

## News Briefs

### Flexibility keeps nurses

A study shows diversified, personalized recruitment and retention helps hospitals combat the nursing shortage. The American Organization of Nurse Executives (AONE) surveyed 58 U.S. hospital nursing and human resource administrators. The group cited flexibility as vital in meeting career and personal needs of hospital nurses. For more information, visit the AONE Web site at [aha.org](http://aha.org) or call 800.AHA.2626.

### Promote breast cancer awareness

Help fight breast cancer by purchasing "Fund the Cure" stamps. When you buy the stamp for 40 cents, the extra 7 cents goes toward breast cancer research. If all stamps are sold, \$16,000,000 will be raised for research.

### STTI wins award

Sigma Theta Tau won the Award of Excellence in the 2000 Associations Advance America (AAA) Awards program, a national competition sponsored by the American Society of Association Executives (ASAE), Washington, D.C. The award is for the society's partnership with the American Cancer Society's Triple Touch Program. This program is now under consideration for a Summit Award, the highest level of recognition, at ASAE's 80th annual meeting in Orlando, Fla., August 12-15.

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Sigma Theta Tau International Honor Society of Nursing

# EXCELLENCE

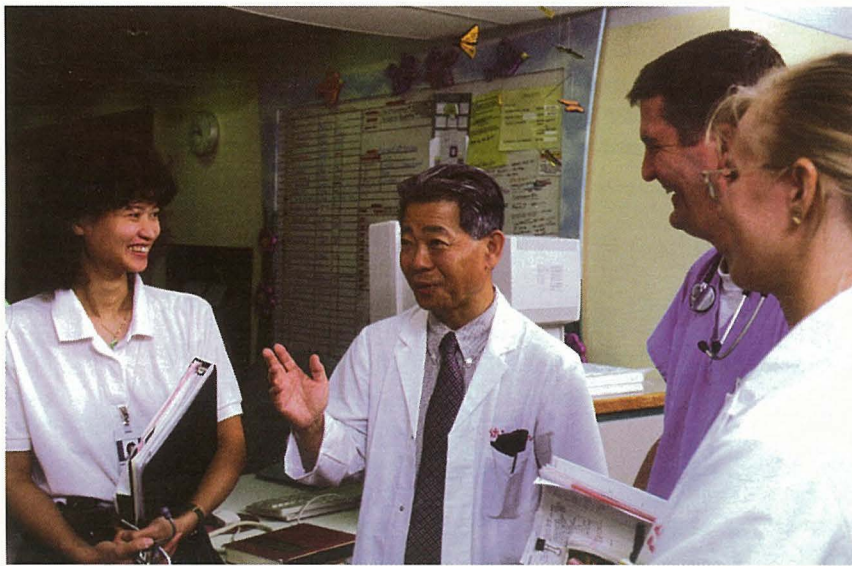
## in Nursing Administration

Third Quarter 2000 Volume 1, Number 3

[nursingsociety.org](http://nursingsociety.org)

## Personal effectiveness during turbulence

by Pamela Triolo



Personal effectiveness is key to surviving and thriving in today's sometimes turbulent health care environment.

Have you recently experienced a downsizing, merger, consolidation, new boss or expansion of your role? Is your organization not only dating but also timing organizational charts? Do you feel as if you are in a race for the America's Cup and building the boat at the same time?

Competition, the quest for appropriate talent, increasing productivity in the face of declining reimbursement, an aging workforce and pacing change within an organization are just a few of the challenges faced by nurse administrators. How does an effective leader adapt not only to the intellectual challenges of the work but also to the emotional sequel of constant change? Personal effectiveness is key to surviving and

thriving in today's health care environment.

Have you ever noticed that when a ballet dancer or ice skater spins they don't lose their balance? As a dancer spins, they find a visual marker and briefly focus on that spot every time they turn around, a technique called "spotting." Focus, because it prevents dizziness, is the first component in the Model for Personal Effectiveness (see graphic, pg 3).

#### Focus

Focus means being in tune with your principles and values and letting them guide your decisions and actions. We are buffeted by high expectations, constant pressure, deadlines and competing

TURBULENCE, PAGE 3 >

## A positive approach to managing short staffing

by Laura Mahlmeister

With ongoing nursing shortages in the U.S. and internationally, it's inevitable that most nurses will encounter short staffing in the course of a career. Because of that reality, it is crucial for nurses to be skilled in managing human resources and biotechnology, especially in periods when there is a lack of health care professionals.

