish women over the generations. As such, it widens our perspective and makes a real contribution to our understanding of the nursing profession and the scope of Jewish women's lives. This book should be a real study for work that might be done in other fields, enlarging our communal sense of both history and future possibilities. It is an important book for anyone interested in the nursing profession, in women's history or in the history and sociology of Jews.

This study reflects several significant contemporary trends in the fields of cultural and ethnic studies: the growing interest in the Jewish community in healing and the Jewish tradition of caregiving; the interest in recovering Jewish women's role in history; and the concern to recover the significant presence of women in the professions. The relative neglect of the significant contributions of Jewish women to the nursing profession seems to be a result of the fact that nursing is widely presumed to be rooted in Christianity as well as the Jewish community's own tendency to underscore the nursing profession for its daughters. As We See Ourselves corrects this unfortunate neglect.

— Lori Lefkowitz, PhD, professor and academic director, Kalos: The Center for Jewish Women's and Gender Studies, Reconstructionist Rabbinical College

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This very readable work tells an important and inspiring story and expands our sense of Jewish women over the generations. As such, it widens our perspective and makes a real contribution to our understanding of the nursing profession and the scope of Jewish women's lives. This book should be a real study for work that might be done in other fields, enlarging our communal sense of both history and future possibilities. It is an important book for anyone interested in the nursing profession, in women's history or in the history and sociology of Jews.

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BOOK REVIEW

Dear Mr. Mattson,

It was with interest, surprise and joy that I read your article: "Just like her mother" in the Second Quarter 2001 issue of Reflections on Nursing Leadership. My reactions were stimulated by the picture and information regarding Ber­nadette Bullock-Richardson's "aunt" Delfern. I have only known one person with the name "Delfern" and she baby­sat with me when I was young. She entered nursing school and I never heard anymore about her.

I read on to see if there was more information. I hoped against hope it would list her maiden name, which was Dunbar. It wasn't! So I am wondering if it is the same person. The Delfern Dunbar that I know lived on the adjoining property to where I lived on Barbour Lane in Harrods Creek, Ky. Delfern would come over and "look after" my sister and me. I would like for her to know how fondly our family remembers her and that I, too, am a nurse.

Kathryn Anne Gaines, RN, DNS, CS

Morganston, N.C.

Editor's note: It was with great satisfaction that I put "Kathy" Gaines, a member of Sigma Theta Tau Interna­
tional, in touch with Delfern Williams, RN, MSN. In subsequent correspondence, Dr. Gaines expressed her sincere appreciation for "the opportunity to make contact with someone who impacted my life." It was sometime between 1943 and 1945, she recalled, that Delfern wrote the following in her sister's autograph book: "Delfern Dunbar is my name; Education is my aim; Every school is my stopping station; Until I get my education." Nearly 60 years later, both women are retired from full-time employment but still frequently volunteer their time and nursing skills.

Kathryn Anne Gaines

Delfern Williams

Fifty-six years after Delfern Dunbar left Harrods Creek, Ky. to attend nursing school in Atlanta, Ga. and lost contact with her neighbor, Kathryn Anne Gaines, the two women, now both retired nurses, are reunited through an article published in the 2nd Quarter 2001 issue of Reflections on Nursing Leadership.
Strategies to enhance positive situational focusing skills

By Brenda L. Lyon

In the previous issue, I discussed positive situational focusing (PSF) as a powerful stress prevention skill (Lyon, 2001). Positive situational focusing is concentrating or centering your attention on positive aspects of yourself and situations you're in—even very difficult ones. It's about perspective. The opposite of PSF is NSF or negative situational focusing.

Everyone has the ability to hold multiple perspectives in a situation. Hearing someone say, "You know I could choose to see it that way, but I choose to focus on ..." is evidence of the inherent capacity we have to view the same situation in different ways. Yet, it's common for people to develop a habit of NSF—always seeing the glass half empty. For persons who have developed a negative perspective habit, it becomes difficult to think differently.

As members of work teams, we've all had experiences with people who, despite external conditions that are actually pretty good, hold on to negative statements. People who, despite external conditions that are actually pretty good, hold on to negative statements.

"You can choose your thoughts, so you can choose to stay in difficult situations or to leave them. You may say, "I can't leave this job because I need the money I can make here." Well, that's your choice and it's important to recognize that you are choosing to stay in the job because you like the money. In reality, focusing on the fact that it's your choice, for whatever reason, actually can enhance your sense of personal control. When you choose to stay in difficult situations, positive situational focusing can help energize you and prevent stress emotions.

It's easy to forget to stop and then switch your thinking to a positive perspective often referred to as a counter statement. Often referred to as a counter statement.

"Thought-stopping is a simple procedure. It involves becoming aware of an unwanted negative thought and then suddenly stopping the thought by saying "Stop!" or "Quit it!" to yourself and then switching your thinking to a positive perspective often referred to as a counter statement. Often referred to as a counter statement.

Thought-stopping is a simple procedure. It involves becoming aware of an unwanted negative thought and then suddenly stopping the thought by saying "Stop!" or "Quit it!" to yourself and then switching your thinking to a positive perspective often referred to as a counter statement. Often referred to as a counter statement.

To be effective, the counter statement must be positive in tone, must be about the same subject matter as the negative statement and must ring true to you. When you become aware of a negative thinking habit such as "I don't like my job," "I don't like my manager," or "No one appreciates my work," identify a counter statement. Examples of counter statements to the negative ones above include: "I'm glad I have a job." "I like my co-workers." "I'm proud of the work I do."

To replace the negative statement, the counter statement must be learned; therefore, it must be practiced. When you catch yourself saying the negative statement to yourself, say "Stop!" or "Quit it!" to yourself and then switching your thinking to a positive perspective often referred to as a counter statement. Often referred to as a counter statement.

Thought-stopping is also a powerful tool to break habits of negative self-talk. Negative self-talk encompasses statements that you say to yourself about yourself such as "I'm too fat," "I'm ugly," "I'm not smart." Negative self-statements serve no productive purpose; they only destroy self-esteem and motivation. Negative self-statements can be replaced by counter statements that actually promote growth, such as "When I have the time and energy to focus on it, I know I can lose weight," "I have a great smile" or "I can do anything I set my mind to."

"Stop!" or "Quit it!" to yourself and then switching your thinking to a positive perspective often referred to as a counter statement. Often referred to as a counter statement.

...continued on page 44
By Brenda L. Lyon

In the previous issue, I discussed positive situational focusing (PSF) as a powerful stress prevention skill (Lyon, 2001). Positive situational focusing is concentrating or centering your attention on positive aspects of yourself and situations you're in—even very difficult ones. It's about perspective. The opposite of PSF is NSF—negative situational focusing.

Everyone has the ability to hold multiple perspectives in a situation. Hearing someone say, "You know I could choose to see it that way, but I choose to focus on ..." is evidence of the inherent capacity we have to view the same situation in different ways.

Yet, it's common for people to develop a habit of NSF—always seeing the glass half empty. For persons who have developed a negative perspective habit, it becomes difficult to think differently.

As members of work teams, we've all had experiences with people who, despite external conditions that are actually pretty good, hold onto a negative perspective. These individuals are suffering when others are in positive situations. Oftentimes, a person who practices negative situational focusing works hard to recruit other people into their perspective. Misery loves company.

Positive situational focusing is not about pretending that nothing needs to be done in a difficult situation such as a code. It's not about ignoring real potential for harm such as walking down a dark alley at midnight in a high crime district. It is about realizing that it's thoughts about a situation that bring meaning to it.

PSF is an important form of positive thinking and is really the skill of being able to appreciate multiple perspectives while choosing to focus on a positive one. The current worldwide shortage of nurses can be viewed from a hopeless perspective or from a positive opportunity perspective. A positive perspective could motivate us to capitalize on making the impending danger real to external stakeholders, and possibly enhance opportunities to reinvent nursing in ways that would be exceptionally satisfying to nurses and extraordinarily beneficial to society. Here are several practical strategies that can be used to enhance your "choice of perspective" sense and thus develop your positive situational focusing skills.

Choice points

Think about this. When you're thinking, you're using words. You're talking to yourself. In fact, you carry on hundreds of silent conversations with yourself every day. Right now you're making comments to yourself about what you think of this article. The content of these conversations determines how you feel emotionally and oftentimes physically.

Developing a habit of negative situational focusing in which the glass is always half empty makes it difficult to imagine what you say to yourself about situations in a manner that is actually your choice.

