



EXCELLENCE

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Theta Tau International.

Mail inquiries to:
Greg Perry, Editor
550 West North St.
Indianapolis, IN 46202
or e-mail:
greg@stti.iupui.edu

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■ Practitioners at the Podium: Educating nurses and nursing at Rush

Clinical relevance. It's a term you hear the moment you begin to explore the College of Nursing at Rush University in Chicago. Students at all levels say that the clinical relevance of their education is why they chose Rush. Faculty members are strident in their belief that remaining clinically relevant is the key to producing top-quality nurses. Administration leadership has integrated the idea so completely that 90% of the faculty have active clinical practices. Even the dean of the nursing college, [Kathleen Andreoli](#), DSN, FAAN, also serves as a director in the home health program for the affiliated hospital, Rush - Presbyterian - St. Luke's Medical Center.

The Unification Model: From Christman to Today.

It was Luther Christman who first put the idea in solid, institutional form. He believed—rather, he evangelized—that health care depended on a steady stream of baccalaureate-degreed, clinically experienced nurses. And if they could move into advanced degrees, including a doctoral program, then they should also develop and maintain a clinical practice. This model, now called the Unification Model, is the keystone in the Rush nursing education. In the hands of Andreoli and her faculty, the model has expanded to include vast amounts of research that has its roots—and its investigators—emerging directly from the units and bedsides of the hospital.

Three perspectives on a multidisciplinary approach.

In this issue of *Excellence*, you can explore how the model is expressed by the administrators, faculty and students of Rush. They are experienced practitioners, published researchers and deeply committed educators. They are also defining a pathway for all of nursing education to explore, learn from and even emulate. [Read the feature.](#)

Greg Perry
Editor

■ Also in Excellence

[As soldiers depart for war, nurses and the Red Cross are there to help families.](#)

The war in Iraq has pulled hundreds of thousands of

■ In this issue

The Rush learning model draws few distinctions between the clinical setting and the classroom, and at the center is a cadre of nurses who move confidently between both. The Unification Model in place at Rush is the primary organizing structure that the school's degree programs and curricula are built upon. Department chairs and faculty members are in the midst of active and thriving clinical practices. Read about the practitioner/educator model and how it's being advanced by nurses with a passion for education that's equaled only by their dedication to excellent patient care.

[Read the story](#)

In [Excellence in Nursing Administration](#)

The mission of Rush is to establish a national standard for excellence in the education of nurses while developing and applying clinically relevant science. In practice, a multidisciplinary culture must be cultivated and sustained. It's a culture that allows for educators to do a great deal, if not the majority, of their work outside the traditional classroom/lab structure. Read about how Rush has shifted traditional educational structures to allow the culture to flourish, and how administration leaders make decisions and communicate.

[Read the story](#)

In [Excellence in Nursing Education and Research](#)

Research is expressed as a continuum at Rush. Nurses investigate the very issues that confront them in their active clinical practices. The movement from questions to answers also skillfully incorporates undergraduate and



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military personnel out of their communities, and away from their families. In Cincinnati, nurses from Sigma Theta Tau have been there as part of a local Red Cross chapter's efforts to comfort the families and to serve them with crisis counseling and referrals.

[Haiti Research Diary: Gathering Data Creole Style](#)

Donna Martsolf, RN, PhD, an associate professor at Kent State University College of Nursing, is gathering data and lecturing in Haiti as a Fulbright Scholar. There, she will examine childhood abuse, depression, and general physical and mental health in patients who are seeking primary health care services. In a special report to *Excellence*, Dr. Martsolf has chronicled her challenges and successes in gathering data under difficult conditions.

graduate students as observers, designers, analysts, co-investigators and authors. Then, the cycle completes itself in the clinical setting, or the community, with cumulative evidence and improved outcomes. Read about several of the researcher/clinicians practicing at Rush, and about the robust research enterprise that has been created here.

[Read the story](#)

[The EPA Aging Initiative: Protecting the Health of Older Americans](#)

The Environmental Protection Agency has launched a major initiative that aims to bring the nation's focus to people over the age of 65, and the environmental hazards they face as they age. Read about how Sigma Theta Tau International is supporting the EPA Aging Initiative by communicating the actions and goals and by supporting the EPA as they collaborate with research and health care professionals in local communities.

[New on the Nursing Bookshelf](#)

Two career development books for nurses, and one that documents the successful "career" of a nursing organization have been released, or soon will be. Read previews of *Collaboration for the Promotion of Nursing*, *Building and Managing a Career in Nursing*, and *Becoming Influential: A Guide for Nurses*.

[Virtually Successful: Omicron Delta of the University of Phoenix](#)

The University of Phoenix has defined an academic model that facilitates adult learning, and an organizational culture that values innovation. It's no surprise, then, that the Sigma Theta Tau International chapter affiliated with the University of Phoenix—Omicron Delta—is also among the most innovative chapters in the society. Read about the chapter's structure, designed to align with the university's geographically distant, but closely connected, students and faculty.

