Motivated by barriers

Eloisa G. Tamez, RN, PhD, FAAN
Meet Adam.

The knowledge his nurse, Jill Meier, MSN, CPNP, possesses helps this 12-year-old maintain a highly active life despite his diabetes.

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Second Quarter 2004 Reflections on Nursing LEADERSHIP
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Sigma Theta Tau International
Honor Society of Nursing
A Global Leader in Evidence-Based Nursing
I have experienced this before.'

`WHEN OUR SON was 7 years old, he, like many other school-aged students, was involved in after-school activities. Arriving home one day, within minutes of each other, my husband and I discovered that, through classic family chaos and misinformation, neither of us had picked him up at school. With what surely looked like a Three Stooges movie, we bumbled and tripped over each other in getting out the door to retrieve him. Knowing that 20 minutes can seem like 20 hours to a 7-year-old, panic, guilt and disbelief filled the car as we sped over each other in getting out the door to retrieve him.

We found our son—crying—walking toward home. We spent hours that evening and over the next few days reassuring him that we would always pick him up, that parents are sometimes late and that he should always stay with the adult in charge.

Fast-forward two years. This time, both my son and I know that I'm the one picking him up, but I'm running late. Remembering his previous reaction, I am becoming increasingly frantic. As I pull up to the school, he is sitting on a bench doing his homework. As I profusely sputter apologies and reassurances, he nonchalantly tells me he wasn't worried, captioning off his statement with, “You know, Mom, I have experienced this before. I knew you'd be late.” It was fairly impressive reflective living for a 9-year-old.

Reflective practices in life often defy linear definition because they involve intuition, understanding of experiences and deep knowing. The Center for Reflective Community Practice at Massachusetts Institute of Technology subscribes to the concept that reflection is an active process in which one witnesses one's own experience—reflects on it and creates improved responses. This involves valuing and seeking information and knowledge, and it occurs when experiences are articulated, scrutinized, shared and elaborated.

Reflective practice allows us to be witnesses to our own experiences, to draw attention to and examine them. Instead of living just in the moment, we gain purposeful learning for many future moments. Just like that 9-year-old waiting for his mom to pick him up, we can gain certainty from the tacit knowledge that reflective practice brings. — Nancy Dickinson-Hazard, RN, MSN, FAAN

Tucking you in

by Mary E. McBride Maikut

I walked by your room today.

I'm not your nurse.

I don't even work on this floor.

"Nurse!" you beckoned, looking at me.

As I walked past your room I stopped.

I considered whether or not to enter. I did.

I found a little wisp of an old woman

Lying in bed.

You looked so very vulnerable.

Then, you spoke.

Softly, yet with urgency, you asked, "Where's Mama?"

I stopped,

Trying to digest your statement.

It wasn't the fact that you were confused,

That was apparent.

But I thought about

How you must have felt.

(Where's Mama?)

Then I tucked you in,

I hugged you

And told you to go to sleep.

That Mama was

Not far away.

Mary E. McBride Maikut, RN, BS, is interim nursing manager, Emergency Department, Nashoba Valley Medical Center in Ayer, Mass. "Tucking you in" and other poems by the author were included in The Heart of Nursing poster presentations displayed at the 17th Biennial Convention of the Honor Society of Nursing in Toronto. Maikut views many nurse-patient encounters as inspiration for stories and poems and uses nursing experiences as gifts that provide insight into our true purpose as nurses, as humans.
I have experienced this before.'

WHEN OUR SON was 7 years old, he, like many other grade schoolers, was involved in after-school activities. Arriving home one day, within minutes of each other, my husband and I discovered that, through classic family chaos and misinformation, neither of us had picked him up at school. With what surely looked like a Three Stooges movie, we fumbled and tripped over each other in getting out the door to retrieve him. Knowing that 20 minutes can seem like 20 hours to a 7-year-old, panic, guilt and disbelief filled the car as we sped to the school. We found our son—crying—walking toward home. We spent hours that evening and over the next few days reassuring him that we would always pick him up, that parents are sometimes late and that he should always stay with the adult in charge.

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Reflective practices in life often defy linear definition because they involve intuition, understanding of experiences and deep knowing. The Center for Reflective Community Practice at Massachusetts Institute of Technology subscribes to the concept that reflection is an active process in which one witnesses one’s own experience. Whether in the midst of activity or as an activity in itself, reflection involves the ability to explore one’s own experience and action and permits the possibility of learning through experience (Center for Reflective Community Practice, 2004).

Accessing past concrete expressions through reflection—and learning from them—creates a reserve of tacit knowledge. When encountering different situations, we tap into this reservoir, thus providing intuition that guides our actions. Because intuition is the active expression of tacit knowing, we have, in an instant, a deep understanding of the whole situation and are able to respond appropriately.

Reflection enables us to see the world and ourselves in a different way. When we create, clarify and ascribe meaning to an experience, we must examine the assumptions we make about them as well as the actual lived response. This examination provides new insights that change us as a person and prompt us to act differently. Reflecting on experiences, their meaning and our assumptions is the foundation for making choices about action, based on chosen value systems and new ways of thinking (Dreyfus & Dreyfus, 1986).

To embrace reflective life practices, however, we must overcome an internalized devaluing of intuition. Frequently, we dismiss our tacit knowing because we don’t believe our instinct has worth. We tend to break situations down into pieces, making decisions or taking action based on a portion of instead of the whole situation. In addition to neglecting our foreknowledge, we have not engaged in holistic reflection. Failing to consider the unique whole of an experience, we fall back on familiar, comfortable ways of responding. Without holistic processing of experiences, our tacit reservoir of tacit knowledge is too low for meaningful action.

Giving credence to intuition comes from reflection on experiences, defining their meaning and learning to create improved responses. This involves valuing and seeking information and knowledge, and it occurs when experiences are articulated, scrutinized, shared and elaborated. Reflective practice allows us to be witnesses to our own experiences, to draw attention to and examine them. Instead of living just in the moment, we gain purposeful learning for many future moments. Just like that 9-year-old waiting for his mom to pick him up, we can gain certainty from the tacit knowledge that reflective practice brings.

Nancy Dickinson-Hazard

References, page 38.

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Where Nurses Reach for Knowledge

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Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession

Author: Beth Houser, RN, MS, FNP-C, and Kathy Player, RN, EdD

Designed to inspire nursing professionals worldwide to step into leadership roles, this book traces the paths of 12 legendary yet contemporary nurse leaders through the pivotal times in their lives that helped transform them into leaders, and thereby change the face of nursing. Through thought-provoking essays and follow-up questions, this book will challenge the old thinking that leaders are born with a path and a vision laid out for them and will allow readers to apply hard-earned lessons to their own practices and strategic career plans (April 2004) 320 pages.

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Encounter with crisis: Lessons I learned

by Amber Luchtenburg

As nursing students, we learn about therapeutic communication, laws related to the Health Insurance Portability and Accountability Act (HIPPA) and how to treat patients and families. Yet, we may fail to fully understand the implications of what we have learned from the standpoint of patients and families until we personally experience a crisis. I recently witnessed the health care system from the other side of the fence, which will forever change the way I practice nursing.

On Nov. 30, 2003, my mother and father were driving to Cedar Rapids, Iowa, to pick me up and continue on to a family Thanksgiving celebration. My brother, Josh, and his girlfriend, Atona, were following my parents in another car. About 20 miles north of Cedar Rapids, a deer suddenly jumped out from the ditch and struck the car. Josh was driving. The deer crashed through the windshield, hitting Atona, who was sitting in the passenger seat.

My parents immediately drove back to the scene of the accident. When they realized how badly injured Atona was, they dialed 911. She had taken a severe blow to the head, was unconscious and lay in the car, bleeding and gasping for breath. My parents and brother have no medical training and were in complete panic. My mother said she felt "totally helpless" because she didn't know what to do. A paramedic and two nurses stopped at the scene and immediately began caring for the victim. My family was extremely grateful and relieved. Even though the three professionals could do no more than what my family had been doing, my family felt Atona was in experienced hands and getting the care she needed. One lesson I learned from this is, always stop at an accident. Even if you do nothing medically to save someone, you are helping the family tremendously.

Once the nurses took over, my mother called me. The ambulance arrived at the scene before I did. Atona was on a stretcher, and they were calling for a helicopter. I watched as they intubated her, started IVs and suctioned. One of the nurses came and put her arm around me. She explained what they were doing and that they were taking good care of her. I told her I was a nursing student and knew what they were doing. Even though I didn't need any explanations, she remained at my side with her arm around me.

Later, I talked with my mother about this. She said the same nurse had explained everything to my brother as well, and it really helped him become less fearful. This is another example of how nurses can help at a crash site. Not only did the nurses stopped at the scene and immediately begin caring for the victim. They not only tried to save a life, but also exemplified the importance of knowing how to comfort and calm. They showed me why nursing is so much more than just medicine.

Atona was airlifted to the hospital. When we arrived in the emergency room and asked about her condition, a doctor came and asked who were we. We told him that Atona had been living with us for more than a year and had been going with my brother for more than 2-1/2 years, but we were not officially "family." Because of HIPPA regulations, the doctor could tell us nothing until one of Atona's parents arrived.

My parents loved and cared for Atona as a daughter. She was like a sister to me, and I wasn't allowed to know if she was dead or alive. We had to wait a grueling two hours before we knew her condition. I have never been more frustrated with HIPPA laws in my life. This experience taught me to empathize with families and friends going through similar situations.

When Atona's family arrived, we were shown into a waiting room full of cubicles. Other families also waiting to go into the ICU each had a cubicle. It was crowded, noisy and messy. We didn't stay in there long. We spent the next 12 hours sitting on the floor outside the waiting room, waiting to see Atona.

Some hospital personnel acted like it was an inconvenience to have us sitting around and tried to cram us all into a room with a couple of chairs, but we didn't stay in that room long, either. From this, I learned to let families do whatever is comforting to them. As nurses, we can make a difference in the lives of families. We should stop at crash sites, not only to help the patient, but to ease the suffering of family members as well. We need to remember how they are feeling during an emergency.

I wish I knew the names of the nurses who were there for us at the accident. They not only tried to save a life, but also exemplified the importance of knowing how to comfort and calm. They showed me why nursing is so much more than just medicine. As a nursing student, I am graduating with a BSN degree this spring from Allen College, Waterloo, Iowa.

Amber Luchtenburg of Cedar Falls, Iowa, is graduating with a BSN degree this spring from Allen College, Waterloo, Iowa.
Encounter with crisis:
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As nursing students, we learn about therapeutic communication, laws related to the Health Insurance Portability and Accountability Act (HIPPA) and how to treat patients and families. Yet, we may fail to fully understand the implications of what we have learned from the standpoint of patients and families until we personally experience a crisis. I recently witnessed the health care system from the other side of the fence, which will forever change the way I practice nursing.

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Later, I talked with my mother about this. She said the same nurse had explained everything to my brother as well, and it really helped him become less fearful. This is another example of how nurses can help at a crash site. Being there to comfort families and explain what is happening helps calm fears. I was grateful for the nurse who was there for my family.

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As nurses, we can make a difference in the lives of families. We should stop at crash sites, not only to help the patient, but to ease the suffering of family members as well. We need to remember how they are feeling during an emergency.

Atona—"my sister”—died at 10:10 that evening. I could go on about the experience, how people acted, what people said and how we were treated, but my family and I will forever be grateful to the nurses and medical personnel who helped us during our crisis.

I wish I knew the names of the nurses who were there for us at the accident. They not only tried to save a life, but also exemplified the importance of knowing how to comfort and calm. They showed me why nursing is so much more than just medicine.

Amber Luchtenburg of Cedar Falls, Iowa, is graduating with a BSN degree this spring from Allen College, Waterloo, Iowa.
To the editor,

Letters to the editor should be submitted via fax or email to James Mattson, Editor, Reflections on Nursing Leadership, 710 N.W. 22nd Ave., Suite 101, Portland, OR 97210, FAX: 503-224-2146, E-mail: editor@universities.edu. Please allow for brevity. We reserve the right to edit submissions.

I enjoyed reading every article of the most recent issue of Reflections on Nursing Leadership. It really helped me renew my commitment to nursing. As a 20-year veteran in nursing, I was beginning to lose sight of what it is that I do. I now know without a doubt that I will continue to be the best nurse I can be. Others who have careers in nursing—some with stories of pain, power and controversy—were all noted in this issue. Keep up the tremendous job.

Mary Ann Kelley, RN, DNS
Capstone College of Nursing, University of Alabama, Tuscaloosa, Ala.

What a beautiful and inspiring account Sandra Stobbean has given us! The remarkable story she has shared is certain to be a source of immeasurable motivation for all who read it. Her philosophy is truly awesome, giving sustenance to hope.

The poignant portrayal of her handsome son, Nick, and her devoted caregivers, Melody Hayes, seem to confirm what an extraordinarily thoughtful person Sandra is. Bless her and them!

Mande M. Smillie
San Francisco, Calif.

President Fuerst's message of inspiration and renewal came at the perfect time. Too many nurses spend unproductive hours that they could have been using to assist in maintaining my enthusiasm for our profession. It is a message of inspiration and renewal.

Dennise N. Lackey, RN, BSN
Akron, Ohio

I loved every article in Reflections on Nursing Leadership, First Quarter 2004! From image editing to care planning through the articles on transcultural nursing, our need for self-care and holding each other up, to Sandy Stobbean's courageous story, it all made me think and energized me all over again. It was also uplifting to read about our new president—whom I would call a real spirit man—and his dreams for our future. Thank you again.

Linda M. Zahrn, RN, MA
Turin, Iowa

In response to “Transcultural nursing: Pathway to peace?” and “Holocaust and transcultural nursing,”

The article by Jacklyn Price was of interest to me as the founder and central leader of transcultural nursing since the early 1950s. When I coined the term “transcultural nursing,” I meant the field, I predicted that if nurses were prepared in transcultural nursing, they could be a powerful means of promoting and maintaining peace. I predicted that thousands of nurses functioning worldwide with transcultural nursing knowledge, would facilitate peace. The discipline was focused on the premise of reducing intercultural conflicts and facilitating peaceful relationships through caring modalities. To date it appears that even though there is evidence this has been occurring worldwide with certified transcultural nurses. We need more nurses prepared in this discipline.

[Regarding the article by Benbenishty and Klein,] I would question how “neutral” nurses remained with the terrorists, as well as the final statement that “we take care of them, but we do not care for them.” This statement reflects limited knowledge of the meaning and use of “human services care” by nurses. Nurses are “all nurses, even terrorists, receive everything they need” was a note-worthy and goal as, was the statement [as I refered to it] that hospitals (shutting their doors) to a Hartsook that must be debunked.

We need more transcultural nursing research-based articles in Reflections on Nursing Leadership. Madeleine Leininger, RN, PhD, CTN, FAN, FRCN, founder and leader of transcultural nursing and leader of Human Care Research, Omaha, Neb., made the perfect time. Too many nurses spend unproductive hours not political battlegrounds.”

I graduated from a diploma program in 1970. I have worked full time ever since. In the early 1950s. When I coined the term “transcultural nursing,” I meant the field, I predicted that if nurses were prepared in transcultural nursing, they could be a powerful means of promoting and maintaining peace. I predicted that thousands of nurses functioning worldwide with transcultural nursing knowledge, would facilitate peace. The discipline was focused on the premise of reducing intercultural conflicts and facilitating peaceful relationships through caring modalities. To date it appears that even though there is evidence this has been occurring worldwide with certified transcultural nurses. We need more nurses prepared in this discipline.

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I loved every article in Reflections on Nursing Leadership, First Quarter 2004! From imaging in the ICU to reading about our turf and the challenges of working in a busy hospital, I was enlightened and educated. I can tell you that you have done a great job interpreting these articles for us in a way that makes it easier for us to understand them. I enjoyed reading all about the visual art work being done in nursing homes and the care given to the residents. I also appreciated reading about the work being done in Israel during the time of war and the nurses who are working there. It was interesting to read about the new nursing programs being developed and the importance of continuing education for nurses. I look forward to reading more articles in the future.

Delcy soyte for implementing certification rules
The Certification Council of the State Boards of Nursing (NCSBN) has asked the U.S. Department of Health and Human Services to delay security implementation of certification rules for certain state nursing boards, citing estimates that 10,000-15,000 nurses currently licensed by their state nursing boards and practicing in the United States might not be able to continue to work if they cannot obtain certification. Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 requires that specified health care workers, including nurses, successfully complete a screening program, U.S. Citizenship, prior to receiving an occupational visa.

I find myself frequently considering the personal descriptions depicted by the reporting nurses in my own practice. Facing the difficult and painful dilemmas encountered in the daily Israeli reality may only be truly understood by health care professionals living in such a challenging situation, whether on the battlefield or in the civilian setting. It stands true that "hospitals are war zones" and that health care professionals have a responsibility and compassion.

I commend these women and the many other culturally diverse health care providers in Israel who have met this challenge and have provided care in the face of war. Their professionalism and excellent health care all in need, independent of personal differences and inner conflicts. I believe that providing cultural care, we may aid in mitigating tension and conflict, displaying health care to ourselves and to others.

I was in Israel recently on a Hadassah Nurses Mission, and while there, the article "Hospitals are not political battlegrounds" was passed to our group by one of the nursing students from the Group saw—doctors, nurses and other health care personnel care of all without regard to political beliefs or actions. We need to give all the support we can to our nursing colleagues in Israel who do not only in their professional lives with the effects of terrorism, but also in their personal lives with the effects of terrorism. Many have lost close family and friends, yet continue to live their day-to-day lives and give high-quality nursing care.

Easing the terrors of dementia
In recent years, dementia research has involved a medication-intensive regimen to a flurry of low-cost ideas that can be implemented in the form of food carts in nursing homes. Buettner encourages us to consider the idea that a woman can push a cart to keep their residents calm and to help them maintain their independence. It is important to keep in mind that dementia affects people differently and that what works for one person may not work for another. Buettner encourages us to think outside the box and to be creative in finding solutions that work for our residents.

Regarding the article by Benbenishty and Klein, I would question how "neutral" the nurses remained with the terrorists, as well as the final statement that "we take care of them, but we do not care for them." This statement reflects limited knowledge of the nursing profession and use of water bottles can be a critical issue. In the current climate, it is important that all "nurses, even terrorists, receive everything they need" was a noteworthy and ethical goal, as was the statement as [I asserted it] a statement that nurses should be present. We have more turbulence as caregiving research published in Reflections on Nursing Leadership. Madeleine Leininger, PhD, RN, CTN, FAAN, FRCN, founder and leader of transcultural nursing and leader of Human Care Research, Omaha, Neb.