There is so much in life that we can't control: other people's behavior and decisions, accidents, many diseases, natural disasters and hardships. We do, however, control our thoughts. The situations we're in and the people around us do not control our thoughts. We produce our own internal reality by how we choose to think—the words we choose to say to ourselves.

When you realize that you control your own thinking, you can have a different relationship with your thoughts, a relationship that allows you not to take any of your thoughts too seriously because you know you can change your thoughts in an instant. Every situation presents us with a choice of how to view it (Carlson, 1993). Recently, a client of mine who was learning PSF and reading Richard Carlson's book You Can Feel Good Again, told me that she and her husband were waiting in a line of cars at McDonald's for carryout and it was taking "forever." As they began getting irritated and asking, "What kind of incapable people do they have working here?" they suddenly looked at each other and said, "Choice point! So what's an extra 15 minutes? We could take advantage of this time to talk about plans for our summer vacation."

Just as you can change your thoughts, so you can choose to stay in difficult situations or to leave them. You may say, "I can't leave this job because I need the money I can make here." Well, that's your choice and it's important to realize that you are choosing to stay in the job because you like the money and you are aware of a negative thinking habit such as "I don't like my job," "I don't like my manager," "No one appreciates my work," identify a counter statement. Examples of counter statements to the negative ones above include: "I'm glad I have a job," "I like my co-workers," "I'm proud of the work I do."

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Thought stopping...
EDUCATION
Elise Abreson, coordinator of the family nurse practitioner program at Valparaiso University in Indiana, has received the university's Caterpillar Award for Excellence in Teaching.
Sue K. Donaldson has stepped down as dean of the Johns Hopkins University School of Nursing in Baltimore, Md., to return to research and teaching.
Shelley Hufstuder, assistant professor of nursing and director of the primary care nurse practitioner program at the University of Virginia School of Nursing in Charlottesville, has received a University Faculty Senate Innovative Teaching Award for her project "Nursing Students Learning and Sharing Health Assessment Skills."
Christina L. Lafferty, doctoral candidate in The George Washington University's Executive Leadership Program, has received a $15,000 American Dissertation Fellowship from the American Association of University Women Educational Foundation for her study "Organizational Trust in Hospital Nursing Staffs and its Relation to fishes in Nursing Care." 1
Susan Mattson has been promoted to professor at Arizona State University College of Nursing in Tempe.
Michelle A. Mendes, adjunct instructor at Boston College School of Nursing in Chestnut Hill, Mass., has received a $4,900 Nurses Educational Fund scholarship for study at the doctoral level.
Grace A. Muro, clinical instructor at the University of Virginia School of Nursing in Charlottesville, has received the 2001 Outstanding Achievement in Perioperative Clinical Nursing Education Award from the Association of periOperative Registered Nurses.
Judith Sands, associate professor and director of undergraduate studies at the University of Virginia School of Nursing in Charlottesville, has received a Teaching Initiative Award from the university for her project "Peer Development for Clinical Educators."
Sharon L. Sims, associate professor of nursing and chair of the Department of Family Health at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has received the Frederic Bachman Lieber memorial award from Indiana University. She was recognized for teaching excellence.
Judith A. Spiers, a postdoctoral fellow at the International Institute for Qualitative Methodology at the University of Alberta in Edmonton, Canada, has received the Distinguished Dissertation Award from the University of California, San Francisco.
Carolyn Waltz, associate dean for academic affairs at the University of Maryland School of Nursing in Baltimore, has been appointed to the Faculty Short-Term Committee of the Council on Collegiate Education for Nursing's Southern Regional Education Board.

LEADERSHIP
Shelia L. Allen, staff nurse at Baton Rouge General Medical Center in Louisiana, has been elected president of the Association of periOperative Registered Nurses.
Kathleen Goldblatt Bond has been appointed dean of the Adelphi University School of Nursing in Garden City, N.Y. Dr. Bond is also special advisor to the university president on health programs.
Mary Alice Higgins Donius, associate professor at the College of New Rochelle School of Nursing in New York, has received the Holy Angels Academy Alumnae Association's Distinguished Alumnae Award.
Vanessa Fahle, assistant professor at the University of Maryland School of Nursing in Baltimore, has received a $600,845 grant from the Health Resources and Services Administration to initiate the Infant Touch Demonstration Project, "Nursing Interventions for Healthy Family Outcomes.
Lynee Anderson Hall, assistant dean of the University of Kentucky College of Nursing in Lexington, has been selected as an alumni fellow by Clemson University in South Carolina, where she will serve as a mentor, counselor and advisor to students and faculty.
Ruth Reagan Hutchison, professor emerita and director of school nurse programs at Seton Hall University College of Nursing in South Orange, N.J., has been inducted into the College of Nursing's Hall of Honor. She also was honored as a "Diva" by the New Jersey State Nurses Association Institute for Nursing for her leadership in nursing practice, education and research.

The Indiana University School of Nursing at Indiana University-Purdue University Indianapolis has announced several alumni awards. Dolores Morgan of Port Saint Lucie, Fla., has received the Special Recognition Award. Beth Richardson, assistant dean for student affairs at Indiana University School of Nursing, received the Distinguished Service Award. Donna Boland, associate dean of undergraduate programs and associate professor at Indiana University School of Nursing, received the Honor ary Alumna Award. Recipients of the Distinguished Alumna Award are Ann Anthony, director of program development at the Connecticut Association for Home Care in Wallingford, Conn.; A. Louise Hart, chairperson for the Southeast Missouri State University Department of Nursing; and Brenda Lyon, associate professor at Indiana University School of Nursing.
Ruth L. Jenkins, associate professor at Barnes College of Nursing, University of Missouri-St. Louis, has received funding from the St. Anthony Medical Center Auxiliary and two grants from the Missouri Children's Trust Fund for St. Anthony's Infant Touch Demonstration Project, Nursing Interventions for Healthy Family Outcomes. The second grant from Missouri Children's Trust fund, in the amount of $47,145, was the largest award given by the organization this year.
Robert Knies Jr. has been promoted to director of emergency services at Stevens Hospital in Edmonds, Wash. He is contributing author for three chapters of Basics and Beyond: An Educator's Reference, and Edition, Roadrunner Press, Des Plaines, Ill., 2001.
Jeanette Lancaster, Sadie Heath Cabaniss Professor of Nursing and dean of the University of Virginia School of Nursing in Charlottesville, has been reappointed to the American Association of Colleges of Nursing Board of Directors.

Florence Wald, often considered the "mother" of the hospice movement, receives an honorary doctor of humane letters degree from Syracuse University Chancellor Kenneth A. Shaw. In 1971, Ms. Wald— together with an interdisciplinary group from Yale University and the New Haven, Conn., community—established the first hospice in a United States. A clinical professor and former dean of Yale's School of Nursing, she currently is helping set up hospice units in American prisons.
**People**

**EDUCATION**

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Vanessa Fahl, associate professor at the University of Maryland School of Nursing in Baltimore, has received a $40,000 grant from the Health Resources and Services Administration to initiate the Building Careers in Nursing for individuals from disadvantaged backgrounds. The purpose of the program is to increase recruitment and enrollment of high school and community college students into a baccalaureate program and to increase retention and graduation of nurses who work in underserved areas.

Julie Fairman, assistant professor at the University of Pennsylvania School of Nursing in Philadelphia, is the recipient of the Distinguished Alumni Award from Albright College.

Sara T. Fry, professor at Boston College School of Nursing in Chestnut Hill, Mass., has been elected to the Eastern Nursing Research Society Board of Directors.

Eva Gallagher, oncology nurse practitioner at the Minneapolis VA Medical Center in Minnesota, has been elected to a director-at-large position with the Oncology Nursing Society.

Susan Gennaro, professor at the University of Pennsylvania School of Nursing and director of the International Center of Research for Women, Children and Families, has received the 2005 Distinguished Professional Service Award from the American Association of Women's Health, Obstetric and Neonatal Nurses.

Elizabeth Gomez, editor of OnLine, has received the Excellence in Publishing Information award from the Oncology Nursing Society and IMPAC Medical Systems Inc.

Deborah Greenwald, certified school nurse employed by the Conrad Weiser Area School District, has received the 2000-2001 School Nurse of the Year award from the Pennsylvania Association of School Nurses and Practitioners.

Lynee Anderson Hall, assistant dean of the University of Kentucky College of Nursing in Lexington, has been selected as an alumni fellow by Clemson University in South Carolina, where she will serve as a mentor, counselor and advisor to students and faculty.

