

IN THIS ISSUE

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Three Elected to Nominating Committee

Mary L. Davis, Dr. Shirley Mae Karlson and Dr. Mary Jo Kasselman were elected to the Nominating Committee at the October Biennial. These three members, along with two members appointed by the National Council will prepare the ballot for the national election at the 24th Biennial, scheduled for Washington, D.C. in October 1977.

Ms. Davis, Alpha Eta Chapter, is presently a doctoral candidate; prior to this, she was assistant professor, MCH coordinator in undergraduate program at the University

of California, San Francisco. Dr. Karlson, Alpha Chapter, is Associate Professor and Acting Assistant Dean, Indiana University School of Nursing, Indianapolis, Indiana. Dr. Kasselman, Delta Chapter, is Associate Professor of Nursing, Arizona State University, Tempe, Arizona. She has been active in the development of the local honor society at the Arizona State University College of Nursing and is currently president of this society which will be granted a charter of Sigma Theta Tau in 1976.

February Issue of Image Will Be Devoted to Research

Look for your February issue of **Image** with a research theme. It will include an overview of nursing research, a challenge to nursing research and a practical example of nursing research.

Announcements - Mark Your Calendar

- March 5 Research Conference, Seattle, Washington
Focus: Studies in Clinical Nursing Practice
Sponsor: Psi, Alpha Sigma and University of Washington, School of Nursing
- March 31 Sigma Theta Tau Research Applications due for Funding as of July 1
- April 28-30 Second Eastern Conference on Research, Philadelphia
Sponsor: University of Pennsylvania, School of Nursing

**Sigma
Theta
Tau**

REFLECTIONS

Volume 2 JAN. 1976

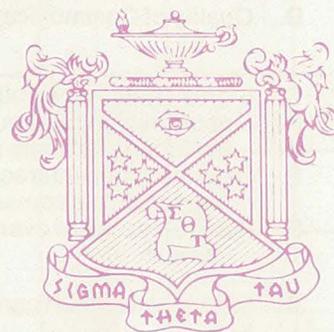
Educational Development Committee Elected

Janet Brown, Theta Chapter, was elected to the Education Development Committee and represents the chapters in the northeastern area of the U.S. Janet is currently an Associate Professor and nurse coordinator of the Family Nurse Practitioner program at the School of Nursing, University of Vermont. The chapters in the northeastern region are: Eta, Theta, Kappa, Mu, Xi, Omicron, Pi, Tau, Upsilon, Alpha Zeta, Alpha Nu, Alpha Tau, Alpha Upsilon, Alpha Phi, Alpha Chi, Alpha Omega, Beta Zeta, Beta Xi and Beta Sigma.

Margaret Jacobson, Alpha Gamma Chapter, was elected to the Educational Development Committee and will represent the chapters in the western area. Margaret is a Professor and Graduate Advisor at San Jose State University School of Nursing, San Jose, California. The chapters in the western area are: Psi, Alpha Gamma, Alpha Eta, Alpha Kappa, Alpha Pi, Alpha Sig-

ma, Beta Gamma and Beta Mu. **Mary A. Scoblic**, Beta Eta Chapter, was elected to the Educational Development Committee and represents the chapters in the great lakes region. Mary is currently Pediatric Nursing Consultant, State of Michigan, Department of Maternal and Child Health and lives in Lansing, Michigan. The chapters in the great lakes region are: Alpha, Epsilon, Zeta, Lambda, Rho, Chi, Omega, Alpha Beta, Alpha Lambda, Alpha Mu, Alpha Omicron, Alpha Psi, Beta Eta, Beta Iota and Beta Rho.

Ms. Brown and Dr. Jacobson have served on this committee since its creation and initial meeting in April 1974. Rebecca Markel, Alpha Chapter, Indiana University School of Nursing, Indianapolis and Patricia Chamings, Iota Chapter, Vanderbilt University, Nashville, Tennessee, continue their memberships on this committee through October, 1977.



national honor society of nursing

Rebecca Markel represents the plains regions. These chapters are: Gamma, Delta, Phi, Alpha Iota, Beta Delta and Beta Lambda.