[This quarter in Reflections on Nursing Leadership](#)

For the second quarter, Sigma Theta Tau's award-winning magazine, *Reflections on Nursing Leadership*, is focusing on nurses building community. Read a preview of the issue, which includes a profile of nursing pioneer Helen Mussallem of Canada who served as a Nursing Sister from Canada during World War II.

■ Inside the Rush Model:

Working nurses, teaching as they treat.



When nursing education moved out of the hospitals and into the university, the science of nursing was advanced while, according to many, the practice of nursing suffered. For years now, schools of nursing have been forming alliances and relationships with hospitals in order to bring student nurses back into clinical settings with more frequency, and for deeper interactions. It's a welcome trend. The patient acuity and worsening shortage of clinically

experienced nurses demands that nurses be prepared to walk from the graduation ceremony straight onto the unit floor and be able to contribute from day one.

At Rush University College of Nursing, the learning model draws few distinctions between the clinical setting and the classroom, and at the center is a cadre of nurses who move confidently between both.

The Unification Model in place at Rush is the primary organizing structure that the school's degree programs and curricula are built upon. Over 90% of the faculty—including the department chairs and the dean—are in the midst of active and thriving clinical practices. The model of practitioner/educator is so deeply engrained here, there is almost a sense of bafflement when asked, "How else could you educate nurses?" To the nurses and educators of Rush, this is the only way.

Clinical relevance maintained at all levels of education.

The Rush College of Nursing was the first college in the nation to offer an MSN program with a clinical focus, and the first to offer doctoral degrees that emphasized clinical phenomena over research. "Clinical immersion defines our work here," says [Margaret Faut-Callahan](#), CRNA, DNSc, FAAN. She's a professor and department chair for adult health nursing. And yet, even with 45 faculty members and 80 adjuncts in her department, she still spends several hours a week in the OR as the director of the nurse anesthesia program.

"I can be in the OR in three minutes if I'm in scrubs, 10 minutes

■ Nurse entrepreneurs serving babies, mothers and the national community

In a program that's become a national model, mothers who deliver preterm at Rush are encouraged to become part of the child's health care team by breastfeeding, and 95% of them do—exceeding the National Health Objective figures of 75%, and a significantly higher rate than national averages, which some estimates put at just 30% to 40%. Over the past five years, Rush has been able to maintain high rates of breastfeeding among low-income and/or minority mothers who are statistically less likely to initiate and sustain lactation than are non-low-income Caucasian mothers.

The key to this astounding success rate: the Rush Mother's Milk Club, where moms find resources, support and education at weekly meetings.

"Our goal is to inform mothers and get them involved in the science of breast milk. It's a difficult time, and so much is out of their control, but we work to empower them," says [Paula P. Meier](#), RN, DNSc, FAAN, director of the Rush Neonatal Intensive Care Lactation Program. "They learn that pre-term milk actually has more antibodies and beneficial fat than that of mothers who carry to full term. So our moms see tangible results in their babies'

if I'm not," says Faut-Callahan. Which also points to one of the largest factors supporting the dual roles of most faculty here: geographic proximity. The college of nursing, the medical school and the hospital are part of a large, multi-structure urban campus in downtown Chicago. Movement from offices to classrooms to clinical units can be done on foot. It's not always a short walk, but along the way, advantageous encounters can take place. "I like circulating and try to take advantage of the opportunities to share news and ideas. It's an important way this community connects, and it would be a lot harder in a parking lot," says Kathleen Andreoli, RN, DSN, FAAN. She's the vice president of nursing affairs and the school's dean.

The hospital floor as classroom and collaborative environment.

A number of policies are in effect that contribute to collegial relationships among staff nurses in the hospital and student nurses from the university. Student nurses typically work 12-hour shifts, right alongside staff nurses. The result is students gain genuine, real-time experiences on the floor that will inform their career decisions in the future, and staff nurses have extended support from student nurses fully immersed in the science of nursing.

In the pediatric critical care unit, for example, to support the nurses managing the recovery of pediatric patients following various interventions, student nurses compile "procedure packets" that aggregate information about commonly used anesthesia and any information from the literature that can be used to improve the care of these post-procedure pediatric patients. New studies on anesthesia used solely on children, for example, are offering interesting new data to nurses in critical care and intensive care settings. Student nurses have the training and experience to survey the data and identify relevant studies, then they present in-services to the staff related to the science. It's a win-win, and typical of how staff nurses and student nurses interact. In fact, even the differences between the two are less distinct than job titles might suggest: 30% to 40% of the staff nurses at the hospital are also working toward their own advanced practice certification. It's an environment, and a culture, that supports the advancement of nurses and nursing.

Bringing new evidence into the unit.

[Kathleen Heneghan](#), RN, MSN, is a faculty member and certified nurse specialist in the pediatric critical care unit. She is developing a newsletter that encapsulates new research on treatments and technologies for critically ill children. Specific content of the newsletter will reflect and respond to recent issues and challenges faced by the unit's nurses—the efficacy of insulin pumps in critical care settings, for example. "I envision this newsletter (and companion Web site) as a shared document among the entire unit. Staff nurses can contribute articles and insights. Student nurses can get an introduction to how evidence is integrated at the bedside," says Heneghan.

Teaching, learning and serving side by side.

