Miles to go, promises to keep

Susan Sweat Gunby, RN, PhD
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Wanted: Mission-driven workplaces

Over the course of several decades, my husband, son, daughter and I have been employed in a myriad of workplaces. From grocery stores to gas stations, from federal agencies to private industry, we have experienced and, I hope, contributed to many, not-for-profit and regulatory businesses.

In reflecting on these jobs and our reasons for staying at or leaving them, one factor is dominant—the environment in which we worked. In some of these environments, the atmosphere was inviting, comfortable, friendly and open to us as individuals. In others, it was constrained, prescriptive, restrictive and even antagonistic. The relationship between job satisfaction and job longevity was directly related to the pervasive climate of the employing organization.

No surprises here, I suppose. Studies have shown that the main reasons people remain in their positions—primary contributors to job fulfillment—are supervisors, co-workers and the organization’s environment. What is it about these environments that causes people, including us, to want to stay versus bolt for the door?

All workplace environments are living systems permeated by an organization’s unique culture. Culture is a composite of knowledge, beliefs, morals, laws and customs articulated through various social forms and behaviors. When people relate and feel a part with an organization’s culture, they are likely to stay put. This connection takes on many forms, including humor, light conversation, willingness to help and friendliness. On the other hand, when the fit is poor, there is heaviness, more frowns than smiles, a sense of coldness and, sometimes, a chaotic feeling. That’s when it becomes clear that it’s time to fold ‘em—a time for change.

Contrary to common belief, cultures are not created or easily manipulated by merely announcing change or instituting new processes. Cultures evolve over time, reflecting the effective ones building on strengths while letting weaknesses dwindle. If an organization is successful doing things in a certain way, it is likely to stay put. This connection takes on many forms, including humor, light conversation, willingness to help and friendliness. On the other hand, when the fit is poor, there is heaviness, more frowns than smiles, a sense of coldness and, sometimes, a chaotic feeling. That’s when it becomes clear that it’s time to fold ‘em—a time for change.

The transformation of a culture also requires collective learning and repeated experiences of success and failure to evolve, grow and change. Transformation involves new semantics, new perspectives and new standards, and this newness frequently causes anxiety. In transformative environments, many people come to realize that their mental models are no longer functional and they, too, face personal transition and redefinition as broadened models are adopted to better meet current realities. They face loss and are not at all sure this new form, this evolving culture, will be fulfilling. During these times, choices and commitments are made, courage is called upon, and a new level of animation and belief is required.

Organizations that have survived and made important transitions and reinventions over the years all share a common element, a cultural core that springs from the mission of the organization. Cultures evolve from values and beliefs that provide the basic framework of the organization’s mission. Alive organizations are mission-minded, and they demonstrate their vitality through learning and change. By staying committed to stakeholders and remaining healthy and flexible, the mission of the organization is kept alive. The organization’s mission is alive because values drive its principles, practices and processes.

So, the goal for our household of workers is to be in an organizational environment that: 1) have a clear vision and are driven by their mission; 2) are fundamentally value driven and practice; and 3) focus on continual transformation in order to make a difference. How about you?

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Nancy Dickenson-Hazard, RN, MSN, FAAN
Executive Editor
Nancy Dickenson-Hazard
Publisher
Jeff Burnham
Editor
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Contributing Editors
Sheila Thoe, Bonnawana; Joanna Olsen, Canada; Kari Velvelinen, Finland; Gabriela Boccu, Romania; Kyung Rim Shin, South Korea; Hu-Jin Shih, Taiwan; Cynthia Capers, Brenda Lyon, Dorothy Powell and Marla Salmon, United States
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Jane Palmer
Proofreader
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Design & Production
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Cover Photography
Emanuel Martin
Advertising
Rachel McLaughlin
Jim Mayne, MFM Design

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For subscriptions and inquiries, contact
Reflections on Nursing Leadership
Sigma Theta Tau International
350 West North Street
Indianapolis, IN 46202, United States
Telephone: +1.317.634.8771; Fax: +1.317.634.8188
U.S. and Canada toll free: 888.634.7575
Website: www.nursingsociety.org

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Contrary to common belief, cultures are not created or easily manipulated by merely announcing change or instituting new practices. Culture evolves over time, the effective ones building on strengths while letting weaknesses dwindle. If an organization is successful doing things in a certain way, it operates on specific mental models based on those methods. It will not give them up easily, if at all. However, if an organization can broaden or enlarge these models through changes in thinking and if people who are the carriers of the culture find ways to revise key concepts of the model, the organization then builds or expands its successful methods while putting aside weaker ones. To do this, leaders must be willing to genuinely change their behavior and embed new definitions in organizational life and systems. "Walking the talking" takes on a new meaning as personal transformation becomes a critical part of the total change process.

The transformation of a culture also requires collective learning and repeated experiences of success and failure to evolve, grow and change. Transformation involves new semantics, new perspectives and new standards, and this newness frequently causes anxiety. In transformational environments, many people come to realize that their mental models are no longer functional and they, too, face personal transition and redefinition as broadened models are adopted to better meet current realities. They face loss and are not at all sure this new form, this evolving culture, will be fulfilling. During these times, choices and commitments are made, courage is called for, and a new level of animation and belief is required.

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So, the goal for our household of workers is to be in organizational environments where (1) we have a clear vision and are driven by their mission; (2) we are fundamentally value-functional; and (3) focus on continual transformation in order to function. How about you?
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REINVENTING THE WORKPLACE

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Self-healing practices: Essential tools for balance

by Jane W. Swanson

The BAD news: The nursing work force is shrinking and aging! The good news: More than 30 percent of nurses under age 60 are still working at least part time, and 30 percent who retire early resume working.

Obviously, there is a core of committed nursing professionals who have discovered the secret to balancing the high demands of nursing—both physical and emotional—with "having a life." I would argue that nurses who are most successful over the long term have learned how to care for themselves or, to use a popular phrase, engage in self-healing practices.

This seems to be common sense. But nurses often tend to put everyone else's needs ahead of their own, a tendency exacerbated by a culture that often emphasizes energetic, fast-paced, homogeneous actions. Individuals are often caught up in the pace of their professional life and its demands that they don't seem to have the time or energy to take care of themselves or other important aspects of their lives.

Self-healing behaviors are self-initiated practices that individuals use to promote a balance of mind, body and spirit. These practices are mental in that they involve the mind and a reflective response to stress. They are physical in that they involve maintaining or enhancing the body's wellness. They are emotional in that they involve the heart and spirit in an effort to honor and promote the values and beliefs of the individual. A combination of these practices can augment one's sense of inner calmness, harmony and wholeness.

A few years ago, I studied the self-healing practices of a group of 10 chief nurse executives (CNEs) at Magnet facilities by the American Nurses Credentialing Center. These nursing leaders were passionate about what they did and believed strongly that they needed to take personal responsibility for how their leadership role impacted their lives.

They all tried to spend time daily in self-reflection and recognized the need for taking time to establish and maintain healthy relationships. They believed that engaging in self-healing practices helped them deal with the leadership challenges they faced in complex health care systems.

All who participated in the study considered reflective practices to be very important. These are practices in which an individual takes time to think and ponder. They can take a variety of forms: time spent with nature, solitude, journal writing, exercising, relaxing or engaging in spiritual/religious practices.

What reflective practices have in common is that they provide an opportunity to rejuvenate the mind, body and spirit. Each executive in my study reported that, when they did not have a daily time of reflection, they felt like they were "walking through mud." Initially, some did not consider their reflective practices as self-healing, but came to recognize them as survival tools necessary for successful leadership.

These CNEs learned to reduce stress by making deliberate choices, such as setting priorities, saying no, letting go of conflict and keeping the mind open to new ideas. Several came to realize that their in-boxes would never be empty and that they needed to learn how to balance the demands of their professional and personal lives. As one said, "The in-box is always full. It is never going to be full. Don't haul yourself into believing you can ever clear it out. Just accept it. Then you can do a little prioritizing. ... Don't let it overwhelm you."

The majority considered physical activity a priority. This activity ran the gamut from hiking 60-70 miles on the weekend or spending weekends gardening to finding time for daily physical exercise by parking in lots farther away from the office.

Connecting and relating to others were important parts of the emotional aspect of self-healing practices. Just as meditation, journal writing, praying and listening to quiet music helped CNEs connect inwardly, interacting with optimistic individuals, making staff and patient rounds, and spending time with family also played significant roles in promoting emotional health.

Participants learned to recognize when they were out of balance and could also easily discern the symptoms of imbalance in others. Being out of balance negated the otherwise positive outcomes of engaging in self-healing practices. Several CNEs described how they felt during such periods:

"I feel intensely inside," said one.

"I don't sleep. I eat way too much or I don't eat at all. I worry. I wake up at 3 a.m. and I am tense." Another talked about feeling frustrated more easily: "You truly just get tired. Your frustration level goes up. You can't find the good in what is going on. You can't see the forest for the trees."

During times of balance, on the other hand, participants in the study noticed that they were able to slow down and hear what was otherwise crowded out by noise and haste. This slowing down to listen helped increase conversation, promoting dialogue that generated deeper insights.

As a result of feedback from these CNEs, I've compiled the following list of hints:

1) Practice a daily period of reflection. 2) Prioritize tasks and delegate where appropriate. 3) Acknowledge what you did well each day rather than the things you didn't do well. 4) Increase conversation, promoting reflection and listening. 5) Remember that your in-box is always full. It is never going to be empty. 6) Recognize imbalance and adjust accordingly.

We can all learn from the insights of these CNEs. Self-healing practices can help us all to maintain and promote balance in our lives. Here's to staying out of the mud!

Jane W. Swanson, RN, PhD, CNAA, is Director, Institute for Professional Nursing Development, Cedars-Sinai Health System, Los Angeles, Calif.
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After years of groundbreaking research on care of patients experiencing pain and suffering, Susan Sweat Gunby, RN, PhD, never anticipated the harsh dose of reality delivered on Oct. 7, 2001, while enjoying her passion for motorcycle riding.

Struck violently by a truck, Gunby's injuries were severe—broken bones in her right leg and hand, fractured pelvis, and contusions of her chest wall and heart. Bound to a wheelchair and wearing two different external fixators for almost six months, the professor and dean of Georgia Baptist College of Nursing of Mercer University emerged with the gratitude that comes from nearly losing something precious and the empathy that comes from unexpected enrollment in the school of hard knocks.

Before her motorcycle accident, Susan Gunby and her husband Tom enjoyed riding thousands of miles together on their bicycles. Since then, because of limited flexion—about 20 degrees—in her right leg, Gunby has changed from a traditional bicycle to a handcycle, logging 2,000 miles on the recumbent, arm-powered vehicle in the last year.

"It has opened up new worlds for me," says Gunby. "Now, I try to encourage others with disabilities to not give up on their interests in life—they may be able to find new means of thriving."

An external fixator is an apparatus used by orthopedic surgeons to treat complex, unstable fractures of both the upper and lower extremities. To provide stability, the device is attached by inserting pins through the skin and directly into the bone on both sides of the fissure. Patients wearing an external fixator can expect harrowing days and grueling nights marked by lack of sleep and multiple pin-site infections. Excruciating agony, violent muscle spasms and torturous pain are phrases that repeatedly emerge in narratives of those who've worn them.

Faced with an uncertain future, Gunby and Tom, her devoted husband of 36 years, are committed to living life to the fullest—sharing laughter and adventure on the road again.
Three years after colliding with a truck while riding her motorcycle, Susan Sweat Gunby, dean of Georgia Baptist College of Nursing at Mercer University in Atlanta, is well along on the road to recovery, but the experience has radically changed her perspectives on pain and suffering.

by Deborah M. Snyder

After years of groundbreaking research on care of patients experiencing pain and suffering, Susan Sweat Gunby, RN, PhD, never anticipated the harsh dose of reality delivered on Oct. 7, 2001, while enjoying her passion for motorcycle riding. Struck violently by a truck, Gunby's injuries were severe—broken bones in her right leg and hand, fractured pelvis, and contusions of her chest wall and heart. Bound to a wheelchair and wearing two different external fixators for almost six months, the professor and dean of Georgia Baptist College of Nursing of Mercer University emerged with the gratitude that comes from nearly losing something precious and the empathy that comes from unexpected enrollment in the school of hard knocks.

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Faced with an uncertain future, Gunby and Tom, her devoted husband of 36 years, have continued to lead their lives to the fullest extent possible.
years, struggled to overcome daily challenges. "I thought I understood [suffering] after all these years," Gunby reflects. "I did not know that humans could endure that level of pain. To turn my bones and try to realign all the pieces, every day we had to turn one or more of the six different struts on the fixator."

Gunby was determined to continue her research skills with her customary energy despite the physical pain, but conceded it was a formidable period in her years, struggled to overcome daily challenges. It reflects.

"As I began looking in books—our Fundamentals of Nursing textbook and med-surg textbook—I found less than one page on pain management. Margo McCaffrey had just brought out a book on nursing management of patient pain. I remember what a great resource it was, but I also was aware that in nursing education, we had done virtually nothing on preparing students to take care of people who were in pain. Yet, that is the number one reason why people were being admitted to the hospital." Inspired by her research, Gunby persuaded her colleagues to add a lecture on pain management to the curriculum. "Except for one semester, ironically the semester that I had my motorcycle accident, I've taught that pain management lecture in its various forms since 1973," she recalls.

Thus began a career and lifelong passion of researching pain. "When I entered my graduate program at Emory University, my master's thesis was on pain management," Gunby says. "My doctoral dissertation was on suffering, because I began to see that there were other aspects that I wanted to include." As a result of her study, she began to realize that nurses had done little to prepare patients for painful procedures or to endure suffering.

Gunby often utilizes the research of Barbara Carper to teach students the fundamental ways that nurses come to know things. "One of the things that has always interested me is how we understand or know someone is in pain or is suffering," says Gunby. "We can know something through a scientific way; through our personal way, through the ethical way of knowing it; and through the aesthetic, the art. I like for students to be able to use all four ways of knowing someone is in pain."

Gunby is also fascinated by the work of researcher Patricia L. Munhall. Munhall has written about the concept of "unknowing," in which a nurse conceives that she or he does not know something and is willing to empty oneself and listen to the patient or client. Gunby believes that "unknowing" is essential to knowing the experience of pain or suffering. Through introspection, unknowing permits a nurse to be authentically present for the person who is suffering and thus can acknowledge that the perspective or reality of the lived experience of pain or suffering is truly subjective.

"If I admit that I do not know what the patient is experiencing, I am more open to understanding them and the situation," explains Gunby.

Gunby states personal photos and one of the external fixators she wore to illustrate to students "the lived experience of a person wearing those devices for months and years. I thought I understood," she says, "the concepts of pain and pain management after years of researching and writing about them, but I discovered that even my vocabulary was severely limited in describing the horrific pain and suffering a person experiences while wearing these external fixators. However, despite all the pain and suffering they cause, these fixators do work! This entire experience has radically changed my presentations about pain and suffering. As I reflect on the experience of wearing the fixators and being confined to a wheelchair for those 5-1/2 months, I realize that my husband only knew one photo of my leg that showed my face! [See photo at bottom left.] Does this tell you about the significance that "The Leg" had upon our lives?"

In 1993, during high school, Gunby was elected state officer for Future Homecomers of America. "My campaign speech," she says, "was about the project of being a Georgia Baptist Nursing School student and having the opportunity to serve that particular state organization in the local hospital as a nursing aide. Winning this office was an incredible leadership opportunity that transcended many years, lots of travel opportunities, and networking that was invaluable."
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Gunby was determined to continue her skills and abilities with her customary energy despite the physical pain, but conceded it was a formidable period in her life. She communicated with faculty and staff members primarily by e-mail and depended on Tom to help with the wheelchair. With tremendous support from faculty and staff members, she helped facilitate Georgia Baptist College of Nursing’s move into a new building on the Mercer University campus shortly after the 2001 merger of the two institutions.

Gunby’s brush with fate has played an enormous role in her research on pain and pain management after years of researching and writing about them, but I also was aware that in nursing education, we had done virtually nothing on preparing students to take care of people who were in pain. Yet, that is the number one reason why people were being admitted to the hospital.”

Inspired by her research, Gunby persuaded her colleagues to add a lecture on pain management to the curriculum. “Except for one semester, ironically the semester that I had my motorcycle accident, I’ve taught that pain management lecture in its various forms since 1973,” she recalls.