Patricia Chamings represents chapters in the southern region which are: Iota, Nu, Alpha Alpha, Alpha Delta, Alpha Epsilon, Alpha Alpha Theta, Alpha Xi, Alpha Rho, Beta Alpha, Beta Beta, Beta Epsilon, Beta Theta, Beta Kappa, Beta Nu, Beta Omicron, Beta Pi and Beta Tau.

Research Fund Committee

Janet Brown, Patricia Chamings, Margaret Jacobson, Rebecca Markel, Mary Scoblic and Jean McKinley, National First Vice President, make up this six-member committee with responsibility for promoting regional and chapter programs throughout the country. The members of this committee are available for consultation on program development in their respective regions; they may be contacted through National Headquarters.

The Sigma Theta Tau Research Fund Committee is composed of six members; five elected members who have earned doctoral degrees and have had experience in directing research of other individuals, and the national treasurer.

Margaret A. Newman, Ph.D. and Carol A. Lindeman, Ph.D. were elected to this committee during the 1975 Houston Biennial. Their terms of office are for four years.

Dr. Lindeman is director of the Western Interstate Commission for Higher Education's Regional Program for Nursing Research Development.

Dr. Newman is an Associate Professor, Division of Nursing, New York University.

Dr. Lindeman and Dr. Newman join four distinguished nurses, Dr. Ingeborg Mauksch, Dr. Margery Duffy, Dr. Loretta Heidgerken and National Treasurer Maureen Niland, as members of the National Sigma Theta Tau Research Fund Committee.

Dr. Mauksch, professor and family nurse practitioner in the Department of Community Health and Medical Practice at the University

Twenty-Third Biennial

Convention Reaction Survey Breakdown on Registrants Completing Form

		Area(s) of Employment	
Delegate	102	Education	41
Member (non-delegate)	2	Practice	20
Non-member	4	Research	43
TOTAL	108	Other	4
		TOTAL	108

Please rate the items below by % of effectiveness (100% optimum).

I. Overall Effectiveness of Convention:

- | | |
|--|---------|
| A. Administration, logistics, schedule, etc. | A. 98 |
| B. Quality of Communication: 1. convention packet | B1. 100 |
| 2. program | 2. 100 |
| 3. book of reports, etc. | 3. 96 |
| C. Sigma Theta Tau Booth and display | C. 92 |
| D. Opportunity to raise questions and/or offer suggestions to National Officers and Committees | D. 88 |
| E. Rate the group interaction approach to problem solving as used in this convention | E. 96 |
| F. Rate relevance of overall convention content to needs and interest | F. 100 |

II. Effectiveness of Program Action Groups:

- | | |
|---|---------------------|
| A. Skill of group facilitator | A.M. Group A1. 91.6 |
| B. Participation by Group members in achieving objectives and proposing programs. | P.M. Group 2. 87.9 |
| C. Report and summary of Action Groups. | A.M. Group B1. 90.7 |
| D. Keynote speaker. | P.M. Group 2. 90 |
| | Oral C1. 92 |
| | Written 2. 80 |
| | D. 95 |

III. Effectiveness of Business Sessions:

- | | |
|--|-------|
| A. Delegate Briefing Session with Parliamentarian. | A. 94 |
| B. Presentation of reports and activities. | B. 97 |
| C. Presentation and quality of recommendation. | C. 92 |
| D. Arrangements for balloting. | D. 96 |

IV. Satisfaction with other areas:

- | | |
|---|--------|
| A. Registration process. | A. 92 |
| B. Physical environment: 1. housing | B1. 94 |
| 2. transportation | 2. 87 |
| 3. food | 3. 99 |
| C. Hospitality and arrangements made by Host Chapter. | C. 100 |
| D. Value of Chapter Exhibits. | D. 100 |
| E. Opportunities to Exchange ideas with other chapters. | E. 92 |

of Missouri School of Medicine, has been named Valere Potter Distinguished Professor of Nursing at Vanderbilt University effective July 1, 1976.

Dr. Margery Duffey is professor and associate dean of the School of Nursing, University of Kansas, College of Health Sciences, Kansas City, Kansas.

Dr. Loretta Heidgerken, currently of Cleveland, Ohio, is a well known nursing author and professor emeritus, Catholic University.