[Paula P. Meier](#), RN, DNSc, FAAN, is the director for clinical research and lactation in the hospital's special care nursery. She instructs graduate students on human milk and lactation,

progress—and they know they've made all the difference in the world."

Research has shown that premature babies may benefit from their mothers' milk even more than full-term infants, Meier says.

All mothers' milk contains vital nutrients that help babies grow, but milk from mothers of premature babies has higher concentrations of protein, fat, sodium chloride, iron and antibodies to fight infection. And colostrum, the early milk that flows during the first few days after giving birth, protects premature babies from infection and promotes the development of the baby's intestines. Very low birth weight infants usually do not have fully developed intestines.

Meier studied one group of low-income mothers with very low birth weight infants. In the study, these mothers provided enough milk for 95 percent of their babies' feedings during the first 30 days, and for 87 percent of the feedings over the first 60 days.

The Rush Mother's Milk Club holds luncheon meetings every Friday to support the mothers who are expressing milk or breastfeeding their special care nursery babies.

A growing national reputation and a revenue stream to support mothers in need.

Meier and her colleagues have transformed the efficacy of the program into a national reputation among neonatal and lactation clinicians and scholars. Through the sale of the materials, Meier's speaking and consultation fees and other on-site consultations, the Rush Mother's Milk Club generated over \$37,000 in

but she rarely sets foot inside a classroom. “I’m not your classic educator, but I love to teach, says Meier. “My approach, like so many of the faculty here, is more shoulder-to-shoulder than it is classroom. I’m a clinician first, and the only way I feel like I can teach anything of meaning is to stay right here when I’m doing it.”

Meier teaches from a deep understanding of her specialty. She founded, and is the director, of the Rush Mother’s Milk Club, an evidence-based program of breastfeeding interventions for the NICU, in which infants’ mothers work in partnership with neonatologists, neonatal nurse practitioners, bedside nurses and other health care professionals to insure that the latest research is applied to an infant’s own mother’s milk feeding plan. (See sidebar.)

She is also a researcher, with several investigations ongoing, including a study evaluating breast pump performance in the NICU in collaboration with a team of co-investigators at the University of Western Australia. Meier and her colleagues published four data-based manuscripts in 2002, and she is preparing to launch a NIH-sponsored study that focuses on the relative risks of developing enteral feed intolerance, nosocomial infection and NEC as a function of the dose of mother’s milk received over the first 30 days for babies weighing less than 1500g.

Meier was also recently elected to chair the American Academy of Nursing’s Expert Panel on Breastfeeding. Among other research and policy-based initiatives, the panel will be issuing a public statement on breastfeeding that includes implications for nursing education, practice, research and public policy. Says Meier, “I’m excited about this opportunity, because I am one of the few members of the panel who is clinically based. I’m looking forward to applying some of the evidence developed in our NICU to the public policy arena.”

Clinicians in the community. Nurses as national resources.

In her clinical practice related to Alzheimer’s disease (AD) and the understanding of family members in the care of persons with AD and related dementia, [Carol Farran](#), RN, DNSc, FAAN, is practicing at several levels: within the hospital through the Rush Alzheimer’s Disease Center; in the community as a presenter and researcher; and in a national context within the network formed by all 29 of the Alzheimer’s Disease Centers—an initiative of the National Institute on Aging.

“Practice and research are not mutually exclusive; in fact, they can complement each other,” says Farran. “In my work with caregivers, I hear a lot of stories that help me respond more effectively right then and there; at the same time, they form a larger story about caregiving that I’m continually updating.”

The story she’s building now builds on earlier work, qualitative data on caregiving gathered in numerous focus groups. That work resulted in numerous published pieces and presentations on finding meaning—versus merely hardship and stress—in the activities of caregiving. From those experiences, and from additional work in the African-American community of Chicago, a new line of inquiry has opened for Farran: What is the role of spirituality in multicultural caregivers? Some of the conclusions will be published this year in *The Journal of Dementia*.

As the health care industry continues to develop strategies for reversing the nursing shortage in the face of increasing acuity, nursing education is claiming a central role. By putting clinicians in the classrooms, and by moving the classroom onto the hospital floor, Rush College of Nursing is educating a generation of nurses who are well prepared to lead nursing, and all of health care, in the right direction.

2002.

The funds are put to work paying for breast pump rental for WIC-eligible mothers and for training peer counselors who make post-discharge visits to new mothers discharged from the Rush NICU. The money is used to help mothers requiring transportation to attend meetings. The funds have also supported the continuing education of nurses in the area of lactation, with nine nurses from the Rush NICU attending breastfeeding seminars in Oregon and Washington in 2002. Funds are even available to pay assistants to collect dose-related data and other research activities.

About Rush

Rush University is the academic component of Rush-Presbyterian-St. Luke's Medical Center in Chicago. The university includes the College of Nursing, Rush Medical College, the College of Health Sciences and the Graduate College.

The [College of Nursing](#) has roots reaching back to 1885, when the St. Luke's Hospital Training School of Nursing opened to offer diploma education to nurses. In 1903, the Presbyterian Hospital School of Nursing accepted its first students. From 1956 to 1968, nurses were taught at the merged Presbyterian-St. Luke's School of Nursing. Before the establishment of the College of Nursing in 1972, more than 7,000 nurses had graduated from these schools. Today, over 4,500 nurses carry baccalaureate, master's and doctoral degrees from Rush College of Nursing.