Ruth Reagan Hutchison, professor emerita and director of school nurse programs at Seneca Hall University College of Nursing in South Orange, N.J., has been inducted into the College of Nursing's Hall of Honor. She also was honored as a "Diva" by the New Jersey State Nurses Association Institute for Nursing for her leadership in nursing practice, education and research.

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Norma M. Lang, senior research fellow at the Amherst Center for Public Policy and a senior fellow at the Leonard Davis Institute for Health Economics at the University of Pennsylvania School of Nursing in Philadelphia, has been named the first Lillian S. Brunner Professor of Medical-Surgical Nursing at the University of Pennsylvania. Ms. Lang is continuing independent research on quality of care, nursing informatics and health care systems.

Linda Searle Leach, assistant professor of clinical nursing and director of the Nursing Leadership and Administration Program at the University of California in Los Angeles, has been elected to the board of directors of the Association of California Nurse Leaders.

Catherine A. Lyons, executive director for the Institute for Health Economics at the University of Pennsylvania School of Nursing in Philadelphia, has been appointed to the editorial advisory board of Public Health Reports.


Veneta Massion has written Night Nurse Notebook—Voice of a Nurse in the City. Sage Femmes Press, Washington, D.C., 2001, about her years as co-founder of Community Medical Care, a nonprofit clinic in Washington, D.C.


Rachel E. Spector, associate professor at Boston College School of Nursing in Chestnut Hill, Mass., has written the second edition of Counseling and Clinical Skills in Nursing Practice.


Pamela Kidd, associate dean for graduate programs and research at Arizona State University College of Nursing in Tempe, is co-author of Primary Care Across the Lifespan, Mosby. The American Journal of Nursing selected the book as one of the most valuable texts of 2000.

Rachel Kneipell, associate professor in adult health nursing at Rush University College of Nursing in Chicago, has written a nursing text, The Good Life: Understanding and Caring for Our Lady of the Resurrection Medical Center in Chicago, Ill., is editor of


Pamela Kulbok, associate professor of nursing at the University of Virginia in Charlottesville, has been appointed to the editorial advisory board of Public Health Reports.

Marilyn Hockenberry-Eaton, director of excellence in nursing at Western Connecticut State University, has been appointed to the board of the Mental Health Association in Connecticut.

Elizabeth Madigan, assistant professor and director of the Nursing Scholarship at Case Western Reserve University's Botson School of Nursing in Cleveland, Ohio, has been named to the newly created position of assistant dean for international health programs.

Joseph M. Matson has been named director of the National Student Nurses' Association. He is a graduate student at Teachers College Columbia University in New York City, N.Y.

Margo McCaffrey, a workshop leader, lecturer and consultant on the nursing care of patients with pain, has received the Elizabeth Nurse Award from the American Society of Pain Management Nurses.

Janice Montgomery-Preston, a doctoral student at the University of Virginia School of Nursing in Charlottesville, Va., received the Lionel M. Hewett Memorial Fund and M. Elizabeth Carnegie scholarships and is one of 16 nursing students at the University's Educational Funds Inc. The company listed its interest in relation to the African-American family. It will focus initially on African-American adolescent mothers and their perspectives of the breastfeeding experience.

Josie L. O'Quinn has been named assistant dean of the nursing undergraduate program at the University of Texas at Arlington.

Barbara Parker, professor of nursing and director of the Center for Nursing Research at the University of Virginia School of Nursing in Charlottesville, has received the first Health Care and Domestic Violence Leadership Award from the Family Violence Prevention Fund.

Joy Pulcini, associate professor at the Boston College School of Nursing in Chestnut Hill, Mass., has received one of 15 outstanding nurse practitioner leaders of the year by The Nurse Practitioner: The American Journal of Primary Health Care.

Judith Shindul-Rothschild, associate professor at the University of Cincinnati College of Nursing in Cincinnati, Ohio, has been named to the Governor's Advisory Committee on Women's Issues. She was featured in the article "U.S. Health Care: A Prescription for Change" in Indianapolis Times, April 2001.

Ann Solar-Tweedell, director of the International Parish Nurse Resource Center, in connection with Advocate Health Care, is a recipient of the Wheat Ridge 2001 Chicago Seeds of Hope award for dedication and commitment to serving communities of health, hope and healing. She is pursuing a doctoral degree in nursing at Loyola University.

Anita Thompson-Heiman, clinical instructor at the University of Virginia School of Nursing in Charlottesville, has been appointed to the board of the Mental Health Association.

Shirley S. Travis, Dean W. Colvard Distinguished Professor of Nursing at the University of North Carolina at Charlotte, has received the 2001 Distinguished Academic Gerontologist of the Year Award from the Southern Gerontological Society.

Ten University of Virginia School of Nursing alumni have been named winners of Centennial Heritage Awards. Nancy Dickenson-Hazard, chief executive officer of the Honor Society of Nursing, Sigma Theta Tau International, received the Organizational Leadership Award. Other recipients are: St. Mary's University School of Nursing, Clinical Nursing Practice; Ann Gill Taylor, Nursing Research; JoAnne Kirk Henry, Community Health Services; Linda Janis Lien, Nursing of Virginia Services; Denise H. Geebler, Leadership in Health Policy; Jane Olson Varteen, Leadership in Health Care Administration; Barbee Bancroft, Entrepreneurial Leadership; Sandra Whitley Ryals, Leadership in Health Law; and Linda Compton Hedges, Nursing Education.

Donna S. Watson, a nurse practitioner at Boston College School of Nursing in Chestnut Hill, Mass., has been named one of 15 outstanding nurse practitioner leaders of the year by The Nurse Practitioner: The American Journal of Primary Health Care.

Laura Wray, assistant professor at the University of Kansas Medical Center in Kansas City, has received the Liesel M. Hiemenz Memorial Award for excellence in teaching.

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Judith Shindul-Rothschild, associate professor at the University of Cincinnati College of Nursing in Cincinnati, Ohio, has been named to the Governor's Advisory Committee on Women's Issues. She was featured in the article "U.S. Health Care: A Prescription for Change" in Indianapolis Times, April 2001.

Ann Solar-Tweedell, director of the International Parish Nurse Resource Center, in connection with Advocate Health Care, is a recipient of the Wheat Ridge 2001 Chicago Seeds of Hope award for dedication and commitment to serving communities of health, hope and healing. She is pursuing a doctoral degree in nursing at Loyola University.

Anita Thompson-Heiman, clinical instructor at the University of Virginia School of Nursing in Charlottesville, has been appointed to the board of the Mental Health Association.

Shirley S. Travis, Dean W. Colvard Distinguished Professor of Nursing at the University of North Carolina at Charlotte, has received the 2001 Distinguished Academic Gerontologist of the Year Award from the Southern Gerontological Society.

Ten University of Virginia School of Nursing alumni have been named winners of Centennial Heritage Awards. Nancy Dickenson-Hazard, chief executive officer of the Honor Society of Nursing, Sigma Theta Tau International, received the Organizational Leadership Award. Other recipients are: St. Mary's University School of Nursing, Clinical Nursing Practice; Ann Gill Taylor, Nursing Research; JoAnne Kirk Henry, Community Health Services; Linda Janis Lien, Nursing of Virginia Services; Denise H. Geebler, Leadership in Health Policy; Jane Olson Varteen, Leadership in Health Care Administration; Barbee Bancroft, Entrepreneurial Leadership; Sandra Whitley Ryals, Leadership in Health Law; and Linda Compton Hedges, Nursing Education.

Donna S. Watson, a nurse practitioner at Boston College School of Nursing in Chestnut Hill, Mass., has been named one of 15 outstanding nurse practitioner leaders of the year by The Nurse Practitioner: The American Journal of Primary Health Care.

Laura Wray, assistant professor at the University of Kansas Medical Center in Kansas City, has received the Liesel M. Hiemenz Memorial Award for excellence in teaching.
Norma M. Lang, senior research fellow at the Amenberg Center for Public Policy and a senior fellow at the Leonard Davis Institute for Health Economics at the University of Pennsylvania School of Nursing in Philadelphia, has been named the first Lillian S. Brunner Professor of Medical-Surgical Nursing. Dr. Lang also heads a continuing research and education program in the field of clinical nursing and director of the Leonard Davis Institute for Health Care Policy and a senior fellow at the Leonard Davis Institute for Health Care Policy. Her research focuses on the quality of care, nursing informatics, and the management of chronic illness.

Linda Searle Leach, assistant professor of clinical nursing and director of the Nursing Leadership and Administration Program at the University of Washington in Seattle, has been elected to the board of directors of the Association of California Nurse Leaders.

Catherine A. Lyons, executive director for cancer services at the Peninsula Regional Medical Center in Salisbury, Md., has received the Holy Angels Academy Alumnae Association's Distinguished Alumnae Award.