Ms. Maureen Niland is an Assistant Professor, Family and Community Nursing, University of Washington, Seattle and is chairing the one-day research conference, sponsored by Psi, Alpha Sigma and University of Washington, scheduled for March 5, in Seattle.

Dr. Lindeman and Dr. Newman published outstanding articles in November, 1975, **Nursing Outlook**.

This very capable committee encourages qualified nurses to contribute to the advancement of nursing through research. Application forms for research grants should be requested from National Headquarters.

Subscriptions Available for IMAGE and REFLECTIONS

Subscriptions are available for Sigma Theta Tau publications which annually include three issues of **IMAGE** (journal) and five issues of **Reflections**. **Note:** There is no 1976 subscription charge to current active members—this includes members who pay active fees through their chapters or were inducted after July 1, 1974.)

Send subscription requests to Sigma Theta Tau National Headquarters, 1100 West Michigan Street, Indianapolis, IN 46202, along with your check for:

- One year - \$5.00
- Two years - \$9.00
- Three years - \$12.00

1976 Bicentennial Calendars Available

To celebrate our 76 chapters in 1976, appointment calendars are available imprinted with Sigma Theta Tau crest. There is space for day-by-day schedules as well as "history as it happened," month-by-month in 1776. These 32 page Bicentennial calendars are available from National Headquarters for \$1.25 each.