The Unification Model at Rush intentionally blurs the borders between nurses in research, practice and education. What remains clearly in focus in the model are the high standards of performance for all students and faculty in the college. The college ranks in the top 5% of graduate schools by the US News and World Report, and over 25% of the faculty are members of the American Academy of Nursing.

The college offers four degree programs: BSN, MSN, ND and DNSc.

There are advanced practice programs of study in six clinical specialties, including public health nursing, pediatric nursing and a dual degree program with the university and the Kellogg School of Management at Northwestern University that offers both a master of science in nursing (MSN) and a master of business administration (MBA) simultaneously.

Nurse practitioner degrees (MSN) are offered in 10 specialties, including adult nursing, pediatric nursing, psychiatric-mental health nursing and one of the nation's leading programs in anesthesia nursing.

Both of the doctoral programs offered at the college are structured to attract advanced practice nurses with expertise in clinical phenomena, as well as investigative skills and leadership abilities.

Integrating complementary therapies.

In response to the increasing use of complementary and alternative medicine (CAM) among the American public, Rush has created a CAM education program for nurses. Didactic and Web-based approaches deliver educational materials encompassing biological, social and cultural aspects of CAM use.

■ New on the Nursing Bookshelf



Two career development books for nurses, and one that documents the successful “career” of a nursing organization have been released, or soon will be. Here’s a preview.

Building and Managing a Career in Nursing: Strategies for Advancing your Career

Terry W. Miller, RN, PhD, and

13 expert contributors

Much like the clinical challenges nurses face, satisfying careers in nursing are also built on solid evidence, a firm grasp of the tools available and a self-confidence that grows from experience.

With the release of *Building and Managing a Career in Nursing*, nurses have a resource that aligns squarely with how contemporary nursing careers are unfolding.

“There is a distinct lack of career guidance for nurses that originates from research versus anecdote” says the book’s editor and primary contributor, Terry Miller, RN, PhD. “The stories of nurses who successfully manage their careers can indeed be helpful, and this book includes several. But nurses today need more than cheerleading stories to succeed in these difficult careers we’ve chosen.”

Four major perspectives on careers shape the book: discovering a career; developing a career; changing a career; and reclaiming a career. Each perspective is explored from a theoretical perspective, supported by the research when applicable and available, and then followed by real examples of how nurses have managed their careers.

The final part of the book presents the tools and strategies used by successful nurses as they search, match, choose and support their careers.

According to Miller, the book is organized and based on a conceptualization that became evident through a grounded theory study from 1988 through 1998 on people entering and leaving nursing. The first part of that

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study became his 1991 dissertation on career changers entering nursing.

This book, available in May 2003, goes well beyond the presentation of a particular theoretical framework or a traditional career model. The contributors address the major variations that characterize those who can be successful in nursing. It is a comprehensive exploration of career achievement and management every nurse should have.

Order [*Building and Managing a Career in Nursing*](#)

Collaboration for the Promotion of Nursing

LeAlice Briggs, EdD, MSN, RN
Sonna Ehrlich Merk, DNS, RN
Barbara Mitchell, MSN, MS, RN

The success of Nursing 2000 is built on a 12-year foundation of innovation and collaboration. By working closely with health care agencies, universities, professional nursing associations and communities, Nursing 2000 has defined a model for rich and respectful collaborations that other organizations have studied and begun to emulate.

Now, they'll have a manual to work from.

The new book, *Collaboration for the Promotion of Nursing*, represents the first comprehensive distillation of the Nursing 2000 model that was born in central Indiana and is being implemented in other communities.

"As organizations and alliances continued to contact us seeking information on our programs and our organizational structure, it soon became clear that the time was right for us to fully document our organization and share what we have learned," says Barbara Mitchell, MSN, MS, RN, Nursing 2000 executive director.

The Helene Fuld Health Trust agreed and named Nursing 2000 a recipient of a \$150,000 grant in support of replicating the Nursing 2000 organizational model.

The grant provided the organization the opportunity to develop a detailed and practical guide for duplicating the Nursing 2000 model, as well as the opportunity to implement the prototype in the nursing and health care community outside central Indiana.

The guide has evolved into the publication, *Collaboration for the Promotion of Nursing*. The authors highlight their "lessons learned" and "successes realized," to assist those who may desire to establish a similar organization that promotes nursing as a profession.

Order [*Collaboration for the Promotion of Nursing*](#)

Becoming Influential: A Guide for Nurses

Eleanor J. Sullivan, RN, PhD, FAAN

As the nursing shortage continues to drive the development of programs aimed at reversing it, it's not surprising that nurses are increasingly being called into the rooms where approaches and solutions are being debated.

In her new book, *Becoming Influential: A Guide for Nurses*, Eleanor Sullivan poses several direct—and even provocative—questions for nurses to consider before they get there: Do you understand the true nature of influence, and are you fully prepared to put your influence to use for the advancement of your career, the betterment of nursing, and the benefit of your patients and others?