Registered nurses have become increasingly vocal about the inherent risks of short staffing. In October, California became the first state to enact legislation mandating establishment of safe nurse-to-patient ratios in the acute

care setting, due in part to the efforts of the American Nurses Association, California.

The nursing shortage not only affects patient health, but also the professional and personal lives of nurses. During shortages, the rates of occupational injuries, stress-related illnesses and professional burnout rise. Nurses may face claims of negligence and malpractice if short staffing leads to errors or omissions in care. The impact of chronic short staffing on nurses' personal relationships, while present in anecdotes, is yet to be adequately researched.

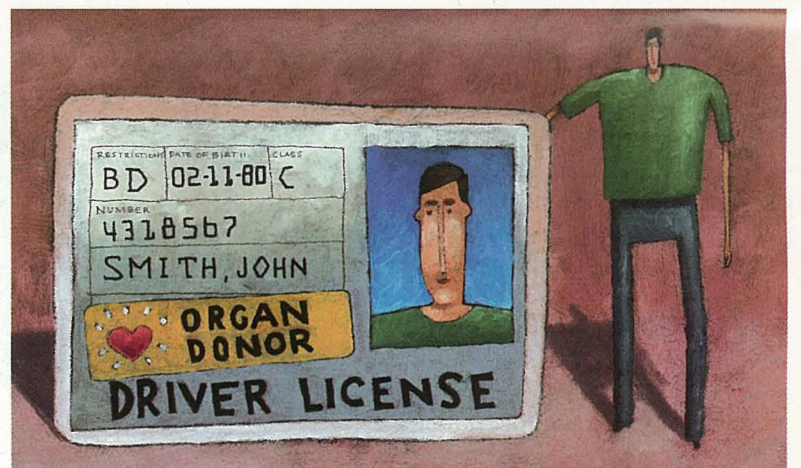
The development of long-term solutions to the nursing shortage, such as improved funding for nursing education and the passage of statutes ensuring safe nurse-to-patient ratios, are essential. Additionally, nurses require effective strategies to meet the challenges of short staffing. Guidelines promulgated by the American Nurses Association provide essential information, as do recommendations from the Institute for Safe Medication Practices and the American Society for Healthcare Risk Management.

The general approach to managing a short staffing situation is the same regardless of the cause. Registered nurses, by virtue of their education, are well prepared to identify and prioritize



Managing a short staffing situation requires establishing priorities and assessing patient needs.

SHORT STAFFING, PAGE 2 >



## Education increases organ donation

Every day 12 patients die waiting for hearts, livers or other organs, the *Los Angeles Times* recently reported. In the past decade, organ transplants have doubled, but the waiting list has tripled. At any given time as many as 65,000 people are on a donation waiting list.

Some in health care attribute this dilemma to a lack of public awareness, while others cite lack of communication between potential donors and their families as the main challenge with organ donation. Virginia's Organ Procurement Agency (VOPA) reports that only one-third of

eligible donors actually donate organs and tissues.

What could be perceived as a shortage of organs and tissues may instead be a shortage of knowledge.

"Nurses are naturally in a role to guide patients and patients' families," says Maryann Sharpe-Cassese, RN, MSN, CPTC (certified procurement transplant coordinator), executive director of the Sight Society of Northeast New York. "Nurses can help educate the public about organ donation. They need to expand their roles to become educators,

ORGAN DONATION, PAGE 4 >

#### Correction

In the April issue of *Excellence in Nursing Administration*, Florence Nightingale's birthday was incorrectly cited as May 6. Her birthday is on May 12, the conclusion of Nurses Week each year.



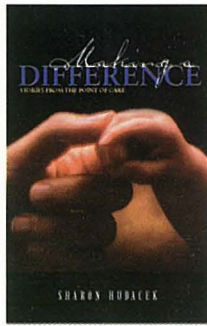
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# Book review *Making a Difference: Stories from the Point of Care*

by James Fain

Sharon Hudacek shares with readers the work of nurses as they share their stories of relationships with patients in *Making a Difference: Stories from the Point of Care*, published by Center Nursing Press in Indianapolis, Ind. The generous use of stories throughout the book helps the reader focus on essential concepts.



come to the realization that what at first glance appears to be a collection of simple tasks such as sitting with an elderly woman, caring for a young man who has just been in a motorcycle accident, or talking with the family of a child who has leukemia requires knowledge and the ability to care. Unfortunately, nurses have not been good at conveying

to the public the intricacy and importance of what they do. Fortunately, Hudacek has captured the importance of nurse work by having nurses share their experiences.