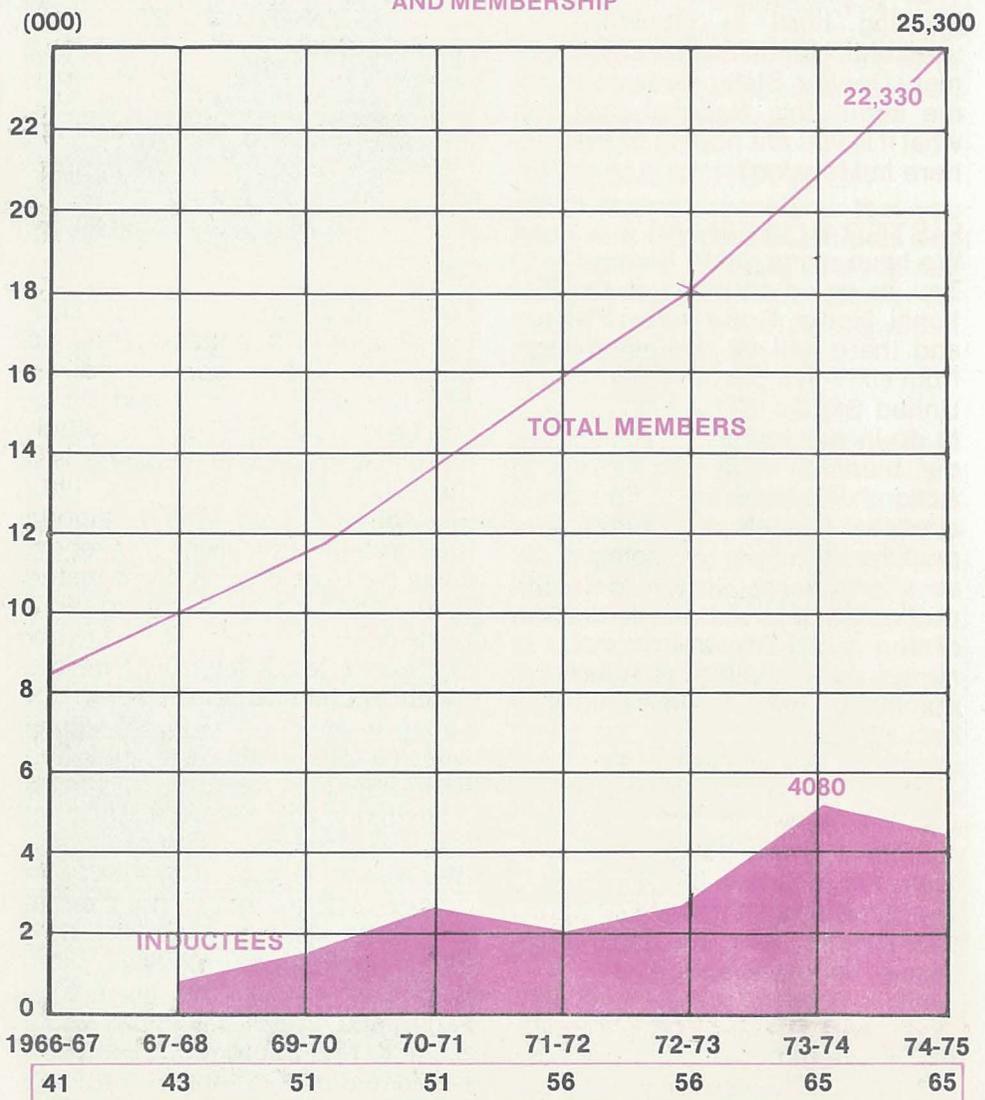
Communications

All communications including change of address (including old as well as new address and computer number), undeliverable copies, subscription orders, announcements of conferences, chapter activities and honors conferred on members should be sent to:

Sigma Theta Tau National Headquarters
1100 West Michigan St.
Indianapolis, IN 46202

Growth of Sigma Theta Tau

**SIGMA THETA TAU
TREND OF INDUCTEES
AND MEMBERSHIP**



Total # of Chapters

Note: Greater no. of inductees in alternate years when new Chapters are installed.

29,300

75-76
75

14720

An Interview with Sister Rosemary

The Convention Public Relations Committee from Beta Beta Chapter, Houston, arranged for excellent media coverage of the 23rd Biennial Convention with releases in eleven newspapers, nine radio public service announcements and five television and radio interviews with National Officers and speakers. The following interview demonstrates the public's interest in nursing and Sigma Theta Tau as transcribed from a series of taped radio interviews with Thelma Schottker, KEYH radio and Sister Rosemary Donley, National President.

THELMA SCHOTTKER :

I'm Thelma Schottker. The program is A Woman's World and the woman I'd like you to meet today is the President, the National President, of Sigma Theta Tau, which is the National Honor Society of Nursing. That organization is holding its meeting here in Houston this weekend. Her name is Sister Rosemary Donley. Sister Rosemary, tell me about this National meeting; what it is you are hoping to achieve here in Houston?

SISTER ROSEMARY:

We have many goals. Sigma Theta Tau, as you mentioned, is the National Honor Society for Nursing and there will be representatives from sixty-five chapters across the United States. What we are going to do in our meeting is talk about our biennial theme, "Avenues of Action." We have identified three avenues: education, research, and practice. What we are going to do as a group of concerned health professionals is to try to find some of the problems which exist as nurses are educated, as nursing is practiced, and as we seek new knowledge. *As leaders in nursing, we feel an obligation to identify and to close some of the gaps which exist in health care delivery.* So it is two things; it's a program meeting and it's also a convention with a House of Delegates and Bylaws, and the usual business of any convention.

THELMA SCHOTTKER :

And some fun.

SISTER ROSEMARY:

And some fun, yes. We'll have a very nice banquet on Friday evening. One of our members who is a professor of Public Health at Columbia University, Dr. Lucie Young Kelly, will be with us and will give the keynote address on Friday evening.

THELMA SCHOTTKER :

Sister Rosemary, you said that you are going to try to define some of the problems and I'm sure that even before the meetings start you have some ideas of what you think some of the problems are in the field of nursing and health care. What do you think is the most serious problem facing your profession?



SISTER ROSEMARY:

I guess what I see as the most serious problem is that the Avenues do not meet. What is done in educational centers is one good thing, what is done in practice is another, and what is done in research is a third. But there is so very little interaction or articulation among the three, so what our researchers know perhaps does not get tested in practice and it remains an ivory tower kind of insight. Or what our professors teach might not be the reality of practice, and so when our young graduates go into a hospital where most nurses work, they find that what they learned in school and what is actually asked of them may be different; or conversely, there is sometimes a tendency in nurses in institutional practice to be a little slow in accepting new ideas. I believe our major problem is one of articulation and interaction and one of the things we're going to bring before our House of Delegates on Friday and Saturday

is the fact that there has to be goal setting and interaction among these three areas.

