Advancing nursing in Africa

Naomi M. Seboni, RN, PhD
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Several years ago, our family had the grand opportunity to visit the Great Barrier Reef in Australia. We were all excited about exploring marine life in that part of the world and sharing a snorkeling experience.

The first day's sail out to the reef was chilly, the water was choppy and the storm clouds were rolling in. Even as a seasoned snorkeler, I was beginning to wonder if this adventure out to the middle of the Coral Sea was wise. But miraculously, as we arrived at the snorkel site, the clouds disappeared, the water calmed and the sun began to shine. All on board were definitely happy as the ship's crew gave us our instructions.

Two instructions proved most useful later in the day: Stay with your buddy and use the boat as your compass. My son spotted the boat first. Knowing our allotted time for this adventure had expired, staying centered on the boat was essential. As we swam back, the boat was our focus, and we exerted all our energy toward reaching that goal.

Centeredness is a primary factor in servant leadership and stewardship. It helps people find purpose in service and understand their need to serve.

First the bluebird grooms, something heaiting for the trip. White peaks far away! New wings are needed, Grown to fullness in the storm, but where will they go? Fresh buds mark the way, Forming patterns newly made. Fresh white beginnings.

Bluebird flying free, Blithely forging a new path Where I cannot go.

Blossoms fall today, Mounding in my memory. Pink fine work.

Historically, the barrier reef is a long-term binary system of coral reefs, which gives us an idea of how the barrier reef works. The barrier reef is a unique ecosystem where many species live and interact. It is a rich source of marine life and a place of wonder and beauty. The barrier reef is a vast, complex system that requires careful management and conservation to ensure its continued health and vibrancy.
“The time is always right to do the right thing.”
— Martin Luther King, Jr.

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Servant leadership is built on the concept that the leader exists primarily to serve his or her followers, who grant their allegiance in response to opportunity to achieve mutually established goals. Servant leadership promotes service to others, a holistic approach to work, personal development and shared decision-making. It also carries the responsibility of stewardship, of being the guardian of the balance between inner strength and action, and of acting in the best interest of those who are being served.

Centeredness is an inner strength—a sense of balance and depth. It is a personal discipline that allows us to transcend our internal environments, boundaries and circumstances. Centeredness is an internal compass constructed from our individual values and knowledge and strength to achieve inner wellbeing. Maintaining this sense of balance is essential to effectively and ethically make an impact on our work and lives. Our external actions should demonstrate that we are in touch with ourselves—that we believe in high performance and productivity but also maintain strong values. Using energy to develop only external performance diminishes the value and meaning of our work and personal life. By combining and balancing the inner self with the outer self, we are able to be of service not only to others, but to ourselves as well.

Centeredness is a primary factor in servant leadership and stewardship. It helps people find purpose in service and understand their need to serve.

Service to others is the backbone of many professions, but finding purpose in a service profession—or even volunteer activity—rests upon the individual's centeredness and balance.

So whether snorkeling in the Coral Sea, volunteering for an organization or working in a service profession, staying centered brings meaning and depth. Centeredness will help you to know "the time is always right to do the right thing."
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The gifts of nursing

by Carolyn J. Lee

As a faculty member preparing to speak to future college students with an interest in nursing, I reflected on what to say. Our recruitment officer surely had shared relevant details about the appeal of a nursing career and outlined a typical plan of study. What insight might I share that would help them carefully consider career options and realize the opportunities for growth and leadership available in nursing?

It was the holiday season, just past Thanksgiving, for many people a time to reflect upon the richness of life and the gifts that provide meaning to our work. With that in mind, I thought about the gifts that nursing has given me and decided to talk to the students about "the gifts of nursing."

Since then, I have reflected more fully on that analogy. What are these gifts that have, in so many ways, shaped my personal and professional growth?

The first is labeled "Appreciation." This package is prettily wrapped in shimmering pale blue paper tied with a simple white ribbon. It was given to me early in my career and has remained a meaningful constant. From my first days of nursing school, faculty taught me about appreciating the art and science of nursing, and I came to learn through theory and living example how nurses respond to others dealing with life's circumstances. I watched a faculty member read the Bible to calm a confused elderly woman and learn to appreciate the sacred nature of our interactions with patients. A faculty member tenderly supported a fellow student and me after we witnessed the birth of a stillborn baby girl. As a student, I watched nurses skillfully enveloped in stripes of bold color. Each stripe represents a particular challenge that, when connected, reveals multiple dimensions. From developing astute clinical decision-making skills, to expanding our appreciation for other cultures and ways of thinking, to working on development of leadership skills, challenge is an ever-present and rewarding gift in a nursing career.

For me, a valued package is the one tagged "Intelectual Growth." I imagine gift wrap with a dramatic paisley pattern—ideas, thinking, expression and integration of new knowledge— all swirling together to create an appealing gift. Inside this package is the opportunity to meet new people and explore diverse ideas, a gifts I received when I returned to school for my bachelor's and master's degrees and my doctoral studies. The challenge to my cognitive abilities and the opportunity to develop skills in expression, organization and creativity are ongoing rewards I apply in all areas of my life.

Some gifts are more practical, wrapped perhaps in simple kraft paper with a red gingham bow. Such is the wonderful gift of "Flexibility." I have worked full time, part time, per diem and in four-, eight-, 10- and 12-hour shifts, and I have had opportunities to move in new directions when I felt restless or ready for new challenges. I have found time to return to school and meet other life obligations through the flexible scheduling options of a nursing career.

I recently read a quote, attributed to Oprah Winfrey: "You can have it all. You just can't have it all at one time." Nursing is a career that helps men and women balance work, career and life. One can choose the best time to take on that new leadership position or pursue a personal dream.

But the most important package of all is the one titled "Privilege." Reflecting the richness of this most special gift, it is presented in red foil paper with a luscious ribbon of deep gold velvet. The privilege of being engaged in and influencing the lives of others is awesome.

As a cardiac care nurse, I experienced both the reward of success and the pain of loss in caring for my patients. I became familiar with patients who were frequently admitted. On one occasion, it seemed certain that a patient would surrender to the relentless assaults of ill health. At the end of my shift, I stopped by his room to wish him well, while saying a silent goodbye. I was convinced by my knowledge and experience that he would not survive this hospitalization. How surprised I was several nights later to see him walking down the hall toward me as I arrived for work. He must have shown on my face. "I bet you didn't expect to see me tonight." What a lesson in privilege that was.

I unwrapped the gift of "Privilege" again one Thanksgiving holiday while working on a busy obstetric unit. Along with the sacrifice of family time and the advantage of extra pay, working a holiday sometimes provides its own unique reward. I cared for a woman who, with her husband, had experienced multiple pregnancy losses. Finally, she had delivered a healthy baby. As I brought the baby to her room, the grandfather asked me if I was her nurse. When I replied yes and introduced myself, he asked if I would join the family in a prayer of Thanksgiving for the arrival of this child. I was humbled, as the new mother held her baby, to hear the words of this grandfather thanking God for the life of this child and offering thanks to those who helped achieve this positive outcome. How privileged I was to have this experience and to appreciate the contributions of the health care team to this family's happiness.

As you reflect on your own nursing career, acknowledge the gifts that your talents and knowledge have been to others. As a clinician, scholar or educator—whether novice or expert—don't underestimate the potential influence that your gifts and abilities have on others. To students of nursing, keep your spirits open so you can receive these gifts amidst the seemingly ceaseless demands of work and school. To all nurses, share the gifts you have received as you welcome those new to nursing. Encourage those choosing to join our profession by letting them know that these wonderful gifts—Appreciation, Fun, Collegiality, Challenge, Intellectual Growth, Flexibility and Privilege—await. Imagine the possibilities if all nurses would untie the ribbons and open these gifts with the enthusiasm of a child on Christmas morning!
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I watched a faculty member read the Bible to calm a confused elderly woman and learned to appreciate the sacred nature of our interactions with patients. A faculty member tenderly supported a fellow student and me after we witnessed the birth of a stillborn baby girl. As a student, I watched nurses skillfully combine knowledge and compassion to positively impact the lives of others.

These nurses were the first of many to show me the ethic of caring that is at the core of nursing practice. Such appreciation has been sustained through association with devoted bedside nurses, expert faculty and enthusiastic students throughout my career. How little I knew, as a prospective nurse, how much it would come to mean to me.

Imagine the gifts labeled “Fun” and “Collegiality.” Wrapped in gaily colored paper, they are joined with twisted curls of sparkling ribbon. What nurse would deny the vital role of these gifts in his or her career? Fun, humor and the joy of laughter are of great value to nurses, whether surviving post-graduation reality shock, meeting the demands of graduate school or just enduring a stressful day.

Humor brightens our lives, preserves perspective and helps us spiritually recover from the challenge of our work. Colleagues, with whom we share this fun, inspire us to recognize our unique talents and seek leadership opportunities, and they cheer us on to success in new endeavors.

The package marked “Challenge” is enveloped in stripes of bold color. Each stripe represents a particular challenge that, when connected, reveals multiple dimensions. From developing astute clinical decision-making skills, to expanding our appreciation for other cultures and ways of thinking, to working on development of leadership skills, challenge is an ever-present and rewarding gift in a nursing career.

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Carolyn J. Lee, RN, MSN, is assistant professor at Medical College of Ohio School of Nursing, Toledo, Ohio, and a doctoral student at the University of Toledo.
Her name is Mmapelo ‘person with a good heart’

by James E. Mattson

SK Naomi Mmapelo Seboni, RN, PhD, what her plans are for the weekend, and chances are they include travel to Molepolo, her home village, where she will attend at least one funeral. Molepolo has a population of about 35,000 and is the country’s largest village. Still, it’s a small town in a culture where, if you know someone who dies—even if that person is not a relative or friend—you go to the funeral.

Not anymore. Now, Seboni limits funeral attendance to services for relatives, neighbors, close friends or siblings of close friends. Even with that, says Seboni, “I could attend funerals every weekend.” To manage their schedule, she and her husband, Manson, often arrange to alternate attendance.

At the cemetery, one of four in this village, markers direct Seboni and others to the funerals they came to attend. A dozen or more interment services often occur here simultaneously.

The markers also reveal birth dates of the deceased. Most were born in the 1960s, ’70s and ’80s, and most are victims of AIDS. A few may show earlier birth dates. They probably died of other causes.

After each memorial service, mourners make their way to the home of the grieving family to share a traditional meal called mesoko and to remember the deceased. They recall the person’s suffering and are grateful it has finally come to an end, but they don’t mention the word “AIDS” because, despite its high incidence in this country, dying of AIDS is not socially acceptable.

The Republic of Botswana—formerly the British Protectorate of Bechuanaland—is a democracy, one of Africa’s most prosperous. A year after gaining independence in 1966, the nation—then one of Africa’s most poverty-stricken—was found to be rich in diamonds.

Today, Botswana ranks No. 1 in the world in diamond production, when measured by value. It also ranks No. 1 in the world in AIDS, when measured by percentage of population. According to UNAIDS, a United Nations program advocating global action to combat the pandemic, one-third of those of reproduction age in Botswana are infected with human immunodeficiency virus (HIV), the virus that causes AIDS (United Nations Population Fund, n.d.).

Four of every 10 Botswana—the word used to identify Botswana’s citizens—are expected to die in five years, most of them women between the ages of 15 and 40. Soon, in this nation of 1.7 million, there will be close to a quarter-million orphans (Devos, 2004).

It’s a country where the old bury the young. It is here that Naomi Mmapelo Seboni is practicing and advancing the caring profession of nursing.
Her name is

Mmapelo

‘person with a good heart’

by James E. Mattson

SK Naomi Mmapelo Seboni, RN, PhD, what her plans are for the weekend, and chances are they include travel to Molepolole, her home village, where she will attend at least one funeral. Molepolole has a population of about 55,000 and is the country’s largest village. Still, it’s a small town in a culture where, if you know someone who dies—even if that person is not a relative or friend—you go to the funeral.

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It’s a country where the old bury the young. It is here that Naomi Mmapelo Seboni is practicing and advancing the caring profession of nursing.
SEBONI's mother, Golebapelo, grew up in Molepolole, capital of Gwengeng District. When Golebapelo married Mokgethi Daniel Mokgethi in 1946, she observed the patriarchal custom and moved to her husband's village, Morwa. There she worked as a farmer, growing crops and raising livestock, while her husband worked as a shopkeeper in Port Elizabeth, South Africa, more than 1,000 kilometers away. Their second child and eldest daughter, Naomi Mmapelo Mokgethi, was born Sept. 15, 1949.

Naomi is a Christian name—a Hebrew name—that means pleasure," said Seboni. "Mmapelo is my Botswana Christian name. I love to use it because it means 'one with a good heart.'"

In South Africa, Naomi's father witnessed enough racial discrimination to know that country was not the place to raise a family. In 1952, shortly after the birth of the couple's second child and four years after their头顶 were passed, he moved back to Botswana.

Eventually, Seboni's parents would have seven children—three girls and four boys—and later would inherit five farms. Two of her father's sisters, residents of South Africa, died. "So I grew up in a big family with my six siblings plus my five cousins," said Seboni. "I've learned to share with other people and enjoy life through sharing.”

="I was raised as a Christian girl and taught about the traditional life, which has very rich values in terms of sharing with others, respecting the elder and cleanliness. Batswana by nature are very clean people. Now, when I see people littering, it's really frustrating because our people—even the poorest of the poor—when you visit their homes, you find that little shack very clean."

It's difficult to use Western standards, said Seboni, to characterize her family's economic status. "I would say we were comfortable."

After leaving home from South Africa, her father raised goats and cattle and continued working as a shopkeeper to earn cash.

At the invitation of Esther Skehle, head of the Department of Nursing Education at the University of Botswana, Seboni gives a lecture to a class on professionalism for nurses.

"At that time," she explained, "most people were not earning cash." Because the Mokgethis had cash, they were able to purchase a commodity many of their neighbors could not afford—education for their children, all 12 of them.

Sometimes, money was scarce. Naomi's mother would suggest to her husband that perhaps they should consider having one of the girls drop out of school, but he wouldn’t hear of it.

AOAMI began her education at a primary school in Morwa. Operated by the Dutch Reformed Church, the school employed local men and women as teachers. After Standard 4 (Grade 4), students pursuing further education went to Mochudi, the capital of Kgareng District.

"Fortunately for me," said Seboni, "just before I entered Standard 3, the district took over the school's operation and introduced three more standards—5, 6 and 7—so children could finish primary school in their village."

After Naomi completed Standard 7, she went to live with her grandmother in Molepolole. All her daughters had married, and she was living alone.

"At that time, there was no transport. I had to get on the train at the station close to my village and then get off at Gaberone. Then I had to get a local transport—an open truck—to go to the village where my mother grew up. That's the first time I saw Gaberone."

That was 1964, two years before Bechuanaland gained independence, and young Naomi saw little in Gaberone that would suggest its future prominence as the capital of Botswana. When she was born, Gaberone was little more than a cattle-loading station on a railway line connecting Cape Town, South Africa, with Rhodesia (now Zimbabwe). Even at the time it achieved independence, it was a small rural village in a country with less than five kilometers of tarmac (paved) road.

Today, Gaberone is a city of more than 185,000 and home to the University of Botswana, where Seboni teaches nursing and serves as coordinator of the World Health Organization Collaborating Center for Nursing and Midwifery Development for virtually all of Anglophone—English-speaking—Africa.

"As a child visiting Gaberone for the first time, Naomi also knew nothing of her own future influence, but she did know she wanted to be a nurse."

"I used to read these novels when I was young. I don't even know where they came from. I saw this little novel about Florence Nightingale when I was 12—1 think I was in Standard 4—and it just interested me so much. I said, 'I want to be like this woman.' With its values of helping to care for other people and to love other people, I just cherished that and really wanted to be a nurse."

Seboni received no encouragement in that direction from her mother.

"My mother despised nursing. She felt that people are—you know—dead stuff like that, but my father encouraged me. 'That's OK, my daughter,' he said. 'I want you to be a nurse so that when I am sick you can inject me.'"

In MOLEPOLOLE, Naomi started junior secondary and, from then on, considered that village her real home. She still has a home there and returns to the village most weekends.

"I was very studious," she said. "I loved learning very much." Studying by the light of a paraffin (kerosene) lamp, she excelled in school. After Naomi received her JC—the junior certificate awarded to those completing three years of high school—her mother wanted her to attend teacher-training college. She continued her education for another two years of school known as matric, but a teacher intervened.