“It’s a provocative book, packed with direct challenges to nurses and to nursing,” says Sullivan. “I believe strongly that many—if not the majority—of nurses don’t have the essential skills to influence. We could and should be more influential.”

The book is organized into three parts.

Understanding Influence covers the basics of power and influence, including how influence works, how to understand and use your power and your image, how to make your interactions more effective, and how you can use politics to be more influential.

Using Influence deals with specific strategies to help you become influential, including how to achieve your goals, build a network, become a skilled negotiator, work with others to accomplish goals, and deal with difficult people and problems.

Putting Influence to Work encompasses perfecting your newly acquired skills, including telling others about nursing, managing your career, how to perfect your newly acquired skills, and how to prepare your successors and leave your legacy.

Eleanor Sullivan is former dean of the School of Nursing at the University of Kansas and past president of Sigma Theta Tau International. She has served on the board of directors of the American Association of Colleges of Nursing and on an advisory council at the National Institutes of Health, among others.

Sullivan has published several award-winning textbooks, including [*Effective Leadership and Management in Nursing*](#) (Prentice Hall), now in its fifth edition, and more than 40 articles in scientific and professional journals.

Order [*Becoming Influential*](#)

The EPA Aging Initiative: Protecting the Health of Older Americans

The Environmental Protection Agency has launched a major initiative that aims to bring the nation’s focus to people over the age of 65, and the environmental hazards they face as they age.

According to the EPA, there are currently 35 million people over 65 years of age, and that number is expected to double over the next 30 years as the first of 76 million baby boomers turn 65 in 2011. Right now, people over the age of 85 are increasing at the fastest rate; there are currently over 4 million, and by 2050, the number is expected to be 19 million.

Older persons—especially those over 85—are more susceptible to hazards from the environment, which may cause or worsen chronic or life-threatening conditions. Moreover, they have accumulated a lifetime of environmental and occupational contaminants, which are capable of remaining in the body—such as lead, mercury and PCBs.

A partnership of support.

Sigma Theta Tau International is supporting the EPA Aging Initiative by communicating the initiative’s actions and goals to members and by inviting members to contact the EPA as they collaborate with research and health care professionals in local communities.

Right now, the EPA is holding public listening sessions in California, Iowa, Texas, Pennsylvania, Florida and Maryland—some of the states that are experiencing the most rapid growth of residents over 65 years of age.

The EPA also has developed a National Research and Action Agenda that will:

- Determine research gaps on the impact of environmental health hazards to older persons.

- Determine tools that can address the impact an aging society will have on our environment.
- Identify model programs that will provide volunteer opportunities to reduce environmental hazards in local communities.

The EPA is making the health of older Americans a top priority. Keep watching for more news and opportunities to participate as the EPA and Sigma Theta Tau collaborate in this critical initiative.

LINKS:

www.epa.gov/aging/index.htm

■ **One school. One chapter.** Omicron Delta of the University of Phoenix

The University of Phoenix has been called, by some, a potent agent for change in higher education. Taken together, the university serves over 125,000 students from 126 campuses, including their Online campus, which in terms of enrollment, is among the nation's largest. The university has created an academic model that facilitates adult learning and an organizational culture that values innovation.

It's no surprise, then, that the Sigma Theta Tau International chapter affiliated with the University of Phoenix—[Omicron Delta](#)—is also among the most innovative chapters in the society.

Despite its many campuses and hundreds of online students, they are all part of a single university. There is no "University of Phoenix at Atlanta," for example. "It's all one school, with some very remarkable abilities at keeping each campus and every student connected. We set out to create a chapter that was appropriate for the nursing students within that kind of organization," says [Sandra W. Pepicello](#), RN, PhD, president of the Omicron Delta Chapter. The chapter was formed in 1998.

Like every chapter within Sigma Theta Tau, Omicron Delta contributes to nursing science through the encouragement, support and communication of nursing research. They are leaders, mentors, researchers and advocates for the society and for nursing. They also have very active e-mail accounts and have developed a number of technology solutions that connect geographically distant members for regular chapter functions.

The conference call induction ceremony.

On a single day, the chapter conducts a single induction ceremony, accessed by members and new inductees on one of 18 University of Phoenix campuses. Each site joins on a conference call where a keynote speaker delivers the primary presentation, supported by a PowerPoint presentation that each location displays. Once the keynote has concluded, each campus continues with its own speakers, recognitions and traditions, just like other inductions.

"Members love our format. It's the ideal way to set the idea of a national, virtual chapter and still have the

■ **When soldiers depart, nurses are there to comfort and serve.**

The war in Iraq has pulled hundreds of thousands of military personnel out of their communities and away from their families. A deployment's moment of departure can be an emotionally wrenching affair.

In Cincinnati, members of Sigma Theta Tau have been there as part of a local Red Cross chapter's efforts to comfort the families and to serve them with crisis counseling and referrals.

"These people are all trying to be strong for each other, but they also have some very real needs that are right below the surface," says Veronica Steffen, RN, MSN, CS. We are there for them to talk, and observing to identify the ones who appear to need some extra help."