Hudacek presents information in a sensitive and responsive manner. The book is extremely easy to read and a must for all nurses. Whether you are a nurse clinician, researcher, or administrator, Hudacek's *Making a Difference: Stories from the Point of Care* illuminates the fundamental meaning and purpose of nursing. What makes this book unique and

Most notable are illustrations of caring, courage, comfort, competence, critical thinking, creativity and crisis intervention. The book captures the essence of nursing by describing the work of nurses and the actions they take as they give of themselves. By utilizing story telling, Hudacek gets at the heart of human experiences.

Throughout the book, readers are beckoned to reflect on the knowledge and work of nurses that continue to be under-valued and under-acknowledged. In reading through each chapter, you



photo: Jane Palmer

More than 80 nurses gathered at Sigma Theta Tau's headquarters in Indianapolis, Ind., in April for a community meeting with reporters from the NBC affiliate, Channel 13 WTHR.

recommended are the stories or memories of each nurse that are indicative of how nurses are forever affected and changed as a result of their relationships with patients and families.

To order your copy of *Making a Difference*, contact Sigma Theta Tau International toll free at 888.634.7575,

e-mail at: [memserv@stti.iupui.edu](mailto:memserv@stti.iupui.edu) or order online at [nursingsociety.org/catalog](http://nursingsociety.org/catalog).

James A. Fain, RN, PhD, FAAN, is an associate professor/director, PhD Nursing Program, University of Massachusetts Worcester, Graduate School of Nursing.

## SHORT STAFFING

▶ CONTINUED FROM PAGE 1

patient needs. A systematic approach to establishing priorities and assessing patient needs should be implemented based on these questions:

- Which functions or activities may be carried out only by a registered nurse?
- Which tasks may be safely and lawfully delegated to team members with lesser education and restricted scopes of practice?
- Which tasks or patient care activities may be safely delayed or omitted?
- Would provider input or a revision in provider orders reduce the total number of tasks that have to be completed?
- How many scheduled admissions, discharges or major procedures are scheduled or anticipated?

All of these questions are important to address, if possible, before the beginning of the next shift or workday. The answers allow nursing administrators to plan adequate staffing to meet patient needs. Some organizations have replaced registered nurses with other staff, including unlicensed clerical workers. Assignment of health team members may be based simply on patient census, not acuity, and little or no effort is made to assign a qualified person to the unit or department. This system can be inefficient and at times unlawful.

Registered nurses coming on duty have several professional responsibilities if they believe a patient's health

and well being are jeopardized by inadequate staffing or unqualified staff. A prompt report should be made to the appropriate nurse manager for the unit, department or facility. Generalizations such as "we're swamped" or "we're understaffed" do not assist the manager in pinpointing staffing requirements. The nurse should identify tasks or activities that cannot be performed or will be delayed due to short staffing, and provide as many specifics as possible about the situation. Can patient care staff be redirected or floated, even for a short period of time, to provide assistance? Would the manager approve calling in a team member who is off that day to help for even several hours?

If a satisfactory resolution cannot be achieved, the nurse must move up the chain of command to alert the institution's administration about an unsafe staffing condition. If all efforts at resolving the situation are unsuccessful, the nurse may choose not to accept the assignment. This decision has serious repercussions and a claim of patient abandonment may be made against the nurse (appropriately or inappropriately). A nurse should consider the following before rejecting the assignment:

- The RN licensing board position on accepting or rejecting an assignment;
- The RN licensing board definition of patient abandonment;
- The existence of any state law addressing acceptance or rejection of an assignment or permitting mandatory overtime for nurses;
- The institution or agency policy

regarding accepting or refusal of an assignment; and,

- Contract language regarding the acceptance or refusal of an assignment (if covered by a collective bargaining agreement).

All efforts at resolving staffing problems should be exhausted before the nurse chooses to reject the assignment.