Elizabeth Madigan, assistant professor and director of the Beth Israel Deaconess Scholarship at Case Western Reserve University's Bolson School of Nursing in Cleveland, Ohio, has been named to the newly created position of assistant dean for international health programs.

Joseph M. Matson has been named director of nursing at the University of the State of New York for the National Student Nurses' Association. He is a graduate student at Teachers College Columbia University in New York City, N.Y.

Margo McCaffrey, a workshop leader, lecturer and consultant on the nursing care of patients with pain, has received the Elizabeth Nurse Award for Distinguished Service from the American Pain Society and the Nurse Exemplar Award from the American Society of Pain Management Nurses.

Janice Montgomery-Preston, a doctoral student at the University of Virginia School of Nursing in Charlottesville, Va., received the Lillian L. Mott Memorial Fund and M. Elizabeth Carnegie scholarships and is one of 16 nursing students receiving financial aid from the University's Educational Funds Inc. Her research interest relates toattaching in the African-American family. It will focus initially on African-American adolescent mothers and their perspectives of the benefits experienced by their children.

Josie L. O'Quinn has been named assistant dean of the nursing undergraduate program at the University of Texas at Austin School of Nursing.

Barbara Parker, professor of nursing and director of the Center for Nursing Research at the University of Virginia School of Nursing in Charlottesville, has received the first Lillian S. Brunner Fellowship from the Virginia Foundation for Medical Research. Dr. Parker has been named a senior fellow at the Leonard Davis Institute for Health Care Policy and a senior fellow at the Leonard Davis Institute for Health Care Policy. Her research focuses on the quality of care, nursing informatics, and the management of chronic illness.

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John H. D'Antonio, Sylvia D'Antonio, Pamela J. Kennedy, and Jane Whelan, lecturer at the University of Pennsylvania School of Nursing in Philadelphia, have been named the first Lillian S. Brunner Professor of Medical-Surgical Nursing. Dr. Lang also heads a continuing research and education program in the field of clinical nursing and director of the Leonard Davis Institute for Health Care Policy and a senior fellow at the Leonard Davis Institute for Health Care Policy. Her research focuses on the quality of care, nursing informatics, and the management of chronic illness.


Veneta Massim has written Night Shift Notebook—Voice of a Nurse in the City. Sage Farm Press, Washington, D.C., 2001, about her years as co-founder of Community Medical Care, a nonprofit clinic in Washington, D.C.

Jocelyn Hezekiah, nursing consultant in Burlington, Ontario, Canada, has published Breaking the Glass Ceiling: The Stories of Three Caribbean Nurses, University of the West Indies Press, Mona, Jamaica, West Indies, 2001. The book is also available through the University of Oklahoma Press.

Kay K. Hisama, professor of nursing at Sophia University in Tokyo, Japan, has written Journo: Kokusai Kangogaku Shinzoku: Introduction to International Nursing. JNA Press, Tokyo, 2001. Dr. Hisama is currently employed by a hospital in Nagasaki, Japan, and she is also a member of the Creative Nursing Group of Japan.

Constance Conklin, director of clinical services at the University of Missouri School of Nursing in Columbia, has been appointed one of the two distinguished nurses for 2001. She is editor in chief of Seminars on Nursing and one of four founding members of the Oncology Nursing Society.

Ellen D. Baer, Patricia D'Ambra, Sylvia D'Antonio, Pamela J. Kennedy, and Jane Whelan, lecturer at the University of Pennsylvania School of Nursing in Philadelphia, have been named the first Lillian S. Brunner Professor of Medical-Surgical Nursing. Dr. Lang also heads a continuing research and education program in the field of clinical nursing and director of the Leonard Davis Institute for Health Care Policy and a senior fellow at the Leonard Davis Institute for Health Care Policy. Her research focuses on the quality of care, nursing informatics, and the management of chronic illness.

11-inch envelope with 13 in postage (no checks) to The Center for Hispanic Studies in Nursing and Health, The University of Texas at Austin School of Nursing, Arlington, Texas 76019.

Ann W. Burgess, professor at Boston College School of Nursing in Chestnut Hill, Mass., has written For a Forensic Lens, Nursing Spectrum Publica­tion, King of Prussia, Pa., 2000. It was chosen best public interest book of the year by the American Journal of Nursing.

Eleanor C. Hein, professor emerita at the University of San Francisco School of Nursing in California, is editor of Nurses Issues in the 21st Century: Perspectives From Women Named Nurses, Published by Lippincott Williams & Wilkins, Philadelphia, 2001.

Richard T. Taylor, nursing in the Childhood, has received the Holy Angels Academy Alumnae Award.

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ANNOUNCEMENTS

INTERNATIONAL CONFERENCES
Sept. 20-22 — 2001 — Nashville, Tennessee “Ending Violence Against Women: Creating a New Reality,” 11th International Nursing Networking Conference, Sponsors: University of Wisconsin-Madison School of Nursing and Domestic Violence Training Project. Contact: UW Outreach Services, 620 Babcock Dr., Madison, WI 53706; Phone: 608.262.5788; E-mail: jebnhut@facstaff.wisc.edu

Oct. 18-20 — 2001 — Taegu, South Korea “The Wave of the Future: Multicultural and Historic Health for People Around the World,” Fourth Annual International Conference. Sponsor: For Nursing & Health. Contact: Global Society for Nursing & Health, 130 W. 7th St., Suite 1500, Chicago, IL 60606; Fax: 312.447.9671; E-mail: info@aahn.org; Web: www.aahn.org


Regional Conferences
Sept. 17 — 2001 — Edgewater, Illinois Annual Martha Welch Research Day. Sponsor: Department of Nursing, University of Edwardsville. Contact: Theresa Wyrileno, 618.656.3966; E-mail: twwyrileno@uol.com

Sept. 18-21 — 2001 — Denver, Colorado Weekend Program in Nursing Informatics. Sponsor: Association for perOperative Registered Nurses, Contact: Dr. Marco E. Zuppi, 800.755.1676; E-mail: custsrv@aorn.org; Web: www.aorn.org/Events/default.htm

Sept. 21-23 — 2001 — Charlotteville, Virginia 18th Annual Nursing History Research Conference. Sponsor: Sponsors: American Association for the History of Nursing, University of Virginia School of Nursing, University of Virginia Library, and the American Association of University Women. Contact: Judith A. Morris, University of Virginia; Phone: 804.982.5282; E-mail: jemorris@virginia.edu, or American Association of University Women, Contact: Carolyn Scherban, Nursing Inc.; Phone: 609.669.7520; E-mail: aauw@han.org

Sept. 22-24 — 2001 — Washington, D.C. “The Future of Credentialing” Third Omni Credentialing Conference. Sponsors: American Nurses Credentialing Center; Institute for Research on Nursing Practice; Contact: Lynn Zayan or Sally Bulla; Phone: 800.953.9050 or 202.651.9752 x310

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Reflections on Nursing LEADERSHIP Third Quarter 2001 43
ANNOUNCEMENTS

INTERNATIONAL CONFERENCES


Oct. 12, 2001 — Morgantown, West Virginia. 2001: A Nursing Research Odyssey. Sponsors: Alpha Rho, Omicron Nu, West Virginia University School of Nursing, West Virginia University Hospitals, District of the West Virginia Nurses Association. Contact: Cindy Dalton; Phone: 304.296.4463; E-mail: cdalton@wvu.edu; Web: www.hec.wvu.edu/research.htm.


Sept. 12-15, 2001 — Denver, Colorado. Weekend Program in Nursing Informatics. Sponsor: Association of periOperative Registered Nurses, Inc. Contact: Patty Franklin; Phone: 800.755.2676; E-mail: research@sttni.iupui.edu.

RESEARCH FELLOWSHIPS

Grants and Fellowships

Nursing Informatics

Robert Wood Johnson Foundation

Deadline: Sept. 1, 2001

A Nursing Research Odyssey. Sponsors: Alpha Rho, Omicron Nu, West Virginia University School of Nursing, West Virginia University Hospitals, District of the West Virginia Nurses Association.

13th Annual Health Policy Conference and Institute. Sponsors: Columbia University School of Nursing, Alpha Phi, Nursing Health Policy Review. Contact: Center for Health Policy at Isidore Lubin Business School; 505.353.0734; Fax: 512.1119; Web: www.nursing.columbia.edu.