THELMA SCHOTTKER :

We're going to talk about some of the realities of practice. Before this, Sister Rosemary, you said that you are going to define some of the problems in the professional health field and primarily one of the things you are going to talk about is the reality of practice. I had talked with a doctor friend of mine recently who, not for publication but just friend to friend, said that one of the problems in the medical field these days is that there is no longer a sense of idealism. Do you agree with that?

SISTER ROSEMARY:

Well, I'm not a physician. I'm a nurse and I don't really know whether that is a problem in the field of medicine. I would not like to say it is. I would say that it is not one of the problems we have in nursing. In a sense, perhaps, we have been accused of being too idealistic in a very real world. If you consider an example of what some consider "nonideal behavior" -- nurse striking -- you'll see what I mean. Last year in San Francisco the concern of the nurses was not salary but had to do with the fact that they felt that unprepared people were being assigned to critical care areas. They believed they could not tolerate this occurring in the care of patients. Now, that is an idealistic stance--to put yourself and your job and your reputation on the line to say we cannot work with people who are not equipped to deal with an intensive care situation and we can't let our patients experience this. So I think lack of idealism in nurses is not a problem. I think rather we have to come to grips with our femininity (most of us are women), with our professional identification, and we must be willing to do more than have ideals. *We need to be willing to assume leadership positions and roles so that our ideals become more than something we talk about, but rather something that we really act toward and for.*

THELMA SCHOTTKER :

This lack of proper training, the lack of the properly trained person in, you say, intensive care -- who spotted that? Is that the hospital or are the nurses not being trained to the right degree?

SISTER ROSEMARY:

Well, no matter which educational route the student takes to nursing, the preparations are general, and what goes on in intensive and coronary care units is highly specialized. To give an example: the equipment itself is confusing. Everyone is in the equipment business, and so you might be a skilled practitioner in one hospital 'Y' and go to another hospital 'X' that has another kind of equipment and find you are unable to function. So there is always a need for orientation, particularly to specialty care units. If a nurse has been out of practice for ten years she would be ill-equipped to come into a hospital to work. So there is a need for continuing education on the part of the professional and there also is a need for very intense in-service on the part of the hiring health care agency. Until recently we have not dealt with people who may not see the outside environment for long periods of time. Professional nurses have gained insights into how to deal with patients' responses to pain, fear and anxiety. These are concepts which we did not understand to the degree that we do now. Part of the challenge is the need for the nurse to keep up to date and then for the care facility that is hiring this nurse to make certain that the person can deal with the life and death situations that he or she will certainly encounter. Does that answer your questions?

THELMA SCHOTTKER:

It certainly did, we will talk some more about that later. Previously you said that since most nurses are women and, among the other things, that you must come to grips with is your femininity. Some of the feminists have kind of taken off in the field of nursing with mainly the feeling that women, by becoming nurses, are perpetuating

that supporting role. How do you feel about that?

SISTER ROSEMARY:

Oh, I guess I do more than feel about it. In a sense it makes me angry because it's an example of minority group behavior. You know, one of the things that we've learned from reading about minority group experiences is that the people in minority groups tend to attack one another and I think your illustration is an example of this. I know that the National Organization of Women has looked down on nursing because they have said that we perpetuated earth mother and other kinds of feminine myths. I think, however, that they have been brought to accountability by a group of nurses, who interestingly originated in Pittsburgh, PA, my home. These women formed a task force in the National Association that is called Nurses NOW. One of the things that these nurses have been trying to do is to say to the NOW organization and to all women "It helps if you're a feminist in nursing."

Nurses are the largest group of persons engaged in health care delivery. Most of these nurses are women. We make a group that one can identify and focus upon and then accuse. But I think, as women, we have to stop this type behavior. We have to stop attacking each other and go on with our goals.

THELMA SCHOTTKER :

Explain a little bit more to me why it helps to be a feminist in nursing.