For those people, the nurses working with the Red Cross have developed a "buddy system" where they follow up with family members who appear to need additional assistance. Nurses are prepared to counsel directly and make referrals to mental health agencies in the Cincinnati area.

The changing face of the military also means that sometimes it's not the father getting on the plane, it's the mother. "That creates unique and difficult situations for children, and no matter what family member is deploying, we put a clear focus on the mental health of the children," according to Steffen.

personal experience of being inducted to such a highly thought of organization,” says [Pam Fuller](#), RN, MN, the past president and current faculty counselor for the chapter.

The chapter has approximately 1,500 active members and another 1,500 who are less active, but maintain their membership. For the upcoming induction on May 31, 2003, 499 nurses are joining Sigma Theta Tau.

Each year, the Omicron Delta chapter inducts more new members than any other chapter in the honor society. Not surprisingly, the chapter’s process for extending invitations and handling applications reflects its chapter structure as well.

The electronic application.

Applications for membership are submitted, paid for and evaluated entirely in the electronic environment. “It was a big step forward and we’ve just completed it within the past 18 months,” says [Nancy Stuever](#), RN, MNEd, and recent past president. “Among the keys to our success here are maintaining control of our Web site on a server and hiring a competent webmaster. Fortunately, with our numbers we have the resources and critical mass to do that.”

A new structure to facilitate individual campus involvement.

Like all chapters, one of the most persistent challenges is maintaining high levels of member participation. The nurses of Omicron Delta work just as many hours and have just as many commitments as all members. They also are separated by hundreds if not thousands of miles. Another solution was required to bring willing members into more active participation. Omicron Delta has created an additional “layer” of board members, called the second vice president.

Each campus location where the chapter is active (Utah, Online-Campus, Colorado, Hawaii, Northern California, Southern California, Sacramento, New Mexico, San Diego, Phoenix, Tucson, West Michigan, Detroit, Orlando, Ft. Lauderdale, Jacksonville, Tampa, San Jose, and Louisiana) has a member who has been elected or appointed as second vice president. S/he is responsible for communications within his or her geographic area or state to members and the board. S/he is the local contact and coordinator.

Challenges, goals and accomplishments.

The chapter has developed a high-performance Web site, which serves as the electronic hub of the chapter. News of recent publications, awards and other accomplishments by members are posted there, and members can participate in several forums relating to practice and to the business of the chapter.

The e-mail member mailings are effective at reducing postage while they form a lively network of professional

Nurses on the Red Cross team are drawn from mental health fields and must complete additional coursework in crisis counseling and debriefing. They are connected by pager and ready to respond immediately.

As the military effort continues in Iraq and new deployments extend the call deeper and deeper into communities, the essential need for services from local Red Cross chapters, and from nurses like Veronica Steffen, will only continue.

We salute them.

LINKS:

www.cincinnati-redcross.org

Veronica.Steffen@med.va.gov

In Reflections on Nursing LEADERSHIP

The United Kingdom’s Royal College of Nursing described her as “Canada’s most distinguished nurse in her generation” and “a nurse of the world.” No wonder then that Dr. Helen Mussallem is featured in the 2nd Qtr. 2003 issue of *Reflections on Nursing LEADERSHIP*. Acclaimed for her role in fundamentally reshaping Canada’s nursing education system and revered for her efforts in improving the status of nurses worldwide, Mussallem is still opening doors for the profession. Learn more about this fascinating woman in the pages of RNL.

Other highlights ...

— For nurses who have been “holding down the fort” for a decade or two, now is the time to take the lead, declare two Robert Wood Johnson Executive Nurse Fellows.

— Nurses save lives every day while their own emotional needs often go unmet. In an article that introduces readers to convention

exchanges. The chapter has been able to mobilize responses to several philanthropic opportunities.

Of course, there are challenges.

“Keeping up with our mobile members is tough,” says Fuller. “And because the school has an open enrollment system, with students graduating year around, the invitations to potential members and their inductions can sometimes seem out of step with their academic progress. But we have many members who shape the chapter through strong and consistent involvement, and great support from the university and dean, so we have been able to meet our challenges head on and work toward effective solutions.”

What’s ahead for Omicron Delta?

According to Pepicello, the chapter is focused on increasing attendance at the electronic meetings (chapter meetings are held through conference calls and online chat rooms) and perhaps holding them more frequently. “I want to explore the requirements for achieving a Chapter Key Award and make them inclusive of how a virtual chapter is structured,” she adds.

Stuever also has a few words of encouragement and guidance for other chapters seeking to expand their electronic functionality, even if they are located near a single campus. “Members are always in motion, so it makes sense for every chapter to develop its electronic tools. I say go forward and don’t be discouraged. Experiment and think small at first. It’s an evolution that can lead to some wonderful things, for your chapter and for Sigma Theta Tau.”

She added, finally, one additional bit of advice: “Oh, and get a good webmaster.”