Deadline: Dec. 1, 2001

For application information, see Web page: www.nursingsociety.org. Contact: Tara Bateman, Sigma Theta Tau International, 530 W. North St., Indianapolis, IN 46202; Fax: 317.635.8818; E-mail: research@stti.iupui.edu.

Sigma Theta Tau International Nursing Excellence at UCSF. Contact Dr. Claire Fagin at cffagin@nursing.ucsf.edu. For information about the Center of Geriatric Nursing Excellence, contact Dr. Patty Franklin at pfrofflin@danfords.org.
Strategies to enhance PSF skills
continued from page 37

Humor

The use of humor is a great way to enhance positive situational focusing. Humor helps us understand ourselves and gain a different perspective on difficult situations. Having a sense of humor works like a magnet. People are drawn to those who have a good sense of humor. Laughter feels good and helps our immune systems (Justice, 1987). Laughter also increases our sense of control. Share your humorous perspectives with others and encourage others to share theirs with you. Laugh at yourself. Create a collection of humorous stories.

Remind yourself and others to have fun! Bring something funny to work. Take laugh breaks during or after work with someone else.

Social support

All of these strategies to enhance positive situational focusing require practice and repetition over time. Although it's often helpful to put note cards on your bathroom mirror or in your car, one of the most helpful strategies is to do this with a partner—your spouse, a friend, a co-worker. Ask one of these people to partner with you in your effort to enhance PSF. Someone else can say to you, "Choice point!" or help you identify a positive perspective or see something in a humorous way.

References cited below

Dr. Lyon

Seventh in a series by Brenda Lyon, RN, I NS, DFS, FAAN. Dr. Lyon is an associate professor in adult health at Indiana University School of Nursing—Paradise University Indianapolis and a nationally recognized expert on stress management.

Partnerships for progress


Health fair


Strategies to enhance positive situational focusing skills


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Partnerships with multiple health disciplines are an important strategy for nursing to use in creating health care solutions. This is a belief the society holds as initiatives and activities are designed and implemented oragnization-wide. Central to this belief is the philosophy that the purpose of any partnership must clearly meet and strengthen the mission and goals of Sigma Theta Tau International. In addition, certain elements are essential to a partnership's success.

Strategic partnerships develop around specific issues that focus on a common goal. A mutuality, or win-win situation, is defined that permits the partnership to have its own distinct identity, style and work as well as mutual accountability. Whether individual or organizational, partnerships become an ally in a process, divesting themselves of self-interest to collaboratively work on the common issue. Successful partnerships exercise their own freedom and power through willing commitment of each partner's time and resources and accountability to a set of standards and rules established by the partnership. Ultimate effectiveness of the partnership lies in its ability to achieve positive outcomes by transcending potential problems.

Over the course of this biennium, the society has forged and engaged in multiple partnerships. To address issues unique to the profession and to help fulfill the mission of the organization, five significant partnerships are addressing issues in leadership, image, education-practice-regulation models, academic resources and nursing's preferred future. Each collaboration is its own entity, focusing on a common issue of concern and need, and each demonstrates the society's responsiveness and ability to work in unison with others to achieve results for our profession. The Arista3 think tank series unites multidisciplinary health care leaders in charting a vision of nursing's preferred future from a global perspective and defining scholarship strategies to realize that future. Experts in nursing, medicine, health policy, regulation, administration and industry have joined with consumers to define nursing's role and contributions in building healthy communities. Regional meetings have been held for the Americas and for Asia and the Pacific Rim, with future meetings planned for Europe and Africa. Each region has and will generate recommendations for its specific area to implement a preferred future.

At the conclusion of these regional gatherings, a consensus, vision and action document will be disseminated for implementation. Emerging trends for recommended action are occurring in the areas of research conduct and dissemination, standards and competency development, models of practice and education, health policy, regulation, professional development, and human and material resources.

Our collaboration with the American International Health Alliance focuses on leadership development of nurses in Central and Eastern Europe and the New Independent States. Integral to this effort, the International Nursing Leadership Institute strives to prepare and position nurses as leaders in their communities and nations to improve nursing and health care. This year-long learning experience uses varied teaching methods to implement an integrated, experiential curriculum. Content on the behaviors, skills and styles of leadership is coupled with integrative scholarship and evidence into projects. A major facet of the program is mentoring, with the specific goal of increasing the number of global leaders. As a result of this partnership, the infrastructure of nursing in these regions has been strengthened and improved.

Nurses for a Healthier Tomorrow is a coalition of 30 national health care and nursing organizations whose purpose is to address the nursing shortage through the improvement of nursing education and recruitment. This initiative, led by Sigma Theta Tau International and the American Academy of Nursing, is supported by a multiyear, multi-million dollar grant from the Robert Wood Johnson Foundation. The initiative's primary focus is to develop and disseminate a shared agenda regarding the nurse shortage. Nurses for a Healthier Tomorrow brings nursing leaders together to develop and implement strategies that will address the profession's need for more nurses.

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References on Nursing Leadership

Dr. Thompson

INSIDE THE

SOCIETY

Sigma Theta Tau International, Honor Society of Nursing

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nursing's image. The ultimate goal of the coalition is to recruit increasing numbers of talented, caring individuals into the profession and to retain them. With this objective in mind, it has mounted an ambitious mass media campaign with the first public service announcements airing this past summer. They have also launched an interactive Web site that profiles individuals and showcases career resources.

Ten national nursing organizations, known as the Nursing Practice and Education Consortium, have partnered over the past three years to develop and implement strategic actions to transform U.S. practice, education and regulation. A major focus of its plan is matching educational competencies to regulated practice roles, based on health needs of populations. Currently, grant development and public forum planning is underway for the implementation phase.

The International Academic Nursing Alliance (IANA) was convened to address the need for a resource that links university-based schools of nursing for the purpose of promoting scholarship in nursing education. Representatives of 23 countries from Armenia to Australia, from Bahrain to Botswana, from South Africa to the United Kingdom and from Thailand to Iceland came together to conceptualize a resource that will facilitate collaboration, exchanges, mentoring, research, faculty development and the overall promotion of high standards of nursing education. This autonomous entity is currently identifying and structuring elements of the alliance and its resources and will prove to be a valuable source of knowledge and information for academicians.

These partnerships represent the society's response to the need at large for working together to advance nursing science and the profession. I also know from my extensive travel and interaction with chapter leaders and members that many partnerships have formed at the chapter level. Alliances among chapters and their various constituencies—their schools, their local communities, other professional groups and health care disciplines, as well as the media—are addressing issues of importance to nursing and people's health needs and are having a significant impact in achieving our vision of a global community of nurse leaders and scholars. When viewed as a whole, the magnitude and pervasiveness of our collective efforts prove our belief in the invasiveness of our collective efforts prove our belief in the

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Two percent increase in members with national certification
Three percent increase in those working for nonprofit organizations
Three percent increase in retirees
Eight percent increase in members who have 15 or more years of work experience

In summary, our membership is increasing in age, education, national certification, advanced practice and work experience. In the next five to 10 years, the number of members retiring will be significant. The challenge for the society will be to address the programs and services desired by these groups and, at the same time, to recruit and retain those under 50 and those with less than five years of work experience. All this information has been shared with the board, appropriate committees and task forces and all departments of the society. It is part of our strategic development process to address the implications of these findings and to incorporate plans and actions into the board's and headquarters' program of work and business plans.

We are continually inputting demographic information into our database and, by the end of fiscal year 2001, will be updating the above findings. We urge you to fill out and update your information. We value each response and want to hear from you.

Are you surprised at our latest membership profile? For more information, please contact me by e-mail at pike@stti.iupui.edu or by phone, toll free, at 888.634.7575 (U.S. and Canada) or +800.634.7575.1 (international).

Marge Pike, RN, EdD, CPNP, is director of strategic development at Sigma Theta Tau International.

Dr. Pike

We are listening!

By Marge Pike

For decades, Sigma Theta Tau International has been inviting its membership to participate in focus groups, provide demographic information and respond to questionnaires, surveys and evaluation forms. This has been accomplished via print, phone, face-to-face and online communications. The society always has the individual member, special target groups and the membership as a whole close to its organizational "ear."

You may well have asked yourself, what are the results? What actions are being taken in response to the input?

With that in mind, this column, in the next few issues, will provide an update on actions the society is considering or implementing.

Between May and November 2000, renewal notices and scannable demographic forms were mailed to 47,086 active members. The following demographic information is based on the 23,621 scannable forms that were returned.