Expressions of frustrations associated with nursing terrorists are timely. How can nurses educators teach nursing students who may nurse terrorists some day how to limit their humanitarian care values, i.e., "empathy or simple tender loving care being the most significant element of nursing"? Unthinkable. It is important for us to teach students how to tolerate the differences of others and citizens who are not being treated.

I was pleased that Jacklynn Price cited Dr. Madeleine Leininger, who is the founder and central leader of transcultural nursing. In the 1950s, culture was missing from nursing and medicine. After five decades of work in human caring research and development of the transcultural nursing research methods, she remains passionate in her belief that the "cultural care needs of people will be met by nurses prepared in transcultural nursing." At this writing, efforts are in progress to submit a new grant for the research, but the focus is on the profession without boundaries.

Board of nursing evaluate both domestic and internationally educated nurses for compliance with licensure laws. 

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Forty-five years after leaving the Rio Grande Valley to become a nurse, Eloisa G. Tamez comes back home to teach others.

Return to El Calaboz

by James E. Mattson

"I intend to finish high school in San Benito, and I intend to go to college!" The speaker was 16-year-old Eloisa García of El Calaboz, Texas, leader of a successful petition drive to force consolidation of her rural school district with that of nearby San Benito.

"You are just a child!" countered the Anglo woman who led the fight against consolidation. "Your parents should be the ones speaking," to which García shot back, "My parents want me to speak!"

The year was 1952, the same year that Brown v. Board of Education, landmark case for desegregation in the United States, was first argued before the U.S. Supreme Court. The occasion was a town hall meeting in South Texas. Serving as translator and mediator was Brownsville attorney Reynaldo Garza, who would later be appointed by President John F. Kennedy as the nation's first Mexican-American federal judge.
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"THE BIG PLAN," explains Eloisa Garcia Tamez, RN, PhD, FAAN, more than 50 years after confronting her anti-consolidation foes, "was to establish a high school in our rural area that would comply—barely—with state requirements. Intended to foster racial segregation, the proposal reflected prejudice toward and low expectations of Mexican-Americans. It's an example of historical revisionism that ignores—indeed, seems intent on erasing any memory of—the history and rich cultural heritage of the people who live there.

Tamez was born in El Calaboz in the 1930s, more than a decade earlier than the settlement date cited. The handbook also ignores the hundreds of former residents interred in the hamlet's two Esparza Cemeteries. The "new" Esparza Cemetery contains more than 200 marked graves. The oldest graves date back to the 1888 reinterment of Carlos Villarreal Esparza and his parents, Pedro Esparza and Felicidad Villarreal, from the "old" Esparza Cemetery. The latter are the maternal great-great-grandparents of Tamez.

Carlos Villarreal Esparza (1828-1885) was a direct descendant of Pedro Villarreal, recipient of 12,730 acres deeded to him in 1784 by the king of Spain in the San Pedro de los Carritos land grant. After the U.S.-Mexican War ended with the Treaty of Guadalupe Hidalgo, which recognized the property rights of Mexican landowners, Esparza helped lead a movement to protect those rights, successfully defending his own land from illegal settlement by Americans. It's a legacy that has not always been acknowledged by neighboring Caucasians.

When I started school at age 6 at La Encantada Elementary School," recalls Tamez, "I did not speak any English. Spanish is my first language. Interestingly, my first two teachers did not speak any Spanish. There were some bilingual teachers who followed, but they were not allowed to speak Spanish to us. In fact, our Caucasian principal would spank us for speaking Spanish and threaten to send us back to Mexico. Her actions and threats would not be tolerated today and should not have been tolerated back then, either.

"Ironically, as the principal threatened to send us back to Mexico," says Tamez, "she stood on the land grant that had been given to my mother's ancestors—the Esparzas—centuries before. The Esparza family donated some property so that a school could be established for the children of the community.

"There are many professional students who have come from La Encantada Elementary School," Tamez points out. "Teachers, lawyers, doctors, nurses. There are eight of us with PhDs. Seven of us are Esparza descendants."

To encourage current and future students in that school to consider higher education, Tamez founded the La Encantada Alumni Association two years ago. In addition to identifying Mexican-American children with the requisite aptitude, the organization seeks to provide the mentoring and financial resources needed to help them achieve their objectives.

The government finds it more acceptable to group us all together, but we are many different groups of Hispanics... Puerto Ricans, Cubans, Chileans. The government finds it more acceptable to group us all together, but we are different."

Tamez had no idea where the money would come from to pay for her nursing education. "My parents were very poor. My father was a small farmer. It was a patriotic thing. My parents always had a great love for this country."

Tamez left home to attend nursing school in 1954, but her escape from El Calaboz—"the prison cell"—was never intended to be permanent. Forty-five years later, she returned home, something she always wanted to do. "I am very, very pleased to be in the Valley. I was gone forever, it seemed like, and it was good when I had the chance to come back. I purchased the land where I was born from my mother because it is a part of the original land grant, and I wanted to have a little part of it."

Tamez is twice retired, but she hasn't stopped working. After concluding in 1999 a 27-year career with the Department of Veterans Affairs—better known as "the VA"—and a concurrent 17-year career in the U.S. Army Reserve, her career took off in a new direction in 2000 when she accepted an assistant professorship in the Department of Nursing at The University of Texas-Pan American in Edinburg, an hour's drive from her home.

Tamez at "new" Esparza Cemetery in El Calaboz, where four generations of her ancestors are interred. Unusual in that each of them had a sixth-grade education.

Tamez prefers the term Mexican-American to Hispanic or Latino when referring to her ethnicity. "I always consider myself Mexican-American. All these other names I just don't agree with. Hispanic is an administrative term, a conglomerate. There are many different groups of Hispanics... Puerto Ricans, Cubans, Chileans. The government finds it more acceptable to group us all together, but we are different."

At Pan American, about 85 to 90 percent of the student population is Mexican-American," Tamez points out. "To be here in the Rio Grande Valley, teaching students and to be a role model, is one of the pleasures of having been able to return. Teaching is something I have never done before—not formally—but, along the way, I had prepared myself ultimately for this role."

One thing is certain about her journey. It hasn't been a walk in the park.

IT WAS during her sophomore year at San Benito High School—the year she spoke out in favor of school consolidation—that Tamez decided to become a nurse.

"The more I looked at nursing, the more I wanted to go on to nursing school. At that time, very few people in that part of the country ever went to college or even finished school. Before World War II, the average education for Mexican-Americans totaled one year. After World War II, it went up to about seven years. My parents were

PhD, FAAN, more than 50 years after confronting her anti-consolidation foes, "was to establish a high school in our rural area that would comply—barely—with state requirements. Intended to foster racial segregation, the proposal reflected prejudice toward and low expectations of Mexican-Americans. It's an example of historical revisionism that ignores—indeed, seems intent on erasing any memory of—the history and rich cultural heritage of the people who live there.

Tamez was born in El Calaboz, Spanish for "prison cell." Situated on the Lower Rio Grande's Clark Bend, one of many loops in that sinuous waterway, El Calaboz is one of Cameron County's smaller colonias—23 acres, to be exact—which may account for its diminutive name.

"It is a very small community on Military Highway, also known as U.S. Highway 281," says Tamez. The Garcias lived between Military Highway and the levee, which was literally in their back yard. Beyond the levee was the Rio Grande, and beyond that the Mexican state of Tamaulipas. According to The Handbook of Texas Online, published by the Texas State Historical Association, El Calaboz was settled in the late 1940s (Texas State Historical Association, 2002). It's an example of historical

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Like the levee, constructed to keep the turbid waters of the river from flooding rich U.S. farmland, the school would keep Mexican-Americans living on the border away from San Benito High School. Since most of “those Mexicans” don’t finish high school, anyway, reasoned the plan’s proponents, they won’t need much of a school.

Separate and not equal—that was the plan, but it failed to take into account Garcia’s plan to obtain a quality education.

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they were called by the Cameron-Willacy Counties Ladies Auxiliary. I had been awarded a scholarship, they said, and needed to come to a meeting to claim it. On the basis of a test given by my high school counselor, they had selected me. Three pediatricians—Dr. Willeford, Welty and Binney—had funded the scholarship. All that I found out after I was already in nursing school! My mother had to go claim the scholarship for me."

Tamez graduated as class valedictorian in 1956, at a time when there was no way I could have known then what I would do later. I grew up in a family of five children. My father and mother reared us well. My mother had been an RN, and she was determined to get a bachelor’s degree. She made it to the nursing school at the University of Incarnate Word."

FROM 1966, when Tamez entered the BSN program at Incarnate Word, to 1985, when she received her PhD from The University of Texas at Austin, were years of challenge and adversity, punctuated by achievement. Even when the hurdles in her career path appeared insurmountable, she kept advancing toward the goals she had set for herself.

"My philosophy has always been to turn negatives into positives," she says. "Barriers increase my determination. They motivate me. When barriers are placed in my path, I see them as an affirmation that others see potential in me that I do not see."

The financial hurdles were overcome with grants. "I had all kinds of opportunities," recalls Tamez, "because, at the time, the U.S. Public Health Service was saying we need more people with bachelor’s degrees."

Throughout those years of raising her family and going to school, Tamez was employed full time. While getting her BSN, she worked as a staff nurse at a medical center affiliated with the Sisters of Charity of the Incarnate Word. From 1972, when she began her master’s program, until 1982, she served in various staff positions at Audie L. Murphy Department of Veterans Affairs Medical Center in San Antonio, eventually becoming head nurse and then night supervisor.

In 1975, the same year Tamez was accepted into her doctorate program, her husband was thrown from a horse and sustained injuries that put him in the hospital for nine months, eventually resulting in the amputation of his right leg below the knee.

"We had to make a decision, whether or not I should proceed with my doctoral program," she recalls. "That's the way I felt, so we made it."

"Getting into the military really helped me diversify my practice," says Tamez. "The Army utilized my skills and expertise completely, consistently promoting self-development and higher levels of nursing practice, including a research component. I made lifelong friendships. I also learned the importance of fitness. It is something that is going to be with me forever. I felt pride in serving my country. I advocate military nursing to our students. It was wonderful." Tamez was commissioned as an officer in the Nurse Corps of the U.S. Army Reserve, she switched to the executive career ladder in the Department of Veterans Affairs and was appointed assistant chief nurse at the VAs Medical and Regional Office Center in San Juan, Puerto Rico. A 1987 appointment as chief nurse at the VA medical center in Hot Springs, S.D., prepared her for her next and final appointment as chief nurse in the VAs Cleveland, Ohio, medical center, where she worked from 1991 until her retirement.

"It was at the VA," says Tamez, "that I conducted my first clinical study and managed to get the findings published in Nursing Research. More importantly, the opportunity to serve our nation's veterans gave me still another chance at serving our country in a meaningful way."

Meanwhile, Tamez continued her military career. In Puerto Rico, she was a liaison officer between the USAF 369th Station Hospital at Fort Buchanan and the Veterans Affairs Medical Center. In South Dakota, she was named commander of the Health Services Liaison Detachment, part of the 175th Medical Brigade out of Sacramento, Calif. During the Gulf War, the detachment was put on execu-
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My parents never told me that they turned home after taking me to school, Tamez graduated from St. Mary's Hospital, and got accepted. Galveston, a federal job with the International Boundary and Water Commission, they didn't have a lot of money. "When I applied to St. Mary's School of University of Texas, in 1956.

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"We had to make a decision, whether or not I should proceed with my doctoral program," she recalls. "The University of Texas was saying my admission might not hold for another year. I made the decision to go to school. I was going to school—traveling to Austin—and working full time at Audie Murphy at the same time we lost a full salary."

As if the couple didn't have enough stressors to deal with, 1975 was also the year that their oldest daughter began her college career at Texas A&M University.

"All I could do was keep going. There was nothing else I could do. I wasn't going to pull her out of school or anything like that. No way! She made it to Texas A&M; she was going to stay there. That's the way I felt, so we made it."

THREE YEARS before completing her PhD degree in health education, Tamez joined the military. She was 47.

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I Tamez at her home in El Caborcitos, was in was that important to our security."

"It made me feel really good," says Tamez, "to know that the profession I was in was that important to our security." Tamez was awarded the "A" Proficiency Designator in 1994, the highest award given in recognition of professional leadership and accomplishment within the Army Medical Department. A year later, she was promoted to lieutenant colonel.

In 1996, Luis died. In 1999, Tamez retired—from both the Department of Veterans Affairs and the military—moved back home, back to the Valley has gone from rural to urban living, and that has made a big change in the lifestyle of the majority of the Mexican-Americans. You see whole families that are obese, because my dissertation was on diabetes among Mexican-Americans, I really wanted to look at the children. If we can do something about modifiable behaviors like overeating and lack of activity, we can prevent the onset of Type 2 diabetes.

"When I started looking at the literature, I came across Dr. Roberto Treviño from San Antonio, who has done a lot of research with Mexican-American children, and I decided to write a research proposal using the Bienestar Model that he developed. I found a location. It's a faith-based community center called Su Casa de Esperanza—Your House of Hope—located in Las Milpas, one of the poorest sections here."

Two years ago, Tamez accepted an invitation to serve on the board of Su Casa de Esperanza. "They do a lot of wonderful things," she says. "This community center provides support to over 300 families. It serves as a gathering place. They have services for mothers and infants, and they teach them computer skills, sewing, cooking and things like that."

Tamez is still analyzing data collected during a recent study she conducted at the center. Although insufficient statistically, the results are encouraging.

"We determined that the energy intake of the children is approximately 73 percent of the national average, and that only 63 percent of their energy goal was met," she reports. She hopes to use what she has learned from her initial research to conduct further studies that profile families.

"It's important to shed the whole family in the intervention," says Tamez. "Another important step is to conduct comparative studies between our Texas-Mexico border families and families from Mexico. I have received a small grant and will be going to Tampico, Mexico, to conduct a feasibility study to help me determine the direction to take in this quest."

The study Tamez hopes to conduct won't be easy. The population is transient and therefore difficult to monitor for an extended period. Based on past achievements, that's not likely to stop her. While awaiting funding, she's organizing a health fair for the Las Milpas community, scheduled for this summer.

To order books published by the Honor Society of Nursing, call 800-634-7575 (toll-free in Canada and United States) or 317-634-0171, or log on at www.nursingorganizations.org/bookshop.
Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession
by Beth P. Houser and Kathy N. Player

Reviewed by Margaret L. McClure

The phenomenon of leadership has proved to be the fas-
tinating and elusive mystery behind much of the hu-
man condition. It is the key to social change in some
instances and, in others, the singular force preventing
change. For this reason, works concerning the topic of
leadership are quite often compelling. Happily, the new
volume, Pivotal Moments in Nursing: Leaders Who
Changed the Path of a Profession, by Beth Houser and
Kathy Player is no exception.

Twelve of our most outstanding colleagues whose lead-
ership gave rise to new directions for nursing practice,
education and/or research were interviewed. The individu-
als who “starred” in the production are certainly deserving
of recognition, as each was a leader for a particular pro-
gram that moved the discipline ahead in significant ways.

In reporting on these interviews, the authors provide
important insights regarding the forces that enabled or served
as barriers to changes that the subjects envisioned and, in the
end, accomplished. Of course, the most important lesson
to be learned is the array of approaches that these nurses
used to accomplish their great contributions.

As one would expect, each had very different
experiences, both person-
ally and professionally. Each, therefore, teaches us
different lessons. In spite
of these differences, there are a number of common-
alities that literally jump
off the page.

One commonality that
is striking is the incred-
ible work ethic and high
energy level that charac-
terize these leaders’ lives.
Perhaps this is to be
expected. Significant change can never be accomplished
without significant effort and significant drive—even
passion. The real key is that they were generous with
their time, energy and talents, always willing to go the
extra mile for their colleagues and nursing.

Another important commonality is that, almost without
exception, these leaders portrayed themselves as rebels,
especially in their early years. More importantly, they
learned to channel their rebellion and to become
politically astute in their dealings with influential peo-
ple in their environment. They were, of course, among
the brightest in their com-
nunities. As a result, they
were able to analyze their situations and develop
and implement strategies needed to reach their goals. Clearly,
this was a critical factor in
their leadership for change.

The third, and undoubtedly most important, commonal-
ity is that each of these leaders was and still is—a
visionary. To be a visionary is to see a bigger picture than
others see. I often think that the analogy of a mountain
best portrays this idea. Visionaries simply occupy a higher
place on the mountainside and, as a result, have a broader
picture of the landscape before them and the possibilities
that lie ahead. Obviously, these 12 nurses have been living
at a high altitude, giving the rest of us a better view of our
professional destination.

Aside from the wonderful concepts of leadership that
can be gained from this book, we also glean new informa-
tion about these colleagues that is simply fun to know.
Some of it is surprising; much is not. For example, it is not
much of a shock to learn that Ada Sue Hinshaw was a
cheerleader and president of her class in high school. But
who would have guessed that Geerta Styles has been a
pilot, tried bungee jumping and celebrated one birthday by
parachuting from a plane?

The book is true to its purpose. It does, indeed, give us
new and fascinating insights into the leadership that created
pivotal moments in American nursing. It is well-written and
compelling, a worthwhile and enjoyable read.
REFLECTIVE PRACTICE, which continues to grow in popularity across a variety of professions, is now firmly embedded within the language of nursing. Although it is often referred to within curriculum documents, codes of practice and policy initiatives, many clinicians struggle to engage in what Rolfe, Freshwater, and Jasper (2001) term “critical reflection.”

Although we may all, at times, reflect on our practice, how often do we employ those reflections to learn from our actions, to challenge theory and, importantly, to modify our practice? Reflective practice has its own body of literature, available to those wishing to go beyond this brief discussion (Freshwater, 2002; Johns & Freshwater, 1998; Rolfe et al., 2001). Freshwater (2003) defines reflection as “thinking about your practice,” with critical reflection requiring that practitioners “think about how they are thinking about their practice.” That is to say, the practitioner is reflecting on his or her reflections, attending simultaneously to the influences of the dominant discourses within which he or she is operating. Reflection is essentially a problem-solving, intuitive method using interaction and a developmental process with transformatory potential.

No debate surrounding reflective practice can begin without reference to Donald Schön. His work is of particular importance in that he wrote of reflection on action and reflection in action (1983). These twin aspects can be linked not only to the notion of external clinical supervision, closely associated with reflective practice (Rolfe et al., 2001), but also to that of the internal supervisor (Casement, 1985).