If the nurse chooses to accept the assignment, open communication is needed with nurse managers or administrators during a shift. Collaboration should be the key word in this process. If essential patient care cannot be provided, or treatments or medications are significantly delayed or missed, a nurse manager must discuss the situation with patient providers. Physician and advanced practice nurses must be notified when short staffing conditions preclude the provision of safe and effective care.

Once relieved of patient care responsibilities at the end of the shift, the nurse must take time to document significant delays or omissions in essential care. Nurses should also report "near misses" that could have resulted in patient injury or death. An incident report, or unusual occurrence record, may be the most appropriate method for documenting the actual or potential consequence of inadequate staffing levels. Nurses who are members of a collective bargaining unit may file an Assignment Despite Objection form. This document will provide union representatives with important data regarding the frequency and nature of staffing problems.

Nurses may feel overwhelmed and helpless when confronted with a critical staffing shortage. However, they can modify the negative impact of short staffing by developing skill in prioritizing care and learning safe and lawful delegation strategies. By keeping lines of communication open with managers and administrators, direct-care nurses can reinforce concerns about unsafe staffing patterns. Through these efforts, bedside nurses can have a direct and positive influence on managing periods of short staffing, reducing their frequency and improving patient outcomes.

Laura Mahlmeister, RN, PhD, is president of Mahlmeister & Associates, San Francisco, Calif.

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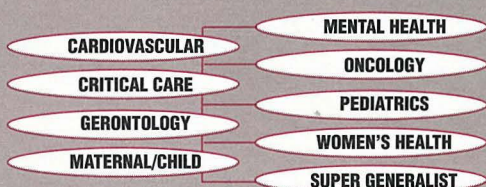
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# Career profiles in nursing administration

**Name:** Mary Ann Dailey, RN, DNCS, CS, CEN

**Title:** State Representative

**Employer:** Pennsylvania House of Representatives

**Years in Nursing:** 30



**Mary Ann Dailey**

## Job description:

As a freshman lawmaker, I serve my constituents and colleagues by helping to shape laws that govern the citizens of the Commonwealth. My legislative priorities include health care, additional local tax reform, responsible land use and initiatives designed to help welfare reform continue to be a success in Pennsylvania.

## Three favorite aspects of job:

- Helping constituents and seeing results that make a difference
- Having the ability to introduce legislation that can influence the quality of patient care
- Being a spokesperson for nursing and quality health care

## Three challenging aspects of job:

- Dealing with complex constituent problems
- Voting on controversial legislation
- Convincing other legislators about the merits of specific health care legislation when it pertains to nursing practice (e.g., prescriptive privileges for CRNPs)

## Education:

- BSN, 1986, Regents College, Albany, N.Y.
- MSN, 1988, Widener University, Chester, Pa.
- DNSc, 1992, Widener University, Chester, Pa.

## Sigma Theta Tau Chapter:

- Theta Rho

## Best advice:

"When it comes to the political arena, I believe that Ralph Waldo Emerson stated it most appropriately when he said, 'Nothing can bring you peace, but the triumph of principles.'"

## How Sigma Theta Tau has shaped her career:

"The successes that I have achieved were grounded in my desire to help others, my involvement in my community, and primarily, my family background. My parents, my husband and my children are the reasons for my success."

Mary Ann Dailey is one member whose career is profiled on our new Web site, Career Profiles in Nursing, at [nursingsociety.org/career](http://nursingsociety.org/career). This site offers society members, students and others interested in a nursing career insight into the many career opportunities: administration, clinical practice, pediatric nursing, research and education. It links you directly with each person and the universities from which they graduated. Visit the site today to ask these nurses questions through e-mail and explore the world of nursing.



## Specialized Postdoctoral Institute for Clinical Investigators

**A one-week, hands-on learning institute for clinical nursing investigators: July 26-31, 2000; Dec. 13-18, 2000; Jan. 3-8, 2001, at Sigma Theta Tau headquarters.**

Learn to design and use an innovative computer-based method for easier access to nursing research. Using *arcs*® knowledge-modeling software, participants will design a customized model to organize and retrieve current research in their area of clinical expertise.

The *arcs*® software is linked with the Sigma Theta Tau International Virginia Henderson International Nursing Library knowledge bases, allowing it to capture published and unpublished studies in the selected topic. Knowledge models built during the program can be used to document gaps and conflicts in the selected area of investigation.