- Thirty-three percent of our members are over 50.
- Seventy percent are married.
- Eighty-six percent are employed.
- Sixty-three percent have a master's or doctorate degree.
- Sixty-one percent have national certification.
- Seventy-eight percent are working for nonprofit organizations.
- Eighty-three percent are working for profit organizations.
- Sixty percent are retirees.
- Fifty-one percent have 15 or more years of work experience.
- Seventy percent work for nonprofit organizations.
- Seventy-five percent have national certification.
- Eighty percent are working for profit organizations.
- Eighty-seven percent are working for nonprofit organizations.
- Eighty-nine percent have 15 or more years of work experience.

Based on previous demographic profiles, the following changes have taken place in our membership.

- Twelve percent increase in members over 50
- Five percent increase in those who are married
- Thirty-three percent increase in members with master's and doctorate degrees
- Twenty percent increase in members with national certification
- Four percent increase in members who have 15 or more years of work experience
- One percent increase in members working for nonprofit organizations
- Two percent increase in members working for profit organizations

In the next five or 10 years, the number of members retiring will be significant. The challenge for the society will be to address the programs and services desired by these groups and, at the same time, to recruit and retain those under 50 and those with less than five years of work experience. All this information has been shared with the board, appropriate committees and task forces and all departments of the society. It is part of our strategic development process to address the implications of these findings and to incorporate plans and actions into the board's and headquarters' program of work and business plans.

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- Fifty-two percent have a master’s or doctorate degree.
- Forty-seven percent have national certification.
- Seventy-three percent work for nonprofit organizations.
- Six percent are retired.
- Sixty-five percent have 15 or more years of work experience.
- Fifty percent of the advanced practice nurses are nurse practitioners.
- Forty-three percent work in hospitals.
- Eighty native languages are spoken in addition to English, with Spanish being the highest reported followed by French and German.

Based on previous demographic profiles, the following changes have taken place in our membership.

- Twelve percent increase in members over 50
- Five percent increase in those who are married
- Thirteen percent increase in members with master’s and doctorate degrees

In summary, our membership is increasing in age, education, national certification, advanced practice and work experience. In the next five to 10 years, the number of members retiring will be significant. The challenge for the society will be to address the programs and services desired by these groups and, at the same time, to recruit and retain those under 50 and those with less than five years of work experience. All this information has been shared with the board, appropriate committees and task forces and all departments of the society. It is part of our strategic development process to address the implications of these findings and to incorporate plans and actions into the board’s and headquarters’ program of work and business plans.

We are continually inputting demographic information into our database and, by the end of fiscal year 2001, will be updating the above findings. We urge you to fill out and update your information. We value each response and want to hear from you.

Are you surprised at our latest membership profile? For more information, please contact me by e-mail at pike@stti.iupui.edu or by phone, toll free, at 888.634.7575 (U.S. and Canada) or +800.634.7575.1 (global).

Marge Pike, RN, EdD, CPNP, is director of strategic development at Sigma Theta Tau International.

INTERNATIONAL LEADERSHIP INSTITUTE

Experts and reactors from Southeast Asia and the Pacific Rim met in Hawaii for the Arista3-Pacific think tank meeting, the second of the four-part series. Focusing on the preferred future of nursing in the region, the group recommended actions in strategic areas where nursing can make optimal contributions. Arista think tank meetings focusing on Europe, Africa and the Near East will be held in 2002. For more information, contact the International Leadership Institute at leadership@stti.iupui.edu.
Knowledgebase developers applaud shared learning experience

By Jane A. Root

"Three heads are better than one," said Pauline Komnenich, RN, PhD, commenting on the benefits derived from attending the Institute on Knowledgebase Building with nurse researcher colleague Judith Pickens, RN, PhD, and university librarian Helen Seaton, MLS. Dr. Komnenich and Dr. Pickens are faculty members at the College of Nursing and Mrs. Seaton is the health sciences librarian at the Noble Science Library at Arizona State University. The institute was held at Sigma Theta Tau International headquarters and attracted nurse researchers from across the United States.

Participants at these specialized educational institutes learn to design and use an innovative computer-based tool for easier access to nursing research. Using arc®, the knowledge-modeling software linked with the Virginia Henderson International Nursing Library at Sigma Theta Tau, participants design a customized model to organize and retrieve current research in a clinically relevant subject area of their choice.

While attending the institute, Dr. Pickens and Komnenich began the development of knowledgebases to manage the literature in their areas of research. In addition, Dr. Komnenich, who teaches courses in research methods and research utilization, has introduced her students to knowledgebase development. She completed her knowledgebase after returning to Arizona, where she is working on a paper. However, she continues to expand the knowledgebase as new research appears.

"Attending as a team helped to reinforce the concepts that were learned and provided much-needed support once we returned home," noted Dr. Pickens. All three teamed up to present a "brown bag" lunch program for interested faculty. Mrs. Seaton teaches several classes for nursing students each semester and enhanced her knowledge of nursing literature and the development of nursing research, especially the process of the literature review, how to scan an article to ascertain the type of research that was done, the population, models used, etc., and how to integrate this information into a new area of research.

"This was a great experience. Just being at Sigma Theta Tau headquarters was inspiring, and the institute was intellectually stimulating. The opportunity to interact with others at the institute made this an outstanding experience," commented Dr. Pickens. For the benefit of any librarian who might attend one of these institutes in the future, Dr. Pickens recommends that he or she review the various types of research such as quantitative, qualitative, grounded research, etc.; have a research project in mind; and have the recommended 10-12 articles needed for entering data into arc®.

For information about future Institutes on Knowledgebase Building, visit the Sigma Theta Tau Web site at www.nursingsociety.org and click on "What's New?"

Ms. Helen Seaton, Dr. Judith Pickens and Dr. Pauline Komnenich (standing), all of Arizona State University, worked together at a recent Institute on Knowledgebase Building at the headquarters of Sigma Theta Tau International.

Society moves archives

By Margie Wilson

In recent months, the archives of Sigma Theta Tau International have been relocated from the Center for Nursing Scholarship to a library repository on the campus of Indiana University-Purdue University Indianapolis. The move, recommended by the society's Heritage Committee to the board of directors in September of last year, was precipitated by a series of events that have transpired since the dedication of the center in 1989.

In the years that followed the dedication, the society experienced an exciting surge of growth that significantly increased the number of chapters from 304 to 406 and concurrently increased the need for office space to accommodate the growth in staff and member services. As a result, its archives were consolidated and moved into a smaller area within the center.

It again became necessary, in the spring of 2000, for the society to reassess its archival space requirements. Consultants were hired to appraise the collection and to prepare a report focusing on future development and location considerations. In their report, consultants Brenda Burk and Joan Cunningham listed several benefits of donating the collection to an archival repository: 1) long-term care, preservation and access provided by trained staff; 2) a secure and stable physical environment; 3) an increase in office space due to the removal of inactive records from the center; 4) the advantage to researchers, members of the organization and the public of having materials of a similar nature together; 5) the cost of initial donation and yearly maintenance as opposed to the long-term costs associated with an in-house archival, supplies and training.

As a result of this report and a subsequent visit to the repository by committee chair Dr. Pegge Bell, the Heritage Committee made its recommendation that the society's historical documents be transferred to the repository of the university library. Contributing to the committee's decision to make the recommendation was the fact that, over the years, Indiana University has maintained a highly satisfactory and successful relationship with Sigma Theta Tau and that the university's repository already included many historical documents related to the development of Alpha Chapter and Sigma Theta Tau. It was also important to the committee that the university keeps a well-trained archival staff, has security measures in place to prevent items in their collections from being damaged or removed, and maintains flexible service hours for accessing its archives.

If you would like more information regarding the relocation of the society's archives, contact Margie Wilson by e-mail at margie@stti.iupui.edu or by phone, toll-free, at 888.634.7575 (U.S. and Canada) or +800.634.7575 (global).
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Conferences and academies emphasize leadership
By Linda Finke and Barbara Robinette

Many of today's principles of leadership have stood the test of time," said Sigma Theta Tau President Patricia Thompson, RN, EdD, in her keynote speech. "The challenge for us as individuals and as members of an international honor society is to apply those principles within the context of today's dynamic health care arena."

To address Dr. Thompson's challenge, the 2001 Professional Development Conferences, held in four cities across the country, focused on leadership and its changing roles, rules and responsibilities. Participants chose from educational tracks that included "Surviving and Thriving as a Clinical Practice Leader," "Achieving Your Lifelong Career," "Volunteer Association Leadership" and "Becoming a Funded Researcher." Chapter presidents and president-elect attended the concurrent two-day track "Chapter Leader Academy."