"This child is very intelligent," she told Naomi's parents. "Please allow her to continue with matric."

They would have to pay for Naomi to attend boarding school in Gaberone, but her parents agreed. She graduated two years later and applied to nursing school at National Health Institute (NHI), based in Princess Marina Hospital, a new facility built shortly before independence.

In 1970, a baccalaureate degree in nursing wasn't an option for Naomi. For one thing, there was no University of Botswana at that time. The universities in South Africa offered a baccalaureate degree in nursing, but it was available only to white nurses. Although Naomi and four others who applied for nurses training at NHI had more education than the other students enrolled in the program, the minimum requirement was a junior certificate—Sera of Selolo-mogwe, the chief nurse officer at the Ministry of Health, 

advocated them to enroll. Seboni has high regard for Professor Selelo-mogwe, whom she regards as the Florence Nightingale of Botswana.

"She instilled in us the spirit of professionalism, that you don't just sit in a lecture class or read a book, but you need to engage in research and participate in professional organizations," said Seboni. "She was initially trained in South Africa and obtained her university education in Canada and the United States. She was the first Motswana nurse to hold a bachelor's degree." [Motswana is the singular form of Batswana.]

After finishing the three-year general nursing program and getting married, Seboni began her midwifery training. One of her mentors in that program was Dr. Sethunya Daisy Moseiman.

"She taught me the essence of nursing, of caring for those who cannot do anything for themselves, who cannot speak for themselves, as in the case of prema­

"Fortunately, after the birth of her second son, she was accepted by the University of Botswana for a new degree program—the Bachelor of Education in Nursing.

"Eight of us with nursing diplomas initially enrolled in the four-year pro­gram," said Seboni. "They gave us one year credit for our diplomas. Six of us graduated and became the first nurses in the country to be prepared at the University of Botswana."

Seboni and one other nurse were selected as staff development fellows. After teaching for a year at the University of Botswana, she was sent to Teachers College at Columbia University in New York City to obtain her master's degree. Funded by the United States Agency for International Development (USAID), the program required a major commitment by Seboni and her family.
SEBONI's mother, Golebapelo, grew up in Molepolole, capital of Kweneng District. When Golebapelo married Mokgethi Daniel Mokgethi in 1946, she observed the patriarchal custom and moved to her husband's village, Morwa. There she worked as a farmer, growing crops and raising livestock, while her husband worked as a shopkeeper in Port Elizabeth, South Africa, more than 1,000 kilometers away. Their second child and eldest daughter, Naomi Mmapelo Mokgethi, was born Sept. 15, 1949.

Seboni is a Christian name—a Hebrew name—that means pleasure," said Seboni. "Mmapelo is my Botswana Christian name. I love to use it because it means 'one with a good heart.'"

In South Africa, Naomi's father witnessed enough racial discrimination to know that country was not the place to raise a family. In 1952, shortly after the birth of the couple's second child and four years after apartheid laws were passed, he moved back to Botswana.

Eventually, Seboni's parents would have seven children—three girls and four boys—and later would inherit five hectares of land in their father's village, Morwa. There she taught about the traditional life, which sometimes was money was scarce. Naomi's parents would suggest to her husband that perhaps they should consider having one of the girls drop out of school, but he wouldn't hear of it.

AOMI began her education at a primary school in Morwa. Operated by the Dutch Reformed Church, the school employed local men and women as teachers. After Standard 4 (Grade 4), students pursuing further education went to Mochudi, the capital of Kgatleng District.

"Fortunately for me," said Seboni, "just before I entered Standard 3, the district took over the school's operation and introduced three more standards—5, 6 and 7—so children could finish primary school in their village."

After Naomi completed Standard 7, she went to live with her grandmother in Molepolole. All her daughters had married, and she was living alone. 

"At that time, there was no transport. I had to get on the train at the station close to my village and then get off at Gaborone. Then I had to get a local transport—an open truck—to go to the town where my mother grew up. That was the first time I saw Gaborone."

That was 1964, two years before Bechuanaland gained independence, and young Naomi saw little in Gaborone that would suggest its future prominence as the capital of Botswana. When she was born, Gaborone was little more than a cattle-loading station on a rail line connecting Cape Town, South Africa, with Rhodesia (now Zimbabwe). Even at the time it achieved independence, it was a small rural village in a country with less than five kilometers of tarmac (paved) road.

Today, Gaborone is a city of more than 183,000 and home to the University of Botswana, where Seboni teaches nursing and serves as coordinator of the World Health Organization Collaborating Center for Nursing and Midwifery Development for virtually all of Anglophone—English-speaking—Africa.

As a child visiting Gaborone for the first time, Naomi also knew nothing of her own future influence, but she did know she wanted to be a nurse.

"I used to read these novels when I was young. I don't even know where. I saw this little novel about Florence Nightingale when I was 12—I think I was in Standard 4—and it just interested me so much. I said, 'I want to be like this woman.' With its values of helping to care for other people and to love other people, I just cherished that and really wanted to be a nurse."

Seboni gave no encouragement in that direction from her mother. "My mother despised nursing. She felt that people are—you know—dead and stuff like that, but my father encouraged me. 'That's OK, my daughter,' he said. 'I want you to be a nurse so that when I am sick you can inject me.'"

IN MOLEPOLOLE, Naomi started junior secondary school and, from then on, considered that village that her real home. She still has a home there and returns to the village most weekends.

"I was very studious," she said, "I loved education very much." Studying by the light of a paraffin (kerosene) lamp, she excelled in school. After Naomi received her JC—the junior certificate awarded to those completing three years of school—her mother wanted her to attend teacher-training college. Naomi received another two years of school known as matric, but a teacher intervened.

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"She taught me the essence of nursing, of caring for those who cannot do anything for themselves, who cannot speak for themselves, as in the case of prematurity babies. She instilled in me the values of helping to care for other people, of commitment and passion for what you are doing. When I teach my students about the importance of honesty and respect for a human being, I always remember what she did for me."

Upon graduation, because of her excellent academic performance, Seboni was selected as a clinical instructor for new nursing students. In 1978, a year after the birth of her second son, she was accepted by the University of Botswana for a new degree program—the Bachelor of Education in Nursing.

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as she would not be able to return to Botswana for two years.

Negotiating the streets of New York was a big adjustment for a country girl from Botswana. "Botswana at that time did not even have traffic lights," she said. "I didn't know what 'red' meant, what 'green' meant. But fortunately in New York, they also had 'Walk' and 'Don't Walk.' That helped." Seboni completed her master's program in two years and returned home to Botswana, where she and her husband decided to have their third and last child.

"Batswana believe," she said, "that you should pair your children, that you should not have an odd number. They believe that if you have three or four children, people-specifically, teenage girls in Botswana who were pregnant.

"Botswana," she said, "is a country with a few young people. The prevalence rate in Botswana is my population of interest—young people. The prevalence rate for the country ranges between 35 and 37 percent, and most are young people. Most get HIV exposure in their teenage years, so we need to be working with them right from primary school.

As president of the Botswana Family Welfare Association, an affiliate of International Planned Parenthood Federation (IPPF), Seboni performs an important role in the fight against AIDS in Botswana by encouraging young people to change unhealthy behaviors.

"The knowledge of people in Botswana (about AIDS)—especially young people—is very high, over 90 percent," said Seboni. "The most important thing now is not imparting knowledge, but to work on behavioral change. How can we change young people's behavior to use the knowledge they've internalized? That's the current challenge.

"The primary task now is to integrate lessons we've learned into the school curriculum and into vocational training. So that is what we are doing. In the African Youth Alliance, with which I'm also involved, we've developed a life skills manual. I can tell my daughter, 'You need to be assertive,' but what if she doesn't know what I mean by being assertive? So we've produced a manual that tells young people exactly what to do and how to negotiate for safe sex. That's the approach being taken now, to equip them with life skills.

Seboni and her daughter, Mona, who recently graduated from high school.

The idea that a program that works in the West won't work in Africa is a form of racism Seboni finds particularly galling.

"I went to an international meeting in January, and this lecturer—some would call him an expert—was speaking on HIV/AIDS in Africa. He was saying that if the Western world does not stand up, these Africans, who cannot think for themselves, will all be killed by this HIV/AIDS. When I heard that, I got so angry. But I talked to myself, calmed myself down, drank some cold water and then raised my hand.

"I told this person, 'You are depicting Africans as people who cannot do anything for themselves.' I challenged him before that audience. I told him about my country and my president and the efforts that are being made.

"Since the introduction of ARVs last year," said Seboni, "I'm seeing patients in the hospitals and some of my neighbors, friends and colleagues who have suffered from AIDS stand up on their two legs. It is amazing.

Another powerful force for good in the fight against AIDS, said Seboni, has been Joseph Huggins, U.S. ambassador to Botswana.

"I'm happy to tell you that the current American ambassador is playing a major role by encouraging people to test themselves, and he's using young people in that program. My son Losika, a lawyer, is actively involved with other Botswana

Seboni with some of her goats and sheep. She and her husband also have a herd of more than 1,000 cattle. Botswana's second largest export is beef. There are more cattle in Botswana than people.
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"When I told her husband, he was angry. But I talked to myself, calmed myself down, drank some cold water and then raised my hand.

"It was at UCSF that Seboni met and began a long-term mentoring relationship with Professor Adal Meles, a native of Egypt—now an American citizen—who was then a professor at UCSF. (She is now the Margaret Bond Simon dean of nursing at the University of Pennsylvania School of Nursing.) The two women remain close.

"In discussing my doctoral dissertation," said Seboni, "Professor Meles asked me if I had a particular population of interest." Seboni did. Young people—specifically, teenage girls in Botswana who were pregnant.

"I really empathized with these young women," said Seboni, "who were driven away from school because they were pregnant."

After going to Botswana for a year to conduct research on her population of interest, Seboni returned to San Francisco to report what she had learned.

When her dissertation, titled "Botswana Female Youth: Perception of Sexuality and Risk-Taking Behaviors" (1993), was published, she wasn't aware of the looming health crisis about to hit her country. In retrospect, she couldn't have picked a more relevant topic.

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Seboni and her daughter, Noma, who recently graduated from high school, pictured together.

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Seboni had a middle-school-aged son and a high-school-aged daughter. She and her husband also have a household of more than 1,000 cattle. Botswana's second largest export is beef. There are more cattle in Botswana than people.

"My husband's voice is like," said Seboni, "was to educate his wife and children. He took the responsibility to send his children to multiracial schools, while I was studying, so they could be grounded people who have been exposed to the world. Those were private schools that were expensive. Rented from government service, Naxep Seboni is a member of a district land board established to assure equitable distribution of land in Botswana.

"He was a very peaceful countryside with stable politics and a stable economy, but they say [AIDS] is going to push us back 20 years in terms of our development. There's lots of absenteeism at workplaces."

Compared to other professionals, Seboni said, only a small percentage of Botswana nurses are infected with HIV/AIDS. Nurses, she explains, usually become infected with the disease through heterosexual relationships, not from needle sticks. Because of the nature of their work, they have long realized that AIDS is a reality and take the necessary precautions to protect themselves.

"The crisis is exacerbated by the powerful stigma attached to the disease."

"In Botswana," said Seboni, "people traditionally talk about what is wrong with them. If a woman goes to the doctor and is told that something is wrong with her uterus, she will tell others that something is wrong with her uterus. That's not the case with AIDS, and when you really investigate, you find the stigma was brought by the health care providers and not by the people. Because of this stigma, people won't disclose the diagnosis, even to close family members. Others are reluctant to go for voluntary testing.

"To help families and victims cope, Seboni and the University of Botswana Department of Nursing Education, together with university nursing departments, nurses associations and ministry of health counselors, have been working to help other southern African countries, participated in a collaborative study headed up by William Holzemer, RN, PhD, FAAN, of the University of California, San Francisco. Still in draft stage, Symptom Management Strategies: A Manual for People Living With HIV/AIDS (2004) offers practical suggestions to patients, many of whom live alone, on how to cope with the disease (www.aidsnursing.ucsf.edu/files/SymptomManagementGuidelines.doc).

"Other effects of the crisis, though not life-threatening, simply make life more difficult."

"In academia, we ask ourselves, 'When can we ever publish? Our expatriate colleagues can work after hours or on weekends. With us, we have to be running around to hospitals and going to funerals,'" said Seboni. "I'm telling you, it's very, very crazy."

"I'm here to help others."

"The president of Botswana, President Mogae, is an economist by preparation," said Seboni, "but he brought the political will to put AIDS in the forefront in Parliament.

"Botswana is now the only country in the world to offer free antiretroviral (ARV) drugs to everyone who needs them. Some complained that the program was taking off too slowly. Others asserted that such a program would never work in Africa. But the results have silenced many of the naysayers. Although the program has had its problems, adherence rates of 90 to 100 percent have surpassed rates considered successful in the West."

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in the 'Show You Care' campaign. The response has been phenomenal.

"Fighting AIDS," said Seboni, "has to be a multsectoral approach. Everybody has to be involved, right from the village to the different institutions like schools and what have you. I'm pleased with the assistance of our friends overseas, from the Scandinavian countries and within the region. We're also getting a lot of support from the Bill and Melinda Gates Foundation."

In the meantime, while continuing to fight the battle against AIDS, Seboni continues her efforts to advance nursing on a number of other fronts in Botswana and throughout Africa.

Half a continent away, in Ghana, West Africa ...

Community-based nursing care for residents of Ghana with HIV/AIDS has been limited and difficult to access. Nurse Cecilia Blankson Oduro, a native of Ghana, founded the Life Relief Foundation to support people living with HIV/AIDS (PLWHA).

"As a new organization with its own teething problems, assisting with a disease with a lot of challenges, under poor resource conditions, is not an easy task," she explained.

Although 94 percent of the population is aware of HIV/AIDS, most have superficial knowledge. PLWHA often do not seek counseling or medical care until they are terminal, because of the stigma and negative attitudes toward the disease. After leaving the hospital, many commit suicide, move out of town or attribute their health to a curse or witchcraft.

"No one in Ghana dies of AIDS," Blankson Oduro said. Deaths are often attributed, instead, to pneumonia, tuberculosis or other opportunistic infections.

To implement the foundation's programs and provide sustainability, staff members have enlisted the support of influential community members who command respect, including traditional leaders such as "queen mothers," chiefs and assemblymen. Focus group discussions, home visits and radio talk shows have also been instrumental in disseminating facts and addressing myths.

Hospitals in only three cities offer antiretroviral (ARV) drug therapy. Patients in the western region, where Blankson Oduro's foundation is located, must travel 352 km. (202 miles) to Ghana's capital, Accra. In addition, costs for tests and ARV treatments are prohibitive for most patients.

"The government has made announcements on radio, television and in print media about the availability of ARV services in the country," Blankson Oduro said. "This has worsened PLWHA's emotional status, as most of them cannot access these services."

Acquiring monetary support for her nonprofit foundation remains a challenge for Blankson Oduro, who initiated the program with 23 million cedis ($2,555) of her own funds. The Ghana AIDS Commission awarded the foundation a one-year contract of 200 million cedis ($22,221), but that support ended in April. The organization currently has no other funding. Despite financial hardships, Blankson Oduro remains committed to the foundation's goals.

"Most health personnel think that little can be done for PLWHA," she said. "I have a different opinion. With a stream of medicines and nursing applied, such as palliative care, antiretroviral therapy and positive living, the quality of life of PLWHA and their families can be improved."

She is a member of the IPPF Governing Council and also a member of the board of directors of the International Academic Nursing Alliance. IANA, a subsidiary of the Honor Society of Nursing, Sigma Theta Tau International, promotes development of an international electronic network of university schools of nursing. Seboni is also an important stakeholder in ECSACON, the East, Central and Southern Africa College of Nursing, a college without walls. A past president of the Nursing Association of Botswana, she served as a member of the International Council of Nurses Council of National Representatives. She has also assisted in the development of a constitution for the African Midwives Research Network.

Together with Leana Uys, RN, RM, DSoC, head of the School of Nursing at the University of KwaZulu-Natal, Seboni is co-founder of the newly formed Africa Honor Society for Nursing. She is also vice president of the organization, which recently became an at-large chapter (Tau Lambda) of the Honor Society of Nursing, Sigma Theta Tau International.