Thus began a career and lifetime passion of researching pain. “When I entered my graduate program at Emory University, my master’s thesis was on pain management,” Gunby says. “My doctoral dissertation was on suffering, because I began to see that there were other aspects that I wanted to include.” As a result of her study, she began to realize that nurses had done little to prepare patients for painful procedures or to endure suffering.

Gunby often utilizes the research of Barbara Carper to teach students the fundamental ways that nurses come to know things. “One of the things that has always interested me is how we understand or know someone is in pain or is suffering,” says Gunby. “We can know something through a scientific way; through our personal way; through the ethical way of knowing it; and through the aesthetic, the art. I like for students to be able to use all four ways of knowing someone is in pain.”

Gunby is also fascinated by the work of researcher Patricia L. Munhall. Munhall has written about the concept of “unknowing,” in which a nurse conceives that she or he does not know something and is willing to empty oneself and listen to the patient or client. Gunby believes that “unknowing” is essential to knowing the experience of pain or suffering. Through introspection, unknowing permits a nurse to be authentically present for the person who is suffering and thus can acknowledge that the perspective or reality of the lived experience of pain or suffering is truly subjective.

“If I admit that I do not know what the patient is experiencing, I am more open to understanding them and the situation,” explains Gunby.

Gunby in 1965, when she received her diploma from Georgia Baptist School of Nursing.

Gunby was first attracted to scholarships and teaching as a child. “One of the most significant parts of my childhood and a vivid memory is the first day my mother took my sister and I to the library. The library was in an old hospital, and I imagined all the people who had once been in those rooms. That stayed with me as I was growing up,” remembers Gunby. “My parents always said, if you set your mind to it, you can accomplish it. That was a philosophy I grew up with.”

Driven by a great aunt who was a nurse, Gunby became the first high school student to work as a nursing assistant in the Bacon County Hospital in Alma, Ga. “After I’d worked with the nurses at the hospital, I knew I wanted to be a nurse and be at the bedside,” she recalls.

Like many finishing high school, Gunby chose a quote to appear beside her picture in the yearbook. She continues to live out the Robert Frost words, “I know the ending but I do not know the beginning.”

In 1980, during high school, Gunby was elected state officer of Future Homemakers of America. “My campaign speech,” she says, “was about not seeing a career in which a nurse would practice in the local hospital as a nursing assistant. Winning this office was an incredible leadership opportunity that transcended many years, lots of travel opportunities, and networking that was invaluable.”

"I thought I understood [suffering] after all these years," Gunby reflects. "I did not know that humans could endure that level of pain. To turn my bones and try to realign all the pieces, every day we had to turn one more or of the six different struts on the fixator."
Gunby describes herself as energetic, sometimes overwhelmingly so, she muses. Those closest to her do not seem to mind. Her husband, Tom, doubles as college of nursing webmaster and supportive, dedicated companion. An observer gets a sense of why this relationship has stood the test of time when Gunby tenderly describes Tom as being “in my balcony all the time.”

“He’s a wonderful man and has been so supportive of me all the way through my entire career,” she reflects.

Rawlins, who worked with Gunby for more than 25 years, describes her as one of the most professional colleagues she has ever known and one of her dearest friends. “She is such a remarkable woman. She is compassionate and cares about everyone she works with.”

Gunby’s compassion is evident. “No matter whether it’s in the clinical area or teaching,” she says, “I would have to say the essential element for a great nurse is a passion for caring. There are people who can give technical care, but people will know, I believe, that it is not from your heart or from your soul. People know whether you really care or not. That may sound very nebulous, but I just believe that a passion for caring is the essential element.”

Gunby’s ability to empathize with patients impacts her views on nursing care and consistently inspires her students. “As nurses, we have choices. Even if we’ve only got five minutes to be in a person’s room or presence, I try to emphasize to students to connect with that person. Connect with their eyes; acknowledge them as human beings, instead of putting all your focus on the IV or some other piece of equipment. With our patient load, that would make a lot of difference in how patients and clients perceive their care. I think they sense our respect if we’re able to make eye contact with them.”

The far-reaching effect of Gunby’s lectures constantly amuse her. “I used to teach a class in the leadership course on self-care for nurses. Years later, a former student wrote in a commemorative alumni book that the most helpful advice she had ever been given was in that class. I told them that taking care of yourself had to come first, before you could care for others. I couldn’t believe that, 10 or 12 years later, this person had remembered that one statement.”

Gunby laughs as she recalls another alumna dubbing her “the pain lady.”

Refreshingly modest, she seems surprised by the impression she leaves on students. “A woman came up to me recently and said that every time she changes a dressing on a surgical patient’s wound, she remembers the lecture I gave on wounds and dressings back in Fundamentals of Nursing. I’m sometimes really in awe of the power that we in education have to affect the lives of our students in ways we don’t even dream about.”

Gunby loves to hear where her students have gone, what they have done with their education and how many lives they have affected. “When I give students their pins at graduation, I tell them this story. Many years ago, my dad had a massive heart attack. I drove to Florida and went to the intensive care unit. As I was walking through the unit to find his room, I saw the pin...”

For virtually all of her nursing career, Gunby has been associated with Georgia Baptist College of Nursing. An able administrator, Gunby hopes to establish a doctoral program for her university, and her commitment to personal relationships. But paraphrasing her favorite words from Robert Frost, she simply says, “I have a lot of promises to keep. I do believe that I still have some miles to go in my career, and I hope I can keep those promises.”

Deborah M. Snyder, MA, is manager, constituent communication and training, at the Honor Society of Nursing.
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For virtually all of her nursing career, Gunby has been associated with Georgia Baptist School of Nursing and its successor, Georgia Baptist College of Nursing. An able administrator, Gunby hopes to establish a doctorate program at the 100-year-old institution before she retires. “I’ve taught many of our students who have now become students of mine,” she says, “I think they sense our respect if we’re able to make eye contact with them.”

Still, teaching remains one of her greatest passions. When caring for patients, Gunby tells students, “Connect with their eyes... I think they sense our respect if we’re able to make eye contact with them.”
Florence Nightingale: INTJ at work

Adapted from “A Nightingale Blessing,” presented by Daniel J. Pesut, PhD, APRN, BC, FAAN, president of the Honor Society of Nursing, at the second Florence Nightingale Service held May 9, 2004, at the Washington National Cathedral, Washington, D.C., to honor Nightingale and nurses.

I am proud to count Florence Nightingale as an honorary member of the Honor Society of Nursing, Sigma Theta Tau International. She exemplified its founding virtues—love, courage and honor—and created a legacy about the value of knowledge and learning in the giving of care.

Philosopher Tom Morris lists four universal spiritual needs: 1) the need to be unique as an individual, 2) to engage and unite with something greater than self, 3) to be useful to others, and 4) to understand the meaning and nature of work and life (1997). He wrote: “Our spiritual needs must be met in the work we do, or that work will be like a trek though the desert, exhausting rather than fulfilling, part of our plight rather than part of our purpose. Work can be satisfying and meaningful only if it contributes to meeting our most basic spiritual needs” (Morris, 1997, p. 173).

Spiritual needs are met as we journey back to God through simple, sometimes intricate, interactions between and among our personalities, relationships and life challenges. Peter Tufts Richardson suggests that Myers-Briggs personality types are associated with thematic spiritual journeys (1996). If you know the elements of your personality, you might be curious about what Richardson says. The two middle letters in one’s personality type reveal dominant and auxiliary functions of personality and modes of thinking and being in the world.

Those of us who are predominantly Intuitive Thinking types (NT) represent 12 percent of the population. We are drawn to life paths that have unity as a theme. We promote unity through truth seeking and social justice. We value and create organizing principles that support education and oppose ignorance. We strive to make what is complex simple and value clarity as a basis for spiritual enlightenment. Richardson offers Buddha, Thomas Merton and Buckminster Fuller as models or mentors along this path.

“Florence Nightingale at Work,” created by Robert Higgs
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“Florence Nightingale at Work,” created by Richard Fraga
Sensing Feeling types (SF) represent 38 percent of the population. These folks are attracted to a life path that has devotion as a theme. According to Richardson, these individuals embody compassion and value the importance of personal experience and pilgrimage. They value heroes and the agency and power of stories. They act directly in the world by serving. Richardson suggests Mohammed and St. Francis of Assisi as models and mentors along this path.

The journey of works is most attractive to Sensing Thinking types (ST). This 38 percent of the population values order, law and covenants. These individuals possess a strong sense of right and value righteousness. Realistic and work-oriented, they are serious stewards of personal, social and natural resources. For them, work, one of life’s aims, offers a great sense of accomplishment. They have a proclivity for administration.

Intuitive Feeling (NF) types constitute the remaining 12 percent. These people pursue a spiritual path with harmony as a theme. These social idealists value the importance of openness to healing and the place of the dream in bringing it about. They focus on process in family and social relationships, because they strive toward actualized selfhood and mystical harmony. Jesus of Nazareth is the model or mentor along this path.

One reason I value nursing because it provides a context and vocational means to negotiate each and every one of these spiritual journeys. Today, we celebrate the legacy of one of nursing’s most notable leaders and spiritual figures—Florence Nightingale. We know from the excellent scholarship and research of Barbara Dossey (2000) that Nightingale was an introverted, strongly intuitive person who valued discernment of cause-effect relationships and aimed for associated with our individual and collective journeys back to God.

Using Richardson’s schema, we see that Nightingale’s spiritual journey resonates with the theme of unity. She was an introvert energized by the inner world of ideas, deeply focused, deliberate and a good listener. She was perceptive and intuitive, which enabled her to perceive patterns, options and future possibilities in conflict situations. Because her judgment was influenced more by thinking than feeling, she based her decisions on objective data, analysis and principled logic. She valued discernment of cause-effect relationships and aimed for clarity, fairness, firmness and truth. Finally, Nightingale’s life orientation supported her judging-over-perceiving orientation, as she preferred to live her life in a planned, orderly way that involved organization, decisiveness and closure.

Those who possess a mature Intuitive Thinking (NT) spirituality are change agents and strategic planners who seek and value organizing principles in life and nature. They seek and value truth that is universal, honest and clear. Social justice is both the aim and context for their involvement. They crusade against ignorance as they advocate for education. They seek clarity as a basis for spiritual enlightenment.

Nightingale possessed spiritual clarity in her belief that the work of nursing is authored by God. Evidence of her Christian belief system is found in a final formal letter to her students, dated May 28, 1900. She wrote:

“My dear children, You have called me your Mother-Chief; it is an honour to me & a great honour, to call you my children. Always keep up the honour of this honourable profession. I thank you—may I say our Heavenly Father thanks you for what you do! ‘Lift high the royal banner. It shall not suffer loss’... the royal banner of Nursing. It should gain through every one of you. It has gained through you immensiely.

“The old Romans were in some respects I think superior to us. But they had no idea of being good to the sick and weak. That came in with Christianity. Christ was the author of our profession. We honour Christ when we are good Nurses. We dishonour Him when we are bad or careless Nurses. We dishonour Him when we do not do our best to relieve suffering—even in the meanest creature” (Nightingale, 1900).

The belief and knowledge that God is guided Nightingale’s thinking, feeling and doing. Today, we honor her memory and celebrate her contributions to our understanding of the organizing principles of health, social justice, the value of education and the need to oppose ignorance. She is an Intuitive Thinking (NT) personality who traveled a life path discovering and revealing issues and themes that agree with Richardson’s description of those on a unity quest. Because of who she was in the times she lived, and because of her dedication and awareness of her spiritual need to be a unique individual who was engaged in something greater than self and useful to others, we celebrate her memory.

I offer what I call the Nightingale Blessing: May we all become more conscious of our spiritual needs, our personality traits and the expression of spirit in the work we do. May we be grateful for the complexity of our relationships and be forgiving in our interactions as we master the work associated with our individual and collective journeys back to God. Amen.

References, page 44.
Reflections on Nursing LEADERSHIP

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In his call to action as newly inaugurated president of the Honor Society of Nursing, Sigma Theta Tau International, Daniel Pesut challenged us to "create the future through renewal" by focusing on six initiatives. "Renewal through attention to spirit" was one of them. Clarian Health Partners, a multihospital system in Indianapolis, has created a dynamic structure that has proven to be quite effective for renewing spirit.

Koloroutis and Felgen (2004) state: "This must be the singular defining role of nurse leaders at all levels within the system—from the point of care to policymakers—to align the systems of care with the values of caring, compassion, connection and community" (pp. 45-46).

Nursing is stressful. It will always be that way, no matter what improvements and innovations we develop. For that reason, Clarian Health Partners has embarked on a movement to build environments of caring and support. We affirm that only by "sustaining the spirit with structure" will we create the transformational environment required to effectively contain patients' experiences of sickness, healing and dying. If nurses are to create this environment, they too must be on a transformational journey. Hospitals are considered places of healing for patients. To be effective, healers also must experience healing.

Leaders promoting spirituality in the workplace argue that work should be spiritually renewing rather than depleting. Most work environments, however, do not offer cultures in which the human spirit can thrive. We believe that health care leaders can create environments for caregivers that will do exactly that. As Guillory (2000) writes: "Spiritual leadership is the establishment of an environment where humanistic values are integrated with sound business practices to govern the way an organization achieves its business objectives. Spiritually driven leaders inspire employees by living the values and modeling the principles espoused by their organization" (p. 77).
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Considerable research information is available about creating healing environments—physical, emotional, and spiritual cultures that nurture calm and caring and foster a sense of community within which people can work and renew their spirit. The Sanctuary for Healing movement began with a commitment to lead by serving the people on the front lines.

The Sanctuary for Healing Project

In 2001 we proposed a pilot project to test our core philosophy that “the hospital environment should be as healing for persons who work in the hospital as it is for the patients and families.” We selected six nursing units that exhibited signs of “dis-ease” (high turnover and vacancy rates) or stress (changing leadership, new operational mission or location).

Each unit was offered a variety of tools to explore the cultural, interpersonal, personal, and intrapersonal dimensions of its own environment. Staff members were empowered to develop interventions as they saw fit. Their goal was to enhance the physical, individual, and social wellness of individuals within each work unit.

Every patient care unit is different. Therefore, we encouraged local interventions and innovations. Four examples illustrate this diversity.

A formal cultural assessment of the Pediatric ICU at Riley Children’s Hospital revealed that there was little interpersonal connectedness among the staff. A “community of caring” committee was established, led by staff nurses who sought to promote both organized and spontaneous caring activities.

Pediatric Surgery Unit staff members at Riley Children’s Hospital adopted the concept of “spirit keepers.” Native American spirituality as a way to attend to the unit’s spiritual needs. They identified four staff nurses with special gifts for personal growth, new beginnings, healthy relationships and supporting the expression of others’ gifts. These four people helped shape specific functions for the community’s well-being.

Staff members of the Adult Multi-Specialty Unit at Indiana University Hospital focused on incorporating spirituality into their culture to promote continual renewal. The chaplain assigned to this unit adapted a “Blessing of the Hands Ritual” that was offered to new and existing staff members as a reminder of the importance of touching with their healing hands, and staff and members have had weekly “meditation moments” and have contributed to a “spirit board” as a way of keeping this element of their lives together.

Adult Surgical Unit staff members at Methodist Hospital focused on creating a staff retreat space that offered a quiet room, a conversation area, an exercise area and a power nap space. Tools available include foot massagers, healing music, aromatherapy and other proven interventions. A variety of musicians have also used their talents to encourage the spirit through music and art.

Measuring spiritual renewal

Pesut (2003) answers the question “How will we know if spirit is renewed?” by stating, “We will know because conversations about hope and inspiration will replace career discontent and a discourse of regret” (Pesut, p. 25). The conversations taking place on the pilot Sanctuary for Healing units at Clarian are different now and all agree, “It was the right thing to do.”

Perhaps the most affirmative measure has been the spontaneous adoption of these principles by other units, frequently without awareness of the leadership. One unit assigned a nurse with extensive parish-nurse training to build the unit’s spirit during her light-duty rehabilitation. The staff and council of one hospital adopted as its sanctuary project the development of a culture that valued nurses stepping away from their units during required break times to renew their bodies and spirits. Members of a large business group in an off-campus office building are now involved in sanctuary and self-care practices. We are building a new suburban hospital whose leadership has adopted Sanctuary for Healing as a core value and has ensured that staff quiet rooms will be easily accessible throughout the facility. These stories indicate spiritual renewal.

We also value statistics and hard data. Position vacancy rates have dropped 15 percent over the last year. Below are some of our benchmarks and satisfaction scores of nurses have improved dramatically throughout the system over the past three years. However, many programs have been put in place in addition to this program, including applying for Magnet hospital status. It is very difficult to isolate one intervention and state that it was responsible for all of these positive changes. However, we know that the sanctuary project has made an important contribution.