"By providing members access to the Professional Development Conference and Chapter Leader Academy in Orlando, San Francisco, Philadelphia and Chicago, we hoped to provide a convenient and exceptional educational opportunity," says Nancy Dickenson-Hazard, RN, MSN, FAAN, chief executive officer of Sigma Theta Tau International. "The conference was designed to support members who want to shape the future of nursing by applying leadership strategies in their professional, personal and chapter lives."

Participants in each conference not only acquired in-depth information relevant to their careers and future leadership opportunities, but also had a chance to network with other Sigma Theta Tau members, share ideas and problem solve with colleagues. Comments from members at the conference ranged from "Very helpful and informative!" to "Well worth the time."

Chapter presidents attending the Chapter Leader Academy described similar benefits. They discussed relevant topics including communications, recruitment, mentoring and member involvement, as well as specific action plans for their individual chapters. As one participant put it, "It was a booster shot of ideas, energy and enthusiasm to bring back to the chapter."

Suggestions by participants to further improve the conferences were also carefully noted.

Next year, the Chapter Leader Academy will be held separately from the Professional Development Conference. Plans are already underway to bring chapter leaders to Indianapolis in June 2002. Please watch the Sigma Theta Tau publications and Web site for more information on how you can participate in a future Chapter Leader Academy or Professional Development Conference.

Linda Finke, RN, PhD, is director of professional development services at Sigma Theta Tau International. Barbara Robinette, RN, MSN, is the society's director of constituent services.

Memory and medication adherence in older people
By Barbara S. White

During the past month, I have experienced the death of three friends and the near death of a fourth in an automobile accident. Two of my friends were old, had lived generous lives and were ready for their deaths. The other two were younger, with lives ahead of them. All have loving families and friends to remember them. I don't know if they had wills or trusts to preserve their assets. Such events provide an opportunity to reflect on life and legacy.

How many of us have dreamed of leaving a legacy, a remembrance that will last beyond our years? How many of us have abandoned that aspiration, feeling it was beyond our means or perhaps something we will do when we get older or have more time? In reality, our professional lives have provided us—or will provide us—with resources that may last beyond the measure of our years. Of course, there is no guarantee of that, but we should be prepared for the possibility.

As professional nurses, we do not leave patient care, nursing education or administration to chance. We prepare for the events of the day, week, month, year and beyond. Many of us are involved in strategic planning for our organizations. How many of us plan strategically for our personal lives and assets? As members of Sigma Theta Tau International, we are an integral part of a professional organization that not only supports our current practice, but also provides us the opportunity to leave a legacy for our family and our profession. It encourages us to plan strategically for our personal futures and the future of our profession.

The Leave A Legacy program starts with each of us preparing a simple will or trust to secure our assets for subsequent generations. This is common-sense planning for each of us in order to preserve our future equity. It requires no commitment of current funds, but represents our hope of future gifts to those we select to receive them.

In addition to the legacy for those in our personal lives, Sigma Theta Tau also provides us the guidelines to leave a future gift to our profession. What better way to do that than through a gift in our will to our local chapter and/or to the society? This requires no commitment of current funds, but rather represents our hope of future gifts to the profession we cherish. Won't you consider being the first of many in your chapter to further its work and move it to financial independence through a legacy in your will?

Reflections on leaving a legacy ...

New Virginia Henderson and Billye Brown Fellows as of June 2001

The society now has 250 Virginia Henderson Fellows, with the recent additions of Melodie Begnaud-Daniels, RN, BSN; Betty Ann Countryman, RN, MN; Sarah L. Horton-Deutsch, RN, DNsC; Amy Nagorski Johnson, RN, BSN; Betty Ann Countryman, RN, MN; Sarah L. Horton-Deutsch, RN, DNsC; Alice Carol Murphy, RN, MPH; Linda D. O'Boyle, RNC, EdD; and Charlotte Ann Thayer Wood, RN, PhD. These distinguished nurse philanthropists are welcomed into the prestigious Virginia Henderson Fellowship.

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Memory and medication adherence in older people
Mary Kay Mortimer-Stephens, RN, MSN, a doctoral candidate at the University of Pittsburgh, is the recipient of a $6,000 grant awarded by Sigma Theta Tau International and the American Association of Diabetes Educators for research titled "The Relationship of Memory to Medication Adherence in Community-Dwelling Elderly with Type-II Diabetes." Her co-investigator is Jacqueline Dunbar-Jacob, RN, PhD, FAAN, professor of nursing, epidemiology and occupational therapy at the University of Pittsburgh.

The 18 percent of older Americans who have diabetes take their oral medication as prescribed, on average, one-half the time. This suboptimal control of diabetes often results in suboptimal control of diabetes often results in poor health outcomes, which contribute to costs that exceed $44 billion per year.

Memory is critical to the self-management of diabetes as information related to medications and self-care may not be retained. Scientific studies that address the role of memory to electronically monitored medication adherence. Using a descriptive, cross-sectional design, volunteer subjects over age 64 will be sought with a self-reported diagnosis of NIDDM treated with oral medication. Subjects will be tested on the memory variables once at the outset, while electronic monitoring of medication adherence will continue for three months.

Ms. Mortimer-Stephens can be contacted at marykay312@home.com.

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By Barbara S. White

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Barbara S. White, RN, DrPH, CS, is a chair of the 1999-2001 Development Committee.

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New Billye Brown Fellows include Ginger Koppermann of Houston, by virtue of her future gift designated for Zeta Pi Chapter, University of Texas-Houston School of Nursing; and Phyllis C. Thomas of Wilmington, Del., who has included Sigma Theta Tau International in her will.

With warm appreciation
The Southeastern Surgical Nurses' Association recently contributed $5,000 to Sigma Theta Tau's Research Endowment. Their exemplary gift will be recognized on the Tribute Wall.
Virginia Henderson Fellows

As of June 2001

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Jennifer C. Robinson
Jane A. Root
Martha J. Rose
Marilynn B. Rubin
Sarah Marline Ruiz
Carolyn F. Rummel
Jennifer B. Sandvol
Patricia K. Scherle
Priscilla J. Schnell
Rossella M. Schenfeldt
Victoria L. Schmeltz
Barbara Ann Schroeder
Katharya D. Schwer
Janice M. Scott
Juliana G. Sebastian
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Patricia C. Serfert
Gwen Sherwood
Carla M. Shultz
Debora J. Simmons
Caryl E. Skoric
Frances M. Smith
Sandra Phillips Sperry
Marcia K. Stanhope
Kathleen R. Stevens
Mary Cynthia Stewart
Joan K. Stout
Nancy L. Stover
Eleanor J. Sullivan
Catherine L. Sykes
Sandra D. Terrell
Betty J. Thomas
Patricia E. Thompson
Mary E. Timmons
Annmarie Tinner
Marian C. Tulcak
Mary L. Twedt
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Theresa M. Valga
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Connie S. Wilson
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Charlotte Ann Wood
Mary Helen Woychik
Pat S. Yoder-Wise
Barbara Y. Youshe
Helen Yura-Petro

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Laurie E. Johnson Rutgers
Brenda L. Lyon
Mary A. Maher
Rebecca T. Marshall
Kathy L. Martin
Mary M. Martin
Sherry A. Matho
Jill M. Mayo
Angela M. Mcimbri
Cynthia McCullough
Russell C. McGuire
Brendan M. McKee
Joyce E. McRae-Berger
Jeanne L. Merritt
Kathryn M. Merrick
Patricia R. Messenger
Kathryn M. Moore
Mary L. Moreau
Karen H. Moran
Esther Grace Morris
Susan Morrison
Tammy B. Morton
Patricia L. Mushlin
Alice Carol Murphy
Elizabeth D. Murray
Rose M. Neal
Jacquelin S. Neatherlin
Elaine F. Nicholas
Leslie H. Nicol
Maureen Niland
Debra Joy Nogareas
Janet K. Nolen
Linda D. O'Brien
Susan Diane Oehmacht
Joanne K. Olson
Susan R. Opas
Dorothy A. Otto
Mary Jean Pettit
Ellen L. Palmer
Donna Pardo
Rebecca Parnish Patrick
Lynn C. Parsons
June G. Patton
Charles H. Perkins
Kathryn C. Perkins
Anne G. Perri
Daniel J. Peet
Grace G. Peterson
Carol L. Pierard
Eldene Pierce
Margaret M. Pike
Martha F. Piron
Mary McKelvey Pierce
Patricia Potter
Susanne A. Prent
Judith Price
Lary D. Purnell
Alma Rambrose
Barbara M. Raudoni
Bevagne B. Raileg
Katharine Denison Riccasi

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Patricia L. Mushlin
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Rose M. Neal
Jacquelin S. Neatherlin
Elaine F. Nicholas
Leslie H. Nicol
Maureen Niland
Debra Joy Nogareas
Janet K. Nolen
Linda D. O'Brien
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Margaret M. Pike
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Mary McKelvey Pierce
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Pat S. Yoder-Wise
Barbara Y. Youshe
Helen Yura-Petro
Center for Nursing Scholarship and society giving opportunities

“Always” by Nancy Noel — $20,000 endowment gift

"Always," an original oil portrait by renowned artist Nancy Noel, has been purchased by Sigma Theta Tau for prominent display in the International Center for Nursing Scholarship. The exquisite painting was unveiled at the society's 75th anniversary celebration in 1997, and hundreds of prints since that special event. N
deeds from the print sales are devoted to funding nursing research. An individual, chapter or group of chapters may endow an etched window in the center's monumental staircase in appreciation for its extraordinary gift to the 75th Anniversary Campaign. And may be endowed for be paid over five years.

