

## 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 Clinical Practice*

Third Quarter 2000 Volume 1, Number 3

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

## Nursing shortage is our charge

By Marlene Ruiz

California or any state's statistics about the current nursing shortage are just the tip of the iceberg. A recent literature search pulled up articles from 1999 and 2000 detailing the effects of nursing shortages in Australia, Canada, Hong Kong, Pakistan, South Africa, The Netherlands and the United Kingdom, revealing the depth and impact of the shortage on international health care.

Most of the articles addressed the shortage in acute critical care, but all fields of practice are affected when there is a shortage of nurses. The shortage is the result of many factors, including declining birth rates; a wider span of career opportunities for women; negative media coverage of nursing; cultural objections to nursing as a

profession; and, avoidance within the ranks of nurses mentoring their future replacements.

There are serious concerns about the U.S.'s ability to alleviate the current shortage quickly. A number of qualified faculty are retiring, both in the academic and clinical settings. This limits the number of students who may be enrolled in nursing programs. Hospitals are reducing the inpatient space, limiting the clinical experiences available for new nurses. Senior staff is retiring, decreasing the qualified preceptors/mentors available for assisting the next generation of nurses.

Marilyn Moats Kennedy, founder and managing partner of Career Strategies, Inc., and published

NURSING SHORTAGE, PAGE 4



As the Baby Boomers approach retirement, the nursing profession is challenged to recruit and prepare new professionals to provide health care.

## Nurses help Ukrainian children with heart disease

Leaving their jobs in hospitals and medical centers in Mississippi, Tennessee, South Carolina and Minnesota, volunteers used their vacation time to contribute to international health care.

A medical team from the U.S. and Israel worked with the staff of the Lviv Cardiovascular Surgery Center in Lviv, Ukraine, this spring. During the eight-day trip, health professionals shared knowledge and resources with their global colleagues.

Through their joint efforts with the Lviv physicians and nurses, 10 corrective heart operations and eight cardiac catheterizations were performed. In addition, dozens of children with heart disease were

evaluated with diagnostic equipment and treatment courses were recommended.

With a staff of just four nurses, including Kimberly Stepp, RN, BSN, 24-hour-a-day shifts were staffed to assist with the diagnosis, treatment and post-operative care of the Ukraine children. Stepp is a pediatric flight and pediatric intensive care nurse at LeBonheur Children's Medical Center in Memphis, Tenn. The volunteer nurses worked side by side with Ukraine nurses during each procedure to provide education and training.

The medical mission was part

UKRAINIAN CHILDREN, PAGE 3



photo: Children's HeartLink

Relieved parents visit their child in ICU following an operation performed by medical volunteers visiting Ukraine in April.

## Nurses in disaster

By Robin Webb Corbett and Dianne Marshburn



photo: Robin Corbett

Flood waters covered land, buildings and even airports in North Carolina after Hurricane Floyd in 1999.

In September 1999, eastern North Carolina was flooded by Hurricane Floyd with water covering more than 19,000 square miles (approximately 2/3 of the state), 60,000 people fled their homes for shelter and the estimated cost to the 27-county region was 6 billion dollars.

Considered to be the worst flood in 500 years by many local residents, Hurricane Floyd hit North Carolina without warning or time for preparation. Seven thousand homes were completely destroyed, with another 17,000

homes left uninhabitable. A total of 52 people died. In the midst of this tragedy, nurses displayed leadership and heroism in their care of thousands of victims.

In addition to providing patient care, nurses served as community liaisons, media spokespersons, patient transportation coordinators and emergency care specialists throughout the crisis. Staff at Pitt County Memorial Hospital (PCMH), a 731-bed unit at University Health Systems in

NURSES IN DISASTER, PAGE 3

### Correction

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

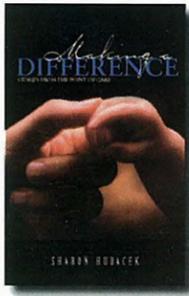


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# Book review *Making a Difference: Stories from the Point of Care*

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



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.

photo: Jane Palmer

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.

## Music shown to decrease infant pain

A soothing lullaby doesn't just help a baby go to sleep, it also helps relieve its pain.

Nurse researchers at Indiana University School of Nursing have completed a pilot study revealing the combination of Baby-Go-To-Sleep® CDs and a topical anesthetic (EMLA®) reduces infant pain. In the sample, infants undergoing circumcision or having blood drawn received this pain management therapy.

Associate professors Juanita Keck, RN, DNS and Betsy Joyce, EdD, MSN, and clinical nurse specialist Janis Gerkenmeyer, PhD, MSN, conducted the study with babies at Wishard and Indiana University hospitals in Indianapolis in 1998 and 1999. Nurses caring for infants in both institutions had used auditory interventions such as taping mothers singing lullabies.