SISTER ROSEMARY:

Oh, I guess I consider myself a feminist and so that is why I think it helps. Some of the things that the feminist movement has taught me is that it's all right to be assertive, it's all right to make statements that need to be made about the care of people or the conditions under which nurses work, but where you say them is very significant. You don't say them at home to your family. You don't necessarily say them to another nurse in the lunchroom, but you say them in those institutions and in those areas where power exists. And you use the channels and the vehicles that exist even in the complex bureaucracy to bring the case to a hearing. Nurses have complained for years about problems in the care of patients or in inadequate staffing. You know, complaints don't get you anywhere. **You have to find a way to deal with the problem and to be willing to speak to it or speak for it. That's how I see the feminist movement has helped me.**

THELMA SCHOTTKER :

Aside from the problems that you have with the care of patients and so forth as a feminist, are you satisfied with the male-female relationship and opportunities within the medical structure?

SISTER ROSEMARY:

I think that doctors and nurses both need to be socialized to a collaborative role. Many doctors refer to nurses as their "girls." This is a paternalistic, somewhat protective, kind of relationship. Some nurses, in a sense, want to look up to the doctor. Much has been written in the literature about doctor-nurse games where it looks as though the doctor is in charge, but the nurse who is holding his charts, as you see on many of the television programs, is really controlling things before and after he leaves. It is difficult for the physician to grow in his ability to respect, trust, and deal with a nurse as a colleague and often it is just as difficult for the nurse to assume this role when she has been perhaps used to saying "Yes, Doctor," or suggesting that the patient ask

Sister Rosemary's Interview Continued

his doctor. In many instances this is a safe role, but it does not advance health care delivery and it doesn't help people.

THELMA SCHOTTKER:

Sister Rosemary, are you satisfied with the kind of health care that's being delivered to the poor in this country?

SISTER ROSEMARY:

Oh no. I think that the aging, who make up a high proportion of our poor, probably receive the least of what our health care system can offer. I wish it were just my opinion, I wish national studies did not show this. The person who is poor or who is old is often unsophisticated in entering the health care system. If they could get in and could deal with all the ways one enters into a complex bureaucracy they would get care because the care is there. **The care is available, but the problem is with the entry systems. Another problem we have is exit systems, and this is particularly true with utilization or use of beds.** People are discharged from acute care facilities while they are still sick. No one has dealt adequately with the problem of continuity of care. We know so little about what happens to a person when he or she leaves an acute care system where his concerns or his illness had seemingly occupied all kinds of people. Now he takes his problem and goes home. And if he is poor, or if he is old, he does not have the advantages at home that the average person does. We have to stop saying "The poor we always have with us." We have to come up with new ways to try to get some insight into this problem. Many of our nurses are involved in primary care delivery systems and this is going to be one of the topics we will discuss at our meeting at the Warwick this week. The concept is that the nurse delivers primary care. This means that she can be the first person that an individual or family encounters in a health care system. One of her roles will be to assess where this person is and what kind of services he needs. She then either gives these services herself or acts as a referral or liaison person.

Many of our nurses have functioned in these roles in the less urbanized centers in the United States. We are beginning to see nurses move into private doctors' offices, particularly pediatricians, and to work with the well child. The majority of the training of physicians has been with illness. His expertise is in the area of disease. **I see nursing as a caring function. In this area it means helping the well person maintain a sense of well being.** This is a particularly important goal to achieve with children, but it is also a goal to achieve with the aging.

THELMA SCHOTTKER:

Is part of the problem, you think, that the medical establishment, for the most part, has been establishment and it has been from people in the middle classes and up who really have no contact, no knowledge of what it's like, not to even know what facilities are available?

SISTER ROSEMARY:

People of the middle class are policy implementors if they are not policy makers. In this position it's difficult to be aware of another person's circumstance. When a poor person says he spent all night in an emergency room, the middle class person, who has some resources and some power, does not understand this. If the child of a poor family has a minor injury or illness it will probably be ignored. If the child is in a major accident the police handle things, but the small injuries, or the beginnings of what may become chronic illness, are ignored because the poor family doesn't have the time, the money, or doesn't know of available facilities.

THELMA SCHOTTKER:

Or the knowledge.

SISTER ROSEMARY:

Or the knowledge, right.

THELMA SCHOTTKER:

What do you see as the future of nursing. Is it going to go off on a totally different tack from what we thought about in the future?