What did we learn?

1) It is very important that each unit balance the physical, interpersonal, personal and intrapersonal dimensions of its own environment. We learned that many of our religiously oriented people immediately associate the word “sanctuary” with their physical worship space. Thus, we have begun emphasizing that Sanctuary for Healing is a cultural reality that includes various spaces, with physical space being one.

2) As spiritual renewal is experienced, others will respond. The principles and actions of this movement have spread throughout the system with no formal plans in place or defined structure to support its diffusion. These have evolved with informal networking and in the absence of any organizational mandates.

3) Even small changes matter. Not all of the units were equally successful, but on all units, spirits were lifted and those units are now better places to work. By trusting the units to assess and act locally, innovation and commitment grew.

4) Multifaceted and interfaith spiritual care can either create tension or lead to common purpose. In a nonsectarian setting, it is important to emphasize what people have in common.

5) When quiet spaces are provided, staff members must be trained to use the space. Most of us live busy, noisy lives and do not naturally seek quiet and peace. Chaplains and others can provide training in meditation, stress management and other techniques that allow people to use quiet rooms effectively.

Our souls and our spirits can grow and develop only in an environment where care and concern are paramount. Environmentally and aesthetically, we can create physical spaces that support meditation and relaxation and that provide stress relievers. Interpersonally, we grow in the presence of work associates who support our desire for wholeness.

Healing and the freedom to grow our souls at work will give each of us the opportunity to “be the nurse I always wanted to be” and to live out the passion and mission that attracted us into the healing art of nursing in the first place. Leaders must create structures where renewal is infused within the work culture. The healing sanctuary movement at Clarian provides a powerful example of how to create a new future for all of us through spiritual renewal. 

Acknowledgment:
The authors express appreciation to the Clarian Health Partners board of directors for financially supporting this project through a Spiritual and Religious Values Grant. They also express appreciation to Mr. Steven Wantz, senior vice president for human resources, for his invaluable partnership.
Considerable research information is available about creating healing environments—physical, emotional and spiritual cultures that nurture calm and caring and foster a sense of community within which people can work and renew their spirit. The Sanctuary for Healing movement began with a commitment to lead by serving the people on the front lines. The Sanctuary for Healing Project began in 2001 when we proposed a pilot project to test our core philosophy that “the hospital environment should be as healing for the person who works in the hospital as it is for the patients and families.” We selected six nursing units that exhibited signs of “dis-ease” (high turnover and vacancy rates) or stress (changing leadership, new operational mission or location).

Each unit was offered a variety of tools to explore the cultural, interpersonal, personal and intrapersonal dimensions of its own environment. Staff members were empowered to develop interventions as they saw fit. Their goal was to enhance the physical, individual, and social wellness of individuals within each work unit. Every patient care unit is different. Therefore, we encouraged local interventions and innovations. Four examples illustrate this diversity.

A formal cultural assessment of the Pediatric ICU at Riley Children’s Hospital revealed that there was little interpersonal connectedness among the staff. A “community of caring” committee was established, led by staff members who sought to promote both organized and spontaneous caring activities.

Pediatic Surgery Unit staff members at Riley Children’s Hospital adopted the concept of “spirit keepers” from Native American spirituality as a way to attend to the unit’s spiritual needs. They identified four staff nurses with special gifts for personal growth, new beginnings, healthy relationships and supporting the expression of others’ gifts. These four people helped shape specific functions for the community’s well-being.

Staff members of the Adult Multi-Specialty Unit at Indiana University Hospital focused on incorporating spirituality into their culture to promote continual renewal. The chaplains assigned to this unit adapted a “Blessing of the Hands Ritual” that was offered to new and existing staff members as a reminder of the importance of touching with their healing hands. Chaplains and staff members have led weekly “meditation moments” and have contributed to a “spirit board” as a way of keeping this element of their lives together.

Adult Surgical Unit staff members at Methodist Hospital focused on creating a staff retreat space that offered a quiet room, a conversation area, an exercise area and a power nap space. Tools available include foot massagers, healing music, aromatherapy and other proven interventions. A variety of musicians have also used their talents to encourage the spirit through music and art.

Measuring spiritual renewal

Pesut (2003) answers the question “How will we know if spirit is renewed?” by stating, “We will know because conversations about hope and inspiration will replace career discontent and a discourse of regret” (Pesut, p. 25). The conversations taking place on the pilot Sanctuary for Healing units at Clarian are different now and all agree, “It was the right thing to do.”

Perhaps the most affirming measure has been the spontaneous adoption of these principles by other units, frequently without awareness of the leadership. One unit assigned a nurse with extensive parish-nurse training to build the unit’s spirit during her light-duty rehabilitation. The staff or council of one hospital adopted as its sanctuary project the development of a culture that values nurses stepping away from their units during required break times to renew their bodies and spirits.

Members of a large business group in an off-campus office building are now involved in sanctuary and self-care practices. We are building a new suburban hospital whose leadership has adopted Sanctuary for Healing as a core value and has ensured that staff quiet rooms will be easily accessible throughout the facility. These stories indicate spiritual renewal.

We also value statistics and hard data. Position vacancy rates have dropped 15 percent, turnover rates are lower and our benchmarks and satisfaction scores of nurses have improved dramatically throughout the system over the past three years. However, many programs have been put in place in addition to this program, including applying for Magnet hospital status. It is very difficult to isolate one intervention and state that it was responsible for all of these positive changes. However, we know that the sanctuary project has made an important contribution.

What did we learn?

1) It is very important that each unit balance the physical, interpersonal, personal and intrapersonal dimensions of its own environment. By serving the people on the front lines, the passion and mission that attracted us into the healing art of nursing in the first place. Leaders must create structures where renewal is infused within the work culture. The healing sanctuary movement at Clarian provides a powerful example of how to create a new future for all of us through spiritual renewal.

Acknowledgment:

The authors express appreciation to the Clarian Health Partners board of directors for financially supporting this project through a Spiritual and Religious Values Grant. They also express appreciation to Mr. Steven Wantz, senior vice president for human resources, for his invaluable partnership.

References, page 44.
Mentoring: Link to the Future

by Melodie Daniels

I entered nursing with lofty ideals. I looked at the profession as a way to fulfill my inner desire to contribute something meaningful, something with purpose. What I found was apathy, exhaustion and disappointment—and nurses who remembered when their ideals were similar to my own.

Why do you want to be a nurse?* they would ask. When I voiced my aspirations, people regarded as sages of the profession responded, “But you don’t understand, you are new, you will learn.” As I waded into the river of professional nursing, I found myself sinking through the silt and becoming stuck in the mire below. As I pulled myself out of the muck, I felt fear as I began floating downstream, propelled along with many others by the force of the flow.

Fortunately, I met up with a few individuals who, like a solid rock anchored in a turbulent river, provided sanctuary. Together with others, I began pulling myself to safety. Those who survived emerged with their values intact, ready to take rock anchored in a turbulent river, provided sanctuary. Responded, found myself sinking through the silt and becoming stuck, community through the guidance I received.

According to Heifetz (Flower, 1995), “Adaptive work can mean clarifying a conflict in values, bridging the gap between the values that we stand for and the current conditions under which we operate” (para. 3). I became a member of the Honor Society of Nursing, Sigma Theta Tau International during my senior year at San Diego State University (SDSU). I felt privileged to be accepted into this outstanding organization, but had no idea that this affiliation had the power to transform my life. A strong mentor-protégé relationship was formed with a nurturing individual in my local chapter. My career advanced rapidly as I became active in nursing and the community through the guidance I received.

Realizing that many nurses are not afforded such an opportunity, I dreamed of finding a way for every nurse to have the support I had come to value. I understood that we must reach out to new nurses when they need us most. If we failed, we would lose them to apathy, exhaustion and disappointment. I knew I must make my dream a reality.

Through my work as communications chairperson of the San Diego State University Nursing Alumni Association, the solution to my dream’s fulfillment unquestionably emerged. For various reasons, many nursing students are not accepted for membership in the honor society. However, by building on the alliance that already existed between the alumni association and the local chapter of the honor society, those who desired membership could be mentored and become eligible for membership in the honor society through its Nurse Leader program.

Because many members of the alumni board also became members of the honor society through the Nurse Leader program, they would be able to provide strong community links for nonmember students or newly licensed RNs. A few years later, as the students/protégés became established professionals, they would be encouraged to continue the process, thus creating a self-generating cycle in forming successful mentor-protégé pairs.

Mentoring is the link to future vitality in the profession of nursing. Except for a few pockets of success, however, the formation of strong mentor-protégé pairs has been difficult, as most nurses have no concept of its true intent. They continue to define a mentor as someone who teaches them to “do a good job.” Unfortunately, many would-be mentors also see it that way.

That’s where Leadership through Inspiration and Nursing Knowledge Systems (LINKS) comes in. LINKS is a mentoring program that creates a win-win situation for all involved. This program coaches would-be mentors to enable them to develop the skills needed to be effective. Through the use of “hospital champions,” the benefits of the program extend beyond that of the mentor-protégé pairs themselves to include health care organizations.

Health care organizations continue to seek ways to recruit and retain their vital nursing core. Although many have attempted to develop a mentoring program to aid in this process, the advantage of the LINKS approach is that hospital champions are able to form an early bond with students while promoting leadership growth within their organization.

Mentors are renewed in their own nursing practice as they assist new nurses on the path to belonging. New nurses, in turn, clamor to be one of the privileged few when they begin to comprehend the power of having a true mentor. LINKS provides the strongest possible connection to growth and opportunity by making this vital element of mentoring readily available to all nurses.

As the facilitator of this program, I, together with my mentor, Marlene Ruiz, RN, MA, am charged with organizing communication, community linkages and program materials by utilizing the Internet, listservs and face-to-face contact with mentors.

*(Continued on page 44)

Mentoring Opportunities...

The Honor Society of Nursing, Sigma Theta Tau International offers two opportunities for members to participate as mentors or mentees. The Chiron Mentoring Program begins its sixth year in January 2005 as a unique resource for supporting leadership development, evidence-based clinical and educational practice, and scholarship. For the first time, the Chiron program will be offered twice next year, with programs beginning in January and July.

The two-year Omada Board Mentoring Program focuses on preparing nurses to serve on national and international boards. Members learn aspects of governance, including legal and fiduciary responsibilities and the core aspects of trusteeship. Members applying as mentors must currently be serving on a national or international board of directors. Mentees should have governance experience at the local, chapter, state or regional level. The program begins in March 2005.

Applications for both programs are due Aug. 31, 2005, and are available on the honor society’s Web site at www.nursingsociety.org/programs/main.html. For more information, contact leadership@stti.iupui.edu.
Together with others, I began pulling myself to safety. Those who survived emerged with their values intact, ready to take on the work of adaptation. According to Heifetz (Flower, 1998, para. 5), "Adaptive work can mean clarifying a conflict in values, bridging the gap between the values that we stand for and the current conditions under which we operate." I became a member of the Honor Society of Nursing, Sigma Theta Tau International during my senior year at San Diego State University (SDSU). I felt privileged to be a member of the Honor Society of Nursing, Sigma Theta Tau International during my senior year at San Diego State University (SDSU). I felt privileged to be one of the privileged few when they begin to comprehend the power of having a true mentor. LINKS provides the strongest possible connection to growth and opportunity by making this vital element of mentoring readily available to all nurses. As the facilitator of this program, I, together with my mentor, Marlene Ruiz, RN, MA, am charged with organizing communication, community linkages and program materials by utilizing the Internet, listservs and face-to-face contact with nurses who remembered when their ideals were similar to my own.

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I was 5 years old when my family emigrated in 1949 from war-torn Czechoslovakia to the United States, the land my father called "country of last hope." My parents loved the freedom they found in the United States, but they missed what they left behind—family, friends, everything—to escape a totalitarian regime.

As the youngest of three children—a "Second World War surprise"—I heard the horror stories of war and what it does to people. Maybe that's why I am so committed to—some would say passionate about—MERCI, a waste-recovery program I started at the University of Virginia in Charlottesville in 1991.

It was my manager who got the ball rolling. She told me that the 19 operating rooms in the hospital were generating too much regulated medical waste—otherwise known as RMW, that it was very expensive to incinerate and he wanted me to do something about it.

Because I'm an OR nurse, I was a logical choice to head up such a program. Operating rooms are the biggest generators of waste in a hospital, and no one knows better than an operating room nurse the myriad supplies and their uses. Moreover, OR nurses are well-versed in infection control and quality assurance.

For more than a year, I researched the issue and discovered that there was, in fact, considerable tonnage of clean medical supplies that could be diverted each year from incinerators and landfills.

In the process, I discovered a wonderful opportunity for helping people in need around the world. MERCI stands for Medical Equipment Recovery of Clean Inventory, and it has come to represent a meeting of people and resources, focused on common goals, to develop, disseminate and utilize our collective knowledge of serving those in need. MERCI is not about reducing, reusing and recycling paper and aluminum cans, but rather about capturing clean and unused medical supplies for which there is such a dire need internationally.

I call these valuable medical supplies "gold waste," and we have proven that, through trials and tribulations—sometimes the tears of fatigue—a humanitarian program can exist and flourish while generating considerable cost-savings for hospitals.

To bring attention to the great worldwide need for medical supplies and the opportunity to help meet that need through recovery of clean medical waste, Nancy Anna Blitz Ruff is working with Helen French, author of this article, to publish a book. A nurse, writer and artist, Ruff is creating illustrations for the book from photos provided by doctors, nurses, residents and students who have gone on medical missions with supplies provided by French's MERCI program. This illustration shows one baby who could not be helped and died when it was 4 days old.
reinventing the workplace

For the children
(and others in desperate need around the world)

by Helen French

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For more than a year, I researched the issue and discovered that there was, in fact, considerable tonnage of clean medical supplies that could be diverted each year from incinerators and landfills.

After giving due diligence to relevant hospital policies as well as state and federal waste regulations, a program was conceived that would save the medical center hundreds of thousands of dollars through more effective waste-stream management. Clean and unused medical supplies could be funneled back into the center as appropriate, or diverted to unregulated waste receptacles at considerable cost savings to the university. In the process, I discovered a wonderful opportunity for helping people in need around the world.

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It is difficult to help someone with physical pain or deformity without proper medical supplies. MERCI has thus far diverted more than 200 tons of clean medical supplies to a large number of missions, plus tons of supplies for use by surgeons on mission trips, more tons of supplies to Virginia research labs and even more tons of supplies to missions by liaison. Diversion “by liaison” is a process by which personal contacts facilitate direct shipment of supplies to where they are needed from medical supply companies, from their representatives, and dentists and physicians.

MERCI has donated supplies to a training program on waste disposal. It is difficult to imagine the environmental benefits of medical centers, but also provides considerable and tangible assistance to those in need, worldwide. We would love to see a national, five-day workshop in which two nurses from every concerned hospital could meet to be trained in establishing a hospital-wide MERCI-like program that captures clean, unused medical supplies from the storeroom, central supply, hospital units and local free clinics for diversion to local, national and international need. Even hospitals with good waste control will benefit from such a program.

We are nurses, but equally important, we are people who care about our environment and about those all over the world who are in desperate need of supplies. We all make a difference every day in our patients’ lives, but let’s join our efforts. The workload would be smaller and the program more focused and effective. What a tremendous power we would have.

Helen French, RN, BSN, CNOR, founder and coordinator of the University of Virginia MERCI program and full-time OR staff nurse, lives in Waynesboro, Va.

The Heritage Society

The Sigma Theta Tau International Foundation for Nursing is gatherinity endowed to support the programs of MERCI for nurses who are members of our cherished Heritage Society. Our Sigma Thetas, Billy Brown and Virginia Henderson Fellows not only support nurses today, but are building a legacy for tomorrow’s nurses and the profession.

Billy Brown Fellows are recognized for their planned gifts to the foundation. Original fellows were pioneers in planning giving for the organization, recognized for their future gifts in any amount to benefit the foundation or an individual’s chapter. In fiscal year 2003-04, the fellowship minimum contribution was increased to recognize planned gifts of $50,000 or more, up to ten percent of which may be designated for a chapter. Fellowships for new programs are donated with an asterisk. Individuals who became fellows in the 2003-04 fiscal year are listed in bold type.