Reflection on action can be defined as “the retrospective contemplation of practice undertaken in order to uncover the knowledge used in a particular situation, by analyzing and interpreting the information recalled” (Fitzgerald, 2000, p. 216). While Fitzgerald focuses on the knowledge used in practice situations, other writers are concerned with the development of self through reflection (Boyd & Fales, 1983; Freshwater, 2000, 2002).

Reflection in action involves a much more sophisticated and complex activity, as Rolfe et al. (2001) point out: “The advanced practitioner is not only conscious of what she is doing, but also of how she is doing it” (p. 128). Reflection, then, can be divided, albeit artificially, into basic reflection on action and deeper reflection in action. Reflection on and in action both facilitate the emergence of the internal supervisor, which can be used in practice to watch, listen
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and understand ourselves, as well as our peers and patients. I have noted elsewhere that "reflective practice provides a way for caring individuals to explore and confront their own caring beliefs and how these are executed in practice." Moreover, it is about transforming self and thereby caring in practice (Freshwater, 2000, p. 28).

The fact that reflective practice involves a transformation of self means that it may represent a threat to many practitioners, who largely survive—understandably—by not allowing themselves to reflect too deeply about their own responses to patients. Bryant and Freshwater (1998) link such defensiveness to institutionalized attitudes toward not coping, deemed by such organizations to be negative.

While it is not surprising that reflective practice brings about a degree of fear in practitioners, such apprehension makes clinical supervision—and indeed clinical leadership—difficult because, for many authors, reflective practice is pivotal to successful clinical supervision (Binnie & Titchen, 1995; Fitzgerald, 2000; Johns & Freshwater, 1998; Rolfe et al., 2001). Currently, both clinical supervision and reflective practice are viewed with suspicion and cynicism within some nursing circles. Although midwives in the United Kingdom have been involved in supervision for many years, most would agree this is mainly managerial supervision, as opposed to a regular protected time for reflection on practice.

Reflective practice and education

One of the functions of reflective practice and clinical supervision is that of enabling practitioners to identify their own professional practice needs and to translate these into the identification of further training and educational needs. Though most postgraduate courses require a degree of reflective practice, not all foster the more in-depth and rigorous process of critical reflection and reflexivity (Freshwater & Rolfe, 2001; Rolfe et al., 2001).

Nurses wishing to learn new skills to complement their practice can embark upon training programs to help get them started, and those practitioners who are already functioning at "expert" level may find that they wish to refine their skills or develop further specialist skills. Reflective practice is a process of experiential learning and, as such, is closely aligned to the philosophy of transformative education through student-centered modalities (Freshwater, 2000).

Nurse education is also a key component of developing emerging nurse leaders, leaders who aim to transform their own practice and inspire others to do the same. Such leaders require the skills of reflective practice to enable other practitioners to identify contradictions between desired practice and actual practice. Sherwood and Freshwater (2004) note that if education—more specifically, doctoral education—is to develop transformational leaders, there must be fundamental changes in the thinking, philosophy and delivery of the curriculum and the educational model to incorporate the processes of reflective practice and critical reflection.

Reflective leaders

Current leadership approaches tend toward the three-stage process of individual transformation, namely, self-directed learning, critical reflection and transformative learning. Nurse educators, practitioners and researchers all share responsibility for facilitating self-directed learning. Reflective learning is also self-directed and provides the foundation for transformation, with learners assuming responsibility and accountability for their own processes. This process of interpersonal and intrapersonal dialogue permits a mutuality of learning during which both the learner and the facilitator move forward, through critical reflection, to learn from experience. By recalling, reflecting, analyzing, theorizing and recontextualizing, they arrive at a transformed perspective. Through critical self-reflection, the practitioner articulates embedded assumptions and, in turn, questions those assumptions to develop and create a dynamic practice environment.

When related to clinical leadership, the transformational process takes the learner on an internal journey of self-awareness as well as an external voyage of interpersonal discovery. This passage has been defined as a journey of self-development. Sherwood and Freshwater (2004) observe that leaders have, in the main, been taught to manage people. Twenty-first-century leadership demands that leaders motivate and manage movements to achieve lasting change.

Leading a movement that effects change requires a reflective practitioner and an individual willing to engage in a constant critical dialogue with their practice. Transformational leadership, then, is closely aligned with health care improvement and practice development, both of which are linked to clinical leadership and reflective practice.

Transformational leadership helps capture the elusive, tacit quality of managing movement and dynamism and requires constantly evolving individuals. Reflective practice also offers an opportunity to develop effective teamwork and shared vision. Reflection does not take place in isolation but is a dialogical process. In the short term, it might seem labor-intensive, requiring a great deal of commitment and motivation, but long-term benefits have been demonstrated in a number of studies (Freshwater, 2000, 2002; Randle, 2003).

Challenging institutional attitudes demands a great deal of commitment and energy, as well as support from peers and colleagues. Confronting the organizational and professional culture of coping, accepting the fact that we...
and understand ourselves, as well as our peers and patients.

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Reflective practice and education

One of the functions of reflective practice and clinical supervision is that of enabling practitioners to identify their own professional practice needs and to translate these into action. This includes the identification of further training and educational needs. Though most postgraduate courses require a degree of reflective practice, not all foster the more in-depth and rigorous process of critical reflection and reflexivity (Freshwater & Rolfe, 2001; Rolfe et al., 2001).

Nurses wishing to learn new skills to complement their practice can embark upon training programs to help get them started, and those practitioners who are already functioning at "expert" level may find that they wish to refine their skills or develop further specialist skills. Reflective practice is a process of experiential learning and, as such, is closely aligned to the philosophy of transformative education through student-centered modalities (Freshwater, 2000).

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22 Second Quarter 2004 Reflections on Nursing LEADERSHIP

Reflections on Nursing LEADERSHIP 23
Becoming a transformational leader through reflection

by Christopher Johns

Reflection is learning from everyday experiences with the intent of realizing desirable practice. Through reflection, the practitioner gains insights into self and practice that can be applied either intuitively or deliberately in future situations, like seeds planted in the mind that germinate and bloom when the time is right. Factors that constrain the practitioner from realizing desirable practice are teased out and explored with a view toward creating conditions whereby desirable practice can be realized. It is not easy work, as these factors are often embodied or embedded within organizational norms. Guidance is vital.

Reflection is generally viewed as having two dimensions: reflecting on experience after an event occurs and reflecting in action—in real-time—during an event. The latter type is usually triggered by a circumstance whereby the practitioner's normal pattern of action is frustrated. The situation must be reframed in deciding how best to respond (Schoen, 1987).

Learning through reflection is about finding the creative tension (Senge, 1990) between an understanding of current reality and a vision of desirable practice. Most practitioners expose holistic practice, but does it actually occur? Similarly, the literature espouses transformational leadership—quality, resolving conflict, creating a learning organization, leading change, and chaos theory—all without detracting from the core transformational task.

Various frameworks are utilized to focus the meaning of transformational leadership and to mark its reflexive development. A number of tasks help structure the learning process for the would-be transformational leader.

The first task is to establish a foundation for change, so we address this question: Who is a transformational leader? Schuster's (1994) list of qualities for the transformational leader to cultivate offers a reflective framework to consider this challenge. While reflecting on specific experiences, a leader can use the 13 qualities to help develop a personal leadership style.

1. You hold a vision for the organization that is intellectually rich, stimulating and rings true.
2. You are honest and empathetic. People feel emotionally safe and trust that you have their interests at heart.
3. Your character is well-developed, without the prominent dark side of ego power—your behavior aligns with your words.
4. You set aside your own interests in looking good and getting strokes, instead making others look good and giving others power and credit.
5. You exercise a concern for the whole (not just your own organization), reflected in your passionate and ethical vision being heard when necessary.
6. Your natural tendency is to develop others to become engaged, deepen perspectives and be effective.
7. You can share power with others—you believe sharing power is the best way to tap talent, engage others and get work done in optimal fashion.
8. You risk, experiment and learn. Information is never complete.
9. You have a true passion for work and the vision. That's evident in commitment of time, attention to detail and ability to renew your energy.
10. You effectively communicate, both listening and speaking.
11. You understand and appreciate management and administration. They appreciate that—you move toward shared success without sacrifice.
12. You celebrate the now. At meetings or whenever, you sincerely acknowledge accomplishment, staying in the moment before moving on.
13. You persist in hard times. That means you have the courage to move ahead when you're tired, conflicted and getting mixed signals.
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Learning through reflection is about finding the creative tension (Senge, 1990) between an understanding of current reality and a vision of desirable practice. Most practitioners espouse holistic practice, but does it actually occur? Similarly, the literature espouses transformational leadership (Schuster, 1994; Sofarelli & Brown, 1998; Trofino, 1995), but can this be realized within the largely transactional management culture that dominates health care organizations?

I currently work with eight practitioners in various leadership positions in different organizations to help them realize transformational leadership. They are enrolled in a master’s degree program in clinical leadership at the University of Luton in England. These leaders commence their dissertation on Day 1 of the two-year program, when they are guided to reflect on their everyday experiences of leadership and directed to construct a narrative of being and becoming a transformational leader.

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these characteristics to check out his or her leadership development. Over time, these characteristics become internalized and, in the process, are increasingly practiced. As might be expected, the first characteristic is holding a strong vision—both of self as a leader and for practice. While each of Schuster’s characteristics is signified for transformational leadership, I would emphasize the value of investing in people and collaborative ways of relating, in contrast to the transactional leader who essentially views people as a means toward an end, often masking that perspective behind a thin veneer of pleasantness in order to manage organizational anxiety. The second task is to turn our attention into creative tension, as mentioned earlier, by reflecting on specific experiences. These are usually situations triggered by conflict and anxiety with organizational constraints that frustrate the realization of vision. Too often, health care organizations are more concerned with keeping everything running smoothly (Friedson, 1970) and meeting budgetary outcomes than with cultural processes. Without a doubt, the transactional culture breeds and transmits anxiety down a bureaucratic pyramidal hierarchy, resulting in an almost desperate need to control environments as a way of managing anxiety. Unfortunately, this culture exhibits authoritarian and parental patterns of relating that foster compliance, dissent and lack of responsibility. Clearly, such patterns are anathema to the transformational leader. Yet how can the leader break free to be different without marginalizing self? The key is being aware and active in being a “team player,” but whose team is it and who sets the rules? The role of the guide is to challenge and support the leader, as well as harness and convert the energy aroused by negative feelings into positive energy to take action based on insights. In this regard, Lydia Hall’s words are inspiring: “Anxiety over an extended period is stressful to all the organism functions. It prepares people to flight or flight. In our culture, however, it is brutal to fight and cowardly to flee, so we stew in our own juices and cook up malfunctions. This energy can be put to use in exploration of feeling through participation in the struggle to face and solve problems underlying the state of anxiety” (Hall, 1964, p. 151). As the group of leaders becomes more reflective, the pattern of reflected-on experiences shifts from reflection on negative feelings toward reflection on experiences that affirm the emerging transformational leader. Most significant to the reflective learning process is the group forming itself into a collaborative learning community that mirrors Senge’s (1990) notion of the learning organization and offers a role model for creating the learning organization within the leader’s own workplace. Participants in the learning organization are coached in the effective use of dialogue whereby leaders are guided in listening, in knowing and suspending their own assumptions, and in making good arguments toward consensus while being conscious of their mental models and agendas (Bohm, 1996). The latter is a vital quality of the transformational leader. The good news is that the reflective process seems to work. Leaders emerging from our master’s program express a great sense of liberation and freedom to lead in collaborative and empowering ways. While they continue to work in transactional organizations, they have created space whereby their transformational ideals are not contradicted. As can be imagined, the leaders have emerged from this experience as deeply reflective, the quality that most typifies the transformational leader. Narratives compiled by group members that describe their individual journeys toward transformational leadership are being published, together with a meta-analysis that reflects on the enabling process of guided reflection. Continued from page 22

Johns will be a plenary speaker at the 15th International Nursing Research Congress July 22-24, 2004, in Dublin, Ireland.

Christopher Johns, PhD, is a member of the faculty of health and social studies at Laton University in Bedford, England.

Clinical leadership tool

(Continued from page 22)

don’t always “know,” and resisting pressure to work additional hours are some ways of avoiding burnout.

It is said that we teach what we most need to learn. It is important that, as nurses, we model to our patients ways of being healthy. Thus, practitioners are urged to attend to their own physical, psychological, emotional and spiritual needs.

Reflective practice is one way of enabling and fostering this process of self-care. Effective nursing leaders are transformational not only in their management and leadership styles, but also in their very being. Not only are they advocates of critical reflection, they are also living examples of reflection in and on action. Refer to references, page 16.

Dauan Freshwater, RGN, PhD, BA, RN, RGN, is professor of mental health and primary care, Brunel University, London, United Kingdom, and foundation chair of regional professional studies at Edith Cowan University in Perth, Western Australia.

Purpose and scope:
The specific purposes of the 2004 National State of the Science Congress include:
• Creating a national forum for communicating emerging scientific discoveries related to nursing practice;
• Disseminating research findings that can influence practice, education, research and healthcare policies; and
• Influencing the nursing research agenda of the future.

Papers, posters and symposia will be selected that particularly center around the following nursing research themes:
• Health promotion/wellness and disease prevention;
• Explanatory and intervention knowledge for health issues;
• Health-related services and systems research;
• Innovative models of evidence-based nursing practice and education;
• Reducing disparities in vulnerable populations;
• End-of-life and major life transitions issues.

General guidelines for submission of abstracts:
Only completed studies will be accepted and should include:
• The current State of the Science;
• Specific results and how the work contributes to advancing nursing knowledge.

Additional information:
• Abstracts and presentations must be in English.
• Results should not have been presented at another national or international meeting or published in a national or international journal.
• Only those abstracts meeting stated guidelines will be peer reviewed. The 2004 National State of the Science Congress Planning Committee will determine the final selection of abstracts.
• Submissions approved for presentation at the 2004 National State of the Science Congress will be added to the Sigma Theta Tau International Nursing Research Registry.
• Please visit www.winursing.org and follow specific abstract submission guidelines to submit your abstract electronically. For questions, email win@ohsu.edu.
• Abstracts are to be submitted electronically no later than Friday, February 27, 2004.

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Nursing Science: Working Toward a Healthier Nation

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Improving communication through practical reflection

Use this thinking process to develop greater understanding of your own communication patterns and those of the people with whom you work.

by Beverley J. Taylor

AUTHENTIC interpersonal communication is complex. As we try to reach out to one another and communicate at deep levels as humans, so many difficulties can get in our way. Communicating gets all the more complicated when extra complexities, such as leadership, are added. Let me introduce you to a form of reflection I envisaged that can help you communicate better and thereby increase your potential as an effective leader.

I have given the name "practical reflection" to this thinking process, after an idea put forward by Jurgens Habermas (1972), a philosopher and sociologist, who argued that human knowledge can be thought of as directed mainly toward fulfilling our technical, practical and emancipatory interests. He connected our technical interests to work, our practical interests to interpersonal interaction and our emancipatory interests to power. I have written elsewhere about technical and emancipatory reflection (Taylor, 2000, 2001a, 2001b, 2002a, 2002b; Taylor et al., 2002).

Practical reflection

In the physical sense of the word, reflection means throwing back rays, such as heat, sound or light, from a surface. In the systematic-thinking sense of the word, I define reflection as "the throwing back of thoughts and memories, in cognitive acts such as thinking, contemplation, meditation and any other form of attentive consideration, in order to make contextually appropriate changes if they are required" (Taylor, 2000, p. 3). As you can see, my definition allows for many ways of thinking, enabling us to make improvements in our lives through thoughtful and purposeful action.

To demonstrate how practical reflection can help you be a more effective leader, I have outlined the process here, so you can try it for yourself (Taylor, 2000). You will notice three main phases: experiencing, interpreting and learning. Experiencing involves retelling a story from your practice, so that you experience it again in as much detail as possible. Interpreting involves clarifying and explaining the meaning of a situation in which you were communicating. Learning involves creating new insights and any other form of attentive consideration, in order to make contextually appropriate changes if they are required.

To find the communicative features, read, listen and/or view your account of the incident again and ask yourself: 1) What happened? 2) When, where and why did it happen? 3) Who was involved? 4) How were you involved? 5) What was the setting like, in terms of its smells, sounds and sights? 6) What were the outcomes? 7) How did you feel—honestly—about the situation?

Write or speak until there is nothing more to add. Look at what you have related. Have you managed to portray the image and emotion of the situation as you pictured it in your mind? If your words and emotions do not do justice to that mental image, go back and elaborate further, to ensure that you have told the story as fully as possible.

Experiencing

Become silent within yourself and recall the sights, sounds, smells, people and any other features that had impact on the incident. When you have a clear image of the situation, write it down or speak it out loud into a video or audio recorder. Speak of yourself as "I"—in the first person—so that you remain the central character. Try to be as true as you can to the story by retelling it faithfully, the way it happened. Be spontaneous. Don’t hold back on any details. Allow yourself to relive the emotion of the situation.

Now, spend some time responding to the following questions as descriptively as you can. 1) What happened? 2) When, where and why did it happen? 3) Who was involved? 4) How were you involved? 5) What was the setting like, in terms of its smells, sounds and sights? 6) What were the outcomes? 7) How did you feel—honestly—about the situation?

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Interpreting

Now that you have a fully descriptive story of communication “gone wrong,” you are ready to make sense of it. You do this by revisiting your account of the situation to understand yourself as a communicator and to explore the communication patterns that were set up with other people in your story.

To find the communicative features, read, listen and/or view your account of the episode again and ask yourself: 1) What were my hopes for the practice outcomes? 2) How were my hopes related to my ideals of what constitutes “good” practice? 3) What are the...
Improving communication through practical reflection

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Practical reflection

In the physical sense of the word, reflection means throwing back rays, such as heat, sound or light, from a surface. In the systematic-thinking sense of the word, I define reflection as "the throwing back of thoughts and memories, in cognitive acts such as thinking, contemplation, meditation and any other form of attentive consideration, in order to make contextually appropriate changes if they are required." (Taylor, 2000, p. 3). As you can see, my definition allows for many ways of thinking, enabling us to make improvements in our lives through thoughtful and purposeful action.

To demonstrate how practical reflection can help you be a more effective leader, I have outlined the process here, so you can try it for yourself (Taylor, 2000). You will notice three main phases: experiencing, interpreting and learning. Experiencing involves retelling a story from your practice, so that you remember it and any other features that had impact on the incident. When you have a clear image of the situation, write it down or speak it out loud into a video or audio recorder. Speak of yourself as "I"—in the first person—so that you remain the central character. Try to be as true as you can to the story by retelling it faithfully, the way it happened. Be spontaneous. Don't hold back on any details. Allow yourself to relive the emotion of the situation.