"In most countries in Africa," said Seboni, "nursing is still run on the apprenticeship model. We think that through the Africa Honor Society for Nursing, with assistance from the international nursing community, we can really upgrade the standard of nursing in Africa."

Nancy Dickens-Hazard, chief executive officer of the Honor Society of Nursing, Sigma Theta Tau International, was in Botswana in August to help charter the new chapter and was impressed with what she observed.

"In the midst of all these health care issues and difficulties," she said, "there is this group of nurses who have banded together to promote the profession and to elevate it to the highest standards. We have so much to learn from them, not only knowledge and wisdom, but the ingenuity to survive and even thrive in less than optimal circumstances."

Surviving and thriving in less than optimal circumstances is something Naomi Seboni has done all her life. To provide hope and perspective in the midst of sadness, she listens to traditional and pop music, reads novels and watches movies.

"My mother," she said, "had seven children and they're all alive, irrespective of the high mortality rates during those years. You know, I've always been scared that HIV/AIDS would take away one of us, but fortunately we are all still alive."

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Adapted by Jane Palmer from information provided by Cecilia Blankson Oduro
finding purpose through service

Relieving disaster
(and loving it)

by Allison Hosley, RN, BSN, Grants Pass, Ore.

I ARRIVED in West Darfur, Sudan, in June to work for Medair, a Swiss-based disaster-relief organization. My role entails working alongside three national doctors, helping provide drug support, medical training and supervision, outbreak assistance, and health information system surveillance for about 20 clinics.

I enjoy the adventure and risk involved, as well as the challenge and diversity of the work. Just today (Aug. 11), I discussed a difficult medical case with a national doctor; hired a new lab tech; developed a 24-hour staffing schedule for a new clinic; and ate chopped liver, bread and grease with my bare hands!

The hardest part of the work is definitely communication—not just learning the Arabic language, but also cultural issues. We're a mix of British, Dutch, Swiss, Kiwi, German and American, living in tight quarters and working in a high-intensity environment. That makes for some guaranteed conflicts. We're learning a lot about love, grace, forgiveness and patience with one another.

Second hardest is that I'm a "long-termer" in a very short-term, high-turnover environment. I have a one-year contract, while most others are on two- or three-month contracts. They just work 24/7 until they burn out and go home. So it takes some discipline and conscious effort to leave the office at 5, study Arabic and go to bed early, when everyone around you is just pushing hard and fast.

The most common diseases we're seeing are diarrhea (some bloody), acute respiratory infections and malaria. All normally increase this time of year, but when you combine those diseases with malnutrition, crowded IDP (internally displaced persons) camps, and bad water and sanitation, you have a recipe for disaster. Right now we're working closely with the World Health Organization, because there's been an outbreak of hepatitis E with deaths, especially among pregnant women.

My most recent challenge has been coordinating the start-up of Medair's first expanded inpatient clinic in one of the IDP camps on the outskirts of Geneina. It has a population of about 25,000 refugees, and our clinic sees 180-200 patients a day.

One of the great parts of my job is traveling out to the different field clinic sites. We pile drugs into two Land Rovers and head out of town for anywhere from two to five days. Crossing wadis (ravines) full of water (we're in the middle of the rainy season), meeting wonderful people, seeing the benefits of our work every day—I love it!

LEFT: Many children in Sudan refugee camps are undernourished. RIGHT: Thousands of refugees in a dry Sudanese wadi await relief.
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The hardest part of the work is definitely communication—not just learning the Arabic language, but also cultural issues. We’re a mix of British, Dutch, Swiss, Kiwi, German and American, living in tight quarters and working in a high-intensity environment. That makes for some guaranteed conflicts. We’re learning a lot about love, grace, forgiveness and patience with one another.

Second hardest is that I’m a “long-termer” in a very short-term, high-turnover environment. I have a one-year contract, while most others are on two- or three-month contracts. They just work 24/7 until they burn out and go home. So it takes some discipline and conscious effort to leave the office at 5, study Arabic and go to bed early, when everyone around you is just pushing hard and fast.

The most common diseases we’re seeing are diarrhea (some vomiting), acute respiratory infections and malaria. All normally increase this time of year, but when you combine those diseases with malnutrition, crowded IDP (internally displaced persons) camps, and bad water and sanitation, you have a recipe for disaster. Right now we’re working closely with the World Health Organization, because there’s been an outbreak of hepatitis E with deaths, especially among pregnant women.

My most recent challenge has been coordinating the start-up of Medair’s first expanded inpatient clinic in one of the IDP camps on the outskirts of Geneina. It has a population of about 25,000 refugees, and our clinic sees 180-200 patients a day.

One of the great parts of my job is traveling out to the different field clinic sites. We pile drugs into two Land Rovers and head out of town for anywhere from two to five days. Crossing wadis (ravines) full of water (we’re in the middle of the rainy season), meeting wonderful people, seeing the benefits of our work every day—I love it!
NURSING, more than almost any other profession, defines the meaning of service. The nurse is the front line, what we might call the touch labor, of the U.S. health care system. The job represents the heart and soul of authentic health care.

Why, then, is there a shortage of nurses and why do so many nurses find the job so stressful? The crisis is not about the work itself, but how to create more fulfillment in the work. The problem is not primarily lack of skill or motivation, but the context in which the work is done.

Peter Block

The pathology of reform

The agenda for health care reform does not focus on those delivering the service; it's mostly reduced to a problem of cost and restructuring how the system is managed. Reform has become an issue more of politics and economic interests. Those providing the care—physicians and nurses—occupy only a small part of the conversation. This is tragic for a nation that outspends any other country on health care and ranks barely in the top 10 in effectiveness.

If we want to create a system where nursing can fulfill its purpose of being a calling for service and healing, we need to focus attention on the conditions within which nurses work. Two of these are: a) the capacity of nurses to set limits and boundaries for themselves and b) the quality of relationships between nurses and physicians.

Each of these conditions has an impact on patient safety and the quality of care in our health care institutions. Changing these conditions means that nurses need to first care for themselves to sustain personal strength. Second, they need to become active in reforming the critical relationship between nurses and physicians.

Setting boundaries as an act of self-care

At the center of sustaining our sense of purpose and personal power is our capacity to maintain boundaries. Boundaries give us a sense of empowerment, the belief that our life and work are ours to choose. The essence of personal empowerment is the capacity to say no. If we cannot say no, our yes means little. Many in health care have surrendered their capacity for refusal.

You might ask, how can you say no with so much suffering surrounding you, and shrinking resources to deal with it? The choice is to reframe what "no" means. It does not have to be the end of a conversation. An authentic no, one that comes from caring about quality of care and the people providing it, needs to be viewed as the beginning of a conversation, rather than the end.

Refusal is an expression of personal power, about each person having the right to define the nature of the work and how it is done. Refusal is not a form of protest or a negotiating stance. It is a commitment to something larger—knowing that, at times, what is being demanded of us is not serving care.

The argument against refusal is two-fold. First, in a highly patriarchal system, refusal is considered disloyalty. Refusal...
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Renegotiating the nurse-physician relationship

Patient safety and well-being are the outcomes of a positive relationship among nurse, physician, family and patient. It is a relationship issue. In a wealthy nation like ours, mistakes in health care are usually caused by humans and not technology, inadequate tools or techniques. If inadequate patient safety and care are problems associated with a human health care system, one of the weakest links in that system is the nurse-physician relationship, a holdover from a time when we believed that the only health care individual who counts is the physician. The dominance exercised by the physician and the sacrifice required of the nurse are what need renegotiation.

The challenge is to move the nurse-physician interaction from one of parent-child to one of partnership—to get rid of the notion that, in all cases, the physician knows and the nurse does not. And it must be done in the name of patient safety, creating a climate where physician and nurse can fulfill the purpose and work they care so much about. The shift from parenting to partnership is difficult, for it is hard to change an ingrained relationship pattern. The physician is reluctant to surrender power, and the nurse is reluctant to give up the payoffs of being the oppressed party. Luckily, the whole system and working environment are under such pressure that many physicians and nurses are open to reconsidering their relationship.

If we can assume there is a desire to move toward partnership, what does this entail? First, we need to realize that this shift in relationship cannot be legislated, mandated or driven from the top. Partnership is not created by newly defined roles and protocols, but chosen through a shift in conversation between nurse and physician.

The new conversation begins with a statement of intention to move toward partnership. The first step, mentioned earlier, is the willingness of the nurse to say no. This, then, can begin a conversation about creating a different set of relationships with physicians.

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in the context of nursing can be an act of commitment. Justified refusal only gets corrupted as disloyalty when the institution cares more about control than serving its employees or its customers. So to say no, in service of a larger intention, carries a cost. It means the loss of favor in the eyes of those who manage. This is always the price of empowerment.

If we cannot say no, our yes means little. Many in health care have surrendered their capacity for refusal.

Saying no also bridges against our sense of duty and obligation to give the best care we can. We become willing to sacrifice our own lives, our own health, our own optimism and energy for life, and we burn out in the name of generosity. This idea of heroic sacrifice as the measure of service is something we have inherited. It is our collusion with the patriarchy that demands dominance and leaves caregivers at the bottom of the institution, carrying the weight of what is unwilling to be dealt with at the top. Patriarchy is the belief that those at the top own those beneath them and, whenever change is required, it is the people at the bottom who must change. Health care is vulnerable to that change. Selling the need for sacrifice and greater productivity at the bottom, among direct-service people, is a defense against real reform.

Nurses need to clearly see how buying this notion of sacrifice and giving beyond their limits undermine the profession and create unhealthy working conditions. This begins with believing that they have a right to say no. This, then, can begin a conversation about creating a different set of relationships with physicians.

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The new conversation begins with a statement of intention to move toward partnership. The first step, mentioned elsewhere, is the willingness of the nurse to say no. The final authority remains with the physician—no one questions this—but if we view no as the beginning of a conversation, then each member of a partnership has the right to express doubts and reservations about treatment. A second element of partnership is the ability of both sides to express wants and make demands of each other. Expressing a want does not mean you get what you ask for, but it does mean you stand as an equal in the relationship. If nurses are unwilling to express their own wants and points of view, for whatever reason, they will remain subservient to the physician.

The third element of partnership is willingness to make promises to each other. There has to be time and space for nurse and physician to answer the simple question, “What is the promise you are willing to make to each other?” A promise is an expression of commitment to an alternative future. Using the language of promise recognizes the sacred nature of the work and the primacy of this relationship.

Valuing the importance of relationship cares more about control than capacity for refusal. The final authority remains with the physician. If we cannot say no, our yes means little. Many in health care have surrendered their capacity for refusal. The shift from parenting to partnership is difficult, for it is hard to change an ingrained relationship pattern. The physician is reluctant to surrender power, and the nurse is reluctant to give up the payoffs of being the oppressed party. Luckily, the whole system and working environment are under such pressure that many physicians and nurses are open to reconsidering their relationship.

What does not enter the public debate is how nurses feel about health care. The public image of nurses is a legacy of an era when nurses were viewed as the oppressed party. If nurses are unwilling to express their own wants and points of view, for whatever reason, they will remain subservient to the physician.

The shift from parenting to partnership is difficult, for it is hard to change an ingrained relationship pattern. The physician is reluctant to surrender power, and the nurse is reluctant to give up the payoffs of being the oppressed party. Luckily, the whole system and working environment are under such pressure that many physicians and nurses are open to reconsidering their relationship.

Making a Difference: Stories From the Point of Care

Second Edition

by Sharon Holzko, R.N, Ed.D

Following up on the overwhelming reception of the first edition, the author has collected a number of new stories that go to the very essence of nursing caring for the patient in all ways, in all places. See for yourself how a myriad of nurses throughout the world use creativity and limited resources to bring relief and positive outcomes to people in all walks of life and conditions. Two new chapters include stories on cultural competency and community. The author donates the royalties to the Making a Difference Foundation, which helps support nurses completing their baccalaureate degrees. Coming in November 2004.

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by Shannon Holzko, R.N, Ed.D

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

by Beth Houser, RN, MS, FNS-C, and Kathy Naidel Player, RN, PhD

This new book celebrates the lives and unique contributions of 12 "living legends" of nursing. Through interviews with these nurse leaders, the authors document “lessons in leadership” and how these leaders’ actions and decisions positively impacted the nursing profession. 304 pages. (2004)

The HEART of Nursing: Expressions of Creative Art in Nursing

Edited by M. Cecilia Wendler, RN, PhD, CCN, this beautiful full-color book is a collectible that will be just right to grace that special place on a coffee table or office desk. It is an extraordinary collection of the literary and graphic artistry of more than 50 nurse artists, including poems, short stories, essays, photographs, quilting, needlework, drawings and paintings. 117 pages. (2002)

As We See Ourselves: Jewish Women in Nursing

by Jennifer R. Barlow, RN, MPH

This unique account is based on the stories of more than 100 Jewish nurses. The book explores the Judeic roots in nursing history, presents the contributions of Jewish women to the development of the nursing profession and describes the experiences of Jewish nurses on the contemporary scene. 156 pages. (2001)

Cadet Nurse Stories: The Call for and Response of Women During World War II

by Poirier, PhD, M. Ed., Helen Atkinson, RN, PhD, and Beth Houser, RN, MS, PhD

World War II nurses tell stories about how they helped win the war on the home front by serving in hospitals during the worst nursing shortage in history. 210 pages. (2001)

Stories of Family Caregiving: Reconsideration of Theory, Literature, and Life

by Suzanne Poirier, PhD, and Liaisons Ayes, RN, PhD

This book shares the stories of people who provide long-term, lifetime care to family members. The stories are based on autobiographic and fictional accounts, as well as interviews. 208 pages. (2002)

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prescription for organizational health

servant leadership

Have what it takes to be a servant leader?
by Larry C. Spears

In COUNTLESS for-profit and not-for-profit organizations, especially within health care, successful approaches to leadership are rapidly shifting toward a better way of working—one based on teamwork and community, one that seeks to involve others in decision-making, one strongly based in ethical and caring behavior, and one that attempts to enhance the personal growth of employees while improving the caring and quality of our many institutions. This emerging approach to leadership and service is called servant leadership.

Robert K. Greenleaf and servant leadership

The term “servant leadership” was first coined in a 1970 essay by Robert K. Greenleaf (1904-1990) titled The Servant as Leader. Following a 40-year career at AT&T, Greenleaf enjoyed a second career that lasted 25 years, during which time he served as an influential consultant, teacher and author. In 1964, Greenleaf founded the Center for Applied Ethics, which was renamed the Robert K. Greenleaf Center in 1985 and now is headquartered in Indianapolis. Who is a servant leader? Greenleaf said that the servant leader is one who is a servant first. In The Servant as Leader, Greenleaf wrote: “There is something subtle communicated to one who is being served and led if implicit in the compact between servant leader and [one who is] led is the understanding that the search for wholeness is something they share.”

Characteristics of the servant leader

The following characteristics are central to the development of servant leaders:

Listening: Leaders have traditionally been valued for their communication and decision-making skills. While these are also important skills for the servant leader, they need to be reinforced by a deep commitment to listening intently to others. The servant leader seeks to identify the will of a group and helps clarify that will. He or she seeks to listen receptively to what is being said—and not said. Listening, coupled with regular periods of reflection, is essential to the growth of the servant leader.

Empathy: The servant leader strives to understand others and empathize with them. People need to be accepted and recognized for their special and unique spirits. A servant leader assumes the good intentions of co-workers and does not reject them as people, even while refusing to accept undesirable behavior or performance. The most successful servant leaders are those who have become skilled empathetic listeners.

Healing: Learning to heal is a powerful force for transformation and integration. One of the great strengths of servant leadership is its potential for healing one’s self and others. Many people have broken spirits and have suffered a variety of emotional hurts. Although this is part of being human, servant leaders recognize they have an opportunity to help make whole those with whom they come in contact. In The Servant as Leader, Greenleaf writes: “There is something subtle communicated to one who is being served and led if implicit in the compact between servant leader and [one who is] led is the understanding that the search for wholeness is something they share.”

Awareness: General awareness, and especially self-awareness, strengthens the servant leader. Awareness also aids one in understanding issues involving ethics and values. It lends itself to viewing most situations from a more integrated, holistic position. As Greenleaf observed: “Awareness is not a giver of solace—it is just the opposite. It is a disturber and an awakener. Able leaders are usually sharply awake and reasonably disturbed. They are not seekers after solace. They have their own inner serenity.”