Our newest members of the Heritage Society, the Sigma Theta Tau Fellows, give to the foundation a $50,000 gift, paid in a lump sum or multi-year pledge. These individuals demonstrated significant faith and commitment to our organization by supporting the program in 2003-04 with their leadership gifts.

Our distinguished Virginia Henderson Fellows began the tradition of giving to our organization at a sizable level. Through the years, the program has evolved to provide a solid foundation for supporting future nursing professional and now recognizes individuals for a $10,000 cash gift, paid in a lump sum or multi-year pledge. An asterisk follows the names of fellows who also were recognized as Billy Brown Fellows because of the gift and type of gift given to the organization prior to 2003-04. Names in bold indicate fellows who committed to the program in fiscal year 2003-04.

Annual Giving Program

In fiscal year 2003-04, the foundation inaugurred an annual giving program to bolster resources for nursing scholarship, leadership, and the organization’s mission. We appreciate all our donors and extend special recognition to all who generously gave $100 or more between July 1, 2003, and June 30, 2004. If a donor is a fellow, her gifts recognized in these lists are above their fellowship commitments.

Many donors listed in the Founder’s and President’s Circles purchased brick pavers in honor or memory of someone else. A comprehensive tribute list of these honorees will be printed closer to the past installation date.

We are fortunate to have our Virginia Henderson Fellows:

Robert A. Amsden
Jane E. Allen
Regina B. Alpers
Anna C. Alt-White
Edith Anderson
Ruth A. Anderson
Myrtle K. Aujeskie
Tony M. Ballard
Doris Ballard-Ferguson
Donelle M. Barnes
Jane H. Britner
Judy A. Beal
Pauline C. Becket
Reggie L. Bell
Anne Marie Bennett
John D. Benson
Suzanne C. Boyer
Diane M. Billing
Janet M. Bingle
Kathleen C. Bloom
Kathleen Goldblatt Bond
Dolores A. Bower
Fay L. Bowen

Sigma Theta Tau International Foundation for Nursing

HEAL, LEAD AND LEARN

Call for Manuscripts

Original manuscripts for potential book publication are being sought. If you have a manuscript of 250-5,000 words focusing on nursing research and the health professions, please submit a proposal to the Honor Society of Nursing, Sigma Theta Tau International, Author Guidelines for the preparation of original manuscripts. Details are available on the Web site at http://www.nursing.org or from our publications office.

The honor society is an equal opportunity publisher focused on books that promote, support, and advance the cause of nursing in the U.S. and throughout the world. Let us hear from you today. If you have any questions, call 1.825.673.9813 or 1.888.654.7755 (in U.S. and Canada), +1.317.634.8171 (International).
MERCI is already a far-reaching program. Many nurses, especially OR nurses, are saving boxes of medical supplies for physicians’ and surgeons’ mission trips abroad. The goal of MERCI is neither profit nor selfish motivation, and it is not intended to serve only one particular group or mission. Rather, its supreme goal is to alleviate suffering so that the individual efforts of many could translate into the strength and power of one unified group.

I would love to see a national, five-day workshop in which two nurses from every concerned hospital could meet to be trained in establishing a hospital-wide MERCI-like program that captures clean, unused medical supplies from the storeroom, central supply, hospital units and local free clinics for diversion to local, national and international needs. Even hospitals with good waste control will benefit from such a program.

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Original manuscripts for possible book publication must be submitted. If you have a manuscript or book, contact a book publisher seeking interest in the health profession, please submit a proposal to the Honor Society of Nursing, Sigma Theta Tau International. Guidelines for the preparation of a proposal are available at http://www.sigmathetatau.org/honor_society/annual_giving_program.html. The honor society is an equal opportunity publisher focused on books that promote, support, and advance the cause of nursing in the U.S. and throughout the world. Let us hear from you today. If you have any questions, call 1-825-960-8761 x161 (U.S.) or 1-884-654-2775 (Canada) or -817 (International).

Fay L. Bowyer, DNSc, FAAN
Acquisitions Editor
Sigma Theta Tau International
Honor Society of Nursing


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2003-04 Contributors

Sigma Theta Tau International Foundation for Nursing

HEAL, LEAD AND LEARN

Call for Manuscripts

The Heritage Society

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MERCI has donated supplies to a program on weapons of mass destruction and gloves to a physician traveling to the Ukraine, where the situation was so grim that rectal examinations were being done without gloves. In 2002, more than 40 tons of supplies were diverted from waste-and that’s from just one hospital! Rather, its supreme goal is to alleviate suffering by making a difference every day in our patients’ lives, but let’s join our efforts. The workload would be smaller and the program more focused and effective.

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The Sigma Theta Tau International Foundation for Nursing supports the Honor Society of Nursing, Sigma Theta Tau International through active fundraising and conscientious stewardship. This mission would be impossible to accomplish without those exceptional friends of nursing who so faithfully provide financial and volunteer support. Thanks to each of our donors for helping us help nurses heal, lead and learn.

Call toll free at 888-634-7575, email foundation@stti.org, or view our website at www.nursingsociety.org to learn what you can do to help advance nursing scholarship, leadership and the society's future.

Sigma Theta Tau International
Honor Society of Nursing

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13 July 2005

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Kirk A. Lee / Courtesy Hawaii Visitors and Convention Authority
Career coaching

A hospital and a university link hands to retain nursing talent

by Theresa L. Carroll and Tommye Austin

Carroll: What will a doctorate in nursing do for my career? Am I ready to seek promotion on the career ladder? What will it take to get admitted to the RN/BSN program of my choice? Will I ever adjust to working nights and still have a life? I have been considering nursing as a career for a long time. What will it take to get started? These are but a few of the questions that regularly challenge me in my position as career development coach at Memorial Hermann Hospital (MHH) in Houston, Texas.

Austin: As administrative director of hospital education at MHH, I initiated the position of career coach in May 2003. When I was a graduate student at the University of Texas (UT) School of Nursing at Houston, faculty provided me with the mentorship and vision to pursue a doctoral degree in nursing. So when I asked Dr. Carroll to join MHH in a faculty practice, I envisioned a program that would provide all employees with a resource for career development.

I especially wanted to provide a resource for nurses who were interested in pursuing our newly developed career ladder. My justification for the career development coach position was based on the research conducted in Magnet hospitals that related higher education of RNs to better patient outcomes.

Carroll, a faculty member at the UT School of Nursing at Houston, has more than 30 years of experience in higher education. The nursing school has a faculty practice plan whereby organizations such as Memorial Hermann Hospital can contract for a percentage of faculty time to supplement the expertise of their own staff. In this case, Carroll works 40 percent of her time for Memorial Hermann and 60 percent for the School of Nursing.

Career coaching is about matching the goals and resources of the organization with the goals and strengths of individual employees. When this is done effectively, both the individual and the organization achieve positive outcomes (Schein, 1978).

In a hospital setting, this can translate to increased staff satisfaction and decreased turnover. When staff members are satisfied and turnover is decreased, it becomes more feasible for the hospital organization to achieve positive clinical, as well as financial, outcomes.

Career coaching is an adjunct to benefits already provided by MHH. The coach helps employees link goals with opportunities and resources available in the MHH system. In addition to traditional tuition reimbursement of $2,000 per year, the system has initiated the Promoting Professional Nursing (PPN) program.

The program provides paid time off, grants and low-interest loans through a local bank to help employees obtain the nursing credential. After an employee graduates, the system agrees to make the employee’s loan payments for each month he or she remains employed by the system. In 2003, the original program was expanded with a federal grant to support graduate nursing education.

Career development services are available to all MHH employees and include:
- 1) educational sessions on topics related to career planning and the clinical ladder;
- 2) information about academic programs; and
- 3) assistance with applications to academic programs, resume preparation and preparing for internal job interviews.

The coach assists with new graduate internships by holding educational sessions, conducting support groups and providing individual coaching.

The concept of career development coaching is based on the understanding that a career is a process, an “individually perceived sequence of attitudes and behaviors associated with work-related experiences and activities over the span of a person’s life” (Hall, 2002, p. 12). Important in this definition are the assumptions that a career involves attitudes as well as behaviors; success is defined by the individual; and career development is a lifelong process related primarily to work but enacted against a backdrop of life experiences, demands, personal goals and values.

While the term “coaching” generates visions of Sunday afternoon football games, coaching since the 1980s has taken on a more expanded meaning. In the context of an organization, coaching helps people accomplish goals on a number of levels. Coaching as it is used here is about clarifying values, strengthening identity, promoting conscious awareness of resources and abilities, and bringing dreams and goals to reality (Dhins, 2003). When goals, dreams and resources of nurses and the organization are aligned, a win-win situation emerges.

By helping nurses connect their goals with the goals of the organization, the career coach supports the development of transformational leadership. “Transformational leadership occurs when leaders engage with their followers in pursuit of jointly held goals” (Page, 2004, p.110).

Transformational leadership, according to the Institute of Medicine in Keeping Patients Safe: Transforming the Work Environment of Nurses (Page, 2004), is the essential precursor of evidence-based management. Evidence-based management is identified as one of the answers to establishing and maintaining a work environment for nurses that fosters safe and effective patient care.

Memorial Hermann Hospital employs more than 1,000 full-time-equivalent (FTE) personnel. Career development coaching services are designed to help busy managers and clinical instructors with the challenges of managing and teaching a culturally diverse, multigenerational workforce. Managers and instructors identify career-related needs and refer employees to the career coach, who uses his or her knowledge of generational differences to individualize the career planning process.

Members of the Millennial Generation (born 1977-1994) seek ways to exercise their intellectual curiosity and identify multiple career options. Generation Xers (1965-76) want to keep challenged and look for help in building a career plan. Baby boomers (1946 to 1964) want meaningful work with opportunities for career enrichment. Matures (1933 to 1945) want meaningful work with opportunities for career enrichment.

In summary, the goals of career development coaching are: 1) to assist nurses with clarifying their professional goals and to help them match their goals with those of the organization; 2) to connect the resources of the organization with the needs of the employee; 3) to promote transformational leadership; and 4) to assist nurse managers and clinical instructors with individualizing the career planning process for each employee.

When nurses see that the organization is providing opportunities for them to meet their career goals, they are more likely to stay. A stable professional work force supports an organization in meeting its patient, as well as financial, outcomes by creating a win-win situation for everyone.

Reference page 46.

Theresa L. Carroll, RN, PhD, is career coach at Memorial Hermann Hospital in Houston, Texas, and professor, University of Texas School of Nursing at Houston. Tommye Austin, RN, MSN, is administrative director, hospital education, at Memorial Hermann Hospital.

Career coaching resources from the honor society:

CareerRxels is a series of individualized online professional development programs for nurses, nurse managers and nurse educators that provide tools to advance career planning. For more information, visit www.nursingworld.org/careerRxels.

CareerMap: Managing your Career with Purpose — CareerMap links you to an inclusive array of Web-based resources. Go to www.nursinglink.org.
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Nurse-managed, community-based care

Collaboration between Peking University and University of Michigan helps China adapt to new health care emphasis

by Mei-yu Yu and Shao-mei Shang

RECENTLY, China's official Agenda 21 (China, State Council, 1999) decreed major changes to the workplace and work content of health care workers in China. Can this change benefit nursing? Formerly concentrated in hospital-based acute care, nurses and other health workers now are adapting to a new emphasis on changing urban hospital-based care to community-based health promotion and prevention. A new nurse-managed clinic, established by Peking University (hereafter referred to by its Chinese name, Beida) with collaboration from the University of Michigan (UM) School of Nursing, has helped nurses adapt to the new situation.

Background

Challenges began immediately. Once funding became a reality, the original neighborhood that was assessed for health needs did not welcome a nursing clinic. To establish a self-supporting model for later nursing clinics in China, the Xi Sanqi neighborhood of approximately 20,000 people—many retired—was chosen. Sixty percent of Xi Sanqi's residents are academics, and 40 percent are civil servants or military personnel. These residents are relatively health-oriented, are willing to participate in voluntary individual and group activities, and have sufficient resources to contribute small sums toward their own care.

Circumstances in China require close collaboration with the medical system, in this case, the university's Third Teaching Hospital. Innovative and persistent negotiating strategies meant that the hospital played an important role in selecting the site, which is also home to a medical school family medicine project—a joint effort of Peking University and the University of Iowa. The nursing clinic pays 20 percent of its costs, with two task forces, the Equipment Preparation Task Force included staff members and accountants; the Curriculum Task Force included faculty, students and the physician consultant. According to the board's working record, negotiating higher-level agreement takes nearly as long as community assessment and ordering necessary equipment.

To prepare for start-up, a board was formed, with two task forces. The Equipment Preparation Task Force included staff members and accountants; the Curriculum Task Force included faculty, students and the physician consultant. According to the board's working record, negotiating higher-level agreement takes nearly as long as community assessment and ordering necessary equipment.

By June 2001, the clinic was a reality, with a designated room; consultation desks for individualized care; a fully equipped video/DVD machine; locked display shelves with teaching aids appropriate for nutrition education, maternal and child health promotion; many educational posters on topics such as prenatal and child development; chairs and tables for group sessions; a room temperature control unit; and locked storage cabinets. Sethosopes, etc., are carried from the school as needed. The nursing clinic is listed as one of the resources available within the building, with signs directing patients to the clinic's second-floor room.

The clinic and its equipment were sparkling clean and more than adequate. The doctor's knowledge of the clinic also assures a formal advocate within the medical system.

Clinic mission and start-up

The nursing faculty at Beida decided that the clinic should be based on Orem's Family Self-Care Model. The vision statement says that the nursing clinic will provide:

- a full range of primary health care services for the community's families;
- a variety of health education classes as needed and requested;
- a setting in which both graduate and undergraduate students are able to practice, conduct research, and test nursing theories and models;
- opportunities for clinical practice by the School of Nursing faculty; and
- a setting for community nurses' training in China.

To prepare for start-up, a board was formed, with two task forces. The Equipment Preparation Task Force included staff members and accountants; the Curriculum Task Force included faculty, students and the physician consultant. According to the board's working record, negotiating higher-level agreement takes nearly as long as community assessment and ordering necessary equipment.

The Xi Sanqi Neighborhood Clinic is located in Beijing (shown in red). It is anticipated that, with consultation of the Chinese Nursing Association, a leading group of nurse graduates can spread the philosophy and practices of the Xi Sanqi Neighborhood Clinic to major cities throughout China.

Map by G. Susan Intelligence Agency; Image courtesy of The Library of Congress online (www.loc.gov).
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Background

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Circumstances in China require close collaboration with the medical system. In this case, the university's Third Teaching Hospital. Innovative and persistent negotiation strategies meant that the hospital played an important role in selecting the site, which is also home to a medical school family medicine project—effectively, a joint effort of Peking University and the University of Iowa. The nursing clinic pays one of the hospital's outpatient physicians to consult, much as in the United States (Barger, 1995; Zachariah & Lun-dee, 1997). The doctor's knowledge of the clinic also assures a formal advocate within the medical system.

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The clinic and its equipment were sparkling clean and more than adequate.

Given the multitudes seeking health services in China, primary care rarely involves a complete physical examination or the privacy of separate clinical rooms. Individual health promotion and preventive services are typically provided across a table or desk in an open room, or in a group setting.

Since the end of 2002, the clinic has been open weekly for individual consultations, most often on pediatric and gerontological issues. Group education sessions are held about once a month. Information about Severe Acute Respiratory Syndrome (SARS) was included even before it became a national topic. On International Nurses Day last year, nursing students held a ceremony at the clinic and provided individualized consultations to check blood pressure, offer suggestions about disease prevention and health promotion, and provide printed health education materials.

In the second year, services expanded to include seminars for the neighborhood middle school. Topics covered are relevant to the age group and include puberty (and menstruation for the girls), dental hygiene, skin and hair care, and exercise. The school's teachers and health staff cooperated enthusiastically, since these topics are not covered as part of the routine curriculum.

Clinical curriculum

Traditionally, China's community health nursing clinical curriculum is restricted to hospital outpatient departments. The new clinic provides a more community-oriented experience, with students participating in the clinic program. From the beginning, they have been members of the Curriculum Task Force. In the second year of the project, 23 fourth-year community-nursing students developed popular teaching materials for the clinic and observed individualized consultations and group seminars. They also provided health education classes for the middle-school students.

Although the emphasis in China's nursing schools has been on hospital nursing, 95 percent of these students were interested in the community content, and 65 percent thought it would be advisable to add more hours to this course. Ninety-one percent said they understood the role of the nurse more deeply as a result of participating in the course.
In China, health consultation typically occurs in an open room or a group setting.