For more information about the institute and qualifications to apply, call 1.888.634.7575 (U.S. and Canada), +800.634.7575.1 (International), 317.634.8171, fax 317.634.8188 or e-mail: [library@stti.iupui.edu](mailto:library@stti.iupui.edu) or visit the Web site: [nursingsociety.org/library](http://nursingsociety.org/library) for a complete description and application.



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## Nursing consortium awarded Robert Wood Johnson Foundation grant

Preparation of nurses to meet the future demands of population-based health care systems is the driving force for a consortium of the nation's leading nursing organizations. This collaboration, the Nursing Practice and Education Consortium (N-PEC), recently received funding from The Robert Wood Johnson Foundation to support the development of a strategic plan for restructuring nursing education and practice.

Members of N-PEC have been working together over a two-year span and are committed to partnering in this strategic planning process. Members include:

- AMERICAN ASSOCIATION OF COLLEGES OF NURSING
- AMERICAN ACADEMY OF NURSING
- AMERICAN ORGANIZATION OF NURSE EXECUTIVES
- AMERICAN PUBLIC HEALTH ASSOCIATION, PUBLIC HEALTH NURSING SECTION
- ASSOCIATION OF STATE AND TERRITORIAL DIRECTORS OF NURSING
- NATIONAL ORGANIZATION FOR ASSOCIATE DEGREE NURSING
- SIGMA THETA TAU INTERNATIONAL

The group recently met in Chicago to present a draft strategic plan to a blue ribbon panel of experts representing higher education, nursing education and practice, and health administration and policy. The plan

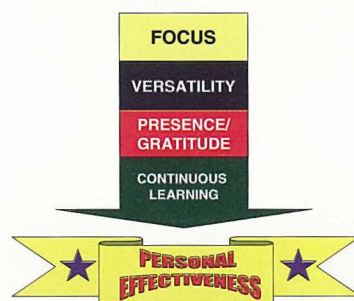
outlines development of a model of nursing education and practice that addresses aligning level of education with needs of specific populations in health care delivery systems.

The Robert Wood Johnson Foundation funding allows the group to conduct three meetings this year to identify actions, seek external expert advice and monitor its progress.

"Only by transforming nursing education and practice can we hope to produce graduates who are prepared to meet the expectations of population-based health care systems," said Patricia E. Thompson, RN, EdD, president, Sigma Theta Tau International. "The health and care demands of diverse populations have left the profession of nursing with the responsibility of assuming a central role in helping to achieve cost-effective, quality health services."

The Robert Wood Johnson Foundation grant is the initial funding for N-PEC. The consortium will seek additional funders to support implementation of the strategic plan. For more information, please contact Jeanne Floyd, director of research and evaluation, Sigma Theta Tau International at 1.888.634.7575 toll free or [floyd@stti.iupui.edu](mailto:floyd@stti.iupui.edu).

## Model for Personal Effectiveness



### Presence/Gratitude

The third component of the Model for Personal Effectiveness is presence/gratitude. It means living the moment, paying attention to what is going on right now, experiencing the journey and not focusing on the next task, appointment or job. This is called "mindfulness." Mindfulness means being awake and knowing what you are doing at the moment. It means noticing people and focusing outside of oneself. A life changing book for this author was Jon Kabat-Zinn's *Wherever You Go, There You Are*. This book is good reading for those who are constantly rushing, looking ahead or thinking that happiness is right around the next corner.

Gratitude is embedded in the practice of being present. We need to breathe in the opportunities offered by the current moment, setting, role or experience and be grateful. Why are we here? What is the learning opportunity? What are the special relationships being forged during these challenging times?

### Continuous Learning

The final component of the Model for Personal Effectiveness is continuous learning. So much of the leader's work is new. Health care is the most complex business, and our challenge is integrating the best practices of the business world with the care, compassion and quality required for those who are vulnerable – our patients.

Continuous learning uses elements of Type I and Type II learning. Type I is your given intellectual capacity or IQ. Type II is your learning agility or your ability to learn new things. Learning agility is a formidable attribute of a successful leader. If a leader bases action strictly on what worked for them in the past, the leader may apply a misguided strategy to the present. Learning agility means assimilating the new with the learning of the past and taking risks and making mistakes in order to learn.