Now, spend some time responding to the following questions as descriptively as you can. 1) What happened? 2) When, where and why did it happen? 3) Who was involved? 4) How were you involved? 5) What was the setting like, in terms of its smells, sounds and sights? 6) What were the outcomes? 7) How did you feel—honestly—about the situation? Write or speak until there is nothing more to add. Look at what you have related. Have you managed to portray the image and emotion of the situation as you pictured it in your mind? If your words and emotions do not do justice to that mental image, go back and elaborate further, to ensure that you have told the story as fully as possible.

Interpreting

Now that you have a fully descriptive story of communication "gone wrong," you are ready to make sense of it. You do this by revisiting your account of the situation to understand yourself as a communicator and to explore the communicative features that were set up with other people in your story.

Experiencing

Become silent within yourself and recall the sights, sounds, smells, people and any other features that had impact on the incident. When you have a clear image of the situation, write it down or speak it out loud into a video or audio recorder. Speak of yourself as "I"—in the first person—so that you remain the central character. Try to be as true as you can to the story by retelling it faithfully, the way it happened. Be spontaneous. Don't hold back on any details. Allow yourself to relive the emotion of the situation.

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To find the communicative features, read, listen and/or view your account of the episode again and ask yourself: 1) What were my hopes for the practice outcomes? 2) How were my hopes related to my ideals of what constitutes "good" practice? 3) What are the
When we submitted a research proposal to the Oncology Nursing Society (ONS) in 2001 to study “The Family’s Experience of Chemotherapy-Induced Neutropenia,” we were keenly aware of our responsibility to contribute to best practice in oncology care. If funded, we wanted to find a way to disseminate findings that would change practice quickly.

It is no secret that changes in nursing practice resulting from research typically don’t occur for several years. We wanted to find a way to speed up the process. We have cared for cancer patients and their families for a combined 42 years of practice and, repeatedly, have been overwhelmed by the family’s experience of cancer and its treatment. Family members often suffer in a silent pain of their own.

Oncology Nursing Society reviewers did support our project ideas and funded a qualitative study that used both grounded theory and phenomenological methods to analyze the family’s experience. Now that we had funding, we had a mission. The mission was not only to describe the family’s social process, but also to analyze the family’s responses and engage in an interpretive experience, creating a visual expression of the findings.

Art, in this form, became observable data to enhance the viewer’s ability to examine practice, to search for alternatives to current practice and to implement practice changes based on the viewing experience. This was a bold idea, one that was somewhat risky for neophyte researchers. One of our reviewers even commented, “It is not clear as to why the artistic interpretation of the findings is needed.” However, to make the best of cancer care better for families, we felt the risk was justified.

Although none of the members of the Family Nursing Research team is a visual artist, over years of practice, we have learned the value of interdisciplinary collaboration in achieving improved outcomes. Therefore, we used a portion of the research funds to hire an artist to assist us in analyzing and interpreting the project’s phenomenological aspect. The result is an aesthetic work—an acrylic painting—that has been described by viewers as “highly emotive.”

We have disseminated our research findings in this visual form to families involved in the study, to attendees at the recent biennial convention of the Honor Society of Nursing in Toronto and to undergraduate and graduate nursing students. Our experience has convinced us of the ability of this art to naturally connect viewers to their reflective nature. After viewing the artist’s interpretation of the research, families, patients and research team members responded with strong and varied emotions. Upon viewing the painting at the honor society convention, typical responses by oncology nurses ranged from “That’s it, isn’t it? That’s the family’s experience. But we don’t attend to it as nurses, do we?” to “This is too powerful. I can’t respond right now.” Nursing students were silent and pensive.

Through our experience as cancer nurse researchers, we suggest that this interpretive method of blending research findings and visual art is a valid and emerging method that could be emulated and expanded upon by others. This medium communicates research findings in a safe, friendly and quickly usable manner for the practicing nurse. Visual art has potential for enhancing reflective practice and contributing to more consistent research utilization, thereby accelerating evidence-based practice. Taking this methodological risk has been well worth it, for we have created a work that supports inquiry and allows the voice of patients and families to be heard in a new way. The best can become better.

We believe that using visual art as a dissemination medium can make research findings more immediately understandable and thereby advance their utilization in practice. Visual art can be a catalyst to stimulate reflective practice, bridging the gap between research and practice.

Acknowledgments: This project was conducted by the Family Nursing Research team and associates at Minnesota State University, Mankato, Minn. Members include David Anders, MS, LISW; Mary Bliesmer, RN, BSN; Sandra Egenberger, RN, MS, Shirley Murray, MS, LISW; Karl Rydholm, MD; Sonja Krumwiede, RN, EdD, and Norma Krumwiede, RN, EdD, and Sonja J. Meiers, RN, PhD. Funding was provided by the ONS Foundation Center for Leadership, Information and Research through an unrestricted grant from Amgen. The full article regarding study findings has been submitted for peer review.

Reference, Page 38.
Worth a thousand words

by Norma Krumwiede and Sonja J. Meiers

REMEMBER THE 4-H motto “To make the best better”? As farmers’ daughters, we learned early the value of hard work and its inherent relationship to improving performance and outcomes (providing best nutrients = increased milk production). In an effort to continuously support the land and its inhabitants and to make the best better, we learned the value of reflecting on performance and outcomes.

These simple values, learned in childhood, have also served as the foundation for addressing health care situations we know could be better for our patients and families. We now ask ourselves: How can we improve patient care situations to meet the growing health needs of society when we are stretched thin and confronted by barriers created in an economics-driven health care market? How can we, in these turbulent times, make the best in health care better?

Our strong and central belief is that answering the call to caring, reflective and effective practice on behalf of patients and families makes therapeutically sound care better. To accomplish caring and effective practice requires reflecting on our performance and outcomes.

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A Second Quarter 2004 Reflections on Nursing LEADERSHIP
I HAVE SPENT my life working with disenfranchised individuals, be they impaired by substance abuse, affected by mental illness or infected with the human immunodeficiency virus (HIV). My clinical specialty is infectious disease. It seems only fitting, therefore, that my life's work has brought me to a point of profound distress when I see what HIV is doing to the country from which I emigrated as a child. The proverbial Indian elephant of India's landscape.

In terms of human lives, however, this translates to 4.58 million people. The number of people infected for a second only to South Africa is Chennai, formerly known as Madras. During my stay in Chennai, serendipity provided me an opportunity to meet with the director of Tamil Nadu's department of health. It was further fortuitous that I was asked to speak to a group of doctors assembled in Chennai for a conference on HIV. Several people in the audience asked me to speak to yet other groups. With each successive talk, I received more invitations to speak.

I found myself talking to people in drug rehabilitation centers, hospitals and clinics. I spoke to groups as diverse as physicians, nurses and pharmacists, as well as those affected by the HIV epidemic, including HIV-positive women, male homosexuals and transgenders.

In meeting with health care professionals, I found a huge knowledge deficit in provision of HIV primary care. Although some medications are available, most physicians are unfamiliar with management of the life-saving antiretroviral therapy (ART). Prescribing practices are inadequate or subtherapeutic at best. Recognized side effects of commonly used medications, as well as drug-drug interactions, were foreign to most doctors. Due to scarce personal resources, patients were often advised to stop and start medications. This practice was advised not only for treatment of HIV/AIDS but also for tuberculosis.

In contrast, meeting with HIV-positive individuals, I clearly saw the frustration and futility of their situation. Their energy and vigor reminded me of the early days of the epidemic in the United States. Just as in the United States, most of these agents of change were well versed in the care of HIV disease and acutely aware of all treatment modalities that were out of their reach. These leaders who sought medical care faced great financial hardship and were forced to receive treatment from doctors who often knew less about the disease than they did.

Infected individuals from the lower levels in the socioeconomic strata described how they were reduced to selling their belongings to obtain medication. If one could not afford ART, he or she settled with trying to scrape up money to buy medications such as trimethoprim-sulfamethoxazole (TMP-SMZ). Commonly known as Bactrim, it is an inexpensive antibiotic used to prevent serious opportunistic infection of pneumocystis carinii pneumonia (PCP).

When more than one member of a family had HIV/AIDS, the family had to contend with the dilemma of deciding who would receive treatment and who would go without it. Preference was normally given to the male head of the household, because he was usually the only one employed. Women and children rarely received treatment, particularly in rural areas.

During my two-week stay in Chennai, I had the opportunity to visit several clinics. From my primarily Western point of reference, the conditions were appalling. My experience at one such clinic located in Bangalore, a large city in the state of Karnataka, was particularly disturbing. The name of the clinic was Seva Clinic, meaning "service to people." This site provided free care to about 700 HIV-positive patients.

The facility consisted of a small waiting area and two exam rooms, equipped with nothing more than "hand-me-down" exam tables discarded by a local hospital. Treatment consisted of general primary care, an attempt to minimize risk for opportunistic infections and ART treatment for the handful able to afford it. The clinic's pharmacy supply consisted of a cardboard box containing assorted medications. Seva Clinic subsists on charitable contributions from several community business owners. The one doctor providing care and the receptionist volunteer their time.

As I concluded my visit, I realized that two distinct themes had emerged. The primary ideological struggle seemed to be between spending limited resources on prevention and/or on treatment. At my talks, there were often individuals representing both viewpoints. At times, the discussions became quite confrontational. The clear message was that there were very few resources available, and difficult decisions were being made routinely in the allocation of those resources.

Only 8 percent of an estimated six million who need antiretroviral therapy in developing countries are receiving it. In response to this situation, the World Health Organization (WHO) has unveiled a grand-scale strategy to treat three million individuals by the end of 2005, also known as the "3x5 Initiative." Contributors such as The Global Fund, the Bill and Melinda Gates Foundation, the Bill Clinton Foundation and many others will carry the burden to see this immense undertaking to fruition.

Crucial to success of the "3x5 Initiative" is availability of adequate numbers of sufficiently trained health care providers. WHO recognizes that nurses, as the largest category of health care workers, will play a key role in providing HIV care and support in resource-poor settings. As a nurse practitioner and one who has found her calling, I look forward to the opportunity to be an active participant in coaxing the Indian elephant out of the living room. 
I have spent my life working with disenfranchised individuals, be they impaired by substance abuse, affected by mental illness or infected with the human immunodeficiency virus (HIV). My clinical specialty is infectious disease. It seems only fitting, therefore, that my life's elephant is sitting squarely in the center of India's landscape — in India, a single country translates to 4.58 million people.

In my talks, there were often individuals who would receive treatment and those who would go without it. Preference was normally given to the male head of the household, because he was usually the only one employed. Women and children rarely received treatment, particularly in rural areas.

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Hema Santhanam, RN, MSN, CFNP, a nurse practitioner and president of two consulting companies in Yorktown Heights, N.Y., has worked in the HIV field for more than 15 years.
Nurse-led train-the-trainer program breaks new ground in HIV/AIDS care

by Jane Palmer

When ONE Kenyan nun traveled to Marquette University in 1997 to study HIV/AIDS prevention and treatment, her arrival at the Wisconsin school’s College of Nursing wasn’t especially noteworthy. But by the time Sister Genovefa Maashao departed a year later, the urgent, compelling needs she expressed had set in motion the development of a groundbreaking, nurse-led project in Africa with outcomes that have far exceeded expectations.

When “Training a Sustainable Health Care Workforce for AIDS Care and Counseling” began in 2002, co-directors Margaret Murphy, RN, PhD, and Karen Ivantic-Doucette, RN-G, MSN, ACRN, FNP, projected that at least 325 nurses and other community health workers in east African countries could be educated during the four-year program. Less than two years later, more than 3,500 have already received training in the prevention of HIV/AIDS and in the care of patients infected with this devastating disease. The nurses’ passion for their work and their profession is palpable.

“This program continues to grow in ways we could never have conceptualized, but definitely are fulfilling every five minutes in Kenya from AIDS. HIV/AIDS has had a huge impact on the social structure. It is an equal opportunity killer—doctors, nurses, teachers, farmers—everybody dies.

“Our project is just one little piece, but it’s something we can do, and it’s something we really believe is helping both nurses there and people who have HIV/AIDS, or who live with people who have HIV/AIDS, or who are at risk for it. If you give nurses a chance to show what they can do, it’s very impressive.”

Securing project funding

Acquiring funding for a program led by nurses, rather than physicians, was a time-consuming, frustrating battle for Ivantic-Doucette. “People don’t concentrate on nursing, yet we can document that 67 percent of all frontline AIDS workers are nurses,” she said. “In Africa, it’s probably closer to 90 percent. They are undercounted; they definitely are not resourced. Yet they’re expected to provide the care. I was heartened, ‘There is no way nurses are going to be funded. What can nurses contribute to the dialogue?’

“The second reason we kept running into terrible barriers, and I was told this flat-out several times by people in Washington, is that we were Marquette University, a Catholic university. Because of this, they felt we would not be able to talk about condoms, so there was no way they were going to fund us,” she added.

The decision was made to strengthen the grant proposal in academic terms. “We have 14,000 new infections every day—7,000 of those are in women of childbearing age whose only risk factor is monogamous sex with their partner. With those numbers, 5 million will be newly infected this year, and 3 million will die. It’s absolutely overwhelming. We have just a very short period of time to get on top of this.”

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Method of transmission—such as sexual contact, blood and breast milk—may be recognized, but unfounded fears of acquiring HIV by touching a utensil, for example, are also prevalent. And, post-exposure prophylaxis for nurses is rare.

“Think about what people did in this country, when AIDS first was identified. They wore masks and all kinds of things, reflecting exactly the same set of irrational fears that people have [in Africa]. There are a fair number of people I’ve heard say that some people who got AIDS deserved it. So in a way, the curse issue is no different [in the United States],” Murphy added.

The project has five objectives (Murphy & Ivantic-Doucette, 2004):


In many train-the-trainer efforts, people come in for a short period of time, enhancing capacity, debunking myths, and demonstrating what nurses can and should do,” Ivantic-Doucette added. “What is depressing is how seriously we are losing the war on HIV and AIDS, particularly internationally,” she added. “We have 14,000 new infections every day—7,000 of those are in women of childbearing age whose only risk factor is monogamous sex with their partner. With those numbers, 5 million will be newly infected this year, and 3 million will die. It’s absolutely overwhelming. We have just a very short period of time to get on top of this.”

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by Jane Palmer

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The decision was made to strengthen the grant proposal in academic language and call it what it was: a training program focused on the population that could make the biggest difference—nurses. Madeline Wake, RN, PhD, FAAN, then dean and now provost of Marquette College of Nursing, introduced Ivantic-Doucette, a nurse practitioner specializing in HIV and AIDS care, to Margaret “Marge” Murphy, a primary health care specialist with expertise in international education. A synergistic partnership developed between the two nurses.

“You have to marry the whole concept of primary health care, HIV and all of the ‘care for the caregivers’ strategies,” Ivantic-Doucette said. “It was a perfect marriage between Margie and me. She had the academic skill to pull off this kind of curriculum and to get the funding language down.”

The United States Agency for International Development (USAID) awarded the program a $1.8 million grant, and the four-year project began in September 2002. Planned as a model for nurses in resource-poor countries, it was designed to be both replicable and self-sustaining.

“We very carefully had to craft and protect nursing at every stage of this initiative,” Ivantic-Doucette said. “People asked, ‘Who are your doctor consultants?’ But now the success of the program is so incredible in Kenya that they say, ‘Can’t you train the clinical officers and the physicians?’ And I say, ‘No, this is a nursing project!’

Because if we do [include other health care professionals], nurses get lost at every step of the game.”

Enhancing capacity, debunking myths

The program seeks to enhance the capacity of nurses to prevent HIV/AIDS and to care for people infected with the virus. The basic education of many African nurses has been compromised by a variety of factors, including monetary and political concerns, leaving many nurses ill-prepared to care for people with AIDS syndromes.

Myths and erroneous beliefs about the disease flourish, as well as discrimination against those who are infected.

“It’s the New Age leper, multiplied by a million,” Murphy said. “People were afraid of lepers, but at some point in time, they recognized that [leprosy] wasn’t all that easy to get. People think it’s easy to get HIV and AIDS on one hand and, on the other hand, are reluctant to change behavior that puts them at risk.”

Methods of transmission—such as sexual contact, blood and breast milk—may be recognized, but unfounded fears of acquiring HIV by touching a utensil, for example, are also prevalent. And, post-exposure prophylaxis for nurses is rare.

“Think about what people did in this country, when AIDS first was identified. They wore masks and all kinds of things, reflecting exactly the same set of irrational fears that people have [in Africa]. There are a fair number of people I’ve heard say that some people who got AIDS deserved it. So in a way, the curse issue is no different [in the United States],” Murphy added.

The project has five objectives (Murphy & Ivantic-Doucette, 2004):


2. In many train-the-trainer efforts, people come in for a short period of time, and nurses get lost at every step of the game.

Sister Genovefa Maashao of Kenya

Margie Murphy (left), James Okango, Elizabeth Newha and Karen Ivantic-Doucette look over a PowerPoint class presentation. Computer skills were included in training received by 12 Kenyan nurses in a Marquette University program for HIV/AIDS care and prevention. Photos by Jay Jensen.
The Marquette program, however, has prepared the first cohort of nurses to travel to Kenya for training from the College of Nursing for training from March 30 through April 30, 2003, and will remain in the program through the entire four-year grant period.

"It's our belief that teaching and learning take place best over time and with a coaching model in place, with continuous education," Murphy said. "We've introduced them to them, and they have stayed attached to each other.

1. Provide expert nurses with basic and advanced clinical and training skills so that, in turn, they can train other nurses and community health workers.

The first cohort of 12 nurses received 151 hours of direct instruction at Marquette, including teaching and learning skills and strategies, basic HIV/AIDS facts and counseling strategies, and advanced HIV/AIDS clinical knowledge and skills. The group now meets quarterly for continuing education activities, and the group currently has 30 members, with an additional 10-15 members being involved in providing nurse-based, sustainable nutrition project.

When Ivantic-Doucette, the only nurse currently serving on the President's Advisory Council on HIV/AIDS, visited Kenya as part of a delegation trip, she and Tommy Thompson, U.S. secretary of health and human services, highlighted the Marquette program and the critical role nurses play in AIDS care. Thompson encouraged USAID to increase funding for the program.

As a result, Marquette, in conjunction with the University of Wisconsin-Stevens Point, recently received a supplemental one-year, $500,000 grant for a nurse-based, sustainable nutrition project.