SISTER ROSEMARY:

Well, in order to answer that question I almost have to know what you think about nursing. If the notion of nursing is a traditional one of a nurse following blindly what the doctor says, well that is changed now. We are trying, particularly in University programs, to educate a health professional. This is a person who makes independent decisions about the care of people. Now this does not mean she practices medicine. Nursing is concerned with a wide range of human behavior and human responses. One human response is a reaction to illness or a need for medical treatment. These conditions would cause the nurse to work in a collaborative manner with the physician in any situation. **We see the nurse going into a situation and using the nursing process. Simply, she makes an assessment of where the person is and where the person wants to be and plans collaboratively with the client, or patient, to achieve these goals that he sets for himself.** Then she works with him to implement these goals and engages in the evaluation process.

I think one of the significant things about nursing always has been the closeness to the patient. We are the only health professionals that offer a service to people 24 hours a day. Most health professionals go home at 5:00 or they are available in minimal numbers in our health care agencies. This is not true of the professional nurse.

THELMA SCHOTTKER:

There's been criticism, some of it here in Texas and I'm sure you have heard it elsewhere, that the R.N. is tending to divorce herself from patient care, especially in a hospital situation. She is becoming more the administrator and it's the L.P.N. and the practical nurses who are doing the patient care. Is this true and if so do you like that?

SISTER ROSEMARY:

I could say yes and no to that. I could agree from the viewpoint of our economy. In the 20's and 30's nurses were paid almost no wages. Twenty dollars a week was a good

wage for a working woman. It was possible in this period for hospitals or people to afford private nurses. The nurse could be there to feed and to bathe the patient, to offer him comfort. Now it is an economic fact of life that there are many tasks that used to be considered nursing that can be done efficiently, expertly, and at much less cost to the client. Most of these are what we would call tasks. What is needed in many more complex situations is the development of a plan of care. This plan is based on an assessment of the patient in terms of what type of care he seems to need. I see this assessment and planning as the role of

the professional nurse. Whether she personally carries out each aspect of the plan herself or delegates some tasks to practical nurses or nurses aides is a professional decision which the professional nurse makes in a concrete situation. Much of this nursing work is not done at the bedside and so the patient often does not experience the presence of the nurse as he did in the 20's and 30's. I do not think, however, that the nurse is divorced from the patient or his care. **Rather I believe she is now involved in more aspects of the patient situation than she was in the days when she carried out orders or performed nursing tasks.**

Call for Information on Recent Doctorates

Members who have received a doctorate recently (within a year) are requested to send information to **Reflections** for publication in a future issue. Please send the following information:

- Name:
- Address:
- Degree:
- Title of dissertation:
- Institution granting degree and date granted:
- Sigma Theta Tau Chapter:

'Nurse practitioners' a valuable asset

By BRENDA STONE
Post Reporter

In the busy emergency room of a large New York City hospital, five specially trained registered nurses have placed most of the unit's intern resident physicians.

These nurses now have the responsibility for deciding which patients will be seen by a physician



Joan DeVilbiss

which will be sent home; for performing complete physical examinations; for taking thorough medical histories; for

Sigma Theta Tau Plans Convention

TWU Chapter To Host Nurses' Convention

Sigma Theta Tau, the only national honor society of nursing, will hold its biennial convention in Houston this year. Hosting this convention will be the Sigma Theta Tau chapter at Texas Woman's University, Houston.

DeVilbiss currently serves as an assistant professor at Texas Woman's University, Houston.

Miss DeVilbiss is a member of the national organization.

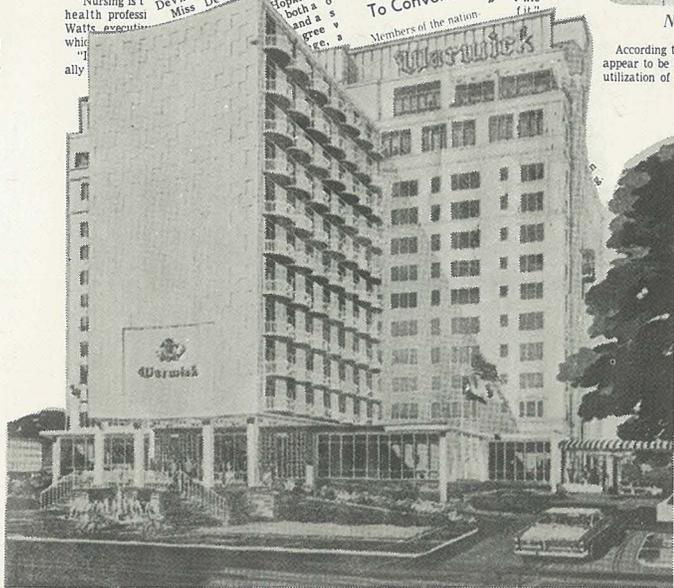
"I don't think there is any consensus in the nursing community on whether there is an actual shortage," Watts said. "But I do think everyone would agree that if there is a shortage, it is not severe."