Persuasion: Another characteristic of servant leaders is a primary reliance on persuasion, rather than use of positional authority, in making decisions within an organization. The servant leader seeks to convince others, rather than coerce compliance. This particular element offers one of the clearest distinctions between the traditional authoritarian model and that of servant leadership. The servant leader is effective at building consensus within groups.

Conceptualization: Servant leaders seek to nurture their abilities to “dream great dreams.” The ability to look at a problem—or an organization—from a conceptualizing perspective means that one must think beyond day-to-day realities. For many managers, this is a characteristic that requires discipline and practice. The traditional manager is focused on the need to achieve short-term operational goals. The manager who...
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wishes to be a servant leader must stretch his or her thinking to encompass broader-based conceptual thinking. Servant leaders are called to seek a delicate balance between conceptual thinking and a day-to-day focused approach.

Foreight: Closely related to conceptualization, the ability to foresee the likely outcome of a situation is importance, but easy to identify. One knows it when one sees it. Foreight is a characteristic that enables the servant leader to understand the lessons from the past, the realities of the present and the likely consequence of a decision for the future.

Stewardship: Peter Block, author of Stewardship and The Empowered Manager, has defined stewardship as "holding something in trust for another." Robert Greenleaf's view of all institutions was one in which CEOs, staffs and trustees all played significant roles in holding their institutions in trust for the greater good of society. Stewardship assumes first and foremost a commitment to serving the needs of others as workers. Therefore, the servant leader is deeply committed to the growth of people: Servant leaders believe that is needed to rebuild community as a viable life form for large numbers of people is for enough servant leaders to show the way, not by mass movements, but by each servant leader demonstrating his or her unlimited liability for a quite specific community-related group.

Commitment to the growth of people: Servant leaders believe that people have an intrinsic value beyond their tangible contributions as workers. Therefore, the servant leader is deeply committed to the growth of each and every individual within his or her institution. The servant leader recognizes the tremendous responsibility to work within his or her power to nurture the professional and personal growth of employees.

Building community: The servant leader senses that much has been lost in recent human history as a result of the shift from the family to the workplace as the impetus for the shaping of human lives. This awareness causes the servant leader to seek to identify means for building community among those who work within a given institution. Servant leadership suggests that true community can be created among those who work in businesses and other institutions.

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Prescription for healthy organizations: Servant leadership crosses all boundaries and is being applied by a wide variety of people working with for-profit businesses and not-for-profit organizations. They include churches, universities, health care institutions and foundations. Servant leadership has influenced many noted writers, thinkers and leaders. Max DePree, former chairman of the Herman Miller Company and author of Building a有意, said, "The servanthood of leadership needs to be felt, understood, believed and practiced." Peter Senge, author of The Fifth Discipline, has said that he tells people, "[Don't] bother reading any other book about leadership until you first read Robert Greenleaf's book, Servant Leadership. I believe it is the most singular and useful statement on leadership I've come across."

Servant leadership has gained hundreds of thousands of adherents over the past 35 years. The seeds planted have begun to sprout in many institutions, as well as in the hearts of many who long to improve the human condition. Servant leadership is providing a framework from which many are helping improve how we treat those who do the work within institutions. Servant leadership truly offers hope and a plan for a new era in human development and a prescription for creating healthy organizations.

Ems: Barry University can help you use your leadership skills and experience to qualify for that role. We offer an MSN with nurse administration, nurse educator and nurse practitioner specializations as well as a PhD program with convenient year-round or summer residencies. Our approach to nursing is practical and relevant. We support theory with topical coursework and challenging internship and research opportunities. Choose a career in nursing education! Visit www.barry.edu/nursing today and explore your options. Let Barry University prepare you to make a real difference for the future of nursing.

Nurse-centered radio show launched: Nurseradio.org, the first and only radio talk show focused on nursing, began broadcasting in May. The nonprofit radio station, dedicated to celebrating the global contributions of nurses and providing a voice for today's nurses, features interviews with prominent nurse leaders. Available 24 hours a day throughout the year, the programming can be heard around the world via Internet.

"Today's nurses are challenged with being overworked and understaffed, frustated at not being able to help people the way they envision," said Mary-Anne Benedict, RN, MSN, chairman of the board for the New England School of Whole Health Education. "Many are leaving the profession, which, in turn, is having a negative impact on patient care. Nurseradio.org provides a community for nurses to use their knowledge of the world of nursing through insightful interviews with respected nurse leaders and healers."

The New England School of Whole Health Education, headquartered in Wellesley, Mass., developed nurseradio.org. The school's curriculum provides evidence-based learning in a nursing environment that integrates research and spiritual teachings and a natural outlook on healing.

"Nurseradio.org has become a global brain for nurses, a phenominal networking tool empowering us to thrive despite our current challenges, provide peer support and inspira­tion," said Donna-Marie Beck, PhD, international director of the Leadership and Research Institute for Global Health.

Beck is one of the nurse leaders featured on the radio program. Other prominent nurses include Carla Mariano, RN, EdD, HNC, associate pro­fessor for New York University's advanced holistic nurse practitioner program; Deanne Aimes, BNS, MHP, BSN, RN, Breme, past president and elder advisor of the American Holis­tic Nurses Association; and Lisa Barbotto-Gaydos, RN, PhD, assistant professor at the Uni­versity of Colorado Boulder-Colo­rado College of Nursing and recipi­ent of the National Holistic Healing Nurse of the Year Award and the Nightingale Award. Scanner tracks medication given to children: A small device seen at rock concerts and casinos is helping nurses at Children's Hospital in Madison, Calif., give medication to their patients.

The scanner, which looks like a PDAs, works with software called AdminRX. The scanner itself is commonly seen in a number of places. Rock concerts use them to scan admission tickets. Casinos use them to scan winning slot-machine tickets. It's the software that makes the device unique.

The AdminRX software streamlines medication adminis­tration. Each nurse is assigned a scanner and logs on with a password. The scanner lists each of the nurse's patients, along with prescribed medication.

Using a style to choose a patient, the nurse follows a three-step process. First, the nurse scans a bar code on her or his badge. Next, the nurse scans a bar code on the medica­tion. AdminRX then verifies that the medication meets all five requirements: right patient, right drug, right dose, right form of the drug and right time. Finally, the nurse scans a bar code on the patient's arm band, verifying again that the medication is going to the right patient, and the software records the dose for the patient's chart.

Two years ago, Children's Hospital began using a robot to fill orders from the in-house pharmacy, working in conjunc­tion with AdminRX.

Vaccinations with safe disposal of syringes: Health Care Without Harm and the Philippine Depart­ment of Health teamed up for earlier this year to vaccinate millions of children and safely dispose of needles. The Philippine Follow-Up Measles Campaign 2004, con­ducted in February, provided measles vaccines to about 18 million children in the Philip­pines. Because burning used syringes pollutes the air, the syringes were collected in safety boxes and treated in autoclave or microwave facilities, buried in waste pits or encased in concre­te vaults. Needle destruction technologies also were used in some areas.

In 1999, the Philippines became the first country to ban the burning of all waste, including medical waste, because of health and environmental concerns. It is now the first country to deal with waste from a nationwide vaccination program without resorting to incineration or open burning.

New incentives for Army Reserve nurses: The U.S. Army is offering new recruitment incentives. For critical-care nurses, the software that makes the device unique.

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Building community: The servant leader senses that much has been lost in recent human history as a result of the shift in shape of human lives. This awareness causes the servant leader to seek to identify means for building community among those who work within a given institution. Servant leadership suggests that true community can be created among those who work in businesses and other institutions. Greenleaf said: "All that is needed to rebuild community as a viable life form for large numbers of people is for enough servant leaders to show the way, not by mass movements, but by each servant leader demonstrating his own unlimited lia-
tion for a quite specific community-related group."

Prescription for healthy organizations
Servant leadership crosses all boundaries and is being applied by a wide variety of people working with for-profit businesses and not-for-profit organizations. They include churches, universities, health care institutions and foundations. Servant leadership has influenced many noted writers, thinkers and leaders. Max DePree, former chairman of the Herman Miller Company and author of Leadership: The Practice and Leadership JAZZ, has said, "The servanthood of leadership needs to be felt, understood, believed and practiced." Peter Senge, author of The Fifth Discipline, has said that it tells people: "[Don't] bother reading any other book about leadership until you first read Robert Greenleaf's book, Servant Leadership. I believe it is the most singular and useful statement on leadership I've come across."

Servant leadership has gained hundreds of thousands of adherents over the past 35 years. The seeds planted have begun to sprout in many institutions, as well as in the hearts of many who are trying to improve how we treat those who do the work within institutions. Servant leadership truly offers hope and a path forward for a new era in human development and a prescription for creating healthy organizations.

Larry C. Spears has served as president and CEO of the Robert K. Greenleaf Center for Servant Leadership (www.greenleaf.org) since 1990. He has edited and co-authored nine books on servant leadership, most recently, Practicing Servant-Leadership: Succeeding Through Trust, Love, and Forgiveness (with Michele Lawrence, 2004, Jossey-Bass).

Nurse-centered radio show launched
Nurseradio.org, the first and only radio show focused on nursing, began broadcasting in May. The nonprofit radio sta-
tion, dedicated to celebrating the global contributions of nurses and providing a voice for today's nurses, features interviews with prominent nurse leaders. Available 24 hours a day throughout the year, the programming can be heard around the world via Internet streaming. "Today's nurses are chal-
enged with being overworked and understaffed, frus-
tated at not being able to help people the way they envi-
nored," said Mary Anne Benedict, RN, MSN, chairman of the board for the New Eng-
land School of Whole Health Education. "Many are leaving the profession, which, in turn, is harmful to the patients they help. The nurse patient care. Nurseradio.org provides a community for nurses to share their knowledge, to give the knowledge of the world of nursing through insightful interviews with respected nurse leaders and healers."

The New England School of Whole Health Education, head-
quartered in Wellesley, Mass., developed nurseradio.org. The school's curriculum provides evidence-based education in a learning environment that en-
riches and empowers medical research with spiritual teachings and a national outlook on healing.

"Nurseradio.org has become a global brain for nurses, a phenomenal networking tool empowering us to thrive despite our current challenges, providing a global platform for inspira-
tion," said Debra-Marie Beck, Ph.D., international direc-
tor of the Nightingale Award and the Nightingale Honor.

Scanner tracks medication given to children
A small device seen at rock concerts and carnivals is helping nurses at Children's Hospital in Madison, Calif., give medication to their patients. The scanner, which looks like a PDA, works with software called AdminRX. The scanner itself is commonly seen in a number of places. Rock concerts use them to scan admission ticket-
codes. Casinos use it to scan winning slot-machine tickets. It's the software that makes the device unique.

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Using a stylus to choose a patient, the nurse follows a three-step process. First, the nurse scans a bar code on her or his badge. Next, the nurse scans a bar code on the medica-
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All in the family

by Jane Palmer

"DOES nursing run in your family?" Stephanie Minerath, RN, MSN, e-mailed this question to more than 2,800 nurses employed by the University of Michigan Health System (UMHS). Three minutes later, replies started rolling in, filled with remarkable stories about nursing families that sometimes spanned three generations. Using these narratives, Minerath and other members of the nurse retention team created a pictorial display of "nursing roots" that drew widespread acclaim and provided an eye-catching example of best practices in nursing retention.

The pictures—some featuring nurses from several decades ago—and heart-warming stories attracted the attention of passersby at University Hospital in Ann Arbor.

"The display touched many, many people," said Margaret "Marge" Calarco, RN, PhD, chief of nursing services. "It made a difference in the lives of nurses in the community. The stories are incredible."

The Maksym family story spans three generations, from Joanne, who began her nursing career in the mid-1950s, to granddaughter Sara, a pediatric nurse who graduated last year. Sara's mother, Mary Jo, is manager of an acute care medicine unit, and Joanne's daughter, Jennifer, is a nursing analyst.

Three brothers in the Packard family all married nurses, and one of them, Brad, is a nurse himself. He and wife Tina, together with sisters-in-law Rebeca and Heather, are all employed by UMHS.

Twin sisters Rachel Ball and Courtney Clark both work on the fourth floor of University Hospital. When Ball recruited Clark to work at UMHS, their mother suggested they split the recruitment bonus.

Another fourth-floor RN, Marissa Myhre, was inspired by the passion for nursing she saw in her parents—Lynn Myhre, a public health nurse, and David Myhre, a nurse anesthetist.

Sisters Connie Myres and Becky Bail-Salamis are co-workers in pediatric cardiothoracic intensive care at C.S. Mott Children's Hospital. The compassionate care that nurses gave their brother during home visits and frequent hospitalizations at Mott strongly influenced their choice of nursing as a career.

MaryAnn Choszczyk began her nursing career before her mother. Helene Mayleben earned a master's degree and ran a day care center before starting nursing school at age 50. Mother and daughter both work in the post-anesthesia care unit at Mott Children's Hospital. Choszczyk's husband, Ed, also is a nurse.

The nursing families display was a fun retention strategy, said Ada Sue Hinshaw, RN, PhD, FAAN, dean of the University of Michigan School of Nursing. Research she conducted more than two decades ago showed that nurses can cope with stressors if "satisfiers" are present. The display served as a "marvelous stress satisfier, bringing people back to their roots and getting them excited about why they are nurses," Hinshaw noted. "Any strategies that help us deal with the stress that we handle every day make a big difference."

Members of the nurse retention team, which created the display, were recruited via e-mail. Juanita Parry, RN, MSN, manager of nurse retention, began her message with statements such as, "I've been a nurse for 22 years, but I don't know how much longer I can work under these conditions" and "I want to be part of a positive change, but I don't know where to start." Parry's note struck a responsive chord. From more than 120 initial replies, a small group of volunteers from diverse backgrounds was chosen to serve on the retention team.

The group decided to focus first on establishing nursing preceptors, experienced nurses who would teach and provide support for new staff.

"I think it was very significant that the retention team identified preceptors as the first group to connect with," Calarco said. "The preceptors are the new nurses' connection to this place. They are the voice; they are the support. We also knew from the literature that nurses often leave within the first three years of their tenure, and we wanted to connect with them immediately and encourage them. We knew that we had to help the preceptors feel valued, as well."

The "Does nursing run in your family?" display has been another effective retention tool. The 2004 project was the third picture exhibition. Last year, the team organized a photo essay about
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In the 1990s, an attempt to reduce labor costs resulted in layoffs for registered nurses, who were replaced by less-educated staff.

"The only good thing that came out of that whole decade was the fact that we found that nurses do count," Hinshaw said. "If you don't have them in adequate numbers and adequate quality, patients die or have a lot of complications, and you have a lot more lawsuits on your hands."

Simply increasing the number of nurses isn't enough; quality also matters. "It's important to nurses that they have competent, committed colleagues—ones they can trust," Hinshaw added.

Leadership, at all levels, is another major factor in nurse retention. A good leader doesn't just put you on the back and say you're doing a great job, Hinshaw said. "It's someone who helps you grow, who helps you think, who is there to help you do well, not to put barriers in front of you."

Effective leaders allow their staff to be involved in patient care decision-making, vital to job satisfaction. "Clinical autonomy means that the nurse at the bedside has the ability, the resources and the support mechanism from leadership to be able to tailor care as she or he needs to tailor it," Hinshaw added.

Interactions between nurses and physicians also may contribute to retention. Anecdotal evidence has indicated that fractious relationships with doctors—in which nurses feel they are not listened to, respected or valued—result in increased turnover. However, further research is needed to fully understand this issue, Hinshaw said.

Hinshaw and Calarco, along with several nurses featured in the display, met in April to share their stories and talk about retention strategies.

One participant was Pat Miley of West Ann Arbor Health Center, who has three daughters—Jill, Kristen and Erin—employed as nurses. Her youngest daughter, Dana, is a nursing student.

Two years ago, Miley returned to work at UMHS for the third time. Her previous jobs left her frustrated. "I felt very fragmented, like I didn't know anyone there and no one knew who I was," she said. "I was strictly a number. I felt I didn't get the preceptorship that I could have used to sink my feet in and stay here."

Improved leadership has been key to Miley's satisfaction with her current position. "I have no intentions to leave," she added.

Sandy Merkel, clinical nurse specialist for the Pediatric Acute Pain Service, also had left UMHS and then returned. Her present job is more satisfying than her previous position, Merkel said, and one of the reasons is stronger nursing leadership. Her daughter, Martha, works in the pediatric intensive care unit. Her Aunt Betty and sisters-in-law Barbara and MaryAnn are also nurses.