"This circumcision study has demonstrated that babies who receive music recover from the experience better than babies who don't," Keck says. "Their heart rates stay steady across the procedure. Those who don't have music have an increase in their heart rates."

Babies listening to music had significantly less pain by the end of the procedure than babies in the group with no exposure to music. The control group that did not listen to music had an increase in heart rate and pain intensity.

The study is an outgrowth of a decade of work in pain management therapies. Gerkenmeyer and a colleague, Judy Schade, DNS, worked with nurses at Riley Hospital for Children who wanted to develop a pain measurement tool for infants. The nurses at Riley noticed children who had minor surgery such as tubes in the ear or tonsillectomies did not have pain interventions. Older children taking medications could verbalize the degree of pain they felt, but the babies could not speak about their pain.

"There are many advantages to using music as therapy, including the cost-effectiveness," Joyce says. "Nurses don't need a physician's order for this therapy and mothers can continue to use music at home. This study certainly supports the tremendous potential for music to contribute to pain relief in other medical procedures."



A new study suggests music may help alleviate infant pain.

The nurses developed what has become the "Riley Infant Pain Scale." The Riley nurses recorded behaviors they observed in babies that seemed to indicate the intensity of their pain, including flailing their arms, the degree to which being touched bothered them and the intensity of their cries. The researchers at IU developed the work into a pain measurement instrument.

In determining how to use the Riley Infant Pain Scale in a research study, Joyce, Keck, and Gerkenmeyer contacted nurses at several area

hospitals for advice. The majority of nurses were interested in learning more about how music can help relieve pain.

Circumcision and blood draws were chosen as the procedures for the study because they are common for many infants. The researchers hope to secure underwriting to produce studies of other medical procedures and to expand to a larger sample size.

The study was funded by a National Association of Pediatric Nurse Associates and Practitioners grant from Astra Pharmaceuticals; Alpha Chapter of Sigma Theta Tau International; Indiana University School of Nursing; and the Indiana University-Purdue University Indianapolis Faculty Development Fund.

For more information contact Juanita Keck at 317.274.0050 or e-mail: [jkeck2@iupui.edu](mailto:jkeck2@iupui.edu).

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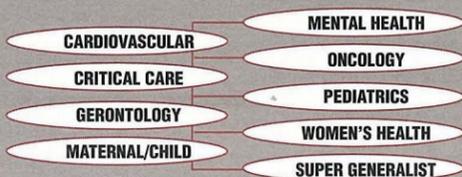
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## Nursing consortium awarded Robert Wood Johnson Foundation grant

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).

# Career profiles in clinical practice

**Name:** Lori Kwisnek, RN, BS, BSN, MSN, CCHP

**Title:** Correctional Facility Nurse

**Employer:** State Correctional Institute, Greensburg, Pa.

**Years in Nursing:** 25



Lori Kwisnek

## Three favorite aspects of job:

- Autonomy
- Diversity
- Complexity

## Three challenging aspects of job:

- Safety
- Mundane stress
- Relationships

## Job description:

Provide direct chronic, acute and emergency care to incarcerated individuals. Conduct a variety of clinics, ascertaining appropriate follow-up care. Assist with and provide staff education programs.

## Education:

- BSN/BS, 1980, California University of Pennsylvania, California, Pa.
- MSN, 1995, Indiana University of Pennsylvania, Indiana, Pa.

## Sigma Theta Tau Chapter:

- Zeta Lambda

## Best advice:

"As an RN in corrections, one realizes the significance of human rights and the integration of our constitutional rights as citizens of the USA. We all have a right to health care."

## How Sigma Theta Tau has shaped her career:

"Being a member has brought to my attention that I am important; I matter. Being a role model has its difficult times, yet I cannot view myself any other way. Membership has made me proud of me. In addition, as I accepted the challenges as a Sigma Theta Tau member, I ventured out professionally to contribute to the body of knowledge, a growing body in corrections. A conference presentation, a place on the editorial board for Aspen Publications and being featured in Career Profiles all have helped to continually shape and expand my life, my career and my future."

Lori Kwisnek 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.

## UKRAINIAN CHILDREN

➤ CONTINUED FROM PAGE 1

of Children's HeartLink's international programs to help children with heart disease and assist growing cardiac programs around the world. Stepp was invited to participate by the trip's leader, Don Watson, MD, pediatric cardiac surgeon at University of Tennessee-Memphis.

"I was interested in going because I love to teach and I saw this as a good opportunity to share nursing knowledge with another culture," Stepp says. "The kids would come out of post-op and we would take care of them and try to teach the nurses some of the ways we provide care in the U.S. There was a big gap in the nursing skills with some procedures."