After numerous required university approvals, Beida nursing students began regular clinical internships at the clinic in the latter part of 2003. Since the only transportation available is by overcrowded bus, one issue is the 40-minute travel time.

Effects of the partnership In an evaluation survey of 281 community residents, 84 percent said that clinic services were "very good," and 16 percent rated them as "good." The manner of providing services was considered "very good" by 88 percent and "good" by 11 percent. The individual counseling was rated "very good" by 77 percent and "good" by 22 percent.

The UM School of Nursing has also benefited. Beida's education materials are used by Chinese-speaking clients of the UM Nurse-Managed Centres. Beida also consults on clinical conditions and treatments, especially for Chinese parents on extended visits to their children at the university. In addition, two offshoots of the program — ongoing e-mail exchange of queries between UM School of Nursing and Beida undergraduates and an undergraduate summer internship program — contribute to the globalization "thread" that permeates a new undergraduate curriculum.

Faculty members at both universities view the project positively, stating that the collaboration has a favorable impact on curriculum and on their individual professional lives. Physicians at the Third Teaching Hospital Xi Sanqji Health Clinic even suggested expanding the scope of services and providing more health education lectures.

Since the Xi Sanqji Neighborhood Clinic opened its doors, the policy climate has become much more receptive to the leadership role of nursing. Since 2002, it has been possible to label this clinic as the first nurse-managed, community-based clinic — not simply a community-based clinic — in China.

Nursing leaders in China had long advocated for this concept using the World Health Organization (WHO) recommendations and examples of changing nursing roles in other countries (Weinstein & Brooks, 2003). Chinese Nursing Association leaders introduced the Ministry of Health officials to the UM's exemplar clinics during a 2001 site visit. International collaboration seems to have increased the possibility of more nursing-based health system changes (Chang, 1999; Xu, Xu, Sun, & Zhang, 2001).

Clinic continuation is an important marker of success (Oglivie et al., 2003) and is assured by educational support from Beida. Receiving user donations or fees is not yet possible. In China, as in the United States, users are reluctant or unable to pay, especially for health promotion and prevention care, and any fees have to be processed through the Third Teaching Hospital, since nurses are not directly reimbursed.

Lessons learned Exploration of interest by foundations and by numerous private companies with strong programs in China was not productive, despite high-level contacts. Also, it is yet to be seen whether the effects achieved in this program can extend to other nursing-school collaborations between the two countries.

Evaluation using internationally accepted, nursing-sensitive indicators for community-based nursing care (Rowell, 2001) is also a future collaborative challenge. We can test if international collaborative projects are stimulating and enriching for the individuals involved. However, their impact on educational and health-care systems is slow.

For more information, see www.wknc.org/nursingexchange/ References, page 44.

Mei-ye Yu, MD, PhD, is associate research scientist at the University of Michigan School of Nursing in Ann Arbor, Mich. Shu-mei Shang, RN, MPH, is associate dean at Peking University School of Nursing in Beijing, China.

Other project contributors

University of Michigan: Deborah O'Keefe, PhD, Elaine Burke, Maria de la Peña, Sung Hwa, You Zhen, MD, Hong Lu, MS, Yu Lin, MS, Yingfa Li, BS, Yan Li, BS, and Shian Su, MS.

Acknowledgments This project is supported by the W.K. Kellogg Foundation, the University of Michigan and Peking University.

* There are already several long-standing and effective international collaborations between system-based schools of nursing in North America and China. Public information is available about collaborations between the following nursing schools: 1) Yale University and Beijing Medical University (a joint U.S.-China program); 2) University of Oregon and Tianjin Medical University (an exchange program); 3) University of California, Los Angeles (UCLA), Nursing Medical School of Peking University (a joint project on nursing research); and 4) University of Michigan and Tsinghua University (a joint program in environmental health and Johns Hopkins University and Peking University collaboration on urban programs development). Others are in the planning stages; still others resemble nursing to one of the nations and a matching agency in the other.

Inducted into ANA Hall of Fame

by Carla Hall

EARLY Sunday morning, June 27, Imogene M. King, RN, EdD, FAAN, and Luther Christman, RN, PhD, FAAN, were inducted into the American Nurses Association (ANA) Hall of Fame at its biennial convention in Minneapolis, Minn. Each has made an outstanding mark on the nursing profession.

King has been an active member of the Honor Society of Nursing, Sigma Theta Tau International since 1964 and has helped start several local chapters. For nearly six decades, she has contributed to the advancement of nurses and nursing through her pioneering work on nursing theory development and theory-based nursing practice.

Her list of writing credits goes on and on, and her list of awards and honors is equally impressive. One of her proudest moments is the involvement of students with speaking of her career. Said King: "I just believe that working with students is incredibly important. It's something I've always believed in and I've always done."

Her stature within the nursing community — from nurses just entering the profession to long-term veterans — has star quality, and her impact on educational and health-care systems is slow.

In 65 years of nursing, Christman has never stopped standing up for what is right and just. He fought for admission to a hospital nursing program during the Depression. He fought everyone up to Gen. Dwight D. Eisenhower during World War II to have male nurses in the U.S. Army Nurse Corps. He was nearly hanged in South Dakota when he hired Native Americans in the hospital he administered. He continues to fight for baccalaureate education as the minimum standard for entry into the profession.

Profilled along with 11 other legendary nursing leaders in the book Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession — also published by the honor society — Christman also had a number of fans at his book signing. Many nurses, charged by his induction speech, felt that he spoke for them in identifying barriers to success — both past and present — for nurses and nursing. He is a renegade and, it would seem, quite proud of it.

"Many people don't like to hear what I have to say because I say what I think," said Christman. Fortunately, many people like to hear what he has to say and have made that clear with multiple honorary degrees, awards, honors and recognitions bestowed upon him by more than 14 countries.

Congratulations to King and Christman for their well-deserved inductions into the ANA Hall of Fame.

* Hall of Fame Inductees Luther Christman and Imogene King

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Her list of writing credits goes on and on, and her list of awards and honors is equally impressive. Not only did she have her classmates speak of her involvement with students while speaking of her career. Said King: "I just believe that working with students is incredibly important. It's something I've always believed in and I've always done." Her stature within the nursing community—from nurses just entering the profession to long-time veterans—has star quality. We've been with her every step of the way. We've called her by name since 1961, and spoken to her when we pass by her. We've gotten in touch with her by phone and left messages for the chance to say a few words to her or to have a photograph taken with her. In addition to the fans she attracted while walking past exhibits at the ANA convention or while serving as a delegate for the Florida Nurses Association, many fans showed up at a book signing hosted by the honor society.

The signing was for The Language of Nursing Theory and Metaphor (1997), co-edited by King and Jacqueline Fawcett, RN, PhD, FAAN. With a twinkle in her eyes, King told those wanting an autograph or a photograph with her that she would consider only if they first bought a book. Not surprisingly, they did. All royalties from this book are donated to the Sigma Theta Tau International Research Fund.

Like King, Christman is a highly revered nursing leader. An active member of the honor society since 1961, he is a man of firsts: the first male dean of a U.S. nursing school—Vanderbilt—where he was the first dean to employ African-American women in faculty positions; the founding dean of Rush University; the first man to be named a Living Legend by the American Academy of Nursing (AAN); and the first man to be inducted into ANA Hall of Fame.

In 65 years of nursing, Christman has never stopped pursuing what is right and just. He fought for admission to a hospital nursing program during the Depression. He fought everyone up to 1964. In 1983, Christman had a number of fans at his book signing. Many nurses, charged by his induction speech, felt that he spoke for them in identifying barriers to success—both past and present—for nurses and nursing. He is a renegade and, it would seem, quite proud of it.

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Out of pain, compassion

A remarkable Canadian nurse finds that lessons learned in suffering are valuable resource for helping others

by Jane Palmer

NANCY CLARKE'S induction into Sigma Theta Tau International on April 28 held special meaning for her and her family. Nine years previously, to the day, the Nova Scotia nurse had undergone her first surgery for an extremely rare cancer, malignant rhabdoid tumor of the vulva.

"I don't think anything I do can compare to that day and evening of reflection," Clarke said of her induction. "I was not expected to be alive or accomplish what I have." When she was diagnosed in 1995, only four cases of this extrarenal tumor had been reported worldwide, and life expectancy was about eight months. Clarke is the first long-term survivor of the lethal, aggressive cancer.

The Nova Scotia legislature recently adopted a resolution honoring Clarke for her remarkable story of survival—earning her nursing degree despite adversity and life-threatening disease—and also recognizing her nursing degree at St. Francis Xavier University. While driving to school in 1991, Clarke began work toward a nursing degree at St. Francis Xavier University in Antigonish, Nova Scotia. Clarke was forced to go on social assistance for a time, which was difficult.

"It's only within the last couple of months that I've shared this, because of the stigma attached to single women on social assistance. I'm now willing to talk about it, because it can help other people understand that even though you're on social assistance, you don't always have to go through it."

Following several months of recovery, Clarke started work as a public health nurse in January 1996, only to suffer a recurrence in March of that year. Radiotherapy was performed following a second excision.

She graduated 10 days postoperatively, in a wheelchair. "My children were there—by this time they were 8, 12 and 14. When I got home that night, I had to crawl upstairs to bed, on my hands and knees. My children used to come into my bedroom and sit on the bed and say, 'Mom, are you going to die?'"

"Clarke was forced to go on social assistance for a time, which was difficult. "It's only within the last couple of months that I've shared this, because of the stigma attached to single women on social assistance. I'm now willing to talk about it, because it can help other people understand that even though you're on social assistance, you don't always have to go through it." Following several months of recovery, Clarke started work as a public health nurse in January 1996, only to suffer a recurrence in March of that year. Radiotherapy was performed following a second excision.

"In terms of treatment if it comes back, I'm very limited," Clarke said. "I've been told I probably will die from this at some point, but you can be dead a long time before you're ever in the grave!"

Her health problems have given her a different perspective on her work as a nurse. She was astounded at the lack of understanding of her emotional needs after surgery.

"You don't just cut the tumor out, send [the patient] home and expect [her] to do well," Clarke said. "I had a great deal of difficulty trying to find someone with the expertise who could support me and help me through the recovery process. I eventually did find a clinical nurse specialist who dealt with trauma and death, and she was very helpful to me."

Clarke turned 50 in May. She has continued to work full time as a public health nurse since her last diagnosis in 1996 and is a coordinator for an early childhood development initiative in three counties. She has completed course work for her Master of Community Health Nursing degree through the Dalhousie University Distance Education Program. A volunteer member of the Pictou County Health Authority board of directors, she is committed to making a difference in the community that has supported her through adversity.

Following completion of her thesis, she plans to marry a man who has three children.

"I do a lot of public speaking on my cancer journey and accomplishments," Clarke said. "It gives my illness and suffering meaning. In many ways, I view the pain in my life as a gift, because of the understanding, compassion and wisdom I have attained over the years. I think one of the secrets of life is being able to take your pain and use it to learn and help others."

Jane Palmer is assistant editor of Reflections on Nursing Leadership.

Preoccupied with leaving home early, Clarke left school after completing grade 11 and taking a secretarial course. She married at age 20 and began life as a farm wife.

"I cooked on a wood stove; I milked cows; I delivered sheep; I raised pigs; I drove a tractor. And I was a foster parent over a span of 13 years. I looked after 25 children. Eventually, she and her husband adopted three children.

"My promise to myself was, I'm going to try to make a difference in health care before I die. And somehow that's what kept me going."

After 15 years of marriage, the couple divorced. Her children were 3, 7 and 9 years old. The following year, 1991, Clarke began work toward a nursing degree at St. Francis Xavier University in Antigonish, Nova Scotia. Again she faced adversity. At the end of the first semester, she was hospitalized with a bleeding ulcer but still finished first in her class, winning the Freshman Nursing Scholarship Award. She commuted 1-1/2 hours each way to the university. While driving to school in 1993, she was hit broadside by a transport truck traveling 60 mph.

"There is no way I should have lived through that accident," Clarke said. Her closed-head injury resulted in neurological damage that affected her memory and ability to learn. She still suffers from fatigue, herniated disks in her neck and chronic pain.

After the accident, she moved closer to the university. She continued to excel in her studies and received the Jo M. Brown Scholarship for two years. During her senior year, she discovered a nodule in the genital area. A gynecologist suggested monitoring the lump for changes. A couple of months later, it started to grow and became painful. Feeling unwell, Clarke insisted that it be removed immediately. Test results were delayed, because the tissue had been sent to an expert in soft tissue tumors in Michigan. Following her last nursing class in April 1995, she called from a pay phone and learned she had cancer.

"I can remember coming home and scrabbling my floors," Clarke said, "because I thought, 'I can't die and my house be dirty.' It's funny what goes through your mind."

The realization that she might never work as a nurse was devastating.

"My promise to myself was, I'm going to try to make a difference in health care before I die. And sometimes that's what keeps me going."

After undergoing extensive surgery, she was referred to palliative care.

RIGHT: Nova Scotia resident Nancy Clarke enjoys sailing in Pictou Harbor. A long-term survivor of an aggressive form of cancer, she recently received the National Award of Merit for Community Health and was honored by her province's legislature for her work as a nurse and as a volunteer.
Nancy Clarke's induction into Sigma Theta Tau International on April 28 held special meaning for her and her family. Nine years previously, to the day, the Nova Scotia nurse had undergone her first surgery for an extremely rare cancer, malignant rhabdoid tumor of the vulva.

"I don't think anything I do can compare to that day and evening of reflection," Clarke said of her induction. "I was not expected to be alive or accomplish what I have."

When she was diagnosed in 1995, only four cases of this extrarenal tumor had been reported worldwide, and life expectancy was about eight months. Clarke is the first long-term survivor of the lethal, aggressive cancer.

The Nova Scotia legislature recently adopted a resolution honoring Clarke for her remarkable story of survival—earning her nursing degree despite adversity and life-threatening disease—and also for her efforts to help others, both as a volunteer and a health care professional. Also, in June, she was given the National Award of Merit for Community Health Nursing "in recognition for her outstanding contributions."

Clarke's battle with cancer is not the first challenge she has faced. She grew up in a home where her father struggled with alcoholism, which often led to family violence. Her mother suffered from a postpartum depression and psychosis that went untreated, resulting in her eventually being diagnosed as schizophrenic.

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Clinical
Jane Travis, nursing instructor at Lewis University in Romeoville, Ill., helped save two men with a heart attack, blood sugar and blood pressure screenings at Daybreak Shelter in Joliet. Nicole Harse was among senior nursing students who participated in the event.

Ethylene Vilevas, a tobacco-use prevention coordinator for the city of Thornton and acting president of the University of Toronto's Faculty of Nursing Alumni Association, received the first Risting Star Award for Clinical Nursing Community from the Faculty of Nursing.

Kim Wiltens, director of youth services in Behavioral Care Services at Community Health Network in Indianapolis, Ind., received the Clinical Excellence Award from Indiana University School of Nursing Alumni Association.

Education
Diane E. Allen, nursing coordinator at New Hampshire Hospital, received the Nurse Director Scholarship from the American Organization of Nurse Executives.

Carol Baldwin,* recently named associate professor at Arizona State University College of Nursing, will participate in the Southwest Borderlands Initiative. The program's objectives include strengthening the university's scholarly and instructional resources in the Southwest and enhancing recruitment and retention of a diverse faculty.

Mary B. Blomens,* assistant professor, vice chair of the department of nursing and director of the graduate program at Jefferson College of Health Professions in Philadelphia, Pa., received the 2004 Career Nursing Trainerships grant for $30,000. She also has been appointed to the Thomas Jefferson University Educational Advisory Committee.

Laurel A. Ehrenschein,* professor and associate dean of graduate programs, and Nancy J. Fairchild,* associate professor, both of Boston College William F. Connolly School of Nursing, received a $2,500 grant from the 2004 Elizabeth Raum Endowment Scholarship Fund for end-of-life care education.

Jean A. O'Neill,* assistant professor, has been named a consultant for the course.

Cristina G. Trefethen,* assistant professor at Vanderbilt University School of Nursing, has teamed up with Susan Barone of the university's English Language Center to help Nursing Reflections for a new course for new nurses to help new nurses and immigrant nurses find work in the field of nursing.

Dinora Grossman,* dean of Florida International University's College of Nursing, has been named a recipient of the 2004 National Institutes of Health Career Development Award in Nursing. Joyce A. Pulkki,* associate professor, was a content expert consultant for the grant.