"It doesn't help to give people medical care if you can't at least figure out a way they can feed themselves and get clean water over the next 10 to 20 years, until we can reverse this tide," Ivantic-Doucette noted.

A fact sheet describing the project summarizes outcomes to date:

"There is evidence that this approach has the potential to improve care for persons living and dying from HIV and AIDS, through the talents of knowledgeable and skilled nurses. Most importantly, the first year of the project demonstrated that health services and providers can be affected and enhanced by a cadre of nurses with the ability to train others, so that nurses and community health workers are prepared to provide excellent care to their patients, wherever they are." (Murphy & Ivantic-Doucette, 2004, p. 3).

References, page 38.

Jane Palmer is assistant editor of Reflections on Nursing Leadership.

Additional resource:

For background on the AIDS crisis in Africa, Dr. Margaret Murphy recommends the book Black Death AIDS in Africa, in which author Susan Hunter eloquently imparts perspective to the scale of the epidemic:

"HIV/AIDS is fast becoming the worst human disease disaster the world has ever seen. Although in its infancy, it's clear now that in the next 10-15 years, AIDS will claim more lives than any other human epidemic ever recorded. Even if a cure is found tomorrow, AIDS is triggering a disaster worse than any the human race has ever known. By 2010, its death toll alone will be as much as the 100 million people who perished in both world wars combined. And it will soon be worse than the total claimed by all wars put together. ... There is simply nothing left to compare it to, no scale of human suffering and devastation against which this terrible plague can be measured. (Hunter, 2003, p. 73)." References, page 38.

Guitar Anna Mihigo practices using an endoscope during clinical training at Marquette.

learn specific material and then return to their workplaces. Evaluation and follow-up may be limited or nonexistent. For the Marquette program, however, the first cohort of nurses traveled to the College of Nursing for training from March 30 through April 30, 2003, and will remain in the program through the entire four-year grant period.

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3. Use technology as a resource for ongoing consultation and continuing education, thereby continually updating knowledge and critical thinking as knowledge transforms to practice.

While visiting Marquette, the 12 nurses received instruction in basic computer skills—including use of the Internet, Microsoft Word and PowerPoint—as well as presentation preparation and compact disk technology. "The program trained and supplied us with technology, like an LCD projector, which greatly enhances our presentations," Njorge said.

4. Work with other stakeholders engaged in HIV/AIDS activities.

Project planners hope that cultivating ties with the National Nurses Association of Kenya will result in establishment of a specialty arm of the association for nurses skilled in caring for people with HIV/AIDS. Such partnerships help ensure sustainability of the program.

The project has three health care partners in Kenya: Eastern Detaney AIDS Relief Program, based in the slums of Nairobi; Archdiocese of Mombasa AIDS Relief Program; and St. Joseph’s Shelter of Hope in Voi, a rural area. All of these services are community-based health care and AIDS relief efforts that received training last year. Murphy and Ivaniec-Doucette, who were already committed to working with HIV/AIDS patients. In addition, three nurse educators were selected, along with two nurses from the Kenya Ministry of Health, whose jobs affect the continuing education of all Kenyan nurses.

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Challenges and tributes

In September 2004, a second cohort of 12 nurses, including two from Uganda, will be trained in Kenya, instead of at Marquette. One challenge facing project leaders is to select the 80 most essential hours of training from the 151 presented to the first group.

The co-directors must also continue to develop creative, culturally relevant learning materials for the trainers and help maintain their work for those who provide comfort and care to people living with HIV/AIDS in Africa, particularly Kenya (Murphy & Ivaniec-Doucette, 2004). The program has drawn its share of accolades. At a news conference last year, U.S. President George W. Bush referenced Marquette’s project as an example of how faith-based organizations can successfully partner with government agencies to battle AIDS. A December 2003 trip to Africa resulted in more praise for the project.

When Ivaniec-Doucette, the only nurse currently serving on the President’s Advisory Council on HIV/AIDS, visited Kenya as part of a delegation trip, Tommy Thompson, U.S. secretary of health and human services, highlighted the Marquette program and the critical role nurses play in AIDS care. Thompson encouraged USAID to increase funding for the program.

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Learning

The final phase of this process requires you to reflect on your learning and take the time to think carefully about how you can apply what you’ve learned. It involves integrating these new insights into how you see yourself as a leader, as a communicator and leader. Personal reflection and time to think alone are critical. Your own personal thoughts and feelings about leadership are valuable, so please take time to assess your reactions to the story.

By looking at interpersonal relationships and shared norms, you will raise your awareness about your own values and actions and how they relate to those held by other people. This means that you will develop a greater understanding of how you communicate and how you are perceived by others. It also means that you will learn by wrestling with problems and questions and discuss them with a friend—a person you respect and trust, who is willing to work through the issues with you and ask the “hard questions” so that you can see yourself as a more communicative and leader. When you are ready, apply your new learning to your work situation. In answering these questions, you will begin to see that, even though you are often at the center of the action, you are certainly not the only person contributing to the situation.

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Learning

The final phase of this process requires self-reflection. When communicating in your practice, take time to reflect on your role in the situation.

4) In what ways do I embody those ideas and expectations for behavior, operating?

5) How do I require deep thought and as much time as you need to reach some answers. Remember not to foreclose too early and to come to easy, superficial responses. Let the questions stay with you a bit, because sometimes we learn by wrestling with puzzles and uncertainty.

1) What does this story tell me about my expectations of myself? 2) What does this story tell me about my expectations of other people? 3) What have I learned? 4) What kinds of changes can be made in the way I communicate with my work colleagues? 5) How do I integrate these new insights into how I presently regard communicating at work as a leader?

Record your responses to these questions and discuss them with a friend—a person you respect and trust, who is willing to work through the issues with you and ask the “hard questions”—so you can see yourself more clearly as a communicator and leader. When you are ready, apply your new learning to your work situation. In answering these questions, you will begin to see that, even though you may be often at the center of the action, you are certainly not the only person contributing to the situation.

Human communication is complex. By looking at interpersonal relationships and shared norms, you will raise your awareness about your own values and actions and how they relate to those held by other people. This means that you will develop a greater understanding of one’s own communication patterns and those of the people with whom you work. Used regularly and earnestly, practical reflection can help you become a better communicator and leader. I wish you well in becoming more reflective in your nursing practice.

References

Baverly J. Taylor, RN, RM, REd, MEA, PD, FCPA, FCN(NSW), is foundation chair in nursing and director of research at Southern Cross University School of Nursing in Lismore, New South Wales, Australia.

Honor Society of Nursing partners with EPA to reduce environmental risks for aging

by Stephanie Garwood

A S OLDER Americans number celebrates the across the nation in May, the Environmental Protection Agency (EPA) prepares to launch the National Agenda for the Environment and the Aging. In 2011, the first of the nation’s 76 million baby boomers will turn 65. By 2030, the number of older Americans is expected to double to 70 million. The EPA recognizes that older bodies may be more susceptible to environmental hazards due to the naturally occurring diminished capacity of various organ systems. For this reason, the EPA began research for a new Aging Initiative in October 2002. The Aging Initiative will: 1) prioritize and study environmental health threats to older persons; 2) examine the effect that a rapidly growing senior population might have on our environment; and 3) encourage older persons to volunteer in their own communities to reduce hazards and protect the environment.

The Honor Society of Nursing, Sigma Theta Tau International is partnering with the EPA to help address environmental risks to the aging population. An advisory group on aging was formed to open a dialogue between the honor society and the EPA.

"The advisory group is a wonderful opportunity for nurses to make an impact on some of the major health problems facing older adults. The partnership with the EPA is an excellent vehicle for interdisciplinary collaboration and translating research into clinical applications," said Carol Musil, RN, PhD, a member of the advisory group on aging and associate professor of nursing at Case Western Reserve University’s Frances Payne Bolton School of Nursing. Others agree. "The honor society needs to be involved in any initiative that affects the practice of nursing," said Mary L. Wykle, RN, PhD, FAAN, chair of the advisory group on aging, dean and Florence Cellar professor of nursing at Case Western Reserve University, and immediate past president of the honor society. “This includes all matters pertaining to the aging. With the predicted increase in the number of elders, increasing longevity and the number of chronic illnesses that affect older adults, the organization would do

Getting involved...

How can members of the Honor Society of Nursing, Sigma Theta Tau International become involved in the EPA Aging Initiative?

• Join the EPA Aging Initiative listserver, which currently has more than 530 members.

• Review the draft of the National Agenda for the Environment and the Aging and provide comments.

• Share information with chapter leaders and colleagues.

• Help the EPA learn more about specific projects and programs that highlight the linkage between environmental health and aging by sharing information with them. Send an e-mail to aging.info@epa.gov.

• Visit www.epa.gov/aging.
well to support the health initiatives for aging in any way possible.

Kathy Sykes, senior adviser to the EPA Aging Initiative, cited the honor society's past accomplishments as a reason for valuing this partnership. "Sigma Theta Tau's record of success in improving the health of people through its nursing practice and research complements the work being done by the Aging Initiative to protect the environmental health of older persons. Our partnership with the honor society will enable us to get input and feedback from the nursing community, as well as increase our outreach efforts across the country and around the world," Sykes said.

In 2002, the EPA began to identify environmental hazards that may especially affect older Americans. Through six public meetings held in different states, the EPA identified the major issues, which include drinking water, indoor and outdoor air, pesticides and volatile organic compounds, heavy metals, and temperature extremes.

"Having worked with community-dwelling older adults, it is really apparent how one's environment reflects health hazards and can provide opportunities to maximize health," said Musil. Through the creation of posters and community education, the EPA will disseminate pertinent information to older Americans. Practical tips will be offered to help reduce environmental risks. The EPA is also working with the Leadership Council of Aging Organizations, which represents 120 organizations concerned with the well-being of the nation's elders.

The EPA is depending on honor society members to help disseminate this information. "Nurses are key players in the success of this campaign," said Julie E. Johnson, RN, PhD, FAAN, member of the aging advisory group and dean of the School of Nursing and Dental Hygiene at the University of Hawaii at Manoa. "They are the ones most likely to provide comprehensive care to elders, and their knowledge of environmental hazards and health will assure that important concerns are addressed."

"Nurses traditionally," said Musil, "have been actively involved in promoting health in the community and also in helping people when they have health problems. This campaign recognizes the role of nurses in getting the message out to individuals and organizations about ways to make their homes and general environments safer and to reduce environmental hazards." Sykes agreed. "Nurses can play a critical role in the effort to protect the health of older persons from environmental hazards. ... They can recommend practical ways to control symptoms and reduce exposure by working with individuals or their caregivers to identify specific issues. Nurses can help identify research gaps and develop effective prevention tools that will address diverse environmental health problems and needs. Nurses can provide valuable input to the Aging Initiative as we continue to develop the National Agenda for the Environment and the Aging."

The aging advisory group has reviewed fact sheets created by the EPA, offered suggestions from a nurse's point of view and will continue to provide support to the EPA throughout the campaign. "I decided to become involved," said Johnson, "because it is essential to address the impact of environmental health hazards on the health of elders and their quality of life. I hope to make a contribution specific to elders living in rural and frontier America."

Stephanie Garwood is event planning specialist at the Honor Society of Nursing.

Indiana passes balancing act in long-term care; Honor Society of Nursing lends support to public awareness program

"WE CAN'T AFFORD not to do this." was state Sen. Greg Server's analysis of the choices faced by Indiana lawmakers in 2003 when considering a bill that would help balance long-term-care funding between institutional care and other types of home- and community-based care. That bill became law in 2003 when the state's General Assembly passed Senate Enrolled Act 493. Server, R- Evansville, garnered unanimous support for his legislation as lawmakers wished to protect the environmental health of Indiana's elders and to reduce environmental risks. The bill was signed by Governor Mitch Daniels.

It's difficult to make sense of a state that spends nearly 84 percent of its long-term-care dollars on institutional care when more than 30,000 individuals are on official waiting lists for state and federally funded home- and community-based care. Even though its budget has been hinged on the brink of disaster, Indiana has historically underserved effective and affordable home- and community-based care options.

That has placed Indiana among a dwindling number of states that have resisted balancing their long-term-care spending. Many states, determined to make sense of their systems, dramatically changed the way they administered long-term-care programs in the 1980s and 1990s that faced with growing waiting lists and budget pressure.

"Indiana is a fascinating example of what to do and what not to do," said John Cardwell, director of The Generation Project, a collaborative of consumer, senior citizen and disability organizations focused on rebalancing Indiana's spending on long-term health care.

"For years, Indiana ignored growing waiting lists, rationalized massive spending on institutional care that was often inappropriate, and maintained a long-term-care system that is not at all reflective of the needs of its citizens. In passing SEA 493, Indiana has taken the best from rebalancing efforts in states such as Oregon, Washington, Wisconsin and Vermont. Ironically, Indiana's historic lack of reform is legislation shaped by actions in other states." The key to what other states have done and what Indiana is attempting to do lies in breaking down barriers that have kept people from accessing home- and community-based care.

For caregivers and health care professionals, creating situations where individuals receive care in the least restrictive and most appropriate settings ensures healthier citizens, lower rates of hospitalization, and an aging and/or disabled population that can continue to make valuable contributions to family and community.

Recently, the Honor Society of Nursing, Sigma Theta Tau International and The Generation Project in its efforts to raise public awareness about the need to rebalance long-term care spending in Indiana.

"We believed Sigma Theta Tau International would be a natural fit with The Generation Project and were thrilled when they agreed to help," said Cardwell. Kammie Monarch, chief operating officer for the honor society, joined an advisory council of Indianapolis business and organizational professionals that will work to enhance the overall efforts of the project.

As for Indiana, Sen. Server and a delegation of Indiana law-makers were recently called to a meeting of the National Conference of State Legislatures. The reason? Indiana was one of eight states that spends less that 20 percent of its total long-term-care budget on home- and community-based options.

With demographics pointing toward a graying America, those concerned with the care of older adults can find solace in the fact that so few states were called to task on their long-term-care spending profiles. Although Indiana has been slower than other states in passing long-term-care reforms, SEA 493 is proof we do continue to learn from each other. Whether calling for changes in public policies or implementing new laws, knowledge remains the key in not only getting things done, but getting things done right.


For more information, go to www.generationproject.org.

The percentages of state and federal spending for home- and community-based care vs. nursing home care, compared with like expenditures in Wisconsin, Washington and Oregon.

- 90% - 80%
- 70%
- 60%
- 50%
- 40%
- 30%
- 20%
- 10%

Indiana Wisconsin Washington Oregon

Home- and community-based long-term care

Long-term care in institutions

Sources: Indiana Office of Medicaid Policy and Planning, 2003; Wisconsin Bureau of Aging and Long-Term Care Planning and Research, 2004; and the Access the States 2002 report of the AARP Public Policy Institute. The first three figures include inpatient care, total long-term-care costs minus the home and community-based dollars shown in the last figure. Data cited in the Indiana Nurses Foundation Chart.
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"WE CAN'T AFFORD not to do this," was state Sen. Greg S. Server's analysis of the choices faced by Indiana lawmakers in 2003 when considering a bill that would help balance long-term-care funding between institutional care and other types of home- and community-based care. That bill became law in 2003 when the state's General Assembly passed Senate Enrolled Act 493, according to Musil. The aging advisory group has reviewed fact sheets created by the EPA, offered suggestions from a nurse's point of view and will continue to provide support to the EPA throughout the campaign, "I decided to become involved," said Johnson, "because it is essential to address the impact of environmental hazards on the health of elders and their quality of life. I hope to make a contribution specific to elders living in rural and frontier America."}

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"Now, in the face of growing waiting lists and budget pressure, Indiana has an interesting example to address the impact of environmental hazards on the health of elders and their quality of life. I hope to make a contribution specific to elders living in rural and frontier America."
M. Jan Keffer, part-time associate professor of nursing
Carole Kuhns, director of research and
Lois L. Salmoner, assistant professor of nursing at Indiana State University-Purdue University Indianapolis has been named to the Part-Time Teaching Faculty of the University of Pennsylvania School of Nursing. Keffer has received funding from the Virginia Department of Social Services to develop training for child care providers. The training includes distance-learning technologies. Curricula for video broadcast capability will be developed and implemented, as well as a program of study to enable child-care providers to receive training via interactive courses.

Mary Ellis Mills, associate dean for academic affairs and assistant dean for undergraduate studies at the University of Maryland School of Nursing, has received a $477,000 grant from the Ford Foundation to create an endowment for financial aid for Baltimore city students.

Lola L. Simeonov, professor emeritus at Oklahoma State University, has been named a distinguished elderly nurse to be inducted into the Oklahoma Higher Education Hall of Fame. She started the associate-degree nursing program at that school and also founded the first distance-education nursing program in Oklahoma.

Laura J. Singletary, assistant professor, clinical, at The University of Texas Health Science Center at San Antonio School of Nursing, has received the 2004 Presidential Teaching Excellence Award from university President Francisco Sanchez for her excellence and enthusiasm; her positive, encouraging attitude; and her innovative teaching methods.

Thea A. Thrash, associate professor and assistant dean of undergraduate programs in the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton, has received the 2003 Sigma Alpha Faculty Award from the Hartford Foundation for Geriatric Nursing and the American Association of Colleges of Nursing.

Joanne Warner, associate professor and assistant dean for graduate programs at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has been elected to a three-year term on the board of trustees of the Nursing Educators Alumni League for Nursing.

Patricia K. Bradley,* assistant professor at Wayne State University College of Nursing, has received the Elaine M. O'malley Humanitarian Award from the Linda Creed Breast Cancer Foundation. Bradley was honored for her many years of distinguished service in breast-cancer awareness, especially among African-American women.

Kathleen Brenner-Smyth recently completed a PCD and obtained an appointment at the University of Pennsylvania as a nurse and is now assistant professor at the University of Nevada Las Vegas College of Nursing.

Victoria L. Chambless, distinguished professor at Indi­ana University School of Nursing at Indiana University-Purdue University Indianapolis, received a Health Care Hero Award from Indianapolis Business Journal. Professor Chambless is also the director of the Mary Virginia Linderman School of Nursing at Indiana University School of Nursing.

Colesen Conway-Welch, the Nancy and Hillard Travis professor of nursing and dean of Vanderbilt University School of Nursing, has been named Nashville's woman of the year by Nashville Scene newspaper. She was chosen because of her commitment to philanthropic efforts, her leadership in nursing and her service to the city of Nashville.

Jaund Austrum has received the Distinguished Young Professional Award from the Kentucky Nurses Association. She has been named an assistant professor at the University of Kentucky College of Nursing. She is the recipient of the St. Louis Louisa Valleyn Award, a national award for nursing excellence.