Nancy Roth, operating room nurse, shared an experience that happened while vacationing with her sister, nurse Laurel Cashero. Roth responded to a call for help for a man who was drowning. "He had no vital signs," Roth said. "I started CPR and asked my niece to call 911 and get my sister."

Their nursing skills saved the man's life. Roth's citation from the Livingston County Sheriff Department was included in the pictorial display.

Maureen Thompson's mother, Geraldine Flaherty, was also a nurse, but not until Thompson started working did she realize that her mom had a stellar reputation as a researcher and teacher. "I never put her in a nursing world; she was just mom," Thompson said. "When I looked back on her career, I realized that she was an outstanding nurse. She gave me an appreciation for the healthcare community.

The retention team has continued to develop strategies for reducing turnover. The display served as a reminder—by paying tribute to UMHS nurses and helping them connect—to both their "nursing roots" and to their colleagues.

"If we connect to one another and build a community of professionals that strengthens nursing and gives exquisite patient care," Calarco said, "then we know we're going to be a place that attracts talented nurses and keeps talented nurses." "

Jane Palmer is assistant editor of Reflections on Nursing Leadership.
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"When I looked back on her career, I realized that she was an outstanding nurse. She turned me onto the benefits of the bedside," she added.

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Margaret "Marge" Calarco, senior associate hospital director and chief of nursing.

Dr. Robert Quinn, best-selling author, consultant and leader in organizational effectiveness, commented on Calarco's ability to transform nursing at UMHS. "Marge is immensely influential because she is always authentic and fully present," he said. "She has no ego needs and is working for the good of the organization. People feel it and they respond. She is a natural-born community builder."

In 2001, while serving as interim chief of nursing, Calarco laid out her strategy for change. Interested in more than just the spine to the finish line, she was committed to real and enduring successes and would settle for nothing less than "world-class nursing."

"She began by bringing teams together—some of the initiatives underway created more than 250 nurses, faculty, students, other clinicians and patients—and we've had to create a collective vision for nursing. Calarco's strategy emerged during these sessions as she listened, learned and looked at evidence. Honest, empathetic and committed to a culture of accountability and shared power, Calarco has inspired us to reach further."

Building an environment of world-class nursing would come only from a strategy of aggressive recruitment and a commitment to nurse retention. Calarco immediately went to work on the 13.3 percent turnover rate. She charged a team of talented nurses to specifically address nurse retention, then stood back and allowed them to create an environment of growing pride and satisfaction. Through a series of initiatives over the last three years, including a major focus on the new hire/preceptor relationship, the retention team has realized a greater than 20 percent decline in RN turnover to 9.3 percent, as of May 2004.

Working from a paradigm defined by the quality of our relationships with coworkers, mentors and supervisors, she has employed several key initiatives, including: 1) support and coaching for new hires; 2) "Preceptor Action Days," which provide formal training for preceptors; 3) incremental interviews of those identified as most at risk (those with 18-36 months of employment); 4) strategic plans for decreasing our vacancy rate, which has dropped from 14 percent to 3.9 percent; 5) focus groups for new hires and preceptors; and 6) nurse manager retention efforts, including "Leadership Café," a subgroup of nurse managers who meet to discuss a specific topic of interest and relevance. These are just some of the initiatives underway, as nurse retention is an ongoing commitment to one another. Calarco and her team focus not on lofty goals, but rather on attainable and sustainable gains, with an openness to creating new ways of being together and celebrating the art and science of nursing every day.

— by Dierdre Baggot, RN, MBA, University of Michigan Hospitals and Health Centers

In pursuit of world-class nursing

OVER THE PAST several years, the nursing community at the University of Michigan Health System (UMHS) has transformed a work environment characterized by double-digit nurse vacancy and turnover rates to one that creates and supports empowered relationships. This achievement, in part, is due to the leadership philosophy of Margaret "Marge" Calarco, senior associate hospital director and chief of nursing.

"We're trying to use different ways to get to us to connect," Parry said. "We know that the answers are here, that the passion is night nurses. The year before, the group focused on stories, accompanied by pictures, about nurses who had made a difference in people's lives.

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finding purpose through service

Bridging the Straits

Four-and-a-half decades after Cuba's Communist revolution, two nurses lead a People to People delegation to that island nation, just 90 miles from the United States, across the Straits of Florida.

by Thad Wilson and Jan Russell

Editor's note: The People to People Ambassador Program invited Jan Russell to organize and implement a professional nursing delegation. Thad Wilson was chosen as co-leader because his clinical base, family nursing, differed from Russell's HIV focus and because of his experience in caring for patients in a foreign culture. He is also fluent in Spanish.

People to People International was created by President Dwight Eisenhower; who believed that if people of the world met face to face, it would promote trust and understanding. Since then, the organization has focused on that mission, and a member of the Eisenhower family remains on the board. Cuba was chosen for our visit because of its interesting historical connection with the United States. Few from the United States have been able to travel to Cuba. Our purpose was to learn about public health and nursing in that country. Since this would be a general nursing delegation, we wanted our visit to include a wide range of clinical situations, patients and locales. We wanted to understand how nurses were educated. Did they have advanced practice nurses? How were nurses viewed in the health care and public communities? We also wanted to see various parts of the country and experience its culture. Thirty-six nurses, doctors, lawyers and health administrators joined us on this adventure. This unique blend of individuals was created when other professional trips were cancelled because the U.S. government closed the doors to educational exchanges. For all we knew, ours would be the last group allowed to go to Cuba.

First impressions

Our delegation assembled in Miami, Fla., for orientation. In addition to our luggage, we all brought our various beliefs and perspectives about Cuba, Castro and communism. Jan grew up shortly after World War II, lived through the Cold War, watched the boat people coming to America from Cuba, volunteered to care for Cuban refugees in an HIV clinic and heard from various U.S. presidents about President Fidel Castro's inhumanity. Thad was raised during the Cuban missile crisis and cared for many Cuban immigrants in his clinic. All this and more raced through our minds as we boarded the plane. We wanted to learn if our perceptions were accurate. Our feelings of anxiety were heightened by the procedures we encountered to travel to a country just 90 miles from our shores. After arriving in Havana, we had to endure more procedures. One by one, we had to go through a huge, very heavy—seemingly symbolic—iron door. As each person stepped through and found himself or herself alone in a long hallway, some were noticeably shaken. However, we walked into a very ordinary-looking airport, where we found our luggage and met with our travel manager and interpreter/guide. Havana, Cuba's capital, is the largest city on the island. As we toured the city, we were engulfed by many different colors and sights. People were moving through the city by foot, bicycle and car. The cars were a mixture of newer Russian vehicles and older—cira
Bridging the Straits

Four-and-a-half decades after Cuba’s Communist revolution, two nurses lead a People to People delegation to that island nation, just 90 miles from the United States, across the Straits of Florida.

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The culture

We felt like we had traveled back in time; that the plane had actually been a time machine. We looked like misshapen train cars and Pony carts and buses. The buses were pulled by tractors. Cubans call them "camels" because of their shape. We felt like we had traveled back in time that the plane had actually been a time machine.

Prior to the 1959 revolution in Cuba, there was only one school of medicine in the country. There were 2,000 doctors—90 percent in Havana—and health care in rural areas was virtually nonexistent. During the revolution, about 50 percent of the doctors left the country. Today, there are 22 medical schools and approximately 350,000 health care workers in the country. Of these, 66,000 are physicians, almost half of whom practice family medicine. There are 106,000 nurses, 23,000 of whom are professionals with a five-year nursing education. Education for health care providers is free.

There are three levels to Cuba's health care system:

Level I. A doctor and nurse work as a team in a neighborhood or village, caring for approximately 600 patients. Patients come to see them at the office, and the medical team also makes home visits. The doctor and nurse focus on health promotion, illness prevention and caring for small emergencies.

Level II. The second level consists of community polyclinics. These facilities provide specialist care and higher-level diagnostic capabilities. They also provide urgent care, as well as dental and vision services. Ninety percent of all client problems are resolved at this level. What cannot be cared for here is referred to Level III.

Level III. The top level is divided into general hospitals, specialty hospitals (e.g., orthopedic, pediatric and psychiatric) that provide emergency or complicated acute care, and research facilities. Also, maternity houses provide care for pregnant women who live in rural areas or are at high risk, are teenagers or are expecting multiple births. They come to the house at about 32 weeks of pregnancy to wait for delivery. Nurses care for them there until they go to the hospital to have their babies.

Cuba's health care facilities lacked many of the technologies we enjoy, but the results were impressive. For example, all children in Cuba are immunized. In fact, 13 diseases have been eradicated. The infant mortality is 6.5 per 100,000 (better than in the United States), and the maternal mortality rate is 5.8 per 100,000.

Two areas of concern for Cuba are caring for its older population and dealing with human immunodeficiency virus (HIV). There are more than 125 homes for older people, called Grandpa Houses, but they can become a warehouse for seniors. Adult day care is available, if the person lives with his or her children.

At the time of our visit, 5,000 people had been diagnosed with HIV and another 300 with AIDS. There have been 1,200 AIDS-related deaths, 1,500 people are symptomatic and the remainder are seropositive with no symptoms. People living with HIV who are symptomatic receive antiretroviral therapy. If the case is complicated, the patient goes to an HIV sanitarium. Otherwise, they remain in the community and receive outpatient medications.

Our overall impression was that the system worked and provided good care. People had access to care, and the providers were dedicated people who cared for their clients. Given the limitations in technology and financing, the people we saw appeared to be in good health, primarily because prevention was key. National health care dollars were directed to inexpensivepreventive care, rather than costly illness care.

Below: Typical medicine cabinet at a local health care office. Cubans have limited access to pharmaceuticals. Right: Women spending time at the Maternity House. People to People Ambassadors Program provides international nursing experiences and education for leaders of a host country, stakeholders in health care, and students currently in the United States. Each international program offers 20-30 continuing education credits per project. For more information, visit www.ambassadorsprograms.org or call 877-537-0000 ext. 403.

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A common mode of transportation in Havana is the "camel" bus. Each section of the city has a different color to help passengers find the correct bus.

Thad Wilson and Jan Russell, leaders of the trip.
Nurses at the Orthopedica Hospital in Havana. More than 30 percent of nurses in Cuba are men.

1955—American models. There were pony carts and buses. The buses looked like mishapen train cars and were pulled by tractors. Cubans call them "camel" because of their shape. We felt like we had traveled back in time that the plane had actually been a time machine.

The culture

We learned about the health care system and nursing, but we also enjoyed the sights and sounds of a vibrant people. Everywhere we went, we were greeted with smiling faces and rum, not unusual considering it is the national drink. We spent an evening at the Tropicana (Desi Arnez started here) and another at Club Havana listening to classical Cuban singers. We feasted on typical Cuban food—moody pork, chicken and rice fixed in many mouth-watering ways—and a few indulged in Cuban cigars, claimed to be the best in the world.

We also witnessed poverty and despair. Well-educated people—nurses, physicians and engineers—drove taxis because their preset monthly salary was not enough, and taxi drivers have access to American dollars that bring a measure of wealth.

Cuba's health care system

Cuba's single, government-run health care system is well-organized. Even with limited funds, it appeared to be working. Health care is free, universal and accessible to all Cubans, regardless of gender, race, creed or religion.

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Thad Wilson, APRN, PhD, is associate dean of the University of Missouri-Kansas City School of Nursing in Kansas City, Mo. Jan Russell, RN, PhD, is associate professor at the same school.

A common mode of transportation in Havana is the "camin bici." Each section of the city has a different color to help passengers find the correct bus.
Adams

Angelina Arcamone, instructor at Thomas Jefferson University's Jefferson College of Health Professions in Philadelphia, Pa., has received the college's Fred and Sady Abrams Award for Excellence in Clinical or Laboratory Instruction.

Anne Shyan Driscoll,* perinatal clinical nurse specialist at Telfer Birthplace at St. Joseph's/Candler in Savannah, Ga., has received the Clinical Nurse Specialist of the Year 2004 Award from the National Association of Clinical Nurse Specialists.

Eileen Feeley,* associate professor of nursing at York College of Pennsylvania, has been selected to participate in a semi­vital senior community health nursing students providing home health services with a wellness focus at two housing developments.

Nancy E. Miller,* has received the Honorius P. Pidcock Award from the American Nurses Association. She created a nurse practitioner membership program at Texas Children's Hospital, developed research and nurse clinic roles for the care of Romanian children with HIV/AIDS, and led a program in HIV/AIDS care for nurses in Africa.

Carmelina A. Townsend,* has been appointed clinical instructor and named academic coordinator of clinical education in the graduate program in nursing at the University of Massachusetts Association of Registered Nurses.

Kapustin,* clinical instructor, both of the University of Philadelphia, Pa., has received the 2004 Gerogia League for Nursing's Educator of the Year Award.

Christine Cape,* staff/charge nurse for Telfer Birthplace at St. Joseph's/Candler in Savannah, Ga., has received Dr. Fredric Shaw­Hypnors Scholarship from the Cancer Hospital Foundation.

Vesna Fallic,* professor at the University of Maryland School of Nursing, has received a $74,416 grant from the Mary Jean Aglone Education Foundation for her project, "Weaving the Net, Building the Future."

Christina Grossmann,* doan, and Liz S. Porter,* PhD program coordinator, are leaders of Florida International University's School of Nursing's new PhD in nursing program, which has received a $1 million grant from the Division of Nursing, U.S. Health Resources and Services Administration.

Anne Baile Hamrock,* associate professor at the University of Mary­land School of Nursing, has received an award for "Self-Efficacy Based Intervention to Facilitate Recovery of Older Adults From Orthopedic Events," sponsored by the American Academy of Nursing through a John A. Hartford Foundation Program initiative.

Vio L. igno,* doctoral student at the University of Maryland School of Nursing, has received a two-year, $53,820 fellowship for "A Self-Efficacy Based Intervention to Facilitate Recovery of Older Adults From Orthopedic Events," sponsored by the American Academy of Nursing through a John A. Hartford Foundation Program initiative.

Louise Jenkins,* associate professor, and Carol O'Hallion,* assistant professor, have been appointed interim co­directors of the Nurses Education Institute at the University of Pennsylvania, supported by the American Association of Colleges of Nursing.

Mary Komrenich,* professor at Arizona State University­Phoenix, has received the Rollo and Annise Pearsall Arizona Campaign for the Future Award for 2004. She is also named academic coordinator of clinical education and named academic coordinator of clinical education in the graduate program, which has received a $1 million grant from the Division of Nursing, U.S. Health Resources and Services Administration.

Anne Baile Hamrock,* associate professor at the University of Maryland School of Nursing, has received the Excellence in the Academic Setting Award from the International Nurses Association for Clinical Simulation and Learning.

Christine Alkire,* former member of the Pennsylvania Board of Nursing, has received the Excellence in Teaching award from the National Council of State Boards of Nursing.

Eleanor A. Amstutz,* has been named associate dean for academic affairs and director of the doctoral program at the College of Nursing, Medical University of South Carolina.

Veda Andrus,* professor of medical education at the University of Minnesota, has been named chief nurse executive of University of Texas, which is comprised of three hospitals and 12 community centers. She formerly was chief nursing officer for Barn Burners Hospital.

Nancy V. Alkins,* commissioner of the Bureau for Medical Services, West Virginia Department of Health and Human Resources, has been elected chairman of the Federal Interagency Coordinating Council in Charlottesville.

Kathleen A. Blood,* has been named executive director of the California Center for Nursing Education and Patient Care and is named academic coordinator of clinical education in the graduate program, which has received a $6 million grant from the Division of Nursing, U.S. Health Resources and Services Administration.

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Shanea Dyrenson,...

Elizabeth EDUCATION 36

She served as director of association management for the End-of-Life Nursing Education Consortium Graduate of the Year of 2004 Award from the National Association of Clinical Nurse Specialties.

Elaine Fereyng,...

She also received the 2004 Georgia League for Nursing's Educator of the Year Award.

Christine Capo,...

She helped build

Vanessa Falbo,...

She has been selected to supervise the National Nursing's Board of Directors and the Clinical Nurses Specialists.

Cecilia Borden,...

She has received the Faculty Role Model Recognition Award from the American Nurses Association for her contributions to nursing practice and health policy through political and legislative activity. Ballard also developed working relationships with New York lawmakers and regulators and held forums for registered nurses to strengthen the nurse practice act.