"My understanding is that there are shortages of nurses in some parts of the country, especially in rural areas and in large medical center areas," Larson said.



Nell Watts

According to Markel, "What at times appear to be shortages is actually poor utilization of personnel, giving nurses



Newspaper Clippings from 23rd Biennial Convention

**Members Answer Call
for Information on Recent Doctorates**

Listed below is information about the members who recently received doctorates and who responded to our call for such information in November **Reflections**. We would like to make this a regular newsletter feature and invite members who have received a doctorate within the last year to send this information for publication in a future issue.

Joyce J. Fitzpatrick, Ph.D. (Detroit, Michigan)

"An Investigation of the Relationship Between Temporal Orientation, Temporal Extension and Time Perception," June, 1975, New York University.

Sr. Mary F. Heinen, Ph.D.
(Minneapolis, Minnesota)

"An Interprofessional Approach to Health Care," August, 1975. University of Minnesota, College of Education.

Susan L. Jones, Ph.D. (Cleveland, Ohio)

"Sources of Role Conceptions in Nursing Students," August, 1975. Case Western Reserve University, Department of Sociology.

Madeline C. Schward
(East Meadow, N.Y.)

"The Relationship of Lower Division College Students' Socioeconomic Level, Belief in Personal Control and their Attitudes Toward Disabled Persons," October, 1975, New York University.

Charlotte M. Spicher, Ph.D.
(Shaker Heights, Ohio)

"Infant Affective Responses during Interactions with Health Worker Strangers in a Child Health Conference," August, 1975. University of Pittsburgh.

Janet A. Pitts, Ph.D.
(Miami, Florida)

"An Analysis of Perceived Nursing Program Goals," December, 1974. University of Washington, Seattle.

Sister Penny Proffit, D. N. Sc.
(Washington, D.C.)

"The Relationship of the Psychological Construct of Self-disclosure to Post-coronary Adjustment," February, 1975. The Catholic University of America.

Mary Jane Morrow Ward, Ph.D.
(Boulder, Colorado)

"A Study of Family Nurse Practitioners Perceived Competencies and Some of their Implications for Nursing Education." August, 1975. University of Colorado.

Marjorie A. White, Ph.D.
(Ithaca, New York)

"Attitudes of Influentials Toward Issues in Health and Illness Care Delivery," January, 1976. Case Western Reserve University.

Glendys Wilson, D. N. Sc.
(San Leandro, California)

"An Evaluative Study of a Core Course for Health Occupations," January, 1974. University of California, Medical Center, San Francisco.

Lillian Del Papa, R.N., Ed. D.
(Pawtucket, R. I.)

"Decision-Making in an Interest Group: An Analysis of the Processes Used by the National League for Nursing in the Development of its Policy Statement on the Open Curriculum in Nursing Education," May, 1975. Teachers College, Columbia University.

Emilie D. Henning, Ed.D.
(Maplewood, New Jersey)

"Students' Perceptions of Clinical Laboratory Activities in Baccalaureate Programs in Nursing," October, 1974, Columbia University, New York.

Membership Certificate and Plaque Available

Sigma Theta Tau individual membership certificates with wooden plaques for mounting these certificates are now available from headquarters for \$10.00 each. Individual orders for these plaques may be sent directly to headquarters along with chapter name and induction date.

REFLECTIONS

newsletter
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Sigma Theta Tau, Inc.
Sr. Rosemary Donley
president
Nell Watts
editor

Sigma Theta Tau, Inc.

National Honor Society of Nursing
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Reflections

Volume 2 JAN. 1976

A member of the Association
of College Honor Societies