Leadership
Janet D. Mass, dean, and Karen Kaufman, associate professor, both of the University of Maryland School of Nursing, are among leaders named Maryland's Top 100 Home Health Care Executives.

Paul M. Arents,* associate professor at Boston College William F. Connolly School of Nursing, has been named a fellow of the American Academy of Nursing.

Lucille A. J. Perl, professor at Rutgers, The State University of New Jersey College of Nursing, received the 2004 Governor's Nursing Mentor Award for excellence as a nurse educator. Only eight other nurses in the state received the award.

Mary D. Naylor,* professor at University of Pennsylvania School of Nursing and director of the NAI/NAC/HCertford Center for Interdisciplinary Geriatric/Health Care Research, has been named a 2004 McColl Scholar by the John McColl Foundation. The $150,000 award recognizes outstanding mentors in medicine, nursing and science.

Mary O'Connor,* doctoral student and part-time fac­ulty at George Mason University in Fairfax, Va., received the Nurse Executive Scholarship from the American Organization of Nurse Executives.

Sr. Callista Roy,* professor at Boston College William F. Connolly School of Nursing, is serving as a consult­ant on the development of the doctoral program at the School of Nursing, University of Nevada, Las Vegas. She also gave the keynote address at the Sixth Annual Collegium on Nursing Science and Research at the University of Toronto.

Jill Siegrist, vice president of Student Nurses' As­sociation of Pennsylvania, received a $2,500 grant from the CNA's Our Future's Scholarship, sponsor­ized by Johnson and Johnson.

Deborah Smith, assistant administrator and chief nurse executive at OSF St. Joseph Medical Center in Bloomington, Ill., received the Nurse Executive Scholarship from the American Organization of Nurse Executives.

Elizabeth Speisman, professor at Jefferson College of Health Professions in Philadelphia, Pa., has been named to the National League for Nursing task force to define and endorse excellence in nursing education. Robert V. Weed,* associate professor of health promotion at Boston College William F. Connolly School of Nursing, has been awarded a grant to develop the online teaching practice for the Post Master's Teaching Credential in Nursing. Joyce A. Pulkki,* associate professor, was a content expert consultant for the grant.

Childhood Experience inspires nurse
The compassionate care Melissa Allen received as a child helped her decide to choose nursing as a career. She wants to help children who are dealing with problems similar to those she has faced. Allen, who has been in and out of hos­pitals since she was 11, has Crohn's disease.

"In the hospital, the nurses were the ones who helped me out and gave me hope and helped me understand there was an end to all the madness," Allen said. "They were the ones who made me realize there are positive sides to any disease."

At one point, Allen had to be fed intravenously and had facial swelling from the corticosteroids she used. Despite the problems, she still maintained a nor­mal life by staying involved in school and extracurricular activities.

"I didn't want the disease to rule my life," Allen said. "I wanted to be in charge." Even though she underwent two major surgeries during her senior year, Allen was still able to graduate May 10 alongside her classmates from the University of Alabama. She not only achieved this goal, but also was awarded the Cap­stone College of Nursing Outstanding Senior Award.

"Melissa has two attributes that will make her an outstanding nurse," said Angela Collins, RN, DSN, CCNS, APRN, BC, associate professor of nursing at the university. "First, she listens in such a way that patients know they are being cared about and understood. Second, Melissa embodies caring."

Allen doesn't know if she would have become a nurse if it weren't for the disease. She does feel as though her experience will make her a better nurse.

"I hope it will make me more aware of the patients' feelings," Allen said. "I want to make a difference in the lives of my patients."

Allen will work in the special care unit of Children's Hospital in Birmingham, Ala.
**LEADERSHIP**

Janet D. Marc, president, and Karen Kaufmann, associate professor, both of the University of Maryland School of Nursing, are among leaders named Maryland’s Top 100 Nursing Executives.

Paul M. Armstrong, associate professor at Boston College William F. Connolly School of Nursing, has been appointed as president of the American Society of Palm Management Nurses.

Mary A. Murdy, assistant professor at Boston College William F. Connolly School of Nursing, has been appointed to the Thomas Jefferson University Thomas Jefferson University, Romeoville, Ill., helped the groundwork for a new course to tobacco use prevention coordinator for the University of Virginia’s Board of Directors for Tobacco Prevention and Control.

Ruth M. Howard, assistant professor at the University of Kentucky, has been appointed as president of the American Academy of Pediatrics.

Annie Belcher, associate professor at Indiana University School of Nursing, received the Distinguished Service Award from Indiana University School of Nursing Alumni Association.

Patricia Blair, associate professor at the University of Texas Medical Branch in Galveston, has been named to the American Association of Nurse Attorneys board of directors for 2004.

Charlotte Marvin Branch has been inducted into the National Association of School Nurses Academy of Fellows, the highest recognition a member of the association can receive.

Carlon Brown, clinical head nurse at Walter Reed Army Medical Center in Washington, D.C., has been selected as 2004 Advanced Oncology Certified Nurse of the Year.

Dr. Sara Squire, professor at William and Mary School of Nursing, has been honored as a Legacy Leader by Survivors of the Shoah Visual History Foundation.

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Anne McGinley, associate professor and interim director of the College of Nursing, received the 2004 American Nurses Association/McAfee–Foster Leadership Award for courage, leadership, and dedication to nursing.

Ellen K. Mahoney,* associate professor at Boston College William F. Connell School of Nursing, received the 2004 Outstanding Alumni Award from the University of Pennsylvania School of Nursing. Mahoney has previously been the director of the School of Nursing Services at VA Puget Sound Health Care System in Seattle, Wash., where she has been appointed to the board of directors for the American Nurses’ Association award.

Carolyn L. Littig, nursing staffing director and interim director of the Connell School of Nursing at the University of Texas at Austin, has been selected as a member of the National Academy of Nursing. Littig has also been selected as a member of the National Academy of Nursing.

Mary Jane Smith and Patricia R. Lieber are editors of Middle Range Theory for Nursing, published by Springer Publishing, Inc. Smith has also been selected as a member of the National Academy of Nursing.

Molly J. Ivey,* associate professor at Jefferson College of Health Professions in Philadelphia, Pa., has been elected to the board of directors for the National Association of Clinical Nurse Specialists.

Judith A. Venner,* Lisa Holden Carroll, enrolled professor at Boston College William F. Connell School of Nursing, has been named the Nursing Spectrum Nurse of the Year for the New England region.

Sheila M. Keeler,* associate professor and chair of the Department of Health Policy and Administration at the University of Pennsylvania School of Nursing, has been selected as a member of the National Academy of Nursing.

Orianna C. Cali,* associate professor at the University College of Nursing, has been selected as a member of the National Academy of Nursing.

Florencia Rose,* associate professor at Jefferson College of Health Professions in Philadelphia, Pa., has been appointed to the board of directors for the National Association of Clinical Nurse Specialists.

Diana R. Russell,* associate professor of family practice at East Carolina University in Greenville, N.C., has been elected to the President’s Task Force for Excellence in Volunteer Leadership from the American Nurses Association Nursing Spectrum.

Susan E. Zett, attorney at King, Deul & Liljum LLP in Indianapolis, Ind., has been elected president-elect of the American Association of Nurse Attorneys.

PUBLICATIONS/NEWS

Anne McGinley, * professor at the University of Texas School of Nursing, has published a chapter on “Evolution of Advanced Nursing Education in the 21st Century” in Nursing: A Nursing Theory for the 21st Century, published by Springer Publishing, Inc.

Mary Jane Smith, RN, is editor and Kathleen T. Heinrich is associate editor of the Journal of Nursing Administration, published by Sage Publications.

Karen E. Warholak, MSN, RN, is editor of Disaster Nurse and Emergency Preparedness for Chemical, Biological, Radiological, Nuclear and Other Hazards, published by Carle.

Diane Welch Viner* is editor of the American Journal of Nursing, published by Sage Publications.

Terry S. Armstrong, neuro–oncology nurse practitioner at the University of Texas M.D. Anderson Cancer Center, received the 2004 Oncology Nursing Society Foundation Oncology–Nursing Research Award. Armstrong is also an assistant professor and doctoral student at the University of Texas at Houston.

Karen E. Warholak, MSN, RN, is editor of the American Journal of Nursing, published by Sage Publications.

Eugenia C. Vassile, RN, LMSW, received the 2004 Oncology Nursing Society Foundation Oncology–Nursing Research Award. Vassile is also an assistant professor and doctoral student at the University of Texas at Houston.

Suzanne C. Boyes,* director of nursing research at Dartmouth–Hitchcock Medical Center in Lebanon, N.H., received the Outstanding Achievement in Professional Nursing Research Award from the American Academy of Nursing.

Ann W. Burgess,* professor at Boston College William F. Connell School of Nursing, received a $250,000 grant from the United States Department of Justice for her study “Elder Victims of Sexual Abuse and Their Offenders.”

Rosa M. Delmonico,* associate professor at Boston College William F. Connell School of Nursing, received the 2004 Nursing Leadership Award from the American Nurses Association. Delmonico has been selected as a member of the National Academy of Nursing.

Carol Epstein,* associate professor at Fairfield University, has been selected as a member of the National Academy of Nursing.
Anne McGinley, associate professor and Undergraduate Program Director at the University of Arizona for 2004, has been named the 2004 American Nurses Association (ANA) Nurse Educator of the Year. McGinley is a member of the ANA's Committee on Nursing Education and Practice, and has served on the ANA's Board of Directors.

Mary Jane Smith and Patricia L. Laidlaw are editors of the upcoming edition of "Nursing Research: An Evidence-Based Approach." The book, which is being published by Lippincott Williams & Wilkins, is scheduled for release in 2004.

Susan E. Zell, a professor at the University of Pennsylvania, has been elected president-elect of the American Association of Colleges of Nursing (AACN). Zell has served as the AACN's vice president for research and planning, and is a member of the AACN's Board of Directors.

Janine T. Levit, an assistant professor at Michigan State University, has been selected as the 2004 recipient of the Cherry Ames Nurse Society's Young Nurses in Science Award. The award recognizes outstanding research by young nurses in the field of nursing.

Joyce Griffin-Sobel, an associate professor at the University of California, San Francisco, has been awarded the 2004 Excellence in Nursing Education Award by the American Nurses Association. Griffin-Sobel is a former president of the American Nurses Association and has served on the ANA's Board of Directors.

Pediatric Nurse Practitioner Beth A. Seifert, an assistant professor at the University of Illinois at Chicago, has been selected as the 2004 recipient of the American Academy of Nurse Practitioners' (AANP) Young Practitioner of the Year Award. Seifert has served on the AANP's Board of Directors and is a member of the AANP's Young Practitioner Committee.

Mary Claire Wilson, an assistant professor at the University of Pennsylvania, has been selected as the 2004 recipient of the Ohio Nurses Association's Young Nurse Practitioner of the Year Award. Wilson has served on the OAN's Board of Directors and is a member of the OAN's Young Practitioner Committee.

Karen S. Hines, an assistant professor at the University of Michigan, has been selected as the 2004 recipient of the American Nurses Association's Young Nurse Practitioner of the Year Award. Hines has served on the ANA's Board of Directors and is a member of the ANA's Young Practitioner Committee.

Linda A. Haken, an associate professor at the University of California, San Francisco, has been selected as the 2004 recipient of the American Nurses Association's Young Nurse Practitioner of the Year Award. Haken has served on the ANA's Board of Directors and is a member of the ANA's Young Practitioner Committee.

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Pediatric Nurse Practitioner Beth A. Seifert, an assistant professor at the University of Illinois at Chicago, has been selected as the 2004 recipient of the American Academy of Nurse Practitioners' (AANP) Young Practitioner of the Year Award. Seifert has served on the AANP's Board of Directors and is a member of the AANP's Young Practitioner Committee.

Mary Claire Wilson, an assistant professor at the University of Michigan, has been selected as the 2004 recipient of the American Nurses Association's Young Nurse Practitioner of the Year Award. Hines has served on the ANA's Board of Directors and is a member of the ANA's Young Practitioner Committee.

Karen S. Hines, an assistant professor at the University of California, San Francisco, has been selected as the 2004 recipient of the American Nurses Association's Young Nurse Practitioner of the Year Award. Haken has served on the ANA's Board of Directors and is a member of the ANA's Young Practitioner Committee.

Linda A. Haken, an associate professor at the University of California, San Francisco, has been selected as the 2004 recipient of the American Nurses Association's Young Nurse Practitioner of the Year Award. Haken has served on the ANA's Board of Directors and is a member of the ANA's Young Practitioner Committee.
2004 INTERNATIONAL CONFERENCES
Oct 28-30: Ching-Mi, Thailand: Health Promotion: Evidence, Practice and Policy: Sponsor: Ching-Mi University, Thailand: Co-sponsors: universities of Michigan, Washington and Western Sydney: Contact: The Secretariat, International Conference, Faculty of Nursing, Ching-Mi University, 107 Thewaow Rd., Phuket District, Phuket, Thailand, 83000 Thailand. Phone: +66.53.949102; Fax: +66.53.217145. Email: riosg@nmu.ac.th

Nov 29-20: Hong Kong: "Bringing Developing and Developed Countries," Third Asia Pacific Conference on Evidence-Based Medicine: Contact: third APBEM Conference Secretariat, The Hong Kong Blanch of the Chinese Clinical Research, Room 501, School of Public Health Building, The Chinese University of Hong Kong, Shatin, Hong Kong: Phone: +852.25262154. Fax: +852.25262094. Email: mhong@cuhk.edu.hk Web: www.hcnc.cuhk.hk

2005 INTERNATIONAL CONFERENCES

2006 INTERNATIONAL CONFERENCES
Jan 17-24: Davos: "Celebrating 100 Years of Nursing in International Congress in Nursing Informatics; Host: Swiss National Society of Medical Informatics. Contact: M.2000

Secretariat, 2654 BC 401, 101-1 11-Hi-yamada-dong Kangnam-gu, Seocho 135-001, Korea. Phone: +82.2.598.8607. Fax: +82.2.598.8605. Email: korea@iasp-pain.org Web: www.iasp-pain.org

2004 INTERNATIONAL CONFERENCES
Dec 10-12: Moscow: "Pain Relief Strategies/Approaches to Pain Management in Developing Countries," Contact: Dr. Elena Kislina, Ph.D., Pain Management Clinic, Moscow State Medical University, Leninka 8, Moscow, Russia. Phone: +7 095 960 9900; Fax: +7 095 960 9900. Email: kislina@msmu.ru Web: www.iasp-pain.org

AnA has created a new brochure designed to introduce nurses to the specialty of pain nursing, as well as to encourage nurses already in the specialty to take advantage of ANNA membership. The Discovery N wsite provides an overview of pain nursing including various nursing roles, practice settings, treatment modalities, resources, certification, and career opportunities. To download a copy of the brochure, go to ANNA's Web site. Request additional copies for special events. As space permits, announcements are posted free of charge for groups seeking to add events to their annual calendars. The Discovery N wsite provides a wealth of information, and offers a variety of resources to support nurses in their work.

Fourth Quarter 2004 Reflections on Nursing LEADERSHIP

Achieve your goals. Make a difference. Join a community of care.

Discover N ephrology Nursing Now available!

Web: www.annune.org

Third Quarter 2004 Reflections on Nursing LEADERSHIP 43

American N ursing Association's National Office at 888-600-2662, or send an Email to anna@ajn.com.
ANNOUNCEMENTS

2004 INTERNATIONAL CONFERENCES
Dec 5-9: Hong Kong, China
Bringing Developing and Developed Countries, Third Asia Pacific Conference on Evidence-Based Medicine, Co-sponsors: Third Asia Pacific Conference on Evidence-Based Medicine, International Conference, Faculty of Nursing, Chiang Mai University, 10 Intawitthaya Rd., 50200 Thailand.
Phone: +66 53 491200; Fax: +66 53 491210
E-mail: rmppong@nphai.org
Nov 29-20: Hong Kong
"Bringinng Developing and Developed Countries, Third Asia Pacific Conference on Evidence-Based Medicine, Co-sponsors: Third Asia Pacific Conference on Evidence-Based Medicine, International Conference, Faculty of Nursing, Chiang Mai University, 10 Intawitthaya Rd., 50200 Thailand.
Phone: +66 53 491200; Fax: +66 53 491210
E-mail: rmppong@nphai.org

2005 INTERNATIONAL CONFERENCES
Apr 28-30, 2005: Sydney, Australia
The 2005 International Conference on Nursing Informatics: 'Third International Conference in Chiang Mai, Thailand.'
Contact: The World Federation of Information Systems in Nursing (WFISN), Third Amphur Muang, Chiang Mai 50200 Thailand.
Phone: +66 53 491200; Fax: +66 53 491210
E-mail: rmppong@nphai.org

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Discover Nephrology Nursing Now available!