Karen A. Ballard,...

Karen Papadatos,...

Debbie Popovick,...

Papadatos,...

She received a $338,902 advanced education training grant from the National Institute for Nursing Research and a $83,520 fellowship for the Oxford Round Table in Oxford, England. The session...
Mona Counts, Kathleen Capitulo, Texas, has received the Excellence in U.S. Culture Award for her work in document the exploitation of foreign nurses.

Johnson-Wharton and Rosa, and professor in the Department of Health Systems Management and Leadership at the University of Arizona, has been named dean of the College of Nursing at the University of Arizona.

Young* has been named dean of the College of Nursing at the University of Arizona.

Ingram Kline, has been appointed assistant professor of nursing at the University of Texas at Austin.

Ruth Ann Terry, has been appointed to the Board of Registered Nurses, has received the Meritorious Service Award for its contributions to the profession.

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Richard Largent, has been named dean of the College of Nursing at the University of Texas at Austin.

Mary K. Lystad, has been appointed assistant professor of nursing at the University of Texas at Austin.

Carolee Heitkemper, has been named professor and director of the American Case Management Association's Annual Scientific Meeting.

Pat Reidt-Pinto,* senior vice president for patient care services and chief of nursing at Dana-Farber Cancer Institute, has received the 2004 Mary B. Anderson Award for Achievement in Nursing Research.

Karen Stock, who is a nurse practitioner at the University of Texas at Austin, has been named the recipient of the 2004 University of Texas at Austin: The University of Texas at Austin.

Evelyn B. McFarland, has been named clinical professor and administrative director of the School of Nursing at the University of Texas at Austin.

Tina M. Langan, professor in the Department of Nursing at the University of Texas at Austin, has been appointed associate dean for the School of Nursing at the University of Texas at Austin.

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has been elected president-elect of the American Association of Critical-Care Nurses. Blatter is also a nurse consultant for Inland Northwest Health Services.

Marie E. Brown,* a leader in pediatric nursing research and practice, is also the director of the School of Nursing at the University of Massachusetts Medical School in Worcester.

Kathleen Campbell,* chief nursing officer at St. Joseph Health-Sonoma County in Santa Rosa, Calif., has been appointed to the University of California, San Francisco-Johnson Executive Nurse Fellow Program in Management for Nurse Executives. She was one of 41 senior nurse executives selected to participate.

Kathleen Caputo, director of maternal child health, patient education and nursing research at Mount Sinai Medical Center in New York, has been named an associate dean for nursing at Mount Sinai School of Medicine.

Julianne G. McDonough, director of continuing professional development for the American Nurses Association, has been named executive director of the Ohio Council of Nursing Services. She will also serve as director of the nursing practice program at the University of Cincinnati.

Joan Clifford,* has received the Margaret Ross Kingney Award from the American Association of Critical-Care Nurses. Clifford established the Institute for Nursing Healthcare Leadership, an affiliate of the Carl J. Shapiro Institute for Education and Research at Harvard Medical School and Beth Israel Deaconess Medical Center. She created a model for a healthy work environment at Beth Israel Hospital in Boston.

Lutia L. Correa* has received the Hispanic Nurses Rights Award from the American Nurses Association. Correa, a pediatric nurse practitioner, has been a faculty member at the University of Arizona College of Medicine in Tucson. She has helped nurses from other countries adjust to U.S. culture. During the 1980s nursing shortage, she documented the exploitation of foreign nurses.

Ronita Courts, a nurse practitioner in Pennsylvania, has been featured in the "Everyday Heroes" section of the May 2004 issue of American Nurse Today. She is also an associate professor of nursing at California Lutheran University.

Leigh D. Cooper* has received a second mortgage on her home to start a pediatric anesthesiology program at Children's Hospital in Boston, Mass., has been selected as a Robert Wood Johnson Executive Nurse Fellow for 2004-07. She is also director of research at Massachusetts General Hospital's division of neonatal -perinatal medicine and specializes in strategic alliances for the American Association of Critical-Care Nurses. She has been elected to a one-year term as president-elect of the Yale School of Nursing Alumni Association. She will serve as the association's president in 2005-06.

Sylva R. Lukash* has been named chief of the nursing program at Francis Marion University. She also served as director of the Graduate Program in Nursing at the Medical University of South Carolina.

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Deceased...

Leighton E. Cluff, M.D., former honorary member of the Honor Society of Nursing, Sigma Theta Tau International, died April 14, 2004. A native of Salt Lake City, Utah, he was internationally renowned for his contributions to medical education and training, infectious diseases, clinical immunology, international health and health policy.

Dr. Cluff was professor of medicine at John H. Eves, University of Maryland School of Medicine, and chairman of the Department of Medicine at the University of Florida Medical School. He also served as president of the Robert Wood Johnson Foundation in Princeton, N.J.

Dr. Cluff was a consultant for the National Institutes of Health and the World Health Organization. He was a strong supporter of Sigma Theta Tau International, having served on the advisory board during the 75th anniversary campaign. Survivors include his wife of 60 years, Betty G. Cluff.

Janel Topp, RN, EdD, 73, associate professor emeritus of the University of Colorado Medical Center, died July 1, 2004. She taught oncology and medical-surgical nursing at the university and developed two courses in cancer nursing.

After Dr. Topp retired, she began working with Harbor-UCLA Medical Center in Torrance, Calif., as a consultant. "Ask an Expert" program, answering more than 550 questions from cancer patients. She was co-author of "Roses & Chemo: A Family Survival Guide." She was an active member of the Honor Society of Nursing, Sigma Theta Tau International, serving as president of Idaho Sigma.

Survivors include her husband, Dr. C. Chang Topp, and four children.

University of Maryland School of Nursing, has been awarded a $300,000 grant from the Redfield Fund to continue and expand her environmental health nursing environment project. Brenda Atwood will manage the project.

Mary Powell, postdoctoral fellow at the Center for Health Outcomes and Policy Research at the University of Chicago, has received the 2003 American Public Health Association’s Clear Health Communication Scholar Award. The award provides funds to help researchers advance high-quality communication scholarship. Powell will also be an assistant professor at Northern Arizona University and an adjunct faculty member at Northwest Nazarene University.

Barbara Sattler, research associate professor at the School of Nursing at Janis Coleman Gross, Cardinal Hill Hospital, E. Corken Holcomb, The University of Iowa, Jie Liu, University of North Carolina at Greensboro School of Nursing and Vanessa J. Kowalski, University of West Virginia College of Medicine, received a $1.1 million grant from the National Institute of Nursing Research for the development of the "NurseCare" research tool. The tool will be used to collect longitudinal data on nurses’ health and well-being.

In 2003, the National Institute of Nursing Research awarded the team a $95,000 pilot grant to develop the research tool. The current grant will support the development and testing of the tool.

The research team includes researchers from the University of Iowa, University of North Carolina at Greensboro, University of West Virginia College of Medicine, and the University of Nebraska Medical Center.

The goal of the research is to better understand the factors that contribute to nurses’ health and well-being and to identify strategies to improve nurses’ health and reduce the risk of burnout.

Dr. Sattler, who is leading the project, said the tool will be used to collect data from nurses over a long period of time. The data will be used to identify patterns in nurses’ health and well-being and to develop interventions to improve nurses’ health.

Fundings:
- The National Institute of Nursing Research
- The University of Iowa
- The University of North Carolina at Greensboro
- The University of West Virginia College of Medicine
- The University of Nebraska Medical Center

The research team plans to use the data collected from the tool to develop interventions to improve nurses’ health and reduce the risk of burnout. The interventions will be tested in a randomized controlled trial and the results will be used to develop policies and programs to improve nurses’ health.

The research team also plans to use the data to identify factors that contribute to nurses’ health and well-being and to develop strategies to improve nurses’ health. The results will be used to inform policy and practice in the field of nursing.

The research team includes researchers from the University of Iowa, University of North Carolina at Greensboro, University of West Virginia College of Medicine, and the University of Nebraska Medical Center.

The project is funded by the National Institute of Nursing Research, the University of Iowa, the University of North Carolina at Greensboro, the University of West Virginia College of Medicine, and the University of Nebraska Medical Center.

Contact: Dr. Sattler

2005 INTERNATIONAL CONFERENCES

Feb. 17-19, Edmonton, Alberta, Canada
- Canadian Nursing Research Society Conference
- Canadian Association for Epistemology in Health Care Conference
- Canadian Health Services Research Society Conference
- Canadian Association of Gerontology and Geriatric Medicine Conference

Feb. 7-10, Boston
- IEEE/EMBS 2005 Conference on Biomedical Engineering and Science
- IEEE/EMBS 2005 Conference on Engineering in Medicine and Biology

Feb. 11-17, Atlanta, Georgia
- Georgia Chapter of the American Society of Pharmacology and Experimental Therapeutics Conference
- Georgia Chapter of the American Society of Pharmacology and Experimental Therapeutics Conference
- Georgia Chapter of the American Society of Pharmacology and Experimental Therapeutics Conference
- Georgia Chapter of the American Society of Pharmacology and Experimental Therapeutics Conference

Feb. 15-20, Baltimore
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

Feb. 21-23, Minneapolis, MN
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

March 4-14, New York
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

March 15-18, Boston, MA
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

March 20-23, Melbourne, Australia
- Australian Society for Testing and Materials Conference
- Australian Society for Testing and Materials Conference
- Australian Society for Testing and Materials Conference
- Australian Society for Testing and Materials Conference

March 24-26, Dallas, TX
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

April 4-9, Philadelphia, PA
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

April 6-10, Salt Lake City, Utah
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

April 11-18, San Francisco, CA
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

April 20-23, Toronto, ON, Canada
- Canadian Nursing Research Society Conference
- Canadian Nursing Research Society Conference
- Canadian Nursing Research Society Conference
- Canadian Nursing Research Society Conference

May 17-27, Edmonton, Alberta, Canada
- Canadian Nursing Research Society Conference
- Canadian Nursing Research Society Conference
- Canadian Nursing Research Society Conference
- Canadian Nursing Research Society Conference

May 20-25, Houston, Texas, USA
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

May 31-June 4, Amsterdam, The Netherlands
- International Society for Pharmacology and Experimental Therapeutics Conference
- International Society for Pharmacology and Experimental Therapeutics Conference
- International Society for Pharmacology and Experimental Therapeutics Conference
- International Society for Pharmacology and Experimental Therapeutics Conference

June 1-4, Buenos Aires, Argentina
- Latin American Society for Testing and Materials Conference
- Latin American Society for Testing and Materials Conference
- Latin American Society for Testing and Materials Conference
- Latin American Society for Testing and Materials Conference

June 3-6, London, UK
- European Society for Testing and Materials Conference
- European Society for Testing and Materials Conference
- European Society for Testing and Materials Conference
- European Society for Testing and Materials Conference

June 12-16, Prague, Czech Republic
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

June 19-22, Kuala Lumpur, Malaysia
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

June 26-27, Chicago, IL
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

June 27-30, San Francisco, CA
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference

July 31-Aug. 4, San Diego, CA
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
- American Society for Testing and Materials Conference
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August 1-4, Washington, DC
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To the editor:

Letters to the editor should be submitted via fax or e-mail to Tamra Mattison, Editor, Reflections on Nursing Leadership. Fax: 713-952-2144. E-mail: tmattni@tsu.edu. Please allow for brevity. We reserve the right to edit submissions.

From the editor: Following publication of the 3rd Qtr. 2004 issue of Reflections on Nursing Leadership, I received a copy of the following e-mail, sent by a reader to Dr. Susan Gunby, which was reprinted in the cover story of that issue. That e-mail is published here with the consent of both correspondents.

Dr. Gunby,

I read the article in Reflections on Nursing Leadership with a great deal of empathy. This past March, I had a bicycle accident that resulted in a shattered tibia, broken fibula, surgery and lots of metal work. I was told that I didn’t have a clue! Sometimes, I couldn’t even reach the phone to call my husband. I will forever be a better nurse because of the experience.

NOTE: Dr. Susan Gunby is aware of the importance of wearing a helmet when riding a bicycle and normally does so. The photos that appear on page 11 of the 3rd Qtr. issue of Reflections on Nursing Leadership was taken in a controlled environment and helmets were omitted for photographic considerations. A note to that effect should have been included in the photo caption.

REFERENCES & RESOURCES

NEW NAME IS MAGAZINO

RETRIEVED DATA

From the editor: Following publication of the 3rd Qtr. 2004 issue of Reflections on Nursing Leadership, I received a copy of the following e-mail, sent by a reader to Dr. Susan Gunby, which was reprinted in the cover story of that issue. That e-mail is published here with the consent of both correspondents.

Dear Dr. Susan Gunby,

I read with interest the story about Dr. Gunby's recovery experience. I have been a nurse for 27 years and I believe that I understood the challenges faced by my colleagues. I found that I didn’t have a clue! Sometimes, I couldn’t even reach the phone to call my husband. I will forever be a better nurse because of the experience.

NOTE: Dr. Susan Gunby is aware of the importance of wearing a helmet when riding a bicycle and normally does so. The photos that appear on page 11 of the 3rd Qtr. issue of Reflections on Nursing Leadership was taken in a controlled environment and helmets were omitted for photographic considerations. A note to that effect should have been included in the photo caption.

NEW FROM NURSESBOOKS.ORG

The publishing Program of ANA

Florence Nightingale Today: Healing, Leadership, Global Action

Photographs (2004) STT

THE SOUL OF THE CARING NURSE: STORIES & RESOURCES FOR REVITALIZING PROFESSIONAL PASSION

Renewal with Global Networking

Phub 04CSNTT

List $16.95

ANA Member $13.95

Call 1-800-637-0323 Online at www.nursesbooks.org

Both of these titles reflect nurses as the true spirit of caring. Journey through time with Florence Nightingale Today. See how this heroine's holistic approach to nursing transformed nursing practice and does so today. The Soul of the Caring Nurse describes the five processes of caring, first practiced by Nightingale and later developed by nursing theorist Kristen Swanson, PhD, RN. Soul also offer over 100 practical resources and tools for personal, patient and organizational caring.

Florence Nightingale Today: Healing, Leadership, Global Action

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Dear Colleagues,

According to the Network for Good, approximately 109 million adults (56 percent) volunteer annually and are engaged in some type of social service (www.networkforgood.org/volunteer/volunteertradition.aspx). Volunteers contribute an average of 3.5 hours per week, totaling 20 billion hours with an estimated dollar value of $227 billion. What could possibly account for so many people spending so much time and generating so much value? There are many reasons people volunteer and engage in service. It makes them feel needed; helps them to develop of new skills; helps them deal with personal problems; and enables them to meet new people and break down barriers of mistrust, misunderstanding and fear. Volunteering creates new contacts and networks, as well as business and personal relationships.

If you have previously volunteered, consider the 10 tips on volunteering wisely offered by the Network for Good (click on the link provided on the home page). No. 10 is especially interesting: "Give voice to your heart through your giving and volunteering."

There is another reason people volunteer and make service contributions. It feels good. Evidence for this is discussed in Allison Payne's book The Healing Power of Doing Good (2001). Luk's research indicates that healthy-helping acts result in positive physiological effects that motivate people to help all the more. People who help others experience an increase in empathy for others—especially strangers—and experience improvements in their personal health and well-being. Volunteering results in development of the "helper's high." This phenomenon is a physiological response reported by people who regularly help others and is associated with increased physical health, well-being and vitality. Healthy helping leads to good feelings that shift our body states from unhealthy anxiety to a more natural equilibrium. I suspect that the healthy-helping syndrome is one of the factors that keeps most nurses and others in the helping professions committed to the work they do and the service they provide.

The Honor Society of Nursing, Sigma Theta Tau International was created more than 82 years ago when six students at Indiana University School of Nursing had the idea that professional and interpersonal support was necessary to survive the rigors of a life in nursing. These six students were healthy helpers who wanted to band together to create and secure an atmosphere of professional renewal. To get the organization off the ground, there was a tremendous amount of volunteer effort supporting the belief that knowledge and learning are keys to enhanced practice-based services. The founders believed that positive interpersonal relationships and a community of supportive peers and colleagues are key ingredients for sustaining healthy-helping relationships. The founders created the honor society because they realized that learning together is a source of shared thinking and reasoning that makes a difference in providing care.