The volunteer team worked in conditions that differed greatly from those to which they were accustomed, overcoming obstacles such as scarce medical supplies, equipment and sterile instruments. Cultural differences also were evident in the job responsibilities of nurses. What nurses are empowered to do in the U.S. was often done by a physician or medical specialist in Ukraine.

While the trip included many successful procedures, Stepp considers her involvement in an operation for a 10-week-old baby to be her most significant contribution. Without the operation, the baby would have died. The survival rate for the procedure was slim.

"The fact the baby made it through with our surgical procedure and she will be well now with the chance for a lifetime ahead of her was worth the whole trip," Stepp says. "To see that mother know her child was going to be fine was all I needed."

Nurses can extend their influence globally through volunteerism on medical missions, and they may work with international populations living in the U.S. Additionally, Stepp encourages nurses to reach out in their local communities to find potential sponsorships from corporations and individuals who may not realize there are opportunities to help with international health care.

While the volunteers shared their medical knowledge with the Ukraine nurses and physicians, Stepp says the experience also has been applicable to her practice in the U.S. Experiencing nursing internationally has helped her recognize the scope of nursing care and reaffirmed the importance of continuing education and acquiring new skills.

The April trip was the first Children's HeartLink mission to Ukraine. There are plans for future collaborations, and Stepp has been invited to participate in another international tour.

Children's HeartLink is an international medical charity dedicated to the treatment and prevention of heart disease in needy children around the world. For more information visit the Web site at [www.childrensheartlink.org](http://www.childrensheartlink.org) or call 612.928.4860 ext. 16.

## NURSES IN DISASTER

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Greenville, N.C., operated a Hospital Command Center that remained open for two weeks under the direction of Sharon Bradley, vice president of Patient Care Services.

"This disaster taught me how quickly situations change from moment to moment and how the health care team at the hospital and the community can rise together to meet the challenge," says Bradley. "Each day presented a different challenge. It was fascinating to see all the agencies pull together to address problems and find solutions."

Joan Wynn, PCMH director of care management, coordinated the transportation center during the aftermath of the storm.

"What struck me most was how nurses stepped up to the plate - to assist in any way they could during the disaster," says Wynn. "From being out in the shelters, to giving tetanus shots, to functioning as nursing assistants, to running a transportation center. Nurses gave 100 percent to ensure that patients, staff and the community had what they needed during this trying time."

Nurses other than those practicing in hospitals responded to the call. Nurse educators from East Carolina University (ECU) and the Nash Edgcombe Wilson and Halifax Nursing Consortium, a two-year associate degree program, also were active in recovery endeavors.

Jeannie Yount, ECU psychiatric nursing faculty

member, was flooded out of her home. She worked with animal rescue to recover 250 dogs, 270 cats, three horses, five goats and many other animals including birds and reptiles and reunited them with their owners.

Three days after the hurricane, Judy Andresky, ECU pediatric nursing faculty member, volunteered for 12-hour shifts at the American Red Cross center to schedule volunteer nurses and paramedics for area shelters. She even coordinated helicopter transportation for patients. Countless other nurses from a variety of practice areas and specialties utilized their skills and time to help the residents of the region put the pieces of their lives back together following Hurricane Floyd.

"[In a disaster] you're dealing with an array of issues," Bradley says. "You deal with resources in terms of staffing and supplies, and not only supplies for here, but for each of the five hospitals in our system. Then there are supplies for shelters. Our job is to try to understand people's needs and prioritize and organize a response."

Several nurses from the local community assisted 200 people seeking shelter in Carver Elementary School. Nurse volunteers helped identify needs, contact community health professionals for supplies and services, and triage residents. At other shelters established during the disaster, nurses helped unpack food from trucks, organize storerooms, serve food and mop the floor. Many even assisted with cleaning up homes following the flooding.

Lou Everett, ECU psychiatric nursing faculty member, served as a volunteer in a local television newsroom to answer phone calls from citizens.

"I coordinated debriefing of television staff and residents and staff at Cypress Glen Retirement Village," says Everett. "I was also a guest on a local television station to provide information about referral sources for individuals needing assistance with emotional responses to the disaster."

Each of the nurses involved in the disaster relief provided leadership in meeting the needs of the community, including direct nursing care, provision of supplies and medications, meal preparation and serving, and even animal control. Nurses were there to provide leadership and expertise.