ANNA has created a new brochure designed to introduce nurses to the specialty of nephrology nursing, as well as to encourage nurses already in the specialty to join ANNA. The Discover Nephrology Nursing brochure provides an overview of nephrology nursing, including various nursing roles, practice settings, treatment modalities, research opportunities, and career opportunities. To download a copy of the brochure, go to ANNA's Web site. Request additional copies for your chapter's membership drive by calling ANNA, 888-600-2662, and send an E-mail to anna@anna.org.

Achieve your goal
Make a difference
Join a community of care

Download the brochure at www.ananna.org
Mentoring: Link to the future

(continued from page 23)

Nursing is a profession in need of change, and mentoring is our link to the future. We must protect that future from an environment of apathy, exhaustion and disappointment. One way to do that is through the use of LINKS, Leadership through Inspiration and Nursing Knowledge Systems.

Debra B. Huff-Cruce, RN, PhD, ANEF, is an associate professor at the University of Texas Health Science Center in San Antonio. She is currently serving as chair of the Honor Society of Nursing, Sigma Theta Tau International. For more information, contact her at dhuffcruce@uthscsa.edu, or visit www.nursingsociety.org.

Have you begun creating the future through renewal?

For ideas on how to get started, visit www.nursingsociety.org and click on President Pesut’s Call to Action to find an opportunity matrix that lists 150 ways you can serve.
Mentoring: Link to the future

(Continued from page 23)

hospital champions, mentors and students/proteges. Students are initially contacted through classroom presentations during the first year and, in second of sophomore, those who indicate interest are provided with a list of links to hospital champions they can contact after entering the job market.

Mentors are available to students through membership in the Student Nurses’ Association, the SDSU Nursing Alumni Association or Gamma Gamma Chapter of the honor society. If student do not choose an affiliation at that time, they will continue to have contact with hospital champions in their place of employment.

The main responsibility of hospital champions is to serve as a visible point of contact in their organization. They identify potential mentors from their hospital to participate in the program and serve as a resource themselves. Their objective is to be a well-known representative of the alumni association and the local chapter of the honor society. This program has been well-received, and many chapter members have volunteered to serve as champions. These individuals benefit from opportunities to stimulate growth, by interacting with staff and, ultimately, by assisting in the process of long-term nurse retention.

Mentors within each hospital are linked to students to allow opportunity for mentor-protege bonds to form. Once the pairing is established, a mentor seeks to introduce his or her protege to opportunities for leadership development, values clarification and renewal. In addition to the guidance they personally give proteges, mentors also introduce them to other leaders in the profession. LINKS is designed to allow time for mentors and students to connect on basic points that are mutually beneficial, while giving time for bonding, coaching and guidance.

Students are provided multiple opportunities for involvement in addition to the information available via the classroom, the Web and involvement with the Student Nurses’ Association. They are also invited to all functions of the alumni association and the local chapter of the honor society. With the support of a mentor, students who choose formal leadership in LINKS begin their journey by identifying their values and career goals.

In the future, an interactive educational series will be offered to help develop, support and sustain the program. Alumni of the SDSU School of Nursing will pair with the local chapter of the honor society to offer a series of classes for mentor-protege pairs to learn how to develop vision statements, foster career development and host events such as Saturday brunch conversations with nurse leaders.

LINKS is designed for a community of nurses who come together for adaptive work. This work must begin through inspiration and networking. We seek to provide new entrants a safe place to grow and to realize that values and ideals can align with their professional experience.

Nursing is a profession in need of change, and mentoring is our link to the future. We must protect that future from an environment of apathy, exhaustion and disappointment. One way to do that is through the use of LINKS, Leadership through Inspiration and Nursing Knowledge Systems.

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Reference, page 46.
Working hard and loving it

by Deborah M. Snyder

As CHILDREN, many of us experienced the dread of being summoned to the principal’s office. In our professional lives, a similar feeling of fear usually occurs upon an invitation to the accounting department. Accounting generally conjures up images of pocket protectors, fingers dancing furiously on calculator keys and stern, disapproving faces.

Spend a few minutes in the Financial Services department of the Honor Society of Nursing, Sigma Theta Tau International, however, and all stereotypes disappear. As Jody Dalton, controller, puts it, “We are the friendlier, kinder and gentler financial services department.”

If you have ever made a purchase at a biennial convention or leadership academy, you probably met the Financial Services staff and didn’t know it. At any given honor society event, the chief financial officer or controller may have handled your merchandise transaction.

Working in the trenches is not unfamiliar to this group. From the organization’s overall fiscal planning to the coding of a single purchase order, the department operates cooperatively to handle an ever-increasing workload. The department encompasses an enormous area of responsibility including accounting, forecasting, financial investment and a process for developing the honor society budget. Day-to-day fiscal operations of the honor society’s five entities, tax filings, budget monitoring, investment management and long-range fiscal planning are all handled here.

Even more astounding is that only five employees work in Financial Services. Chief Financial Officer Ed Hales is quick to compliment his hard-working team. “They are a great group of people able to juggle the finances for five different subsidiar­ies, in addition to working with a group of nurses compatible with your personal style. They are a very graceful in offering to talk about the honor society.”

Ed Hales is an ambassador in the world of accounting, never short on words. He adds, “We are the friendlier, kinder and gentler financial services depart­ment.”

“Treasure­r’s Corner” is the Chapter Leader Emphasis publication or touting in waffle­irons to make a surprise breakfast for other employees, this group understands that work and play are not incon­gruous. Malika Abdullah, general ledger specialist, sums up the dichotomy when she says, “We work hard, but I love it here because it’s not stressful.” Further evidence of that is provided by a myriad of “smiley-face” paraphernalia and a collection of PEZ dispensers on display.

“How many accounting departments can you recall that are happy-go-lucky?” asks Dorinda Chadwick, accounts receivable specialist. “My co-workers all complement each other so well.”

Don’t let the good-natured attitudes fool you. When it’s time to get down to business, this is one department that understands the value of hard work. When Aquarian Arnold, accounts payable specialist, toils over biweekly payroll, her area is roped off and a “Do Not Disturb” sign emerges. All headquarters employees routinely honor her sign.

Overseeing finances and budgets also requires Financial Services to be vigilant in watching its own spending. Arnold laughingly says that she will “only order office supplies four times a year.”

“In any organization, (financial services) is the depart­ment receiving the least glory. We generally don’t get a lot of credit. We drive people crazy, but we do it knowing that it’s for the good of the organization,” said Hales.

Constituents of the honor society and headquarters employ­ees alike seem to agree that collaborating with Financial Services is consistently a positive experience. Whether met with advice about budgets or a waffle breakfast, the encounter is fun and always informative. Too bad the same could not be said of the principal’s office.

Deborah M. Snyder, MA, is manager, constituent communication and training, at the Honor Society of Nursing.


Have what it takes to be an ambassador?

by Teresa Ransdell

Over the years, members of the Honor Society of Nursing, Sigma Theta Tau International have been very excited in offering a call to talk about the honor society with colleagues, both locally and while traveling. This pro­motion of the organization is invaluable, as no one can better publicize the organization than a member.

Because of requests for information about the honor soci­ety and chapter development, we now have a formal Ambassador Program. Ambassadors are members of the honor society who are interested in promoting the honor society and nursing to other nurses. Their goal is to educate, encourage membership in the honor society, when applica­ble; and promote chapter development, when appropriate. Ambassadors are also asked to provide the honor society with information about nursing in countries where they live, visit or are otherwise knowledgeable.

While the program itself is new, the idea is not. After a group of members was informally queried about this type of program, its recommendations were incorporated into this grass-roots effort to increase the honor society’s visi­bility. If you are a member of the honor society, you can be an ambassador, whether you are traveling to a foreign country to work with nursing colleagues or promoting the organization locally.

For members who already have specific travel and presentation plans, please complete and e-mail to global@stti.iupui.edu the application form posted at www.nursingsociety.org/programs/ambassador.html. Be sure to include the date and precise location of the planned visit.

If you do not have specific travel or presentation plans, you are still encouraged to complete and e-mail the same form. For members who already have specific travel and presentation plans, the prize was

Silver Anvil awarded for ‘It’s Up to Us. It’s Up to You.’

For its communication campaign to educate members of the 2003 House of Delegates on major changes proposed to its bylaws, the Honor Society of Nursing, Sigma Theta Tau International recently was presented with the Silver Anvil Award by the Public Rela­tions Society of America.

The Silver Anvil—the icon of best public relations practices—is annually awarded to organizations that have successfully addressed a contemporary issue with exemplary profes­sional skill, creativity and resourcefulness. Silver Anvil Awards recognize complete public relations programs, which must meet the highest standards of perform­ance in the profession.

This year’s competition drew a total of 560 entries. Of those, only 98 organizations became finalists. The honor society’s entry took home top prize in the Internal Communications: Associations/Govern­ment/Nonprofit category. The prize was presented in New York City.

COMMUNICATIONS
Working hard and loving it

by Deborah M. Snyder

As children, many of us experienced the dread of being summoned to the principal's office. In our professional lives, a similar feeling of fear usually occurs upon an invitation to the accounting department. Accounting generally conjures up images of pocket protectors, fingers dancing furiously on calculator keys and stern, disapproving faces. Spend a few minutes in the Financial Services department of the Honor Society of Nursing, Sigma Theta Tau International, however, and all stereotypes disappear. As Jody Dalton, controller, puts it, "We are the friendlier, kinder and gentler financial services department."

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Even more astounding is that only five employees work in Financial Services. Chief Financial Officer Ed Hales is quick to compliment his hard-working team. "They are a great group of people able to juggle the finances for five different subsidiaries, in addition to chapters." He adds, "We are always striving to be highly accurate and timely, because untimely and inaccurate financial information is not acceptable to the financial health of the organization."

Dalton cites an "awesome work ethic" and a family-like atmosphere as keys to the department's success. "We're here to help—not only members, but also fellow employees," she says. Although the team works hard, it also finds occasional moments for joviality. The department is known for being spirited and fun-loving. Whether having a natured atmosphere as keys to the department's success.

Have what it takes to be an ambassador?

by Teresa Randsell

Over the years, members of the Honor Society of Nursing, Sigma Theta Tau International have been very proactive in offering their unique expertise to talk about the honor society with colleagues, both locally and while traveling. This promotion of the organization is invaluable, as no one can better publicize the organization than a member.

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If you do not have specific travel or presentation plans, you are still encouraged to complete and e-mail the same form. If an opportunity arises for making a presentation to or networking with a group of nurses compatible with your interests, you will be contacted. You may also be asked to provide information about nursing in country(s) you are familiar with or to help in other ways with nursing-related, worldwide initiatives.

Part of what makes the program unique is the customized toolkit provided to ambassadors. A toolkit is created for each specific presentation and includes information and contacts specific to that area of the world. Contents of the toolkit include: 1) a PowerPoint presentation describing the benefits of membership in the honor society, together with a list of corresponding talking points; 2) a report that includes available information about nursing within the applicable country; 3) brochures about the concept of an honor society, as well as membership in the honor society; and 4) if appropriate, a PowerPoint presentation and corresponding talking points outlining the process for developing a chapter. Contact us if the honor society has made with nursing leaders in the selected area may also be included in the packet.

To ask questions or receive more information about the Ambassador Program, e-mail global@stti.iupui.edu or phone +1.317.634.8171 or 888.634.7575 (toll-free telephone in the United States and Canada).

Teresa Randsell, R.A., CAS, is global development manager at the Honor Society of Nursing.
Leadership academy participants selected

One of the mentees is Nancy Johnson, RN, BSN, MSN, FACCE, Iota Mu, a nurse practitioner in west Texas. Johnson selected for her project goal the increased delivery of prenatal care to Permian Basin rural communities, thereby reducing existing disparities in health care delivery in that geographic area. She is supported by mentor Debra McCullough, RN, MSN, FNP, Iota Mu. Johnson noted: "The principles of leadership provided will enable my mentor and me to answer the tough questions as leaders, rather than taking a 'hit and miss' approach as we organize and problem-solve. Participation in the academy has empowered us to apply sound principles and practices of leadership to fulfill our project goals. We're grateful to the Johnson & Johnson Pediatric Institute and the Honor Society of Nursing for this valuable learning experience packed with innovative solutions."

Participants are: Beverley Ann Bachinski, RN, BSN, Xi Eta, Jaya Pillay, RN, SRM, and mentor Melanie Bassio, RN, MSN, Xi Eta; Kathleen DeGaudio, RN, FNP, DNS, Gamma Kappa, and mentor Linda Cayley, RN, PhD, FNP, NNBP, Gamma Kappa; Marie Mellon Esses, RN, MSN, APN, Omicron Gamma and Xi, and mentor Amy Johnson, RN, DNS, Beta Xi; Robin Baezette Evans, RN, MSN, Epilorn, and mentor Diana Reiser, RN, MSN, Delta; Patricia Ann Heale, RNC, MSN, Eta Mu, Omicron Delta, and Virginia Prout, RN, MS, Theta-at-Large; Nancy B. Johnson, RN, BSN, MSN, FACCE, Iota Mu, and mentor Debra McCullough, RN, MSN, FNP, Iota Mu; Gail Katz, RN, BSN, BCLOG, FACCE, Gamma Alpha, and mentor Lisa Mildren, RN, MSN, CNS, Iota Sigma; Carrie Klima, RN, CNS, PhD, Alpha Lambda, and mentor Karla Witt Nacion, RNC, PhD, CNS, Alpha Lambda and Delta Phi; Rachel Ann Kuzmich, RNC, BSNS, Zeta Omega-at-Large, and mentor Lindy Garvin, RN, BSN, MPA, FMCC, Omicron Gamma, and mentor Marie Tancona, RN, BSN, and mentor Rosella Jefferson, RN, MSN, Xi Eta; Beverly Letcher, RN, MS, CNS, Alpha Omicron, and mentor Deborah Terrell, RN, DNSc, CFNP, Mary Poyner Reed, RN, MSN, CNRN, ANP, and mentor Maura MacPhee, RN, PhD, Zeta Omicron; Theresa skybo, RN, PhD, CPNP, Epilorn, and mentor Mary Margaret Gottesman, RN, PhD, CPNP, Epilorn; Julia Sneath, RN, PhD, Eta Nu, and mentor Rachel Schifflin, RN, PhD, FAAN, Alpha Chi and Eta Nu; Anne Strasser, RN, BSN, and mentor Leigh Small, RN, MSN, CPNP, Marie Tancona, RNC, MSN, Mu Uplaton, and mentor Marianne Deloefanu, RN, BSN, MSN, Mu Uplaton.

Jane A. Root, PhD, is a senior manager, leadership and career development, at the Honor Society of Nursing.
Service provider not providing service?

FRUSTRATED with your Internet service provider? Ever considered unplinking Earthlink? Going AWOL over AOL? Does NetZero reflect your sentiments as much as identify your Internet company?

If so, the Honor Society of Nursing, Sigma Theta Tau International invites you to try helpingnurses.com. Founded by the honor society, helpingnurses.com is the only Internet service provider (ISP) dedicated to the nursing profession and improvement of world health. This ISP is a product of Nursing Knowledge International, a subsidiary of the honor society. A subscription allows you to surf the Net, talk to family and friends, and access your professional dedicated links. Just as importantly, it lets you contribute to the educational needs of the next generation of nurses by making a donation to the Sigma Theta Tau International Foundation for Nursing scholarships.

“We are honored to be able to offer this service to nurses in the United States,” says Mark Ivory, general manager of Nursing Knowledge International. “Nurses are dedicated by the very nature of the profession to helping others, and the early response certainly bears this out.”

Features of helpingnurses.com include:

- Unlimited time online
- 24/7 toll-free customer service and technical support
- One of the largest networks in the United States
- Built-in spam and virus protection
- Complete account management
- V92 technology for faster connection and surfing, plus same-line phone use while on the Internet
- Nurse Accelerator, which is five times faster than traditional dial-up service

Available at www.helpingnurses.com, the subscription price is $15.95 a month.

Leadership academy participants selected

by Jane A. Root

IMPRESSING HEALTH OUTCOMES and developing the leadership skills of nurses were the goals of the first Maternal-Child Health Leadership Academy. Funded with a grant to the Honor Society of Nursing, Sigma Theta Tau International by the Johnson & Johnson Pediatric Institute, LLC, the academy is bringing nurses nurses as mentor-mentee teams working in clinical, community and academic settings. The teams are developing projects that will positively influence maternal-child nursing practice.