Invest in nursing and be honored

North Street, Indianapolis, IN 46202. Those who wish to give $25 or more monthly through automatic checking account deductions or credit card charges may contact Phi

Virginia Henderson Fellows

As of June 2001

Barbara G. Robinson
Jennifer C. Robinson
Jane A. Root
Donna H. Rice
Marlene Rubin
Sarah Martine Ruiz
Carolyne F. Rummel
Jennifer B. Sandovai
Patricia K. Scherer
Priscilla J. Schinella
Rosella M. Schlefort
Victoria L. Schlof
Barbara Ann Schroeder
Katheryn D. Schweer
Janice M. Scott
Juliann G. Sebastian
Elizabeth F. Sedlacek
Patricia C. Seifert
Gwen Sherwood
Carleen M. Shultz
Debora J. Simmons
Caryl E. Skoog
Frances R. Smith
Susanne P. Smith
Sandra Phillips Sperry
Marcia K. Stanhope
Kathleen R. Stevens
Mary Cynthia Stewart
Joan K. Stott
Nancy L. Stover
Eleanor J. Sullivan
Catherine L. Sykes
Sandra D. Terrell
Betty J. Thomas
Patricia E. Thompson
Marc E. Timmons
Annamarie Toner
C. Maria Turcik
Mary L. Twedt
Linda D. Urend
Theresa M. Valga
Lois Van Cleve
Susanne R. Van Ord
Barbara B. Varnell
Joyce A. Vernard
Esther L. Vienne
Mary K. Wakefield
Nell J. Warren
Diane M. Welby
Betty E. Weiner
Barbara S. White
Robert K. Wilkinson
Carolyn A. Williams
Christine L. Williams
Astrid H. Wilson
Connie S. Wilson
Robby L. Wilson
Johanna P. Winfield
Charlotte Ann Wood
Mary Helen Winkens
Pat S. Yoder-Wise
Barbara B. Youha
Helen Yura-Petro
Reflections on Nursing Leadership

Affecting the future of nursing in this hectic environment takes leaders—nurses who strive to improve nursing care worldwide and facilitate the growth and experiences of others. If this sounds like too large a task for one nurse to undertake, consider this: Leaders are nurses who in their own ways, whether large or small, are working to impact the future of nursing.

Sigma Theta Tau provides many opportunities for its members to become leaders at local levels—through chapter involvement—and at the regional and international levels. I encourage you to join us this year and reap the benefits of nursing leadership.

Following the biennial convention in November, the board of directors appoints Sigma Theta Tau members to its international committees, task forces, review panels and regional committees.

To indicate your area of interest, please complete the form below and return the form via fax: 317-686-7302 or mail: 530 West North Street, Indianapolis, IN 46202, USA, Attn: Sandy Abel. For specifics about the volunteer positions available, visit www.nursingsociety.org in late summer or call Sandy Abel at 1.888.634.7575 (U.S. and Canada) or +800.634.7575.1 (International) or e-mail sabel@stti.iupui.edu.

The Sigma Theta Tau International Board of Directors is looking for nurse leaders with expertise and interest in the following areas. Please indicate your interest now!

**AREAS OF INTEREST:**
- Bylaws
- Finance
- Program
- JNS Manuscript Reviewers
- Consideration for 2003 Ballot
- Society Fund Raising
- Eligibility
- Library
- Public Relations
- Collateral Reviewers for Abstracts and Grants
- Online Continuing Education
- Asset Management

**Regional committee opportunities:**
- Awards
- Electronic Communications
- Newsletter Communications
- Programs
- Mentoring

**Name:**

**Preferred Mailing Address:**

- City:
- State/Province:
- Zip/Postal Code:
- Country:

**Home Phone:**

- Work Phone:
- Fax:

**E-mail address:**

- Chapter affiliation:
- Region:

**Recent activities or accomplishments that have prepared you for this position:**
On Reflections

According to the masthead on page 7 of this magazine, the purpose of Reflections on Nursing Leadership is to communicate the contributions and relevance of nurses to the health of people worldwide. That's more ambitious than the agenda announced more than 26 years ago in the premiere issue of Reflections, the publication that preceded NNL. On page 1 of that four-page, one-color periodical, members of Sigma Theta Tau were informed that the National Council had voted on January 25, 1975, to establish a newsletter "designed to provide a channel of communication for national officers, national committees and chapters for newsworthy information of national interest." Although the word "national" appears four times in two sentences and "international" is absent from the society's name, the new publication would come to play a key role in moving the Honor Society of Nursing from the local to the global one it is today. First, however, it would help make the national organization more national.

Prior to 1975, the society did not have a national mailing list. Although headquarters was given the addresses of new members, those records were maintained primarily by the chapters and seldom updated at headquarters. That situation changed with Reflections, and under the tutelage of editor Nell Watts, executive officer from 1973 to 1993, the new publication quickly became an effective unifying force. "Reflections was very significant in the growth of Sigma Theta Tau," Mrs. Watts recalled recently. In addition to providing, as anticipated at conception, a forum for chapter and national news, the newsletter stimulated nursing research. When a call for contributions to the research fund was published, more than a thousand members responded. Publicity in Reflections also helped increase funding for the international headquarters building, which opened in 1989.

As the society grew, the publication grew. By December 1985, Reflections was a 16-page, four-color newsletter. In 1992, full-page cover photographs were introduced, and the publication took on the look of a magazine. Beginning with the first quarter of 2000, the name was changed to Reflections on Nursing Leadership to more accurately reflect the magazine's content and purpose. When it debuted in 1975, the mission of Reflections was simply to facilitate communication between the headquarters and the membership of a national nursing organization. Today, in 2001, the mission of its successor, Reflections on Nursing Leadership, is much larger: to communicate the contributions and relevance of nurses to the health of people worldwide. But just as long journeys begin with the first step, had it not been for the first issue of a newsletter called Reflections, the Honor Society of Nursing would not be the global force for nursing leadership and scholarship it is today.

—By Jane Palmer and James Mattson

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Sigma Theta Tau International

Leaders wanted to shape the future of nursing

from President-Elect Dr. May Wykle

Affecting the future of nursing in this hectic environment takes leaders—nurses who strive to improve nursing care worldwide and facilitate the growth and experiences of others. If this sounds like too large a task for one nurse to undertake, consider this: Leaders are nurses who in their own ways, whether large or small, are working to impact the future of nursing.

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☐ Online Continuing Education
☐ Asset Management

☐ Chapter Fund Raising
☒ Honors
☒ Publications
☐ 2003 Convention Arrangements
☒ Honor Society of Nursing Foundation

Regional committee opportunities:

☐ Awards
☐ Electronic Communications
☐ Newsletter Communications
☐ Programs
☐ Mentoring

Name:

Preferred Mailing Address:

City: ___________________ State/Province: __________ Zip/Postal Code: __________ Country: __________

Home Phone: __________ Work Phone: __________ Fax: __________

E-mail address: __________________________________________________________

Chapter affiliation: ____________________ Region: ________

Recent activities or accomplishments that have prepared you for this position: __________________________________________________________
Sigma Theta Tau International
and the
Royal College of Nursing, Australia
are proud to be co-sponsoring the

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How Far Have We Come – Where to from Here?
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- Health Informatics
- Health Promotion/Disease Prevention
- HIV/AIDS and Infectious Diseases
- Indigenous People’s Health
- Medical/Surgical Nursing
- Men’s Health
- Nursing Administration
- Nursing Education
- Outcomes Measurement
- Psychiatric/Mental Health
- Theoretical/Methodological

Please visit our Web site for further details and submission instructions: www.nursingsociety.org

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