Rebecca Ogilvy, a major in the United States Air Force Nurse Corps, has been named professor of nursing at the University of Kentucky College of Nursing. She is the recipient of the St. Louis Louisa Valleyn Award, a national award for nursing excellence.

John P. Daily,* associate professor of nursing at the University of Kentucky College of Nursing, has accepted a three-year term as head of the School of Nursing, Family and Community Health. He recently completed a three-year term as associate dean for student affairs.

Rosanna F. DeMarco, assistant professor at the Boston College School of Nursing, has received the Recognition Award in the Field of Nursing, has received the Dedication and Service Award from the Dana Farber Cancer Institute Patient and Family Advisory Council. She gave the keynote address at the Dana Farber Cancer Institute Pre­ceptor's Annual Breakfast.

Carol Diana Epstein,* assistant professor at the Case Western Reserve University Frances Payne Bolton School of Nursing, has been inducted as a fellow in the American College of Clinical Cardiac Care, which is part of the Society of Critical Care Medicine.

Vernon Ferguson* has been selected by the National Academies’ annual African American History Pro­gram Staff Committee to become part of the National Academies Portrait Collection of African Americans in Science, Engineering and Medicine. Rhett Douglas, former dean of the University of Michigan School of Nursing, was the first nurse to be so honored, and Ferguson is the second. A senior fellow emeritus and the Faghi family chair in cultural diver­sity at the University of Pennsylvania School of Nursing, Ferguson is a former president of the Honor Society of Nursing, Sigma Theta Tau International.

Julie Kneeland,* professor of nursing at Arizona State Uni­versity, is the recipient of the Anna M. Shannon Mentorship Award from the Western Institute of Nurs­ing. The award is named in honor of Anna M. Shannon, former dean and professor emeritus of Montana State University College of Nursing.

Michelle E. Jagour, oncology clinical nurse specialist at Ocean Medical Center in Brick, N.J., is the 2004 recipient of the Oncology Nursing Society Pearl Pearl Award in Oncology Nursing. She recog­nizes Jagour’s contributions to the oncology nursing profession at local and regional levels.

Judi Hufman* has been appointed director of the emergency/trauma/orthopaedic nursing division within Oregon Health & Science University Hospitals and Clinics. She is the recipient of the National University of Michigan School of Nursing.

Jennifer Hutt* has received five other public health nurses in Kentucky development in leading-edge cancer care. "National Public Health Nurses' Committee," which was chosen by the Kentucky Public Health Leadership Insti­tute to be submitted as an entry for the American Public Health Association's Bales Award. The project is named and sponsored by the Kentucky Public Health Foundation.

Hunt's Quality Assurance Manager at Northern Kentucky Independent District Health Department in Edgewood, Ky.

Mary R. Ingram,* family nurse practitioner with the Indian Health Service, has been awarded the Field Medical Readiness Badge, National Emergency Pro­gram Award and Achievement Medal. She is the recipient of the 2003 Emergency Medical Services Award of Excellence and is a member of the Commissions in Health Care Services.

Mary Ann Jezewski,* associate professor and assistant dean for research at the University of Buffalo, has been inducted as a fellow of the American Academy of Nursing, an honor that recognizes her contribution to transcen­dental health care issues through her culture breaking theory, as well as her work with advance directives.

Ann Johnson and Joanna Martin have been recog­nized for achieving outstanding of the Healthy Families/MOM Project by Prevent Child Abuse Amer­ica's Healthy Families America. Martin is assistant professor at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis.

Janice Pokz Koch, professor at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has received the President's Award from Indiana University. Koch has been an
accepted a second three-year term as head of the School of Nursing, Family and Community Health. He recently concluded a three-year term as foundation head of school.

Rosanna F. DeMarco, assistant professor at the Boston College School of Nursing, has accepted a three-year term as head of the School of Nursing, Family and Community Health. She recently concluded a three-year term as foundation head of school.

Sandy C. Burgener,* associate professor at the University of Virginia, has been named a fellow of the American Academy of Nursing. She also received a $650,000 grant for a three-year project, "Increasing Clinical Competence in Geriatric Care," a Health Resources and Services Administration-funded Nursing Education and Research Grant funded through the Nurse Reinvestment Act.

Carol Chiou, clinical instructor at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has been selected to attend the Cancer Prevention and Early Detection Institute for Nurse Educators, sponsored by the Oncology Nursing Society and National Cancer Institute and funded by the National Cancer Institute.

M. Jan Kieffer, part-time assistant professor of nursing at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has received Part-Time Teaching Award from Indiana University.

Carole Kuhns, director of research and evaluation at Virginia Tech's Institute for Public Policy Research, has received funding from the Virginia Department of Social Services to develop training for child-care providers in violence, distance-learning technologies. Curricula for video broadcast capability will be developed and implemented, as well as a program of study to enable child-care providers to receive training via internet courses.

Mary Elise Mills, associate dean for academic affairs and assistant dean for undergraduate studies at the University of Maryland School of Nursing, has received a $474,000 grant from the Ford Foundation to create an endowed fund for financial aid for bar- calus students.

Lolu L. Salmeron,* professor emeritus at Oklahoma State University College of Nursing, has been named a fellow of the National Academy of Medicine. The second nurse to be inducted into the Oklahoma Higher Education Hall of Fame. She started the associate-degrees nursing program at that school and also founded the first distance-education nursing pro-

CLINICAL

Peter John Rippe is a recipient of the 2003 Ameri-

can Psychiatric Nurses Association's Best Practices in the Treatment of Schizophrenia Award in the Inpatient Program category, co-developed a population-based group treatment program for patients with psychotic disorders at the Winchester Division of New York-Presbyterian Hospital in White Plains, N.Y.

EDUCATION

Sandy C. Burgener,* associate professor at the Uni-

versity of Virginia College of Nursing, has been named a fellow of the American Academy of Nursing. She also received a $650,000 grant for a three-year project, "Increasing Clinical Competence in Geriatric Care," a Health Resources and Services Administration-funded Nursing Education and Research Grant funded through the Nurse Reinvestment Act.

Patricia L. Sandy, director of nursing research at the York-Presbyterian Hospital in New York City, has been named a fellow of the Gerontological Society of Nursing and the American Association of Geriatric Nurses.

Joyce Warner, associate professor and associate dean for graduate programs in the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton, has received the 2003 Sigma Facultary Award from the Hartford Institute for Geriatric Nursing and the American Association of Colleges of Nursing.

Jennifer Savage, associate professor and associate dean for graduate programs at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has been named a fellow of the American Academy of Nursing.

JoAnn Warren, associate professor and chair of the Department of Environment for Health at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis and president of the Honor Society of Nursing, Sigma Theta Tau International, has been named a fellow of the Gerontological Society of Nursing and the American Association of Geriatric Nurses.

Thelma A. Thach, associate professor and assistant dean of undergraduate programs in the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton, has received the 2003 Sigma Facultary Award from the Hartford Institute for Geriatric Nursing and the American Association of Colleges of Nursing.

Wanda Lawrence, associate professor and associate dean for graduate programs at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has been named a fellow of the American Academy of Nursing.

Hazel F. Finn, associate professor at the University of Pennsylvania, has received the 2003 Sigma Facultary Award from the Hartford Institute for Geriatric Nursing and the American Association of Colleges of Nursing.

Kathleen A. Hein, associate professor at the University of Virginia College of Nursing, has been named a fellow of the Gerontological Society of Nursing and the American Association of Geriatric Nurses.

Karen L. Klabas, director of the Mary Mar-

tonaplo Business Journal's Who's Who Behind the Scenes in Health Care section. Austin is distin-
guished professor and director of the Center for Enhancing the Quality of Life in Chronic Illness at Indiana University School of Nursing at Indiana Uni-

versity-Purdue University Indianapolis.

Sheila A. Austin, ongoing clinical nurse specialist at OhioHealth's James Madison Hospital in Columbus, has been named a fellow of the American Academy of Nursing.

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the American Association of Colleges of Nursing (AACN) for her innovative works in education and research. During her tenure as director of nursing practice at Oregon Health & Science University (OHSU), she received national recognition for her work in advancing patient care and improving outcomes. Her contributions have had a lasting impact on the field of nursing, and she continues to inspire new generations of nurses to pursue excellence in their work.

In summary, the field of nursing has made significant progress in recent years, with leaders like Gail Angeline, Angela Plowden, and countless others contributing to its growth and development. The future holds great promise for nurses as they continue to advance and improve the quality of care delivered to patients around the world.
Gail Lemieux, assistant professor and Keith Plowman, assistant professor and department vice chair, both of the University of Maryland School of Nursing, have been selected to participate in the American Association of Colleges of Nursing's Leadership for Academic Nursing Program Supported by the Heifer Field Health Trust, the yearlong program is designed to develop and enhance leadership skills in new and emerging administrators in baccalaureate and graduate nursing programs.

Diane Feeney Mahoney* has received the Distinguished Alumni Award for the Health Professions from the University of Massachusetts at Lowell. She was recognized for her innovative wellness programs for elderly women and the significance of her research and wide dissemination of research findings in clinical, gerontology, and technology journals. She is director of the Enhancing Family Caregiving Program Through Technology, Gerontology, and Nursing Research at the Research and Training Institute, Hebrew Rehabilitation Center for Aging in Boston.

Barbara A. Mark, the distinguished professor and associate dean for academic affairs at McGill University, has been appointed visiting scholar to write her memoirs. Mulbah was inducted as a member of Sigma Theta Tau International's Gamma Chapter at the University of Iowa. She is married and has five children.

Barbara A. Mark, the distinguished professor and associate dean for academic affairs at McGill University, has been appointed visiting scholar to write her memoirs. Mulbah was inducted as a member of Sigma Theta Tau International's Gamma Chapter at the University of Iowa. She is married and has five children.

Elizabeth (Liz) Sele Mulbah of Liberia traveled to the University of Florida in November 2002 as a visiting scholar with plans to write her autobiography. The eight-month program stretched to 11 months when civil unrest broke out in Liberia in July 2003.

Upon returning to her home country, Mulbah was appointed health sector advisor to the transitional government. She works in close collaboration with the Ministry of Health, as well as with international organizations such as the World Health Organization and United Nations Children's Fund (UNICEF) on staffing, training, revitalization of facilities and acquisition of medical equipment. Mulbah finds this position a "most challenging" assignment in war-torn Liberia.

"Everyone needs care—preventive and curative," Mulbah wrote via e-mail. "Children are still dying from preventable childhood diseases such as measles and tetanus. Other common conditions are anemia, malaria, RTI [reproductive tract infections], malnutrition and HIV/AIDS. Leptony and TB still pose problems. These have been further complicated by the inability of the public health system to pay a salary rate of about 80 to 90 percent of the population. Most people cannot afford medical care, especially now that the majority of health care facilities have been destroyed, including training institutions."

In 1977, Mulbah received a master's degree in nursing service administration from the University of Iowa College of Nursing. She returned to the university in 2002 as a visiting scholar to write her memoirs. Mulbah is a member of Sigma Theta Tau International's Gamma Chapter at the University of Iowa. She is married and has five children.


Joanne J. Fitzpatrick is series editor, and Margaret Shandor Miles and Diane Holdich-Davis are volume editors of Annual Review of Nursing Research, Springer Publishing, 2004.


Bernadette Schaefer has published articles on Medical/Surgical Nursing: A Nursing Process Approach, 2(2nd ed.), 2003. She has also published in the National League for Nursing magazine, the American Journal of Nursing, the Journal of Nursing Education, and Nursing Clinicals of Canada.

Mrs. Kalayjian* states. "The eight-month period stretched to 11 months when civil unrest broke out in Liberia in July 2003.

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Tamilyn Marcia Boehmke, research assistant professor at the University at Buffalo, the State University of New York, has been awarded a $300,000 grant from the National Institute of Nursing Research of the National Institutes of Health. Boehmke’s project, titled “Identifying Symptom Distress in Women With Early Stage Breast Cancer,” also was awarded a $200,000 grant from the Department of Defense for her study, “Development of a Comprehensive Instrument to Measure Symptoms and Symptom Distress in Women After Early Stage Breast Cancer.”

Janice Baskett, assistant professor at Indiana University School of Nursing at Indiana University-Purdue University Indianapolis, has been awarded a $200,000 grant from the Agency for Healthcare Research and Quality for research intervention study about quality of life in children with epilepsy.

Tom Christianby and Cynthia Bird have received partial funding enhancement awards from the University of Cincinnati. Christianby is assistant professor of nursing at Vanderbilt University School of Nursing, is the first researcher to use the Common Micronutrients in Guided Health. The team is in the process of testing and validating a quantitative normalization measure to be used in patients with rheumatoid conditions.

Michelle C. Clark, associate professor in the School of Nursing at the University of Texas Medical Branch in Galveston, is principal investigator for the one-year study “Testing the Distress Stress Model With Lay Caregivers,” funded by $97,541 by the Agency for Healthcare Research and Quality.

Nancy Flanagan, assistant professor at the University at Buffalo, the State University of New York, has been awarded a $146,880 grant from the National Institute of Justice for the study “Model of Transitional Care Planning for Older Adults.”

Pamela S. Hinds, director of nursing research at St. Jude Children’s Research Hospital in Memphis, Tenn., has received the Oncology Nursing Society 2004 Distinguished Research Award. Hinds was recognized for her study in oncology patients.

Sandra Garcia Jones*, assistant professor at Florida International University School of Nursing in Miami, has received a $600,000 award from the Office on Women’s Health, Department of Health and Human Services, to develop and implement an HIV prevention program for Hispanic female college students.

Deborah Kohn-Gilfin* has been named the first Audrienne H. Moseley chair in women’s health research at St. Mary’s Medical Center and the University of Miami, an appointment in recognition of her study in promoting healthy lifestyles, parenting skills and sexual risk reduction among low-income Latina teen parents. Kohn-Gilfin is director and principal investigator of the UCLA School of Nursing’s Multi-Center Cognitive-Behavioral Research Program in Vulvodynia.

Adeline (Adey) Nyamathi* has been named the first Audrienne H. Moseley chair in community health research in recognition of her efforts in disease prevention and intervention among homelss and institutionalized adults. Nyamathi is associate dean for academic affairs and co-director of the UCLA School of Nursing’s Center for Vulnerable Populations Research.

Nancy H. Palmer, the Upjohn distinguished professor in nursing at the University of Rochester in Rochester, N.Y., has received a $200,000 grant from the National Institute of Nursing Research. Rather than having three career-specific versions, the focus now will be on “evidence-based practice” for nurses in pediatrics research.

Sandra Sandella, associate dean for academic affairs and co-director of the Center for Nursing Education and Practice at the University at Buffalo, is the first recipient of the Rubenstein-Wells Chair of Nursing at the University of Rochester.

University of New York, has been awarded a $650,000 grant from the American Cancer Society, University of Rochester, for research intervention about Symptom Management in Women With Acutely Ill Older Adults. Sixty-one PICCs were placed in 32 patients. There were no serious complications, and the rate of infection control using PICCs was high.

A new generation of the Excellence online newsletter is now known as the Excellence in Nursing Knowledge newsletter. The newsletter is designed to keep nurses up-to-date with a wide variety of news topics. It will be sent to all nurses who have subscribed to it. In a study, a new level of online publication is being carried out.

INTRODUCING THE GUEST EDITORS

Excellence in Nursing Knowledge will become a monthly online publication that introduces readers to best practices and evidence-based resources from all over the world. Each issue will feature a guest editor who will provide a unique perspective on the topic of the issue. Guests will be selected based on their experience in nursing with evidence-based practice, and will be featured in the newsletter.

The first issue of Excellence in Nursing Knowledge will feature guest editor Jessica Page, who is the editor-in-chief of the Journal of Nursing Research at the University of North Carolina at Chapel Hill. Page is a registered nurse and a faculty member in the School of Nursing at the University of North Carolina at Chapel Hill.

The second issue of Excellence in Nursing Knowledge will feature guest editor Jennifer B. Ryan, who is the editor-in-chief of the Journal of Nursing Care Quarterly at the University of South Carolina. Ryan is a registered nurse and a faculty member in the School of Nursing at the University of South Carolina.

The third issue of Excellence in Nursing Knowledge will feature guest editor Sheri L. Minnich, who is the editor-in-chief of the Journal of Nursing Education at the University of Wisconsin-Madison. Minnich is a registered nurse and a faculty member in the School of Nursing at the University of Wisconsin-Madison.

The fourth issue of Excellence in Nursing Knowledge will feature guest editor John D. Kelly, who is the editor-in-chief of the Journal of Clinical Nursing at the University of Texas at Austin. Kelly is a registered nurse and a faculty member in the School of Nursing at the University of Texas at Austin.

The fifth issue of Excellence in Nursing Knowledge will feature guest editor Linda S. Kelly, who is the editor-in-chief of the Journal of Advanced Nursing Practice at the University of Arizona. Kelly is a registered nurse and a faculty member in the School of Nursing at the University of Arizona.

The sixth issue of Excellence in Nursing Knowledge will feature guest editor Sarah M. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The seventh issue of Excellence in Nursing Knowledge will feature guest editor Susan A. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The eighth issue of Excellence in Nursing Knowledge will feature guest editor Mary D. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The ninth issue of Excellence in Nursing Knowledge will feature guest editor Jennifer D. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The tenth issue of Excellence in Nursing Knowledge will feature guest editor Donna L. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The eleventh issue of Excellence in Nursing Knowledge will feature guest editor Kay L. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The twelfth issue of Excellence in Nursing Knowledge will feature guest editor Linda L. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The thirteenth issue of Excellence in Nursing Knowledge will feature guest editor Mary L. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The fourteenth issue of Excellence in Nursing Knowledge will feature guest editor Jennifer M. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The fifteenth issue of Excellence in Nursing Knowledge will feature guest editor Linda M. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The sixteenth issue of Excellence in Nursing Knowledge will feature guest editor Mary N. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The seventeenth issue of Excellence in Nursing Knowledge will feature guest editor Jennifer N. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The eighteenth issue of Excellence in Nursing Knowledge will feature guest editor Linda N. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The nineteenth issue of Excellence in Nursing Knowledge will feature guest editor Mary N. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The twentieth issue of Excellence in Nursing Knowledge will feature guest editor Jennifer N. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.