The honor society continues to support professional development through the provision of knowledge, learning and service opportunities that enhance professional development and support healthy helping. To sustain the development of our social and intellectual capital networks, we need you to volunteer wisely. I believe that volunteering to support and sustain the vitality of the honor society is a responsibility of membership.

In this issue of Reflections on Nursing Leadership, there are many examples of individuals who achieve personal and professional renewal through service commitments. There are many service opportunities available in your chapter and/or region that could benefit from your volunteer efforts. There are also volunteer and service opportunities nationally and internationally. Knowing what members, interests, and expertise are available is crucial for matching expertise with volunteer opportunities. The VIPRole enables us to create just-in-time volunteer opportunities for members and helps us to advance the work of the honor society. Strategic use of the VIPRole at the local, regional, national, transnational and global levels helps us coordinate member talent and expertise.

As we reach the midpoint in this bimonth, I invite each of you to consider your strengths and talents and to complete a VIPRole. Supporting the honor society through time requires members who volunteer wisely and are renewed through the service commitments they make and volunteer efforts they share. Experience the healing power of doing good. **

References, page 42.

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

FROM THE PRESIDENT

President Daniel J. Pesut
NOTE: Dr. Susan Gunby is aware of the importance of wearing a helmet when riding a bicycle and normally does so. The photos that appears on page 11 of the 3rd Qtr. issue of Reflections on Nursing Leadership was taken in a controlled environment and helmets were omitted for photographic considerations. A note to that effect should have been included in the photo caption.
Truly a distinct honor

by Marty Lanus

There are 97 in all. They range from the minister of health of the Russian Federation to a community health nurse in the West Indies; from those who have amassed personal fortunes by directing their own entrepreneurial efforts to those who work for subsistence wages; from those who have grasped the legislative halls of Ottawa, Moscow and Washington, D.C., to those who grasped the stage, from a U.S. president’s daughter who married in the White House to a lone figure who delivers babies in Trinidad and is founding a children’s AIDS hospice in Tobago.

Florence Nightingale is one. So is the first female Canadian astronaut (and the first neurologist in space). They are the honorary members of the Honor Society of Nursing, Sigma Theta Tau International.

We don’t know when or how the idea of inducting honorary members occurred to the board of directors of the honor society, but one of the earliest mentions of such memberships occurs in a 1932 publication of the organization’s constitution. There is also an earlier undated version of the constitution with identical language. In any case, the first honorary member, Dorothy Roos, was inducted in 1939.

Inductees came in quick succession: Adda Eldredge in 1940; Nellie X. Hawkins in 1941. Eldredge, whose father was a Wisconsin state legislator and whose mother was a teacher, enrolled at the University of Chicago and the University of Minnesota, where she served as director of the Bureau of Nursing Education for the state of Wisconsin. Her most far-reaching influence came as president of the American Nurses Association.

Hawkins, an influential nurse educator, taught at Vassar Training Camp for Nurses, Valley College, Columbia University; Western Reserve University School of Nursing (now the Frances Payne Bolton School of Nursing); the University of Chicago and the Illinois Training School for Nurses’ Foundation. Later, she was elected president of the National League of Nursing Education.

The earliest inductees were nurses, because the constitution called for “persons distinguished in the nursing profession,” members that might be recommended by the advisory board and voted on by the active members of any chapter. The chapter vote then had to be sanctioned by the grand council.

The first non-nurse to become an honorary member was Eldredge in 1940. She later became director of nursing research at Teachers College, Columbia University, and co-authored the Nursing Studies Index with Virginia Henderson, Yale University’s illustrious nursing researcher and educator.

Elizabeth Sterling Soule was also inducted in 1963, the first year the honor society inducted more than one honorary member. Early in her career, Soule, a staunch proponent of baccalaureate nursing education programs, had taken a temporary position with the University of Washington as an instructor in public health nursing, but had stayed on for an additional 30 years to build the university’s school of nursing. She was among the 20 original representatives to form the University of California’s Medical Center and president of the American College of Physicians. She was inducted in 1987.

Today the criteria for honorary membership are no less demanding and the process no less weighty. Nominees must have: 1) demonstrated a commitment to the ideals and purposes of the honor society, 2) made a national or international impact with their work, 3) demonstrated superior achievement in leadership in their field, and 4) made long-term contributions to nursing and health care.

Any active honor society member may nominate a person as an honorary member by submitting a name directly to the board at the time of the general call for international award entries. The call is made in October of 2004, and entries are due March 1, 2005. Submission materials must include a curriculum vitae and a letter of endorsement.

Honorary members consider the opportunities to network and keep abreast of nursing trends as invaluable benefits.

“When I moved to Atlanta, I already knew the then-dean of the Emory University School of Nursing,” says Pat Turner, an honorary member since 1995, “and she asked me to serve on her advisory board.” A consultant to the Sigma Theta Tau International Foundation for Nursing, Turner adds, “With my love for your organization, seeing its progress is helpful.”

To the physician founder of the largest allergy and immunology clinic in the world, honorary membership has a practical application.

“Dr. McGeorge believes that nurses are at the forefront of interactions with patients,” explains Julie Mitchell, spokesperson for John McGeorge and grants coordinator for the John P. McGeorge Foundation.

U.S. Senator Daniel K. Inouye (D-Hawaii) finds his honorary membership invaluable. “Nurses are such a vital part of health care delivery. By knowing their perspective and concerns, I am able to have a deeper and more meaningful understanding of health care issues,” he says.

For Robert Wolders, honorary membership helps him stay connected to an organization that meant a great deal to his life companion, the late Audrey Hepburn.

“I’ve always felt like part of the family,” he says. “With being an honorary member, it’s even more so. Considering Audrey’s respect for the organization, it’s good to be in touch.”

Marty Lanus is a public relations consultant, Honor Society of Nursing, Sigma Theta Tau International. Margie Wilson, library coordinator, assisted with archival research.
Truly a distinct honor
by Marty Lanus

There are 97 in all. They range from the minister of health of the Russian Federation to a community health nurse in the West Indies; from those who have amassed personal fortunes by dint of their own entrepreneurship to those who work for subsistence wages; from those who have graced the legislative halls of Ottawa, Moscow and Washington, D.C., to those who graced the stage; from a U.S. president's daughter who married in the White House to a family figure who owns babies in Trinidad and is founding a children's AIDS hospice in Tobago.

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Inductees came in quick succession: Adda Eldredge in 1932; Nellie X. Hawkins, whose father was a Wisconsin state legislator and whose mother was a teacher, wielded both legislative and educational clout. Eldredge taught the University of Chicago and the University of Minnesota, and served as director of the Bureau of Nursing Education for the state of Wisconsin. Her most far-reaching influence came as president of the American Nurses Association.

Hawkinson, an influential nurse educator, taught at Vassar Training Camp for Nurses, Vassar College; Columbia University; Western Reserve University School of Nursing; and the University of Chicago and the Illinois Training School for Nurses' Foundation. Later, she was elected president of the National League of Nursing Education.

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The first non-nurse to become an honorary member was Leo Simmons, a sociologist from Yale University who was inducted in 1963. He later became director of nursing research at Teachers College, Columbia University, and co-authored the Nursing Studies Index with Virginia Henderson, Yale University's illustrious nursing researcher and educator.

Elizabeth Sterling Soule was also inducted in 1963, the first year the honor society inducted more than one honorary member. Early in her career, Soule, a staunch proponent of baccalaureate nursing education programs, had taken a temporary position with the University of Washington as an instructor in public health nursing, but had stayed on for an additional 30 years to build the university's school of nursing. She was among the 20 original representatives to form the University of Chicago and the Illinois Training School for Nurses' Foundation. Later, she was elected president of the National League of Nursing Education.

An elite group of achievers: Some of our honorary members

1967-Louise Hesselgesser: established first nursing program at the University of Saskatchewan in 1935; served as director of the Bureau of Nursing Education for the state of Wisconsin. Her most far-reaching influence came as president of the American Nurses Association.

1968-Gerda Podlech: professor and associate dean for research, School of Nursing, University of California, San Francisco.

1969-Daniel Inouye: senator; U.S. senator from Hawaii, has sponsored nursing initiatives.

1972-Pat Turner: former dean and provost of New York University; former president of the University of Wisconsin, Madison; former president of the American Nurses' Association; a strong advocate for nursing research and education.

1973-Marty Bodker: founder of Medicine and Nursing Research and Education Center, Los Angeles; director and member of the National Advisory Council for Nursing Research.

1975-Nursing Education, Sigma Theta Tau International.

1976-Patti Wolders: first woman astronaut; astronaut; scientific research council member; world authority on space physiology and health education; former executive director of the Children's Museum in Atlanta.

1985-Elaine Ackerman: former administrator, Life Care Center of America; a national leader in the area of nursing education and research.


1989-Dr. Roberta Bondar: professor, research scientist and Canada's first woman astronaut.


1992-Mary O'Hara: director of nursing research and education at the University of North Carolina, Chapel Hill; a strong advocate for nursing education and research.

1993-New York University: School of Medicine and Dentistry; dean emeritus and chancellor emeritus of Indiana University Medical Center.

1997-Monica Brennan: first woman from Canada to be elected to the House of Commons, former Canadian minister of national revenue and minister of national health.

**New focus on volunteers**

by Angela D. Miller and Kelly L. Kijovsky

**HOW MANY TIMES have you witnessed a vibrant sunset, blooming flower or adorable kids only to realize you have forgotten your camera? Without a tool to capture the scene, the moment quickly passes. As the honor society leadership planned the organization's membership, they realized the urgency of creating a tool to take a snapshot of each member’s talents and interests. With camera in hand, a new vision for volunteers came into focus.**

**Changing the lens**

Like changing to a wide-angle lens, the board of directors’ decision to develop a member registry expanded the honor society’s angle of view on its volunteers. This decision, part of the 2003-01 board of directors’ program of work, ignited an initiative to create a product to meet then-and-now usability studies, the result was unveiled as the Volunteer Interest Profile (VIProfile) at the 37th Biennial Convention last November. VIProfile is an online member-interest survey available on the honor society’s Web site at www.nursingsociety.org/VIP.

**To zoom in on service as part of personal and professional renewal, President Pesut promoted the development of VIProfile in his Call to Action. “Service,” he said, “is a means to renewal, because one often finds meaning by connecting with something outside of and greater than one’s self.”**

In its first year, VIProfile has captured the profiles of more than 1,000 members. Its accessibility and technology is broader than the former “Invitation to Serve,” and it has shifted focus from merely filling positions to identifying and proactively matching member interests with renewal opportunities.

**Framing the scene**

To properly frame VIProfile—to find and measure member skills, to share their strengths and expand their competencies—the project needed someone with experience and an eye for good composition. That person was Barbara Robinette, RN, MSN, director of the Constituent Center. To create the right composition for VIProfile, she began leading a staff task force in September 2002.

Authors Angela Miller and Kelly Kijovsky (front center) with other staff/volunteer liaisons for VIProfile at headquarters.

“I was asked to spearhead the project,” says Robinette, “and I wanted to do it, because I could see the benefits to the staff members, the honor society and its members.”

Over the next nine months, the task force worked diligently to compose, sharpen and test VIProfile.

**Adjusting the focus**

While the task force worked, it became apparent that there was a growing need for staff to manage VIProfile. “We didn’t go into the project thinking about adding staff,” said Robinette, “but it became quite clear that designated staff was critical to the success of VIProfile.”

The original intent was to charge staff with the program’s development and maintenance. President Pesut’s Call to Action and the need for chapters to increase member involvement put greater emphasis on adding staff and expanding responsibilities. Research indicates that the best-prepared and most effective volunteer programs are those with paid staff members who dedicate a substantial portion of their time to managing volunteers. Staff was put in place in June 2003 to manage the program, to research volunteer best practices and to invite target groups to complete a VIProfile.

**Exposing members to interest-matched opportunities**

VIProfile has exposed members at various experience levels to new volunteer opportunities. Dana J. Olive, MS, CRNP, Theta Rho Chapter, delayed volunteering in the past because the opportunities were not a match to her individual motivation and interests. During a visit to the honor society’s Web site in April 2004, she discovered President Pesut’s call for self-renewal and an invitation to submit a VIProfile. Olive submitted a VIProfile and indicated an interest in feature article writing at the entry level. As a direct result, she published an article on mentoring in the June 2004 You Belong Here newsletter.

“VIProfile report allowed me to weigh the qualifications of the position against my interests and experience.”

Dana Olive, MS, CRNP, Theta Rho Chapter

**Developing the bigger picture**

The initiative to recruit volunteers through VIProfile has enlarged into a program that encompasses all the elements of volunteer management: needs assessment, position development and design, recruitment, matching, orientation and training, supervision, recognition, and evaluation (McCurley & Lynch, 1996). In the fall of 2004, a new program and Web presence called VolunteerConnect became available on the honor society’s Web site at www.nursingsociety.org/VC. VolunteerConnect illuminates volunteer resources, opportunities, trends, benefits and recognition; brings volunteers into focus; and connects them with the organization. Acting as the gateway to involvement, VIProfile is the focal point of VolunteerConnect.

“I was excited by the opportunity to write and to see that VIProfile is being used, and it recognized my specific interests. It allows you to tailor the volunteer experience to what excites you. We have an obligation as nurses to be involved in our honor society, build our profession and excite new members,” says Olive.

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**The secret to good photography isn’t necessarily expensive lenses or special lighting, but rather creative vision. The vision President Pesut had for a member talent registry led to picture-perfect development of a comprehensive volunteer program.**

Through the lens of VolunteerConnect, the member experience is enhanced and defined. Through the viewfinder of VIProfile, the honor society captures member interests. Come into view by going to www.nursingsociety.org/VIP and completing your VIProfile today.

Dolores Zygmont, RN, PhD Education task force member, convention planning workgroup chair Kappa Chi Chapter

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“VIProfile gives you the opportunity to think about your own strengths.”

Kijovsky (front center) with other staff/volunteer liaisons for VIProfile at headquarters.

Angela D. Miller is manager, constituent involvement, and Kelly L. Kijovsky is constituent involvement specialist for the Honor Society of Nursing, Sigma Theta Tau International.

Reference and resource, page 42.
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Like changing to a wide-angle lens, the board of directors’ decision to develop a member registry expanded the honor society’s angle of view on its volunteers. This decision, part of the 2003-04 board of directors’ program of work, ignited an initiative to create a product to meet then-President-elect Daniel Pesut’s vision for a tool that members could use to name, develop and share their strengths. After task force development, beta testing and usability studies, the result was unveiled as the VolunteerProfile (VIP) at the 37th Biennial Convention last November. VIProfile is an online member-interest survey available on the honor society’s Web site at www.nursingsociety.org/VIP.

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ENK debuts to critical acclaim

IN AUGUST 2004, the Honor Society of Nursing, Sigma Theta Tau International launched an exciting new monthly, online publication called Excellence in Nursing Knowledge (ENK). ENK focuses on providing solutions to current nursing problems. Whether from the perspective of the chief nursing officer, the nursing director, the shift supervisor or the staff nurse, anyone working to transform the nursing workplace will find critical and practical information for effecting that change.

This new publication covers the best ideas, honed by the challenge of real-world nursing. Each issue will be shaped by a guest editor whose success in the workplace warrants a vehicle for effecting that change.

The nursing workplace will find critical and practical information for effecting that change. Because of its unique format, carries those ideas further of what nurses are saying about the inaugural issue of Theta Tau International launched an exciting new initiative is called FutureThink, and Scholz is at the center of it. The two-day workshop was followed by a one-day preconference that focused on strategies for improving evidence-based nursing (EBN).

As the first monthy guest editor of In JULY, Reflections on Nursing Leadership (RNL) was chosen by Communications Concepts, Inc. to receive two APEX Awards of Excellence, one for Magazine and Journal Design & Layout, the other for Magazine and Journal Writing.

Sample the free inaugural issue that focuses on synergy. Honor society members and nonmembers can subscribe to the publication through the honor society’s commerce subsidiary, Nursing Knowledge International, at www.nursingknowledge.org. Annual subscriptions to ENK are $9.95 for members and $14.95 for non-members. Trial subscriptions and institutional subscriptions are also available.

RNL receives two APEX awards

IN JULY, Reflections on Nursing Leadership (RNL) was chosen by Communications Concepts, Inc. to receive two APEX Awards of Excellence, one for Magazine and Journal Design & Layout, the other for Magazine and Journal Writing.