Continuous learning may also be learning through new task assignments or projects, continuing formal education for a master's or doctoral degree, job sharing at a site in another part of the country, reading outside of the health care field or attending educational programs for Fortune 100 companies. Continuous learning is an attitude and a way of life that inspires confidence and is an investment for the leader.

To summarize, thriving during change and turbulence requires feeling personally successful. We cannot control the events that shake our environments, but we can make choices about how we approach our life and work through a model of personal effectiveness. Focus, versatility, presence/gratitude and continuous learning can help the leader achieve confidence and internal success.

*Pamela Triolo, RN, CNM, PhD, FAAN, is senior vice president, Organizational Effectiveness, and chief nursing executive, The Methodist Hospital, Houston, Texas.*

## TURBULENCE

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demands. Principled leadership results in consistent behavior. Principled leadership reminds us that the patient and a healthy workforce come first.

It also means getting in touch with your spiritual roots, your beliefs about faith, human dignity and respect for diversity. Learning from the beliefs of others can be an enriching, rewarding experience and allows for a connectivity that is only possible through shared meaning.

Focus implies daily, deliberate choices about how time is spent and priorities are set, as well as balancing work and home. An individual with focus has a calming presence, is able to step back, and keeps a wedge of space between the turmoil of work and the peace of their spirit. Individuals with focus stand out as leaders.

### Versatility

Versatility is the second piece of the Model for Personal Effectiveness. It reflects flexibility. Versatility is one of the key attributes of leaders identified by the Center for Creative Leadership. Versatility can manifest itself in many ways. Today, many roles are changing and new reporting relationships are being built. A nurse administrator can hold on to the past or forge new roles that allow a blend of talent and meet the needs of the organization. Versatility also means using the appropriate leadership approach to achieve results. Such an approach means being participative when consensus is important; enabling when developing leadership capacity of staff is important; or forceful when setting high standards or making tough decisions is vital.



## ORGAN DONATION

► CONTINUED FROM PAGE 1

support persons and facilitators with these families. A lot of nurses are already doing that.”

Organ procurement agencies work with hospital staff to coordinate donations. Federal legislation requires that anyone who dies in a hospital be referred to an organ procurement organization. Certified procurement coordinators work with families considering donating, as well as hospital staff, including nurses, in donation and grief counseling. In most cases nurses, not physicians, become liaisons between the family and procurement agencies.

Organ donation includes heart, lungs, liver, bowel, lungs, kidneys, pancreas and tissues. Tissue donation includes corneas/eyes, heart valves, veins, cartilage, bone/bone marrow, blood vessels and skin. Medical circumstances surrounding a death determine eligible donors for organ and tissue donations.

“Our goal as health care professionals is not to get a ‘yes,’ but to support a family in a professional, caring manner and present them with the facts and options about donation,” says Debi Lammert, RN, MSN, CCRN, RNC, clinical nurse specialist, Pediatric Cardiovascular Services, Children’s Hospital at Saint Francis, Tulsa, Okla. “I think more people would donate if they had dealt with the emotional issues before the tragedy occurs and they are dealing with grief. It can be a real source of comfort to

feel their loved one live on and, even in death, enhance the life of someone else.”

The public may be unaware of basic information about donation, says Sharpe-Cassese. For example, the age range for donors is newborn to 75. Some donors are eligible only to donate organs, others only tissues, but some may donate both. While many people believe filling out a donation form on their driver’s license renewal is all that’s needed, it is not a legally binding form and is not valid without the family’s consent. Communicating donation wishes to family members and friends is the only way to ensure donation will ultimately occur.

Lammert says that families who talk about donation before a death are more comfortable with the decision. The family that hasn’t discussed the options often declines or may be too overwhelmed with grief to consider donation. Public education and awareness are paramount to helping make more organs and tissues available in the future.

“Nurses have unique opportunities in their various settings. When you’re talking about end-of-life care or resuscitation status or living wills, that’s a perfect opportunity to also talk about donation with families,” Sharpe-Cassese says. “It should be discussed not just in critical care settings, but also in the emergency room, the doctor’s office and everywhere nurses might have an opportunity to talk about the wishes of the patient.”

# A nursing story of relationships

by Pamela Triolo

A highlight of the Nurses Week celebration of The Methodist Hospital, Houston, was the unveiling of a large quilt composed of 12 x 12-inch squares produced by the nursing units in the hospital. The finished product reflects the caring, teamwork and relationship building necessary to create the quilt squares and to operate the large urban hospital.