*Robin Webb Corbett, RN, PhD, C, is an assistant professor at East Carolina University School of Nursing, Greenville, N.C. Dianne Marshburn, RN, MSN, is a nursing administrator at University Health Care Systems, Greenville, N.C.*



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# Chemotherapy may cause bone loss in women

Women who survive breast cancer face emotional, physical and mental traumas. An often unknown side effect is an increased risk for developing osteoporosis, a condition that depletes bone mass and strength. While osteoporosis is generally associated with menopause, breast cancer survivors can develop symptoms much earlier in life. It is estimated that one out of every eight women will develop breast cancer in her lifetime, with 183,000 new cases projected for this year.



Rosemary Berkel Crisp

A team of nurse researchers at the University of Nebraska Medical Center is examining prevention and treatment of osteoporosis for breast cancer survivors. This study is being funded by the Rosemary Berkel Crisp Nursing Research Award, one of Sigma Theta Tau International's Small Grants.

Women who survive breast cancer have another concern – they may be at a greater risk for osteoporosis, and its onset may occur earlier in life. These women are at a double risk: they experience menopause early as a result of their cancer treatment (especially chemotherapy), which leads to increased bone loss. Post-menopausal women with a history of breast cancer generally are not prescribed hormone replacement therapy (HRT), which prevents osteoporosis. Osteoporosis is a risk factor for women who survive any cancer that prevents them from taking estrogen or that causes early menopause. Estrogen protects against bone loss.

"Most breast cancer survivors have not been informed that they're more likely to develop osteoporosis," says primary investigator Dr. Carol Ott, RN, assistant professor, University of Nebraska Medical Center College of Nursing. "At the very least, there's a need to inform and educate breast cancer survivors about this risk. Through our work, more women will be aware of what they need to do to prevent and treat osteoporosis."

During the year-long study, women at both rural and urban test sites will follow a dietary and physical regimen including regular doses of alendronate, calcium and vitamin D, coupled with strength and weight training. Past research has demonstrated that certain exercises build bone mass and strength. This is the first study examining the effectiveness of these multicomponent interventions in preventing osteoporosis in breast cancer survivors.

At the end of the study, women receiving the intervention will be compared to post-menopausal women without a history of breast cancer who are receiving HRT. The effect of environment (rural or urban) on the women's adherence to the program will be included in the findings of the study to be published in 2001. The findings could influence preventive treatment protocols for osteoporosis in breast cancer survivors and help to raise awareness of the physical and emotional effects of osteoporosis for women.

The research team includes: co-investigators Dr. Nancy Waltman, RN; Dr. Ada Lindsey, RN; Dr. Gloria Gross, RN; Dr. Janice Twiss, RN; and, consultant Dr. Kris Berg.

For more information or for those residing in Nebraska to volunteer for the study, please contact Dr. Ott at 308.865.8147 or cott@unmc.edu.



Women treated with chemotherapy for breast cancer may be at a higher risk for developing osteoporosis.

## NURSING SHORTAGE

➤ CONTINUED FROM PAGE 1

expert on generational differences, advises that the Baby Boomers are currently the largest segment of the population and the group now facing imminent retirement. The Boomers will be dependent on the much smaller Baby Buster and Nester cohorts for health care. She says that while some traditional work values will be the same with Busters and Nesters, there will be sharp differences in their perception of the roles of managers, employer/employee loyalty, telecommuting, technical competence and what constitutes a day's work.

With this generational shift looming, it is time to seriously look at nursing and the scope of the profession. Ron Norby, RN, director of the Veterans Affairs Desert Pacific Healthcare Network, suggested in a recent keynote address that nurses look at who is the best person to do the job. For example, he suggests teaching patients and family members how to administer complicated IV therapy and depending on them to do it. If lay people are capable of this sophisticated responsibility in the home, does the RN need to do IVs in the health care setting? Could IV therapy be done by a non-RN? He even suggests promoting nurse practitioners as cost-effective

alternatives to physician providers.

As nurses expand their capabilities and determine the future direction of the profession, are they moving up and holding back at the same time? As the profession evolves within the health care arena, where are its boundaries? Are they constant or are they subject to change?

Nursing's roles may be leaders, mentors and patient advocates. All nurses are challenged to begin thinking about where the profession needs to go and how to compensate for limited staffing to provide the highest quality patient care in the future.

It is critical for nurses to maximize outcomes and not lose sight of health care's big picture while surviving the shifts caused by change.

Your thoughts are welcomed for inclusion in Letters to the Editor in the October issue of *Excellence in Clinical Practice*. Please e-mail your ideas to Marlene Ruiz at: [marlene.s.ruiz@kp.org](mailto:marlene.s.ruiz@kp.org).

*Marlene Ruiz, RN, BSN, MA, is director of education and consulting services at Kaiser Permanente, San Diego, Calif.*

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- Chemotherapy may cause bone loss in women
- Nurses care for thousands in Hurricane Floyd aftermath
- Nursing shortage is our charge

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