One of the mentees is Nancy Johnson, RN, BSN, MSN, FACCE, Iota Mu, a nurse practitioner in west Texas. Johnson selected for her project goal the increased delivery of prenatal care to Permian Basin rural communities, thereby reducing existing disparities in health care delivery in that geographic area. She is supported by mentor Debra McGilloglu, RN, MSN, FNP, Iota Mu. Johnson noted: “The principles of leadership provided will enable my mentor and me to answer the tough questions as leaders, rather than taking a ‘hit and miss’ approach as we organize and problem-solve. Participation in the academy has empowered us to apply sound principles and practices of leadership to fulfill our project goals. We’re grateful to the Johnson & Johnson Pediatric Institute and the Honor Society of Nursing for this valuable learning experience packed with innovative solutions.”

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

On becoming the best version of ourselves
by Margaret M. Pike

I attended a seminar awhile back where the presenter challenged each member of the audience to become the "best version of yourself"—not a second-rate version. The phrase continues to resonate with me daily and challenges me both personally and professionally.

One of the questions I've pondered relates to the "best version of myself" as teacher and clinician. Am I exploring new and innovative venues to encourage graduate students to become the best versions of themselves? This led to discussions with staff members of the Honor Society of Nursing, Sigma Theta Tau International about the organization's online continuing education case study program. I am very familiar with it, as I was on the ground floor of this project when it was being developed.

The concept of giving graduate students an opportunity to develop case studies, to have them peer-reviewed internationally, is one that Markie Pike, RN, EdD, CPNP, is a faculty member in the graduate program of Indiana University School of Nursing, Indianapolis, Ind.

"Margie" Pike standing in her role as "shepherd" of future pediatric nurse practitioners, helping them become the best version of themselves.

classmates, an international nursing organization and peer-reviewers. All of these students were seasoned clinicians and eagerly began to share with one another clinical situations that might be crafted into a quality case study and educational activity.

Every step of the process was exciting. For students, working with fellow classmates for ideas, critiques and support was invaluable. Working with honor society staff members to move the process along was a great experience because of their expertise and efforts. Lastly, the peer-reviewers—experts in their clinical fields—provided guidance and recommendations. As these students approach graduation, they will have listed on their resumes a peer-reviewed, online case study with a leading nursing organization.

My role was that of a shepherd, guiding the "flock" to greener pastures. I feel I have assisted them in being the best version of themselves. As for me, this "shepherd" feels pretty good about being the "best version of myself" as a teacher, at least for this semester. For you, the reader, I hope this challenges you to be not merely satisfied with what you are currently doing with your professional career, but ready to create new and innovative experiences and opportunities that help you become the "best version of yourself."  

From trepidation to publication!
by Kathy Wodicka

I FELT A WAVE of anxiety course through the room when Margie Pike, my instructor, mentioned writing and publishing a case study on the Web site of the Honor Society of Nursing, Sigma Theta Tau International," said Jennifer Kremer. Kremer is one of eight students enrolled in the MSN pediatric nurse practitioner program at Indiana University School of Nursing.

Only 16 weeks to go. Can we do this? Kremer worried. But after the students saw a sample of the case studies and began tossing around ideas, the thought of being published as a graduate student began to look enticing. The aspiring authors looked to the honor society to facilitate the review process and production.

As for me, this was an eye-opener and made us feel capable of future publishing. "The peer review," said Karen Stancombe, "was a new experience and enlightening. Although constructive criticism is hard to take at first, having outside experts read what you are trying to make the case study even better."  

Receives grant to study 'hope and aging'

THE HONOR Society of Nursing, Sigma Theta Tau International is pleased to announce that Sharon Moore, RN, MN, PhD, of Calgary, Alberta, Canada, is the recipient of the 2003 Nursing Care Partnership Grant. The Nursing Care Partnership Grant is sponsored by The Canadian Nurses Foundation and the honor society. The purposes of this grant are to support research on nursing care issues and build nursing research capacity by funding research on nursing care issues. Nursing care research is defined as research that is practice-based or that will provide the groundwork for future practice-based studies.

Moore's study, "The Experience of Hope and Aging," will provide an avenue for nurses to gain deeper knowledge and insights about the nature of hope and its potential role in serving as a protective factor against despair, and in helping older people live with a sense of meaning and purpose. This exploratory, descriptive study will investigate how hope is experienced and lived by older adults. The relationship of hope to health and well-being has been well-documented. Hope is a concept that allows human beings to make sense of their existence in the face of adversity and chaos, as well as during times of relative calm. Hope has been linked to the ability of humans to adapt and live meaningful lives.

Older people (over age 65) will be interviewed on two occasions. They will be asked to take pictures (or choose photographs they already have) that represent how they experience and live hope in their daily lives. The photographs will serve as interview prompts for these individuals to describe how they understand and live hope.

For more information on this and other research grants offered through the honor society, please visit the Web site, www.nursingsociety.org, or e-mail research@stti.iupui.edu.

"Writing a case study helped me put practice into reality," Stancombe added. "Focusing on an actual patient situation and providing pertinent details for our readers really helped unfold the story and lead the readers into the minds and practices of a nurse practitioner. The overall experience of learning to write something for publication was exciting and will serve to encourage each of us to pursue writing as we enter the work force as nurse practitioners."  

The case studies written by these graduate students, together with all of the honor society's case studies, are available at www.nursingsociety.org/education/ceonline.html.

Margaret M. Pike, RN, EdD, CPNP, is a faculty member in the graduate program of Indiana University School of Nursing, Indianapolis, Ind.

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The nurse practitioner program at Indiana University School of Nursing began to look enticing. The aspiring authors looked to the honor society to facilitate the review process and production. They looked to Pike for direction on topic selection and scope of content. "Writing and rewriting the case study was more work than almost any paper or project I have completed before, but also much more rewarding," commented Jennifer Schoonover.
For trepidation to publication!

by Kathy Wodicka

I FELT A WAVE of anxiety course through the room when Margie Pike, our instructor, mentioned writing and publishing a case study on the Web site of the Honor Society of Nursing, Sigma Theta Tau International,” said Jennifer Kremer. Kremer is one of eight students enrolled in the MSN pediatric nurse practitioner program at Indiana University School of Nursing.

Only 16 weeks to go. Can we do this? Kremer worried. But after the students saw a sample of the case studies and began tossing around ideas, the thought of being published as a graduate student began to look enticing. The aspiring authors looked to the honor society to facilitate the review process and production of their case studies. They looked to Pike for direction on topic selection and scope of content.

"Writing and rewriting the case study was more work than almost any paper or project I have completed before, but also much more rewarding," commented Jennifer Schoonover.

"I was amazed at how well-organized the honor society's system of developing these case studies is. The process was an eye-opener and made us feel capable of future publishing." "The peer review," said Karen Stancombe, "was a new experience and enlightening. Although constructive criticism is hard to take at first, having outside experts read what you are trying to pursue writing as we enter the work force as nurse practitioners." The case studies written by these graduate students, together with all of the honor society's case studies, are available at www.nursingsociety.org/education/ceonline.html.

RESEARCH

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Building community
by Sarah A. Beck

When nursing students begin their journey toward the profession, they begin alone, without a support group, without a sense of belonging. Somehow, during the course of surviving physiology and pharmacology and the joys and challenges of clinicals, each individual forms a tight-knit community with nursing peers.

As formal education ends and graduation approaches, it becomes evident that the group's survival will last beyond the constraints of time, geography and competing interests. It is fascinating to look back and remember those critical points in time when we realized we were deeply connected with others.

Whether you find "community" with your nursing school peers, at the Parent-Teacher Association, or at a bowling league or church, many of us have experienced the same meaningful bonds. The groups that have been meaningful to you likely have been communities from which you gained energy, inspiration and knowledge—groups where you were able to give of your talents while fulfilling your needs personally or professionally.

We have all been engaged in various groups—some meaningful, others less important to us. Those meaningful communities have exhibited unique characteristics that have set them apart from the rest. To be set apart from the rest, communities must hold value for members, and that value must meet the specific needs of each person.

When reflecting upon their sense of community, members of the Honor Society of Nursing, Sigma Theta Tau International, express a desire to formalize their characteristics with others who have similar interests, build expertise, be supported in career development and be linked to an international community of nursing research. Those who are engaged find great meaning not only in receiving knowledge and fellowship, but also in being able to make a contribution to the organization and profession.

As an organization, the honor society is currently examining ways to build community and deepen members' connections to the organization. Over the past 15 years, various task forces and work groups have gathered data and analyzed many concepts related to community building and the global development of the honor society. This research has informed us of many complex components of building successful communities and has set the stage for exploring future opportunities.

In a recent membership survey, 76 percent of lapsed members indicated that personal contact from leaders or members at the local level would influence them to maintain their membership. Seventy-six percent of those who have lost touch with the honor society would be interested in participating in some type of community if they felt a personal connection. These statistics speak loudly and clearly that our members would benefit from a strengthened sense of community.

Therefore, as an organization, we must ask ourselves the following questions: 1) What are the characteristics of community that are valuable to our members and valuable to us as an organization? and 2) How will people associate to build community in the future?

Under the leadership of President Daniel Pesut, the board of directors has called together an advisory council to address community building within our organization. The 2003-2005 Chapter/Community Building Advisory Council has been charged with analyzing current trends in community building, assessing the honor society's current strengths and challenges, and developing a set of recommendations for the board to consider.

Led by Karen Peterson of Theta Kappa Chapter, this council of 12 members represents five countries: Australia, Canada, Northern Ireland, Taiwan and the United States. They have taken their charge seriously and are working to identify ways that the honor society can help build on existing communities and identity ways to foster additional communities in the future.

The tightly bonded community we formed with our nursing school peers sometimes seems unattainable today in our busy lives. It is possible, however, for our affiliations to meet both personal and professional needs, filling our need for community. By closely examining how we as an organization build connections, it is our hope that each and every member will be able to declare, "Yes, I am a member of a meaningful community, and it is through the Honor Society of Nursing, Sigma Theta Tau International."

Sarah A. Beck is manager, constituent relations, for the Honor Society of Nursing, Sigma Theta Tau International.
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Whether you find “community” with your nursing school peers, at the Parent-Teacher Association, or at a bowling league or church, many of us have experienced the same meaningful bonds. The groups that have been meaningful to you have likely been communities from which you gained energy, inspiration and knowledge—groups where you were able to give of your talents while fulfilling your needs personally or professionally.

We have all been engaged in various groups—some meaningful, others less important to us. Those meaningful communities have exhibited unique characteristics that have set them apart from the rest. To be set apart from the rest, communities must hold value for members, and that value must meet the specific needs of each person.

When reflecting upon their sense of community, members of the Honor Society of Nursing, Sigma Theta Tau International, are asked to think about their characteristics and identify ways that the honor society can help build community in the future. It is our hope that each and every member will be able to make a contribution to the organization and profession.

As an organization, the honor society is currently examining the past 15 years, various task forces and workgroups have gathered data and analyzed many concepts related to community building and the global development of the honor society. The research has informed us of the characteristics and strengths and challenges, and developing a set of recommendations for the board to consider.

Led by Karen Peterson of Theta Kappa Chapter, this month’s reflection is based on their characteristics and identity ways to foster additional communities in the future.

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Sarah A. Beck is manager, constituent relations, for the Honor Society of Nursing, Sigma Theta Tau International.

Help us pave the way!
by Laura Klaum

IN A MUCH-NEEDED effort to bolster resources for scholarship and leadership programs for the Honor Society of Nursing, Sigma Theta Tau International and to strengthen the organization’s future, the Sigma Theta Tau International Foundation for Nursing is literally paving the walkway at the main entrance to the headquarters building with beautiful engraved brick pavers.

The campaign has the potential to increase programmatic resources and boost the organization’s endowment by $1.7 million. Its success depends on your participation. These increased resources will provide more research grants to our members, fund leadership development programs and ensure the organization’s future.

Your tax-deductible gift of $500 or more—made in installments or in a lump sum between now and July 1, 2005—will be commemorated with an engraved paver. In addition, all paver contributors will be recognized in next year’s published donor list in Reflections on Nursing Leadership (see centerfold insert), on the foundation’s Web site and in our 2005-06 annual report.

Honor someone special
You may use your brick to honor a mentor or mentee, memorialize a loved one, applaud the good work of a colleague or demonstrate your support of the honor society by including your own name. A digital photo of your paver will be sent to you and/or your honoree after the July 2005 paver installation.

Chapter challenge
Special sections of the walkway will feature chapters and organizational leaders. Chapters may use their September disbursement check to pay for pavers engraved in their name. Organizational leaders already have contributed more than $12,000 to this initiative, and 100 percent participation is anticipated. The regional coordinators also purchased a paver in their name and are leading the call for 100 percent chapter participation, which will raise $200,000!

Sponsorship opportunities
Sponsorship opportunities are available for paver installation, celebration and grounds beautification. Significant contributions will be commemorated with a 12-inch by 12-inch engraved paver, among other recognition items. Please contact the foundation staff to learn about sponsorships.

Dedication ceremony in Indianapolis
To celebrate the success of the brick-paver campaign, contributors and honorees will be invited to attend a special dedication ceremony during the honor society’s biennial convention in Indianapolis, Ind., in November 2005. Health care leaders and local dignitaries also will be invited.

How to order your paver
Order a paver today online, or call the foundation at +1.317.634.8171 to order by phone. Pledges with installment payments, Visa, MasterCard and checks are accepted. Paver sizes are 4 inches by 8 inches ($500 gift) and 8 inches by 8 inches ($1,000 gift). The smaller paver provides two lines of text of 14 characters per line, including punctuation and spaces. The larger paver provides space for four lines of text with 14 characters per line.

Thank you for helping the foundation pave the way!
Laura Klaum is assistant director, Sigma Theta Tau International Foundation for Nursing.
Only the HONOR remains the same.

It's new and it's all for YOU.

Clinically Focused

We surveyed thousands of clinicians worldwide and learned that the vast majority of them were not satisfied with the current clinical knowledge available to them. They told us there was no single source available that supplied the knowledge they need to hone their skills and stay abreast of the latest advancements in clinical practice. They needed a credible source of evidence-based nursing solutions to help them improve patient care.

This is why we created Nursing Knowledge International**, a new, clinically focused, not-for-profit subsidiary of the Honor Society of Nursing, Sigma Theta Tau International that is dedicated to helping nurses help others.

Accessible at www.nursingknowledge.org, Nursing Knowledge International is the profession's new single source for online continuing education, professional development opportunities, and evidence-based nursing and knowledge solutions — all designed to help nurses enhance their clinical practice and improve patient outcomes.

As one might expect from an organization with more than 80 years of experience in nursing leadership, scholarship and research, we delivered on this unmet need through a meaningful and thoughtful investment in the profession and the front-line clinicians we honor and serve every day.

Come and see how we have changed to better meet the needs of the clinician and why, at the Honor Society of Nursing, Sigma Theta Tau International, only the honor remains the same.

www.nursingsociety.org/ads/cfrnl

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Chinese nurse attending patient. 1874

John Thomson, photographer (1837-1921)

One of the fathers of what is now termed documentary or social-documentary photography, John Thomson, a native of Scotland, traveled extensively throughout Southeast Asia from 1862 to 1872, documenting what he saw in words and photographs. Using Singapore and Hong Kong as bases of operation, he traveled more than 4,000 miles to photograph people "without any of the condescension toward other races that was a common feature of the time" (Marshall, 2004). Much of his work from that period was published in the four-volume Illustrations of China and its people (1873-1874).
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Sigma Theta Tau International
Honor Society of Nursing

IMPROVING WORLD HEALTH THROUGH KNOWLEDGE™
And what could be more worthwhile than investing in the future of my chosen profession?

While serving as treasurer from 1999-2003, my goal was to further the honor society’s financial health, enhancing our ability to fulfill our mission. These two concepts go hand in hand. As a nonprofit professional organization, we cannot have one without the other.

Consider your contribution today a wise investment in the future of nursing and patient care.

Linda Q. Everett, RN, PhD, CNAA
Treasurer, Sigma Theta Tau International Foundation for Nursing
Delta Xi and Gamma Chapters

Foundation for Nursing
helping nurses heal, lead and learn

550 West North Street, Indianapolis, Indiana 46202
foundation@stti.iupui.edu
www.nursingsociety.org