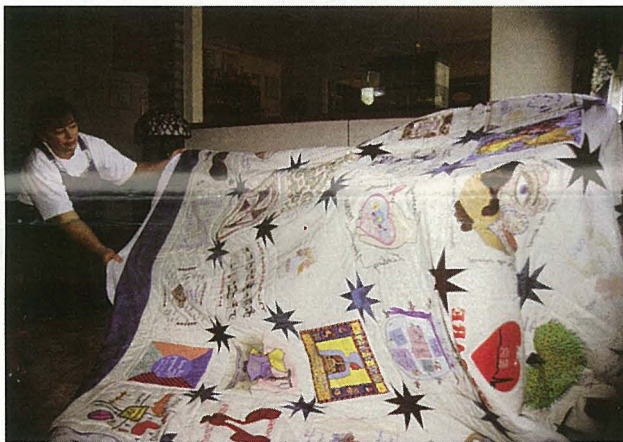
The quilt symbolizes the core values our staff applies to provide quality patient care. It is a reflection of their effectiveness as nurse leaders. The project was the brainchild of Ann Scanlon-McGinity, RN, PhD, of the hospital’s Nursing Leadership Council.

Cotton squares were distributed to all nursing units, and creativity reigned as squares were returned appliqued, silk-screened, quilted and embroidered. The themes portrayed in the quilt were heart, caring, teamwork and relationships, which mirror the work of the nurse manager group to inspire caring leadership and personal effectiveness in all Methodist Hospital staff.

“You could see that the nurses poured their heart and soul into their work,” says Susan Welford Kajs, RN, MS, leader of the nurse manager group. “The process fostered a sense of pride and belonging.”

The quilt is displayed at the hospital, and plans are being made to enter it in the International Quilt Festival.

*Pamela Triolo, RN, CNM, PhD, FAAN, is senior vice president, Organizational Effectiveness and chief nursing executive, The Methodist Hospital, Houston, Texas.*



Nurses at the Methodist Hospital, Houston, created a quilt during Nurses Week to symbolize teamwork, leadership and personal effectiveness used daily in providing patient care.

## Top 10 myths about organ donation

From TransWeb, a not-for-profit educational resource on organ and tissue donation at [www.transweb.org](http://www.transweb.org)

**Myth #1:** People’s organs can be sold on the black market.

**Reality:** There is no documented case of this ever happening and it is illegal to buy and sell organs in the U.S.

**Myth #2:** Rich and famous people get moved to the top of the waiting list for organ transplants.

**Reality:** The organ allocation and distribution system is blind to wealth or social status.

**Myth #3:** The doctors won’t try to save my life if they know I am an organ donor.

**Reality:** The medical team treating you is separate from the transplant team.

**Myth #4:** My religion does not approve of donation.

**Reality:** All organized religions support donation, typically considering it to be a generous act.

**Myth #5:** My family will have to pay for me donating my organs.

**Reality:** A donor’s family is not charged for donation.

**Myth #6:** If I donate, the family will know my identity, causing my own family more grief.

**Reality:** Information about the donor is relayed to the recipients only if the donor family requests that it be provided.

**Myth #7:** If you have a history of medical illness, you cannot donate.

**Reality:** At the time of death medical and social histories are reviewed to determine donor suitability on a case-by-case basis.

**Myth #8:** I am not the right age for donation.

**Reality:** Age limits for organ donation no longer exist. The general age limit for tissue donation is 70-75.

**Myth #9:** Even if you want to donate only your eyes, they will use everything.

**Reality:** You may specify which organs you want donated.

**Myth #10:** Organ and tissue donation means my body will be treated badly.

**Reality:** Donated organs are removed surgically in a routine operation similar to a gallbladder or appendix removal.

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- Personal effectiveness during turbulence
- A positive approach to managing short staffing
- Education increases organ donation

### *Excellence in Clinical Practice:*

- Music shown to decrease infant pain
- Nurses help Ukrainian children with heart disease
- Chemotherapy may cause bone loss in women
- Nurses care for thousands in Hurricane Floyd aftermath
- Nursing shortage is our charge

### *Excellence in Nursing Education:*

- Making teaching visible
- How to write a case study for online education
- Earn contact hours online
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