According to the judges, “The awards were based on excellence in graphic design, quality of editorial content and the success of the entry in conveying the message and achieving overall communications effectiveness.”

“The honor society is very proud of Reflections on Nursing Leadership and what it provides to our members,” said Linda Finke, RN, PhD, director of the honor society’s Professional Development Center. “To be recognized by an outside agency such as APEX is extremely fulfilling.”

APEX 2004—the 16th Annual Awards for Publication Excellence—is an international competition sponsored by Communications Concepts, Inc. that recognizes outstanding publications, from newsletters and magazines to annual reports, brochures and Web sites.

EBN sets stage for Dublin research congress

EARLY 900 nurses from 28 countries convened in Dublin, Ireland, in July for the 15th International Nursing Research Congress, sponsored by the Honor Society of Nursing, Sigma Theta Tau International. More than 600 papers and posters were presented. A workshop, held prior to the conference and led by faculty from the University of Iowa College of Nursing and University of Iowa Hospitals and Clinics, provided tools for incorporating evidence into nursing practice. The two-day workshop was followed by a one-day preconference that focused on strategies for improving evidence-based nursing (EBN).

At the preconference, Jo Rycroft-Malone, senior research fellow at the Royal College of Nursing Institute and editor of Worldviews on Evidence-Based Nursing, addressed current EBN trends and challenges associated with its implementation. Carl Thompson, senior research fellow at The University of York, reminded the audience that implementing evidence-based practice is a journey of renewal into an unpredictable future.

Nico Oud, from the Netherlands, opened the research congress with a frank discussion about the importance of collaboration among nursing theory, research and practice.

“CareerRxel for Managers

CareerRxel (pronounced career excel) was designed to help nurse managers identify their professional talents, clarify their own career aspirations, develop new skills as a mentor and job coach, create environment that brings out the best in people, and increase employee engagement.

“I could see CareerRxel as part of our proactive professional development program,” observed Heather Mass, RN, BN, MSc, chief of nursing at Children’s & Women’s Health Centre of British Columbia (Canada). “It helps people to be thoughtful and introspective about where they are in their careers and where they may wish to go in the future.”

Online management certificate program

Two of 16 modules for an online nurse manager program are available now, with 14 others to debut early next year. Topics cover leading change, managing staff, strategic planning, using evidence to guide decision-making, budgets and many others.

Mentoring program

The Chiron Mentoring Program is an invaluable resource for individualized leadership development. Over the course of a year, each mentee, guided by an experienced mentor, develops and carries out a leadership program.

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This new publication covers the best ideas, honed by the challenge of real-world nursing. Each issue will be shaped by a guest editor whose success in the workplace warrants a vehicle that, because of its unique format, carries those ideas further than was previously possible. These guest editors are nurses working where research and practice intersect. Here's a sample of what they are saying about the inaugural issue of ENK:

"I have seen the inaugural publication and think that the online journal will be a wonderful tool for ensuring evidence-based practice and knowledge development around the world."

"This initiative to promote an international platform for exchange of ideas, experience, programs and research with colleagues from around the world is desirable and will contribute to the profession and to each one of us personally."

"Wow! I love the ability to get the leading edge of nursing to incorporate into my nursing practice and my company. This will be wonderful for me."

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ENK ... Online now!

In the Inaugural Issue

Martha Curley on Synergy

Director of CCVC nursing research at Children's Hospital Boston, Martha Curley, RN, PhD, FAANS, is the world's premier authority on the Synergy Model in nursing. As the first monthly guest editor of ENK, she has gathered a collection of perspectives that define the Synergy Model now—in practice, leadership and education.

In the Current Issue, No. 1

Jean Scholz on FutureThink

Thinking ahead—Jean Scholz, RN, MS, director of health policy, Ohio Hospital Association, writes, "The future is a popular topic in nursing these days. Nurses in Ohio have turned talk into action with an ambitious new agenda." The initiative is called FutureThink, and Scholz is at the center of it. Beginning with a perceptive vision of the year 2013, FutureThink brings nurses together to make the vision real. Scholz is a regional leader in policy issues relating to the nursing workforce.

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E-mail us at: professionaldevelopment@nursingsociety.org

Honors society promotes career development

The transition from floor nurse to nurse manager is far more complicated than changing a title. Too frequently, well-meaning administrators expect a stellar caregiver to leave on Friday and return on Monday with administrative skills well in hand. The role of caregiver differs greatly from that of supervisor, and historically this change is either rarely or poorly addressed.

Today's nurse manager can expect to be a scheduler, ombudsman, mediator, problem solver, resource, role model and mentor. Add to that the pressure that health care institutions are under to find and retain good nurses, and the nurse manager's challenges are compounded.

Studies show that employees who are satisfied with the relationship they have with their manager are more likely to remain at an institution. With this in mind, the Honor Society of Nursing, Sigma Theta Tau International has developed a number of products:

CareerRxel™ for Managers

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Oud encouraged nurses to demonstrate the value of nursing practice to health and to not settle for just informing society about nursing's intentions and beliefs. He communicated effectively, he said, we must use terminology that is understood worldwide. Christopher Johns, palliative care nurse and reader at the University of Luton, closed the congress with a moving personal account about providing evidence-based nursing care to a family experiencing the death of one of its members. Throughout the week, attendees maintained a high level of energy, and a number of future international collaborations were born as a result of the spirited discussions.

During the congress, 45 new members were inducted into the honor society. A reception for the inductees was hosted by the Irish Nurses Board, An Bord Altranais, with transportation provided by the Irish Nurses Association.


E-mail us at: professionaldevelopment@nursingsociety.org
Interested in writing?

"BECOMING a Published Nurse Author: Professional Writing for Nurses through Mentoring" is a new course being offered by the Honor Society of Nursing, Sigma Theta Tau International. Aspiring nurse writers who register will have an opportunity to create a manuscript suitable for submission for publication.

A unique feature of the course is the opportunity for one-on-one mentoring of the learner by a published nurse author. Students will be guided throughout the publishing process, from idea development to document production to submission to a publisher. Forty-two continuing-education contact hours will be awarded to each person successfully completing the course.

Each of the 14 online lessons combines reading material, writing exercises and content-appropriate Web links (e.g., research articles, APA format, dictionaries, thesauri, grammar checks, copyright issues, proofreader marks, formatting guidelines).

Linda Finke, RN, PhD, director of the Professional Development Center, and Jeff Burnham, publisher at the honor society, developed the course. Both Finke and Burnham are experienced in teaching post-secondary professional writing. Writing for Publication in Nursing, by Marilyn H. Oermann, RN, PhD, FAAN, is used as a companion text. The course is part of more than 200 continuing-education contact hours available on the honor society's Web site. For more information, go to www.nursingsociety.org/education/ceonline.html.

Plan your involvement now!

PREPARATIONS are well underway for the 2005 Biennial Convention. Following are opportunities for you to join in the excitement:

• Submit an abstract. Abstracts are invited for clinical sessions, leadership sessions, scientific sessions, creative arts, and the Innovations in Clinical Excellence Evidence-Based Practice Contest. Abstracts must be submitted via the online system. The submission deadline is Jan. 19, 2005.
• Be a sponsor or exhibitor. Your chapter or organization will gain visibility among the more than 2,000 nurses who attend the convention. Buy a booth in the exhibit hall, sponsor a session or meal event. Opportunities abound! Contact Kathy Bennison (bennison@stti.iupui.edu) for more information.
• Review abstracts. The Honor Society of Nursing, Sigma Theta Tau International is seeking qualified reviewers of abstracts. Reviewers must be members and have previously presented at a regional, national or international conference.
• Volunteer your time. This is your convention—lend a hand to help make it successful. Hospitality, exhibit hall and session support are just a few of the opportunities that await volunteers at the convention.
• Submit an award entry online. The honor society recognizes members and nonmembers alike for their professional accomplishments and contributions to health care. New this year is a convenient online submission process for award entries. The entry deadline for most awards is March 1, 2005.
• Attend the convention! The 38th Biennial Convention will be held Nov. 12-16, 2005, at the Indiana Convention Center in Indianapolis. Registration and housing information will be available in March 2005. For more information, visit www.nursingsociety.org/education/convention.

Inducted on the Emerald Isle

by Teresa Ransdell

QUESTION: What do 45 of the world's nursing leaders, plus the U.S. ambassador to Ireland, plus the Guinness Storehouse in Dublin, Ireland, equal? ANSWER: A Sigma Theta Tau International multinational induction ceremony!

FORTY-FIVE nurses from five countries became members of the Honor Society of Nursing, Sigma Theta Tau International on July 21 as part of the 15th International Nursing Research Congress in Dublin, Ireland. Welcoming the attendees were Anne Carrigy, president of the Irish Nursing Board (An Bord Altranais) and James C. Kenny, U.S. ambassador to Ireland. Dan Pesut, president of the honor society, presided over a ceremony attended by approximately 500 conference registrants. A list of the inductees is available on the honor society Web site at www.nursingsociety.org/membership/intl_inductees.doc.

The honor society intends to continue hosting multinational induction ceremonies at appropriate events. If your chapter is interested in inducting nurse leaders at future events, please contact Teresa Ransdell, global development manager, at teresa@stti.iupui.edu.

ABOVE: Rocks, the scourge of farmers, are put to good use as fences on the Emerald Isle. BELOW: Present at the induction ceremony, held at the Guinness Storehouse in Dublin, were (l-r) Anne Carrigy, president, An Bord Altranais; Dan Pesut, president, Sigma Theta Tau International; James C. Kenny, U.S. ambassador to Ireland; Carol Picard, president-elect, Sigma Theta Tau International; Nancy Dickerson-Hazlett, chief executive officer, Sigma Theta Tau International; and Eugene Borengushi, chief executive officer, An Bord Altranais.
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G L O B A L  D E V E L O P M E N T

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Definitely a nontraditional student

by Marty Lanus

Aquarius Arnold will never forget the day last March when she opened her mail and out slipped a brochure for the Nina Mason Pulliam Legacy Scholarship program. She had been attending Indiana University-Purdue University Indianapolis and had filed for financial aid to help with the 25 percent of her tuition not covered by her employer, the Honor Society of Nursing, Sigma Theta Tau International.

There had been a day just as memorable more than a decade before, when a doctor examining her for a routine school physical turned to Arnold's mother and matter-of-factly announced, "Your daughter is pregnant."

Aquarius was 14 years old. And seven months pregnant.

No one remembers exactly what Cynthia Arnold-Boyd said to her daughter at that moment, but Arnold does remember being taken home and told sternly, "You will go to college. You will get a degree. You will support your family."

"Once you have a responsibility like that, you think differently than every other 14-year-old," Arnold observes.

Attending Proviso West High School in Hillside, Ill., Arnold graduated in a mere three years by taking a heavy course load, attending summer school, and taking night and weekend classes at nearby Triton College. She earned an associate degree in accounting and later was hired by the honor society as an accounting disbursement specialist. Last year, Arnold won't be leaving the honor society. She plans to juggle a Houdini-like schedule, working full time and going to school part time.

"I'm so proud of her," croons Cynthia Arnold-Boyd. So are we.

Marty Lanus is public relations consultant, Honor Society of Nursing, Sigma Theta Tau International.

The staff was voting on the weakest link, Arnold held up an enormous sign, cautioning would-be voters, "Remember, I process your payroll check," and left laughing to a chorus of good-natured "boos."

But Indiana University's financial aid staff members knew nothing about Arnold's personal nature when they sent her the scholarship brochure last spring. What they did know was that she met the criteria: a nontraditional student whose personal commitments were greater than her financial circumstances would allow and who would need major help to attend school.

It surprised few at headquarters—possibly only Arnold—when she was selected from a pool of 23 for the honor. The generous scholarship covers tuition, fees, books and any necessary tutoring, along with a living stipend.

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Billye Brown Fellowship recognizes planned gifts

by Laura Klaum

Registering your planned gifts of $50,000 with Sigma Theta Tau International Foundation for Nursing allows you to be recognized during your lifetime through the Billye Brown Fellowship. Planned gifts include bequests in wills, charitable gift annuities, trusts, life insurance policies, and real estate and other property. Gifts may be restricted to scholarship, leadership or future initiatives, and up to 10 percent of your gift may be designated for your chapter. Gifts of $100,000 or more may become permanently endowed for a specific donor-designated purpose that fits with the mission and purpose of the Honor Society of Nursing, Sigma Theta Tau International.

The generous planned gift of the late Doris Bloch, for example, provides one $5,000 research grant to a deserving nurse researcher for the next eight years. See what kind of amazing things your visionary planning can do for nurses in the future?

Fellows enjoy elegant Heritage Society dinners, name recognition in honor society publications and on a special plaque displayed at headquarters, and other recognition as available.

We invite you to consider leaving a bequest in your will to benefit tomorrow's nurses and ensure the honor society's future. Your planned gifts, in any amount, will be gratefully acknowledged and will benefit the nursing cause you designate.

For more information, please contact a member of the foundation staff at 888.634.7575 (U.S./Canada toll-free), +1.317.634.8171, or foundation@sttmipui.edu.

Laura Klaum is assistant director, Sigma Theta Tau International Foundation for Nursing.

Thank you, Billye Brown Fellows ... 


If you decide to designate the foundation as an estate beneficiary, you may utilize the following language:

"I give, devise and bequeath the sum of $ _____ (percentage of the residue of my estate) to the Sigma Theta Tau International Foundation for Nursing, a nonprofit organization (tax identification number 13-1908863) based in Indianapolis, Indiana, to be used in the furtherance of its charitable mission to support the Honor Society of Nursing, Sigma Theta Tau International to develop professional excellence in practice, research, scholarship, and leadership to enhance world health."

Foundation for Nursing assistant director, Sigma Theta Tau International Foundation for Nursing.
STAFF MEMBER PROFILE

Definitely a nontraditional student

by Marty Lanus

Aquarius Arnold will never forget the day last March when she opened her mail and out slipped a brochure for the Nina Mason Pulliam Legacy Scholarship program. She had been attending Indiana University-Purdue University Indianapolis and had filed for financial aid to help with the 25 percent of her tuition not covered by her employer, the Honor Society of Nursing, Sigma Theta Tau International.

There had been a day just as memorable more than a decade before, when a doctor examining her for a routine school physical turned to Arnold's mother and matter-of-factly announced, "Your daughter is pregnant."

Aquarius was 14 years old. And seven months pregnant.

No one remembers exactly what Cynthia Arnold-Boyd said to her daughter at that moment, but Arnold does remember being taken home and told sternly, "You will go to college. You will get a degree. You will support your family."

"Once you have a responsibility like that, you think differently than every other 14-year-old," Arnold observes.

Attending Proviso West High School in Hillside, Ill., Arnold graduated in a mere three years by taking a heavy course load, attending summer school, and taking night and weekend classes at nearby Triton College. She earned an associate degree in accounting and later was hired by the honor society as an accounting disbursement specialist.

Last fall, Arnold—13 years older, wiser and a single parent with two boys—began college in Indianapolis with the goal of transferring into the prestigious Indiana University School of Nursing. She wants to go into pediatric nursing.

Growing up, Arnold had never considered nursing as a career. She did know she wanted to work with children, but she knew nothing about Arnold's personable nature when they sent her the scholarship brochure last spring. What they did know was that she met the criteria: a nontraditional student whose personal commitments were greater than her financial circumstances would allow and who would need major help to attend school.

It surprised few at headquarters—possibly only Arnold—when she was selected from a pool of 23 for the honor. The generous scholarship covers tuition, fees, books and any necessary tutoring, along with a living stipend.

Aquarius won't be leaving the honor society. She plans to juggle a Houdini-like schedule, working full time and going to school part time.

"I'm so proud of her," croons Cynthia Arnold-Boyd. So are we. 

Marty Lanus is public relations consultant, Honor Society of Nursing, Sigma Theta Tau International.

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My passion for clinical scholarship is directly tied to my desire to see patients receive the best possible care based on the latest research findings. Providing nurses with the knowledge to deliver high-quality patient care is what it's all about. I do that by continuing my own personal quest for knowledge and by supporting nursing leadership, research and scholarship through gifts to the Sigma Theta Tau International Foundation for Nursing.

If you’re able to give, do it. You will delight in how it makes you feel to help a fellow nurse be the best nurse she or he can be.

Melodie Daniels, RN, BS, MSC
Director, Sigma Theta Tau International
Foundation for Nursing
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