LINKS:

pam.fuller@phoenix.edu

nlstuever@wi.rr.com

sandrabil@earthlink.net

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■ Haiti Research Diary: Gathering Data Creole Style



Donna Martsolf, RN, PhD, an associate professor at Kent State University College of Nursing, is gathering data and lecturing in Haiti as a Fulbright Scholar. She is living in Léogâne, Haiti, which is situated on the southern peninsula about 20 miles west of the capital city of Port-au-Prince. As part of her Fulbright Award, she is serving as a lecturer/researcher at Holy Cross Hospital. Her research relates to "Mental Health Variables in Haitian Adults" and is a replication of work done with Dr. Claire Draucker at Kent State.

In Haiti, she will examine childhood abuse, depression, and general physical and mental health in patients who are seeking primary health care services. She returns in June of this year.

In a special report to *Excellence*, Dr. Martsolf has chronicled her challenges and successes in gathering

data under difficult conditions.

Monday, January 20, 2003

"Tell me what you are doing in Haiti," Suzi Parker demanded of me earlier today. Suzi's question sent my mind wandering to a day 22 years before when I first landed in Haiti. The blast of tropical air had stunned me as I stepped on the tarmac at the Port-au-Prince airport. Riding to the hotel, my senses could barely process the different sights, sounds and smells. Women of African descent walked along the roadside carrying huge baskets of fruit, bread or live chickens on their heads. Men pushed carts filled with bags of rice, charcoal or cement, and ox-drawn carts passed by carrying sugarcane. Horns blared as traffic, too plentiful for the narrow streets, came to a standstill. Diesel fumes blended with the smell of charcoal cooking fires and garlic.

Since then, my husband and I have come annually to Haiti for one or two weeks to conduct mobile medical clinics in remote areas. On this our 23rd trip, our stay will be four months.

Suzi's voice jarred me back to the guesthouse at L'Hopital Ste Croix (Holy Cross Hospital) in Léogâne, Haiti. I explained that I had received a Fulbright Scholar's Award in order to conduct research and to teach.

Twenty months earlier I had constructed a Fulbright Scholar Award project statement that described my proposed research and my role in the development of a new school of nursing associated with L'Hopital Ste Croix and the Episcopal University of Haiti. The research proposal had seemed particularly exciting because it would be a capstone for six previous studies that I had conducted with various colleagues (Hughes-Hammer, Martsolf, & Zeller, 1998a, 1998b; Martsolf, Hughes-Hammer, Estok, & Zeller, 1999; Martsolf, Doheny, & Sedlak, 2001; Martsolf, Draucker, & Chapman, in press; Martsolf, Sedlak, & Doheny, 2000).

In particular, I was interested in seeing if my conceptualization of the concept of "codependency" would hold when examined cross-culturally. Scholarly criticism of the

codependency concept often contends that this concept is unique to specific cultural groups. Examining this variable in Haiti might provide some answers to this contention. In recent years, my research had turned to investigations of depression in women as it relates to history of childhood abuse. In 1998 I reviewed a book titled *World Mental Health: Problems and Priorities in Low Income Countries*. The review was published in the *Journal of the American Psychiatric Nurses Association* and was instrumental in directing my attention to the importance of depression and interpersonal violence as women's mental health issues worldwide. In my review of the literature, however, I found no evidence that this problem had been examined in Haiti.

On a blustery day in March 2002, my thoughts were hardly on Haiti when I opened an e-mail. "Congratulations! You have been selected as a Fulbright Scholar. Official notification will follow and is contingent upon approval of your research by your university institutional review board (IRB) and the appropriate review boards in Haiti."

Within four weeks I was seated at a full-board review of the IRB at Kent State University. Then began the process of getting the research instruments translated from English to Creole and back to English and obtaining permission to use these instruments. Photocopying of the instruments followed and they were sent to Haiti in the diplomatic pouch. I had received them at the American embassy in Port-au-Prince just last Friday.

"My job as guesthouse coordinator is to help American visitors be able to accomplish the work that they come here to do," Suzi said. She was thoughtful as I explained to her that I would need to collect data from 100 male and 100 female subjects in the hospital medical clinic. Because of the sensitive nature of the questions related to history of childhood abuse and current depressive and physical symptoms, I had proposed that women research assistants administer the instruments to the female subjects and male assistants to male subjects. "All of our translators are young men," Suzi remarked. "However I think that the monitrises would be great for the women." She went on to explain that "monitris" is a Creole word for "teacher." In this case, the women were selected by the directors of the Children's Nutrition Program to teach mothers in their villages about nutrition because their own children were well-nourished. Since they had collected nutritional data in their roles, these women seemed ideal.

Tuesday, January 21

Suzi burst into the guesthouse this morning at 7:00 a.m. "I want you to meet the translators and explain to them that you would like to hire them as research assistants. There is no translation work next week, so I think that you should train them on Monday and start data collection on Tuesday." Wearing shorts and sandals I hardly felt like a researcher, but the opportunity to meet the translators was irresistible. Briefly I explained what I wanted them to do and asked them to attend a paid training session the following Monday.

Later in the day, Suzi introduced me to Kathryn Bolles who oversees the work of the monitrises. Kathryn agreed to contact the monitrises and to attend the research training sessions to make certain that they understood my expectations.