The twenty-first issue of Excellence in Nursing Knowledge will feature guest editor Linda N. Johnson, who is the editor-in-chief of the Journal of Nursing Education and Practice at the University of California, San Francisco. Johnson is a registered nurse and a faculty member in the School of Nursing at the University of California, San Francisco.
Tamilyn Stephanie Von Bacho and Terri Scharfe-Pretino coordinated the production of Deborah Zwicker for the first time in her institution. ENK will present the professional voices in community health, and devoting an entire quantitative normalization measure to be used in patients with rheumatoid conditions.

Michelle C. Clark, assistant professor in the School of Nursing at the University of Texas Medical Branch in Galveston, is principal investigator for the one-year study testing the Diabetes Stress Model With Lay Caregivers, funded with $97,541 by the Agency for Healthcare Research and Quality.

Nancy Flanagan, assistant professor at the University of Buffalo, The State University of New York, has been awarded a $104,899 grant from the National Institute of Justice for her study, "Model of Traumatic Health Care Planning for Offenders.

Sandra Gracia Jones, assistant professor at Florida International University, School of Nursing in Miami, has received a $60,000 award from the Office on Women's Health, Department of Health and Human Services, to develop and implement an HIV prevention program for Hispanic female college students.

Deborah Koshak-Griffith has been named the first Audine H. Moseley chair in women's health research at Indiana University School of Medicine. She is associate dean for academic affairs and co-director of the UCLA School of Nursing's Center for Vulnerable Populations Research.

Annalisa (Adley) Nyamttar has been named the first Audine H. Moseley chair in community health research in recognition of her efforts in disease prevention and intervention among homeless and immigrant adult and adolescent populations. She is assistant dean for community affairs and co-director of the UCLA School of Nursing's Center for Vulnerable Populations Research.

Kevin H. Laman, the distinguished professor in nursing, and Julibee B. Page, clinical instructor, both of the University of North Carolina at Chapel Hill School of Nursing, are the first graduate nursing researchers to receive the Eunice Kennedy Shriver Award. Each year, one graduate student will receive a $10,000 grant for research on the public health needs of North Carolina's nurses and improve the quality of nursing care provided to acutely ill older adults. The project is funded by a three-year grant of almost $565,000 from the Health Resources and Services Administration.

Keith Widman, assistant professor at the University of Maryland School of Nursing, has received a three-year, $435,989 grant from the Department of Defense for his study, "Veterinary Care Pathways for Pediatric Patients: A Developmental Model Based on the Nursing Process.

Carole A. Reinicke, assistant professor, School of Nursing, and associate scientist for nursing research, Center for Health Economics and Policy, The University of Texas at Austin, and University of Texas Southwestern Medical Center, has been appointed as the new nursing researcher position of the Nursing Advisory Committee, Texas State Health coordinating Council.

Mauce Pittman, assistant chief nurse for research for the North Florida South Georgia veterans Health System, has received the Dorothy M. Smith Nursing Leadership Award from the University of Florida for her work in stroke rehabilitation research.

Centocia (Tom) Tschornik, "for his leadership in transforming the Yale School of Medicine, and Wendy Mackay," clinical nurse specialist at Yale School of Medicine, conducted an evaluation of the effectiveness of perilously inserted central catheters (PICCs) to determine if PICCs were placed in 32 patients. There were no serious complications, and the rate of fistula infection using PICCs was high.

Mail "Noteworthy" from Jane Palmer, Reflecting on Leadership Nursing, 560 West North St., Indianapolis, IN 46202, USA, or e-mail to janepalmer@enthscsa.edu.
Africa chapter
(Continued from page 51)
Dr. Lilian Douglass of Canada undertook a site visit in her capacity as a representative of the Eligibility Commit­tee of Sigma Theta Tau International. In April 2003, the AHSN received an invitation from Dr. May L. Wykle, then president of the honor society, to present its petitioning at the next biennial convention, held in Toronto, Canada, in November 2003. This process took two years of persistent effort and commitment.

Structure of the AHSN: An alternative model
The structure of the AHSN was designed to serve the unique objectives of the organization and thus did not follow the exact pattern of existing Sigma Theta Tau International at-large chapters. An example of this uniqueness is that the different universities, which form part of the society, are called "subchapters." This makes it easier to distinguish between members (individuals) and settings where members are recruited and inaugurated (subchapters). The AHSN is managed by a board of directors, which consists of three groups of directors: 1) the office bearers (a president, vice president, and secretary-treasurer); 2) the country representatives (one for each country in which there is a subchapter); and 3) the two members at-large (elected in any country where there is a subchapter). A secretariat is established at a single university for a period of five years. The secretariat, represented on the board as the secretary-treasurer, is appointed by the school where the secretariat is located.

The Honor Society of Nursing requires chapters to hold regular meetings and to have at least two scholarly activi­ties annually. In the AHSN, one activity is the annual conference, held in a different African country each year. In addition, each subchapter has to organize a local activity to achieve the required two activities per year.

The AHSN board of directors and committees meet primarily via teleconferencing. This method has its shortcomings, such as "falling off the line" during a meeting and the unpredictability of international phone connections.

Challenges
The unique context of the African continent and this chapter pose interesting—sometimes daunting—challenges:

1. The first challenge is the fees required of an official chapter. Any increase in fees is problematic for the African chapter. A decrease in chapter income will make it difficult to function as an at-large chapter without external fund­ing. Sponsorship is currently being sought from companies based in the African region.

2. Lack of Internet connection between members and even some of the university schools of nursing in the region makes communication a challenge. Not only is it difficult to reach each other and for members to participate in committee work, it is also difficult for members to participate actively in collaborative research projects.

3. With the vastness of the continent and the differences in official languages, it is challenging to be inclusive. The objec­tive is to straddle the language division, since it is essential for the development of nursing and midwifery in Africa. How­ever, French or Lusophone countries have not yet been penetrated, and when they are, costs will greatly increase.

4. There are differences between countries with regard to the development of nursing, and, consequently, differences in needs. Meeting needs in an equitable manner is a challenge. The fact that many nurse leaders who hold influential positions do not have bachelor's degrees—and, therefore, do not qualify for membership of the AHSN—poses a particular challenge.

5. The health needs in Africa and the role of the nurse and midwife—both actual and potential—are enormously challenging. It is often difficult to focus in such a situation, and this can lead to fragmented and ineffective actions.

6. The fact that an at-large chapter holds only two votes during voting procedures at the House of Delegates is also problematic to the AHSN. At this point in time, the African chapter represents nine nursing schools, which, under nor­mal circumstances, would qualify for 18 votes. The African chapter model presents a matter for consideration by the Sigma Theta Tau International board of directors.

It takes concerted effort, leadership, vision and commitment to achieve challenging initiatives. Excellence in nursing and midwifery education, research and practice can only occur and be sustained by sharing Africa's meager resources. The support of the civil society and the global nursing community is criti­cal. The spirit of partnership and collaboration with existing professional networks, such as the World Health Organisation and the West African College of Nursing and national nursing associa­tions, will be encouraged and cherished. Mentorship by experienced nursing organizations—in particular, Sigma Theta Tau International—might enhance this realization.

Elisabeth Percival, AM, RN, MN, PHCPC, FRCA, a nurse consultant and international development consultant for Sigma Theta Tau International, and Teresa Randelli, BA, CAF, is global development manager at the Honor Society of Nursing.

Dear Colleagues,
Thought leader Verna Allee asserts that learning requires self-con­scious reflection. She explains, "Conscious conversation helps us fine­ tune our ability to make meaning together, to sense our way into sys­tems understanding and to work directly with our cognitive processes. The pace of these deeper explorations tends to be slow­er, as we engage more fully with each other. Slowing down allows space to open—in the in-between places between thoughts. Develop­ing this contemplative capacity moves us from communicating learning and everyday problem solving into the larger inner and creative spaces. There are we are able to see whole system patterns and tap into our deepest wisdom and knowing. The quiet places are where the dreams emerge that will shape our future (Allee, 2003, p. 250)."

Our new governance structure and use of advisory councils and task forces create forums for deeper exploration and enable us to engage in self-conscious reflection, to create conscious conversations and to develop a systemic understanding of emerging patterns. The purposes, expected outcomes and questions to consider, along with time lines to accompl­ish work, have been crafted and sent forward to the Leader­ship Council, Governance and Regional Chapters Coordinating committees. The Policy, Research, Future Planning and International Leadership Institute advisory councils have also been established.

An International Advisors Council has been created. The purpose of this group is to provide the honor society with informed opinions, reactions and recommendations regarding regional and global growth of Sigma Theta Tau International. Two task forces, one devoted to the scholarship of reflective practice and the other charged with issues related to chapters and community building, are underway. Where possible, international co-chairs of councils have been appointed to include international voices in the dialogues and deliberations.

Model chapter bylaws have been approved by the board of direc­tors and will be adopted by the chapters over the course of the biennium. The new governance structure provides chapters the flexi­bility to operate under a more dynamic configuration and allows the organization to meet the needs of a changing membership base. Many resources are available that will help guide chapters through this transformation, including information on the honor society's Web site (http://www.nursingsociety.org/chapters/governance_resources.html), helpful articles and tips in Chapters, Leader Emphasis and Leader Lines newsletters, and forums on the Chapter Officer ListServ. On another note, at convention, the House of Delegates sent a clear message to the board of directors about access to information and transparency of board actions and deci­sions. Be alert to communications related to this and be advised that the board is adopting the following set of evaluation criteria for its own reflexive inquiry into its work.

At each meeting throughout the biennium, the board will use the following questions to evaluate its work. What out­comes have been established? To what degree do established outcomes serve the vision, mission and strategic goals of the organization? How do out­comes respond to expressed needs? Was the process used to achieve the outcomes appropriate, inclusive and transparent? Was due di­ference performed? Were resources and operations adequate to support outcome achievement? How do outcomes affect stakeholder satisfaction? What do outcomes mean for the society as a whole? How do outcomes affect the organization's capacity to achieve the strategic initiatives? How do outcomes affect the organization's capacity to achieve the strategic initiatives?

I appreciate the effort of members who have completed the online Volunteer Interest Profile (VIP) profile at www.nursingsociety.org/VIP. To date, 356 members have completed and submitted their profiles. The information shared has enabled us to match expertise and ex­perience with service opportunities on advisory councils, task forces and other activities that support the work of the honor society. By sharing your interests and experiences, we are able to create the future through strategic use of member talents, thereby supporting strategic goals and the work of the bimennum. Currently, Regional Coordina­tors and chapter leaders can access VIP profile reports by contacting headquarters. In the near future, these reports will be available to members on the Web site. Use of the VIP profile resource is intended to support the creation of social networks that promote conscious con­versations. Knowledge and wisdom are derived from self-conscious reflection, and our conscious conversations will help us make mean­ing together in order to create the future.

Daniel J. Pesut, PhD, APRN, BC, FAAN
President Daniel J. Pesut

Have you begun creating the future through renewal?
For ideas on how to get started, visit www.nursingsociety.org and click on President Pesut's Call to Action to find an opportunity matrix that lists 150 ways you can serve.

F R O M T H E P R E S I D E N T
Honor Society of Nursing, Sigma Theta Tau International

Inside the Society

S E C O N D Q U A R T E R 2 0 0 4
The African continent and this chapter presents a unique context for the unique objectives of the organization and thus did not follow the exact pattern of existing Sigma Theta Tau International at-large chapters. An example of this uniqueness is that the different universities, which form part of the society, are called "subchapters." This makes it easier to distinguish between students and individual chapters in the development of a system. There are two main subchapters: 1) the two members at-large (elected in any country where there is a subchapter). A secretariat is established at a single university for a period of five years. The secretariat, represented on the board as the secretary-treasurer, is appointed by the school where the secretariat is located. The Honor Society of Nursing requires chapters to hold regular meetings and to have at least two scholarly activities annually. In the AHNS, one activity is the annual conference, held in a different African country each year. In addition, each subchapter has to organize a local activity annually. This makes it easier to focus on such a situation, and this can lead to fragmented and ineffective actions. The fact that many nurse leaders who hold influential positions do not have bachelor's degrees—and, therefore, do not qualify for membership of the AHNS—poses a particular challenge.

Structure of the AHNS: An alternative model

The structure of the AHNS was designed to be the unique objectives of the organization and thus did not follow the exact pattern of existing Sigma Theta Tau International at-large chapters. An example of this uniqueness is that the different universities, which form part of the society, are called "subchapters." This makes it easier to distinguish between students and individual chapters. The AHNS is managed by a board of directors, which consists of three groups of directors: 1) the office bearers (a president, vice president and secretary-treasurer), 2) the country representatives (one for each country in which there is a subchapter); and 3) the two members at-large (elected in any country where there is a subchapter). A secretariat is established at a single university for a period of five years. The secretariat, represented on the board as the secretary-treasurer, is appointed by the school where the secretariat is located. The Honor Society of Nursing requires chapters to hold regular meetings and to have at least two scholarly activities annually. In the AHNS, one activity is the annual conference, held in a different African country each year. In addition, each subchapter has to organize a local activity annually. The AHNS board of directors and committees meet primarily via teleconferencing. This method has its shortcomings, such as "falling off the line" during a meeting and the unpredictability of international phone connections.

Challenges

The unique context of the African continent and this chapter presents interesting—sometimes daunting—challenges. 1. The first challenge is the fees required of an official chapter. Any increase in fees is problematic for the African chapter. A decrease in chapter income will make it difficult to focus on an at-large chapter without external funding. Sponsorship is currently being sought from companies based in the African region. 2. Lack of Internet connection between members and even some of the university schools of nursing in the region makes communication a challenge. Not only is it difficult to reach each other and for members to participate in committee work, it is also difficult for members to participate actively in collaborative research projects. 3. With the vastness of the continent and the differences in official languages, it is challenging to be inclusive. The objective is to straddle the language division, since it is essential for the development of nursing and midwifery in Africa. However, French or Lusophone countries have not yet been penetrated, and when they are, costs will greatly increase. 4. There are differences between countries with regard to the development of nursing, and, consequently, differences in needs. Meeting needs in an equitable manner is a challenge. The fact that many nurse leaders who hold influential positions do not have bachelor's degrees—and, therefore, do not qualify for membership of the AHNS—poses a particular challenge.

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Guilty of great service
by Deborah M. Snyder

I HAVE WATCHED enough "Magnum, P.I." to understand the fine art of tainting someone. So, when I was assigned the momentous task of profiling the Sigma Theta Tau International Call Center, I decided to use my underutilized detective skills to get the real scoop. The Call Center is often accused of great customer service, but could that pleasant facade really hold up, or would its case crack under my careful scrutiny? Only time and a small handheld recorder will tell.

Monday, 07:27:15 AM EST—I am deep undercover and watch carefully as Call Center Manager Sabrina Hardimon-Collins arrives in the office. After a few pleasantries with co-workers, she quickly gets to work. I tail her for several hours. Overall, Hardimon-Collins displays strong leadership skills, consistently brings forth membership statistics in meetings and gives a fresh perspective. Considered an advocate for constituents by her colleagues, Hardimon-Collins is always fair and considers her words carefully before speaking. Managing the Call Center, gathering member feedback, coordinating new product rollout and other responsibilities account for much of her day.

Close call ... Hardimon-Collins almost catches me lurking outside in the hallways.

Monday, 10:45:35 AM EST—The entire Call Center staff has been in the office for several hours now. Among them is Giora White, a relative newcomer to the Call Center. As I listen to White responding to constituent calls, I understand why members enjoy speaking to her. When she opens her mouth, a melodic and reassuring voice emerges. I am almost lulled to sleep but quickly remind myself of the mission. I listen as she successfully places orders and responds to constituent questions. White reads constituent e-mails and hunts down answers between calls. Her greatest strength is following each request through to certain resolution.

Suspicions are arising about my intentions. May have to come up with new cover tomorrow.

Tuesday, 08:00:19 AM EST—I arrive at work and answer a telephone call. Although I wish to assist this constituent, she specifically asks to speak with Janell Jackson, senior Call Center representative. She claims they have formed a great personal rapport, and Jackson knows the history of this issue. My annoyance at not being able to assist turns into overwhelming admiration for Jackson throughout the day. Simply worded, Jackson brightens any life she touches. Her infectious laugh and positive spirit bring a certain smile to the face of all constituents with whom she interacts. Honest and caring, she provides a truthful assessment of every situation, making her an invaluable member of the team.

Watching Jackson confirms that the Call Center method of operation is consistent and unrevealing top-notch service. Deeper infiltration may be required. This case is more complex than I originally imagined.

Thursday, 16:01:54 PM EST—I listen at the newest member of the Call Center, Mary Ann Scott, RN, MSN, makes an outstanding call to resolve a product issue. Thus far, Scott has brought an amazing depth of nursing knowledge and a quick-witted, no-nonsense approach to the Call Center; however, this could be the break I have been waiting for. I raiddrop carefully. Her relationship-building, pleasant demeanor and decisive resolution impress me. She is a great asset to the department.

After performing a thorough review of the Call Center, my investigation is complete.

Friday, 08:00:25 AM EST—I am prepared to write concluding notes about the case and report back to the members. All week I watched as the Call Center staff responded quickly and effectively to e-mails, calls and letters. Each representative brought her own special personality traits to an extraordinary blend of excellence and dedication. Although I was eager to get a break in the case, this department is guilty as charged—guilty of great customer service.

Deborah M. Snyder, MA, is manager, Constituent Communication and Training, at the Honor Society of Nursing.

Africa: New at-large chapter model

Adapted by Elizabeth Pincus and Teresa Mansell from a report by L.R. Uys, RN, RM, DSc(Sc); N.M. Seboni, RN, RM, PhD; E.S. Selelweni, RN, PhD; and H.C. Klippgen, RN, PhD, MBA

In 2000, Leana Uys, head of the School of Nursing at the University of Natal in Durban, South Africa, and Naomi Seboni, a senior faculty member in the Department of Nursing Education at the University of Botswana in Gaborone, attended an international meeting organized by the Honor Society of Nursing, Sigma Theta Tau International. This experience was the catalyst for Uys and Seboni to commit to forming a chapter in Africa. At that time, nurse leaders in other African countries also had plans to initiate chapters in their respective countries. A proposal to develop an African chapter of Sigma Theta Tau International was made to the three World Health Organization Collaborating Centers (WHOCCs) for Nursing and Midwifery Development in Africa at the universities of Botswana, Natal and South Africa. The three WHOCCs supported the above proposal, and a steering committee was formed. Each center was assigned tasks: The University of Natal served as treasurer and secretariat; the University of Botswana developed the first set of bylaws; and the University of South Africa organized the first meeting, the first constituent conference of the African Honor Society for Nurses (AHSN). The name has since been changed to the African Honor Society for Nursing.

Context

The African context had to be taken into account in the development of the AHSN. This was a unique model for Sigma Theta Tau International. Because the development of an African honor society involved not only multiple university schools but also multiple countries, it needed to be more comprehensive and inclusive of all nurses in the entire African continent. Although affiliation with Sigma Theta Tau International was a long-term goal from the onset, the founding committee wanted the organization to address the specific needs of nurses and midwives in Africa. With the limited resources in Africa, it was realized that this body would enhance creation of a critical mass of African nurse scholars who would serve as a think tank for the development and advancement of nursing science, education, research and practice.

The use of different official languages in African countries also presented a unique issue. The Africa Region of the World Health Organization consists of 47 countries. In approximately half of those countries, French is the official language. Portuguese is the official language in two countries and English is the remainder. Many of these countries have no university-based nursing and midwifery education, as well as no graduate or postgraduate programs in nursing. In most, there is only one university, which isolates the nurse leaders and students. The majority of the African countries (29) are classified as "least developed" by the World Bank, which means that resources for both health care and nursing education are limited. Most nursing education programs are still offered in hospital-based schools.

Becoming an at-large chapter

The bylaws of the AHSN were based on those proposed for at-large chapters in the Sigma Theta Tau International guidelines. After the bylaws were adopted at the first AHSN conference, the process of applying for chapter status commenced. Reviewing and finalizing bylaws, organizing the conference, developing an agenda for the first annual general meeting and determining financial matters were discussed and approved via teleconferencing.

The launch conference was held in Pretoria, South Africa, in August 2001. Most African members of Sigma Theta Tau International were contacted and informed about the development of the AHSN. Many were eager to join when the society achieved chapter status. Several universities in Africa were invited to join and to attend the first conference and annual general meeting. They included the universities of Botswana, Lesotho, Natal, UNISA and Witwatersrand, as well as Open University of South Africa and Mandela University, which includes nursing studies.

The first AHSN members were inducted by Dr. Bill Holemer of Alpha Eta Chapter at the University of California, San Francisco, who was participating in collaborative research with four universities in Southern Africa. The first board of directors was elected, with Uys as president and Seboni as vice president.

Soon after the board was elected, the committee was successful in obtaining sponsorship from the World Health Organization Regional Office for Africa (WHO/AFRO) for a leadership and development workshop. This two-day workshop in Roodepoort, South Africa, was attended by directors and was used to develop a strategic plan based on input from members at the conference.

Subsequent to the workshop, the application for at-large chapter status was submitted to the international Eligibility Committee of Sigma Theta Tau International in March 2002. The application was 1,200 pages in length.

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Knowledge a click away

WHAT DO the following have in common?

- Academic Edge Inc.
- American Association of Colleges of Nursing
- American Academy of Nurse Practitioners
- American Psychiatric Nurses Association
- American Society of Ophthalmic Registered Nurses
- AORN
- ASKME/HEALTH
- CarpeNurses.com
- CPU Resource Center
- HealthDay
- Hospice and Palliative Nurses Association
- Indiana University School of Nursing—Center for Teaching and Lifelong Learning
- Infection Nurses Society
- Jaime Briggs Institute
- Matthews Medical Books
- National Nurses in Business Association
- National University of Ireland
- New England Journal of Medicine
- Otolaryngology Nursing Society
- OPA
- Pediatric Endocrinology Nursing Society
- Perioperative Nurses Society
- Preventive Cardiovascular Medicine
- School of Nursing—University of Delaware
- Sigma Theta Tau International
- The Ohio State University
- University of Arizona
- University of Washington

Each has partnered with the Honor Society of Nursing, Sigma Theta Tau International to provide content for its new not-for-profit subsidiary, Nursing Knowledge International. Visit www.nursingknowledge.org for high-quality, nurse-centric professional development and knowledge solutions from nursing providers, associations and for-profit companies that serve the informational needs of the global nursing community.

Nursing Knowledge International will have a depth and breadth to satisfy the most demanding of clinicians, the most focused of researchers, the most inclusive of policy-makers and the most intellectually fastidious of educators. The site will be as helpful for the initiate who is first accepting the honor society’s invitation as the baby-boomer nurse contemplating retirement.

“Our mission is to serve the global community of nursing by providing knowledge and professional development services that increase nurse satisfaction, enhance nurse effectiveness and ultimately improve patient care,” said Nursing Knowledge International Executive Director Bob Gallup. “In the coming months, all nurses will have a single point of access to the best knowledge-based solutions available in the industry, some of which will be free to support our mission of helping nurses help others.”

Just a click away is free and fee-based nursing content with a focus on providers at every level of customer service expected from the Honor Society of Nursing.

Omada participants named by Jane A. Root

Six honor society members have been accepted as the first group in the Omada Mentoring Program. Named for the Greek word for “team,” the program prepares nurses to serve on national and international boards. Mentees learn core aspects of organizational leadership including vision, mission and strategic goals; legal, ethical and fiduciary responsibilities; and relationship to the chief executive.

Each mentee is paired with a nurse who is a member of a national or international organization’s board of directors. Mentees attend board meetings with their mentor participate in a one-day retreat and attend a three-day retreat that includes a half-day observation of an Honor Society of Nursing board of directors meeting. The two-year program allows mentees in-depth observation of the cycle of activity for their selected board.

The functions board members are expected to perform can be complex and time-consuming. As many of their responsibilities,“Nurses can bring credibility, leadership and depth of knowledge to organizations when they participate in a governance role. The Omada program was developed to give nurses the knowledge and resources they need to master the intricacies of holding an organization in trust.”

Applications are being accepted for the 2005 Omada program. Information and application forms for mentor and mentee applicants are available at www.nursingsociety.org.

Mentors and mentees selected for the 2004-2006 Omada program include: Donelle M. Barnes, RN, PhD, Epsilon Theta, and Susan Kardong-Edgren, RNC, MS, Delta Theta, and mentors Coletta C. Barnett, RN, ME4A, FAHA, and Gaye R. Whittam, RN, PhD, FAAN, Eta, with the American Heart Association; Catherine Earl, RN, DPA, Kappa Epilalon and Rho, and mentor Shakeh Kefitian, EdD, FAAN, Upsilon, with the International Network for Doctoral Education in Nursing; Brenda Long, EdD, RN, Sigma, and mentor Mary Jo Biddle and Margaret Beals, Delta, Epsilon Omada, with the National Council of State Boards of Nursing; Diane Catherine Saullo, RN, MS, CNOR, Nu Omaga, and mentor Mary Armstrong, DNSe, MS, ARNP; Delta Chi-at-Large, with the International Nurses Society on Addictions; and Mary Anne Vincent, RN, RN, Beta Beta and Zeta Pi, and mentor Gwen Sherwood, RN, PhD, FAAN, Zeta Pi, with the International Association for Human Caring.

Jane A. Root, PhD, is senior manager, leadership and career development, at the Honor Society of Nursing.

Heal, lead and learn through annual giving

Throughout its history, Sigma Theta Tau International has been blessed with members who understand the importance of supporting the honor society philanthropically. When the Knowledge Building Campaign was launched several years ago, more than 30,000 members shared their benevolence by opening their hearts and their wallets to construct the International Center for Nursing Scholarship. The same held true when we celebrated the honor society’s 75th anniversary in 1997; member contributions are memorialized with a bronze bookplate on the “Tribute Wall” here at headquarters.

Annual gifts

Your generosity continues to this day, through the Sigma Theta Tau International Foundation for Nursing’s annual giving campaign. This upcoming fund-raising campaign, which began in 2002, continues to ensure future honor society operations. Yet annual support isn’t about operations alone. Over the course of the next three years, members will be reminded that nursing scholarship and leadership are areas requiring financial support.

Simply put, the fund-raising priorities for the foundation match the programmatic aspects of the honor society. Donations for leadership initiatives will fund leadership skills development, mentoring and membership subsidy programs, while contributions to nursing scholarship help advance the scholarship of nursing through the dissemination of small and joint research grants and sharing of honor society knowledge resources. It’s always the right time to help nurses heal, lead and learn.

Gifts received during the fiscal year ending in 2004 will be listed in a future issue of Reflections on Nursing Leadership and will be recognized at the following levels:

- Founders’ Circle, $1,000
- Leadership Circle, $250
- President’s Circle, $500
- Friends’ Circle, $100

Brick pavers

The brick paver program, unveiled at the 2003 Biennial Convention in Toronto, is a meaningful, tangible way to support the foundation. For gifts of $500 or $1,000, a brick paver in the donor’s name will be placed in a side-walk at headquarters. Or, an individual or group of people may choose to pay honor to retiring deans or new administrators, memorialize loved ones and mentors, or celebrate academic and professional accomplishments. As with annual gifts, a brick paver contribution may be unrestricted so it may be applied to the honor society’s greatest needs, or it may be designated to support nursing scholarship or leadership initiatives. International leaders and chapters already have purchased pavers, and the foundation will install engraved pavers according to the order in which they are ordered.

You can help!

Many members already support the foundation with annual gifts. Your support is appreciated. To continue supporting the foundation with a contribution, please call foundation staff at 888.634.7573 (U.S./Canada) or 317.634.8171 (international), or send an e-mail to foundation@stti.iupui.edu.

Our goals are ambitious—$1.5 million for scholarship, leadership and the honor society’s future by 2007. With your assistance, they are achievable. Your gifts truly make a difference in helping nurses heal, lead and learn.
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- Connecticut Board of Nursing
- Delaware Board of Nursing
- District of Columbia Board of Nursing
- Florida Board of Nursing
- Georgia Board of Nursing
- Hawaii State Board of Nursing
- Illinois State Board of Nursing
- Indiana Board of Nursing
- Iowa Board of Nursing
- Kansas Board of Nursing
- Kentucky Board of Nursing
- Louisiana Board of Nursing
- Maine Board of Nursing
- Massachusetts Board of Registration in Nursing
- Michigan Board of Nursing
- Minnesota Board of Nursing
- Mississippi Board of Nursing
- Missouri Board of Nursing
- Montana Board of Nursing
- Nebraska Board of Nursing
- Nevada State Board of Nursing
- New Hampshire Board of Nursing
- New Jersey Board of Nursing
- New Mexico Board of Nursing
- New York State Board of Nursing
- North Carolina Board of Nursing
- North Dakota Board of Nursing
- Ohio Board of Nursing
- Oklahoma Board of Nursing
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Omada participants named by Jane A. Root

Six honor society members have been accepted as the first group in the Omada Mentoring Program. Named for the Greek word for "team," the program prepares nurses to serve on national and international boards. Mentors learn core aspects of organizational stewardship including vision, mission and strategic goals, legal, ethical and fiduciary responsibilities, organizational planning, and relationship to the chief executive. Each mentee is paired with a nurse who is a member of a national or international organization's board of directors. Mentees attend board meetings with their mentor, participate in a reading program and attend a three-day retreat that includes a half-day observation of an Honor Society of Nursing board of directors meeting. The two-year program allows mentees in-depth observation of the cycle of activity for their selected board.

The functions board members are expected to perform can be comprehensive and time consuming, are expected to be challenging and involve daily responsibilities," notes Beth Vaughan-Woodel, RN, EdD, FAAN, chair of the International Leadership Institute Advisory Council and past president of the honor society. "Nurses can bring credibility, leadership and depth of knowledge to organizations when they participate in a governance role. The Omada program was developed to give nurses the knowledge and resources they need to master the intricacies of holding an organization in trust.

Applications are being accepted for the 2005 Omada program. Information and application forms for mentor and mentee applicants are available at www.nursingsociety.org.

Mentors and mentees selected for the 2004-2006 Omada program include:

- Donnelle M. Barnes, RN, PhD, Epilon Theta, and Suzanne Kardong-Edgren, RNC, MS, Delta Theta, and mentors Colentina C. Barrett, RN, MEA, FAHA, and Gayle R. Whitman, RN, PhD, FAAN, ETA, with the American Heart Association.
- Catherine Earl, RNP, DPA, Kappa Epilon and Rho, and mentor Shah Kefetian, EdD, FAAN, Upsilon, with the International Network for Doctoral Education in Nursing.
- Brenda Altemus, RN, BSN, ETA Pi, and mentor Marcia B. Hobbs, DSN, Delta Epilon, with the National Council of State Boards of Nursing.
- Diane Caesalino, RN, MSN, CNOR, Nu Omaga, and mentor Mary Armstrong, DNSc, MS, ARNP, Delta Chi-at-Large, with the National Nurses Society on Addictions.
- Mary Anne Vincent, RN, RN, Beta Beta and Zeta Pi, and mentor Gwen Sherwood, RN, PhD, FAAN, Zeta Pi, with the International Association for Human Caring.

Jane A. Root, PhD, is senior manager, leadership and career development, at the Honor Society of Nursing.

Heal, lead and learn through annual giving

THROUGHOUT its history, Sigma Theta Tau International has been blessed with members who understand the importance of supporting the honor society philanthropically. When the Knowledge Building Campaign was launched several years ago, more than 30,000 members shared their benevolence by opening their hearts and their wallets to construct the International Center for Nursing Scholarship. The same held true when we celebrated the honor society's 75th anniversary in 1997; member contributions are memorialized with a bronze bookplate on the "Tribute Wall" here at headquarters.

Annual gifts

Your generosity continues to this day, through the Sigma Theta Tau International Foundation for Nursing's annual giving campaign! This ongoing fund-raising campaign, which began in 2002, continues to ensure future honor society operations. Yet annual support isn't about operations alone. Over the course of the next three years, members will be reminded that nursing scholarship and leadership are areas requiring financial support.

Simply put, the fund-raising priorities for the foundation match the programmatic aspect of the honor society. Donations for leadership initiatives will fund leadership skills development, mentoring and membership programs, while contributions to nursing scholarship help advance the scholarship of nursing through the dissemination of small and joint research grants and sharing of honor society knowledge resources. It's always the right time to help nurses heal, lead and learn.

Gifts received during the fiscal year ending in 2004 will be listed in a future issue of Reflections on Nursing Leadership and will be recognized at the following levels:

- Founders' Circle, $1,000
- Leadership Circle, $500
- President's Circle, $250
- Friends' Circle, $100

Brick pavers

The brick paver program, unveiled at the 2003 Biennial Convention in Toronto, is a meaningful, tangible way to support the foundation. For gifts of $500 or $1,000, a brick paver in the donor's name will be placed in a side-walk at headquarters. Or, an individual or group of people may choose to pay honor to retiring deans or new administrators, memorialize loved ones and mentors, or celebrate academic and professional accomplishments. As with annual gifts, a brick paver contribution may be unrestricted so it may be applied to the honor society's greatest needs, or it may be designated to support nursing scholarship or leadership initiatives. International leaders and chapters already have purchased pavers, and the foundation will install engraved pavers according to the order in which they are ordered.

You can help!

Many members already support the foundation with annual gifts. Your support is appreciated. To continue supporting the foundation with a contribution, please call foundation staff at 888.634.7573 (U.S./Canada) or 517.634.8171 (international), or send an e-mail to foundation@stti.iupui.edu.

Our goals are ambitious—$5.3 million for scholarship, leadership and the honor society's future by 2007. With your assistance, you are assured a select group. Your gifts truly make a difference in helping nurses heal, lead and learn.

The University of Alabama at Birmingham

School of Nursing

Facility Positions

Adult Health Nursing

Faculty appointments in a nationally accredited, upper division Baccalaureate Nursing Program located in an Academic Health Science Center:

- Teaching, Scholarship and Service role expectations
- Research/educational mentorship to develop program of scholarship
- Financial assistance available for pilot research
- Competitive salary commensurate with academic and experiential background
- Rank and tenure are based on academic qualifications and experience
- Excellent fringe benefits
- Masters degree in nursing specialty and earned doctoral degree in nursing or a related discipline required

For more information, potential applicants should forward vitae or contact:

Dr. Barbara C. Woodring
Associate Dean, School of Nursing
University of Alabama at Birmingham
2150 Fourth Ave. South, NB 1530 South
Birmingham, Alabama 35294-1210
Telephone (205) 934-5360

Second Quarter 2004 Reflections on Nursing LEADERSHIP
“The Faithful Nurse”
c.a. 1916
A nurse brings a drink to a woman at the Jones-Harrison Residence in Minneapolis, Minn. In existence since 1888, the home for older adults was established when Judge Edwin Jones donated 80 acres of land on Cedar Lake, south of downtown Minneapolis, and Jane Harrison gave $20,000. “In the early days,” according to the nursing home’s Web site, “residents spent their time tending chickens, milking cows and harvesting popcorn.”

Honor someone special with a lasting gift . . .

You or a group of people are invited to purchase a brick paver in honor, memory or celebration of a special nurse, colleague, friend, or family member.

Your brick will become a permanent part of Sigma Theta Tau International’s headquarters, complementing the building and grounds. At the same time, your gift will support nursing scholarship, leadership, and the organization’s future.

A digital photo of your paver will be available after sidewalk installation in summer 2005. Contributors and honorees will be invited to attend a special dedication ceremony conducted during the 2005 biennial convention in Indianapolis, Indiana.

Gifts of $500 will be recognized with a 4”x8” brick, and contributions of $1,000 will be commemorated by an 8”x8” paver. Pavers will be set in purchase order.

To reserve a paver, contact the Sigma Theta Tau International Foundation for Nursing at 888.634.7575 or e-mail foundation@stti.iupui.edu.

Thank you for helping nurses heal, lead and learn through your gifts to the foundation.
"The Faithful Nurse"
ca. 1916

A nurse brings a drink to a woman at the Jones-Harrison Residence in Minneapolis, Minn. In existence since 1886, the home for older adults was established when Judge Edwin Jones donated 80 acres of land on Cedar Lake, south of downtown Minneapolis, and Jane Harrison gave $20,000.

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A digital photo of your paver will be available after sidewalk installation in summer 2005. Contributors and honorees will be invited to attend a special dedication ceremony conducted during the 2005 biennial convention in Indianapolis, Indiana.

Gifts of $500 will be recognized with a 4"x 8" brick, and contributions of $1,000 will be commemorated by an 8"x 8" paver. Pavers will be set in purchase order.

To reserve a paver, contact the Sigma Theta Tau International Foundation for Nursing at 888.634.7575 or e-mail foundation@stti.iupui.edu.

Thank you for helping nurses heal, lead and learn through your gifts to the foundation.
In recognition of Nurses Week 2004, thank you for all that you do to improve nursing care worldwide.

Visit www.nursingsociety.org for more information on Nurses Week and ways to celebrate.

Reflections on Nursing LEADERSHIP
Sigma Theta Tau International
550 West North Street
Indianapolis, IN 46202

Address Service Requested