Friday, January 24

I hurried through breakfast this morning so that I could go with Madame Paul, the hospital caterer, to buy four 65-pound bags of rice to be used as subject incentives. The shopkeeper shook his head when I asked for a fifth bag, so I will return tomorrow. Rice costs \$65 Haitian per bag today (about \$10 American).

Saturday, January 25

I hopped into my 1990 Geo Tracker this morning to go to the store to purchase another bag

of rice. Large bags of rice emptied as I spent the day putting 1½ pounds of rice into sandwich bags. I ran out of bags and it is going to be a real challenge to get more in Haiti.

Monday, January 27

The research assistants gathered on Suzi's porch at 2:00 this afternoon for the first training session. There will be 11 in all-4 male translators and 7 female monitrises. Repeating everything in Creole, Gary (the head translator) was careful to convey my English explanation of the project. Since she is bilingual, Kathryn determined that everyone seems to understand what is required. I briefly reviewed the instruments-one to measure each variable including depression, codependency, general physical health, history of childhood trauma and current quality of life. Two hours later the research assistants headed for home to read every item on each questionnaire carefully and to return tomorrow with questions. I was left wondering whether items related to concepts like codependency would be understood by the assistants and, more worrisome, by the study participants.

Tuesday, January 28

At 8:00 a.m, the hospital chapel became the gathering place for the research assistants. Again, I carefully explained the purpose of the research and the importance of collecting very precise data. After reviewing every question on each of the instruments, I felt certain that the assistants understood exactly what was being asked in each item. Role-plays of data collection in pairs followed and were completed after 50 minutes. On to the negotiations! I had promised to pay the assistants \$10 Haitian for each questionnaire that was accurately completed. But when the assistants saw the amount of work involved they wanted more money. No amount of persuasion could convince them that data collection would go faster as they got more accustomed to the questions. So we finally agreed that fair pay was \$15 Haitian for each questionnaire and \$75 Haitian for the two training sessions.

The chapel became my office as I spent the afternoon handing out bags of rice to subjects after they had completed the questionnaires. Meanwhile the assistants helped subjects fill out questionnaires in the waiting area of the medical clinic.

The waiting process-wondering whether or not I will get enough data-is stressful in the U.S. and was even more so here. I had no opportunity to do a pilot study with this population, so I was uncertain as to how the subjects would respond to the invitation to participate. In particular, I wondered whether asking questions about experiences with childhood abuse-especially sexual abuse-would be culturally inappropriate. However, it was a very successful day; data were collected from 21 men and 34 women!

Wednesday, January 29

"Men are not as willing to complete the forms as women are," complained two male translators this morning. After giving them a little encouragement, I sent them to the clinic and they developed a system where they each found a man who could read. They explained the questionnaire to him and then found another subject who was illiterate. Using that system, they completed two surveys at once.

Now that the assistants realize that they can collect these data and that they will make very good money doing it, they want to collect more data. I only brought 250 packets so I am limiting each data collector to 25 subjects. I have never had the problem of people wanting to collect too much data!

Last evening I quickly reviewed the data collected yesterday and discovered that the assistants had done an excellent job. There were no more missing data than I have in the U.S. when graduate students collect data. These assistants have taken this assignment extremely seriously. In fact today one of them came to me very concerned because two subjects did not want the rice incentive after they had completed the survey.

Thursday, January 30

Last night I entered data from 20 subjects into the computer database and then erased the forms to be able to reuse them today. Obviously I would not consider doing that in the States, but I have very limited access to photocopying here and this is a matter of

economics for the data collectors. I cannot allow some of them to collect data from 25 subjects while others collect less data and receive less pay. This means that I will have more female subjects than I had projected.

An interesting cross-cultural research dilemma occurred today. At about 11:00 a.m. one of the male research assistants approached me and told me that he had "business" and had to leave. He introduced me to his "replacement" and then left before I had a chance to respond. The "replacement" assured me that he had worked with American researchers and that the research assistant who had hired him had also trained him. In less than two hours, the new data collector came to me with 11 completed questionnaires and 11 subjects who wanted incentives. Among the "subjects" were hospital employees and people he had found in the street. When I explained to him that the subjects had to be patients in the medical clinic, he told me that no one had informed him of that. "We worked really hard on this project and he just hurried through it and got anyone that he saw to complete the forms," the other data collectors protested. A moment of decision had come and I made it; no pay for the replacement data collector. He was angry, but I saw the other research assistants become even more diligent in their task.

As I sat in the chapel waiting to hand out bags of rice, I pondered the clinical applications of this research. At home in Ohio my colleague, Dr. Claire Draucker, is wrapping up the last few weeks of our second pilot study in which we are investigating the efficacy of a group intervention for women who have experienced moderate to severe childhood abuse and are having current physical and mental health symptoms. We collected our data for those studies in the same way that I am collecting data in Haiti-approaching patients in a medical clinic waiting room and asking them to complete many of the same instruments that the subjects are completing in the waiting room just down the hallway. Could that group intervention ever be adapted to be efficacious for Haitian women, I wondered?

Data collection ended about noon today - 260 subjects. Effusive in their thanks to me for hiring them, the research assistants queried, "Do you have another research study for us to do?" Despite the challenges of the project, that question sent my mind wandering several years ahead to a new research question and another project in Haiti.

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